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# What Matters Most: CNA Perspectives on Workforce Education, Professional Identity and Age-Friendly Care

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## Learning Objectives

- Identify the gaps in current Certified Nursing Assistant (CNA) training in relation to Delirium, Dementia(s), and Depression (3D's).
- Identify CNA learning preferences.
- Review the constructed tele-education training sessions that incorporate age-friendly care and *What Matters Most (WMM)* to participants in regards to the 3D's.
- Increase the CNAs' competency and level of comfort working with individuals living with the 3D's.

## Background

Certified Nursing Assistants (CNAs) are an integral part of the nursing home workforce, performing 90% of direct care (Gallero, 2001) and providing emotional support and companionship to residents and families (Amateau et al, 2020). Subsequently, CNAs are the first line of defense in alerting providers to changes in a resident's health status. CNAs also frequently navigate behavioral challenges concomitant with common, yet under-recognized, conditions prevalent in nursing home residents, such as delirium, dementia(s), and depression (3D's), putting them at increased risk for verbal and physical workplace violence (Xiao et al., 2020). There is no standardized national curriculum for CNA training, and consequently, there is much variance in CNA understanding and comfort when it comes to these conditions. Additionally, many nursing homes began employing Temporary Nurse Aides (TNAs) as a result of the staffing crisis of the pandemic (Brown, 2022), further exacerbating educational disparities.

In response to this circumstance, and with support from the Health Resources and Services Administration of the U.S. Department of Health and Human Services, a series of tele-educational modules was developed for CNAs to provide education about age-friendly care and the 3D's. The intervention was titled *What Matters Most (WMM)*, and it was piloted at two nursing homes in Virginia. The intervention consisted of 11 asynchronous lessons across three modules and three live Zoom sessions, to answer questions and conclude each module. A geriatrician or subject matter expert led the live sessions.

At each nursing home, participants were consulted prior to and during the educational intervention for feedback via focus groups. Additional focus groups are planned for the end of the educational intervention.

**Method**

Two nursing homes in the Greater Richmond area hosted in-person focus groups, one prior to the launch of *What Matters Most* (T1) and one at the midpoint (T2), for a total of four focus groups. Nursing Home A is a one-star, for-profit nursing facility with 195 beds. Nursing Home B is a one-star government-owned facility within a continuing care retirement community with 216 beds.

Twenty-two participants across the two nursing homes were present for the first focus group (pre-intervention). Nine were present for the midpoint focus group. The demographic makeup of participants is consistent with the direct care workforce in Virginia (Table 1).

Participants were asked about gaps in primary and ongoing CNA education related to the 3D's and their preferences or barriers to accessing educational content and delivery (i.e., web-based or classroom-based).  The focus groups consisted of a semi-structured interview format, and questions were framed around the 4M's of age-friendly care (What Matters, Mentation, Medication, Mobility). The facilitator encouraged the participants to reflect on *What Mattered Most* in their work (Fulmer et al, 2022).  Participants were also surveyed with demographic and professional identity scales (Table 1) and were compensated an equitable living wage for their time. Transcripts from the focus groups were coded for themes in educational content preferences, educational delivery preferences, comfort with the 3D's, and CNA perspectives on *What Mattered Most.*

After the pre-intervention focus group, the WMM curriculum was finalized by the planning team with the wants and needs of the participants in mind.  At the midpoint focus group, discussions were centered around the WMM curriculum content, module accessibility, and modifications for future curricula.

**Focus Group Findings**

<u>Pre-Intervention Focus Groups</u>

When specifically asked to define signs and symptoms of delirium, depression, and dementia (3D's), the participants wavered in communicating their level of understanding of these conditions. Most self-reported a high level of understanding (Table 2), but failed to accurately identify common signs or symptoms, or occasionally misidentified or combined conditions. Participants were also asked to gauge their level of comfort with caring for residents with 3D's diagnoses. Comfort levels varied amongst participants (Table 2).  Participants were hesitant

about participating in another online/asynchronous learning program, having concerns as to whether they would be effective or impactful. They expressed a desire for learning to be in-person and hands-on.

<u>Pre-Intervention Focus Group Quotes</u>
Some quotes have been clarified/edited as signified by [].

**Facilitator:** *So individually, what are your learning styles? How do you learn the best?*
**CNA:** *The best way to learn [is] hands on.*
**Group:** *Hands on.*
**Facilitator:** *With a show of hands, if you would like a social media platform as an option for learning; not as a requirement but as an option for learning, put your hand up.*
*[One person raises hand]*

**\*\*\***

**Facilitator:** *Can you tell me how confident you are in understanding and interacting with delirium?*
**CNA:** *I'm confident*
**CNA:** *What, like Parkinson's or something? No, it would make sense when a resident says three minute Martians came in. And that's when we know it's delirium, because one lady we had here was saying people was physically touching her. They we was "[sic]"going in the office to be questioned. He had Parkinson's and that's a side effect of the medication and Parkinson's. They have delirium situations. So that's when you normally find out about that.*

**\*\*\***

**Facilitator:** *How confident are you in recognizing symptoms of delirium? Have you been instructed or trained to use any tools to help monitor the resident or symptoms of depression, delirium, and or dementia?*
**Group:** *Somewhat, mhm, yeah*
**Facilitator:** *So all of them or?*
**CNA:** *I didn't say all of them for me. I have heard of [them].*
**Facilitator:** *Okay. Do you think a video or training will be helpful on those for you? Or because you already have exposure? You think you're pretty good with that?*
**CNA:** *We could always use a little more training, yeah.*

<u>Midpoint Focus Groups</u>

Midpoint focus groups were conducted after the participants had time to complete several modules of the *What Matters Most* tele-education intervention.  Participants shared that they felt the tele-educational format utilized throughout the intervention was preferred over their current online educational platform used by their nursing homes for required training.

<u>Midpoint Focus Group Quotes</u>
Some quotes have been clarified/edited as signified by [].

> **Facilitator:** *Tell me about your current required CNA training.*
> **CNA:** *It's too long.*
> **CNA:** *It's tedious.*
> **Facilitator:** *We tried to limit how long our [WMM] training is [contrasting educational modules to required training]. What did you think?*
> **CNA:** *I love the way you do it.*
> **CNA:** *It's straight, straight, straight [to the point].*

For those who had engaged, they found the content to be informative and applicable to practice.

> **CNA:** *[The WMM modules] give you a whole different perspective than what we probably for years and years take for granted. Sometimes just it was "[sic]"something that clicked.  I can't remember what it was. But it was something that clicked in me. When I watched that [the modules] when I was going through the questionnaire you know, yes.*
> **Facilitator:** *Have you engaged in the What Matters Most lessons or modules so far? If yes, what do you like about it?*
> **CNA:** *It's informative and brings you up to date, some things a little different have changed, because I mean, I've been in this field for over 20 years. So it's a few little different things. It's changed from back then to current.*

Throughout the program, one of the challenges was creating buy-in from the participants to encourage them to remain engaged and complete all three modules.  Although participants were offered a stipend for completion, including make-up sessions for those who were unable to complete the program within the set time frame, completion rates remained low.  During the midpoint focus group, participants were asked about the lack of participation in the WMM program, to see if the content was not engaging or whether there were other barriers, such as limited internet access. Participants reported issues accessing the video conferencing software for synchronous sessions and hesitancy about appearing on camera.

**CNA:** *It's okay. It's okay. Yeah. But is it live?  Because I don't like feeling live, that "[sic]." So can we be just voice?*
**Facilitator:** *Yes.*
**CNA:** *Thank you.*
**Facilitator:** *Okay. Are there any barriers that you all have experienced when trying to do the training, in terms of time, technology, or childcare?*
**CNA:** *The last one [Synchronous Session], it would not come through on my phone at all. Okay, I kept having a good time to them "[sic]"when the meetings, the group meetings I cannot get through I can come on and say you are the first call. And then after that, I don't hear anybody. I don't see anyone. And I was Yeah. And I'd be Texting  to let them know, Hey, I'm on but I don't hear anyone. I want to get to one. You know,*

Participants reported accessibility issues with teleconferencing via Zoom for the live session due to the limitation of their cellular devices. Some participants reported preferring text messages from a toll-free number for primary communication instead of emailing due to limited access to email.

Another identified barrier was related to the participants' compensation. Those that participated in the pre-intervention (T1) focus group reported that they had not received compensation for their previous participation in the program. Due to this, some participants chose not to continue with the program. After being made aware of this issue, the administrative team identified the obstacles that were preventing the participants from receiving their compensation and the administrative team found alternatives to rectify the matter.

**Discussion**

The lack of standardized curriculum for CNA educational programs, combined with the use of TNAs, has exacerbated the educational disparities within nursing home care.  Therefore, identifying gaps in training is challenging and should incorporate participant input as often as possible. Frequent participant input also supports the resolution of barriers to learning, such as technology, time, interest, and family responsibilities. Applying findings from our T1 and T2 focus groups, we adjusted our synchronous session topics to meet participant preferences, adjusted the frequency of reminders to engage in training, and removed the need to have access to Zoom software to enable participants to join via phone.

At the midpoint (T2) focus group, participants self-reported that their understanding of Dementia and Depression had increased. Levels of comfort increased slightly, which may indicate an increased awareness of the conditions and their associated symptomatology. There was overlap between participants in the T1 and T2 focus groups, but the groups were not identical, so any time effects should be interpreted with caution.

## Conclusion

Embracing the direct care workforce sector is crucial to improving the overall quality of nursing homes. As interdisciplinary care becomes the standard practice, analyzing educational gaps in CNA education and creating precision education that is accessible is crucial to supporting the retention of a robust and empowered workforce. The third set (T3) of focus groups will be held in July or August to incorporate final participant feedback into future tele-educational programming.

Moving forward, feedback from additional, diverse nursing homes (ex. rural, urban, and nonprofit) will be gathered to further address the educational gaps within CNA training. The hope is to identify ways that tele-education can support upward career mobility (career ladders) for the direct care workforce, encouraging improved job satisfaction and retention.

## Case Study Questions

1. Are there additional tele-education practices that can be used to increase engagement in learning activities?
2. Are there ways to work with nursing facilities to encourage CNA participation rates?
3. What additional education gaps exist in current CNA training?
4. How can we promote career ladders to support CNA upward movement?

## Table 1: Focus Group Participant Demographics

The demographic information for 22 Participants across two nursing homes present for the pre-intervention focus groups. Participants primarily identified as female and People of Color. They were very experienced in practice with older adults in both locations.

|  | Certified Nursing Assistant | Temporary Nursing Assistant | Gender (Female/Male/ Other) | Race | Ethnicity | Years in Practice |
|---|---|---|---|---|---|---|
| **Nursing Home A** | 4 (57%) | 3 (43%) | (7) 100%/0%, 0% | 85%AA/ 15% UNK | 15% Hispanic | Mean 14.2 SD 12.8 |
| **Nursing Home B** | 14(93%) | 1(7%) | 14(93%)/1(7%) | 60%AA/13%White /20% UNK | 13% Hispanic | Mean 17.92 SD 10.97 |

## Table 2:  Focus Group Questionnaire

| | | | First Focus Group (n=21) | Midpoint Focus Group (n=9) |
|---|---|---|---|---|
| **Rate your level of experience supporting residents/patients with the following conditions** | Delirium | No Experience | (1, 5%) | 0 |
| | | Little Experience | (1, 5%) | 0 |
| | | Neutral/Unsure | 0 | 0 |
| | | Some Experience | (7, 33%) | (6, 67%) |
| | | Lots of Experience | (12, 57%) | (3, 33%) |
| | Dementia | No Experience | 0 | 0 |
| | | Little Experience | 0 | 0 |
| | | Neutral/Unsure | 0 | 0 |
| | | Some Experience | (7, 33%) | (3, 33%) |
| | | Lots of Experience | (14, 67%) | (6, 67%) |
| | Depression | No Experience | 0 | 0 |
| | | Little Experience | (1, 5%) | 0 |
| | | Neutral/Unsure | (1, 5%) | 0 |
| | | Some Experience | (10, 48%) | (3, 33%) |
| | | Lots of Experience | (9, 43%) | (6, 67%) |
| | | | **First Focus Group (n=21)** | **Midpoint Focus Group (n=9)** |
| **Rate your level of comfort supporting residents/patients with the following conditions** | Delirium | Uncomfortable | (1, 5%) | 0 |
| | | Somewhat Uncomfortable | 0 | 0 |
| | | Neutral/Unsure | (4, 19%) | (1, 11%) |
| | | Somewhat Comfortable | (4, 19%) | (2, 22%) |
| | | Comfortable | (12, 57%) | (6, 67%) |
| | Dementia | Uncomfortable | 0 | 0 |
| | | Somewhat Uncomfortable | 0 | 0 |
| | | Neutral/Unsure | (1, 5%) | (1, 11%) |

|  |  |  | First Focus Group (n=21) | Midpoint Focus Group (n=9) |
|---|---|---|---|---|
|  |  | Somewhat Comfortable | (4, 19%) | (1, 11%) |
|  |  | Comfortable | (16, 76%) | (7, 78%) |
|  |  |  |  |  |
|  | Depression | Uncomfortable | 0 | 0 |
|  |  | Somewhat Uncomfortable | 0 | 0 |
|  |  | Neutral/Unsure | 0 | (1, 11%) |
|  |  | Somewhat Comfortable | (8, 38%) | (1, 11%) |
|  |  | Comfortable | (13, 62%) | (7, 78%) |
|  |  |  |  |  |

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