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Exploration of Nursing Assistants' Beliefs About Job Satisfaction

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Exploration of Nursing Assistants' Beliefs About Job Satisfaction

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Submitted to Pamella Stoeckel, Ph.D. RN, CNE in partial fulfillment of

The Doctor of Nursing Practice Degree

Regis University

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Exploration of Nursing Assistants' Beliefs

Abstract

Certified nursing assistants (CNAs) make up 66% of the healthcare work force making them the largest group of health-care workers (American Health Care Association Department of Research [American Health Care Assoc.], 2011). A variety of factors contribute to a 36% turnover rate of CNAs nationwide (2015 Staffing Report, 2015). The consequences of turnover are also disruptive to the quality of patient care. According to Stone and Wiener (2001) high rates of turnover and staff vacancies have multi-layered consequences; patient care suffers, cost of constantly replacing workers soars, and worker job dissatisfaction increases. This study examined the CNAs' beliefs about job satisfaction as an approach to prevent job turnover and retain high achieving staff in one acute care hospital in a south eastern region. A qualitative key informant design was used to interview a purposive sample of nine nursing assistants who had been employed at the hospital for at least six months. This nurse researcher conducted individual 20-minute face-to-face interviews that were recorded, transcribed and coded for themes using constant comparative analysis. Four major categories emerged from the interviews: *CNA Views of Job Satisfaction*, *Clinical Ladder Option*, *Support Services Option* and *What CNAs Want*.

Key Words: DNP Capstone Project, nursing assistant, job satisfaction, retention.

Exploration of Nursing Assistants' Beliefs

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Executive Summary

Problem: High levels of staff turnover of certified nursing assistants (CNAs) are costly and disruptive to patient care. It is beneficial for a facility to discover what CNAs perceive as job satisfaction in order to provide incentives to promote retention. This project will determine how information sessions on career advancement options affect the perceptions of job satisfaction for CNAs employed at an acute care hospital for greater than six months.

Purpose: This study investigated what CNAs perceive as job satisfaction following an information session on career advancement, because administrators are interested in what strategies would be most effective to improve job satisfaction and staff retention.

Goals: Determine how CNAs define job satisfaction, evaluate their understanding of and gauge interest in the career options presented at an information session. Listen to their ideas to improve job satisfaction in order to achieve job satisfaction for the CNAs at this facility.

Objectives: To interview participants following an information session to learn their perceptions of job satisfaction.

Plans: This study used a qualitative key informant design that involved interviews with study participants. A purposive sample of nine nursing assistants employed at the facility for at least six months were selected. Individual interviews lasting 20 minutes were conducted, recorded, transcribed and coded using constant comparative analysis.

Outcomes and Results: Four categories emerged - CNA Views of Job Satisfaction with the themes Patient Care, Working Together and Supportive Supervisor. The category Clinical Ladder Option with two themes: Advancement and Misconceptions. The category Support Services Option with two themes: Personal Growth and Skepticism and the final category of What CNAs Want with three themes: Chances to be Better, A Voice and Recognition.

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Exploration of Certified Nursing Assistants' Beliefs about Job Satisfaction

Certified nursing assistants (CNAs) provide the majority of direct care up to 70% of patients in long-term care and acute care setting (Steele, 2015). CNA roles in acute care vary from providing assistance with basic activities of daily living to skills that are more complex. This makes them an important part of the healthcare team. According to the U.S. Bureau of Labor Statistics, the need for skilled CNAs by 2020 will grow by 20% (Steele, 2015).

CNAs make up 66% of the healthcare work force making them the largest group of healthcare workers (American Health Care Association Department of Research [American Health Care Assoc.], 2011). A variety of factors contribute to a 36% turnover rate of CNAs nationwide (2015 Staffing Report, 2015). The Institute of Medicine Report identified an unstable direct care workforce as a primary challenge that must be addressed to care for the growing number of aging baby boomers in the United States (IOM, 2008)

High turnover and low retention rates of CNAs are of concern to employers. It is estimated that it costs approximately 15 thousand dollars to recruit, orient and train a new CNA into a facility (Khatutsky et al., 2011, [American Health Care Assoc.], 2011). The consequences of turnover are also disruptive to the quality of patient care. According to Stone and Wiener (2001) high rates of turnover and staff vacancies have multi-layered consequences; patient care suffers, cost of constantly replacing workers soars, and worker job dissatisfaction increases.

The lack of job satisfaction by CNAs has been associated with undesirable work behaviors and CNAs leaving their jobs (Eaton, 2000). Understanding beliefs about job satisfaction is an approach to addressing CNA turnover and dissatisfaction in the workplace. Promoting success of CNAs through career advancement is one approach to improving job satisfaction. Providing options for career advancement may increase feelings of ownership and

empowerment in their jobs (Khatutsky et al., 2011). This study examines the CNAs' beliefs about job satisfaction as an approach to prevent job turnover and retain high achieving staff.

Problem Recognition and Definition

Statement of Purpose

The purpose of this study is to investigate what CNAs perceive as job satisfaction following an information session on career advancement. The facility does not currently offer CNAs a way to advance following employment. The proposed intervention was an information session on career advancement that will provide information on a clinical ladder, and the support services academy. After completing the information session, CNAs will give their perceptions of what would give them job satisfaction. The intention is to improve retention of CNAs by using the information to support policies for career advancement.

Problem Statement

An acute care hospital in the Southeast U.S. experienced staff turnover of certified nursing assistants (CNAs) that was costly and disruptive to patient care. CNAs are important health team members who provide the majority of direct patient care and give essential support services to registered nurses (RNs) and other team members at the facility. Administrators wanted to know what career advancement strategies would be effective in improving job satisfaction and staff retention.

Background Information

The need for this study was based on human resource data from the hospital that included by year the number of CNA new hires, when they left, which department they left from, their ethnicity, age range, total employment period, and reasons for leaving based on exit interviews. The data showed that as CNAs were hired into the system an equal number were leaving. The

total number of CNAs at the facility was 579 and the average number leaving per month was 13. The turnover rate is above the national average of 36% (*2015 Staffing Report*, 2015). The data also revealed that 43% of CNAs left the institution within one year of being employed. The reasons for leaving, according to the human resource exit interview data, were: 5.7% dissatisfied with manager or supervisor, 3.3% no chance for advancement, and 5.6% left to continue their education. Hiring CNAs included monetary costs, employee time, and manpower to recruit, orient, and train new hires. The overall cost of hiring a new CNA at the facility is estimated at eight thousand dollars per CNA per orientation cycle.

On the national level, the reasons that CNAs leave their jobs are lack of respect from leadership, no chance for advancement, and lack of teamwork and communication (Mukamel et al., 2009 & Weiner, Squillace, Anderson, & Khatutsky, 2009). These results closely mirror the findings from exit interviews at the hospital. To address this problem, it was proposed that options be offered to CNAs related to career ladder and a leadership information session. These options have been adopted in other facilities and showed success in retaining staff. The hospital is interested in knowing how CNAs would respond to these options and if there were other possible ways to achieve job satisfaction. In response to this, the researcher proposed development of an information session on career advancement and with CNAs invited to give their perceptions of job satisfaction following the session.

PICO

This project is an evidence-based practice (EBP) project in which a quality improvement plan will be completed. The project will be internal to the agency and will inform the agency of issues regarding healthcare quality, cost, and patient satisfaction. The results of this project are not meant to generate new knowledge or be generalizable across settings but rather seek to

address a specific population, at a specific time, in a specific agency. These projects translate and apply the science of nursing to the greater healthcare field.

The projects utilize the acronym “PICO,” rather than stating a formal research hypothesis. The acronym stands for: Population or Disease (P), Intervention or Issue of Interest (I), Comparison Group or Current Practice (C), and Outcome (O) and is usually framed as a question (Melnik and Fineout-Overholt, 2011, p. 31). The PICO for this study is:

P - Population: Certified nursing assistants working in an acute care hospital for six months or longer

I - Intervention: Information session on career advancement options

C – Comparison: None

O – Outcome: Affect perceptions of job satisfaction

The question this study seeks to address is: How will an information session on career advancement options (I) affect the perceptions of job satisfaction (O) for CNAs employed at an acute care hospital for greater than six months (P)?

Project Scope, Significance and Rationale

Project Scope: A quality improvement project related to a large acute care hospital that is currently experiencing high turnover of CNAs.

Significance: Turnover of CNAs is costly and disruptive to the quality of patient care and is a national problem facing many hospitals and long-term care facilities across the nation.

Rationale: This study will give insight into how CNAs perceive job satisfaction and if the options presented at the information session will affect their job satisfaction. The results of this study will be used at the facility to develop care advancement policies for CNAs in the future.

Theoretical Foundation

Two conceptual frameworks form the basis for this study. These include Rosemarie Rizzo Parse's Theory of Human Becoming (1981) and Herzberg's Theory of Motivation and Hygiene (1968). The Theory of Human Becoming is the guiding nursing framework and is comprised of three main concepts: meaning, rhythmicity, and transcendence (Parse, 2013). Meaning is what is real for them as shown in their expressions of living their values. Rhythmicity is living moment-to-moment and how one adjusts and does not adjust to opportunities and the limitations that emerge. Transcendence is living the becoming of the continuous change (Fawcett, 2001). This theory deals with choice, how that relates to interactions psychologically and socially, and how every experience shapes the person in some way (Nursing Theory, 2013). This theory also focuses on emerging possibilities and reaching beyond one's limits and sheds light on the meaning of universal living experiences such as hope, taking life day-by-day, grieving, suffering, and courage (Fawcett, 2001; Parse, 2013). In relation to job satisfaction, this theory is about transforming and using new knowledge and lived experiences to improve quality of life.

Herzberg's Theory of Motivation and Hygiene deals with what motivates employee and job satisfaction (Soliman, 1970). Herzberg's theory is specifically about what are the motivating factors that define pleasure at work to prevent unhappiness (Herzberg, Mathapo, Wiener, & Wiesen, 1974). Motivational factors are anything that adds job security or growth such as added responsibility, recognition, or advancement. Hygiene factors are anything that contributes to dissatisfaction such as policy or procedure, low pay, status in the facility or poor interpersonal relations (Herzberg, Mathapo, Wiener, & Wiesen, 1974). These two factors directly correlate to create job dissatisfaction. If there are not enough motivators or there are overwhelming hygiene

factors, the certified nursing assistants will become dissatisfied. When describing what creates job satisfaction, the content of the job is motivating or self-fulfilling (Herzberg et al., 1974) such as learning new skills, advancing responsibilities and the pleasure of the work itself. Generally, when these attributes are not present a certified nursing assistant will report low job satisfaction. When motivating factors are not present, low job satisfaction and high turnover rates are evident (Syptak et al., 1999).

Literature Selection

Literature searches for the keyword, “nursing assistant” on CINAHL, MEDLINE and Academic Search Premier databases resulted in 11,291 articles. Adding the key word “job satisfaction” there are 352 articles. Searches of CINAHL, MEDLINE and Academic Primer with the key words “nursing assistant” and “retention” yielded 293 articles. When searching the same databases with “nursing assistant” and “attrition” 33 articles resulted. Many articles did not apply as nursing and assistant commonly are found together in articles. In addition, a Google scholar search with the same keywords resulted in over 47,000 articles. Limiting factors identified as many of the articles pertain to nursing or assistant rather than a certified nursing assistant. Both qualitative, quantitative and opinion articles resulted and based on the low quantity of articles careful selection was needed. Total current useable articles for this study totaled 26.

Decker, Harris-Kojetin, and Bercovitz (2009) discovered a common grouping of elements that were bundled together; these are wages, benefits, training and career opportunities, organizational culture and staffing ratios that can have an effect on job satisfaction and retention. Their study, like others, found that high wages, paid time off and retirement had a positive effect on retention but not job satisfaction. Weiner, Squillace, Anderson, and Khatutsky (2009)

discovered that many CNAs state that job satisfaction comes from performing patient care and having the patient respond to the care they receive. Castle, Enberg, and Anderson (2007) found that many CNAs choose to stay on the job regardless of low pay when they are genuinely happy with the work. Lerner, Resnick, Galik, and Russ (2010) and Gent and Seidl (2014) found that of the opportunities offered, clinical ladders were the leading choice by CNAs from nursing homes and resulted in improved retention. Results in retaining CNAs were related to hours worked, assigning mentors, strong initial training, ongoing support, strong management, positive co-workers, and feeling respected, involved and valued as CNAs (Weiner et al., 2009).

Scope of Evidence

Inclusion criteria for the literature review included the broad areas of job satisfaction, retention, and turnover related to CNAs in the acute care setting. However, there is little research focusing on acute care facilities, and as such, research for this project includes CNAs employed in nursing homes and home healthcare agencies. Exclusion criteria included any articles discussing other healthcare roles such as the nurse (RN/LPN) job satisfaction. Also excluded in this study was the human resources exit interview data supplied by certified nursing assistants that transferred between units or were terminated.

Out of the articles from the literature search used in the study, two are from human resource data sources and four are national research survey reports on staffing and retention. There are seven qualitative studies, five expert opinion pieces, three descriptive studies and two are quantitative pre and posttest studies. There is one systematic review, one cross sectional quantitative study, one literature review, one quantitative systematic review using a longitudinal study, one descriptive study based on a qualitative review, and one quantitative cohort study.

Review of Evidence

Background of the Problem

There are articles that discuss retention and factors of job satisfaction and from these groups of articles, one specifically looked at intrinsic factors and the external ones (Decker et al., 2009). Intrinsic or internal factors identified were low pay scale, weak supervisors who showed little interest and gave little value to the certified nursing assistants. This article did not specifically identify the lack of an educational or advancement opportunity but these are leading factors identified in other research. By promoting success in the certified nursing assistant, prevention of detachment from the workplace and adding the feelings of ownership will empower the certified nursing assistants job satisfaction and retention.

In some nursing homes, retention numbers have improved by more than 50% (Weiner et al., 2009). One of the ways nursing homes have attempted to help retention is to institute a training program to improve communication between the certified nursing assistants and management (Choi & Johantgen, 2012). Several methods have tried training programs that occur over several days or even months, cover various subjects, such as infection control, aseptic technique, and the certified nursing assistant role in the nursing home (Gent & Seidl, 2014).

There is no consensus on what certified nursing assistants specifically want or how they envision improving job satisfaction currently in research. Much of what is available is outdated, with small samples based on assumptions of what is thought will work.

Review of the Literature

Background of the Certified Nursing Assistant (CNA) Role

CNAs provide patient care in a variety of settings including nursing homes, acute care hospitals, and patients' homes. They provide all aspects of care, including direct patient contact

and emotional well-being (Khatutsky, Wiener, Anderson, Akhmerova, & Jessup, 2011). Workers are attracted to the position because it offers an opportunity to help others and is a starting point for persons interested in careers in nursing and other health-related fields. The majority of CNAs are women, 25-54 years old, from diverse racial and ethnic backgrounds. CNAs make up approximately 66% of the healthcare workforce and are one of the fastest growing groups of healthcare workers (American Health Care Association Department of Research [American Health Care Assoc.], 2011; Khatutsky, Wiener, Anderson, Akhmerova, & Jessup, 2011). The U.S. Bureau of Labor Statistics estimates the need for CNAs will grow by 20% by 2020 (Steele, 2015). The number of workers needed in the industry is projected to grow over the next decade as the aging population that requires care continues to grow. Facilities are struggling to provide high quality care in light of severe staffing shortages, particularly in CNA positions. Since they are the members of the healthcare team who provide the most direct personal care needs of patients, recruitment and especially retention of CNAs is a priority for healthcare organizations that employ them (Squillace, Remsburg, Bercovitz, Rosenoff, & Branden). Patient satisfaction has been shown to be higher when CNAs are well trained and remain on the job for longer than one year (Waldie, 2010).

Problem of CNA Retention

The CNA role is important in healthcare facilities and because of this the recruitment and retention of CNAs are critical issues (Dillion & Young, 2003). Turnover of CNAs is costly and disruptive to the quality of patient care (Castle & Anderson, 2007; Collier & Harrington, 2008). Estimates are that between 23-36% of CNAs switch to a new facility or leave the field all together within one year of hire (Rosen, Stiehl, Mittal, & Leana, 2011). High turnover of CNAs in long-term care facilities results in poor quality of care and decreased quality of life for

patients. It is estimated that it costs approximately 30 thousand dollars to recruit, orient and train a new CNA into a facility (Khatutsky et al., 2011, [American healthcare assoc.], 2011). A revolving door of CNAs constantly leaving and being hired results in an unstable workforce, low patient satisfaction scores, and high costs for recruitment and training (Rosen et al., 2011).

Reasons for Turnover

When polling CNAs who leave their jobs, they report they leave because of lack of respect, poor relationships with supervisors, and lack of career advancement (Decker, Harris-Kojetin, & Bercovitz, 2009; Decker et al., 2009). Other factors affecting job satisfaction that contributed to why CNAs chose to leave were too few staff, lack of trained staff, and supervisors who showed little interest and gave little value to CNAs (Decker et al., 2009). An unexpected finding was that hourly pay did not seem to influence turnover (Rosen et al., 2011).

CNA job satisfaction in hospitals appears to have a link with not only how hard they perceive they work, but also when the number of CNAs working is disproportionate to the acuity of patients (Kalisch & Lee, 2012). According to Kalisch (2012), nursing assistant job satisfaction becomes lower the more years of experience they remain stagnant in that role.

Addressing Job Satisfaction

CNAs who leave employment seem to do so due to poor job satisfaction. Several articles speak specifically to CNAs and job satisfaction in nursing homes; very few discuss the problem in an acute care setting and patient experience. Many articles discovered a common grouping of elements that can have an effect on job satisfaction and retention; these include better wages, improved benefits, more training and career opportunities, improved organizational culture and higher staffing ratios (Decker et al., 2009). Research also shows there is a lower turnover rate in facilities that encourage nursing staff to actively participate in developing the patient plan of

care, in self-schedule and in creating a positive work environment (Trybou, Pourcq, Paeshuyse, & Gemmel, 2014, Kostiwa & Meeks, 2009, & Kalisch, 2011). Decker et al. (2009) also found like others, that high wages, paid time off, and retirement had a positive effect on retention but not on job satisfaction. Many CNAs report that much of their job satisfaction was a result of performing patient care and experiencing patient response to that care (Weiner et al., 2009).

Of the articles that cover educational or advancement opportunities that have been attempted, those that offered clinical ladders were the leading choice for nursing homes resulting in positive findings related to retention of CNAs (Lerner, Resnick, Galik, & Russ, 2010). In some nursing homes, retention numbers with clinical ladders improved by more than 50% (Weiner et al., 2009). Another way that nursing homes have attempted to help retention is by instituting training programs to improve communication between CNAs and management (Choi & Johantgen, 2012). Several methods have been tried such as training programs that occur over several days or even months and which cover various subjects, such as infection control, aseptic technique and CNA role in the nursing home (Gent & Seidl, 2014). Career advancement programs offered in the hospital setting received the highest ratings from CNAs who remained with their current employers (Kalisch & Lee, 2012 & Brown, Redfern, Bressler, Swicegood, & Mohar, 2013).

Approaches to empowering CNAs and increasing job satisfaction and retention include preventing detachment from the workplace and adding feelings of ownership (Khatutsky et al., 2011). It is beneficial for a facility to discover what CNAs perceive as job satisfaction in order to know what to provide as incentives to promote job satisfaction and retention. The research does not currently reveal consensus on what CNAs specifically want or how they envision job satisfaction. Much of what is available is outdated, samples are small and based on assumptions

of what is thought will work. This project aims to discover the perspectives of CNAs about several approaches to job satisfaction, career ladder and leadership training, and a work/school program presented in an educational intervention as well as determining other personal factors affecting job satisfaction.

Project Plan and Evaluation

Market/Risk Analysis

There was no major market risk or obstacle to completing this capstone project. There was no conflict of interest identified by the nurse researcher. The hospital was willing to provide data supporting the study. There was no risk to the hospital in having the study at the facility. All participants provided informed consent prior to beginning the study. There were no major issues identified that endangered or put the participants at risk.

Project Strengths, Weaknesses, Opportunities and Threats

There were strengths for this capstone project. This hospital is a research and evidence-based practice institution. The system values employees and believes it is important to empower and engage them. CNAs are an important part of the hospital team. Positive patient outcomes depend on highly skilled CNAs. There is interest from nursing administration in addressing the turnover rate of CNAs. They wanted to know more information in order to address the problem.

There were weaknesses to this study that include: the time it takes to prepare the information session, conducting multiple sessions, and interviewing the participants. Many CNAs at the facility have transportation and childcare issues when away from work so scheduling interviews is problematic. CNAs' workload on the units does not lend itself to leaving the units for 15-30 minute interviews. CNAs may be intimidated by being interviewed on the units, which could deter participation in the study.

Opportunities for this study included learning how CNAs at this hospital, in their own words, define job satisfaction. Very few studies exist where CNAs describe how they perceive their job and what might affect job satisfaction. In many cases, approaches to job satisfaction enacted by administration are not in line with what CNAs view as important. This project strived to discover the meaning of job satisfaction for CNAs before implanting policies.

Threats to this study included the possibility of CNAs not participating due to concerns that managers will be aware of their responses to the interview questions. Participants in the study may discuss interview questions that might influence data results. Poor participation or non-participation is also a risk.

Driving Forces/Restraining Forces

Driving forces for this study included a hospital that relies on CNAs to provide care for patients who work in conjunction with the other nursing staff including freeing up nurses for more complex care. Another driving force was that nursing administrators want to invest in retaining CNAs by offering promotion and incentives for them to stay. There was no cost associated with this study for the participants; all participation was voluntary and uncompensated.

Restraining forces for this project included the time required for participation in the information session and to be interviewed. Additional restraining forces were that some CNAs have childcare issues, transportation issues and other life responsibilities that interfere with the scheduled interviews. Fear of retribution from unit managers of CNAs who choose to participate may decrease the number of participants.

This nurse investigator scheduled interviews on various days and times to accommodate different shifts and to help staff make accommodations for childcare and transportation.

Participants were assured of complete anonymity with both verbal and written guarantees. Face-to-face interviews were kept private with only the nurse investigator present and shared information kept private.

Need, Resources and Sustainability

The need for this capstone project is to determine how CNAs identify job satisfaction at this particular facility. During interviews, participants will share their perceptions of what will affect job satisfaction after attending an information session describing different career advancements options.

Resources required were the researcher's time to develop, plan, and arrange the information session as well as schedule and conduct the individual interviews. Also required was the time to correlate, transcribe and code data from the interviews. Equipment costs included a digital recorder for recording interviews and a locked cabinet in the nurse investigators office to secure the data. The healthcare system did not expend any monies toward this study. Personnel involved were the nursing investigator, the CNA participants, the nurse mentor and the capstone chair.

The following steps accomplish sustainability of this capstone project:

1. Findings of this study shared with nursing administration and human resources
2. Development and adoption of options to improve job satisfaction through hospital policies
3. CNA participation in implemented career advancement options
4. Follow up with human resources for retention percentages and CNA survey results of job satisfaction with the options

Feasibility/Risks/Unintended Consequences

Feasibility of this study was determined by the willingness of CNAs to participate in the study. This project assumed that CNAs want to have more say about their jobs and are eager to voice their opinions. Full institutional review board approval by the hospital system and by Regis IRB was granted before the study was implemented. There were no foreseeable unintended consequences with this study.

Stakeholders and Project Team

The resource team consisted of the nurse investigator, capstone chair and nurse mentor. The nurse mentor served as the main consultant to the project at the healthcare system. Stakeholders are nursing administration, CNAs, patients, and healthcare consumers. Nursing organizations such as nursing homes, home healthcare agencies, as well as other acute care hospitals were also included as stakeholders for this study.

Cost-Benefit Analysis

There were no costs associated with CNAs participating in this study other than the time off the units. No supplies or equipment was required of the CNAs to attend the information session. Cost to the nurse investigator included the cost of the digital recorder and other small office supplies. Nurse researcher time is valued at approximately 45 dollars per hour to develop and plan the information session and conduct the interviews. There was no cost for the classroom space for the information session or the office space for the interviews. Cost to reproduce the information session will depend on availability of classroom space, office space, and supplies needed in another setting. Anticipated benefits are a better understanding of how CNAs perceive job satisfaction, and how the information can be used to improve job satisfaction.

Mission/Vision Statements

The mission is to build nursing assistants into a respected and recognized part of the patient care team.

The vision statement is to inspire creativity, personal empowerment and continual learning for the promotion of positive outcomes and to stimulate upward progression for nursing assistants in a healthcare system.

The goal of this study was to engage CNAs in an information session and gain their perceptions of what it means to have job satisfaction.

Project/Outcome Objectives

The project outcomes for this study were the following:

- The nurse investigator proposal approval and submits and receives exempt IRB project approval by September 2015.
- The nurse investigator designs, implements, and collects data from an information session on career advancement opportunities for CNAs by December of 2015.
- The nurse investigator to transcribe and analyze data for development of themes by March 2016
- The nurse investigator to write up the findings of the study and define the final proposal by May 2016.
- The nurse investigator to present results to nursing administration at the facility the research took place by September 2016.

Logic Model

Input	Activity	Output	Short-term	Long-term	Impact
Nursing assistants to attend an information session about career advancement options	Nurse researcher to conduct at least 10 one-on-one interviews with participants to discover their perceptions on presented options from the information session	Common perceptions about job satisfaction will emerge during the interview process. Participants will offer new ideas and insights on job satisfaction drawn from their own experiences	Gain approval for the chosen career advancement. Develop the career advancement (clinical ladder, academy or other idea as revealed from interview process).	Adopt career advancement for the nursing assistants to take advantage. Empower nursing assistants to go to school and advance in the health system, go to nursing school or other job beyond being a CNA.	Hospital to have a return on investing in the nursing assistant by having them stay longer, provide better patient care and advance in the health system.

Appropriate for Objectives and Research Design

This study followed a qualitative key informant design to determine perceptions of job satisfaction after nursing assistants have attended an information session on career advancement. This design method uses first-hand accounts from the people who have knowledge about a problem and can offer recommendations of solutions (UCLA Center of Health Policy Research [UCLA Health Policy], n.d.). The key informant design is appropriate in that a small representative sample of CNAs will provide insight into perceptions of job satisfaction from their unique perspective.

Population Sampling Parameters

A purposive sample of CNAs currently employed in any unit of the hospital who has been employed for more for six months or more was chosen for the study using human resource

data with permission from the hospital. CNAs can be of any gender and age 18 or above. They need to be willing to attend the information session, complete informed consent, and be interviewed and audio-recorded face-to-face following the information session. CNAs can sign up for a preferred date and time of interview after the information session. A sample of between 10-12 participants is projected.

Appropriateness of the Setting for EBP Project

The setting is a large acute care hospital with approximately 8500 employees located in the Southeast U.S. The hospital has medical-surgical, critical care, and surgical inpatient units. There are approximately 700 CNAs employed. This setting is appropriate for this capstone project. The facility will provide classroom space for the information session and office space for interviews.

EBP Design Methodology

The methodology for this capstone project is a qualitative key informant method. The key informant method allows for candid in-depth responses from the people most impacted by the need (UCLA Health Policy, n.d.). Open-ended questions will be asked in recorded, face-to-face interviews to collect perceptions of how nursing assistants perceive job satisfaction after attending an information session. The nurse researcher will transcribe the recorded interviews and use constant comparative analysis to determine categories and themes.

Protection of Human Rights

All participants of the study completed informed consent before attending the information session. Discussion of the purpose, goals, and objectives of the study will take place at the beginning of the information session. Assurance of confidentiality and anonymity of the interviews will be provided. All participation was voluntary and participants could withdraw

from the study at any time with no risk for any reason. Participation will not affect employment or advancement within the organization. Interviews were conducted in private and were audio recorded. All data collected is stored securely in a locked box and will be destroyed after three years.

The nurse investigator has successfully completed Regis University's CITI Conflicts of Interests training and all related modules on 02/06/2015. This DNP nurse investigator completed Regis University's Social Behavior Research Investigators and Key Personnel training and all related modules on 02/06/2015. The researcher has submitted a letter of intent and requested a site approval letter. The study proposal will be submitted for exempt status to Regis IRB and the IRB at the hospital where the research will take place.

Trustworthiness

Trustworthiness of qualitative findings depends on several factors and is crucial to clarify credibility, dependability, transferability and conformability (Shenton, 2004). Credibility determines if the study measures what it is intended to measure (Shenton, 2004). Credibility will be shown in this study by using a range of participants to ensure a broad range of perceptions on job satisfaction and the consistency of responses.

The dependability is that the findings are accurate and repeatable. Dependability will be shown with the help of the capstone mentor, and capstone chair, and two experienced qualitative researchers to evaluate if the discoveries, interpretations and conclusions are supported by the data.

Transferability, or when a study is applicable to other situations or differing populations, is another part of trustworthiness (Shenton, 2004). Transferability is shown in this study by

careful documentation of the process to develop and present the information session as well as the method to obtain and correlate data that enables a future researcher to duplicate the study.

Conformability refers to the steps to demonstrate that findings that emerge from the data are not the researchers own biases. Conformability in this study will be shown by maintaining detailed notes about sampling, data sources, data collection, and the steps taken to manage, analyze and report data. This project maintains a secure audit trail including notes and journals to aid other researchers can reproduce the study.

Data Collection and Study Protocol

Individual key informant open-ended interviews, recorded and conducted by this nurse investigator will comprise the data collection. Limited demographic information such as gender, date of hire, and educational background, number of years working as a CNA and length of time employed at the hospital will be included at the start of the interviews. The recorded interviews will take place over 30-45 minutes during a face-to-face meeting using open-ended questions.

The questions are:

1. What does job satisfaction mean to you?
2. What makes you happy at work?
3. How would you describe a clinical ladder? What is it?
4. How would participation in a clinical ladder affect your feelings of job satisfaction?
5. How would you describe the support services academy? What is it?
6. How would participating in the support services academy affect your feelings of job satisfaction?
7. What would give you job satisfaction here at work?

Intervention

The information session was developed and presented using a Power Point presentation during the monthly one-hour CNA meeting and/or as a freestanding information session. The presentation was 30 minutes or less and this nurse investigator was the sole presenter. If additional sessions are needed, promotion of the additional sessions will take place through email to the nursing assistants, managers and clinical educators to encourage attendance. An email notification was sent out before the scheduled meetings and included an informed consent for them to review.

The nursing assistants were made aware before the information session of the request to interview participants. The informed consent form will be filled out and collected. The nurse investigator will then offer times after the information session or at other convenient times for the participants.

The information session will be designed to clearly explain possible options: career ladder and the Support Services Academy:

Career Ladder:

1. What the clinical ladder is; how the ladder is designed
2. Requirements to reach each level successfully
3. Merit increases for completing each level
4. Benefit to CNAs by promoting quality improvements, skill advancement and community involvement

Support Services Academy

1. What is the Support Services Support Academy?

2. Year-long program divided into three segments that focus on communication, team development, behavior styles and learning styles.
3. Participants learn how to work as group, trouble shoot, deal with difficult situations and apply advanced concepts and skills related to their individual discipline.
4. There is homework involved and participation required.
5. After completion, there is a formal graduation and raise in pay

Findings

The final sample for the study was composed of nine female participants; three were African American, three Caucasian, one Asian, and one Hispanic. Seven worked on medical-surgical units, one worked in ED, and one in ICU. Years of employment as a CNA varied from 1- 23 years in length. Four categories were revealed in the data with themes. These included *CNA Views of Job Satisfaction*, *Clinical Ladder Option*, *Support Service Option*, and *What CNAs Want*. The categories and themes are presented in the order they appeared in the survey responses.

CNA Views of Job Satisfaction

Patient Care

The category of *CNA Views of Job Satisfaction* included the theme of *Patient Care*. The majority of CNAs in the study emphasized how caring for patients gave them job satisfaction. The participants spoke of "...caring for patients who can't take care of themselves." Another stated that "[job satisfaction] is making my patients feel happy." Yet another said job satisfaction is "Patient care, taking care of people is very fulfilling, I enjoy it. I very much enjoy it." Some specific things about patient care that were mentioned were, "I enjoy talking to them [patients] and getting to know them," and another said, "I love the interaction with the patients. I am

compassionate and concerned for them.” They received satisfaction from seeing “...the change in someone after they have gone through something [difficult].”

An additional aspect of CNAs' perceptions of job satisfaction was treating patients like family. One participant stated, “I take care of people as if they are my family.” Another said, “I try to think that all the grandmothers are my grandmother seeing them smile and be happy.” They commented about how caring for patients can sometimes be difficult. One admitted that “Some [patients] are easier than others.” Another stated, “Sometimes they [patients] are mad and you are not going to change their madness, but some others you can change a little bit.” A very characteristic quote from one of the CNAs stated, “[Job satisfaction means] I make a difference.”

Working Together as a Team

The theme of *Working Together as a Team* came through in the category of *CNA Views of Job Satisfaction*. The participants' identified the need to be a member of a team. One stated, “Work satisfaction is team work.” Another said, “What will make me happy is working in teams.” An aspect of teamwork that came through in their words was the idea of giving each other support. One person stated that what gave them job satisfaction was “...support mainly, [I] need to work as a team and you [I] need to have support.” Another stated that “...If I have people to work with that have a sense of team work, [and] that don't mind helping when I need help that makes a big difference.” A participant noted that job satisfaction was “...having enough staff to keep us going.” One person summed up the thoughts with “[job satisfaction is being] team players, we are in this together. I got your back, but you have to have mine.”

The CNAs viewed the daily interaction between team members as very significant. One person stated, “This is now my second family.” Another CNA said “... the other nurse assistants

that I work with make me love my job.” They spoke of how job satisfaction came from “...getting along when we are working” and “The interaction with coworkers is huge.”

Supportive Supervisor

The CNAs in the study needed a *Supportive Supervisor* to experience job satisfaction. A majority of the participants wanted successful relationships with their supervisors. They spoke of wanting “a boss that listens to us little people” and “...a supervisor that works with you, that is a good environment.” A participant stated, “You want to feel like you are compensated and if you have a problem you have someone you can go to...you want to know that my job is important and my position is needed because I am good at what I do.” Another CNA said she was happy in her job and “her supervisor is great; the manager works with me.”

Clinical Ladder Option

Advancement

The category of *Clinical Ladder Option* included the theme of *Advancement*. The participants described the clinical ladder as “Something that helps [you] to advance in your job and [gives] incentives to go further in your job.” Another participant perceived it as a way “...for the hospital to keep trained staff in areas that are most needed by offering staff in lower levels a way to climb up to higher levels within the hospital.” Another participant said, “I see [the clinical ladder] as a way to make me better than I am.”

They also envisioned the clinical ladder as a way to gain new skills. One CNA described the clinical ladder as “a chain of education.” Others said, “[this is a way] to learn more without going to school...” Another participant stated, “Each rung [on the clinical ladder] is a new skill or a refresher skill or just going in and showing that this is what my skills are [and] what I do and how I can get it done.” One CNA shared her perception of how the clinical ladder would provide

“multiple skills and education and it counts towards me bettering myself and having more knowledge.”

The participants clearly viewed the clinical ladder option as a way to get a raise in pay. One person stated, “It’s [the pay increase] for the whole year for five percent [which] is not much but it is pretty good.” Another said, “We will see pay increases and maybe other benefits.” Another said, “Seniority needs to be part of our [pay] increase...I think the clinical ladder will help with that.” A participant stated “If we want the extra dollar we have to do more and be more [and] push forward.”

Misconceptions

A theme that came through under the category of *Clinical Ladder Option* was that the participants identified *Misconceptions* about the clinical ladder. There were aspects of the clinical ladder that were not fully understood. Participants had the impression that they would learn skills beyond their present scope of practice. One CNA described a clinical ladder as “...cross training into different areas.” Another person expanded upon this by saying, “At the end of the day I can help do other things in other areas.” There was a misconception about how the clinical ladder would affect their level of care. One CNA stated, “I see being nursing assistants as one step below being a nurse....at the end of the day I can help do other things in other areas.” Another stated, “I want to learn as much as I can as an aid so that when I go into the nursing I know some [more] skills.” Some of the participants believed the clinical ladder would be similar to the RN clinical ladder and said, “[we will] get credit for doing meals on wheels, stuff like that.”

Support Services Option

Personal Growth

In the category of *Support Services Option* the CNAs described the theme of gaining *Personal Growth* by taking “a yearlong class.” Many participants described support services as “a class to help [CNAs] work better with others [and] use different skills to handle people.” One participant described it as a class to “help with...how to understand what people want ...[and] help people understand what CNAs do [and] how to make better choices [at] work as well as [in their] personal lives.” They spoke of how the support services option “...would help by teaching how to deal with different situations [and] build confidence.”

Some of the participants described the support services option as a way to interact with each other and other hospital staff as part of *Personal Growth*. One person stated, “The support services option is mainly for me and other nursing assistants to get together to talk about different things we can do to make our jobs easier, or better and different ways we can add more skills that can help us to advance in the healthcare system.” They spoke of having the opportunity to learn about other jobs in the hospital. One stated, “I am excited about it. You only know about your job, this brings everyone in, EVS, transporters [and others] to help learn how to act.” Another said the support services option is, “a way to see that people all go through the same things and that we can pull together and work it out.”

The information gained in the support services option was also viewed as a way to learn how to interact with administration. One participant stated that the support services class would show “..how to deal with administration in an intelligent manner[and how to] maneuver through different situations.” Another said that it would, “...help [CNAs] learn how to act [and] deal with leaders...”

Skepticism

CNAs in the study revealed optimism about what they could learn from the *Support Service Option*, but they also expressed the theme of *Skepticism* about how it would be implemented. A CNA stated, "I am skeptical; it feels like a re-programming class." Another said, "It's a lovely idea, but I'm old and set in my ways; I do not want to be in a group." Another said, "I want to go to school, but I don't know about a class with people I work with. I think it might be awkward or I wouldn't want to say anything in the class because it might get back to other people." Another shared unwillingness to participate because it was "...too much structure and requirements. I cannot schedule myself for more things. I have trouble getting around, I can't drive at night...I don't want to give up my days off." Finally, a participant noted, "I don't see how this will work. They [CNAs] can't get off the floors to eat lunch how are they going to leave the floor for [a class] two hours a week."

What CNAs Want

The Chance to be Better

The category of *What CNAs Want* included the theme of *The Chance to be Better*. The CNAs in the study appeared eager to grow in their professional lives and were willing to make the effort to do so. Classes were suggested as a means to give opportunities for advancement and were viewed as ways to "...provide more opportunity here at the hospital." The CNAs wanted "...more classes, like LPN, crossing training basic classes...math, [and] reading [to] help us to get to the more advanced level." One CNA stated, "The sitters get extra training that we do not get." Other participants expressed interest in "patient experience classes" "CEU classes" or "[that] customer service classes should be offered..."

They also requested classes that appeared to be beyond their scope of practice. Some suggestions were “wound care classes,” “medical terminology classes,” “basic dysrhythmia classes,” “IV classes,” “physical therapy classes,” and “medicine assistant [classes].” Once they passed a class in phlebotomy it was suggested that “...on the floor you might be able to draw blood or do the EKG.”

A Voice

The CNAs in the study shared a second theme of wanting *A Voice* in making decisions about their practice. This theme revealed that CNAs wanted more involvement in planning activities that directly related to their role. One person stated, “We need more of a voice and someone needs to listen. We need input into what we do and how we do it.” Another said, “you have to speak up or no one will know.”

Participants made specific work related suggestions such as “..we need more huddles, meetings...talking about what is going on and what we are feeling.” One person suggested “...more vital sign machines, where there are so many patients that need vitals...like in the ED.” Another suggested “We want our own domain in the HCAHPS scores...we want to see how we can improve or where we are doing well. [We want] an informal survey of patients to see how we communicate responsiveness of staff.” Another stated, “On the floor we have been talking about having a bath and shower team.” Others said, “We need to have a way to tell families that we got it, please step back,” and “We need more help [more CNAs].” The participants also shared preferences that would make their work environment better such as “[I would like] different choices of scrub colors, [I am] tired of burgundy or grey, its dreary, it’s too dark” and “...have more lunches and ice cream socials; I like that.” and “Bring back the shuttle; I don’t like walking in from the parking lot, I want a ride.”

Recognition

A final theme of *Recognition* emerged under the category of *What CNAs Want*. Here the CNAs described how they believed they were currently perceived by other health team members. A common perception was that “[CNAs] are at the bottom of the food chain” and “[we] get swept under the carpet” and another stated, “We are the bottom of the totem pole.” There was also a sense of pessimism that this would never be different. One participant stated, “Everyone knows nothing is going to happen, change won’t happen.” Another stated, “There are a lot of things that need improvement but no one cares.”

The CNAs particularly felt they were not appreciated by the nurses. One participant noted that “...we are on the front line for the nurses, we notice the big changes, we notice the changes in family members, we spend the most time [with the patients], we are overlooked we are not getting the credit that is due.” Many participants shared the following thoughts: “The nurses need to be talked to so the nurses can be aware of what we do.” and “CNAs are not maids; we want the nurses to know what we do.” One participant stated, “We need help from the nurses to go along with what we are doing. I don’t know if it is going to take meetings to see how we can help each other. It might be small things but could make a big difference in the day of the nurse that could help them. Nurses and CNAs need to talk it out.”

The CNAs in this study wanted “...to be recognized for the hard work we do” and that they would like “...people to be thankful for us ...we don’t get recognized like we should.” The form of recognition expressed most often was increased compensation. The CNAs consistently felt that they should have the opportunity for a raise in pay. One stated, “I will not do more and not get compensated. I come here for the money; that is why I work. I have to survive basically.

...I will do more for you but you have to do more for me.” Another stated, “I want to know that I am being compensated for what I am putting out.”

Discussion

This study revealed perceptions of job satisfaction by nine CNAs who attended information sessions on career advancement options in one acute care hospital. All of the participants in the study described patient care as a major factor leading to job satisfaction. They enjoyed interacting with patients and felt concern for them. Being satisfied was described as “making my patents feel happy” and feeling “compassionate and concerned for them.” This attitude by CNAs about their jobs was shared by Castle (2007) who found that CNAs scored high on questions related to job satisfaction involving working with patients. Eaton (2000) and Parsons et al. (2003) also reported job satisfaction related to staff enjoyment from relationships with patients.

The CNAs in the study felt they should treat patients like they were family. They believed that they “made a difference.” This view was supported by Bowers, Esmond, and Jacobson (2003) who noted in their research that CNAs voiced a strong concern for quality of patient care. Other research by Weiner et al. (2009) also showed that CNAs expressed job satisfaction in performing patient care and experiencing the patient’s response to that care. Head, Washington and Meyers (2013) found that CNAs’ job satisfaction was directly tied to the feeling that they contributed to patient outcomes.

A major finding of this study was the emphasis placed by the CNAs on working together as a team for job satisfaction. They described “giving each other support” and how “working with other [CNAs] makes me love my job.” One participant stated that job satisfaction was “having enough staff to keep us going.” Chou, Boldy, and Lee (2000) reported CNAs’ job

satisfaction was related to workload, team spirit, and professional support. The Institute for the Future of Aging Services (2010) supported public policies that require minimum staffing levels as a way of increasing CNAs' perceptions of job satisfaction. A majority of the CNAs in this study described a supportive supervisor as an important part of being satisfied with their job. The participants in the study described wanting "a boss that listens" and "a supervisor that works with you." A study funded by the U.S. Department of Health and Human Services (Bishop, Squillace, Meagher, Anderson & Wiemer, 2009) found that job satisfaction was supported by good relationships between CNAs and supervisors. In the study CNAs who reported that their supervisors were a reason to stay in their jobs had a much lower estimated probability of dissatisfaction with their jobs. Choi and Johantgen (2012) found in their study of 3,017 CNAs that supportive supervision was a significant factor that influenced perception of job satisfaction. Bishop et al (2009) found that the quality of supervision was the strongest factor related to CNA job satisfaction.

Participants in this study gave positive impressions of implementing the CNA clinical ladder option. They viewed it as a way to advance their careers by giving them a way to improve in their jobs, gain new skills, and get a raise in pay. The literature supports the concept of the clinical ladder as an approach to improving job satisfaction. Castle (2007) suggested early on that creating job ladders for nurse aides was a means of further advancement. Clinical ladders have been used successfully for years in long-term care and nursing home settings. Lerner, Resnick, Galik, and Russ (2010) and Gent and Seidl (2014) found that clinical ladders were the leading choice for advancement by nursing assistants in long-term care. It is proposed that a clinical ladder would also be beneficial in acute care.

Although the participants voiced approval of the clinical ladder option they had significant misconceptions. They viewed it as “cross training” and “similar to the RN clinical ladder.” From these perceptions it was determined that content in the information session needed revision. Basic ideas about the establishment of a clinical ladder were presented to gain general feedback about perceptions of implementing the ladder. Definitive steps in the clinical ladder for CNAs were not clearly defined. CNAs made assumptions that there would be more expansive teaching of skills that what was intended and were not clear about how a pay raise would be implemented. A clear understanding of the restrictions of practice standards should be included and a more precisely outlined clinical ladder should be developed for presentation at future information sessions.

The CNAs gave an overall positive impression of the support services option. They viewed it as a means to gain personal growth through attendance at a “year-long class.” The purpose of the class was for them to learn how to deal with different clinical situations and how to interact with administrators. CNAs were familiar with this class as it was presently being offered to other staff including transporters and EVS. Many participants spoke of the support services option as a way for CNAs to get together and talk. They also saw it as a way to interact with other staff in the hospital so that they could “pull together and work it out.” They appeared to want information about how to deal with leaders. Castle, Engberg, Anderson and Men (2007) believed based on their research that areas concerning training and rewards are beneficial to building CNAs' job satisfaction.

Skepticism was revealed by some of the CNAs related to the purpose and implementation of the support services option. Some participants viewed the option as a re-programming class, another felt that it would be awkward being in class with people they worked

with and another said they did not see how the CNAs would be able to leave the floor for a class. This skepticism was noted in the literature by Castle (2007) who reported that nurse aides rated their chance for further advancement as low. Based on the participant responses CNAs need solid assurance that there is a plan for how they will be able to attend a class that fits with their personal lives and work schedule.

When asked what would give CNAs job satisfaction they stated that they wanted the chance to be better. They described wanting more classes and opportunities for advancement. The number and type of classes were surprising findings. In some cases, classes were suggested that were beyond their present scope of practice such as “IV classes” “physical therapy classes” and “medical assistant classes.” The fact that these CNAs worked in a hospital around a variety of healthcare providers was possibly an impetus to expand their level of practice. The study by the U.S. Department of Health and Human Services (Bishop, Squillace, Meagher, Anderson & Wiemer, 2009) showed that the opportunity to do challenging work was significantly associated with CNAs' overall satisfaction. There was a call for providing further education and training for CNAs working in long-term care (Cherry et. al., 2007). Castle, Engberg, Anderson and Men (2007) also stated that results of their studies showed that training of CNAs supported job satisfaction. Castle (2007) noted that CNAs wanted education about skills that related to their jobs. In long-term care these included training in dementia care. It is likely that this desire for additional education would extend to CNAs working in a variety of areas in the hospital. Davis and Dawson's (2003) research strongly supported efforts for more and different types of nurse aid training.

The CNAs in the study also wanted a voice in making decisions about their practice. They wanted input into planning activities related to their role. This is strongly supported in

research by Chaudhuri, Yeatts and Cready (2013) who found that nursing assistants that were allowed to participate in workplace decision making reported higher job satisfaction from participation in shared governance. Castle (2007) indicated that research showed facilities could improve job satisfaction by implementing quality improvement techniques, best practices, and benchmarking. The participants in this study had ideas for how to communicate better through huddles and for increasing vital signs machines in the ED. CNAs are empowered as they feel they are making a direct difference in patient outcomes (Chaudhuri et al., 2013). They also wanted to know how they were doing compared to CNAs in other facilities and how they could improve care. Castle (2007) suggested that nursing homes could post report cards and quality goals in the facility or give information directly to caregivers about their performance to involve CNAs in quality care. This suggestion could apply to CNAs in the hospital. It was also noted that participants offered ideas for work related changes such as having different color scrubs, more lunches and ice cream socials and shuttle rides to the parking lot. These ideas could be considered by administration to promote job satisfaction.

An important theme revealed that CNAs wanted recognition of their value as team members. They did not always feel respected and considered themselves at the “bottom of the food chain.” Lack of appreciation and respect from supervisors and employers was cited as one of the most common reasons CNAs leave their jobs (Bower, Esmond & Jacobson, 2003) Choi and Johantgen (2012) found in their research that the perception of being valued by employers was the strongest predictor of job satisfaction among CNAs working in nursing homes. The CNAs particularly wanted recognition from the nurses who supervised them.

The participants in the study expressed strong feelings about being overlooked and not listened to by nurses. They described feeling like “maids.” This is reiterated by Head et al.

(2013) who described nursing assistants feeling personally and professionally dismissed by staff. CNAs want to be seen as valuable members of the healthcare team and not as maids or housekeepers. The participants stated that they “need help from the nurses to go along with what we are doing.” It was noted in the literature that RNs and LPNs are not always prepared to supervise and lead teams of CNAs. Siegel, Young, Mitchell, and Shannon (2008) reported that many RNs and LPNs may not have sufficient education and preparation for competencies and skills in the supervisory role. It was suggested that employers should give more attention to providing better training and support for licensed nurses to develop their supervisory skills. A stronger team approach was wanted by the CNAs in the study

A final significant finding in this study was that participants felt they wanted recognition in the form of increased compensation. They wanted a pay raise and were not willing to do more without being compensated. CNAs specially wanted additional compensation for cross-training into new roles. The literature supports the importance of wages for sustaining a positive, engaged workforce. CNAs are often paid at minimum wage and are considered the working poor who are single-parent minorities. Stone and Wiener (2001) note that CNAs provide the most physically and emotionally challenging tasks in the field yet they are the lowest paid. Stearns and D’Arcy (2008) found that CNAs with higher hourly wages were less likely to leave their current jobs. Pay is not cited as a primary reason for CNAs leaving their jobs but it does contribute to job satisfaction (Choi & Johantgen, 2012). In this study increased compensation is a factor to consider to promote job satisfaction.

Limitations and Recommendations

Limitations to this study were the small sample size, and it took place in one regionally southern acute care hospital. The all-female sample is also a limitation as male CNAs may have

a different view. A larger, more diverse sample size is needed to further investigate if perceptions of job satisfaction differ depending on the region studied. Further studies offering longer study durations could have permitted more nursing assistants the opportunity to participate. Research is needed with varying advancement options to gain deeper understanding into what nursing assistants believe will increase job satisfaction.

A major limitation of the study was the exclusive use of research related to CNAs' job satisfaction in long-term care. The lack of studies done concerning CNAs in acute care hospitals prompted this action. This could affect conclusions drawn from the research. Further studies conducted in acute care area are needed to determine differences and similarities of CNAs perception of job satisfaction compared to long-term care.

Implications to Practice

Many of the results of this research supported findings of past studies in long-term care and contribute to nursing knowledge about job satisfaction of CNAs in the acute care setting. CNAs in this study felt that job satisfaction was achieved through caring for their patients, working together as a team with other staff, and having a supportive supervisor. These factors give insight to leaders and administrators about what to focus on to create an environment that supports and retains CNAs.

The clinical ladder was perceived positively by CNAs but needed careful preparation and planning. The promotion steps should be clearly outlined with well-defined responsibilities and rewards. Clear explanation about practice standards should be explained. Requiring more responsibility and skills should be accompanied by increased compensation.

CNAs were willing to consider the support services option for career advancement. Overall they expressed interest in attending classes that would enhance personal growth and

knowledge about their jobs. Skepticism concerning how it would be implemented should be addressed so that participants understand the impact on their personal lives and work schedules.

Important findings of this study related to what CNAs asked for to achieve job satisfaction. They clearly stated that they were eager to have opportunities to grow professionally. A wide variety of onsite classes were suggested that warrants the attention by administration. This eagerness to improve and learn can be tapped into to promote greater job satisfaction and improve patient care. They also wanted a voice in making decisions about their practice. It is suggested that administration listen to work-related suggestions to improve practice and negotiate reasonable changes that benefit staff and patients.

A major finding of this study was that CNAs wanted recognition as team members. To address this important concern a culture of respect and acknowledgment of employees should be nurtured. Supervisors could display an inclusive attitude by recognizing CNAs who further the organization's values. This could be accomplished by creating patient care champions and mentors on each nursing unit. Greater monetary compensations should be considered. Team building practices are particularly needed with extra training for nurses in supervisory positions. Nurses should lead by example and solicit feedback on prospective decisions from those affected by them. Team building is a strategy that has positive effects on employees' morale and retention. Follow-up surveys of CNAs following implementation of initiatives would be helpful to confirm if strategies are working.

Conclusion

Job satisfaction to nursing assistants is many things and how to ensure that nursing assistants have high job satisfaction is a question that leadership teams in acute care facilities want to know. Teamwork, recognition and the chance to be better are key elements to raising

CNA job satisfaction. While low pay is a factor that reduces job satisfaction, it is not the primary reason CNAs are unhappy. Chances to be better, meetings, a culture of teamwork and recognition for superior patient care are far more meaningful and speak directly to why the CNA chose the field in the first place. Giving CNAs a voice and listening to their ideas of what job satisfaction is offered surprising and creative ways leadership can raise job satisfaction beside of an increase in pay. When leadership invests in CNAs as a recognized and valued part of the healthcare team, retention rates will improve and highly skilled, motivated CNAs will remain to deliver excellent patient care.

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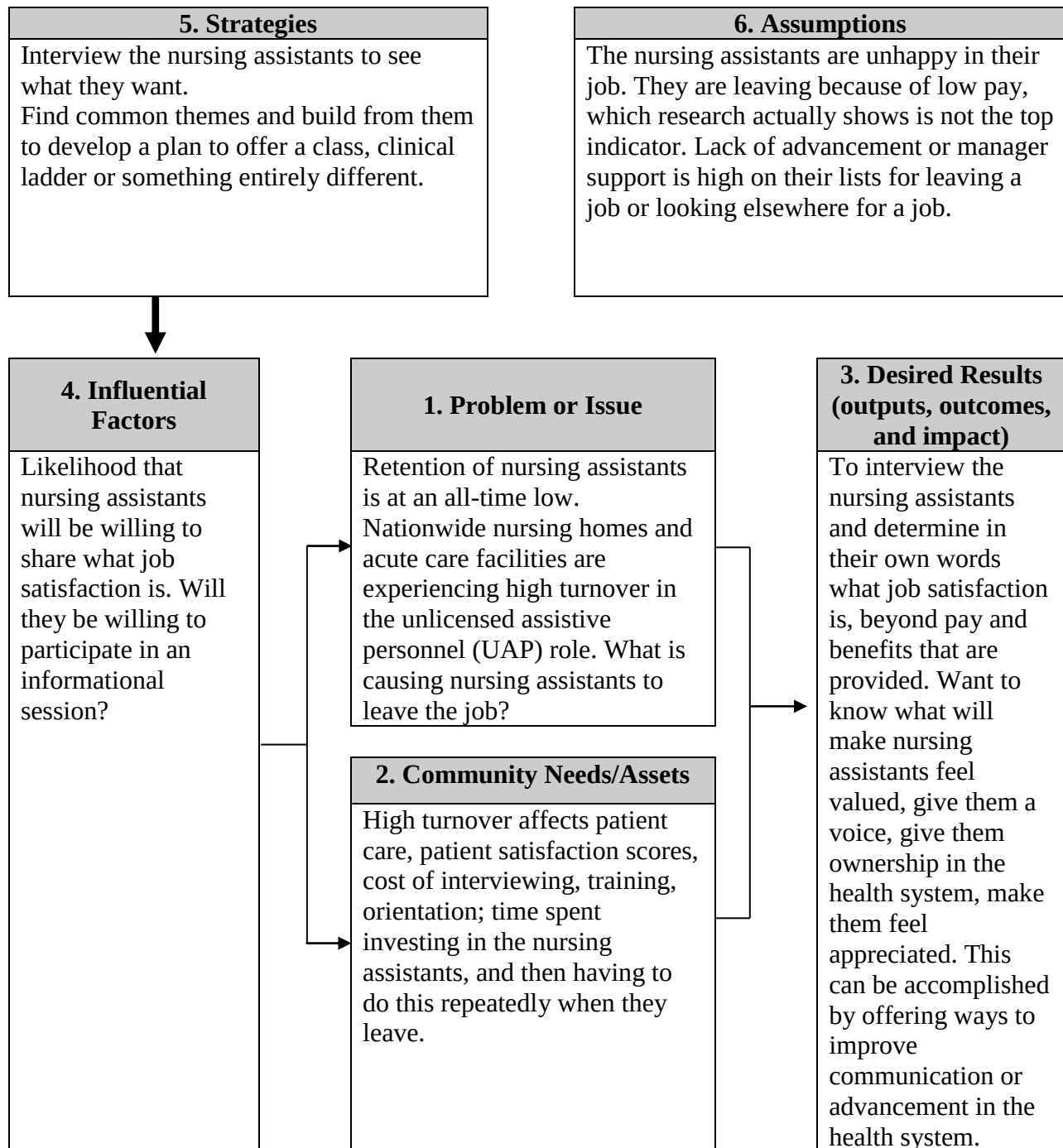
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Appendices

Concept Model Development



Letter of Agreement



Letter of Agreement

BEHAVIORAL HEALTH CARE
BLADEN COUNTY HOSPITAL

CAPE FEAR VALLEY
MEDICAL CENTER

CAPE FEAR VALLEY
REHABILITATION CENTER

HEALTH PROMOTION NORTH

HIGHWAY 70 MARKET
SPECIALTY HOSPITAL

- - -

BLOOD DONOR CENTER

CANCER CENTER

CARDIOLINE

CAPE FEAR VALLEY

ITOMPCARE & INOSPACE, LLC

COLUMBIANO COMMUNITY

FAMILY BIRTH CENTER

HEART TRANSPLANT CENTER

HEALTH PLAN

URGENT
CRITICAL CARE TRANSPORT

PRIMARY CARE PRACTICES

SUEF CENTER

June 16, 2016

To Regis University Institutional Review Board (IRB):

I am familiar with Darcie Brady's qualitative research project entitled Exploration of Nursing Assistants' Beliefs about Job Satisfaction. I understand Cape Fear Valley Health System's involvement to be providing space for workshop to take place, providing office space for private interviews of staff, allowing employees to be interviewed, providing human resource data to support the need for the study.

I understand that this research will be carried out following sound ethical principles and that participant involvement in this research project is strictly voluntary and provides confidentiality of research data, as described in the proposal.

Therefore, as a representative of Cape Fear Valley Health System, I agree that Darcie Brady's research project may be conducted at our agency/institution.

Sincerely,

Jana S. Stonestreet, Ph.D, RN, NEA-BC
Chief Nursing Executive
Cape Fear Valley Health System
1638 Owen Drive
Fayetteville, NC 28304
jstonestreet@capefearvalley.com
910-615-6354

Instructions: (Select one)

- Fax with original signature to (303) 964-5528
- Email as pdf file with original signature to jrb@regis.edu from an official agency email address and to Darcie Brady at dbrady@capefearvalley.com
- Adobe electronic signature to jrb@regis.edu

IRB Approval Regis University

September 1, 2015

Darcy Brady
1638 Owen Drive
Fayetteville, NC 23806

RE: IRB # 15-217

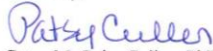
Dear Ms. Brady:

Your application to the Regis IRB for your project, "Exploration of Nursing Assistants' Beliefs about Job Satisfaction", was approved as an expedited study on August 21, 2015. It is approved per OHRP Category of Research #6 and #7.

If changes are made in the research plan that significantly alter the involvement of human subjects from that which was approved in the named application, the new research plan must be resubmitted to the Regis IRB for approval. Projects which continue beyond one year from their starting date require IRB continuation review. The continuation should be requested 30 days prior to the one year anniversary date of the approved project's start date. A completion report of the findings of this study should be sent to the IRB.

In addition, it is the responsibility of the principal investigator to promptly report to the IRB any injuries to human subjects and/or any unanticipated problems within the scope of the approved research which may pose risks to human subjects. Lastly, a final report should be submitted at completion of the project and it is the responsibility of the investigator to maintain signed consent documents for a period of three years after the conclusion of the research.

Sincerely,



Patsy McGuire Cullen, PhD, CPNP-PC
Chair, Institutional Review Board
Professor & Director
Doctor of Nursing Practice & Nurse Practitioner Programs
Loretto Heights School of Nursing
Regis University

cc: Dr. Pamela Stoeckel

IRB Approval Cape Fear Valley Health System

CAPE FEAR VALLEY
TRANSFORMING HEALTHCARE
CAPE FEAR VALLEY HEALTH SYSTEM
NOTICE OF IRB ACTION

1. Request Type ☒ ORIGINAL ☐ CONTINUATION ☒ EXEMPTION ☐ UPDATE ☐ TERMINATION	2. Type of Submission ☐ RESEARCH STUDY ☐ HUMANITARIAN USE/DEVICE ☐ OTHER: _____	3. ID Number Assigned by IRB at time of initial review # 273-15 NOTE: Include this number on all future correspondence related to this submission.
4. Title of Application or Activity: "Exploration of Nursing Assistants' Beliefs about Job Satisfaction"		5. Name of Principal Investigator, Darcie M. Brady, MSN, RN

6. VERSION #/DATE/SUMMARY OF ACTION: Project Review for Authoritative Determination That it Does not Meet the Definition of Research.

7. Certification of IRB Review

- ☒ This activity has been approved/reviewed by the CFVHS IRB in accordance with the Common Rule and any other governing regulations.
 by: ☒ Full IRB Review on (date of IRB meeting) 9/17/15 OR ☐ Expedited Review on (date) _____
☐ If less than one year approval, provide expiration date _____
- ☐ This activity has been reviewed and approved by the CFVHS IRB pending minor updates to include:

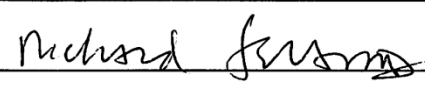
(please resubmit updated document(s) to the Medical Staff Office – notice of final approval will be provided subsequent to review of updated documents)

- ☐ Approval of this activity has been deferred pending updates to include:

(please resubmit updated document(s) to the IRB – full review of updated documents is required – notice of final approval will be provided subsequent to review of updated documents)

8. Comments

NOTE: It will be necessary to request renewal prior to expiration date. In addition, the IRB is to be informed of any changes to design/consent form, significant findings, discontinuation, serious adverse events or other significant events without delay.

9. Printed Name of IRB Chair (designee) RICHARD SERANO, MD – IRB CHAIRMAN	
10. Signature 	11. Date <u>9/17/15</u>

CITI Training

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM) COURSEWORK TRANSCRIPT REPORT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

• **Name:** Darcie Brady (ID: 4653412)
 • **Email:** brady724@regis.edu
 • **Institution Affiliation:** Regis University (ID: 745)
 • **Institution Unit:** Nursing

• **Curriculum Group:** CITI Conflicts of Interest
 • **Course Learner Group:** Conflicts of Interest
 • **Stage:** Stage 1 - Stage 1

• **Report ID:** 15189195
 • **Report Date:** 02/06/2015
 • **Current Score**:** 90

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES

MOST RECENT

CITI Conflict of Interest Course - Introduction	02/06/15
Financial Conflicts of Interest: Overview, Investigator Responsibilities, and COI Rules	02/06/15
Institutional Responsibilities as They Affect Investigators	02/06/15

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
 Email: citisupport@miami.edu
 Phone: 305-243-7970
 Web: <https://www.citiprogram.org>

Collaborative Institutional
 Training Initiative
 at the University of Miami

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Darcie Brady (ID: 4653412)
- **Email:** brady724@regis.edu
- **Institution Affiliation:** Regis University (ID: 745)
- **Institution Unit:** Nursing

- **Curriculum Group:** Human Research
- **Course Learner Group:** Social Behavioral Research Investigators and Key Personnel
- **Stage:** Stage 1 - Basic Course

- **Report ID:** 15189194
- **Completion Date:** 02/06/2015
- **Expiration Date:** 02/05/2018
- **Minimum Passing:** 80
- **Reported Score*:** 100

REQUIRED AND ELECTIVE MODULES ONLY

DATE COMPLETED

Belmont Report and CITI Course Introduction	02/06/15
History and Ethical Principles - SBE	02/06/15
The Federal Regulations - SBE	02/06/15
Assessing Risk - SBE	02/06/15
Informed Consent - SBE	02/06/15
Privacy and Confidentiality - SBE	02/06/15
Regis University	02/06/15

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

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Collaborative Institutional
 Training Initiative
 at the University of Miami