

---

# The Real Caregivers in the Nursing Home — Certified Nursing Assistants

by David B. Oliver

---

*Certified nursing assistants are integral to maintaining the quality of nursing homes because they have the most extensive contact with residents. Low wages, stressful work, demanding residents, and little recognition often lead to high turnover rates. With these premises, this article asserts that to ensure high quality care in nursing homes, we must develop job satisfaction among CNAs.*

**P**romise me you won't ever put me in a nursing home!" How often have we heard this plea from the frail elderly. Sally Tureman and I (1988) wrote on these cries for mercy, heard during our many years of working in nursing homes. Others were

My God, I've been put in this place after all . . . How could they do it? . . . How many times did I tell them not to do it? . . . I would rather die than come here . . . and yet here I am.

Why doesn't anyone understand how I feel? First, my own flesh and blood lied to me. They promised never to bring me to a place like this. And here I am. No one will talk with me, only at me and about me. Don't they understand how much it hurts?

Those who have experienced the nursing home environment cannot read these lines without emotion. These cries are brutally real and profoundly difficult to discuss. Revealing our anxieties, guilt, shortcomings, and even shame over putting a loved one in a nursing home, often brings forth tears of anguish.

## **Ethics and Caring for the Frail Elderly**

The heart of the problem is deciding whether or not a loved one is better off in a nursing home. The Program of All-Inclusive Care for the Elderly (PACE) and similar programs have shown that frail elderly with high levels of acuity can remain at home with outpatient adult day health-care services

(Bodenheimer 1999). Yet, feeding, dressing, walking with, and changing the briefs of frail elderly people can be an overwhelming task. The family member who becomes a caregiver must adjust to role changes in addition to coping with a loved one's impending death. Not everyone can be expected to shoulder such psychological weights.

---

*To reveal our anxieties,  
guilt, shortcomings, and  
even shame over putting  
a loved one in a nursing  
home, often brings forth  
tears and anguish . . .*

---

In most cultures, people are prepared to deal with sickness, but not with chronic illness and death. Debbie Parker-Oliver (in press) reviewed the importance of the sick role in society. She states that although people can become comfortable in the role of a sick person, many remain unsettled in the role of the terminally ill. Hospice is one movement that attempts to define a more appropriate dying role for persons in the latter stages of life.

The nursing home experience is thus distressing for all involved. Virtually none of the workers in these settings (i.e., administrators, nursing directors, housekeepers, and nurse aides) ever

dreamed that they would some day care for the frail elderly in a nursing home. Discomfort, so prevalent among family members as well as employees, takes little time to develop. All we have to do is to recall our own first experience in visiting a loved one in a nursing home.

Losses abound. The control which once existed, enabling the individual to make adequate decisions and to carry them out alone or with reasonable assistance, has slipped from the grasp. Real and devastating are the casualties of the move to the nursing facility. Home — that chosen, personal, intimate place — has been left forever, replaced by an institution planned and populated by strangers. Only death will provide permanent exit. . . . The fact that the doctor of twenty years will not be caring for the former patient in the nursing home, and that the minister of the church of years' devotion will be seen infrequently, can precipitate the sense of abandonment to an almost pathological state (Oliver and Tureman 1988).

With time, those aides who have a choice and choose to remain in this line of work become very special people. They find ways to transcend the initial realities and become comfortable with them. They can teach the rest of us how to face our own humanness honestly, live with it, accept it, and even love it. They learn to accept nursing home residents as they are, not as others would like them to be. Yet the work is hard for these assistants, and not always appreciated.

### **A Day in the Life**

Often, the nursing assistant becomes a substitute family member, confidant, and friend to nursing home residents. And while feeding, dressing, bathing, and walking an elderly person remains a difficult task, CNAs must unconditionally accept those for whom they provide care.

In a recent issue of *Contemporary Long Term Care*, Wendy Bonifazi (1999) captures "A Day in the Life of a CNA." For Maria Vasquez, who works in two nursing homes, the day begins at 4:00 A.M.

and the curtain doesn't drop until 10:30 P.M. There are many exits and entrances — and included in one of the many episodes is this:

2:55 P.M. Maria has walked nearly three miles, cleaned four fecally incontinent residents, stood for all but an hour, and lifted thousands of pounds. She's fed, washed, wiped, comforted, kissed, cleaned, and charted. And now she has twelve minutes to change her clothes, get to her next job, and do it all over again. "If I get there at 3:08, they dock my pay," she says. She'll work from 3:00 to 10:30 P.M. before heading home, sleeping four-and-a-half hours, and starting again.

Twelve years ago, over 100 nursing assistants were asked to list the frustrations they experienced in their work role (Oliver and Tureman 1988). The top fifteen frustrations (in order) were

- My co-workers don't always do their part.
- I have no input; no one listens to me.
- I am looked down upon; I get no respect.
- I am overworked and chewed out when behind schedule.
- I am expected to be in two places at once.
- Educational differences are thrown in my face.
- Family members who feel guilty take it out on me.
- I get no respect from the administration.
- I get frustrated by demanding families.
- I get mad at family members who don't visit.
- I get upset with me; I lose my temper too often.
- I don't have enough time to spend with residents.
- Some residents are overly demanding.
- I get no respect from families.
- I am underpaid with very little or no benefits.

CNA turnover rates range from 70 to 100 percent (Schur et al. 1998; American Health Care Association

1998). Lack of respect from co-workers, administration, families, and even residents is a recurring theme. And with an average salary range of \$6.04 per hour (fifty to ninety-nine bed facility) to \$9.72 per hour (over two hundred bed facility) (Bonifazi 1999), few people are breaking down doors to occupy this job.

### **The Impact of Attrition**

CNAs represent nearly 70 percent of the full-time employees in most nursing homes (Schur et al. 1998). The success of the facility is in their hands. If treated well, those for whom they provide care are the beneficiaries. If CNAs are treated poorly, on

---

*Too many administrators, nurses, and others fail to understand the key role played by CNAs in the everyday operations of a nursing home. Most important, the CNAs accord value and worth to residents lacking a sense of dignity . . .*

---

the other hand, quality of care can diminish at an exponential rate. Attrition rates suggest the latter.

Too many administrators, nurses, and others fail to understand the key role played by CNAs in the everyday operations of a nursing home. Most important, the CNAs accord value and worth to residents lacking a sense of dignity. They are the heart and soul of the home, and management should capitalize on it.

The failure to address the issue of recruiting and retaining quality nursing assistants will jeopardize quality, incur costs, and threaten the very survival of the home itself. The cost of turnover (and thus poor quality) is high.

Depending on a facility's average daily census over five-to-ten years, the CNA replacement cost

can be millions of dollars. We urge long-term care leaders to redirect these resources into innovative strategic initiatives that will enhance the self-esteem of CNAs, improve job satisfaction and morale, and reduce turnover. Mentoring programs, recognition and appreciation programs, increased involvement in decision making, counseling programs for employees and their children, and team building can be accomplished on a much grander scale if employee retention is achieved. Moreover, by-products will include greater continuity of care, increased quality, and higher resident/family satisfaction. The error would be to stay the course and do nothing.

### **Strategies for Abating Turnover Rates**

Schur and colleagues (1998) offer four steps to encourage the commitment of nursing assistants. They recommend

- urging the provision of continuing education courses,
- encouraging more decision-making opportunities for CNAs,
- developing opportunities for promotion, and
- investing in supervisory training for those who manage nursing assistants.

Cindy Shemansky (1998), in reporting the results of an innovative long-term care preceptor program for nurses at the Masonic Home of New Jersey, showed that in nine years, nursing turnover dropped from 53.4 percent to 17 percent, creating a savings of \$150,000.

Pillemer (1997) reported three "best practices" to retain nursing assistants:

- Improve the relationships among co-workers.
- Provide each new nursing assistant with a peer mentor.
- Include nursing assistants in the redesign of their jobs.

These and other primary success strategies focus mainly on training. What sets them apart from more traditional approaches is the involvement of senior

management and supervisory staff in the process. All too often, training is subcontracted with some outside entity or limited to on-the-job experiences and supervision. In these cases, the mission of the training service is not always the same as that of the organization for which the nursing assistant will work. Loyalty becomes a problem if the new employee fails to embrace the mission of the new employer. Assigning a preceptor, mentor, or co-worker to an aide, however, is a fresh approach. And this is particularly important for a person with little nursing home experience.

In addition, I suggest including these four prerequisites in any nursing home orientation and ongoing continuing education program. There are four aspects of aging and thus four prerequisites for caring for the elderly. They ought to be embraced by all employees, not just certified nursing assistants and other entry-level personnel.

### *Physical Aging*

Frailty and helplessness, not age, makes us uncomfortable. The goal is to become comfortable with frailty and accept people as they are, not how we or others want them to be. Once this step has been reached (and for some it may take months or even years), we can attend to whatever needs are required. People who are unable to cross over to this level of being comfortable will not be happy or successful in nursing home work.

### *Psychological Aging*

Close personal relationships with significant others, with confidants, with people who know our secrets and yet, in spite of them, love us anyway, make life a drama. These people validate and reinforce who we are, listen to our stories, and accept us as we are. The problem is that the longer we live, the more likely it is that our friends will die. And when we move to a nursing home, they often disappear all together.

Without friends, our sense of self is in jeopardy. "I wanna go home" should be no surprise to anyone. Accept it and give as much love as possible. Relationships in nursing homes are typically between residents and staff, not between one or

more residents and each other. Be aware of the importance of these relationships, and don't ever tell a resident, "This is your home." You pay a price when you get close to a dying person. If you are unwilling to take on this responsibility, nursing home work is not for you.

### *Social Aging*

The number one complaint of older people, regardless of where they live, is that "nobody listens to me anymore." Yet the way in which we are accorded value and worth is to have someone listen to and care about what we have to say. Not to listen is to isolate the resident further and can even lead to paranoia on the part of the resident. Hearing impairments only complicate the situation. And listening is not enough. Try asking the resident for advice.

Asking for advice allows the person to give you something when there is little else to give, and after living a lifetime, some of these wonderful and frail old people have accumulated years of wisdom that they may share if asked in the right way. If you do not wish to listen to residents, and do not care about what they have to say, nursing home work is not for you.

### *Spiritual Aging*

This notion is a difficult one. While hymn singing, bible study, and similar "religious" activities always seem to be successful activities in nursing homes (which suggests how important this prerequisite is), spirituality or religion is often missing from training programs. For a person who has lost all of his or her confidants, or close friends who love and validate one's being, God-as-my-confidant is a powerful thought. The key for employees is to accept whatever concept a resident chooses for his or her Higher Power. The worst thing would be to try changing the resident's beliefs, so it does take some cautionary training.

Spiritual aging is an emotion-filled subject and fraught with personal agendas. Recognize the difference between religion and spirituality. The first has to do with dogma, doctrine, and creed; the second has to do with relationships, companion-

ship, and comfort. A lack of understanding and appreciation of these realities will limit the success of a nursing home employee.

There is a wealth of information and printed material relating to each of these prerequisites, and a variety of speakers who could address each one. Some of the best teachers, however, are right there in the midst of every nursing home — the certified nursing assistants. I have been in over 250 different nursing homes and have never encountered a nursing home without a special story regarding the outstanding work of a CNA who always goes the extra mile to bring happiness into the lives of those for whom she or he cares. These stories are touching, real, and movies could be made about them if it were not for the attitudes about, and the stigma attached to, nursing homes. In my own training of CNAs, I always used nursing assistants as presenters and, incidentally, paid them the same fee I would pay a physician or a registered nurse. They were worth it.

### Conclusion

A commitment to the development of solid, loyal, and satisfied employees takes time and resources. In the long run, this commitment will be a cost-effective way of properly serving the vulnerable individuals who reside in long-term care institutions. As the 77 million baby-boomers begin

turning sixty-five years old in the year 2011, there will be increasing demands for quality care, and attention to those who provide it. We have a decade to turn the system around.

### References

- American Health Care Association. 1998. *Facts & Trends: The Nursing Facility Sourcebook*.
- Bonifazi, Wendy. 1999. "A Day in the Life of a CNA." *Contemporary Long Term Care* May, 34-44.
- Deems, Richard. 1999. "Interviewing: More than a Gut Feeling," *Balance: American College of Health Care Administrators* 3(3): 13.
- Mesirow K., A. Klopp, and L. Olson. "Improving Certified Nurse Aide Retention: A Long-term Care Management Challenge." *Journal of Nursing Administration* 28(3): 56-61.
- Oliver, David B., and E. Wayne. 1999. "Certified Nursing Assistants: The Real Players in the Drama." *Long Term Links* 9(2): 5-7.
- Oliver, David B., and Sally Tureman. 1988. *The Human Factor in Nursing Home Care*. New York: The Haworth Press.
- Pillemer, K. "Higher Calling." *Contemporary Long Term Care* 20(4): 50-52.
- Schur D., L. Noelker, W. Looman, C. Whitlatch, and F. Ejaz. 1998. "Four Steps to More Committed Nursing Assistants." *Balance: American College of Health Care Administrators* 2(1): 29-32.
- Sharp, Deborah. 1999. "On the Watch in Nursing Homes." *USA Today* September 14, 1999.
- Shemansky, Cindy. 1998. "Preceptors in Long-term Care." *Geriatric Nursing* 98(4): 2324.