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A Descriptive Study of the Perceived
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Judy Lynn Jerome

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A DESCRIPTIVE STUDY OF THE PERCEIVED CONTINUING
EDUCATION NEEDS AND INTERESTS OF NURSING
ASSISTANTS EMPLOYED IN NURSING HOMES

By

Judy Lynn Jerome

A THESIS

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ABSTRACT

A DESCRIPTIVE STUDY OF THE PERCEIVED CONTINUING EDUCATION
NEEDS AND INTERESTS OF NURSING ASSISTANTS
EMPLOYED IN NURSING HOMES

By

Judy L. Jerome

A descriptive study using the qualitative focus group interview technique was undertaken with nine nursing assistants at two nursing homes. The areas of concern explored were: 1) perceived job and environment, 2) perceived view of continuing education, and 3) perceived relationship of job and continuing education. The results indicated nursing assistants are keenly aware of the negative image and low status of the position but see continuing education as a possible vehicle for recognition and improvement of the role. They emphasize the need to conveniently incorporate continuing education programs that provide meaningful information readily applied in the work setting. Recommendations for additional research and implications for education are presented.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

OVERVIEW

Aging happens. It is a natural, inevitable process, as we now know it. We attempt to influence the progression in our favor, but the direction continues. As time passes, the likelihood of requiring assistance with activities of daily living increases. One group providing this help are nursing assistants working in nursing homes who provide 80-90% of the hands-on care (Katz et al., 1991; National Citizens' Coalition for Nursing Home Reform, 1991). The purpose of this study is to consider the perceived continuing education needs and interests of nursing assistants.

In Chapter One, pertinence of the study is introduced and followed by background information. A link to an advanced primary care nursing practice is proposed.

INTRODUCTION

Within the past five years, an analysis of the demographics of the population in the United States has confirmed an increase in the number of elderly. The number of persons 85+ is growing six times faster than any other population group (Kane et al., 1989). Although the elderly population continues to expand as a result of an increased life expectancy and an aging baby boom generation, little evidence exists that supports the possibility that those

attaining old age in the future will be any less chronically ill or disabled than previous cohorts.

With the number of elderly in institutional settings predicted to remain approximately 5% of the elderly population, that percentage will represent larger actual numbers of individuals as the aging population becomes a greater proportion of society. Age is an important factor in nursing home admission. Life expectancy for women is 77.6 years and men 70.1 years (US Senate, 1990). Among those 64-74 years old, the admission rate is less than 2%. This rises to 7% for those age 75-84, and then jumps to 20% for those 85 and older. Longitudinal studies suggest that persons at age 65 have between a 25-40% chance of spending some time in a nursing home before they die. (Vicente, Wiley, and Carrington, 1979).

A nursing home may be defined as a care center for the long-term treatment of stable residents who need assistance with activities of daily living (e.g., feeding, toileting, bathing, dressing, mobility) and management of health problems (Eliopoulis, 1989). Although some residents are admitted to the nursing home temporarily and then return to the community, many live the remainder of their lives in this setting. For these residents, the facility truly serves as a residence.

The greatest influence on the growth of nursing home beds was the introduction of Medicare and Medicaid in 1965.

Both entitlement programs gave consumers access to costly nursing home care, usually not included in traditional health care insurance policies and assured provider payment. Between 1960 and 1970 the number of nursing homes more than doubled, and the number of nursing home beds tripled (Eliopoulis, 1989). During the 1970's, the problems of some nursing homes made the headlines and reports of inhumane care flourished.

In response to public pressure for improved Federal regulatory involvement in the nursing home sector, in 1983, the Health Care Financing Administration (HCFA) signed a contract with the Institute of Medicine (IOM) of the National Academy of Sciences for a study of nursing home quality and regulation. The conclusions and recommendations, reported in Improving the Quality of Care in Nursing Homes (IOM, 1986), are generally considered to be the foundation of the nursing home reforms contained in the Omnibus Budget Reconciliation Act of 1987 (OBRA).

OBRA 1987 (Public Law 100-203) represents the most substantial changes in both standards and the regulatory process since the inception of federal funding and regulation of nursing homes. Regulatory criteria, the standards of performance expected of facilities, are developed and defined as foundations for improvements both in quality of care and quality of life provided to the residents. As of 1 October 1990, nursing homes are held to

this new, higher standard of care that focuses on the residents' "highest practicable physical, mental and psychosocial well-being". Nursing homes are directed to support "individual needs and preferences" to "promote maintenance or enhancement of the quality of life of each resident" (OBRA, 1987). Standards of care and the enmeshed regulatory process include consideration and criteria for the training of nursing assistants employed in nursing homes.

A survey by the National Citizens' Coalition for Nursing Home Reform found that 21 states required nurse assistant training in 1987 (National Citizens' Coalition for Nursing Home Reform, 1991). The standards for these programs varied widely in content and quality. The IOM study noted that nurse assistants "usually are not experienced or adequately trained for their jobs, in some places many speak English poorly, and they often are new to the job as well" (Institute of Medicine, 1986). Nursing assistants provide 80-90% of the hands-on care of residents in nursing homes (Katz et al., 1991; National Citizens' Coalition for Nursing Home Reform, 1991). To translate the spirit of the law (OBRA 1987) into quality of care and quality of life for nursing home residents, adequate training of nursing assistants is identified as essential.

BACKGROUND OF THE PROBLEM

The nursing assistants are a nonprofessional work force who deliver resident care under the direction of licensed nurses. There are many working conditions for nursing assistants which can affect the quality of the care delivered. These include low educational status, cultural and language barriers, low wages and a poor working environment. Nursing services represent the backbone of physical care on a 24 hour basis and nursing assistants are the primary providers of that care for residents.

To get a sense of the expectations and responsibilities of the nursing assistant position, the following is an outline of the required content for training issued by HCFA in 1989:

Required training prior to any direct contact with residents:

* Communications and interpersonal skills
* Infection Control
* Safety/emergency measures
* Promoting residents' independence
* Respecting residents' rights

Basic Nursing Skills

* Taking and recording vital signs
* Measuring and recording height and weight
* Caring for residents' environment
* Recognizing abnormal signs and symptoms of common diseases and conditions
* Caring for residents when death is imminent

<u>Personal</u> <u>Care</u> <u>Skills</u>, <u>including</u>, <u>but</u> <u>not</u> <u>limited</u> <u>to</u>

* Bathing
* Grooming, including mouth care
* Dressing
* Toileting
* Assisting with eating and hydration
* Proper feeding techniques
* Skin care
* Transfers, positioning, and turning

<u>Mental</u> <u>Health</u> <u>and</u> <u>Social</u> <u>Service</u> <u>Needs</u>

* Modifying aide's behavior in response to resident's behavior
* Identifying developmental tasks associated with the aging process
* How and when to manage behavior by reinforcing appropriate behavior and reducing and eliminating inappropriate behavior
* Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with residents' dignity
* Using the residents' family as a source of emotional support

<u>Care</u> <u>of</u> <u>Cognitive</u> <u>Impaired</u> <u>Residents</u>

* Techniques for addressing the unique needs and behaviors of individuals with dementia
* Communicating with and understanding the behavior of cognitive impaired residents
* Appropriate responses to the behavior of cognitive impaired residents
* Methods of reducing the effects of cognitive impairments

<u>Basic</u> <u>Restorative</u> <u>Services</u>

* Training the resident in self-care according to the residents' abilities
* Use of assistive devices in ambulation, eating and dressing
* Maintenance of range of motion and mobility
* Preventive turning and positioning in bed and chair
* Bowel and bladder training
* Care and use of prosthetic and orthotic devices

<u>Residents'</u> <u>Rights</u>

* Providing privacy and maintenance of confidentiality
* Promoting the residents' right to make personal choices

to accommodate their needs
* Giving assistance in resolving grievance and disputes

* Providing assistance to participate in resident/family groups and other activities
* Maintaining care and security of residents' personal possessions
* Providing care which maintains the resident free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff
* Maintaining the resident's environment and care to avoid the need for restraints

Family members of nursing home residents and elder care advocacy groups were instrumental in demanding inclusion of nursing assistant training and competency regulations in the reform law. Trained and competent nursing assistants are clearly seen as essential to high quality of care and quality of life for the nursing home residents. The ambitious Training and Competency regulations promulgated in OBRA 1987 represent a beginning in the direction of assuring this occurs.

The intent of the Nurse Aide Training and Competency Evaluation section of OBRA 1987 is to assure that each nurse assistant who works in a Medicaid or Medicare certified facility is competent to provide services to residents. Provisions of the law mandate that nursing assistants participate in a state approved training course as outlined above and delivered over a minimum of 75 hours within 4 months of date of hire. Competency evaluation programs are developed by each state government and must include an evaluation of skills.

Implementation of the Training and Competence regulations in the proposed time frames has been difficult for many states. Among the OBRA reforms, the Training and Competence regulations illustrate the problem of inadequacy in the design of the reform and may limit effectiveness (Katz et al., 1991). Issues include: 1) the need for regulations to address the quality of the training program, 2) mechanisms for financial support of facilities providing training and, 3) a need to supplement the 75 hours of training, which most experts consider an absolute minimum, with pertinent, high-quality inservice training programs in the nursing homes. By the February, 1991 deadline mandated in OBRA 1987, nursing homes must annually provide a minimum of twelve hours of in-service education and include a program in the care of the cognitive impaired.

In designing continuing education programs to complement the basic training provided, the thoughts of the nursing assistants becomes critical information. According to adult educator Malcolm Knowles (1980), the starting point in program planning is always the adult learner's interests. The intent of focus group research in this study is to reach the nursing assistants' felt continuing education needs and interests.

RELEVANCE TO ADVANCED NURSING PRIMARY CARE PRACTICE

For the Gerontological Clinical Nurse Specialist (GCNS), the nursing home is a site for delivery of primary care to a frail, elderly population. The first contact and ongoing care has the advantage of being like a 'house call'. The GCNS has an opportunity to develop a working framework in this setting to operationalize the characteristics of an advanced nursing, primary care practice.

By nature of the complexity of problems found among nursing home residents, a multidisciplinary team is viewed by experts as essential in provision of care. The team approach begs for coordination in problem-solving/care management. With a wholistically framed primary care philosophy, the GCNS is well-suited for the role of coordinator. The GCNS foundation in nursing is beneficial as nursing service provides the 24 hour care, translating and coordinating the plans of other disciplines. The nursing assistants are primary providers of the planned care. The GCNS can clearly orchestrate these efforts at the point of delivery.

Though the nursing home setting is considered a 'home' for residents, it remains a formal institution under governmental regulation and scrutiny. Since nursing homes are primarily Medicare/Medicaid funded, the intent of governmental oversight is to insure effective use of taxpayer's money and fulfill the social obligation to assure

quality of care for nursing home residents. Within this generalized and cumbersome system, the individual resident, though receiving overall benefit, may also become lost. The GCNS becomes advocate for the individual resident in application and interpretation of the formal system mandates. Within the constraints of the facility and working with the physicians, other interdisciplinary team members, nursing staff, nursing assistants and family members, the GCNS helps develop a reality-based, individually-driven plan of care for the resident.

Provision of primary medical care in nursing homes is hampered by logistical and economic factors. The physician must often juggle an office schedule with nursing home visits frequently resulting in once or twice a month facility rounds. Reimbursement for the routine visit is hardly adequate for the time that is required to provide good medical care, including travel to and from the facility, assessment and treatment planning for residents with multiple problems, communication with members of the interdisciplinary team and the resident's family and proper documentation in the medical record (Kane, et al., 1989).

The GCNS can augment and assure access to primary medical care in the nursing home by collaboratively working with the physician and facility staff to manage acute and chronic health care problems. A variety of medical and functional problems occur commonly in nursing homes, such as

incontinence, weight loss, skin breakdown and behavioral manifestations of dementia. The GCNS facilitates effective medical care by contributing to the team care needed to address these problems. The significance lies in enhancement of the resident's sense of being cared for at a time of physical vulnerability thus allowing an opportunity to support individual growth potential throughout the life span.

In primary practice in the nursing home setting, the GCNS is able to be accountable for all the framing characteristics described above. The accountability is to the resident and their families; to the facility, the nursing staff and members of the interdisciplinary team; to the medical staff; to the community; and to themselves. The newness of the GCNS role provides an opportunity to promote and be accountable to advanced practice nursing in an unique primary care setting.

The technology of primary care is described as soft tech. The interventions of touch, listening, presencing and counseling are some of the tools. In the nursing home, this 'gentling' approach is well-suited. This is when effective caregiving measures go beyond 'state of the art' to 'state of the heart'.

As a GCNS practicing primary care in this setting, it is critical to recognize that beyond the time spent directly delivering interventions, the clinical management plan is

enacted by the nursing assistants during day-to-day caregiving. The effectiveness of the treatment plan hinges on the understanding and, more importantly, the acceptance of the plan by the nursing assistants who deliver direct care.

Reliance on the nursing assistants for a measure of the success or failure of a designated treatment plan requires the GCNS to have an awareness of the training background and educative interests of these employees. In the role of educator, the GCNS knows a learning needs analysis of the target audience is helpful in designing a pertinent continuing education program.

PURPOSE OF STUDY

The purpose of this study is to begin eliciting information about the learning needs and interests of the nursing assistants from their own perspective. To this end, a qualitative research approach will be used. This information, enmeshed with the wholistic goals of the GCNS's clinical management plans can provide direction for future educational efforts.

STATEMENT OF THE PROBLEM

What are the perceived continuing educational needs and interests of the nursing assistant employed in a nursing home?

As has been stated, a significant portion of resident

care in nursing homes is delivered by the nursing assistants. This justifies the training and competence verification of nursing assistants as one focus of the nursing home reform law (OBRA 1987). Though implementation of this law is current and plagued with lack of clarity and consistency in interpretation, a timely next step is to initiate program planning for the required twelve hours of continuing education. With this in mind, this study attempts to explore what the nursing assistant considers to be his/her continuing educational needs and interests.

CHAPTER TWO

OVERVIEW

In this chapter, the variables will be conceptually described as developed in a qualitative research methodology. The framework for the study will be explained using Knowles (1980) theory of adult education. The variables will be described in terms of the framework and conceptual limitations considered. A model will be given and discussed depicting the relationship between the concepts within the context of the study problem.

CONCEPTUAL DEFINITION OF VARIABLES

The purpose of this study is to explore the perceived continuing education needs and interests of nursing assistants employed in nursing homes. The qualitative process of discovery generates a dynamic accumulation of information. The questions are used as a guide for data collection and are the variables. A list of questions to address the purpose of the study is prepared and then organized into areas of concern.

In exploring the perceived continuing education needs and interests of nursing assistants employed in nursing homes, the questions will be directed toward three areas of concern:

1) Perceived job and environment description
2) Perceived view of continuing education
3) Perceived relationship between job and continuing
   education

1) PERCEIVED JOB AND ENVIRONMENT DESCRIPTION

The role expectations and work environment of the nursing assistant employed in nursing homes are changing as rapidly as the health care system itself. Admissions to nursing homes represent a complex population with increasingly diverse needs and unpredictable responses. With the prospective payment reimbursement system in place and the concomitant movement to discharging patients "sicker and quicker," nursing homes are becoming increasingly like acute care hospitals and also are being used for short-term rehabilitative purposes, as well as for long-term residential care (Liu and Manton, 1984).

The nursing assistant represents minimally prepared personnel that do the hardest work, direct care (Johnson-Pawlson and Goodwin, 1986) in generally inadequate surroundings for deficient compensation. People do not perform in a vacuum (Rummler and Brache, 1988) but are influenced by the expectations of their job and the work setting. The work environment is important in motivating individuals to use what they learn (Hinckley, 1990). Therefore, in assessing continuing education needs and interests, it also is important to get an idea from the

nursing assistants of the context, their work environment, in which the programs will occur.

2) PERCEIVED VIEW OF CONTINUING EDUCATION

Although the work role expectations of nursing assistants in nursing homes are extensive, initial and ongoing educational preparation is not commensurate (Johnson-Pawlson and Goodwin, 1986). Changes occurring as a result of nursing assistants being prepared under the OBRA mandated training and competence regulations have not been evaluated. An additional question is the benefit to long term care of the elderly derived from a training program based on a medical-nursing model (OBRA, 1987) rather than an "instinctive home-care orientation" (Barney, 1983), or a psychosocial approach to nursing assistant practice (Weber, 1990).

The case for continuing education is well supported in the literature, "The most effective, efficient program in the world will be of little lasting value if there is no subsequent development and reinforcement," (del Bueno and Altano, 1984). In addition, previous educational experiences will influence the nursing assistants' view of continuing education programs. Several related questions include: Do nursing assistants feel there is a place for continuing education? Are educational programs a source of stress? Why would they choose to attend or not attend? What makes it

easy to attend?

3) PERCEIVED RELATIONSHIP BETWEEN JOB AND CONTINUING
EEDUCATION

Training does not guarantee improved performance and
quality (Hinckley, 1990). Training does need to address the
whole workday environment and the wholeness of persons
confined to and working in that environment. Jackson (1972)
describes "... wholeness is a goal for every resident in
their effort to reach full potential for living and to
sustain good mental health. But it is a goal for those
serving as well as for those served."

The nursing assistant's job is directly linked to the
nursing home residents care and welfare. Performance
requires technical knowledge and skills as well as
diligence, hard work, and humanitarian commitment to the
personal care of the residents (Weber, 1990). Questions
related to job and continuing education include: Where do
nursing assistants get information to perform their jobs?
What problems encountered in their work would be
ameliorated with education? Is there a place for continuing
education in the busy workday world? What would it look
like?

USE AND RELEVANCE OF MALCOLM KNOWLES ADULT EDUCATION MODEL

In order to achieve maximum learning, continuing education programs need to be built upon the principles of adult education (Knowles, 1980). Since over three quarters (78%) of nursing assistants are between the ages of 21 and 40, adult education principles are especially relevant (Jackson and Schafer, 1993). Malcolm Knowles (1980), a leader in the field of adult education, gives some valuable insight into the adult as a learner. His assumptions of andragogy (the science of teaching an adult) provide general characteristics of the adult learner and therefore directly influence the plan for teaching a continuing education program. A summary of these four assumptions follows.

First, the adult's "self concept moves from one of being a dependent personality toward one of being a self directed human being" (Knowles, 1980, p.45). Adults see themselves as motivated and in control of their lives. Their chief sources of self-fulfillment are now their performances of roles such as that of employee. Incorporating the learner in planning educational programs provides some autonomy and control.

Second, the adult "accumulates a growing reservoir of experience that becomes an increasing resource for learning" (Knowles, 1980, p.44). Knowles (1980) expands this by adding that "adults have a richer foundation of experiences to which they relate new experiences,...adults have acquired a

larger number of fixed habits and patterns of thought and therefore tend to be less open minded" (p.50). Consideration of learner experience may increase meaningfulness of the program, prevent boredom secondary to repetition of material or explain learner difficulties.

Third, the adult's "readiness to learn becomes oriented increasingly to the developmental tasks of his social roles" (Knowles, 1980, p.51), such as that of employee. The adult's motivation to learn is strong when learning the new information will meet a pressing need. It is more conducive to teach what the learner wants to know before teaching what the teacher wants the learner to know.

Fourth, the adult's "time perspective changes from one of postponed application of knowledge to immediacy of application" (Knowles, 1980, p.53). The teaching process is enhanced if the adult learner knows what is taught in the program will soon be used on the job.

Based on these assumptions, emphasis is placed on involvement of the adult learners to diagnose their own learning needs within the assessment phase of the teaching-learning process. The study purpose is to explore the perceived continuing educational needs and interests of nursing assistants employed in nursing homes, obtaining learning needs information from the adult learner involved.

RELATIONSHIP OF VARIABLES TO KNOWLES ADULT EDUCATION MODEL

According to Knowles (1980), the purpose of adult education is to produce competent people - people who are able to apply knowledge in changing conditions. In this qualitative study, the competent people are working nursing assistants. The questions developed for the interview guide ask about three variables: the nursing assistant's perceptions of 1) job/work environment, 2) continuing education needs and interests, and 3) the relationship or interaction of job and education.

The questions for the focus group were adapted from a study assessing beliefs about nutrition education done by Crockett, et. al. (1990) and based on Knowle's model and assumptions.

In considering self-direction, questions were used to get a sense of the perceived motivation and control the nursing assistants in their work setting. Where do they obtain information to do the job and how do they learn best are probed. The influence of experience is sought through questions about past educational experiences to include preferred methods of learning and development of current work habits. Knowle's assumption of readiness to learn, or what represents a pressing need, is explored through questions that ask about problems nursing assistants face and topics of interest. The inherent relationship of continuing education and the job are manifest in the

potential for <u>immediacy</u> <u>of</u> <u>application</u>. Questions that probe the nursing assistant's process of change and role of education are used.

CONCEPTUAL LIMITATIONS

In this study, the application of Knowles adult education model and assumptions occurs within the context of a work setting, the nursing home. The idea of continuing education being something you do for yourself as opposed to something done to you is influenced by the context of an organizational setting's educational requirements, i.e. attending an elective cooking class versus a mandatory fire safety program.

As a limitation, educational program goals in the job setting are work-related and may be driven by regulations and requirements. The nursing assistants as adult learners are often mandated participants rather than self-selected. Motivation to attend may include other employment-related factors such as job status or advancement. The addition of education-related activities to a full day's work is also a consideration in how the potential adult learner views the role of continuing education programs.

A DESCRIPTIVE MODEL OF THE STUDY

Figure 1 depicts a model of this study. The purpose of the study is to explore the perceived continuing education

needs and interests of nursing assistants employed in nursing homes. Within the intended learner, the perceived needs and interests, are indicated by a dotted line figure. Exploration of these needs and interests are directed by the assumptions of Knowles adult education theory (indicated by *).

As the intended learner, the nursing assistant brings to the continuing education program the influence of past *experience, both educational and work-related. The assumed tendency toward *self direction may influence the nursing assistant to set individual performance expectations to fulfill the employee role as a developmental step. The arrows indicate the two-way flow of job/environment influencing the needs and interests of the nursing assistants/learners.

The continuing education learning experience in this study occurs within the job environment, the nursing home. The job environment impacts the nursing assistant's *readiness to learn through existing educational policies and requirements and the institutional role expectations. The learning experience is enhanced by the potential for *immediacy of application within the work setting. The dotted lines reflect this interaction between the job environment and the learning experience.

JOB ENVIRONMENT (Nursing Home)

*READINESS TO LEARN
-Educational Policies and Requirements
-Role Expectations

LEARNING EXPERIENCE

Potential for *IMMEDIACY OF APPLICATION

*SELF-DIRECTED
-Individual Expectations

*EXPERIENCE
-Educational
-Work

Nursing Assistant / Learner

Continuing Education Needs and Interests

*KNOWLE'S ASSUMPTIONS
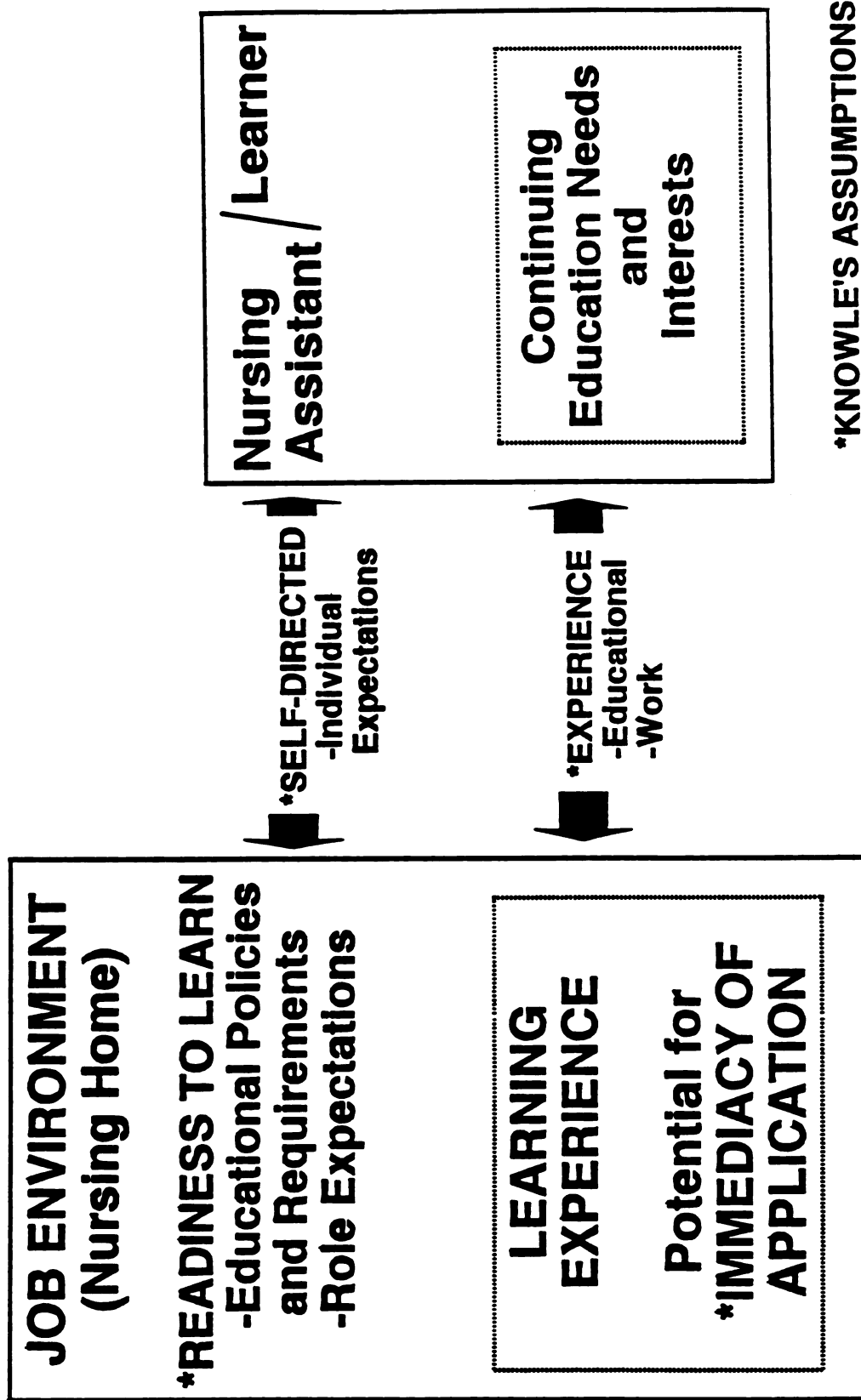
Figure 1   Descriptive Model of Study

SUMMARY

The adult education model of Malcolm Knowles (1980) provides the framework of this study of the perceived continuing education needs and interests of nursing assistants employed in nursing homes. From this framework, three variables were described as direction for development of interview questions: the nursing assistant's perceptions of 1) job and environment, 2) continuing education, and 3) interaction between job and continuing education. Limitations and a model of the study are given.

CHAPTER THREE

OVERVIEW

The purpose of this study is to explore the perceived continuing education needs and interests of the nursing assistant in his/her work setting, the nursing home. The literature will be reviewed as relating to the three variables of the study:

1) PERCEIVED JOB AND ENVIRONMENT DESCRIPTION
2) PERCEIVED VIEW OF CONTINUING EDUCATION
3) PERCEIVED RELATIONSHIP BETWEEN JOB AND CONTINUING EDUCATION

Literature describing learning needs assessment efforts will then be considered.

1) PERCEIVED JOB AND ENVIRONMENT DESCRIPTION

The expected outcome of continuing education programs in nursing homes is a planned behavior change by participants. A consideration in the literature addressing determinants of behavior change in nursing assistants is the sociocultural environment of the work setting. Until the recent passing of the OBRA legislation, nursing homes have tended to provide primarily custodial care with little emphasis on maintenance or restoration of function. Nursing assistants were expected to complete work assignments as quickly and efficiently as possible. As a result, a structured, task-oriented, routinized approach to delivery of care developed with attempted alteration seen as

disruptive and inefficient. Thus, job expectations determined by the sociocultural environment of the nursing home and actual caregiving behaviors were a result of these expectations (Wright, 1988).

Campbell et al. (1991) recommend: 1) better education procedures to enhance caregiving skills of nursing assistants and 2) a sociocultural environment to foster these skills as a job expectation and integral part of the care of nursing home residents. The mandated educational requirements of nurse assistants (OBRA,1987), is a beginning step in this direction, supporting a minimal entry level of education for nonprofessional staff.

If this educational thrust is to have impact, Campbell et al. (1991) recommend consideration of other environmental factors such as establishment of standards of care within the institution to promote the maintenance and/or restoration of function of nursing home residents. The professional staff need to be accountable and responsible for the standards of care and for the supervision of the nursing assistants. Finally, the responsibility of education of nonprofessionals must be assumed by the professional staff who are in a position to exercise judgement and leadership as they help nursing assistants learn how to care for residents.

In summary, the literature suggests that continuing education is necessary but is not sufficient. A

sociocultural environment that fosters skills and
expectations must also exist in the nursing home work
setting. The length of employment of nursing assistants will
effect the hope of offering continuing education programs
over time for reinforcement. If the relationship between the
GCNS and nursing assistant is transitory, there will be
little continuity, only continuous initial orientation and
training.

2) PERCEIVED VIEW OF CONTINUING EDUCATION

Continuing education has been an historic and often
used response to the need to motivate behavioral change.
Using data obtained from subjects in a private interview,
Fisk (1984) investigated the nursing assistants perspectives
of their role, the residents and the care they require. In
terms of implications for the nursing home industry and the
nursing profession, Fisk (1984) cites finding that
appropriate educational programs are a way to improve job
satisfaction, decrease interpersonal conflict, increase
understanding of the aging process and resolve confusion in
delivery of basic nursing care.

In literature about the management of urinary
incontinence, educational efforts addressing knowledge and
attitudes are considered in effecting behavior change in
nursing assistants. The question of increased knowledge
leading to behavior change is not clearly answered. Campbell

et al. (1991) report a slight increase in test scores after an educational program on incontinence and aging suggesting there was only limited impact on prior beliefs and knowledge. This finding lends support to Tellis-Nayak's (1989) observation that despite mandated educational programs in nursing homes, there is little expectation for change to occur with one time only programs.

Few studies have addressed the effect of educational programs on the attitudes of long term care personnel and have had mixed results. Almquist et al. (1981) conclude that continuing education is effective in improving attitudes toward elderly while Chandler et al. (1986) note that if attitudes are positive or neutral to begin with, education will have little impact. In Cohen-Mansfield's (1989) study of sources of satisfaction in nursing home caregivers, evidence indicates that nursing assistants do like the elderly and derive satisfaction from working with them.

In summary, the role of continuing education programs as investigated in the literature is often aimed at knowledge acquisition and attitude adjustment as effecting behavioral change. Increased knowledge does not appear to support behavioral change and attitude studies showed mixed results in relating attitudes to behaviors, but often continuing education programs were only offered once and the focus of such programs to change attitudes or behaviors may be negligible.

3) PERCEIVED RELATIONSHIP BETWEEN JOB AND CONTINUING
   EDUCATION

The use and effectiveness of education as a tool to
facilitate behavioral change in nursing assistants is
developed and evaluated prominently in studies of the
management of urinary incontinence among nursing home
residents. A variety of behavioral approaches and scheduled
toileting programs have been tested (Burgio et al., 1988;
Creason et al.,1989; Hu et al., 1989; Schnelle et al.,
1983). Of these, three studies specifically identified the
behavior of the nursing staff as problematic in carrying out
study protocols (Creason et al.1989; Hu et al., 1989;
Schnelle et al., 1983).

Two studies were found that focused on the behavior of
nursing assistants. Burgio et al. (1990) instituted a staff
management program that was successful in helping nursing
assistants use a prompted voiding schedule for four nursing
home residents. Schnelle, Newman and Fogarty (1990)
implemented a special education program for nursing
assistants along with written description of each resident's
toileting schedule. Follow-up data at two and six weeks
after the education program however, revealed that the
toileting schedule was not followed. Although again,the
education program was only offered once with no follow-up.

Though the methodology to reduce incontinence with
behavioral approaches has been proven effective (Hu et al.,

1989), the difficulty of assuring implementation of the planned approach by nursing assistants remains. Hu et al. (1989) relate this to the question of who benefits and who incurs the cost. The resident benefits, the nursing home may realize some savings of linen, but the nursing assistant incurs the cost of higher work output.

In summary, these studies were done within a research context. The findings indicate the necessity of considering the relationship of job and work setting to success of educational efforts to change behaviors, regardless of the proven benefits and the need for follow-up for one time only educational interventions.

LEARNING NEEDS ASSESSMENT

In Knowles (1980) adult education model, for the highest level of individual motivation to be achieved, it is imperative that the specific learning needs of the particular participants be diagnosed, in fact, self-diagnosed. Several efforts to diagnose learning needs of the nursing assistant are found in the literature.

Woolfork (1988) describes a staff-wide inservice program, from philosophy to evaluation, as developed for and implemented in a 178-bed skilled intermediate care nursing facility. Methods used to determine nursing assistant educational development needs in this practice model included:

* a written check-off survey with write-in potential
* annual evaluations giving the supervisor's perspective
* accident and incident reports
* audits and medical/patient care evaluations
* resident councils and family groups
* internal committees and employee groups
* federal and local inspection reports
* time card and attendance records

Presumably used in ongoing learning needs assessment, the operational use of the methods is not clarified. The article suggests outcome indicators that can be used to evaluate effectiveness of inservice training but the effectiveness is not reported.

In 1982, Headricks reported a study to identify the learning needs of various groups of nursing personnel in two private, intermediate nursing home settings. Two needs assessment tools were administered to RNs and nursing assistants. Monette's Self-Fulfillment Model was used to discover the felt needs of the worker. A second questionnaire developed from presumed needs based on research data and an expert group was administered. In analysis, categories of needs were prioritized by frequency of request and by job classification. The resident care categories most frequently checked by nursing assistants included:

* prevention of injury
* promoting comfort
* personal appearance and grooming
* care of the patient with heart and lung problems
* caring for the diabetic
* caring for the patient with cancer

* mental stimulation
* social interaction
* leisure-recreational activity

This selection was summarized as indicating that nursing assistants requests for learning experiences encompass two areas: 1) personal needs, and 2) physical problems of the elderly.

The acutely felt need to provide improved mental health care for residents in long term care settings and belief this can be facilitated through training of all employees prompted a learning needs assessment by Canar and Johnson (1986). The author's work is based on Knowles premise of developing a model of expected job competencies, followed by an opportunity for the learner to identify gaps between their performance and the model. The project was conducted was a 305-bed, non-profit, church-related, retirement home/nursing home facility. Three groups, one of employees, one of residents and one mixed group of employees and residents were asked to write down all the items they considered to be needs in staff development. Each participant read their list, ideas were listed on wall sheets and discussed. The participants then prioritized the ideas and discussed these results.

The preliminary draft of the assessment tool was rated by employees of the home, an advisory group, and an out-of-state rehabilitation nursing consultant. A second draft was administered to a panel of judges to consider completeness

of content, possibility of implementation, clarity of
wording, additions/deletions of items, and revision of
instruction. The final draft of the assessment tool was then
distributed to the same group for field-testing the tool.

Assessment results by priority categories indicated
needs for inservice educational programs on:

1) Coping with Pain
2) Good Performance Recognition by Staff
3) Crisis Intervention (not specific in meaning)
4) Sexual Needs
5) Religious Needs
6) Resident/Family/Friend Interaction (communication problems)
7) Reminiscent Therapy

The tool was administered to all 180 employees in ten
job classifications (Activities, Administration, Food
Service Workers, Housekeeping, LPNs, Maintenance, Nursing
Assistants, Office Workers, RNs and the Social Worker).
Learning needs were mainly identified by the support staff
groups. No common learning needs were identified across all
groups. Staff groups accountable for primary/direct resident
care seemed to perceive few, if any, needs for mental health
inservice training.

In summary, this collection of literature dealing with
learning needs assessment reveals the understudied nature of
this area in terms of the nursing assistant in the nursing
home. Studies demonstrate initial attempts to quantify needs
and the effectiveness of continuing education programs. Lack
of information on effective approaches or learning needs
assessment tools leaves a gap in the development of

successful continuing education programs.

SUMMARY

From this review of literature, we know that the work environment is a critical factor in supporting the effectiveness of continuing education programs. We know very little about what changes behaviors in nursing assistants in nursing homes especially since nost education programs occur only one time without follow-up or reinforcement. The relationship of continuing education programs and behavior changes is not clear. At this time, we do not have a workable learning needs assessment tool to initiate useful, meaningful continuing education programs for evaluation of effectiveness.

CHAPTER FOUR

OVERVIEW

In this chapter a description of the focus group method of qualitative research to be used in the study is given. The mechanics of participant selection, recruitment of the participants and planned fieldwork for conducting the focus groups is reported. A system for data management and analysis is outlined, followed by consideration of the assumptions and limitations of this study.

METHODOLOGY

As the work of nursing research unfolds, an increased awareness of the potential uses of both quantitative and qualitative methodology has developed. Borrowing from research methods utilized by disciplines such as anthropology, social sciences, education and marketing, the efforts of advanced nurse practitioners have been to adapt proven techniques to their unique setting and practice.

The wholistic approach of advanced nursing practice is not the summing up of many factors to make a whole, but the identification of patterns which are reflective of the whole (Newman, 1979). Discovery of these patterns can be suitably initiated through the use of qualitative research. As a wholistic method of nursing inquiry, qualitative research methods accept the experience of the individual as valid and

bring to light much data that previously was averaged away or simply never considered at all (Bockmon and Riemen, 1987).

As a developing science, the eclectic approach of nursing research efforts leads to the question of what constitutes a qualitative methodology and how can these techniques be effectively applied in advanced nursing practice. In selecting a methodology for this study, qualitative research is viewed as a process that entails immersion in the everyday life of the chosen setting, that values participants' perspectives of their worlds and seeks to discover those perspectives, that views inquiry as 1) an interactive process between the researcher and the participants, 2) primarily descriptive and 3) relying on people's words as the primary data (Marshall and Rossman, 1989).

The stated problem under study is to discover the perceived continuing educational needs and interests of nursing assistants employed in a nursing home. Qualitative research as described above, offers methodologies that are exploratory in nature and aimed at gathering illuminating information from the perspective of the participant in his/her setting, in this case the nursing assistant working in a nursing home.

The qualitative research method chosen to accomplish the purpose of this study is the focus group technique. The

focus group is a tool for studying attitudes and cognitions in a group context, attempting to describe ideas (Morgan, 1988). A hallmark of focus groups is the explicit use of group interaction to produce data and insights that would be less accessible without the interaction found in the group (Morgan, 1988).

The focus group technique provides an opportunity to observe and capture a large amount of interaction on a topic in a limited period of time. This ability to explore a topic with relatively little direct input from the researcher can result in useful material for development of a questionnaire for future studies. Focus group interviews offer a means of obtaining information from representatives of a target audience in an atmosphere that encourages discussion of feelings, attitudes, and perceptions about a specific topic. This technique has been widely used by nurses with prenatal clients (Kingry, Tiedje & Wieldman, 1990) and in nutrition education with rural elderly (Crockett, Heller and Peterson, 1990) to name only a few studies using the method.

As evidenced in the literature review, nursing assistants employed in nursing homes are an understudied population. The stated purpose of this study is to begin eliciting information about the learning needs and interests of the nursing assistants from their own perspective. The exploratory and preliminary nature of focus group methodology will provide basic information for the GCNS to

build a foundation for educative efforts with nursing assistants and direct future research endeavors.

SAMPLING FRAME

In this qualitative research study using focus group methodology, the sample is not random but purposive (Cobb and Hagemaster, 1987). One intent is to include participants who are representative of members of the larger group, which in this study are nursing assistants employed in nursing homes. A second purpose is to match the sample to the objectives of the research by including those who will provide the most information about the topic of interest which is the perceived continuing education needs and interests of nursing assistants (Stewart and Shamdasani, 1990).

The focus groups were carried out at the nursing homes as a matter of convenience for the voluntary participants recruited from each home. For this study, a convenience sample of volunteer nursing assistants employed at the nursing homes at least 24 hours per week was recruited.

In order to foster discussion in the focus group, a need arises to maintain a reasonable amount of homogeneity in the background of group participants (Morgan, 1988). Homogeneity in this case means all group participants have passed State of Michigan competency exams for certification.

An additional consideration in obtaining a sample that

fosters group discussion and expression of diverse opinions is to avoid having close friends in the same group. The planned recruitment of participants and settings for this study make this difficult to prevent. The moderator will have more responsibility for giving participants opportunities for expressing different opinions.

RECRUITMENT OF SAMPLE

An appointment was made with the Director of Nursing and/or the Administrator of four local nursing homes with a minimum 60 bed capacity. A brief explanation of the purpose and methodology of the research was given along with a description of mechanisms to be used to assure anonymity of the facility and participants. A commitment to share study results was made.

Administrative approval was subsequently sought at four different nursing homes meeting the above criteria with one focus group being facilitated at each site. The number of groups is a primary dimension of the variability of data obtained (Morgan, 1988). The specificity of the topic in this exploratory study indicates a likelihood of attaining sufficient data for the purpose of the study with two groups. This will be determined by the moderator in terms of noted repetition of ideas or until no new information is obtained. A third group was not deemed necessary on the basis of information gained from the initial two groups.

PROCEDURE

After receiving a written agreement of administrative approval, a contact person was identified and the logistics of proceeding in the facility were determined. This link with facility administration was maintained throughout the time spent on site. A description of employees who qualify to be in the study sample was identified by the researcher and contact person. The list of eligible employees generated included phone numbers, addresses and primary shift worked. An attempt was made to recruit participants from all shifts. The facility was asked to post an announcement of the agreement to participate in the study and to inform employees they might contacted by the researcher.

The focus groups consisted of two and seven participants. A group greater than ten can become difficult to manage and inhibit some participants (Stewart and Shamdasani, 1990). A pool of qualified participants for each focus group was established from the sign-up list. A monetary incentive of ten dollars was offered for participation.

Potential group participants were contacted by letter (see Appendix A). A consent form (Appendix B) and demographic face sheet (Appendix C) with a stamped, return envelope was included with the descriptive letter. Receipt of the consent form and demographic face sheet from prospective participants was a confirmation of commitment

and potential group size. A follow-up postcard reminder was sent to arrive twenty-four hours before the scheduled focus group.

THE INTERVIEW GUIDE

The purpose of the interview guide was to provide direction for the group discussion and ensure that specific objectives were met. In developing a guide, it is necessary to consider the amount of structure or direction to be used. The continuum ranges from a recommendation of carefully structured and sequenced questions based on the purpose of the study (Kingry, Tiedje and Friedman, 1990) to self-managed groups (Morgan, 1988).

The purpose of this exploratory study is to ascertain the perceived needs and interests of nursing assistants for continuing education, making it essential to let them speak for themselves and express their ideas. This would be promoted by a low level of moderator involvement and a less structured group. On the other hand, the relatively specific nature of the topic of interest to be explored warrants a certain amount of direction and structure to keep the discussion moving along (Stewart and Shamdasani, 1990). The interview guide (see Appendix D) was considered as somewhere near the midpoint of the continuum with modification in the field acceptable as needed.

In this study, the focus group interviews were a

preliminary step taken by the GCNS for planning continuing

education for nursing assistants employed in nursing homes.

These groups fall under the rubric of a learning needs

assessment which was considered an important first step in

planning educational programs for adult nursing assistants

(Knowles, 1980).

The questions and probes of the interview guide

(Appendix D) were generated by adapting the work of a

nutrition education study (Crockett, Heller, and Peterson,

1990), then reviewed by a panel of experts. The questions

were also previewed with a group of three nursing assistants

working in a nursing home and judged in terms of clarity and

answerability.

CONDUCTING THE GROUP

Working with the nursing home contact person,

arrangements were made for rooms that would comfortably

accommodate six to ten people for discussion. The table

and/or chair set-up will need to promote eye contact between

all participants and the general location be free from

interruption or external distraction. The planned time for

the focus group was 90 minutes but the room was available

for two hours to facilitate set-up and debriefing time.

A role of primary importance to the success of focus

group interviews is that of the moderator. The researcher

and moderator for this study were the same person making it

critical to keep in mind, the moderator, by virtue of the role, is a tool in the research. The moderator must be a good listener, very interested in people, able to establish rapport with and gain confidence of the participants, and able to make them feel relaxed and willing to talk. These characteristics are inherent in the practice of the GCNS, which the researcher/moderator was. The moderator also acts to reflect responses of the participants and should not contribute personal opinions or biases while providing direction to the discussion (Crockett, Heller, and Peterson, 1990). A conscious effort must be made to strike a balance between what is important to participants of the group and what is important to the researcher (Stewart and Shamdasani, 1990).

As participants arrive, the greeting included an offer of refreshments and a request for everyone to fill out a nametag with first name only. Though it is likely the participants knew each other, nametags assisted the moderator in establishing a congenial, nonthreatening environment and promoting individual input during discussion in a personalized fashion.

The beginning of the focus group included an opportunity for participants to introduce themselves and tell a something about themselves such as their work history. The moderator explained the purpose and nature of the study, relating the agenda and ground rules for the

discussion. Assurance of the anonymity and confidentiality was given along with an explanation of the need to audiotape the discussion. A consent form was signed.

Each focus group interview discussion proceeded over the course of 90 minutes. A Likert scale survey (Appendix E) listing seven teaching methods was administered after a brief review of each method at the end of the focus group and a stipend distributed. A debriefing also occurred to include a note of appreciation for the individual's voluntary participation and their contribution to the study and a chance to comment on projected categories.

On the day the focus group interview took place a field notes were generated by the moderator/researcher which entailed a summary of the focus group discussion, highlighting statements of particular importance to the participants and/or moderator. Finally, a comment on impressions or personal emotional experiences that may have occurred during the group discussion was made (Lofland and Lofland, 1984). The field notes involve interpretation and were used as part of data analysis.

DATA MANAGEMENT AND ANALYSIS

Data making occurs after the focus groups have been conducted (Stewart and Shamdasani, 1990). Data management is essential as preparation for data analysis (Knafl and Webster, 1988). The purpose of the study guides the process

of data making and system of data management to be employed.

The purpose of this exploratory study was to derive a sense of the perceived needs and interests for continuing education by nursing assistants in nursing homes. It is anticipated that this preliminary information will provide insights and a first step for planning continuing education programs for nursing assistants and serve as a preliminary step to generating follow-up survey research.

Materials gathered for data management were copies of the transcripts, tapes of the focus groups, demographic face sheets, and copies of all field notes. Data reduction will proceed utilizing THE ETHNOGRAPH, (Seidel & Clark, 1984) a computer program designed to reproduce the mechanical aspects of qualitative data analysis by identifying significant segments of the data and assigning them codes. Use of THE ETHNOGRAPH proceeds through four basic steps:

1) raw data of a transcript are stored in a formatted input file,
2) the lines of the file are numbered,
3) significant segments of the file are defined and named with code words, and
4) designated segments are extracted and written to an output file to allow comparisons (Seidel & Clark, 1984).

With this help from THE ETHNOGRAPH program, the interpretive tasks of making sense of the data can be attended to more closely. A second coder, experienced in qualitative research analysis, reviewed data and categories.

To implement THE ETHNOGRAPH program and guide analysis

of the data, initial coding categories were derived from the described conceptual framework and the questions/probes of the interview guide. THE ETHNOGRAPH program accommodated the changes in coding decisions that emerged in the analysis of the data from the groups.

Having reduced the raw data to categories and descriptive statements (Krueger, 1988), the next step was to extract meaning and draw conclusions from the data which is data analysis (Knafl and Webster, 1988). Keeping in mind the research intent of generating a follow-up survey, data analysis was guided by the need for developing meaningful content and language for questions. The perceived needs and interests for continuing education of nursing assistants unfolded as topical categories with potential to identify a range of importance for tabulation by how frequently topics were mentioned. Another area of information involved the type of information nursing assistants perceive as being needed, such as review/reinforcement of previously learned topics, additional explanation of frequently performed duties or new information.

These thoughts were possibilities for data analysis within the purpose of this study. However, the final work of analysis was not done until data is collected, sorted and reviewed. Qualitative research, by nature, results in several potential pathways to investigate, some revealed at the time of analysis. The guiding principle for selection of

categories was the purpose of the study.

METHODOLOGICAL ASSUMPTIONS AND LIMITATIONS

The research concerns of reliability and validity have been described and debated in the literature for application and necessity in qualitative studies. The work of Chenitz and Swanson (1986) describe the development among qualitative researchers of what could be called "rough analogs" to quantitative measures of reliability and validity, usually referred to as establishing adequacy of evidence and credibility.

Using this categorization, establishing adequacy of evidence (reliability) is akin to considering the extent to which the study can be replicated. Because no two researchers are alike, replicability is problematic in qualitative work. A careful description of context, sample, and methods can improve the potential of replicability.

In this study, the context is in the natural setting, which increases certainty about the accuracy of the participant responses (Morgan, 1988) and eases efforts to repeat the study. The convenience sample is purposive and clearly defined but selection of additional groups will yield differences because of the individuality of potential participants. Though the methods are outlined, the nondirective nature of discussion if facilitated by different moderators may influence results of the focus

group interaction. The interview guide and use of the same moderator helps minimize this limitation for this study.

Having two researchers analyze and interpret the data will improve reliability by increasing the likelihood of generating less biased summaries and conclusions. The researcher for this study functions as the moderator and does the data analysis which enhances the continuous evaluation of the research process but also potentiates the possible prominence of researcher-driven goals. The second coder will negate this effect. Multiple sites and a large number of groups would improve adequacy of evidence but are not within the time frame of this study effort.

The categorization of validity as credibility has a clearer translation in qualitative research by relying on participant perception and experience. One concern is whether the interaction reflects actual behavior or the influences of the group and the act of making public statements. The extent to which results are applicable across groups is a possible concern (LeCompte and Goetz, 1982) but can be addressed by varying the settings. For this exploratory study, comparability is not as critical as the diversity of information obtained using focus groups.

In Chenitz and Swanson (1986), factors that threaten validity during data collection in qualitative research are described. An attempt to address the effects of history in this study is made by selecting participants who are

certified by passing State competency exams. It is recognized that previous training received by the participants will vary. The 'snap-shot', one-time data collection nullifies maturation effects.

Sample bias will be problematic if dominant members of the group monopolize the interaction. It will be the role of the moderator to prevent this from occurring. Another bias issue is related to true representation of the nursing assistants in nursing home population. In this study, the demographic data indicate the nursing assistants sampled were comparable to nursing assistants state-wide.

The reactive or observer effect is critical in this study of perceptions. It will be important to demonstrate with supportive data that categories are meaningful to participants and reflect their reality (LeCompte and Goetz, 1982). The debriefing period will include a review of the projected categories and an opportunity for participants to agree/disagree or comment.

HUMAN SUBJECTS

When discussing the research project with the administration of potential nursing home sites, presence of any formal organization structure to approve on-site research was ascertained. Procedures for approval as designated by the institutional policy was followed.

The following procedures were enmeshed with field

procedures to assure confidentiality and anonymity of the facilities and participants in the study:

1) All materials generated during the study were kept in a locked file cabinet by the researcher.
2) Access to tapes was limited to the transcriber and researcher only.
3) Tapes, once transcribed, were destroyed.
4) Access to transcripts were limited to the researcher and second coder as designated.
5) All names and identifiers were omitted in transcribing.
6) Direct quotes used in analysis were not linked to any participant.
7) Participant names were not revealed to the employing facility by the researcher.
8) The facilities and participants were not identified by name in any report of the research findings.

An application for review of this project involving human subjects was submitted to the UCRIHS of Michigan State University as directed (Appendix F) and approved.

SUMMARY

A qualitative research study utilizing a focus group interview approach to study the perceived continuing education needs and interests of nursing assistants employed in nursing homes has been described. Considerations in developing a sampling frame were discussed and the plan to recruit subjects was given. The framework for conducting the focus groups was portrayed and system of data management and analysis outlined. Projected assumptions and limitations of the study were considered.

CHAPTER FIVE

OVERVIEW

The purpose of this study is to describe the perceived continuing education needs and interests of nursing assistants employed in a nursing home. This chapter will contain the results of the study.

Preparation of the Interview Guide questions is described. A discussion of the sample recruitment efforts will be given followed by a description of the sample population used in the study. Study results are then summarized.

PREPARATION

A pilot test of the questions used as the Interview Guide was done with a group of three certified nursing assistants employed at a 22-bed, hospital-based, long term care unit. As a result, some changes were made in the sequence of the questions to improve clarity, flow and answerability.

SAMPLE RECRUITMENT

An 120-bed extended care facility in a rural county was selected as a site #1. A date for the focus group interview was set with the help of the facility contact person and a sign-up sheet placed near the time clock. The sign-up sheet

was lost and a second date was set and sign-up sheet placed.
The date selected coincided with an unforeseen union
contract negotiation for nursing assistants. None of the six
potential participants, who had signed the sign-up sheet,
attended the focus group session. This interview was
abandoned.

Site #2 was a 76-bed, hospital-based extended care
facility in a rural county. On the day of the planned focus
group interview, one participant attended, two participants
had been called in to work, and two did not show up. This
interview was abandoned.

A 75-bed extended care facility in a different rural
county was site #3. Of the nine eligible participants, seven
did attend and participate in the focus group interview.

Site #4 was an 120-bed extended care facility located in
the sole urban center of a rural region. Five potential
participants signed up with only two attending and
participating in the interview.

SAMPLE DESCRIPTION

The study sample consisted of participants from two
focus groups and two different sites. One group had seven
participants and the other two for a sample size of nine
(n=9). Table 1 summarizes the demographic characteristics of
study participants.

Table 1 Characteristics of Study Participants (n=9)

Characteristic	Number
Gender	
male	1
female	8
Age	
18-25	1
26-35	4
36-45	2
46-55	2

The mean age was 33

Characteristic	Number
Marital Status	
married	4
single	3
divorced	2
# of Children Living at Home	
none	4
1-2	4
3	1
Household Income (n=7)	
$10-15,999	4
$16-20,999	1
$21-25,999	1
$26-30,999	0
$31-35,999	1

(Table 1 cont.)

Employment Status
40 hours/week	6
24-28 hours/week	3

Shift Worked
dayshift	3
afternoons	5
midnights	1

Length of Employment
1-2 years	6
3-7 years	1
8-14 years	2

Education Completed (n=8)
high school	7
college degree	1

SUMMARY OF FINDINGS

In analysis of the interview transcripts, three themes were identified in each of the three areas of concern. First, for the nursing assistant's perceived job and environment description, the themes were: (1) Job Benefits, (2) Job Hassles, and (3) Work Strategies. For the second area of concern, the nursing assistant's perceived view of continuing education, the themes were: (1) Motivators, (2) Negative Reactions, and (3) Preferred Methods. In the third area of concern, the nursing assistant's perceived relationship between job and continuing education, the

themes were: (1) Information Sources, (2) Needed Programs, and (3) Ways To Do.

PERCEIVED JOB AND ENVIRONMENT DESCRIPTION

JOB BENEFITS

Responses coded in this category included statements which revealed elements or factors in the work role and environment that are reported as positive aspects. Four participants made statements describing job pluses. One participant referred to being a nursing assistant in long term care as the "job of the future" because of the current demographic trends of an increased elderly population. A second participant agreed with reservation, "you're definite you have job security, for now, anyway, I don't know what will happen in the future".

In addition, two participants noted a sense of family-like involvement with residents as a valuable component of the job which resulted in a sense of personal gratification. On an individual level, one participant describes a resident, "He's a quadriplegic so you know he doesn't go anywhere. He's like a buddy more so than a patient. He's like a part of the family". A broader mention of this feeling is stated by one participant, "We love our jobs here and we get so attached to the people, they are like family". This final comment was supplemented by affirmative nods by the other six participants in that focus group.

JOB HASSLES

Responses coded in this category included statements made by participants that describe elements or factors in the work role and environment that are reported as negative aspects. This constituted by far the most active theme, each of the nine participants made at least one specific comment with frequent nonverbal agreement by the group members to each other's statements.

Participants felt the image of the nursing assistant employed in nursing homes was predominantly negative in media portrayal and in society at large. Five participants made such references with one participant noting, "Out to a social place, people ask what do you do? I'm a nursing assistant in a nursing home. 'Oh, you do that? And you're in one of those terrible places that smells like urine?' That's what they see. And it's the whole society".

Along with a negative image, several participants noted a sense of low status within the nursing home setting, as one participant remarked, "you're just a nurse aide". Seven participants made similar references with an over-riding sense of not being included in decision-making that influences their work role. One participant comments, "They institute policies and procedures that will help us do our jobs and so that we comply with the regulations. Our input doesn't mean nothing. Somebody else makes the decisions". This is coupled with another participant's belief that the

nursing assistant's thoughts as the provider of direct care would be valuable, "They never ask our opinion of things that are important for residents. And we're the primary caregivers."

The nursing assistant role is in a state of evolution as new rules and regulations are implemented. This is noted by four participants as a pressure to do more within the same timeframe and with the same amount of help. One participant states, "Every time they turn around, we've got something else added to the list", with a second participant appending,"And we don't get any more help to do it with".

Augmenting the pressure of increased job expectations of the nursing assistant role, one participant made a strong case for the need for environmental support in terms of improved adequacy and management of supplies. The participant states, "Having things readily accessible to you and always in the same place so you can get them when you need them is important. It always seems like you're running back and forth. You make fifteen trips to do one simple job. You waste a lot of time." Three other participants gave specific examples of such equipment-related problems.

WORK STRATEGIES

Responses coded in this category included reports of methods or work practices used by nursing assistants to facilitate job performance. Four participants made

statements in this category.

Several participants noted the length of time spent in this type of work determined the strategies or "routine" of your performance. Experience influenced the nursing assistant's level of comfort with the work as well as the approach taken. As one participant noted, "If you have been here long enough, you know how to cut corners without cutting patient care. Like if you do vitals one day, you can do some the next day if you don't have time.

In developing the work strategies, the methodology cited by four participants was trial-and-error events, using new admits, residents with a change in condition and combative residents as examples. One participant notes, "If you're talking about if they've had a stroke or anything, you just do what they used to do and then you find out what the prognosis is. You find out how bad the stroke was, was it on the right side, the left side, and you work from that. You try to do, I mean you just go with what they do. You change the routine a little bit".

PERCEIVED VIEW OF CONTINUING EDUCATION
MOTIVATORS

Responses in this category included statements that expressed nursing assistant's reasons for attending continuing education programs, expected benefits and positive reactions to past educational experiences. Five

participants made statements in this category. Three
participants noted that continuing education requirements
existed for maintenance of the nursing assistant
certification.

Beyond the mandatory reason for attending continuing
education programs, four participants reported a belief that
such efforts would enhance the position and image of nursing
assistants. One participant expressed a desire to see, "some
sort of education program whereby nursing assistants would
be elevated to at least a semiprofessional level as opposed
to manual labor, which is where we find ourselves now." At
a more personal level, one participant felt continuing
education "would help our self-esteem in what we do and make
us feel better about what we do and consequently we would be
better with our patients".

Nursing assistants are highly involved in activities
beyond basic nursing care because of the direct care they
provide and the evolving nature of the nursing home
population. The ongoing change in regulations and focus of
care have caused much upheaval to routines. Three
participants strongly expressed a desire for explanation of
change, with one participant noting, "I'm going to be more
likely to do it if you can tell me why". In resident care,
three participants related stories of a change in health
status and their desire as a bedside caregiver to understand
and learn from the situation. One participant stated, "it

helps to know why the patient is the way they are".

NEGATIVE REACTIONS

Responses coded in this category were comments describing difficulties or rationale for not attending continuing education programs. Eight participants made statements in this category. Three participants commented on the unrealistic nature of some programs, citing movies and videotapes as chief offenders. Examples cited made it difficult to apply the information in the work setting. As one participant discussed a program on oral care, "Really, you have one (resident) that doesn't open his mouth, or that refuses or you give them a toothbrush and they throw it across the room. They don't show those (in the films)".

Attendance at continuing education programs is often an expectation that is added to the nursing assistant's workday. Attendance on off day is usually compensated by a standard amount, "we get six dollars no matter how long we're here". One participant acknowledged efforts of facility education personnel to make some accommodations in scheduling, "but I just don't have time to take away from my patients. Your day is ruined." Besides the infringement on the nursing assistant routine, a second participant noted, "When you get up on the floor, the residents are mad at you, 'where have you been? Nobody would take me to the pot', and you know it's going to be one of those nights." Similar

comments were made by three more participants.

Under the OBRA regulations, there are mandated topics to be covered annually such as oral care and working with the demented resident plus state and institutional requirements for programs such as safety and universal precautions. Three participants noted the repetition as problematic with one commenting, "I'm hearing the same thing over and over and over again. And it makes it very hard to go to the twelve hours that we're required to get in, in a year." Another participant adds, "It's a terrible waste of time".

PREFERRED METHODS

Responses in this category reflect a critique of various teaching strategies. Eight teaching methods were reviewed by the participants using both a written questionnaire (see Appendix E) and focus group discussion. On the questionnaire (n=9), preference for teaching strategies clustered on a Likert scale ranging from Strongly Like to Strongly Dislike. Two methods were most often endorsed as Strongly Liked: Lecture/Discussion and Guest Speakers. Table 2 depicts the results from the questionnaire including the mean.

Table 2   Teaching Methods Questionnaire Results (n=9)

Method	Strongly Like (1-3)	Like (4-5)	Dislike (6-7)	Strongly Dislike (8-10)
Videotape/Movies Mean = 4.0	5	-	2	2
Slide/Tapes Mean = 4.6	2	4	2	1
Lecture/Discussion Mean = 3.0	6	1	-	2
Computer-Assisted Programs Mean = 4.8	2	3	3	1
Guest Speakers Mean = 3.0	6	1	-	2
Take-Home Packets Mean = 5.5	1	4	1	3
Skills Labs Mean = 3.9	4	2	1	2
Poster Displays Mean = 5.3	1	3	3	2

Additional statements about the various teaching strategies were made during the focus group sessions. Six participants made statements about Videotape/Movies. Three nursing assistants noted the lack of realism in productions with one commenting, "you can tell it's a trumped up situation... give me some real footage." Viewing time was mentioned by one participant as, "Sort of depends on the time of the day. I tend to sleep through video programs." A

second participant notes, "If they put a VCR in the break
room, I might tend to sit down there and watch it", though
another participant later states, "The break time should be
your own time." A tongue-in-cheek solution offered by
another participant was, "I think they should put a VCR in
the bathroom".

The Slide/Tape teaching strategy received no comments
during the focus group discussions though all participants
indicated an understanding of the technique. Two
participants made positive comments about the teaching
method, Lecture/Discussion noting, "I enjoy the lectures.
There is a lot of information". In terms of Computer-
Assisted Programs, one participant reported experience with
this teaching strategy through a college course, describing
the method, "they are wonderful". At both sites, a computer-
assisted program was used for basic training but number of
participants familiar with method was not ascertained.

Five participants commented on use of Guest Speakers.
Two described specific, memorable topics and speakers,
noting the experience was "really enjoyable" and "very
helpful". A caveat is made by one participant who states,
"guest speakers are things that are worthwhile listening
to," but noting the time taken from the workday, the
participant questions, "is it worth having a bad day because
I went to hear this person talk?" One participant reports
receiving "highlights" of the speaker's presentation from a

co-worker attending, while a second participant states, "I would be waiting to see the video".

Take-Home Packets received comment from four participants. Three participants doubted the success of this teaching strategy with one commenting, "That would go over like a lead balloon". At issue was use of personal time with one participant stating, "I'd never get to the take home thing" and a second noting "I don't like anything that I have to take home and figure into my schedule at home too".

Only one participant commented that Skills Labs were, "okay," though all participants indicated experience with this teaching strategy. Poster Displays were cited by two participants who noted their extensive presence in the work setting, but questioned the value in terms of, "you don't get inservice credit for having looked at them".

PERCEIVED RELATIONSHIP BETWEEN JOB AND CONTINUING EDUCATION INFORMATION SOURCES

Responses in this category referred to methods or resources used to obtain knowledge and skills that impact job performance. Table 3 summarizes the information sources and number of participants making citation.

Table 3 Information Sources Cited by Participants (n=9)

<u>Source</u>	<u># of Participants</u>
RN/LPN	6
Other Nursing Assistants	5
On-the-Job Experience	5
Charts/Documentation	2
Residents	1

Responses during the focus group sessions acknowledged using the <u>RN/LPN</u> as a source of information in light of their position within the nursing home. One participant notes, "If I have a question about work, I go to the supervisor". Participants requested information from <u>other nursing assistants</u> recognizing their experience as one participant states, "I always ask somebody (nursing assistant) who has had them (resident) before".

<u>On-the-job experience</u> was cited as an information source for developing work habits and delivering care to specific residents. For example, to master organizational skills, one participant states doing so by, "I guess mostly being on the floor a lot. You pick out a pattern for yourself". In terms of using a transfer belt when assisting residents to or from a chair, one participant comments, "if you feel comfortable with them, use them. But if you feel comfortable with the resident and you know them well

enough, you know how to transfer them (without a belt)".

Resident <u>charts/documentation</u> were cited as information sources by a one participant who had been on the job for 14 years and a second participant who was completing an Associate Degree nursing program. Documentation done by nursing assistants consists of graphics and flow sheets. A final source of information noted by one participant as, "Sometimes we even talk to the <u>patient</u>," was met with affirmative nods by other group members.

NEEDED PROGRAMS

Responses coded in this category involved topics reported as potentially being helpful/useful in enhancing job performance. Seven participants offered suggestions for specific topics or categories of topics.

The most frequently mentioned topic was dealing with difficult residents. The descriptors used by participants for residents in this category included "combative," those "who think they are the only resident," and residents who "really have their minds together". The need as expressed by one participant was, "help in how to handle them".

The effects of disease and the aging process on the residents was a prevalent topic. Participants cited experiences with residents who suffered a stroke or evidenced bleeding as a change in condition as instances when additional information would have been helpful in their

ongoing provision of direct care. As one participant states, "I don't want to know what the disease processes will ultimately do in minute detail. I want to know enough about it so that I can deal with this resident intelligently".

Citations of the topic of communication skills were directed to staff interaction with one participant clarifying, "between the nursing assistants and the nurses". In noting the topic of organizational skills, one participant acknowledges, "Organization is kind of a hard thing to teach somebody," while three other participants describe the importance of this skill as how to, "prioritize your care," "get through your shift," and "survive

Table 4 lists specific topics and categories, noting the frequency of mention.

Table 4 Program Topics Named by Participants

Topic	Frequency of Mention
Dealing with Difficult Residents	5
Organizational Skills	4
Disease Processes and Aging	3
Communication Skills	2
Stress Relief/Relaxation	2
Effects of Medications	2
Death and dying	1

WAYS TO DO

Responses coded in this category include comments pertaining to suggested approaches to successful facilitation of continuing education programs for nursing assistants in the nursing home. Participants offered recommendations of specific programs, approach and direction of content, and methods of integration in the work setting with seven participants contributing ideas.

One participant felt a role-reversal program would benefit all staff in appreciating what a workday is like, "every nurse should be a nursing assistant for a day". A second participant expanded the program to "a nurse aide should take a turn as a patient for one day, sit in a chair for eight hours in a restraint".

As a solution to repetition of required programs, one participant suggested, "a pre-test...if I can pass the test, I must have the knowledge, then let me go back to work".

Program content geared to the specific populations of the nursing home were cited as desirable by participants. One notes, "I want to know enough...so that I can deal with the resident intelligently and have some idea of what I can expect them to do".

Beyond the expected benefits of increased knowledge and skills, the participants stated the desire for inclusion of additional rewards for nursing assistants as a result of participation in educational programs. One participant

commented, "you need a carrot, you need some recognition ... to keep you motivated". A second participant suggested, "some steps and hey, you've attended 'X'amounts of inservices in relationship to this, maybe we have a different class of nurse aides that are allowed to do more things".

SUMMARY

In this chapter, the data is reported within the framework of the three areas of concern for the study. Examples from the text of the focus group interviews are given as thematic, supportive statements. Discussion of the results and implications for advanced practice nursing will be in Chapter Six.

CHAPTER SIX

OVERVIEW

In this chapter, acknowledgement of additional limitations of the study is made, followed by a discussion of the findings. Recommendations for further research are included. Implications for advanced practice nursing by the Gerontological Clinical Nurse Specialist with primary care emphasis are discussed, followed by implications for research and education.

LIMITATIONS

With the completion of data collection, additional considerations that influence the representativeness and generalizability of the findings of the study are noted. One, the difficulty in recruiting participants yielded one focus group with seven members and a second group with two participants. The responses from the two member group were essentially the same as the seven member group though the potential diversity was likely effected.

Second, the seven member focus group took place in a small, rural facility and the two member group was held at a large, urban setting. The influence of location and size of institution was not considered in this study but may be a factor for consideration in future research.

A third limitation of this study is the total number of

participants (n=9). Table 5 compares the sample to the state-wide nursing assistant population (Dept. of Public Health, 1993).

Table 5 Comparison of Sample to State-Wide Nursing
Assistant Population

Characteristic	State (%) n = 50,219	Study Sample (%) n=9
Gender		
male	9%	11%
female	91%	88%
Age		
18-25	31%	11%
26-35	30%	44%
36-45	7%	22%
46-55	11%	22%

In Table 5, the gender of the sample population closely reflects the state-wide population. The sample population does have a higher percentage of participants in the older age groups than in the state-wide population. This may influence study results in terms of length of employment effects, subsequent impact of experience, and view of nursing assistant position as a career starting point or end point.

As an early work in researching this understudied population, the qualitative methodology revealed an approach that provided pertinent information that can be used to develop learning needs assessment tool. An additional benefit may have been reflected in the moderator's sense

that the interview sessions provided a nonthreatening forum for the nursing assistants to verbalize their perceptions and concerns about their role and their work in the nursing home to an unknown researcher with a potential for impact. As noted by one participant, "I hope this stuff gets to the people in charge who need to hear it".

DISCUSSION OF FINDINGS

A guiding framework for this study of the perceived continuing education needs and interests of the nursing assistant employed in a nursing home has been the three areas of concern: 1) perceived job and environment description, 2) perceived view of continuing education, and 3) perceived relationship between job and continuing education. Continuing this framework, findings are discussed with consideration of the literature and the assumptions of Knowles (1980) in describing the adult learner.

PERCEIVED JOB AND ENVIRONMENT DESCRIPTION

The interview guide used to conduct the focus group sessions did not include questions that addressed perceived benefits of the nursing assistant position. The two findings, a sense of job security and personal gratification from direct care, surfaced independently, perhaps reflecting their level of importance and an area for further research.

The current mode of learning the job expectations and

work role is described in terms of on-the-job training utilizing a trial-and-error methodology. Participants refer to experience and years of service as the source of their expertise and comfort in the position. The content of the learning experience is driven by the performance expectations and requirements of the nursing home and as one participant states, "surviving the job".

This experiential learning of the work role, which is supported by the environment of the nursing home, needs to be recognized in Knowles' assumption that "adults have acquired a larger number of fixed habits and patterns of thought and therefore tend to be less open-minded." The wealth of accumulated experience can thereby make anticipated behavioral changes more difficult.

To support the behavioral changes sought through continuing education, Campbell et al. (1991) recommend "a sociocultural environment to foster these skills as a job expectation and an integral part of the care of nursing home residents." The work environment is described by the participants of the study as fraught with reminders of the negative image and low status of the nursing assistant role. The sense of lack of support extends to the physical working environment in terms of inadequate equipment and inefficient supply systems.

This portrayal of the job and work environment by the participants brings to question the amount of autonomy and

control felt by nursing assistants. As adult learners,
Knowles (1980) assumes, "self concept moves from one of
being a dependent personality toward one of being a self
directed human being". Within the nursing home environment
and nursing assistant role, the findings suggest some
inhibition or lack of recognition of this developmental
task.

PERCEIVED VIEW OF CONTINUING EDUCATION

The assumed natural developmental movement of adults
toward self-direction described by Knowles (1980) may be
evidenced in the participants notation of using successful
work strategies as a method of learning. The nursing
assistants seem able to fulfill the implementation of this
developmental task within the confines of their current
roles. In addition, the participants clearly propose a role
for continuing education in promoting this development.

The nursing assistants in this study described
continuing education as a means to improve their image and
position, and hence their self-esteem. The general sentiment
of participants defined a strongly felt awareness of the
lack of status or placement of the nursing assistant
position in the health care professions. Yet participants
emphasized the key role they perform as the primary
providers of direct care to the nursing home residents.
Participation in continuing education is viewed as a

potential vehicle for recognition of the importance of the work performed and 'professionalization' of the role. From the results of this study, the nursing assistants indicate the current continuing education programs do not fulfill this need.

Continuing education is also viewed by the nursing assistants as a means to provide the 'why' or explanation for expected and required changes in their routines or work behaviors and for the observed changes in the residents they work with daily. This kind of information augments the expertise of basic nursing care developed from the mandatory classes and from experience to enhance work performance.

Tellis-Nayak's (1989) observation that despite mandated educational programs in nursing homes, there is little expectation for change to occur, may be refuted by focusing continuing education efforts to respond to nursing assistants' expressed need and interest for meaningful explanation. As Knowles (1980) acknowledges in discussing "readiness to learn", it is more conducive to teach what the learner wants to know before teaching what the teacher wants the learner to know.

Having described what they see as the role of continuing education in the work setting, the nursing assistants go on to emphasize the importance of provision of programs in a manner that is not "a waste of time". The majority of past participation in workplace education

programs has been attendance at mandatory sessions, often required on an annual basis. The nursing assistants relate the repetitive nature of the familiar content as an example of an unproductive learning experience. Alternative methods, such as 'testing out' options for familiar topics, are suggested as time-saving ways to meet the requirements with efforts spent in providing innovative programs for dissemination of new information.

At this time, continuing education programs are an addition to the workday expectations of the nursing assistant with minimal compensation for attendance on off time. Participants indicated an appreciation of the logistical difficulties in scheduling class times but also strongly indicated a reluctance to interrupt and complicate an already full workday or to give up break time and days off to attend. A separation of work and continuing education activities in terms of off-duty time and reasonable reimbursement is suggested.

A final implication by nursing assistants in terms of efforts to provide meaningful and useful continuing education programs is to make presentations as realistic as possible. This relates to Knowles (1980) "immediacy of application". Generating programs as close to the actual day-to-day work experience will help the nursing assistants implement the acquired knowledge and skills. Effective programs will have little lasting value, as del Bueno

explains, "if there is no subsequent development and reinforcement". A setting-specific, realistic presentation may be a critical connection in meeting the continuing education needs of the nursing assistant, assuring immediate application, and facilitating subsequent retention of the learned knowledge or skill. Follow-up and reinforcement are also indicated, rather than reliance on one time only programs.

Considering the previous discussion that reflects some clear expectations of continuing education programs, a surprising result from the study is the strong preference by the nursing assistants for the teaching methodologies of lecture/discussion and guest speakers. This finding may be derived from participants past educational experiences in a pedagogical school model and limited experience in an adult learning framework. The passive nature of the methods in terms of participation by the learner may be attractive as nonthreatening, undemanding events in the full workday world of the nursing assistant. The finding may also reflect a lack of experience with other methods, i.e. computer-assisted programs or small group discussions. Additional research on the nursing assistants as adult learners would be helpful and application of adult learning models in the work setting would be of interest.

PERCEIVED RELATIONSHIP OF JOB AND CONTINUING EDUCATION

In the workday world of the nursing assistant, how does
continuing education fit in? When asked about current
resources for information, the participants cited most
frequently the R.N. or L.P.N. "in charge". Though this
source proved useful for situations of immediate need, a
caveat was noted of difference of opinion among the
professional nursing staff leading to lack of clarity and
continuity in caregiving methods. The nursing assistant felt
caught between needing information, receiving conflicting
information but having to perform as directed, even when
contradictory.

An additional source of information was other nursing
assistants who had the experience of caring for a particular
resident in the past or had faced a similar situation. The
other source cited was the residents themselves either in
response to direct questioning or through a trial-and-error
approach. From these findings, it is clear that work-related
information is generated primarily for immediate use and
from experience.

Previously it was noted that the nursing assistants
were interested in explanation of changes in procedures or
resident's condition, the "why". This depth of information
goes beyond the immediate task at hand. In Canar and
Johnson's (1986) work, a learning needs assessment tool was
developed but demonstrated few if any perceived needs by the

direct care staff, including nursing assistants. It may be that the needs identified were task oriented and the provider staff indicated possession of the skills and knowledge. The participants of the current study implied having a foundation of the 'what' to do and were interested in the 'why', as it might impact the 'what'.

All of the topics cited during the interviews are part of the basic, mandated program. The topics most frequently mentioned by the nursing assistants fall in two categories: 1) resident care-related and 2) work process-related.

In terms of resident care, working with "difficult" residents was the most cited. The difficult residents were described as being combative, demented, demanding and cognitively intact. Further research on the nursing assistants' perceptions what defines the 'difficult' resident would be enlightening.

In addition, the nursing assistants expressed interest in understanding changes brought on by the aging process, the effects of advancing chronic diseases, the prognosis of disease-related or disease-caused functional disabilities and the expected and unexpected effects of medications on residents. From this listing, it is clear that the nursing assistant is looking for an explanation for observed changes in residents and perhaps some anticipatory planning capabilities for care provision.

One of the work-process related topics noted by

participants was the need for good organizational skills as a matter of "survival" in the hectic workday of the nursing home. It may be that more staff is needed and that getting more organized will help only to a limited extent. Further research may be helpful. A second topic was communication skills. This was expressed as an institution-wide need and may reflect the perceived low status of the nursing assistant. Coupled with this sentiment was the participant's belief that the nursing assistant is the primary care provider and should be included in any decision-making process that directly effects their work with the residents.

The final topic cited was a self-care issue of stress management. The nursing assistants expressed concern over the daily pressure felt on the job to perform more duties in a specified, regulated manner, without a reasonable explanation of 'why' and without any request for their input. The prevailing sense of powerlessness is compounded by the sense of lack of recognition for the work performed. Without recourse or avenues to vent the reported stress, a participant concern was the carry-over into their personal lives and a need to displace stress and "kick the dog".

With these topics in mind, developing and presenting continuing education programs for nursing assistants, must include consideration of convenience in logistics issues and realistic application potential. In addition, beyond the

dissemination of new knowledge and new skills, the nursing assistants would like a system of recognition built into the active participation in continuing education programs. A clinical ladder program for nursing assistants that would provide rewards and a vehicle for advancement was suggested. Future research into the development and outcomes of such programs would be useful.

A final component necessary for continuing education programming in nursing homes is an awareness of the system within which the expectations are to be realized. In the education based, intervention toileting program developed by Schnelle, Newman and Fogarty (1990) the lack of continuation by nursing assistants may have been due to not considering the setting and consulting the nursing assistants' responsible for ongoing implementation. Additional studies of successful applications of research findings in the actual work setting are needed.

In summary, the position of the nursing assistant is poorly defined in health care and specifically, in the stepchild, nursing home industry. The direct care responsibilities of nursing assistants for a growing population of nursing home residents perhaps warrants additional consideration of their status and preparation for the role. The newly mandated education program is a start but without evaluation and reinforcement may not be sufficient. Evaluation of dollars saved by enhanced nursing

assistants skills would be especially useful in the current
cost containment environment of health care. And without
defining direction for the role of the nursing assistant and
recognition of their work, the foundation for continuing
education program development is weak.

IMPLICATIONS FOR THE GCNS PRACTICE

The target population for the advanced nursing practice
of the GCNS remains the elderly across settings. Within the
nursing homes is a growing population that could benefit
from the knowledge and skills of the GCNS. In spite of the
need to be a presence in this setting, there is not
recognition of the potential benefits in the rules,
regulations or reimbursement mechanisms of the nursing home
industry. A GCNS may have a position as an administrator,
educator, clinician, or combination of all of these.

As an administrator, the GCNS does not deliver direct
care but directs and is responsible for the care provided
by staff, including the nursing assistants. From this study,
the GCNS can acknowledge an awareness of the felt negative
image and low status of nursing assistants and take steps to
remedy the situation by instituting employee recognition
programs with clear criteria for nomination and rewards such
as awarding Certified Nursing Assistant pins as State
certification is accomplished, and providing a choice
parking place to the Nursing Assistant of the month.

The importance of education in the nursing home system can be supported with results from small-scale, outcome-oriented studies done after educational programs are provided that evidence time and cost savings realized by investing in development of the nursing assistant role. Such findings can enhance efforts to secure financial commitment for staff development programs from the Board of Directors of the facility.

Another method of supporting and providing continuing education programs for nursing assistants would be to sponsor special meetings or conferences. This could be done by seeking financial sponsorship from involved health care companies or local health care institutions.

In the role of educator, the GCNS may be responsible for provision of continuing education programs for nursing assistants to meet regulatory requirements or site specific needs. One way to preclude the repetitive nature of mandatory programs would be to offer a paid, one-day event quarterly that fulfilled the requirements and utilized various teaching methods and updated materials.

From the results of this study, other continuing education programs are indicated. One approach might be to use case study presentations of particular residents that have evidenced a change in condition or are considered 'difficult'. A peer review program would involve the nursing assistants as presenters and as consultants,

building communication skills, self-esteem, professional identity and team cohesiveness. There may be a method to consider a 'problem of the week' with group problem-solving techniques to seek solutions.

Application of adult learning theory will need to include the challenge of fostering adult learning methodology within the constraints of a business operation. Realistic, site-specific, useful and logistically convenient programs driven by the needs of the facility and the nursing assistant/learner should be offered using situations and examples specific to the setting. The GCNS educator should know the dominant medical conditions of residents, the incidence of incontinence, restraint use, falls and other nursing home problems effecting the work of nursing assistants and current research that could enhance the care delivery system of the facility. As identified by the nursing assistants in the study, a system of recognition and reward for continuing education efforts is warranted.

The GCNS functioning as a clinician in a nursing home is providing direct care and guiding indirect care. This may be a part of a primary care practice. In considering the results of this study, the GCNS can acknowledge the expertise of the nursing assistant by seeking information about resident status from them and consulting these direct caregivers when considering changes in the plan of care. As a role model, the GCNS in the facility may find ample

opportunities to offer impromptu continuing education experiences one to one with potentially immediate impact for staff enhancement and resident care.

IMPLICATIONS FOR RESEARCH

In this descriptive study, the focus group technique was used to explore ideas and opinions of nursing assistants without the constraints of a written questionnaire. A group size of four to five participants would probably be ideal. To assure an adequate breadth of findings, conducting more groups would be helpful, until data gathered was repetitive of earlier groups (Morgan, 1988).

Replication of the study with more ethnically diverse groups is indicated, as is strong consideration of the setting in terms of location and facility size.

A survey to document nursing assistant's continuing education needs could be developed from the focus group results to include questions about content and methodology with plans for repetitive administration. This could be correlated with evaluations of programs offered and accomplishment of projected outcomes. Quantifying a cost savings of "empowered" nursing assistants who work cooperatively with GCNS's may be another direction for research.

Studies to evaluate efforts in continuing education that involve follow-up and reinforcement versus one time

only programs would be helpful.

IMPLICATIONS FOR EDUCATION

The poorly-defined, poorly-developed relationship between the professional nurse and the nursing assistant tends to be supervisory in nature. From the results of this study, that relationship is best described as strained. Nursing assistants report lack of continuity in direction, lack of appreciation of work load or work performance and exclusion in decision-making as sources of the strain. Professional nurses, who are responsible for direct and indirect care provision need to recognize the pivotal role of the nursing assistant.

The nursing home industry is significantly effected by cost constraints felt by all health care providers. Their product, care delivery, is predicated on the poorly paid, poorly benefitted, overworked and poorly trained nursing assistants. The research suggested may prove the cost-saving benefits of a commitment to the recognize and develop of nursing assistants as the valuable resource. An additional outcome of such research to be considered would be the cost-savings of staff retention.

On a broader scope, the results from this study indicate a need for decision-makers who impact policies and regulations effecting the nursing home industry, to be made aware of the effects of their decisions at the level of

implementation. This may be facilitated through the advocacy work of the GCNS in supporting the nursing assistants in developing and promoting a professional identity by communicating their needs at local, state and national levels.

At the community level, the image of the nursing assistant is colored by sensational news reports of abuse and a negative, historical view of nursing homes. There is an underappreciation for the time consuming, sometimes physically difficult and often emotionally taxing care work provided by the majority of nursing assistants. Community support could be promoted by special recognition programs such as, "Nursing Assistant of the Month", and involvement in Nursing Assistant day with features in the local papers.

SUMMARY

In this chapter, the results of the study of the continuing education needs and interests of nursing assistants employed in nursing homes is presented from their perceptions. Implications for the GCNS in practice are discussed, as are implications for research and education. Additional proposed research directions are recommended.

APPENDIX A

APPENDIX A

Date: _____

Dear _____,

Would you be interested in volunteering to participate in a research study to be done at your workplace? If you decide to be a participant, you will be expected to take part in a discussion with a small group of other nursing assistants that will take two hours. We will be talking about the kinds of education programs you would be interested in attending that might help you in your work as a nursing assistant in a nursing home. The discussion will be tape-recorded, typed up without names and then the tapes are destroyed.

The purpose of this study is to gather this information from the people who know the most about it. Your shared opinions, thoughts and feelings are a very important contribution.

Refreshments will be served and participants will receive a $10.00 payment. The group discussion will take place on:

        DATE: _____
        TIME: _____
        LOCATION: _____
                  _____

If you would like to participate in the study, please:

        1) read and sign the Agreement to Participate form
        2) fill out the Demographic Information form
        3) return both in the stamped, addressed envelope
           by _____

If you have additional questions about the study or your involvement, please contact Judy Jerome at 935-6520 or 889-5763.

Thank you again, for your time and consideration of this project.

Sincerely,

APPENDIX B

APPENDIX B

AGREEMENT TO PARTICIPATE

I have been asked to participate in a research study that is looking at the educational program needs and interests of nursing assistants who work in a nursing home. My participation involves taking part in a small group discussion with co-workers that will last about 2 hours. The discussion for the study will take place where I work, but not during my scheduled work time.

The group discussion will be tape-recorded with only the research team having access to the tape. The typed copy of the discussion will have all names and identifying remarks left out. All results will be treated with strict confidence and as a participant, my name will not appear in any report of the research findings. On request, a report, within these restrictions, will be available to me.

I understand that my participation is voluntary and I may choose to end my involvement at any time. I further understand that participation or nonparticipation will not affect my work in terms of promotion, raises or conditions of employment in any way. At the end of the group discussion, I will receive a $10.00 payment for participation.

I am satisfied with the explanation of my role in the research study and agree to participate in the group discussion.

NAME: _____

DATE: _____

APPENDIX C

APPENDIX C

DEMOGRAPHIC INFORMATION

NAME:_____

DATE OF BIRTH: _____

SEX: (Circle one) Female   Male

MARITAL STATUS: (Circle one)

    Married   Single   Divorced   Separated   Widowed

NUMBER OF CHILDREN LIVING WITH YOU: _____

YEARLY FAMILY INCOME: _____

DATE OF MICHIGAN NURSING ASSISTANT CERTIFICATION: _____

DATE OF EMPLOYMENT AT THIS FACILITY: _____

USUAL SHIFT WORKED: _____

HOURS CURRENTLY WORKED IN A WEEK: _____

EDUCATION

GRADE COMPLETED: _____
OTHER TRAINING OR FORMAL EDUCATION:_____
_____
_____
_____
_____

PREVIOUS EMPLOYMENT: (List any jobs in health-related field)
_____
_____
_____
_____

APPENDIX D

APPENDIX D

INTERVIEW GUIDE

CATEGORY: PERCEIVED JOB AND ENVIRONMENT DESCRIPTION

1. Whose opinion do you value in providing care to the residents?

2. What changes have you made in how you give care to the residents in the last few months?

3. What led to these changes? Where do you get information to make changes in how you give care?

4. What work habits contribute to good resident care?

5. What are the two or three greatest caregiving problems facing nursing assistants? Can they be solved?

CATEGORY: PERCEIVED VIEW OF CONTINUING EDUCATION

1. Do you believe education programs help? What two or three kinds of education programs have the most potential for helping?

2. What does continuing education mean to you? Are continuing education programs of interest?

3. I am going to give you a list of methods that are used to provide continuing education and explain what they are. Then I will ask you to score each method on a scale of one to ten, with one meaning you Strongly Like the method and ten meaning you Strongly Dislike the method. After collecting the lists, I will ask for any additional comments about each method.

INTERVIEW GUIDE (cont.)

CATEGORY: PERCEIVED RELATIONSHIP BETWEEN JOB AND CONTINUING
            EDUCATION

1. What would be the most fun or interesting to learn about
   residents and caregiving?

2. What are some of the best ways to learn about these
   topics?

3. What would help you to make changes in how you care for
   residents? Why is it hard to change? What are the reasons
   why you might choose to change? What makes it hard to
   change?

APPENDIX E

APPENDIX E

Following is a list of methods used for continuing education programs. Please CIRCLE the number which best describes how you feel about each method.

	STRONGLY LIKE									STRONGLY DISLIKE
VIDEOTAPED PROGRAMS	1	2	3	4	5	6	7	8	9	10
SLIDE/TAPE PRESENTATIONS	1	2	3	4	5	6	7	8	9	10
LECTURE AND DISCUSSION	1	2	3	4	5	6	7	8	9	10
COMPUTER-ASSISTED PROGRAMS	1	2	3	4	5	6	7	8	9	10
GUEST SPEAKERS	1	2	3	4	5	6	7	8	9	10
TAKE-HOME LEARNING PACKETS	1	2	3	4	5	6	7	8	9	10
SKILLS LABS	1	2	3	4	5	6	7	8	9	10
POSTER PRESENTATIONS	1	2	3	4	5	6	7	8	9	10

APPENDIX F

MICHIGAN STATE UNIVERSITY

OFFICE OF VICE PRESIDENT FOR RESEARCH
AND DEAN OF THE GRADUATE SCHOOL

EAST LANSING • MICHIGAN • 48824-1046

September 10, 1992

Judy L. Jerome
P.O. Box 1770
Frankfort, MI 49635

RE: "PERCEIVED CONTINUING EDUCATION NEEDS AND INTERESTS OF NURSING
     ASSISTANTS EMPLOYED IN NURSING HOMES", IRB #92-445
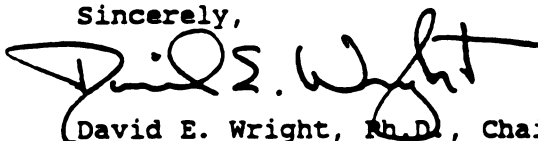
Dear Ms. Jerome:

The above project is exempt from full UCRIHS review. The proposed
research protocol has been reviewed by a member of the UCRIHS
committee. The rights and welfare of human subjects appear to be
protected and you have approval to conduct the research.

You are reminded that UCRIHS approval is valid for one calendar
year. If you plan to continue this project beyond one year, please
make provisions for obtaining appropriate UCRIHS approval one month
prior to September 10, 1993.

Any changes in procedures involving human subjects must be reviewed
by UCRIHS prior to initiation of the change. UCRIHS must also be
notified promptly of any problems (unexpected side effects,
complaints, etc.) involving human subjects during the course of the
work.

Thank you for bringing this project to my attention. If I can be
of any future help, please do not hesitate to let me know.

Sincerely,

David E. Wright, Ph.D., Chair
University Committee on Research Involving
Human Subjects (UCRIHS)

DEW/pjm

cc: Dr. Sharon King

APPENDIX G

APPENDIX G

FOCUS GROUP INTERVIEW FIELD NOTE

GROUP ONE
NOVEMBER 5, 1992

Conducting the group:
* take more time setting up ground rules, i.e. plans to
  go round robin to get all participating, okay to pass
* more time for warm-up and introductions
* seating with moderator in centered position

Themes and comments:
* reference to looking in the chart for information
* sentiments about resident's having all the 'rights' and
  the staff having none
* expression of stress reaction, openness in terms of
  wanting to react
* remarks about having to put on a false front for
  residents
* strong feelings about being inferior, unrecognized at
  all levels (work setting, in community, in country)
* role of licensed personnel, interaction and impact on
  nurse assistant's work
* sense of pressure to do more without adequate resources
* "why don't they ever ask us?"
* hard to apply educational programs because not
  realistic
* insulted by State certification exam and administration
  of test at sites

Moderator reaction:
     The group was initially shy, with two participants
dominating the interaction. Gradually more participated and
were candid in remarks. Though they commented about the room
being 'bugged', it was interesting that at the end, some
said they hoped the information would get back to the
facility. Though comments were made about "caring" about the
residents in terms of their feelings/persons, more dominant
were task and work setting concerns, especially involving
the role of the nursing assistant.

Participant who commented she did not want to work at a
nursing home had been fairly quiet until the end when she
indicated a desire to know about med reactions/side effects
and diagnostic information about residents that would help
her care for and understand what was happening to them. Her
previous comment was in regard to having supplies to do the
job.

Resident behaviors (combative) seemed the significant
topic of interest. Mandatory programs were "enough" but
tended to get repetitive. It was interesting that specific
topics did not really come up.

Education seemed to be seen as a possible way to
elevate the nursing assistant in status. But it was strongly
stated that it could be used to help others in the nursing
home understand the work of the nursing assistant also.

FOCUS GROUP INTERVIEW FIELD NOTE

GROUP TWO
MARCH 25, 1993

Conducting the group:
  * difficulty with only two because at times comments
    were more a matter of 'your turn' then perhaps
    spontaneous
  * more warm up necessary in small group to achieve
    comfort level

Themes and comments:
  * lack of "team" in work setting, more a sense of being
    out there on your own. Hard to tell if this was viewed
    as being preferred
  * what is not said is as telling as what is, nonverbals
  * rules/regs - after tape off comment "I'd like to go to
    L------- and meet those people and tell them how
they've made my life hell"
  * lack of references to residents as individuals or sense
    of their role ... driven by research focus? or site?
  * we - they - them view, lack of control/autonomy sense
  * end comment: "I'm surprised more people didn't sign up
    to do this, what with the food and money
  * powerless to influence job
  * nursing assistant a dead-end position
  * re: continuing education comment at end - "they've done
    surveys and asked us this tons of times. Maybe if they
    just gave us a list and we checked off what we'd like."

Moderator reaction:
    The group consisted of a female who was completing the
ADN program at the local community college and a Black male,
a minority in the local population. The female was very
articulate and had been in the position a long time. The
gentleman had held this position a short time but had
previous experience at other facilities.
    Both participants were highly involved in the
discussion and thoughtful before answering. The student
nurse seemed to feel it necessary to "answer" each question
and try to do so "correctly", perhaps due to student role.
    The strong overiding sense was of the 'out on your own'
to get the work done but with no say in decisions passed
down from 'them'. This facility was the largest and this may
have played into that. There also was no sense of a
relationship with the residents beyond 'work to be done' but
the caring was there. It generally was overwhelmed by the
workload/expectations.

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