

**SYNTHESIS REPORT:
CNA, SUPERVISOR, AND ADMINISTRATOR SURVEYS**



October 2004



IOWA BETTER JOBS BETTER CARE (BJBC) COALITION

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Funded through a 3 ½ -year, \$1.4 million grant from the Robert Wood Johnson Foundation and the Atlantic Philanthropies, The Iowa Better Jobs Better Care Coalition is a group of long-term care providers, workers, consumers, and policy makers that is working to reduce turnover among Iowa's direct care workers. The members of the Iowa BJBC Coalition as of September 2004 are:

Iowa CareGivers Association, Lead Agency

AARP Iowa

Aging Resources of Central Iowa

Alzheimer's Association, Greater Iowa Chapter

Center for Healthy Communities

Des Moines Area Community College

Direct Care Worker Advisory Council

Generations, Incorporated

Iowa Association of Area Agencies on Aging

Iowa Association of Homes and Services for the Aging

Iowa Commission on the Status of Women

Iowa Department of Elder Affairs

Iowa Department of Human Services, Bureau of Protective Services

Iowa Department of Inspections and Appeals, Health Facilities Division

Iowa Department of Public Health

Mid-Iowa Health Foundation

Northwest Iowa Community College

Office of the Long Term Care Ombudsman

Older Iowans Legislature

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Southwestern Community College

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Founded in 1992, the **mission** of the Iowa CareGivers Association is "to enhance the quality of care through dedication to the direct care worker and all caregivers." To accomplish its mission, ICA fosters partnerships between and among workers, advocates, providers, consumers, policy makers, labor, educators, and others committed to quality care. ICA has three main **goals**: 1) increase access to quality care for those who need it, 2) increase the number of caregivers, and 3) enhance quality of care. ICA's focus is on four core **mission-driven activities**: 1) advocacy, 2) public awareness, 3) education, and 4) research and innovation.

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INTRODUCTION

Background

- This study is conducted under the auspices of the Iowa Better Jobs Better Care (BJBC) Coalition through a 3 ½ year, \$1.4 million grant sponsored by the Robert Wood Johnson Foundation and Atlantic Philanthropies.
- The Iowa BJBC Coalition is a group of long-term care providers, workers, consumers, and policy makers that is working to reduce turnover among Iowa's direct care workers*.
- The Iowa CareGivers Association (ICA) is the lead agency for the BJBC Coalition.
- This study is a synthesis of selected questions from the 2004 BJBC study of nursing home administrators who work with certified nursing assistants (CNAs), ICA's 2000 study of supervisors of CNAs, and ICA's CNA Recruitment and Retention Project of 1998.

*Direct care workers are Certified Nursing Assistants (CNAs), Nursing Assistants, Home Care Workers, and Personal Attendants who work in nursing homes, home care agencies, hospices, and hospitals.

Purpose and objectives

- The ultimate purpose of the BJBC grant and this synthesis is to positively influence recruitment and retention of CNAs and other direct care workers so as to provide quality care for those who need it.
- The objectives are to:
 - Determine areas of job satisfaction that CNAs, CNAs' supervisors, and nursing home administrators perceive similarly and those the three perceive differently.
 - Develop interventions based on the findings that will create a positive work environment for CNAs, CNAs' supervisors, and nursing home administrators.
 - Develop interventions that will increase the professionalism of CNAs as well as the perception of that professionalism among supervisors and nursing home administrators.

Format of this report

The report comprises the following sections:

- Description of the research methodology
- Findings
- Conclusions and specific actionable recommendations

Questionnaires and reports upon which this synthesis is based

- The CNA, supervisor, and nursing home administrator questionnaires and survey reports are available on the ICA website at www.iowacaregivers.org or by contacting the Iowa CareGivers Association at 515-241-8697 or iowacga@aol.com.

METHODOLOGY

The surveys

- ICA's 1998 Certified Nursing Assistant (CNA) survey indicated that an important factor in CNAs' job satisfaction is their relationship with their supervisor.
- To find out more about CNAs' relationship with their supervisor as well as to determine ways to increase supervisors' satisfaction with their own jobs, ICA conducted a survey of supervisors in 2000.
- The supervisors in turn indicated that an important factor in their relationships with CNAs as well as in their own job satisfaction is their relationship with the nursing home administrator.
- Nursing home administrators were therefore surveyed in 2004 regarding their relationship with CNAs and supervisors as well as their own job satisfaction.

Questions that appear on multiple surveys are compared

- So that the results for CNAs, supervisors, and nursing home administrators could ultimately be compared, some questions were asked of all three groups.
- Because the nature of administrators' and supervisors' jobs is similar in certain respects, some questions were asked of supervisors and administrators, but not CNAs.
- The questions that appear on all three surveys (CNA, supervisor, and administrator) or on the supervisor and administrator surveys are synthesized in this report.

Sample sizes and standard error ranges

- The sample for the CNA study is comprised of a statewide subsample of CNA names selected from the Iowa Nurse Aide Registry combined with a North West Iowa subsample from the Registry. The total sample of 359 has a maximum standard error range of $\pm 5.2\%$ at the 95% confidence level.
- The supervisor sample was randomly selected from the Iowa State Board of Nursing's list of nurses in long term care. The sample size is 703. The maximum standard error range at the 95% confidence level for this sample is $\pm 3.7\%$.
- The administrator survey was mailed to all 615 names on the Iowa Department of Public Health, Bureau of Professional Licensure list of licensed nursing home administrators. The sample size is 133. The maximum standard error range at the 95% confidence level for this sample is $\pm 8.5\%$.

Data analysis

- Frequencies have been calculated for all the questions on the survey.
- Special cross tabulations have been done for factors that may be related to the development of targeted interventions.
- Statistically significant relationships among the variables have been identified. Those that appear to be key to the development of interventions are reported in the findings section.
- Statistically significant differences are those that are large enough not to be attributable to chance. When differences are not significant, the responses may be considered a “statistical tie.”

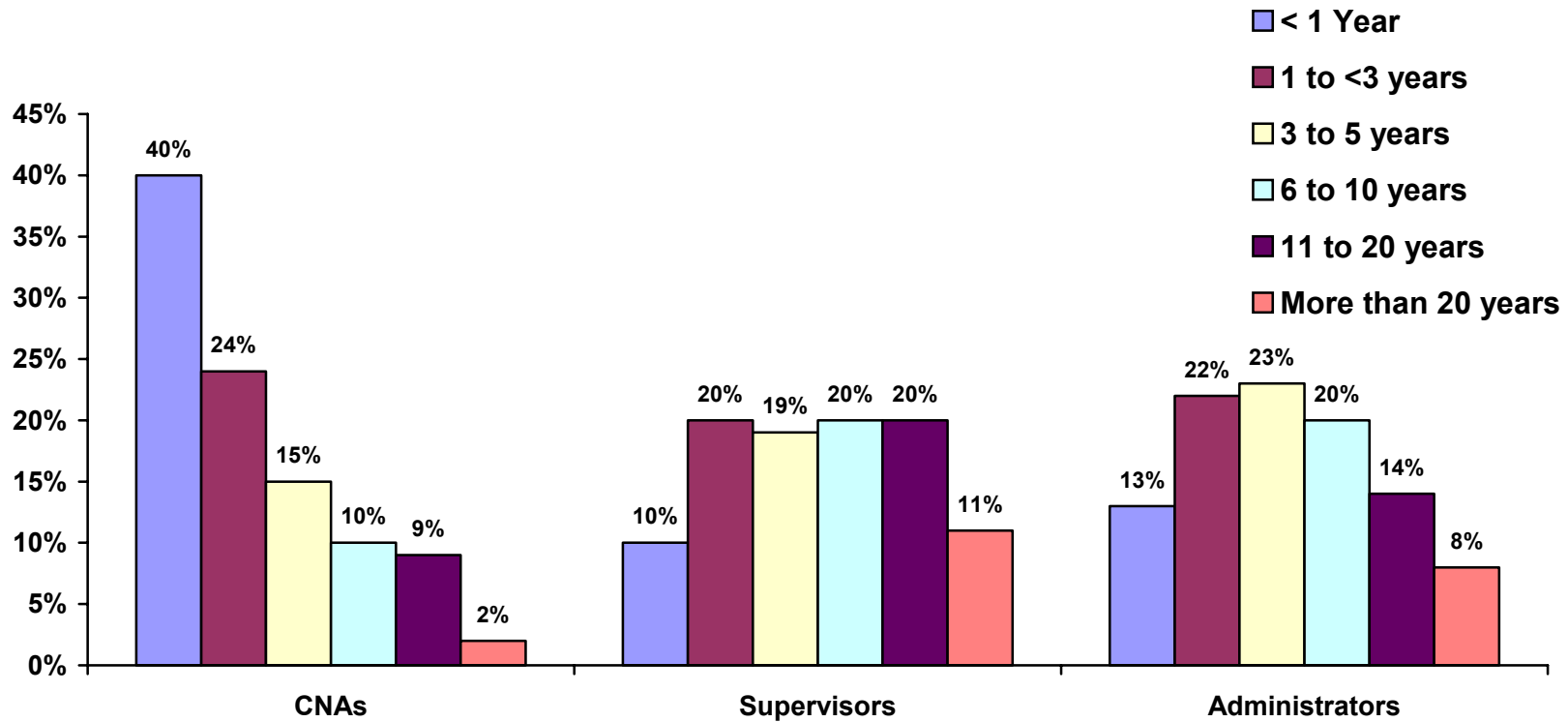
Data presentation

- In some cases the statistics sum to more than 100% due to multiple answers.
- Percentages may occasionally total more or less than 100% because of rounding.

FINDINGS: DEMOGRAPHICS

- The length of time administrators, supervisors, and CNAs have been in their current position/job is illustrated in the graph below.
- CNAs are significantly more likely than either supervisors or administrators to have been in their current position/job less than one year.
- CNAs are significantly less likely than either supervisors or administrators to have been in their current position/job more than 20 years.

HOW LONG HAVE YOU BEEN IN YOUR CURRENT POSITION/JOB?



FINDINGS: GAPS BETWEEN IMPORTANCE AND OCCURRENCE

- For the five factors summarized on the following table, respondents were asked to indicate: 1) how important the factor is to them and 2) whether they agree the factor occurs.
- The importance of the factor along with the gap between the importance of the factor and the factor's occurrence are likely indications of whether this is a potential area for intervention.
- The cells that display statistically significant relationships are shaded and the nature of the relationship is explained in the notes at the bottom of the page.

**Key Factors:
Gap Between “It is Important” and “It Occurs”**

	CNAs			Supervisors			Administrators		
	It Is Very Important	It Occurs	Gap	It Is Very Important	It Occurs	Gap	It Is Very Important	It Occurs	Gap
My employer...									
treats me with respect.	94%	72% ¹	22	92%	78%	14	96%	84% ¹	12
helps and supports me when I need it.	83% ²	62% ³	21	93% ²	68% ³	25	90% ²	82% ³	8
lets me know when I do a good job.	82% ⁴	57%	25	70% ⁴	56% ⁵	14	63% ⁴	66% ⁵	-3
follows through on problems.	Not asked			96% ⁶	61% ⁷	35	84% ⁶	71% ⁷	13
Staff I supervise give me the information I need.	Not asked			97%	78%	19	97%	77%	20

Bolded cells indicate statistically significant differences as follows:

¹CNAs are significantly less likely than administrators to agree that their employer treats them with respect.

² CNAs are significantly less likely like than supervisors and administrators to indicate that it’s very important for their employer to help and support them when they need it.

³CNAs and supervisors are significantly less likely than administrators to agree that their employer does help and support them when they need it.

⁴CNAs are significantly more likely than supervisors or administrators to indicate that it is very important for their employer to let them know when they do a good job.

⁵ Supervisors are significantly less likely than administrators to agree that their employer lets them know when they do a good job.

⁶Supervisors are significantly more likely than administrators to indicate that it is very important for their employer to follow through on problems and ⁷significantly less likely than administrators to agree that their employer does follow through on problems.

FINDINGS: COMPARISONS AMONG CNAs, SUPERVISORS, AND ADMINISTRATORS ON KEY FACTORS

- For the factors summarized on the following table:
 - CNAs were asked to indicate: 1) how important the factor is to them and 2) whether they agree the factor occurs. The importance of the factor along with the gap between the importance of the factor and the factor's occurrence are likely indications of whether this is a potential area for intervention.
 - Supervisors and administrators were asked to rate the importance of the factor and also whether they have the time, skill, and authority to assure it occurs.
- The findings are displayed in the order of their importance to CNAs (the first column).
- The cells that display statistically significant relationships are shaded and the nature of the relationship is explained in the notes at the bottom of the page following the chart.

COMPARISONS AMONG CNAs, SUPERVISORS, AND ADMINISTRATORS ON KEY FACTORS
(Displayed In order of Importance to CNAs)

	CNAs			Supervisors				Administrators			
	It is very important	It Occurs	Gap	It is very important	I have time	I have skill	I have authority	It is very important	I have time	I have skill	I have authority
CNAs: My supervisor treating me with respect Supervisors/Administrators: Knowing how to treat CNAs with respect	94%	72%	22	98%	94%	95%	95%	100%	93%	98%	99%
CNAs: Getting all the education and training I need in how to do my job better Supervisors/Administrators: Making certain CNAs get the education and training they need to do their job better	86% ¹	63%	23	95% ¹	46% ²	82%	49% ³	96% ¹	64% ²	87%	92% ³
CNAs: Supervisor valuing my ideas regarding resident/patient care Supervisors/Administrators: Valuing CNAs' ideas regarding resident/patient care	83% ⁴	58%	25	94% ⁴	92%	95%	90%	96% ⁴	92%	92%	97%
CNAs: My supervisor helping my co-workers and me organize our work as a team. Supervisors/Administrators: Helping staff organize their work as a team	82% ⁵	51%	31	90% ⁵	66% ⁶	90% ⁶	81% ⁷	82% ⁵	51% ⁶	82% ⁶	94% ⁷
CNAs: My supervisor letting me know when I do a good job Supervisors: Letting CNAs know when they are doing a good job	82%	57%	25	96%	92%	95%	96%	See next page for administrators' scores on "letting CNAs know when they do a good job"			
CNAs: Working as part of a team that takes care of the same residents/patients every day Supervisors/Administrators: Making it possible for CNAs to care for the same residents/patients each day	77% ⁸	52%	25	44% ⁸	61%	80%	47% ⁹	35% ⁸	54%	81%	87% ⁹

	CNAs			Supervisors				Administrators			
	It is very important	It Occurs	Gap	It is very important	I have time	I have skill	I have authority	It is very important	I have time	I have skill	I have authority
CNAs: Contributing my ideas to resident/patient care plans Supervisors/Administrators: Assuring CNAs contribute their ideas to resident/patient care plans	73% ¹⁰	47%	26	82% ¹⁰	71% ¹¹	85%	57% ¹²	75%	62% ¹¹	87%	89% ¹²
CNAs: The administrator letting me know when I do a good job. Administrators: Letting CNAs know when they do a good job.	66% ¹³	41%	25	See supervisor scores on previous page for "letting CNAs know when they do a good job"				99% ¹³	86%	93%	98%
CNAs: Not asked Supervisors/administrators: Working with CNAs as a team	Not asked of CNAs			97% ¹⁴	75% ¹⁵	95% ¹⁵	90%	83% ¹⁴	50% ¹⁵	83% ¹⁵	91%

Bolded cells indicate statistically significant relationships as follows:

¹CNAs are significantly less likely to indicate it is very important for them to get all the education and training they need to do their job better than are both supervisors and administrators to indicate it's very important for supervisors and administrators to make certain CNAs get all the education and training they need to do their job better.

²Supervisors are significantly less likely than administrators to indicate they have the time to make certain CNAs get all the education and training they need to do their jobs better.

³Supervisors are significantly less likely than administrators to indicate they have the authority to make certain CNAs get all the education and training they need to do their jobs better.

⁴CNAs are significantly less likely to indicate that it is very important for their supervisor to value their ideas regarding care than are both supervisors and administrators to indicate it's very important for supervisors and administrators to value CNAs ideas regarding care.

⁵CNAs and administrators are significantly less likely than supervisors to indicate it is very important for the supervisor to help CNAs and their co-workers organize their work as a team.

⁶Supervisors are significantly more likely than administrators to indicate they have both the time and the skill to help CNAs and their co-workers organize their work as a team.

⁷Supervisors are significantly less likely than administrators to indicate they have the authority to help CNAs and their co-workers organize their work as a team.

⁸CNAs are significantly more likely to indicate that it's very important to work as part of a team that takes care of the same residents/patients every day than are both supervisors and administrators to indicate it's very important to make it possible for CNAs to work as part of a team that takes care of the same residents/patients every day.

⁹Supervisors are significantly less likely than administrators to indicate they have the authority to make it possible for CNAs to work as part of a team that takes care of the same patients/residents every day.

¹⁰CNAs are significantly less likely to indicate it's very important for them to contribute their ideas to care plans than are supervisors to indicate it's very important for supervisors to assure that CNAs contribute their ideas to resident/patient care plans.

¹¹Supervisors are significantly more likely than administrators to indicate they have time to assure CNAs contribute their ideas to care plans.

¹²Supervisors are significantly less likely than administrators to indicate they have the authority to assure CNAs contribute their ideas to care plans.

¹³CNAs are significantly less likely than administrators to indicate that it's very important for the administrator to let CNAs know when they do a good job.

¹⁴Supervisors are significantly more likely than administrators to indicate it's very important for them to work with CNAs as a team.

¹⁵Supervisors are significantly more likely than administrators to indicate they have both the time and skill to work with CNAs as a team.

**COMPARISONS AMONG CNAS, SUPERVISORS, AND ADMINISTRATORS
ON TEAM-RELATED FACTORS
(Displayed in Order of Importance to CNAs)**

- For ease of comparison, factors below that relate only to teamwork have been selected from the previous comprehensive table that depicts all factors.
- As in the previous comprehensive chart, statistically significant relationships are bolded.
- The explanatory footnotes are associated with the comprehensive chart and are not repeated here.

	CNAs			Supervisors				Administrators			
	It is very important	It Occurs	Gap	It is very important	I have time	I have skill	I have authority	It is very important	I have time	I have skill	I have authority
CNAs: My supervisor helping my co-workers and me organize our work as a team. Supervisors/Administrators: Helping staff organize their work as a team	82% ⁵	51%	31	90% ⁵	66% ⁶	90% ⁶	81% ⁷	82% ⁵	51% ⁶	82% ⁶	94% ⁷
CNAs: Working as part of a team that takes care of the same residents/patients every day Supervisors/Administrators: Making it possible for CNAs to care for the same residents/patients each day	77% ⁸	52%	25	44% ⁸	61%	80%	47% ⁹	35% ⁸	54%	81%	87% ⁹
CNAs: Contributing my ideas to resident/patient care plans Supervisors/Administrators: Assuring CNAs contribute their ideas to resident/patient care plans	73% ¹⁰	47%	26	82% ¹⁰	71% ¹¹	85%	57% ¹²	75%	62% ¹¹	87%	89% ¹²
CNAs: Not asked Supervisors/administrators: Working with CNAs as a team	Not asked of CNAs			97% ¹⁴	75% ¹⁵	95% ¹⁵	90%	83% ¹⁴	50% ¹⁵	83% ¹⁵	91%

FINDINGS: SUPERVISORS' AND ADMINISTRATORS' PERCEPTIONS OF THEIR OWN EDUCATION AND TRAINING

- The factors summarized on the following table indicate supervisors' and administrators' perceptions of their own education and training on some key issues for CNAs.
- The cells that display statistically significant relationships are shaded and the nature of the relationship is explained in the notes at the bottom of the page.

**Supervisors' and Administrators' Perception of their Own Education and Training
Regarding Factors of Importance to CNAs**

	Supervisors			Administrators		
	It is very important	I currently have it	Gap	It is very important	I currently have it	Gap
Education and training to:						
Help all staff, including CNAs, communicate more effectively	83%	32% ¹	51	87%	70% ¹	17
Communicate more effectively with all staff, including CNAs	81% ²	37% ³	44	93% ²	79% ³	14
Help staff, including CNAs, work together as a team	79%	37% ⁴	42	82%	67% ⁴	15
Be a more effective supervisor or administrator	74%	38% ⁵	36	74%	59% ⁵	15
Orientation in how to perform specific job duties	90% ⁶	49%	41	65% ⁶	40%	25
Having access to quality education programs	80%	69% ⁷	11	77%	83% ⁷	-6

Bolded cells indicate statistically significant relationships as follows:

¹Supervisors are significantly less likely than administrators to indicate they currently have education and training to help all staff, including CNAs, communicate more effectively.

²Supervisors are significantly less likely than administrators to indicate it is very important to have training and education to communicate more effectively with all staff, including CNAs, and ³are significantly less likely than administrators to indicate they currently have this education and training.

⁴Supervisors are significantly less likely than administrators to indicate they currently have education and training to help staff, including CNAs, work together as a team.

⁵Supervisors are significantly less likely than administrators to indicate they currently have education and training to be a more effective supervisor or administrator.

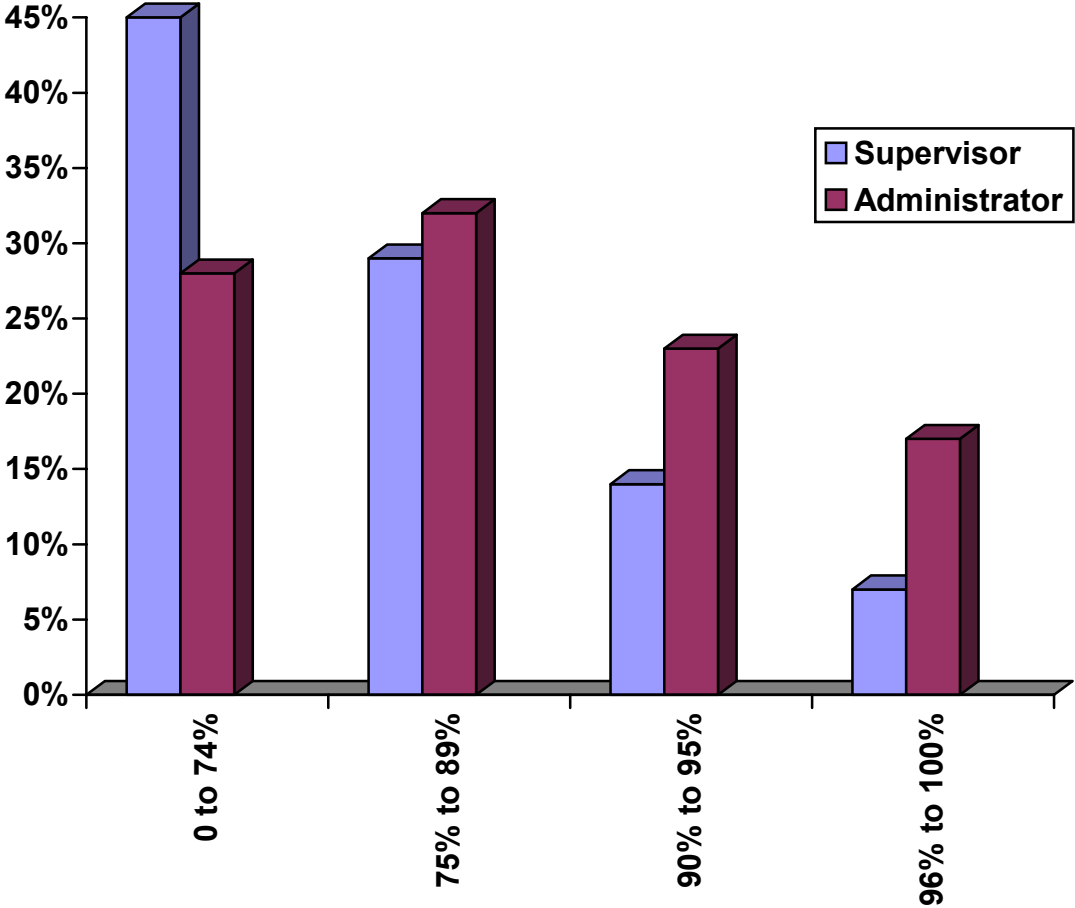
⁶Supervisors are significantly more likely than administrators to indicate that it is very important to have an orientation in how to perform her or his specific job duties.

⁷Supervisors are significantly less likely than administrators to indicate they currently have access to quality education programs.

FINDINGS: SUPERVISORS' AND ADMINISTRATORS' PERCEPTIONS REGARDING PROFESSIONALISM OF CNAS

- The graph on the following page indicates the percentages of supervisors and administrators that perceive CNAs in their facilities conduct themselves as professionals.
- Supervisors are significantly more likely than administrators to indicate that 0-74% of CNAs in their facility conduct themselves as professionals.
- Administrators are significantly more likely than supervisors to indicate that 90-100% of CNAs in their facility conduct themselves as professionals.

**WHAT PERCENT OF THE CNAs IN YOUR FACILITY
CONDUCT THEMSELVES AS PROFESSIONALS?**



CONCLUSIONS AND RECOMMENDATIONS

- These entities are responsible for implementing the recommendations in this report as part of the Iowa Better Jobs Better Care project:
 - Iowa Better Jobs Better Care (BJBC) Coalition
 - Iowa BJBC Demonstration Sites
 - Direct Care Worker Advisory Council
 - Iowa CareGivers Association
- Some potential Iowa BJBC Coalition partners in the implementation of the recommendations are listed below, however, this list should not be considered exhaustive because the Iowa BJBC Coalition seeks participation from all interested individuals and entities.
 - Consumer advocate groups
 - Quality improvement organizations
 - Policy makers
 - Education providers
 - Professional associations
 - Provider associations
 - Service providers
 - State governmental entities

Conclusion 1

- CNAs, supervisors, and administrators all agree that showing respect for CNAs is very important, yet one-fourth of CNAs perceive they are not treated with respect.
- Supervisors and administrators both indicate there are no barriers to treating CNAs with respect: they have the time, skill, and authority to do so.
- Because of this, interventions around the respect issue would likely have broad support and could be implemented immediately at relatively low cost.

Recommendation 1A

To show CNAs respect, let supervisors and administrators know about the following information gathered in CNA focus groups through the 1999 Iowa CareGivers Association CNA Recruitment and Retention Project:

- The most frequently mentioned way CNAs want to be shown respect is for their supervisor, Director of Nursing, and administrator to personally thank them, for example, to thank them for their contribution to good resident care, for working extra hours, or for coming in on their day off.
- Numerous CNAs in these groups said another way supervisors can show respect to CNAs is to listen to what CNAs have to say about residents and follow up on it immediately.
- CNAs also want supervisors to follow up on non-resident issues they bring up and report back to the CNA on the action that was taken. (It is not sufficient to report back that “We’re working on it.”)
- CNAs say they feel respected when supervisors ask their opinions and share ideas with them about resident care as well as general facility-wide issues.
- CNAs do not feel respected when supervisors micro-manage or make assumptions about CNAs’ work, for example, assuming CNAs do not know what they’re doing because they do things differently than the supervisor or automatically assuming the CNA is not working.
- Several CNAs mentioned they feel respected when the supervisors work with them as a team out on the floor.
- CNAs feel respected when supervisors follow through on promises.
- CNAs say they feel respected when supervisors make themselves available to CNAs when they need it.

Recommendation 1B

- Use opportunities where CNAs, supervisors, and administrators are gathered to obtain additional information about how each profession wishes to be shown respect by their supervisor or employer. Pass this information on to CNAs, administrators, and supervisors.

Recommendation 1C

- Based on Recommendations 1A and 1B, solicit ideas from administrators and supervisors about how they could treat CNAs with more respect. Use this information to develop programs that enhance team building, communication, mutual respect, and accountability across all lines.
-

Conclusion 2

- CNAs are significantly more likely than both administrators and supervisors to indicate it is very important for their supervisor/employer to let them know when they do a good job.
- Only slightly more than half of CNAs and supervisors and about two-thirds of administrators indicate their employer does let them know when they do a good job.
- Supervisors and administrators both indicate there are no barriers to letting CNAs know when they do a good job: they have the time, skill, and authority to do so.
- Like the respect issue to which it appears closely related, interventions around being thanked for doing a good job would likely have broad support, could be implemented immediately, and would be relatively low-cost.

Recommendation 2A

To let CNAs know when they are doing a good job, inform supervisors and administrators of the following information gathered in CNA focus groups through the 1999 Iowa CareGivers Association CNA Recruitment and Retention Project:

- The most frequently mentioned type of recognition desired was financial, for example, extra pay for “working short” (understaffed) or extra pay for coming in on a day off.
- CNAs indicated they want to be personally thanked when they do something extra. Several CNAs indicated that their supervisor thanks them by writing a note or putting the thank you on the bulletin board. These CNAs do not value written thank you’s on the bulletin board. They prefer to be thanked individually, in person. (Participants gave the same type of response when asked how they wish to be shown respect.)
- Several participants mentioned their facility has an employee of the month program, but the response to this idea was mixed.

Recommendation 2B

- Use opportunities where CNAs, supervisors, and administrators are gathered to obtain additional information about how each profession wishes to be thanked for doing a good job. Pass this information on to CNAs, nursing home administrators, and supervisors.

Recommendation 2C

- Encourage CNAs to let their supervisors and administrators know when the supervisors and administrators do a good job.

Conclusion 3

- Both supervisors and administrators indicate it is very important for their employer to follow through on problems and that there is room for improvement in this area. (It is especially important and less likely to happen for supervisors than for administrators. CNAs were not asked this question.)

Recommendation 3A

- Encourage supervisors to let their own supervisor or administrator know that following through on problems is very important and could be improved.

Recommendation 3B

- Let administrators know that follow-through on problems is important to supervisors and needs improvement.

Recommendation 3C

- Develop quality improvement initiatives directed toward enhancing follow through by all staff. Relate these initiatives to recruitment and retention.

Recommendation 3D

- Review current nursing home problem resolution policies and procedures to ensure they cover staff issues as well as resident issues.
-

Conclusion 4

- Both supervisors and administrators indicate it is very important for staff to give them the information they need to handle situations effectively, yet about one-fourth of administrators and supervisors indicate this does not currently happen.

Recommendation 4A

- Further investigate with administrators and supervisors the 1) type of information they want to receive from staff, 2) from which staff they want to receive it, and 3) the accessibility that staff have to their supervisor and administrator.

Recommendation 4B

- Utilize the information obtained in Recommendation 4A to develop educational offerings such as panel discussions in which CNAs, supervisors, and administrators discuss this need for information and how each profession can contribute to solving the problem.
-

Conclusion 5

- CNAs, supervisors, and administrators all agree it is very important for CNAs to get all the education and training they need in how to do their job better, yet one-third of CNAs indicate they do not get sufficient education and training.

Recommendation 5A

Consider this conclusion in developing Iowa BJBC Coalition consensus and policy strategy about 1) the required number of hours and content of basic CNA training, 2) whether individuals should be allowed to challenge the basic CNA test without taking the training, and 3) CNA continuing education standards.

Recommendation 5B

- Assure that the Iowa BJBC Coalition Education and Consumer Workgroups jointly review this conclusion and develop additional recommendations to address it.

Recommendation 5C

- Work with the Direct Care Worker Registry to assure that education and training are tracked on the Registry.
-

Conclusion 6

- CNAs, supervisors, and administrators all believe it is very important for supervisors and administrators to help CNAs and their co-workers organize their work as a team, yet about half of CNAs report that they are not receiving this type of help.
- The greatest barrier for administrators and supervisors in providing this help to CNAs and their co-workers is perceived lack of time.

Recommendation 6A

- Determine from administrators and supervisors what is it about helping CNAs and their co-workers organize their work as a team that takes too much time.

Recommendation 6B

- Based on the findings in Recommendation 6A, design and implement interventions that address the perceived time barriers.

Recommendation 6C

- Based on the findings in Recommendation 6A, develop and provide ongoing education for all staff (administrators, supervisors, and CNAs) regarding teamwork, for example, what is a team, how to build a team, how to develop goals as a team.
 - Consider developing educational programs on team building in which perspectives of CNAs, supervisors, administrators, and consumers are all represented.
-

Conclusion 7

- There is a disparity between the high importance CNAs place on working as part of a team that takes care of the same residents/patients every day and the importance supervisors and especially administrators place on CNAs working as part of a team that takes care of the same residents/patients every day.
- Supervisors and administrators indicate that time is a barrier to their developing a system in which CNAs work as a team that takes care of the same residents/patients each day.
- Supervisors also indicate a perceived lack of authority to assure that CNAs work as part of a team that takes care of the same residents/patients each day.

Recommendation 7A

- Determine from administrators and supervisors what is it about assuring staff work as part of a team that takes care of the same residents/patients each day that is time consuming.
- Learn more from supervisors about their perceived lack of authority in this area and what can be done about it.

Recommendation 7B

- Based on the findings in Recommendation 7A, design and implement interventions that address the perceived time and authority barriers.

Recommendation 7C

- Develop ongoing educational programs on the issues of teamwork and caring for the same residents/patients each day in which the perspectives of CNAs, supervisors, administrators, and consumers are all represented.

Recommendation 7D

- Using a “best practice” approach, identify nursing homes that are excelling at a team approach in which CNAs take care of the same residents/patients each day.
- Make this best practice information available to CNAs, supervisors, and administrators.

Recommendation 7E

- Identify ways to incorporate these activities into the daily nursing home routine so that they do not take extra time.

Conclusion 8

- Supervisors, even more than CNAs and administrators, believe that assuring CNAs contribute their ideas to care plans is very important.
- Supervisors express a perceived lack of authority to assure that CNAs contribute their ideas to care plans.

Recommendation 8A

- Learn more from supervisors about their perceived lack of authority in this area and what can be done about it.

Recommendation 8B

- Based on the findings in Recommendation 8A, design and implement interventions that address the perceived authority barrier.

Recommendation 8C

- Inform nursing home administrators that supervisors who value the concept of CNAs contributing to care plans may believe they do not have the authority to implement this process.
- Encourage administrators to explore the issue of supervisor authority with their own supervisors to learn about this issue in their own facility and determine what can be done about it.

Recommendation 8D

- Using a “best practice” approach, identify nursing homes that are excelling at a team approach in which CNAs contribute to care plans.
- Make this best practice information available to CNAs, supervisors, and nursing home administrators.

- Recommendation 8E**
- Identify ways to incorporate these activities into the daily nursing home routine so that they do not take extra time.
- Recommendation 8F**
- Develop ongoing educational programs on the issues of CNAs contributing their ideas to care plans in which the perspectives of CNAs, supervisors, administrators, and consumers are all represented.
- Recommendation 8G**
- Assure that CNAs are educated as to what a care plan is and how they personally can contribute to it for the ultimate well being of residents/patients.
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- Conclusion 9**
- Both supervisors and administrators indicate that the following education and training are very important, and administrators are more likely than supervisors to report that they currently have this education and training:
 - Helping all staff, including CNAs communicate more effectively
 - Communicating more effectively with staff, including CNAs
 - Becoming a more effective supervisor or administrator
- Recommendation 9A**
- Inform nursing home administrators of the findings that supervisors may perceive a lack of education and training regarding the areas listed in Conclusion 9.
- Recommendation 9B**
- Determine more specifically from supervisors the type of education and training they would like regarding the areas listed in Conclusion 9.
 - Develop education and training based on the information gained from supervisors.
- Recommendation 9C**
- Consider opportunities to present the finding that administrators perceive they currently have all the education and training they need regarding communication and teamwork issues.
 - Contrast these findings with information from the *Supervisor's Study* regarding supervisor's perceptions of administrators' skills in this area.
 - Identify potential areas for expanded learning.
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Conclusion 10

- Supervisors are more likely than administrators to indicate that orientation in how to perform their specific job duties is very important, and less than half of each group indicates they currently receive this orientation.

Recommendation 10A

- Gather more in-depth information from administrators, supervisors, and CNAs about their orientation to job duties and what can be done to improve it.

Recommendation 10B

- Inform administrators that many supervisors believe they do not get an adequate orientation to their specific jobs duties, and encourage administrators to discuss this with supervisors in their own facility and jointly arrive at solutions.

Conclusion 11

- Overall, administrators are more positive in their perception that CNAs conduct themselves as professionals than are supervisors.

Recommendation 11A

- See the *Nursing Home Administrator Report* and *Supervisor Report* for specific information about how each group defines the ideal professional CNA.
- Develop joint educational sessions, regarding the qualities of the ideal professional CNA. Present these sessions to administrator, supervisor, and CNA groups.

Recommendation 11B

- Identify ways to assure that CNAs get the education, training, and workplace support they need to develop ideal professional CNA qualities both in the workplace and in the broader community.

Recommendation 11C

- Consider adding qualities of the ideal professional CNA to CNA job descriptions and then assuring that hiring practices reflect employment of CNAs with these qualities.
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