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A Quantitative Job Satisfaction Comparison between Certified Nursing Assistants (CNAs) Providing Care in Patients' Homes Versus in Long-Term Care (LTC) Facilities in the Omaha Metropolitan Area

Rusheena Shah
University of Nebraska Medical Center

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**A Quantitative Job Satisfaction Comparison between Certified Nursing Assistants (CNAs)
Providing Care in Patients' Homes Versus in Long-Term Care (LTC) Facilities in the
Omaha Metropolitan Area.**

By Rusheena Shah

Master of Health Administration Candidate

College of Public Health

University of Nebraska Medical Center

Committee Chair

David Palm, PhD.

Committee Members:

Stephen Peters, M.A.

Hector Leguillow, LNHA

Abstract:

This capstone project looks at overall job satisfaction comparison between two groups of Certified Nursing Assistants (CNAs) – CNAs who provide home care in patients’ homes and CNAs who provide care in Long-term Care (LTC) facilities in the Omaha Metropolitan Area. In this quantitative study, a survey was sent to CNAs who provide home care to patients and CNAs who provide patient care at different nursing home facilities in the Omaha area. Prior research has indicated that even though CNAs perform similar job duties irrespective of the work environment; they experience varying degrees of job satisfaction which could be attributed to the work environment setting. The existing literature for the satisfaction experienced by CNAs have largely relied on reviewing other research studies or by examining publicly available databases. However, in the present paper we take a first-hand approach to the satisfaction question. To elucidate on the topic, we distributed a committee approved questionnaire to six different facilities in the Omaha area and requested 40 CNAs in each category to complete the survey anonymously. Based on the literature in the field and consistent with their findings, our hypothesis was that the CNAs who provide care at patients’ home experience greater job satisfaction compared to CNAs who provide patient care at a LTC facility. After analyzing the survey responses from the CNAs in both settings, the data indicated that CNAs who provide care in patients’ homes, i.e., Home Care, reported more overall job satisfaction compared to CNAs who provide patient care at a LTC facility such as a nursing home.

Introduction:

Certified Nursing Assistants (CNAs) provide a wide range of direct care, including basic needs to patients in nursing homes, hospitals, and home care. The range of services provided include, but are not limited to, aiding patients with activities of daily living (ADL) such as eating, bathing, dressing, grooming, mobility, and exercise. According to the U.S. Bureau of Labor Statistics, there are currently about 1.5 million CNA positions in the U.S. (2021). The Bureau also estimates that the number is going to grow exponentially in the coming years to provide care for the rapidly increasing aging population (2021). Furthermore, according to an article published in *Symbiosis Nursing and Health Care* journal, CNAs provide up to 90% of the care that a patient receives in America (Ursin, 2017). CNAs perform their job duties in varied settings, under different managerial, operational, and organizational styles and yet the core of their roles and responsibilities remain the same across all platforms.

Even though CNAs provide similar services in different settings, they experience a wide variety of experiences at their jobs. According to National Citizen's Coalition for Nursing Home Reform, every day, CNAs are faced with difficult and competing demands and endure chronic understaffing (2001). In addition, in many instances, CNAs experience a lack of support and respect from superiors and the public, and various forms of abuse (Bonifazi, 1999; Bowers et al., 2003; Levin et al., 2003; Muntaner et al., 2004). They receive low wages, experience large numbers of workplace injuries (Myers et al., 2005), and work in physical environments un conducive to quality care giving. These differences in experiences in patient care, delivery and interactions along with the difference between managerial, operational, and organizational styles of their employers may affect overall job satisfaction.

With a few exceptions and setting specific requirements, most CNAs perform very similar job duties in all these settings. Even if this is the case, prior research has indicated that CNAs vary in their satisfaction experience and report one of the highest turnover rates in the country witnessed across different career fields (Brannon et al., 2002). A 2015 Staffing Report article reported that a variety of factors contribute to a 36% turnover rate of CNAs nationwide (Brady, 2016). While prior research work such as Squires et al., 2015 has looked at job satisfaction among CNAs, they relied on the data obtained from 42 research papers and other publicly available research databases. A 2017 Omaha World Herald article (updated 2019) indicated that the aging population in Omaha is increasing rapidly which is going to put strain on services such as health care and residential long-term care in the coming years (Cordes, 2019). There is a lack of credible literature that focuses on overall satisfaction experienced by CNAs in the Omaha Metropolitan Area. The logical next step is to investigate overall CNA satisfaction, particularly in the Omaha Metropolitan Area, by implementing a quantitative comparison between CNAs who provide care in patients' homes versus in long-term care facilities.

Prior research work by Pfefferle and Weinberg (2009) looked at CNAs providing direct care in LTC facilities and found that CNAs encountered negative messages from their managers, supervisors, coworkers and sometimes residents which led to low morale in the work environment. Another study by Kieft et al. (2014) looked at effects of work environments on CNAs and the quality of care experienced by patients in the Netherlands. The researchers showed that a good working environment that includes competent management, abundant resources, clinically collaborative relationships, etc. is essential for CNAs to provide proper care to the residents in a LTC facility. Lack of such crucial elements could lead to deterioration in the quality of working standards for the CNAs which eventually leads to poor patient care. The researchers also found

that autonomous nursing practices, where CNAs were not confined by management or toxic work relationships, yielded better employee morale and patient care. Additionally, a March 2011 report by the Department of Health and Human Services compared CNAs who provide patient care at patients' homes to CNAs who provided care to patients at a LTC facility. The report found considerable differences among the two groups, where CNAs who provided care at patients' homes reported overall better ratings specifically in areas such as initial training, overall preparedness and hands-on experience, career advancement, average hourly wage, annual bonuses, allocated patient care time, and overall satisfaction in the current job including learning new skills and performing challenging tasks.

On the other hand, CNAs who worked in LTC facilities reported overall less job satisfaction including allocated patient care time, opportunities for career advancements, and hands-on experiences. Moreover, a higher number of CNAs who worked at a LTC facility benefited from paid sick leave, holidays, and health insurance but also reported a higher number of issues with co-workers, workload, supervisor/managers, etc.

Additionally, CNAs usually exhibit a wide range of ages where they can be as young as 16 years old and can be as old as physically able to perform the job duties which often includes CNAs who are 60+ years old. This wide age distribution adds to the variability of their job satisfaction experience in addition to the variability caused by differences in their years of work experience which is often coupled with expectations from the job. In addition to impacting health care in society, CNAs' everyday experiences also contribute to high turnover rates witnessed by the long-term care facilities.

Based on the discussed literature, we hypothesize that the CNAs who provide at home care in the Omaha Metropolitan Area will report a higher overall job satisfaction compared to the CNAs who provide patient care at a long-term care facility.

Methods:

The survey included questions that were mostly structured on the Likert scale. There were also a few Yes/No questions and questions about an age range and work experience were also included (Appendix A). The Researcher distributed this committee approved survey questionnaire to five long term care facilities in the Omaha Metropolitan Area. Researchers contacted the long-term care facilities in advance via an email (Appendix B) to seek their permission to see if the facilities would be willing to share the survey with their CNAs who provide patient care in the facility as well as patients' homes. Upon receiving permission, surveys were emailed to the Administrators of those facilities with instructions. The Administrators then printed the surveys and instructions and distributed them among their CNAs. After the CNAs completed the surveys, they dropped the surveys in a designated box anonymously and the author collected these boxes upon receiving the notification from the Administrators of these facilities. The goal was to receive at least 40 completed surveys back from the CNAs working in each work setting.

During the collection process, if the author observed that the number of completed surveys did not meet the goal, the author sent the LTC administrators another request to encourage the CNAs to complete the surveys. This strategy worked because a total of 53 surveys were completed from the CNAs who worked in a LTC facility setting and 49 surveys who worked in a Home Care setting.

Forty completed, unambiguous, and error-free surveys from CNAs who provided care to patients in a LTC facility and 40 completed, unambiguous, and error-free surveys from CNAs who provided care in Home Care in the Omaha Metropolitan Area were selected for the analyses of the project. The surveys were anonymous and no information on personal identifiers such as name, specific age, gender, and address was collected. Additionally, since the surveys were voluntary and anonymous, no IRB review and permission were necessary.

After receiving the completed surveys, the author thanked the administrators of the local LTCs for their voluntary time and effort by emailing them an appreciation note. The author requested that the administrators extend the appreciation to the CNAs in their facilities. Since no funding was available, the survey participants did not receive any monetary compensation or gifts.

Data Analysis:

The author used MS Excel to conduct statistical analyses as well as a plotting tool for the data obtained from the completed survey questionnaires. The survey questionnaires were grouped in two categories – CNAs providing care in a Home Care setting and CNAs providing care in LTC facilities. Individual response distributions within each group for each survey question were recorded and analyzed within the group and across groups. Within groups, the responses were categorized for the age groups of the survey participants and their years of work experience working in each setting. Total number of responses for each category within groups are recorded and presented in Figures 1 and 2 below. Figure 1 shows responses recorded for each survey question from 40 completed, unambiguous, and error-free surveys obtained from CNAs working in a LTC facility setting. Similarly, Figure 2 shows responses recorded for each survey question from 40 completed, unambiguous, and error-free surveys obtained from CNAs working in a Home Care setting – aka provide care in patients' homes.

The questions are listed on the y-axis and the total number of responses for each category on the Likert scale are listed on the x-axis. The Likert scale included response categories as follows:

1. Almost Always True
2. Usually True
3. Occasionally True
4. Usually Not True
5. Almost Never True

Figure 1 and 2 below show the five response categories in different color schemas. Please refer to the figure legend for the clarity regarding the recorded data.

Responses Recorded by CNAs Working in Long Term Care Facilities

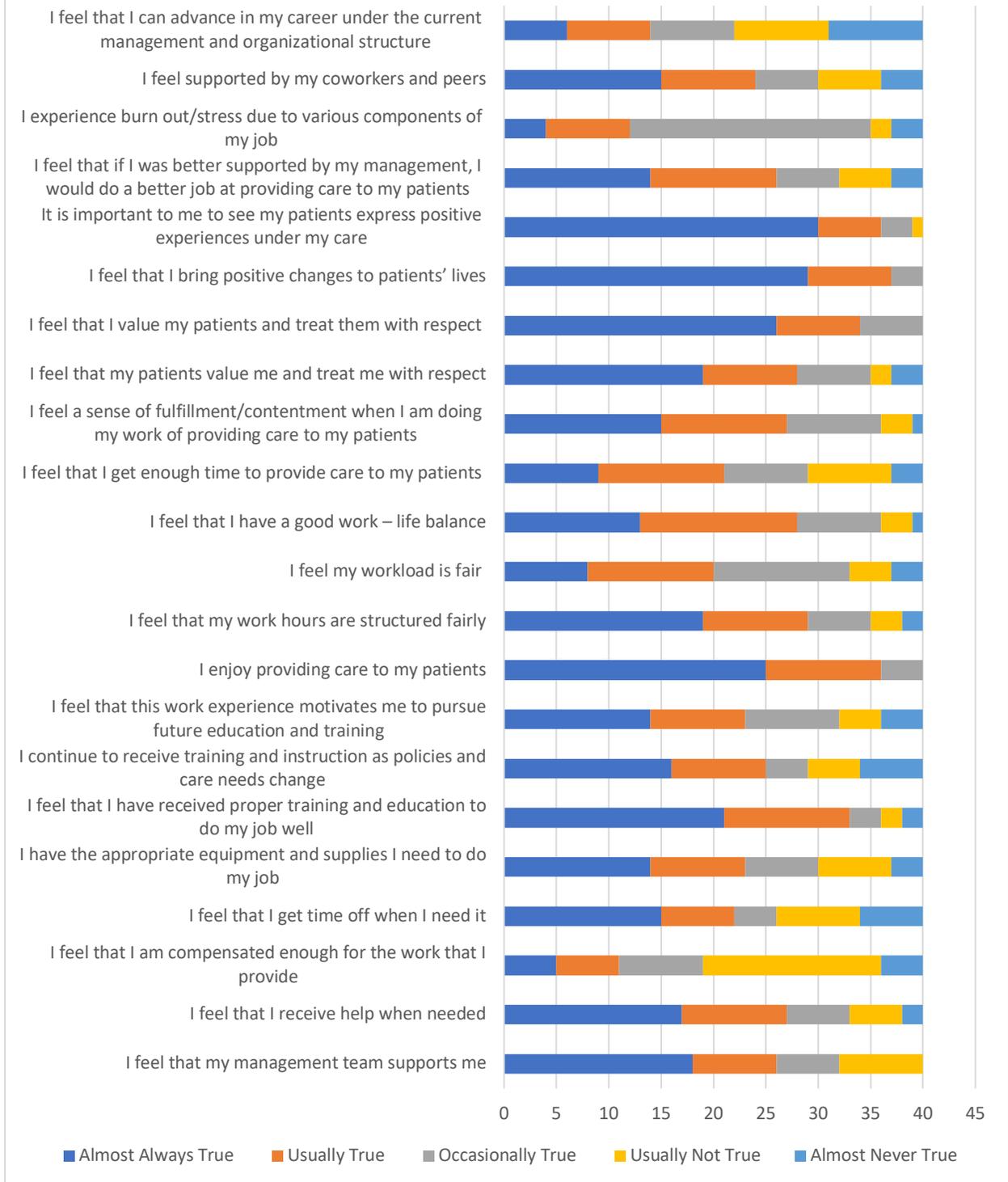


Figure 1. Responses Recorded by CNAs working in a LTC (Long Term Care) facility setting.

Responses Recorded by CNAs Working in Home Care Settings

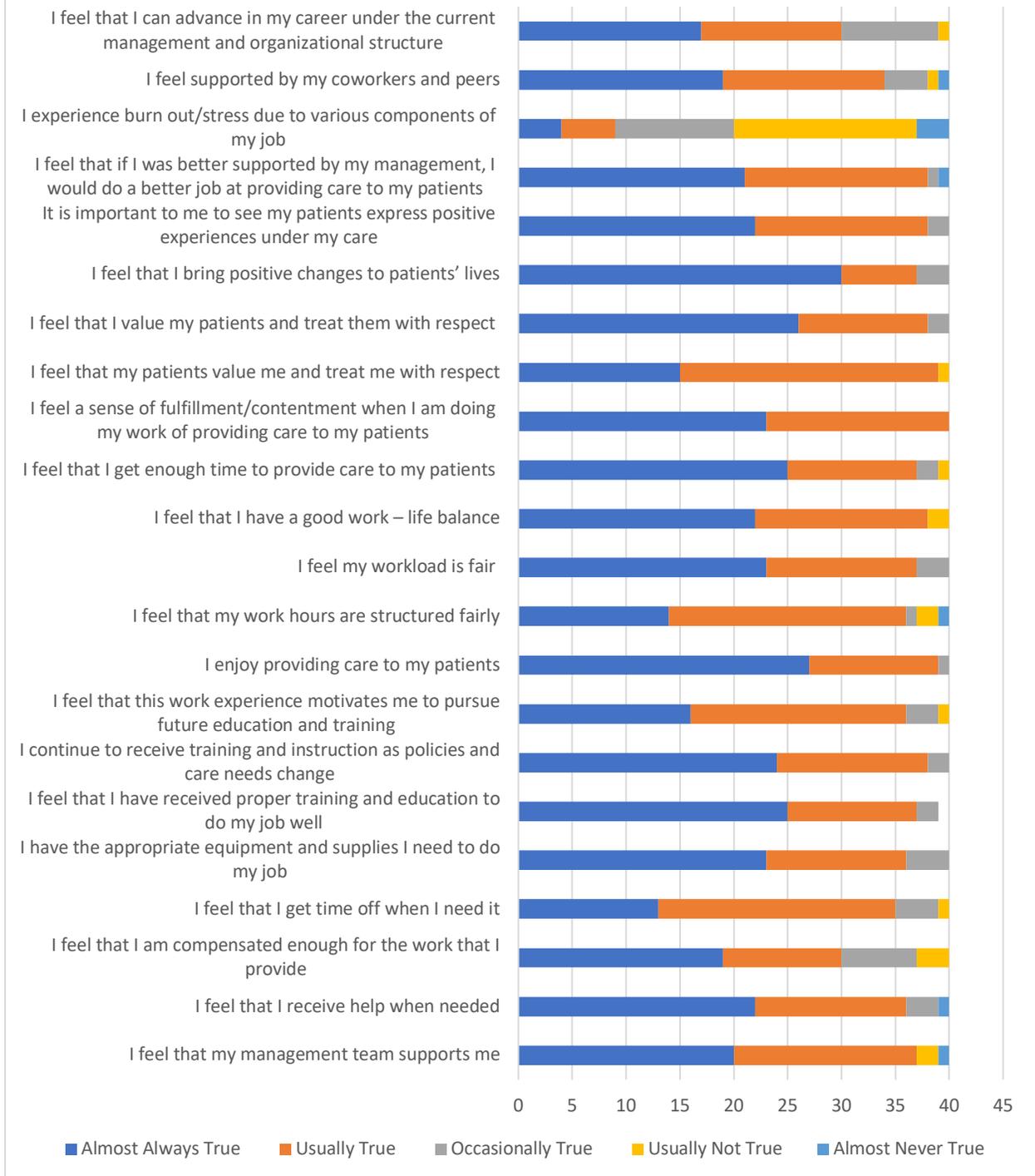


Figure 2. Responses recorded by CNAs working in Home Care setting.

Results:

The data obtained from the surveys provided a clear insight on different aspects of care provided by the CNAs in two main setting types, Home Care and LTC. Figure 3 shows the age group distribution of the CNAs working in the two settings. In the limited sample size, a general trend was observed, where overall, more CNAs who were between the ages of 16-37 years provided care in a LTC facility setting. There were more CNAs that fell in the age groups 38-48 years and 60+ years who provided Home Care compared to CNAs who worked in LTC facilities. There were an equal number of CNAs in the age group 49-59 years old. The author did not observe a significant effect of age and the type of care setting ($P = 0.7758$) (Table 1).

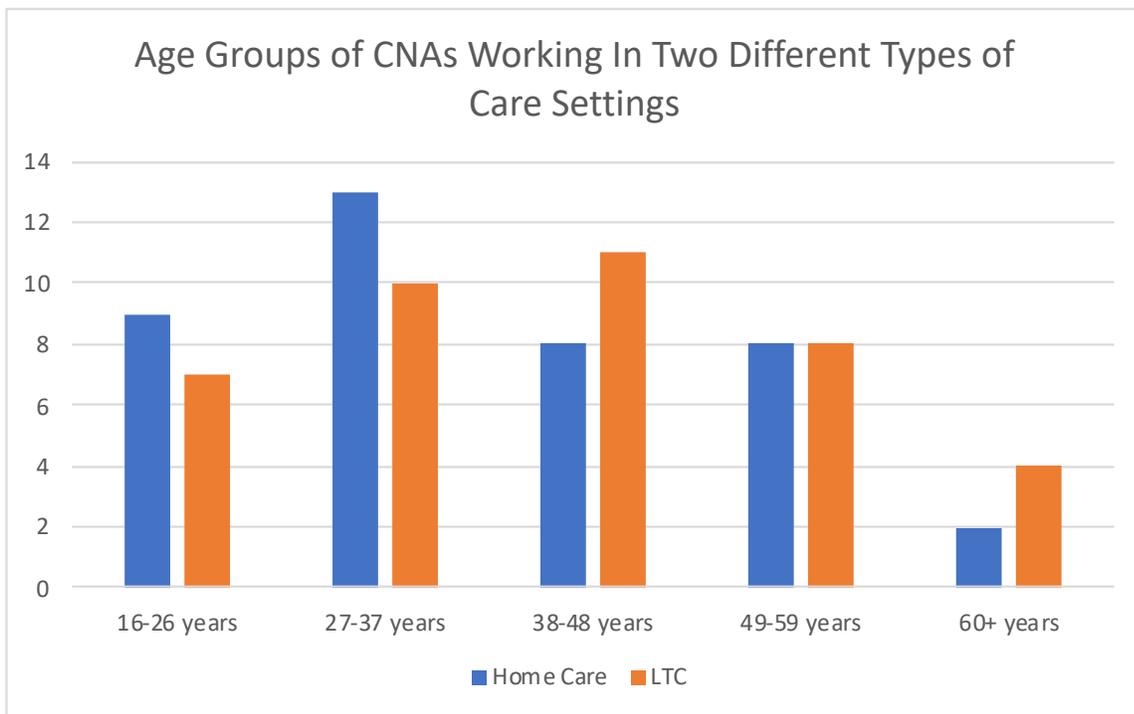


Figure 3. The distribution of CNAs working in both LTC and Home Care settings based on age groups.

Figure 4 below shows the number of years of work experience of CNAs who work in both Home Care and LTC. There were more CNAs who worked in LTC facilities that have 1-2 years, 3-4 years, 4-5 years and 8+ years of work experience compared to CNAs who worked in Home

Care settings. However, there were more CNAs working in Home Care that have 6-7 years of work experience compared to CNAs who work in a LTC facility setting. There was no significant effect of work experience and type of care setting ($P = 0.6159$) (Table 1).

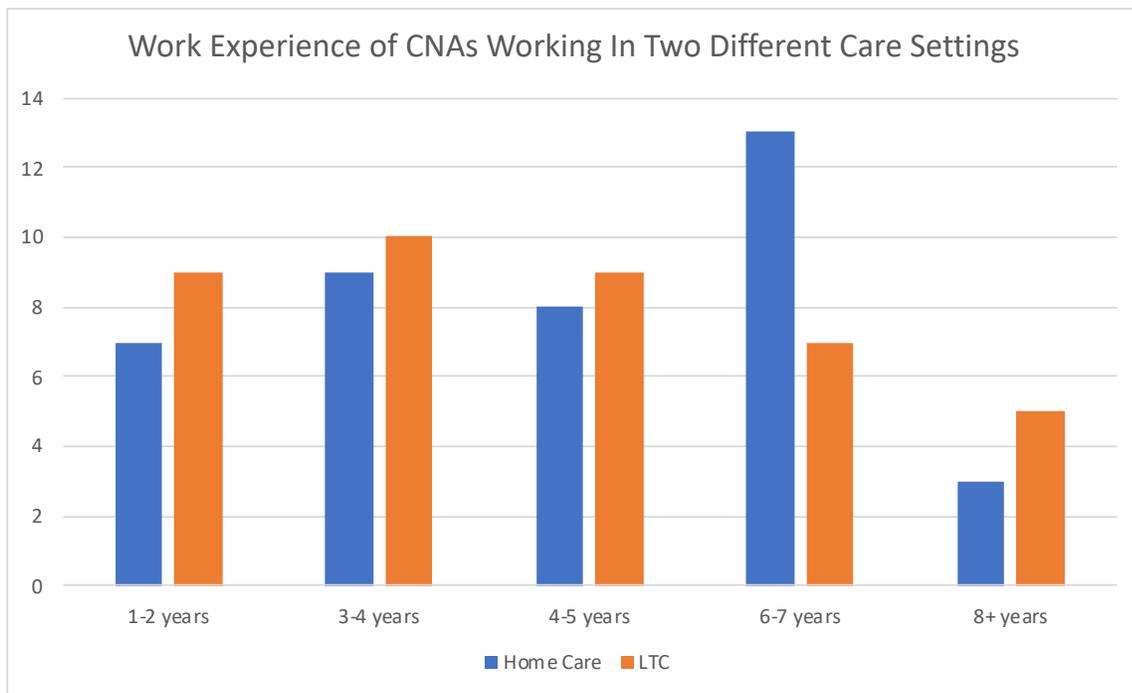


Figure 4. Work Experience (in years) of CNAs providing care in Home Care and LTC facility settings.

Across groups, comparisons for preference and satisfaction based on work settings were done and it was observed that CNAs in both LTC and Home Care generally preferred working in Home Care ($P = 0.0282$) and reported overall satisfaction working in Home Care ($P = 0.0055$) (Table 1). Please note that the analysis for preference for working in LTC vs. Home Care and analysis of overall job satisfaction between the two groups were measured by considering the sample size of CNAs who indicated working in both – LTC facility setting and Home Care setting. CNAs who indicated that they have not worked in both settings could not provide a legitimate preference for working in one particular setting or correctly report satisfaction. Hence, they were not included in the analysis for preference and satisfaction on the basis of work setting.

Figure 5 below represents CNAs' preference for working in a LTC vs. Home Care setting. As stated above, the preference was provided by the CNAs that have worked in both types of settings (Appendix A). It could be inferred from Figure 5 that CNAs in both categories significantly preferred working in a Home Care setting as opposed to working in a LTC facility ($P = 0.0282$).

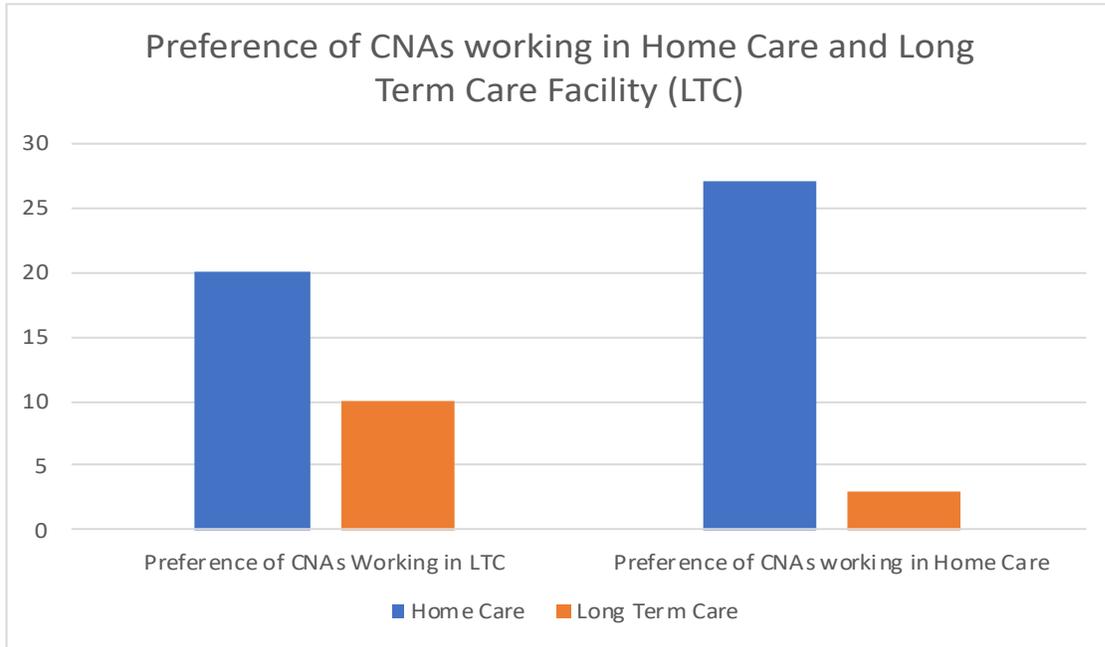


Figure 5. Preference for work setting - LTC vs. Home Care indicated by CNAs who have worked in both types of settings. Both type of CNAs - LTC and Home Care preferred working in Home Care setting.

Similarly, CNAs that had worked in both settings, clearly stated what type of work setting they felt satisfied working in, and those responses are plotted below in Figure 6. It is evident from the responses that more CNAs in both groups clearly indicated greater satisfaction working in a Home Care setting. The p value for the level of significance to denote satisfaction was $P = 0.0055$ which indicated that there was a higher degree of satisfaction for work in Home Care setting for CNAs who have worked in both types of settings.

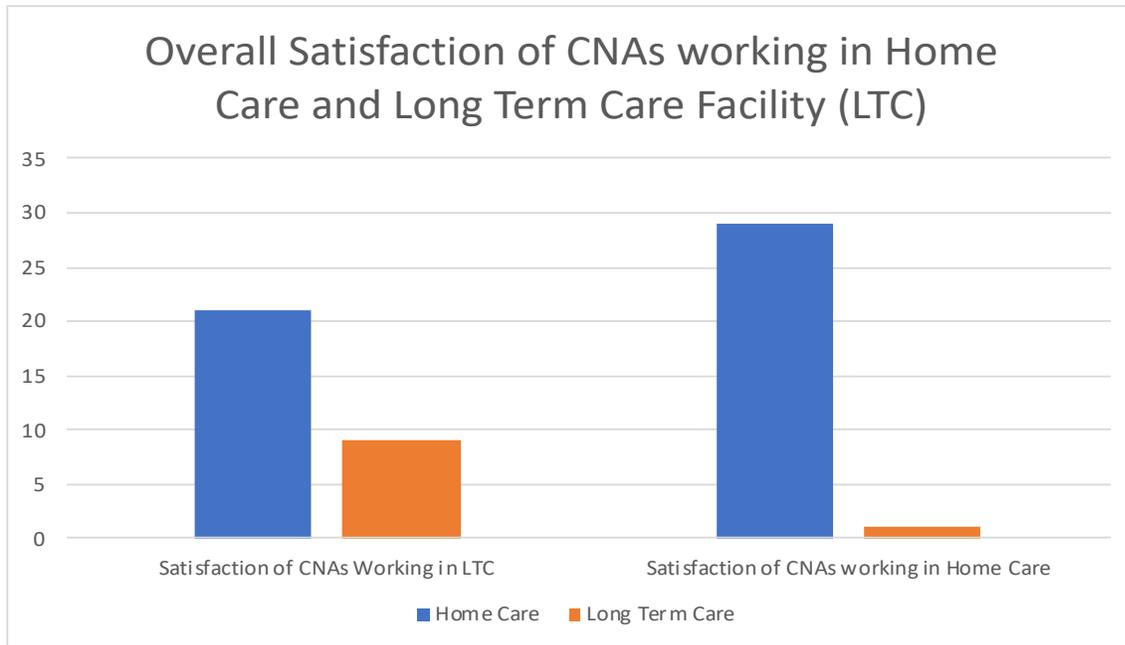


Figure 6. Satisfaction with respect to work environment - LTC vs. Home Care as indicated by the CNAs who have experienced working in both types of settings. More CNAs in both type of CNAs - LTC and Home Care denoted satisfaction working in Home Care setting.

Finally, another analysis was conducted to determine the “overall job satisfaction” reported by the CNAs working in the two types of settings. It was observed that more CNAs who worked in a Home Care setting reported significantly higher overall job satisfaction compared to CNAs who worked in a LTC facility. The current work setting didn’t change the findings, which meant that CNAs who currently work in a LTC facility but have worked in a Home Care setting in the past, reported that they experienced greater overall job satisfaction in a Home Care setting. Similarly, more CNAs who currently work in a Home Care setting but have worked in a LTC facility in the past indicated that they experienced a higher level of overall job satisfaction in a Home Care setting. The level of significance for CNAs noting overall job satisfaction in Home Care was $P = 0.0388$.

Figure 7 below plots the overall job satisfaction reported by both groups. It should be noted that like the preference figure (Figure 6), this figure also only considers CNAs who reported

working in both settings. They are either presently working in a Home Care setting or have worked in one in the past. The same is applicable to the CNAs who are presently working in a LTC facility.

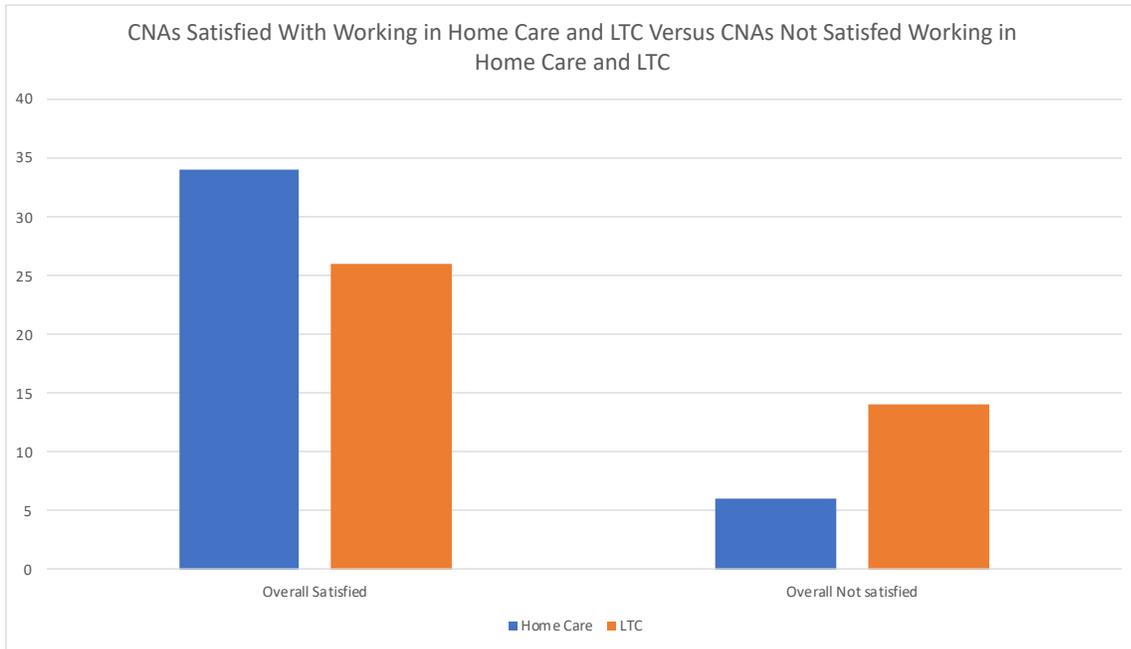


Figure 7. Overall job satisfaction reported by CNAs working in both - LTC facilities and Home Care setting. The difference between the two groups is significant with CNAs favoring Home Care setting to denote their overall job satisfaction.

Figure 7 shows that even though a considerable number of CNAs indicated overall job satisfaction from working in a LTC facility setting there are also a large number of CNAs that reported overall they were not satisfied working in a LTC facility compared to CNAs who reported overall satisfaction in a Home Care setting.

Table 1 below lists variables, observations and p values (chi-squared), p-values (Fisher Exact whenever applicable) for the study. Please note that the Fisher Exact test was not carried for all variables as the conditions were met by implementing the Chi-square test. As discussed above, responses for care setting preference, care setting satisfaction, and overall job satisfaction significantly favored a Home Care setting over a LTC facility.

Table 1. The table shows study variables, their observations, and their p-values

<u>Variable</u>	<u>Care Setting</u>		<u>P-Value (Chi-square)</u>	<u>P-Value (Fisher Exact)*</u>
	<u>Home Care</u>	<u>LTC</u>		
Age Group				
16-26 years	9	7	0.775836878	
27-37 years	13	10		
38-48 years	8	11		
49-59 years	8	8		
60+ years	2	4		
Year of Experience in the Current Position				
1-2 years	7	9	0.615976121	
3-4 years	9	10		
4-5 years	8	9		
6-7 years	13	7		
8+ years	3	5		
Care Setting Preference				
Preference of CNAs Working in LTC	20	10	0.028265769	0.023608668
Preference of CNAs working in Home Care	27	3		
Care Setting Satisfaction				
Satisfaction of CNAs Working in LTC	21	9	0.005583617	0.005692951
Satisfaction of CNAs working in Home Care	29	1		
Overall Job Satisfaction				
Overall Satisfied	34	26	0.038867104	0.025196337
Overall Not satisfied	6	14		

Additionally, based on Figures 1 and 2 and after conducting a Chi-squared test for all 22 Likert scale questions from the survey questionnaire, the author found that there were significant differences between the two groups on all but 5 survey questions. The 4 survey questions where the author did not observe a significant difference between the groups were – 1. Receiving help when needed, 2. Proper training and education prior to job, 3. Fair work hours, and 4. Feeling

supported by coworkers. On all other 18 questions, the CNAs who provided care in patients' homes reported significantly better performance than the CNAs who provided patient care in a LTC facility. The P-value ranged from (0.0001 to 0.0211) on all those 18 questions. Table 2 below provides more information.

Table 2. Questions where significant differences between the two groups were observed and their respective P-values

<u>Variable</u>	<u>P-value</u>
Management team support	0.007472
Compensation	0.0001
Time off	0.000672
Equipment and supplies	0.008192
Training and instruction continuation	0.006248
Motivation for future education	0.01077
Enjoy providing care to patients	0.03003
Fair workload	0.000369
Work-life balance	0.021062
Time for patient care	0.000606
Sense of fulfillment	0.003693
Patients value CNAs effort and service	0.001463
CNAs value their patients	0.01627
Bring positive changes in a patient's life	0.070789
Patient express positive experience	0.001878
Impact of management on job performance	0.018633
Feeling of burnout and more stress	0.002143
Career advancement under current management	0.000209

In essence, these results indicated that CNAs preferred working in a home care setting as opposed to working in a long-term care facility setting.

Discussion:

As discussed earlier, CNAs provide about 90% of long-term patient care in America. If CNAs are not satisfied with their job duties, working environments, patient experiences, management treatment, etc., this then leads to asking if negative experiences will affect/influence their quality-of-care delivery to patients. The question: Does CNA dissatisfaction contribute to delivering lower quality care to patients which could lead to poorer health outcomes. Based on the results presented in this paper, the analyses indicated that when the two groups of CNAs – one that provided patient care in a long-term care facility and the other that provided care to their patients in their homes – were compared, the two groups showed significant differences across different variable measures. The general trend that was observed was that the CNAs who provided care in patients' homes tend to experience overall positive outcomes and report overall better job satisfaction compared to the CNAs that provided care to their patients in a long-term care facility. Although there were age and work experience differences, the overall trend remained unchanged.

These findings are significant as they provide us a slightly better picture about what aspects of the job CNAs value the most and what type of work environment, they feel satisfied working and growing professionally and academically in. These findings also have important implications for the future of health care. Since the baby boomer generation is aging rapidly and will be needing care to some degree, care providers must understand the impact of CNAs providing care to the elderly and the role these CNAs will play in patient outcomes. If CNAs experience less satisfaction and motivation to perform their job duties, the care that they provide will likely have negative consequences on their patients' health. Additionally, if high turnover rates continue coupled with worker shortages, the satisfaction issue, may have an impact on future CNA's.

This study provides an opportunity for long-term care centers to conduct an internal assessment to better understand their CNAs concerns and develop strategies to address those concerns. Long-term care centers that create a positive working environment where CNAs can thrive, feel appreciated and supported by management, peers, patients, grow professionally, and report overall satisfaction are more likely to have higher patient satisfaction levels and better health outcomes.

Similarly, the study highlights that CNAs who provide care in patients' homes report overall better satisfaction on almost all fronts compared to their long-term care counterparts which is an important finding that could be incorporated in designing more innovative patient-centered delivery options. Additionally, CNAs do not feel like they are under surveillance and feel appreciated because of the clear and pointed feedback which in turn then translates into providing better care to their patients. This way, patients also receive quality care and can report satisfaction in the received care. In essence, this work may warrant further study into the attributes of the home care environment that contribute to higher satisfaction and the opportunity to apply those attributes to the LTC setting.

This report is especially informative to the members of the Omaha Metropolitan Area as the results were obtained by analyzing the survey questionnaires filled out by CNAs providing patient care in the region. In the coming years, health care needs for the aging population in the area are going to increase and the city council will have to start drafting an action plan to address this issue. This report may be helpful in designing an innovative care model that either promotes providing care to patients in their homes or providing incentives to encourage long-term care facilities to develop and implement a patient and CNA centric approach to ensure the well-being of their residents.

Even though the results of the study helped to clarify various factors that impact work satisfaction for CNAs and how that translates to care received by their patients, it also had a few caveats. One of the caveats of the study was that it wasn't longitudinal. The author gathered this information from the CNAs at one particular point in time. So, the findings may be a bit skewed depending on the CNAs experiences and feelings towards their patients, peers, and management on that particular day or around that time. Those feelings or those situations may change in a few weeks or months which could change their responses and change results. Furthermore, even though CNAs that provided care to patients in their homes seem to feel relaxed to work in an environment that's familiar to the patient, we do not know how patients felt and experienced or what the patient population demographic was in this study. Additionally, anonymous surveys have their own limitations because some individuals do not always feel inclined to complete the surveys with the required attention, time, and truthfulness. This could impact some findings and change some scores on certain questions. Moreover, a larger sample size may be needed to draw more solid and informed conclusions. In the current study, each group had 40 participants, but a sample size of 80 and above in each group would be ideal to draw a more solid conclusion. Similarly, the time for data collection was limited and considerable effort was needed by to get usable data.

Conclusion:

In conclusion, it was observed that the hypothesis held true and CNAs that provided care in a patients' homes experienced overall better job satisfaction compared to the CNAs that provided patient care in a long-term care facility. There were significant differences in groups on a majority of variables with CNAs preferring to work in a home care environment over a long-term care facility. These findings provide important understanding on how future patient care, especially for the elderly and disabled, should be designed and delivered and what different aspects should be considered by long-term care facilities to provide quality care to their residents. Receiving quality health care is a right of every individual and the findings elucidate what factors are most important for people that provide such care to the patients.

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Appendix A

Questionnaire

Please read each statement and circle one of the following

[Sign in to Google](#) to save your progress. [Learn more](#)

* Required

I work as a

- CNA providing care in patients' homes
- CNA providing care at a long-term care facility

I have worked in my current position for:

- 1-2 years
- 3-4 years
- 5-6 years
- 7-8 years
- 8+ years

My age group: *

- 16-26 years
- 27-37 years
- 38-48 years
- 49-59 years
- 60+ years

I feel that my management team supports me *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I feel that I receive help when needed *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True



I feel that I am compensated enough for the work that I provide *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I feel that I get time off when I need it *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I have the appropriate equipment and supplies I need to do my job *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True



I feel that I have received proper training and education to do my job well *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I continue to receive training and instruction as policies and care needs change *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I feel that this work experience motivates me to pursue future education and training *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True



I enjoy providing care to my patients *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I feel that my work hours are structured fairly *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I feel my workload is fair

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True



I feel that I have a good work – life balance *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I feel that I get enough time to provide care to my patients

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I feel a sense of fulfillment/contentment when I am doing my work of providing care to my patients

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True



I feel that my patients value me and treat me with respect *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I feel that I value my patients and treat them with respect

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I feel that I bring positive changes to patients' lives *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True



It is important to me to see my patients express positive experiences under my care

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I feel that if I was better supported by my management, I would do a better job at providing care to my patients

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I experience burn out/stress due to various components of my job

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True



I feel supported by my coworkers and peers *

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

I feel that I can advance in my career under the current management and organizational structure

- Almost Always True
- Usually True
- Occasionally True
- Usually Not True
- Almost Never True

Level of my satisfaction in my current position

- Very Satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very Unsatisfied



Not including management or your employer, how satisfied are you with your work?

- Very Satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very Unsatisfied

I have been employed ONLY in HOME CARE (have never worked in a LTC facility before) *

- Yes
- No

I have been employed ONLY in Long Term Care facility (have never worked as a Home Care CNA before) *

- Yes
- No

I have worked in BOTH - LTC and HOME CARE *

- Yes
- No



Answer ONLY if you have worked in BOTH: If you have worked in both, which do you prefer? *

- Home Care
- Long Term Care Facility

Answer ONLY if you have worked in BOTH: If you have been employed in both, which one do you feel gave you the most job satisfaction? *

- Home Care
- Long Term Care Facility

Submit

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Appendix B

Email Script:

From: Shah, Rusheena D <rusheena.shah@unmc.edu>

Sent:

To: <abc@xyz.com>

Subject: Capstone Survey

Hello Jane Doe,

It was so nice to speak with you a few weeks ago! Thank you for agreeing to have your home health CNAs participate in my capstone research study. I greatly appreciate all your help and willingness. As a reminder, I am completing this study to see if there is greater job satisfaction amongst home care CNA's or long-term care CNA's.

Please see attachment for the survey – it is a bit longer than I had anticipated, but it should still be fairly quick to complete. Please tell the participants to NOT write their name or any other identifying information on the forms as they are to remain anonymous.

Please return them back to me by 2/23. I am more than happy to come pick them up, so please let me know when they are ready to be picked up.

Please reach out at any time if you have any questions and/or concerns. Thank you again for taking time out of your busy day for this.

Thank you,

Rusheena Shah

Rusheena.Shah@unmc.edu

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