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A survey of nursing assistants in skilled nursing facilities

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A SURVEY OF NURSING ASSISTANTS IN SKILLED NURSING FACILITIES

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ABSTRACT

A SURVEY OF NURSING ASSISTANTS
IN SKILLED NURSING FACILITIES

by Suzanne M. Avina

High staff turnover rates, increasing projections for more paid healthcare workers, and verified cases of patient maltreatment require inquiry into the attitudes and motivations of those providing between 70-90% of the care in Skilled Nursing Facilities. This exploratory study describes a set of characteristics compiled from demographic data sheets, the Maslach Burnout Inventory, the Profile of Mood States (a psychological distress index), and personal interviews with 51 subjects. A sample of convenience represented three SNFs in an urban county in northern California.

Research provided a profile of subjects who generally: (a) had long work records as nursing assistants, (b) scored low in burnout and psychological distress indicators, (c) expressed an attachment to their patients and co-workers, (d) were physically taxed, and (e) preferred remaining in their role as nursing assistants.

Acknowledgements

I am grateful to the Stanford Nurse Alumnae whose funding allowed me to give monetary acknowledgement to the nursing assistants who openly shared their insight with me. These caregivers were interesting to meet and heartwarming to get to know.

My appreciation goes to my team of family and true friends who encouraged and supported me through each contraction of this paper's birth. My thanks to Patricia Staffelbach, my research assistant-friend, whose dedication gave new meaning to the word "versatile." To my first born who has patiently led me down the path to computer literacy, my thanks for his kindness and for truly being "user friendly." To my youngest daughter, my thanks for years of eating cereal from a 6-inch clearing on the dining room table after one of Mom's late-nighters. To my husband, my thanks for all the drop-offs when the 7th Street garage was full.

For the spirit which led me to look into the needs of the elderly from the first, I thank my Hawaii-born grandmothers--one deceased, but ever in my heart, and one still cheering for the 49ers at age 96. Each could exhibit dignity amid frivolity, great strength amid great frailty. Because of them and for them I work to perfect the care of each of our Fragile Treasures. Mahalo na makulewahine; me ke aloha pumehana. (My thanks and warmest love, Older Women.)

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Chapter 1

INTRODUCTION

The 1990 United States Census counted 53 million persons aged 55 and over. One in eight Americans is past age 65, and 3 million have lived beyond age 80 (U.S. Department of Commerce, Bureau of the Census, 1991). The long term health care industry is being challenged to coordinate increasingly complex needs of an aging population.

Employed within the Skilled Nursing Facility (SNF) as the formal caregivers of society's frail elders, are nursing assistants. Of the 102 million hours of nursing services provided within California long term care facilities in 1990, 70% was delivered by nursing assistants (Office of Statewide Health Planning & Development, 1991). The Department of Labor projects national demands for new nursing assistants reaching 425,000 by the year 2000 (Bureau of Labor Statistics, 1988).

This study was designed to develop a profile of staff characteristics for these paid caregivers. This profile includes: age, gender, ethnicity, marital status, number of children living at home, highest level completed in school, self-evaluation of general health, and number of hours routinely worked.

A second purpose was to evaluate the level of burnout and psychological distress being experienced by those in the study. High rates of turnover within the long term care community, negative work attitudes and possible increases in likelihood of patient maltreatment have all been linked with high levels of burnout (Cherniss, 1980, p. 31; Maslach, 1986, p. 80; Pillemer & Moore, 1989).

A third purpose of this research was to increase the theoretical significance by applying a burnout theory framework to this group of health care providers. The use of the burnout tool developed by researchers Maslach and Jackson (1986) to study the occupation of nursing assistant is rarely cited in the literature (Pillemer & Moore, 1989). It is hoped that this study will generate more information regarding normative data, and expand the present fragments of knowledge concerning these workers and their job related attitudes specific to a geographical area in northern California.

The Problem

The problem addressed in this research was a need for reassessment of worker satisfaction within Skilled Nursing Facilities. Amid healthcare projections for increasing numbers of quality long term cargivers, there continues to be high turnover rates of staff and reports of maltreatment of patients. A review of the literature indicated few studies

which specifically identify characteristics of nursing assistants in long term care, and fewer still which relay their attitudes regarding their jobs. This study surveyed demographic information among nursing assistants from three Skilled Nursing Facilities within an urban county in northern California. Additionally, it examined how this population responded to the factors of job burnout and psychological distress. Little research has been done in the area of nursing assistants' needs; more information could sensitize planning for more effective and rewarding use of these human resources.

Research Questions

1. What are the demographics of the nursing assistants who provide care in Skilled Nursing Facilities within Santa Clara County--gender, age, ethnicity, marital status, number of children living in the home, highest level completed in school, self-evaluated level of general health, number of hours worked per week?

2. How does this group of nursing assistants score in the established indicators of job burnout: (a) emotional exhaustion, (b) depersonalization, and (c) personal accomplishment as evidenced by scores on the Maslach Burnout Inventory (MBI) tool?

3. How will this group of nursing assistants rank in

levels of psychological distress as evidenced by scores on the Profile of Mood States (POMS) tool?

4. Are interpretations of quantitative scores on the MBI and POMS reflected in identifiable qualitative themes during personal open-ended interviews of nursing assistants?

Purpose and Need

Nationally, nursing assistants provide an estimated 90% of nursing care in SNFs (Waxman & Carver, 1984). Long term care statistics for the state of California indicate annual turnover rates ranging from 50% to 200% (Office of Statewide Health Planning and Development, 1991). The 50% level is considered by experts to be problematic and potentially catastrophic to an employer (Halbur & Fears, 1986). Current revisions in federal legislation require new standards of instruction prior to nursing assistant certification along with the establishment of state-wide registries of those completing the instruction (Omnibus Budget Reconciliation Act, 1987). Despite these recent decrees to the nursing assistant workforce, there has been little research aimed at identifying who these workers are or what they might need in order to perform their jobs more effectively.

The fact that elder abuse is not confined to family members within a community setting is reflected in abuse reports for long term care institutions. Both the popular media and mandated statistical data depict neglect or abusive

behavior as most often imposed by the bedside caregiver, the nursing assistant, when occurring within the long term care setting (Robinson, 1987). Recent quantitative research indicates that those who score highest in a job burnout inventory (Maslach, 1986) are substantially more likely to engage in abusive behavior toward patients (Pillemer & Moore, 1989).

In the regulation of nursing assistant certification at both a statewide and federal level, mandates must include issues pertinent to those receiving instruction. Because of increasing awareness of need to improve the criteria for those caring for the chronically ill, standards of care are currently being formulated in an effort to regulate and expand the resources available to nursing assistants. It is a timely opportunity to provide accurate information which can guide public policy by which the SNF industry will be directed.

Definition of Terms

For the purpose of this study, the following definitions apply:

1. Skilled Nursing Facility (SNF) is a health facility licensed as a SNF by the State of California which provides 24-hour nursing care to in-patients on an extended basis.

2. Nursing assistant (NA) is a non-licensed employee of a SNF providing direct nursing or nursing-related services to

residents. Currently, nursing assistants are mandated to be certified every 2 years, after having completed a prescribed course of classroom and clinical training.

3. Employee turnover rate is the number of times an employee is replaced during a period of time. This is expressed as a percentage and is calculated by dividing the total number of people employed during the period by the average number of employees, multiplied by 100, minus 100 (Office of Statewide Health Planning and Development, 1991, p. D-5).

4. Burnout is a syndrome identified to consist of three areas: (a) emotional exhaustion, (b) depersonalization, and (c) reduced personal accomplishment. These symptoms can occur as a stress response to the chronic strain of interaction between helper and recipient (Maslach, 1986, p. 3).

5. Emotional exhaustion is the feeling of being emotionally overextended and exhausted by one's work (Maslach & Jackson, 1986, p. 2).

6. Depersonalization is an unfeeling and impersonal response towards recipients of one's care.

7. Personal accomplishment is the feeling of competence and successful achievement in one's work with people.

8. Psychological distress is the emotional discomfort evidenced by negative mood states.

9. Stress is the relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being, such as a threat, challenge, harm, or loss (Lazarus & Folkman, 1984, p. 21).

10. Perceived social support describes an individual's evaluation of being supported by friends, co-workers, or family; feeling resources are available to him.

11. Physical abuse is an act carried out with the intention, or perceived intention, of causing physical pain or injury to another person (Straus, Gelles, & Steinmetz, 1980, p. 20).

12. Psychological abuse is an act carried out with the intention, or perceived intention, of causing emotional pain to another person (Straus, Gelles, & Steinmetz, 1980, p. 20).

Summary

The growing and aging population of the United States places increasing demands on long term healthcare. Nursing assistants are the primary direct caregivers of the elderly cared for in institutions. In order to effectively prepare for the recruitment, training, and retention of nursing assistants as productive employees, health care planners must maximize the use of all resources--especially the human ones. Accurate information from nursing assistants describing themselves as a group of service providers can be useful in

assessment of workers' needs. Evaluation of how those needs may evolve over the course of providing daily long term care can further guide policy formation for increasing the quality as well as the quantity of nursing assistants and ultimately of the care they are equipped to perform.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF RELATED LITERATURE

Conceptual Framework

The conceptual framework chosen for this study is job burnout as depicted by Cherniss (1980). This theoretical perception of the response to a demanding work situation provides an orientation to the burnout phenomenon. Cherniss defines burnout as "a process in which a previously committed worker disengages from his or her work in response to stress and strain experienced in the job" (p. 18). Figure 1 depicts a conceptual overview of burnout as proposed by Cherniss. The model shows burnout as a process consisting of job stress, worker strain, and psychological accommodation.

As can be noted in A of Figure 1, stress occurs when there is a discrepancy between demands made by the organization or client and what the individual worker feels he/she is capable of providing. This creates the imbalance between resources and demands. Thus, in this study, the job expectations in a Skilled Nursing Facility can place in balance the demands on the nursing assistant and the resources she/he perceives to have available for their delivery. The demand can come in the form of facility expectations of the employee, such as the number of patients assigned, or from the patient individually, as a patient with multiple care needs. This can lead to the strain, noted in B

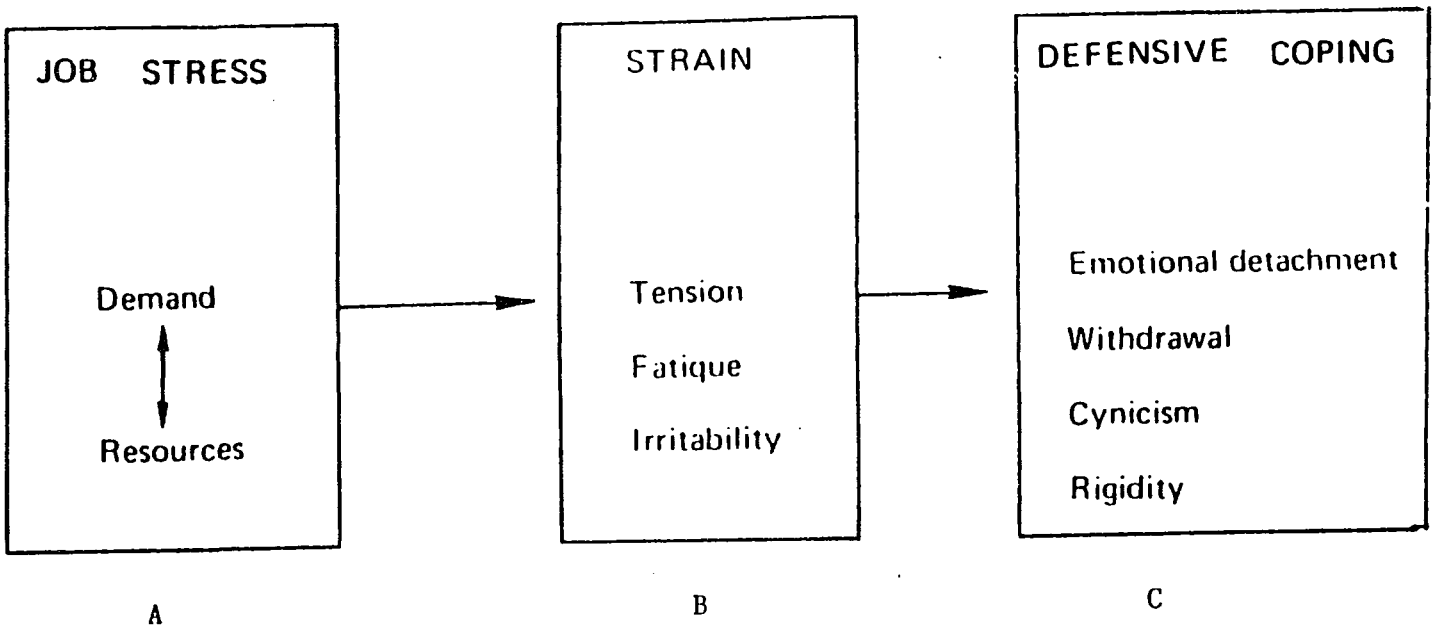

Figure 1. Changes in Attitude and Behavior Associated With Burnout Resulting from Conflict Between Job Demands and Perceived Resources.

Note. From Staff Burnout by C. Cherniss, 1980. Beverly Hills: SAGE Publications, p. 18. Copyright 1980 by SAGE Publications,Inc. Reprinted by permission. See Appendix I.

of Figure 1, exhibited by feelings of tension, fatigue, and irritability among the caregiving worker.

As it applies to this study, the effects of the strain noted in B of Figure 1, can eventually result in efforts by the nursing assistant to stay in the stressful job by employing the defensive coping identified as burnout. Descriptive categories of behaviors and attitudes include those noted in C of Figure 1: emotional detachment, withdrawal, cynicism, and rigidity. In order to protect oneself from further stress, Cherniss contends that the changes in attitude and behavior associated with burnout develop in order to provide a psychological escape (Cherniss, 1980, p. 18).

A key aspect of the burnout syndrome is that it can occur among individuals who work intensely with people in either psychological or physical need (Maslach & Jackson, 1986). Chronic stress becomes emotionally draining with increased feelings of emotional exhaustion. Negative or cynical attitudes about the care recipient can develop within the worker in an effort to distance herself from further client demands. An additional element may evolve, that of "the tendency to evaluate oneself negatively, particularly with regard to one's work with clients" (p. 1), termed by Maslach (1986) as reduced personal accomplishment.

Cherniss (1980) generalizes that "the greater and more chronic the stress and the more helpless the worker is to change the situation, the more likely will burnout occur and the more severe it will be" (p. 20). The Maslach Burnout Inventory (MBI) is an instrument developed to measure components of the syndrome of burnout. Self-reported job attitudes are reflected within three subscales: (a) emotional exhaustion, (b) depersonalization, and (c) personal accomplishment.

Pillemer (1988) proposed a conceptual model meant to guide research addressing the maltreatment of patients in nursing homes. One of the key predictor variables for this model is "staff characteristics." Figure 2 is a diagram of Pillemer's model for maltreatment of patients as the outcome of staff and patient characteristics which are influenced by the nursing home environment as well as other exogenous factors. The portion of Pillemer's model which this researcher incorporated into the conceptual framework for the current study was labeled as Staff Characteristics. Elements of education, age, gender, position, experience, and burnout levels of all nursing staff (i.e., registered nurses, licensed practical nurses, and nursing assistants) were examined by Pillemer (1988, p. 232).

The relationship between burnout and patient maltreatment is illustrated in Pillemer and Moore's (1989)

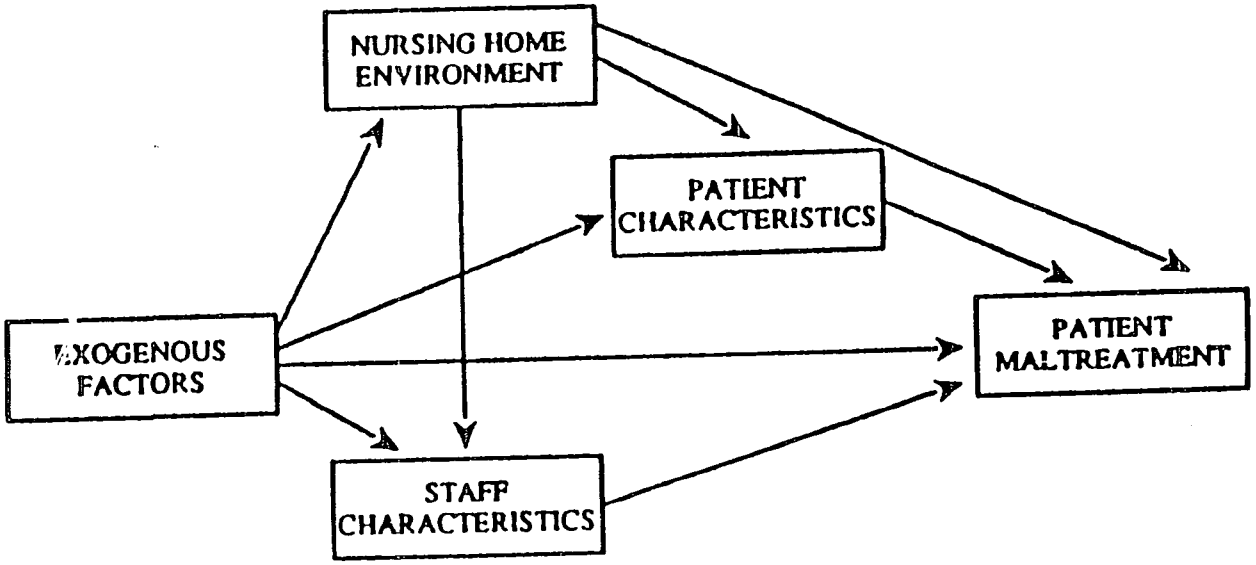

Figure 2. Theoretical Model of Potential Causes of Patient Maltreatment in Skilled Nursing Facilities.

Note. From "Maltreatment of Patients in Nursing Homes. Overview and Research Agenda" by K. Pillemer, 1988, Journal of Health and Social Behavior, 29, p. 230.

research where caregivers scoring high on the Maslach Burnout Inventory were substantially more likely to engage in both psychological (47.1%) and physical (47.9%) abuse. This study presents a picture of staff who are working in highly stressful environments. Some of these workers are burned-out and dissatisfied with their jobs, and of those, some are more prone to become abusive with patients.

Lazarus and Folkman (1984) state that:

> No longer can we pretend that there is an objective way to define stress at the level of environmental conditions without reference to the characteristics of the person. It is here that the need for a relational perspective is most evident, and where it is particularly urgent to identify the nature of that relationship (p. 19).

Further, Lazarus and Folkman define psychological stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (p. 19). Thus, the objective assessment of another individual's level of stress must incorporate that person's own assessment of the situation, how they perceive the total condition to be for them.

Perceived social support refers to "the nature of the interactions occurring in social relationships, especially

how these are evaluated by the person as to their supportiveness" (Lazarus & Folkman, 1984, p.249). The bridge between the job stress and the degree of consequent job strain experienced by a worker can be affected by that worker's perception of his/her degree of social support. Schaefer, Coyne, and Lazarus (1982) distinguished three types of social support: (a) emotional support, including being able to rely on and confide in a person; (b) tangible support, where an actual job or service is provided; and (c) informational support, where advice or feedback about how a person is doing, is provided. While evaluating the level of burnout among long term care workers, this phenomenon of perceived social support was addressed qualitatively by personal interviews in an attempt to better understand what range of motivations and support are most useful to these participants.

Maslach (1976) emphasizes that burnout is not an isolated phenomenon attributable to just a limited number of individuals. Consequently, assistance from the literature in structuring the next appropriate step in the development of this issue comes from two types of populations: (a) burnout among licensed nurses in acute care settings, and (b) stressors of informal family caregivers. Together they provided direction for this study.

Review of Related Literature

Demographics of Nursing Assistants

Skilled Nursing Facility (SNF) employee turnover rates indicate severe lack of retention among staff, at least 70% of whom are nursing assistants. The annual statewide rate for California's 1,186 reporting facilities in 1990 was 91.2%. Fifteen of 53 Santa Clara County facilities filing, reported rates exceeding 100% (Office of Statewide Health Planning & Development, 1991). The inefficiency of repeatedly training new groups of workers illustrates the difficulty of being able to meet forecasted increases for new nursing assistants.

The high rate of turnover among nursing assistants directly affects the financial expenditures of the facility. When asked about the future of healthcare in the United States, authorities emphasize the need to employ effective cost-containment for all healthcare spending (Estes, 1991, April/May). One variable of cost for a facility, and ultimately for its consumers, is that of repeatedly recruiting and retraining new employees due to high turnover rates. Accurate data on employee job attitudes is a beginning step in efficient planning.

Demographics for nursing assistants who comprise the majority of that workforce, and how they view their jobs remain minimal and predominantly anecdotal. A particularly

striking example is exhibited by the fact that the 1985 Public Health Service's National Nursing Home Survey did not contain any inquiry into the nursing assistant population or its characteristics. Ten pages of multiple choice questions regarding demographics, employment status, role and employment conditions of recruitment and retention preferences were devoted to data for Registered Nurses (National Center for Health Statistics, 1985). The previous survey done by this agency had been in 1977 and did include detailed profiles of nursing assistants in long term care. The Older Women's League advocated strongly to have NA data included in the 1990 Survey (Quinlan, 1988). Upon inquiry of this researcher by telephone, it was reported by the National Center for Health Care Statistics that the 1990 Survey had never been conducted. Consequently, the most recent information collected on a national scale regarding this population of workers is, to date, 15 years old.

Recent studies which have included some demographic information on nursing assistants have been from areas other than northern California. The profile portrayed seems to have significant variance from those observed in Santa Clara County facilities. Even casual observation in SNFs located in Santa Clara County, reveals a largely divergent ethnic representation of workers. However, Woolfork (1989) comments that for Washington D.C. based nursing assistants, English as

a second language did not seem to be a negative factor. She comments that, "All of the 7:00 a.m.-3:00 p.m. shift were native English speakers" (p. 180).

The Older Women's League issued a publication describing several characteristics of long term care nursing assistants nationwide. As a group, they were said to be 93% female; 72% white, with an average age of 34 years. Full-time workers averaged 5.2 years of employment experience. While stating that the nation-wide group is disproportionately represented by minorities, the percentages of 31% Black and 7% Hispanic do not seem representative for Santa Clara County (Quinlan, 1988, p. 9).

In a particularly perceptive examination of the world of the nursing assistant, Tellis-Nayak and Tellis-Nayak (1989) identified a situation noted in Chicago area facilities not unfamiliar to the SNFs within Santa Clara County. They described the foreign-born workers with diverse backgrounds, sometimes trained as nurses or other professionals in their native land. Once in the United States, language and licensing exams prevented advancement for many of them; therefore, they remained nursing assistants.

Recent literature relating to nursing assistants explored multiple demographic aspects in a rural setting in Oregon (Monahan & McCarthy, 1992). The expressed purpose of this research was to explore views of workers about their

jobs in a first step effort to alter their high rate of staff turnover. The sample for this study was made up of 76 nursing assistants at 7 different long term care facilities. Ninety-five percent of these workers were Caucasian; 91% of the sample was female. Age of the group ranged from 16 to 71 years. Although Oregon is closer geographically than the other areas researched, any similarity of the demographics with Santa Clara County can only be determined after inquiries within its own Skilled Nursing Facilities.

The urban setting within northern California has a unique diversity of characteristics among its population; some of these are reflected by the workers in long term care. The need to reassess the work force available within Santa Clara County is acute in order to maximize its resources and provide for its healthy development.

Recognition of Burden Within the Caregiving Role

Multiple studies were conducted in the 1980's in order to develop a profile of informal family caregivers. These examinations of caregivers attempted to understand and quantify the strain which they experienced due to responsibilities connected with providing care for their relatives (Cantor, 1983; Quinn & Tomita, 1986; Stone, Cafferata, & Sangl, 1987; Zarit, Reever, & Bach-Peterson, 1980). Consequent determination of risk factors and interventions have been initiated from such documentation.

Interest into formulating a similar profile for paid caregivers within long term care has only recently begun. Respected researchers have awakened the gerontological community by calling attention to this previously unexplored arena (Cohen-Mansfield, 1989; Pillemer & Moore, 1989; Quinlan, 1988; Tellis-Nayak & Tellis-Nayak, 1989). Figure 3 depicts the Skilled Nursing Facility nursing assistant as sharing areas of both demands and resources with the informal family caregiver as well as with the acute care Registered Nurse. It is the literature from these two categories of caregiver research which has provided a basis for inquiry into nursing assistant burnout potential.

Findings on the effects of family caregiver stress, (Baillie, Norbeck, & Barnes, 1988), indicate that caregivers who have provided care for an extended time and who have low social support are at high risk for psychological distress and depression. A cornerstone piece of research for family caregivers of the elderly is Zarit, Reever, and Bach-Peterson's inquiry into feelings of caregiver burden (1980). The authors express their own facination with the findings:

> The surprising aspect of this study is that extent of burden reported by primary caregivers of persons with senile dementia was not related to the behavior problems caused by the illness, but was associated with the

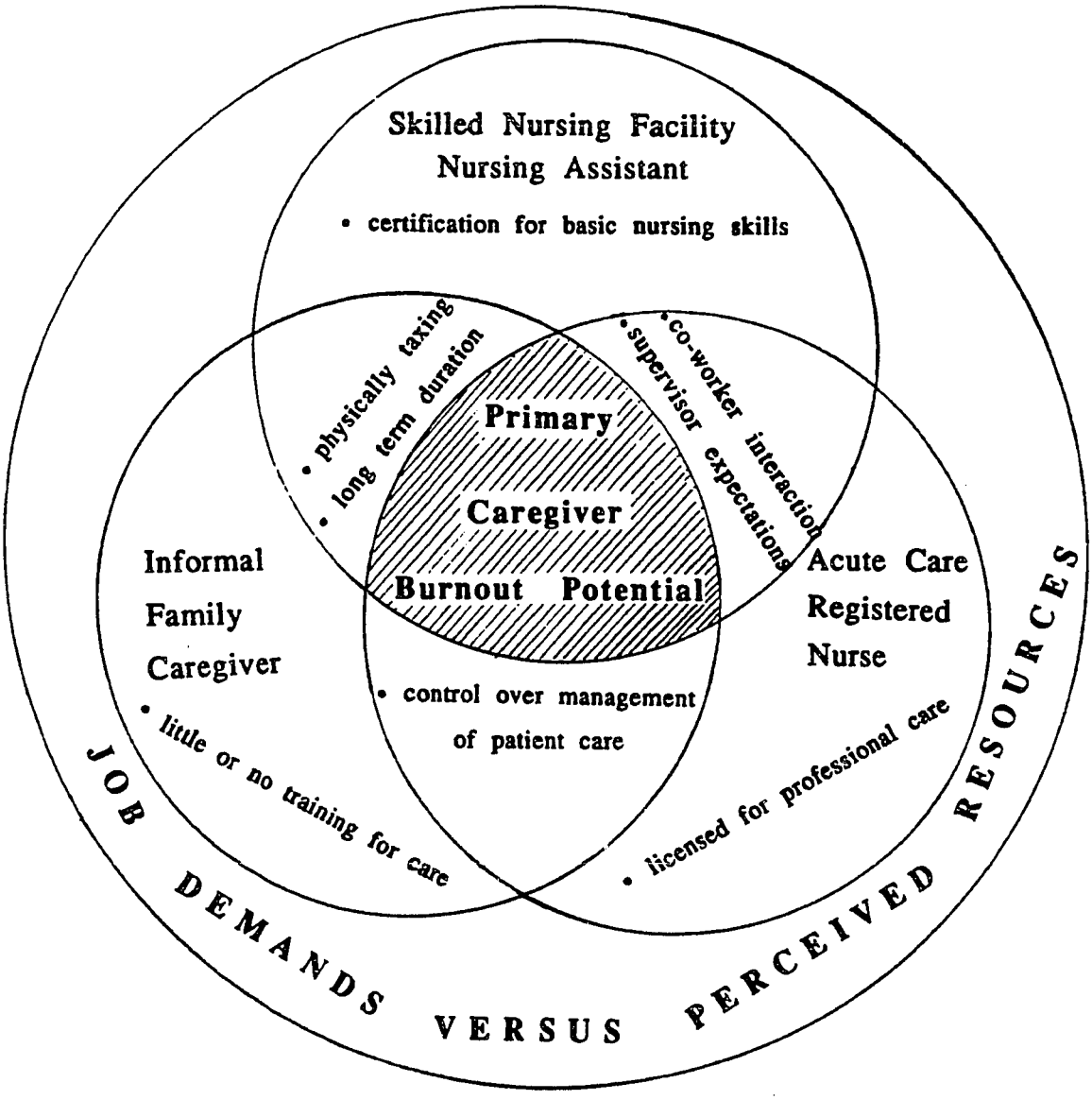

Figure 3. Areas of Similarity Among Caregiving Roles Within the Conceptual Framework of Potential for Burnout. (Avina, 1992)

> social supports available, specifically the number of visitors to the household (p. 653).

The researchers emphasize, that "the sheer quantity of visits from other family members was important" (p. 653).

In further reviewing the literature for caregiver burden, Klein (1989) summarizes duplicate studies which strongly suggest that "it is the characteristics of the caregiving situation and availability of resources rather than condition of the care recipient, that affect most directly the well-being of the caregiver" (p. 94). Thus a focus on caregiver perceptions of the role becomes relevant. Furthermore, the need to ask the paid caregiver what resources are most useful also seems imperative.

The Caregiving Hassles Scale is based on a transactional perspective in which stress is conceptualized as hassles, or minor irritations, of daily living (Lazarus & Folkman, 1984). Respondents in a study by Kinney and Stephens (1989) rated items related to assisting with basic care needs, with the care-recipients' cognitive status, behavior, and supportive activities of care. A key finding was that problems arising in caregivers' social networks were associated with greater depression, suggesting that perceived lack of support in caregiving may function as a social stressor.

With this accumulation of information, the mandate of professional nursing to actively intervene in nursing

assistant issues seems paramount. Nevertheless, in the nursing literature, the predominance of inquiries into job satisfaction and burnout have been limited to registered nurses, even when studying the long term care community (Glasspoole & Aman, 1990; Huey & Hartley, 1988; Robertson & Cummings, 1990).

In a study conducted in New Zealand (Glasspoole & Aman, 1990), 378 professional nurses reported any changes that would increase their job satisfaction. The most commonly stated request was for more time to act in a supportive way with patients (76%). Eighty-eight percent of the respondents described themselves as usually or always happy in their work with the elderly.

In 1991, a job satisfaction survey was conducted by California Nursing, a complimentary promotional magazine sent to all registered nurses in California. Of the 532 registered nurses responding to the statement "Management is responsive to the needs of the nursing staff", 53.6% stated, "No." The bottom line for satisfaction in the job setting was "the work itself and a belief in the basic importance of the profession to society" (Gray, 1991). Though these data do not represent nursing assistants, the responses echo the underlying dedication to the career of nursing despite increasing demands and unsolved conflicts, and point out a common denominator which overrides educational differences.

Another survey of 212 staff in 6 nursing homes in Utah measured level of job satisfaction (Anderson, Aird, & Haslam, 1991). Both licensed staff and nursing assistants averaged a score of 46.82 out of a possible 60 in terms of satisfaction. The authors interpreted this to mean that, "No group was overwhelmingly satisfied, yet people in each group were at least moderately satisfied with their jobs" (p. 85). Even those whose job satisfaction was low enjoyed giving care to clients who depended on them. The concept of pride in one's work was significant in this study, the average score from all groups exceeding "4" points on a scale of "5."

The seeming incongruity between satisfaction in a job and yet ambiguous feelings toward remaining in the job gives evidence of worker conflict. Some of these attitudes were evidenced in a study (Bartoldus, Gillery, & Sturges, 1989) of coping among home-care workers caring for the elderly in the community--the counterpart to nursing assistants in long term care facilities. Set in the New York City area, the study focused on the major stressors experienced by workers. The home-care workers felt that clients often projected angry feelings onto them when the clients were angry with family members. This transferrence on to a safe target made the home-care workers feel "drained." "Relationships with clients seemed to be the area of both greatest satisfaction and greatest stress" (p. 208). The sense of "mission" was

expressed as important to motivating them to continue their work. Large discrepancies were noted in how workers scored on a written tedium scale assessment tool (low levels), despite the intensity and variety of stressors discussed in interviews.

As hands-on caregivers become more involved with providing care for the elderly, their resources to cope with these demands must also develop. Identifying situations within the work environment which either enhance or detract from the balance of worker demands and resources can be useful in deterring the progression toward job burnout.

The Burnout Syndrome

Cherniss (1980) states that discouragement and withdrawal cycle more failure in the helping role. Because enthusiasm and involvement are often necessary for success, the ineffectiveness of the helper leads to more discouragement, which cycles more failure in the helping relationship (p. 20). In considering the vulnerability of the worker, he generalizes that "the greater and more chronic the stress and the more helpless the worker is to change the situation, the more likely will burnout occur and the more severe it will be" (p. 20). Nursing assistants are on the lowest rung of the nursing service ladder, yet have continually increasing demands for performance. The relevance of research within this vital work force requires

the nursing profession to address the issue, in order to responsibly provide for humane treatment of care recipients as well as for care providers.

Job burnout has been defined as a physical and psychological syndrome in which an individual demonstrates negative feelings about himself, his work, and/or the recipients of his care (Pines & Aronson, 1980, p. 15). Maslach (1986) has studied the burnout syndrome intensely since the early 1970's, collecting information from literally thousands of interviews and questionnaires. She and Pines (1977) conducted early studies on burnout in a setting of day care workers. In this pioneering work, they describe workers "who are required to work intensely and intimately with people on a large-scale, continuous basis" involving "these people's psychological, social, and/or physical problems" (p. 100). They noted that these workers were "expected to provide aid or treatment of some kind" (p. 100) which was difficult or even embarrassing to perform and consequently placed stress on the worker. In order to continue this level of care provision further, Maslach and Pines (1977) describe worker efforts to detach themselves from those they are meant to help as their way of coping with continual emotional stress. With this, the process of burnout begins with consequent deterioration in the quality of care or service provided. Thus, burnout is more succinctly defined by

Maslach (1976) as the "loss of concern for the people with whom one is working" (p.17) in response to job-related stress.

The National Citizens' Coalition for Nursing Home Reform (NCCNHR, 1985) concluded from a national study that nursing home residents value staff attitude most highly. Quotes from frail residents include valuing staff who are "polite," "respectful," "cheerful," "patient," and "sympathetic." Such qualities can be found only in staff members who feel valued themselves and who have the confidence and the energy to respond to their care recipients (Golembiewski & Munzenrider, 1988; Maslach, 1986).

Shubin (1978) looked at early signs and symptoms of burnout among nurses. They include: (a) a lackluster performance, (b) a demeaning attitude toward patients, and (c) preoccupation with the technical aspects of care. Outlined in his appraisal of professional nurses' burnout symptoms are situations all too familiar within the routines of the markedly less advantaged nursing assistant. He observed that nurses were: spending as little time as possible with patients, referring to them by symptoms, going strictly "by the book," joking excessively about the patient and/or his ills. Such descriptions bring to mind the on-going issue of lingering call-lights in nursing homes, and strict adherence to service of only one's own patient

assignments. Signs of burnout such as extreme fatigue and feelings of emotional exhaustion, compound the stress of already physically tired nursing assistants with consequent lowered job performance (Maslach, 1979).

Ceslowitz (1989) examined burnout in acute care staff nurses by using the Maslach Burnout Inventory (MBI), which measures the three components of the burnout phenomenon as the authors have conceptualized it: emotional exhaustion, depersonalization, and reduced personal accomplishment. Supporting reliability and validity for the instrument is well documented. The burnout inventory consists of one page of questions, making it time-manageable.

Studies examining family caregivers frequently employ instruments measuring some aspect of psychological stress which may have resulted from the prolonged role. Feelings of burden (Zarit et al., 1980) and strain indicators (Cantor, 1983) are common initial assessments of a person's response to the caregiver role.

While the literature is filled with research on burnout among a wide variety of occupations, actual studies relating this issue to nursing assistants are primarily anecdotal. Heine (1986) describes the dilemma of dealing with the cost of SNF care by employing the least expensive and least prepared caregivers. She relates her observations of job

stress behaviors ranging from indifference towards patients to physical and verbal abuse.

Elder Abuse Among Nursing Assistants

Pillemer and Moore (1989) recently designed the first random sample survey specifically assessing the scope and nature of physical and psychological abuse in nursing homes (SNFs). While providing evidence that a substantial amount of maltreatment may never be reported, this random sample of 577 nurses and nursing assistants were surveyed by telephone. Seventeen percent of the subjects reported having seen abusive behavior such as pushing, grabbing, shoving, or pinching a patient during the preceding year. Ten percent of the respondents reported that they had themselves committed one or more physically abusive acts within the last year. Pillemer and Moore's (1989) extensive study of long term care nursing personnel indicates those scoring highest in the job burnout inventory are substantially more likely to engage in abusive behavior toward patients.

Within the last few years elder abuse reporting has become mandated in all 50 states. Of confirmed cases of abuse in California during 1988 for Long Term Care (LTC) (i.e., Skilled Nursing Facilities, Intermediate Care, Residential Care Facilities for the Elderly, and Adult Day Health Care), the frequency with which the abuser was found to be a facility employee was 63%. Statistics for that year

in SNFs alone, confirmed 1,093 abuse cases in elders 60 years or older (California Department of Aging, 1989).

Data from the State Office of the Long Term Care Ombudsman Office, reflect the most current numbers of alleged abuse in Skilled Nursing Facilities within Santa Clara County. As the mandated reporting agency for any forms of elder abuse suspected of having occurred within a long term care facility, they record all cases reported to them from residents, families, health providers, or other concerned observers. During the calendar year 1990, SNFs in Santa Clara County had 278 complaints of abuse referred to the local Ombudsman Office, resulting in 188 confirmed cases after investigation (California Department of Aging, 1991). During the calendar year 1991, 184 SNF complaints were reported, this is summarized in Figure 4. Ninety-eight of these complaints were able to be confirmed (California Department of Aging, 1992).

The State Department of Health-Licensing Division has the power of enforcement for cases of patient abuse in Santa Clara County. California Code of Regulations (1990), Title XXII, assures that, "Each patient shall be treated as individual with dignity and respect and shall not be subjected to verbal or physical abuse of any kind"[section 72315(b)]. On multiple occasions, Skilled Nursing Facilities were cited and fined due to alleged patient abuse inflicted

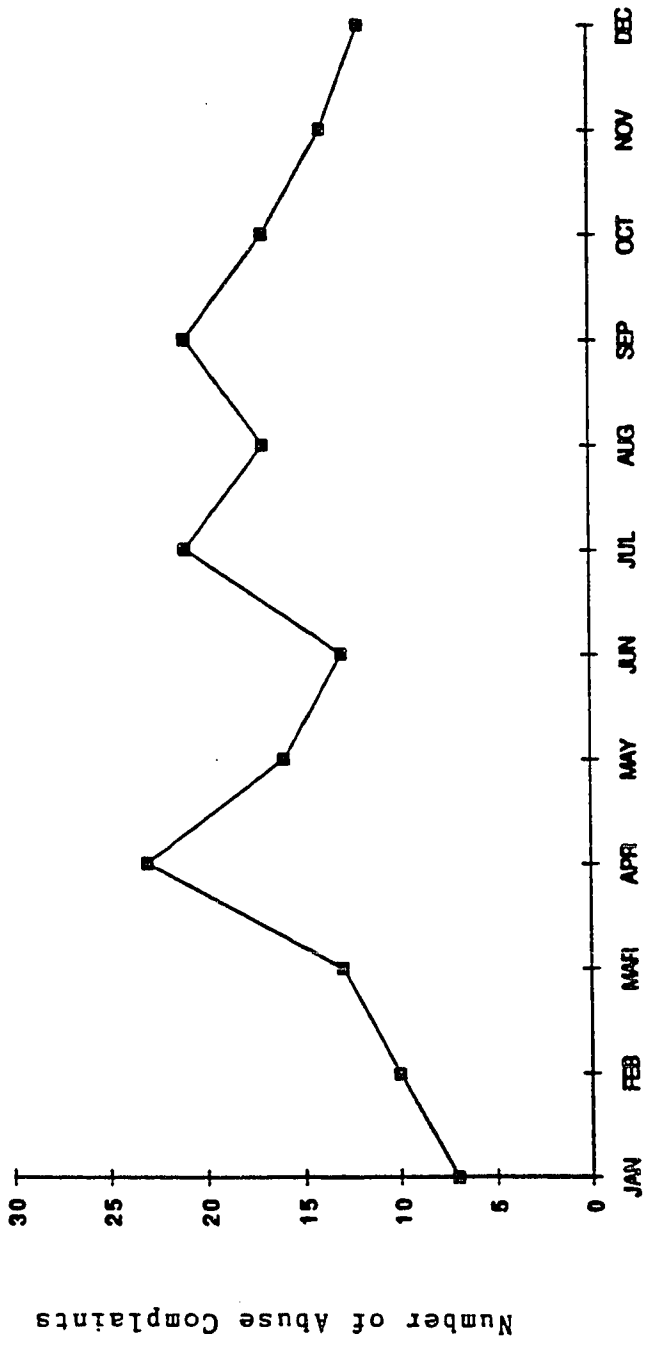

Figure 4. Skilled Nursing Facility Abuse Complaints for Santa Clara County During 1991.

Note. From Office of California State Long Term Care Ombudsman, Department of Aging, 1992.

by the nursing assistant. These citations are not proof of guilt and the facility has due process rights to provide alternate information. However, the citations are written only after professional State Department of Health evaluators have meticulously reviewed all aspects of the reported abuse, including interviews with each person involved.

Twelve cases of physical abuse were identified within Santa Clara County by this researcher for the period of March 1989 to March 1990 (State of California - Department of Health Services, 1989/1990). Examples included the situation in which an alert 86 year old female self-reported to the State evaluator that she had been abused by a nursing assistant on the night shift. This patient stated that the employee came into her room when she called out for help. The nursing assistant grabbed the patient's chin, "twisted her neck and pulled her ears while stating, 'you should have used the call light, instead of calling out for help.'" The evaluator documented "Two large dark blue bruises on both sides of her (the patient's) lower jaw extending under both jaws to the neck area."

A second incident involved a 74 year old confused male patient with a diagnosis of Parkinson's Disease and arteriosclerosis. The patient had both his hands clasped "at his abdomen by the abuser's one hand," and was "punched in

the stomach with the other hand". This was described to the evaluator by an eyewitness employee

Similar scenarios are documented throughout citation reports for the months of April of 1990 through December of 1991. Resident reports of shaking, slapping, and verbal humiliation repeat the problem exhibited by some percentage of the staff employed to care for aging and ill patients. For this county, during the calendar year 1991, 15 citations for violation of patient rights with regard to physical abuse were identified (State of California - Department of Health Services, 1991). Pillemer (1988) underscores the assumption that a substantial amount of maltreatment is never reported.

The scope of this study was not to judge the responses of these workers. It was to investigate the glaring symptoms of a section of health care employees who need the attention of the best of nursing's problem-solving strategies. There appears to be an inordinate amount of strain among these paid caregivers, much the same as that documented among caregivers providing similar care at home. With this study, attention focuses on measuring and documenting some of the factors which may influence this more recently identified phenomenon within the geographical limits of one urban county.

Summary

Amid increasing care needs of an aging population, there exists high rates of employee turnover among LTC caregivers.

These circumstances require an accurate understanding of worker needs in order to plan for maximal use of limited resources. Documented patient maltreatment in LTC demands inquiry into worker frustration levels and effective means of staff support. Accurate data can target appropriate preventive plans and assure patient security.

Job burnout as described by Cherniss (1980) provides the conceptual framework for this study. In this model, burnout is viewed as a defensive coping process of job stress, worker strain, and psychological accommodation. Cherniss contends that stress is generated by discrepancies between job demands and perceived worker resources. Consequent strain results in symptoms of tension and fatigue. If uninterrupted, the process evolves to exhibit changes in worker attitude and behavior. Burnout attempts to provide a psychological escape from the strain experienced. Figure 3 attempts to illustrate similar characteristics common to the job demands and perceived resources of three types of caregivers. These factors, as documented in the literature, demonstrate some of the common variables in the equation of potential for burnout.

Review of the literature for caregivers shows extensive data regarding (a) the informal family caregiver, and (b) the acute care registered nurse. Stress indicators and feelings of burden are commonly recorded in the literature for

informal caregivers. Loss of control over the situation, along with the chronicity and intensity of the tasks are established factors which place the family caregiver at higher risk for psychological distress and depression. The key role of social networks in providing motivation for this group of caregivers has been well documented throughout the literature. Levels of emotional exhaustion and depersonalization have been evaluated in registered nurses when detachment from patients and dealing exclusively with the technical aspects of care have signaled burnout in these professional caregivers. A variety of studies have depicted close relationships with patients, a sense of "mission," and a dedication to the profession as key motivating factors for RNs.

Research into the role of the nursing assistant in skilled nursing facilities has been largely anecdotal, with some surveys compiling regional demographics of workers. Pillemer and Moore (1989) initiated documentation of patient maltreatment with symptoms of burnout among nursing assistants. It was the goal of this research to present a more complete profile of the nursing assistant as she perceives the assests and liabilities of her role as a care provider.

Chapter 3

RESEARCH DESIGN AND METHODOLOGY

This research was designed as an exploratory descriptive study using three written questionnaires and one semi-structured oral interview. Its purpose was to collect demographic data from nursing assistants employed in Skilled Nursing Facilities and to determine their levels of burnout and psychological distress as measured by appropriate assessment tools.

Setting

The setting for this study was the geographical boundaries of Santa Clara County in northern California. Data were collected from three Skilled Nursing Facilities, relatively evenly distributed throughout the northern portion of the county. Two of the facilities were proprietary ownerships, the third was a non-profit church corporation; each of the facilities had bed capacities for between 160 and 200 patients.

Sample

The population was a convenience sample consisting of 51 nursing assistants employed at least 40 hours a week at a SNF. Subjects volunteered to participate in the study after an explanation of its purpose was presented by the investigator during a regularly scheduled continuing education class. Emphasis was placed on assuring

confidentiality for all information shared and absolute annonimity from identification of subjects to employers. A copy of the signed consent form was presented to each subject. Participants were accepted from any of the three shifts until the designated number of subjects at each facility completed the survey. Due to the award of grant monies for this research, a $10 incentive was offered to subjects upon completion of the written and oral portions of the study. This was designed to have the dual purpose of placing substantive value on the time and viewpoints of nursing assistants as well as to raise interest in research participation. Assurances regarding annonimity of content with regard to their employer and privacy with which to complete all information were emphasized.

Human Subjects Approval

Approval for this study was obtained from The Institutional Review Board, Human Subjects at San Jose State University (see Appendix A). Once consent was obtained from administrators of facilities willing to participate (see Appendix B and C), a verbal invitation to participate was made to groups of nursing assistants during their weekly training sessions. The purpose of the study was only partially disclosed as the designers of one of the assessment tools used for the study stressed that because the questionnaire is a burnout measure, subjects could have been

sensitized to the general issue of burnout (Maslach, 1986). Maslach instructs the investigator to present the instrument as "a survey of job-related attitudes and should not be linked to burnout in any way" (p. 4). Upon completion of all written materials, and after the personal interview, full disclosure of intent was made individually to each participant. At that time, the concept of burnout and the intention of the questionnaire to measure it was discussed with each subject until full understanding was achieved.

Procedure

Letters of introduction (see Appendix B) were sent to 20 Skilled Nursing Facilities throughout Santa Clara County. These facilities were selected for their variety in location throughout the county, as well as to have equal representation of small and large facility size. Follow-up telephone contacts were attempted with all facility administrators. However, it was found that administrators were generally reluctant to have their employees participate in a survey; multiple reasons were given, some more informative than others. Twelve facilitiy administrators declined taking part in the study; 5 facility administrators never could be contacted by phone. Three administrators gave permission to contact their employees. This necessitated a change in the random selection of facilities. Inability of employers to provide numbered lists of employees necessitated

a change in research design to include a sample of convenience. Both these alterations were addressed in a letter to the Institutional Review Board, Human Subjects at San Jose State University (see Appendix D). Verbal consent was obtained from administrators of each of the participating SNFs. Later this consent was verified in writing. Any questions were answered to the satisfaction of these administrators.

Data Collection

Data were collected from consenting subjects and included: (a) Demographic Data Sheet designed by the investigator (see Appendix E); (b) Maslach Burnout Inventory - Human Services Survey (MBI) [see Appendix F]; (c) Profile of Mood States (POMS) [see Appendix G]; (d) personal interview using an open-ended questionnaire designed by the investigator (see Appendix H). Data were compiled by the researcher and a data collector during a period of 6 weeks in February and March of 1992. At the onset of the data collection period, a 10 minute orientation was given to any interested staff at each facility during a combined shift change training session. One objective of this presentation was to provide information about expectations of participants and responsibilities of the researcher. A second objective was to have the nursing assistants view the study as an

opportunity for each of them to voice his/her job attitudes to a concerned audience which values each person's viewpoint.

At the end of the group introductory session, announcement of the $10 stipend for each subject was made. Potential participants were told that the available monies had come from a professional nursing source which felt that the nursing assistants had important information to share with the nursing community.

The consent form was reviewed by the investigator with each subject, individually, before requesting a signature. Each nursing assistant was assured in the orientation group and again individually, that anonymity would be maintained. Emphasis was on confidentiality of information being secured in relation to the nursing staff and administration of their employer facility. Assurance was given that participation or non-participation in the survey was completely voluntary and would in no way affect their job status.

Each consenting subject received an envelope with coded copies of the informed consent, the demographic data sheet, the MBI, and the POMS which they were asked to complete away from the work setting. The time to complete the survey was estimated to be between 20 and 30 minutes. This procedure insured privacy for the worker and eliminated lost work time for the employer. Subjects were instructed to give their personal views and not to consult with co-workers.

Nevertheless, with completion of the questionnaires at home, participants were told they may confer with family members for clarification of words in the interview if language skills presented a problem. This compromise in technique was tolerated due to an anticipated large portion of nursing assistants for whom English is a second language. Tools were selected with this diversity of language in mind. While this procedure has not been tested in a similar population, the instruments choosen are straightforward and relatively simple in level of comprehension required.

Anticipating that the written word might not be the strongest mode for many of the nursing assistants, the emphasis on including the oral interview as an indicator of consistency of information was employed. Convenient times were arranged with staff developers for the collection of the questionnaires by the researcher. At this time, the nursing assistant met with the investigator in a private portion of the facility for a one-on-one interview structured by a 12-part, open-ended questionnaire. Questions were read to the subjects and recorded in writing verbatum; time involved was between 10 and 15 minutes per interview. At the completion of this session, each nursing assistant received the $10 stipend in cash, along with a copy of her signed consent form.

Demographic Data Sheet

The Demographic Data Sheet (see Appendix E) was designed by the researcher to collect information regarding gender, age, ethnicity, marital status, number of children living at home, highest level completed in school, self-assessed general level of health, number of hours worked per week, and whether the subject worked a second job. These item choices were made in order to acquire general discriptive data and to include some significant variables found in both informal caregiver and general stress-index tools. Although relevant to this population, this particular tool has no proven reliability or validity, and is being used for the first time in this study.

The Maslach Burnout Inventory

The Maslach Burnout Inventory (MBI)[see Appendix F] consists of 22 items assessing three components of burnout: (a) emotional exhaustion, which contains 9 items; (b) depersonalization, which contains 5 items; and (c) personal accomplishment, which contains 8 items (Maslach & Jackson, 1986). A high degree of burnout is reflected in high scores for emotional exhaustion and depersonalization and low scores for personal accomplishment.

Reliability and validity for this tool have been well established. Internal consistency was estimated by Cronbach's coefficient alpha using a sample of 1,316.

Reliability coefficients for the subscales were .90 for emotional exhaustion, .79 for depersonalization, and .71 for personal accomplishment. Test-retest reliability coefficients range from low to moderately high, but are all significant beyond the .001 level (Maslach & Jackson, 1986, p. 8).

Two types of validity testing were done, convergent validity and discriminant validity. Convergent validity was shown by correlating individual MBI scores in three ways from a variety of occupations with (a) ratings from a person who knew the person well; (b) the presence of certain job characteristics thought to be symptomatic of burnout; (c) measures of outcomes as related to burnout. Correlations ranged from .15 to .44. Personal outcomes specifically from the field of nursing (N=180) ranged from .16 to .41. Discriminant validity was evidenced by distinguishing the MBI from other similar measures of job satisfaction with resulting correlations being relatively low. All provide substantial evidence for instrument validity (Maslach & Jackson, 1986, p. 10).

Profile of Mood States

The Profile of Mood States (POMS) [see Appendix G] is a 65-item adjective rating scale which measures 6 identifiable mood states: anxiety, depression, anger, vigor, fatigue, and confusion (McNair, Lorr, & Droppleman, 1992, p. 2). It

appeared useful to indicate the degree of psychological distress which is present in nursing assistants. This tool is valued as reliable and valid and recommended to patients or lay persons because of its ease for comprehension (Conoley & Kramer, 1989). This simplicity was a key consideration in choice of tool due to the anticipated population's more limited comfort with reading comprehension.

The authors state that "word lists were consulted to restrict the adjectives in the POMS to those which an average individual can easily understand. Typically persons with at least a 7th grade education have little or no difficulty in understanding the POMS" (McNair et al., 1992, p. 1). The purpose of using this tool was to collect information regarding the moods experienced by the nursing assistants during the previous week.

The internal consistencies of the individual items within the six mood scales are near .90 or above. Test-retest reliabilities for the six factors ranged from .61-.69 among wide variances of samples which represented both mentally and physically ill patients and well subjects (McNair et al., 1992, p. 7).

Multiple validity studies were done using the POMS in a variety of areas such as psychotherapy, cancer research, and drug abuse which produced correlations with (a) similar types of instruments, and (b) various demographic characteristics.

Resulting coefficients provided support to its construct validity (p. 14).

Open-Ended Questionnaire

This open-ended, 12-item questionnaire (see Appendix H) was designed by the researcher to structure the oral interview and obtain descriptive data from each subject. Topics included length of employment in long term care, motivation for choosing employment in care of the elderly, intent to remain in the current job, items most favored about the work setting, as well as items most desired to change about the work environment. Inquiries into relaxation habits and sources which provide encouragement for the nursing assistant aimed to understand what resources were currently found useful in dealing with stress. These qualitative data were then able to be compared with findings indicated through the more objective quantitative assessment tools.

This instrument was compiled in conjunction with areas of similarity between informal caregivers and professional registered nurses found in the literature. This study inquired into whether some of these frequently found symptoms of burnout were identifiable in personal interviews with nursing assistants. Currently employed supervisors in the field of long term care were consulted regarding the topics in the questionnaire for their relevance in compiling a profile of nursing assistants. The input generated

adjustments to some questions, resulting in the format used in the study. Because of the qualitative, open-ended nature of the questionnaire, it does not lend itself to the classic methods of measuring internal consistency of an instrument. It is designed to provide a more biographical sketch of the nursing assistant, highlighting interests, attitudes, and resources. Because this was a pilot use of this tool, no comparative results exist.

Data Analysis

Data from the demographic data sheet were coded and categorized using descriptive statistical analysis. Correlation coefficients between the three subscale scores of the MBI and the six subscale scores of the POMS were conducted. Content analysis of the open-ended interview questions was performed.

Chapter 4

ANALYSIS AND INTERPRETATION OF DATA

This chapter discusses findings from the study addressing specific characteristics of nursing assistants employed in Skilled Nursing Facilities. It includes quantitative analysis of information obtained from a demographic data sheet, the Maslach Burnout Inventory, and the Profile of Mood States, a psychological distress assessment tool. Descriptive statistics and correlation coefficients were calculated from data representing 51 subjects. Additionally, this chapter contains qualitative analysis of data acquired during personal interviews with each nursing assistant using a 12-item, open-ended questionnaire.

Description of the Sample

Fifty-one nursing assistants comprise a sample of convenience drawn from three separate Skilled Nursing Facilities within Santa Clara County. The resulting sample included approximately 28% (n = 14) of the participants from one facility, 33% (n = 17) from another, and 39% (n = 20) from a third facility.

Demographic Data

Thirty-two of the 51 subjects were female (64%) and 18 of the 51 subjects were male (36%). The mean age for the nursing assistants was 36.4 years, with a standard deviation

of 9 years. The median age was 36 years of age; half of the workers were between 27 and 39 years old. The range in ages was from 19 to 56 years old, a fairly heterogeneous group.

The ethnic backgrounds of the subjects included four nursing assistants of Asian background (7.7%), 14 Black (27.5%), 9 Latino (17.7%), 8 Caucasian (15.7%), 13 Filipino (25.5%) and 3 Pacific Islanders (5.9%). Marital status included 16 subjects (31.2%) who were single, 24 subjects (47.1%) who were married, cumulatively accounting for more than 78% of the sample. The remaining 22% of the subjects identified themselves as 6 subjects who were divorced (11.8%), 2 who were widowed (4%), and the remaining 3 (6%) who chose the category of "other."

Data on 47 subjects responding to this item indicated that 40% had no children living with them. Of the 60% having children in the household (n = 22), 41% (9) had only one child under the age of 12 at home, 23% (5) had two children under the age of 12, 23% (5) had 3 children under 12, and 14% (3) had four children under 12 living at home. Of the 12 subjects reporting having children over the age of 12 at home, 33% have one child, 59% have two children, and 8% have three children.

For analysis, those reporting having completed only a junior high school level (n = 1) and those with a General Education Degree (n = 3) were grouped with the 27% having

high school as the highest grade completed (n = 14) and together comprise 35% of the 51 subjects. Twenty-five percent (n = 13) of all subjects reported having completed "some college". Approximately 12% (n = 6) of the nursing assistants in this sample had completed 4 years of college.

Length of experience working in long term care was obtained in order to verify the subjects' familiarity with the job of nursing assistant and their consequent ability to be representative of this group. The mean is 54.7 months, approximately 4 1/2 years, of employment at the current facility. Standard deviation is 48.5 months, 4 years, with a large range from four months to 216 months, or 18 years, of employment. For the purpose of analysis, the ratio scale for the number of months employed at the current facility was divided into fourths, changing it to an interval scale for four levels. Intervals of 4-12 months of employment comprise 1/4 of this group; 15-36 months make up another fourth; 48-72 comprise 1/4; 84-216 months of employment represent the final fourth of the group of 51 nursing assistants. Despite high level of turnover rates being common in long term care, this group of employees reflects a core of stable employment. One-half of the sample have worked at their current facility for more than 4 years. The average time of employment at their current job for this group was 4 1/2 years.

When inquiring of the total work experience in long term care during their careers in nursing, a range of from 6 to 302 months was reported. The mean was 97.9 months, approximately 8 years, with a standard deviation of 67 months. The median was 92 months. Half of the subjects worked in long term care for 92 months or less, and the other half worked for 96 months or longer. A great wealth of experience was evidenced in these values averaging 98 months, otherwise stated as slightly more than 8 years of employment in long term care.

When asked to rate their health, 88% of the 49 respondents indicated that their health was either excellent (22.5%) or good (65.3%). The remaining 12.2% reported their health was "fair." None of the subjects reported having poor health. Sick time was self-reported by the subjects; they estimated from one to seven days per month. The mean number of sick days was 1.3 with a standard deviation of 1.4 days. The most frequently noted was 1 sick day per month by 15 (60%) of the 25 reporting subjects.

Those working less than a 40 hour work week comprised 25.5% (12) of the 47 responding. Those indicating overtime totaled 74.5% (35) of the subjects. Two of the nursing assistants reported working 80 hours per week.

Nursing assistants were asked, "If you could make as much money in nursing care of the elderly as you could make

in another job outside the SNF, would you prefer to stay or leave this job?" Responses were that 5% were "not sure," 16% would choose to change job types, and 79% would choose to stay employed as nursing assistants.

Summary

This particular group of 51 nursing assistants depicts a group well represented by both genders, 36% of whom are men. The average age of the participants was 36 years of age. Black and Filipino ethnicities together accounted for 53% of the group. Forty-seven percent of the subjects report being married; 60% indicated that they had children living with them. High school was the highest educational level for 27% of the subjects. The average time of employment at their current job for this group was 4 1/2 years. They rated their health either excellent or good, 88% of the time. Nearly 75% of the nursing assistants indicated that they work one day of overtime on a weekly basis, and 79% report they would prefer to remain working as nursing assistants despite equal financial compensation in another type of employment.

Interpretation of the Instruments

The Maslach Burnout Inventory

The Maslach Burnout Inventory (Maslach & Jackson, 1986), is designed to evaluate components of the concept of burnout. It contains three subscales: (a) the Emotional Exhaustion (EE) subscale which contains nine items dealing with being

emotionally overextended and exhausted from the work setting, (b) the Depersonalization (DP) subscale which contains five items dealing with an impersonal response towards those receiving care, and (c) the Personal Accomplishment (PA) subscale which contains eight items dealing with feelings of achievement (see Appendix F).

High scores on the Emotional Exhaustion and Depersonalization subscales, along with low scores on the Personal Accomplishment subscale indicate a high level of burnout. Conversely, low scores on the EE and DP subscales and high scores on the PA subscale reflect a low level of burnout.

Burnout is conceptualized as a continuous variable existing within a range of degrees rather than being present or absent (Maslach & Jackson, p. 2). High scores on the EE subscale were obtained in 26% of the participants of this study. High scores for DP occurred in 12% of the subjects. The accompanying information which profiles high burnout would be low scores in PA, which is indicated in 32% of respondents.

A profile of substantially low degrees of burnout is evidenced in the low scores for EE and DP in 60% and 56% respectively of the sample, along with high PA scores for 50% of all subjects.

Profile of Mood States

Profile of Mood States is a test for measuring subjective feelings and emotions which are more transient than a personality trait and yet more lasting than a momentary reaction. It consists of 65 adjectives which the subject rates on a 5-point scale including choices of "not at all," "a little," "moderately," "quite a bit," and "extremely," each with a rating of from 0-4 (see Appendix G). It is emphasized in the literature how applicable this test is even to subjects with only a seventh grade education, due to its little difficulty in comprehension (McNair et al., 1992, p. 1).

The six POMS factors are: (a) Tension-Anxiety (T), (b) Depression-Dejection (D), (c) Anger-Hostility (A), (d) Vigor-Activity (V), (e) Fatigue-Inertia (F), and (f) Confusion-Bewilderment (C). To obtain a score for each mood factor, the sum of the responses is added for that factor. There is additionally a Total Mood Disturbance Score obtained by adding each of the scores together.

In the five moods in which high scores indicate high degrees of psychological distress, the subjects in this study overwhelmingly scored in low or moderate ranges. High scores in these areas were exceptions, representing one person's score and indicating 2% of the sample ($n = 1$). The one mood state in which high scores show low psychological distress,

the Vigor-Activity state, 82% of the respondents scored in the moderate to high range for vigor; 18% scored low.

Correlations Between Instruments

Table 1 depicts the correlation coefficients between each subscale score of the Maslach Burnout Inventory and the Profile of Mood States. The small probability levels of the variables which show moderate to high correlations (p =.01 or less, highlighted by double asterisks), indicate the rarity of the relationship and are not regarded as being of practical importance or statistical significance.

The single asterisk in the matrix points out the only incidences in which a moderately strong correlation was made with a probability level of .05 or less. These relationships occurred: (a) between Tension (POMS) and Emotional Exhaustion (MBI) resulting in a small but significant correlation, r = .29 (p = .05); (b) between Fatigue (POMS) and Depersonalization (MBI) producing a moderately strong positive correlation, r = .30 (p = .04). This would imply that as a subject's score for Tension increases, there is a weak but significant probability that her score for Emotional Exhaustion will increase with it. The "Tension-Anxiety" factor of the POMS was designed by McNair, et al (1992) to include the adjectives: "tense," "shaky," "on edge," "panicky," "relaxed," "uneasy," "restless," "nervous," and "anxious" (p. 4). Maslach and Jackson (1986) state that,

Table 1

Correlation Matrix for the Instrument Subscales of the MBI and the POMS (N = 51).

	EE	DP	PA	TEN	DEP	ANG	VIG	FAT	CON	TMDS
EE		0.47**	0.07	0.29*	0.27	0.39**	-0.36**	0.62**	0.20	0.45**
DP			0.07	0.11	0.17	0.22	-0.01	0.30*	0.04	0.15
PA				-0.18	-0.17	-0.17	0.34**	-0.06	0.02	-0.20
TEN					0.75**	0.69**	-0.14	0.62**	0.69**	0.84**
DEP						0.73**	-0.04	0.65**	0.62**	0.86**
ANG							-0.12	0.78**	0.64**	0.88**
VIG								-0.39**	-0.02	-0.34**
FAT									0.49**	0.85**
CON										0.73**
TMDS										

*p<.05 **p<.01

"The nine items in the Emotional Exhaustion subscale describe feelings of being emotionally overextended and exhausted by one's work." where "higher mean scores correspond to higher degrees of experienced burnout" (p. 7). Therefore, the workers with higher scores in one of these areas would tend to score higher in the other, and would have a greater probability to be experiencing some degree of burnout and anxiety.

The Profile of Mood States lists the following adjectives under the category of "Fatigue": "worn-out," "listless," "fatigued," "exhausted," "sluggish," "weary," and "bushed" (McNair et al., 1992, p. 5). Maslach and Jackson state that, "the Depersonalization subscale measures an unfeeling and impersonal response towards recipients of one's service, care, treatment, or instruction" (p. 2). The correlation between these to factors represents a moderately strong probability that nursing assistants who experience increased levels of fatigue will also exhibit more withdrawal from patients and perform their work in a more detached manner.

Demographic Correlations

Nineteen demographic variables were correlated for possible significant relationships with 10 variables of the MBI and POMS subscales. Those showing statistically significant correlations included: (a) a slight negative

relationship between total number of years worked in long term care and depersonalization (r = -.29, p = .04); (b) a moderate positive relationship between married workers and subscale scores for vigor (POMS) (r =.32, p = .02). Moderate negative relationships are evident between subjects's age and level of measured tension (POMS), (r = -.30, p = .04), age and level of fatigue (r = - 31, p = .03), and age and total mood score (r = -.33, p = .03). Two additional correlations are significant, those with a positive small relationship between education and fatigue, (r = .28, p = .05) and a negative moderate relationship between number of hours worked at a second job and level of vigor(r = -.69, p = .02). Equally as important to report is that all other combinations of the 29 variables found no statistically significant relationships among a sample of 51 subjects.

Qualitative Data

Information for qualitative analysis was provided through use of a 12-item questionnaire (see Appendix J) which provided the structure for personal interviews with each of the 51 nursing assistants. Interviews were held in a private room with only the interviewer and interviewee present. Assurance was given of the confidential handling of any verbal or written statements expressed by the subject. A serious attempt was made to impart respect and importance to the responses which the subjects gave, so that they might

feel more comfortable in giving accurate views rather than what they may have sensed the interviewer wanted to hear. It is not possible to gauge whether this had an effect on the information provided.

Data obtained from the interviews were rewritten verbatum and reviewed for common themes. Categories were extablished from the identified themes but were not mutually exclusive categories as subjects gave overlapping meanings to their responses. Findings from the 12 questions were organized through the use of four areas of inquiry; from this the qualitative profile emerges.

Why Did You Choose This Job?

Responses from subjects when asked why they had chosen to be employed as a nursing assistant were varied but had common themes among them. Many subjects mentioned a series of reasons or examples for their choices, others gave more succinct and consolidated answers. From the data collected, four distinct categories of motivation resulted: (a) value for the nursing profession, (b) attachment to patients, (c) co-worker allegiance, and (d) pragmatic reasons.

Much respect for the profession of nursing was evidenced in the explanations of several nursing assistants. One woman stated that she "had decided to study nursing ever since I first saw a public health nurse in my country when I was a young child. She was all dressed up in her uniform." She

considers her job as a nursing assistant that link to the profession and this association appears to be a great source of pride to her. Statements relating their job to be "a calling" or "a mission" were common, as were comments paraphrasing the enjoyment of "taking care of people" or having other family members who were healthcare workers, "My two aunts are nurses." One nursing assistant in her middle 20's, replied very cautiously that her younger sister had just completed medical school and would be starting her internship. While happy for her sister, she expressed her embarassment for being "only an aide [i.e., nursing assistant] in a nursing home" and stated she wished she could be at a more respected level of healthcare.

Emotional attachment to patients was frequently voiced as a reason for employment, and was stated with much conviction of expression. Answers were spontaneous, and voiced without hesitation, for example: "Oh, the patients!" or "The residents! When I'm off, they miss me," "They are like family." "They remind me of my grandparents."

A spirit of comradery as a positive force among employees became evident when interviewing subjects. The term Co-worker allegiance describes the sense of "team" which was reflected in statements such as, "We help each other." "... we work together. It's hard sometimes but we get along real good."

Other reasons for choosing their job included pragmatic choices. These were sometimes reported as a single reason and also reported along with other perceived resources of this job: "Job reliability," "flexible shifts," "steady paychecks," and the universal need for caregiving skills. One nursing assistant stated that formerly he had been a welder. When he was laid off for yet another time, he looked in the classified section of the newspaper for job listings, vowing to be trained at whatever was the most frequently advertised position that day. He saw Nursing Assistant as promising a more dependable income for himself. He stated that now that he realizes what the job involves, he is surprised at how much he enjoys it.

What Would You Change?

Responses which identified situations or resources that would make the job of a nursing assistant better seemed to fall into four areas: (a) increases in the staff to patient ratio, (b) improvements in supervisor's management skills, (c) an increased level of respect from patient family members, co-workers, supervisors, and the community in general; and (d) increases in wages and available benefit packages. Concerns about management skills became apparent in comments about fair practices in dealing with workers, problem-solving techniques by which the supervisor listened actively to the employee and relayed information back to him,

and examples of administrators demonstrating an understanding of the role of the nursing assistant. Respect was a concept shared by only a few participants but was very poignantly discussed. One nursing assistant recounted how his father questioned his son's masculinity because he was doing "women's work." Others recounted new acquaintances' responses to being told of the nursing assistant's work in a Skilled Nursing Facility as demeaning, "almost disgusted."

Who Helps You Most?

Answers to the kind of emotional support that works most effectively when nursing assistants are not content with their jobs separated into three divisions: (a) God, or prayer; (b) diversion, as in performing an outside activity; and (c) peer support. A small number of participants voiced receiving strength from their religious beliefs. When feeling unsatisfied or discouraged at work, these workers stated that, "I pray more," or "The Lord helps me; He strengthens and builds me up." "God helps. I pray, read the Bible, it renews you." It is important to note that those who used religious assistance were not only from the church-owned Skilled Nursing Facility.

Outside activities were reported as a way of blocking out whatever unpleasant part of the job from which the nursing assistant was trying to get relief. Examples were often very physical such as playing basketball or working

out. Occasionally, a diversion was more mental than physical as expressed by the Pacific Islander who stated, "I go in the other room and sing; it makes me feel better."

Use of peer support was the most frequently mentioned coping technique, and seemed to involve two components in order to be effective. The first component was the ability to trust the other person, both as a person in whom you could confide and as someone who understood what working in long term care was <u>really</u> about. The second quality was that this person <u>listened</u> to what was being said, as stated, "Just let me get it off my chest." The need to receive advice or "answers" did not seem to be the object of the interaction, but rather the "being heard" by someone who "knew."

<u>How Do You Recharge?</u>

Indications of physical and emotional fatigue seemed apparent in response to this question. The question was always answered with either a sigh or much anticipation, and statements like "do absolutely nothing," "sleep all day," "Just veg!" were predominant. Four different categories of activity became apparent in the data: (a) no activity, such as sleep, do nothing; (b) passive activity, such as watch TV, read; (c) physical activity, such as sports, shopping, housework; and (d) companionship, such as visiting friends, being with kids.

Summary

Twenty-nine items of demographic information have been compiled on the 51 participants of this study. Correlations of these variables with each other have revealed few significant relationships. Generally, data accumulated from the quantitative portion of the instruments provides a profile of low burnout level, low psychological distress levels, and relatively content, energetic subjects. Credibility of these findings needs to be explored. Qualitative data suggest that the nursing assistants in this sample have a high degree of dedication to those for whom they care, along with heavily felt responsibilities and much fatigue.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

This exploratory study was designed to compile a set of characteristics which accurately describes a sample of nursing assistants employed in long term care. The population was comprised from three Skilled Nursing Facilities located in an urban area of northern California. State and national statistics indicate high staff turnover rates, projections for increasing numbers of healthcare providers, and confirmed reports of patient maltreatment. These facts indicated a need for inquiry into the makeup of those providing the majority of nursing care to institutionalized elders.

Subjects completed a demographic data sheet, the Maslach Burnout Inventory (Maslach & Jackson, 1986); and the Profile of Mood States (McNair et al., 1992), an indicator of psychological distress. Additionally, a one on one interview guided by an open-ended questionnaire was conducted in an effort to further solicit attitudes from nursing assistants.

Results provided a profile of workers who generally: (a) had long work records in their career as nursing assistants, (b) evidenced low scores on burnout and psychological distress scales, (c) expressed their attachment to patients and co-workers, (d) indicated the near physical exhaustion from their jobs, and (e) preferred to remain in their workplace rather than to change to another type of job.

Scope and Limitations

The scope of the study is geographically limited to one county in northern California and to a volunteer sample of nursing assistants employed in three Skilled Nursing Facilities. Due to difficulty in persuading administrators of Skilled Nursing Facilities to provide lists of employee coding numbers from which objective selection of participants could be made, it was not possible to randomly select the sample. Hence, the resulting data should not be construed as representative of a larger population, another period of time, or a different setting. Also, because of the small sample size of SNFs represented, 3 among 57 in the county, the generalizability of the results could not be extended beyond the sample itself.

Because this is a vulnerable population, the confidentiality of the information requested was emphasized to each nursing assistant individually as well as in group. Additionally, several assurances of no sharing of names or information with the facility was emphsized so no one would fear for job security. Despite these measures, concern regarding their identification may have influenced some of their replies either in writing or verbally during the personal interview. The subjects were informed that they had the right to withdraw from the study at anytime.

Due to funding from a grant, compensation to subjects was offered. While the payment was established to interest staff members with all levels of compliance, it may have influenced some participants who were not committed to providing the most accurate answers.

The voluntary participation by those SNFs involved in the study adds bias to the results, especially considering the 12 SNF administrators who declined participation when approached. The use of written questionnaires was limited to respondents who were able to complete and return the survey materials.

Although choosen for their proclaimed simplicity of language, the two written assessment tools necessitated clarifying information for some staff. The large percentage of subjects for whom written English was to some degree difficult to comprehend, limits the level of certainty with which results of the written instruments can be relied.

A limitation of this study is that the descriptive exploratory study will not be able to infer a cause and effect relationship between attempted correlations. Concern about job evaluation and stability may have made some nursing assistants reluctant to participate in the study despite promised annonimity of identification from all but the researchers. In any future studies, it is imperative that some level of trust be established between data collectors

and potential participants prior to the beginning of the research.

Environmental variables were not controlled when subjects filled out the research instruments and in the event that they filled them out in conjunction with a family member, there was the possibility of collaboration on answers. A real threat to reliability was the assumption that reading and filling out questionnaires may have been awkward for this group. Attempts at compensating for this weakness included choosing short and relatively simply designed tools, and a personal opportunity to express feelings during the private oral interview.

Because this is a cross-sectional look into the on-going process of being a nursing assistant and because each person was at a different length of time from employment, it is appropriate to assume that there could have been wide degrees of variance of any existing burnout or psychological distress among subjects.

Conclusions

Results from this study indicated that there was little burnout identified by Maslach's burnout assessment tool. Several possibilities may explain the low scores. Questions which need to be explored include: (a) Were these instrument results reliable for this sample?; (b) Is this sample of nursing assistants representative?; (c) Did the subjects

candidly answer the written instruments?

Were These Instrument Results Reliable For This Sample?

With repeatedly low indications of both burnout and psychological distress, one must question the accuracy of the results for this group who verbally expressed high levels of fatigue yet consistently scored high in "Vigor" on the Profile of Mood States instrument and repeatly scored low in the Emotional Exhaustion subscore of the MBI. Because of the diverse ethnic backgrounds, the level of comprehension of English is a necessary concern. Coupled with this, because the cummulative percentage of Blacks and Caucasians totals 43% of the sample, the question becomes one of a literacy factor rather than just a translation factor compounding the issue. Therefore, level of comfort with the written word could be a variable in how these instruments were completed. During one interview a subject asked of her already completed forms, if "carefree" (POMS) meant she didn't care. Because of this person who was brave enough to share her limitation of English, this researcher asked all of the remaining subjects if there had been any words difficult for them to understand. A list of 18 adjectives resulted. (The POMS consists of 65 adjectives with which the subject chooses a range of agreement.) There were unexpectedly low scores and minimal correlations with demographic variables among subjects with difficult work assignments; additionally there

were several items of confusion within the instruments. Consequently, this researcher concludes that these tools were not reliable measurements of job burnout and psychological distress when used in this population of nursing assistants.

Is This Sample Representative?

If, despite the areas of concern for reliability, there exists some accurate assessment of burnout and psychological distress, then the correlations of moderate negative relationship that were evidenced between subject's age and level of measured tension (POMS), (r = -.30, p = .02); age and level of fatigue (r = -.31, p = .03), and age and total mood score, (r = -.33, p = 0.03) may represent this particular sample's gravitation towards a more mature worker. The mean age for this sample was 36.4 years. Only 3 workers were under 25 years of age. Perhaps this older group of nursing assistants reflect a better adjustment to job demands. Maslach (1986) states that "burnout is greater when people workers (i.e., human service workers) are young and is lower for older workers"; "with increased age, people are more stable and mature, have a more balanced perspective on life" (p. 60). Also, Maslach reports that in her research people said that their first bout with burnout was likely to happen "when they are younger and newer to the job," and at this point, "they may leave the profession entirely" (p. 60). When viewing the lengths of time these nursing assistants had

worked in long term care, only 2 individuals, or 4% of the sample had worked less than 1 year. Perhaps the impact of burnout and filtration of employees is most operative during that first year of employment. This sample was particularly under represented by and therefore, perhaps unrepresentative of that end of the longevity scale.

Did Subjects Candidly Answer The Written Instrument?

A third concern to reliability of the results for this population is how comfortable participants felt in portraying any negative feelings in a written, documented format. Despite multiple assurances from the researcher and from each of their staff developers of their annonimity, these assurances were only as valid as the degree of trust with which the worker viewed them. Job security for the employee and images of the Skilled Nursing Facilities within the community have long generated caution about images portrayed to "outsiders." Evidence of this on a higher level was seen by the 20 attempts to initiate research at SNFs. Administrators declined participation in 12 instances, 5 administrators never returned repeat telephone messages or were consistently unavailable for calls despite letters of introduction sent to each of them during the prior week. The popular press has brought to light some of the negative aspects of long term care, and concerns for scrutiny from licensing agencies have made SNFs very protective of their

reputations. This may be part of what was experienced in response to the instruments. Human nature makes us want to show our "best side," especially to those in authority. Polit and Hungler (1987) state that at times this may conflict with the truth (p. 229). The self-report responses may have been safeguarded "just in case" facility supervisors or administrators really were going to see them. In terms of validity, this could seriously compromise the results of the written instruments and makes the private oral interviews especially significant.

Perceived Worker Resources

Cherniss (1980) conceptualizes worker burnout as an imbalance between job demands and perceived resources with which to meet them. When questioned as to those situations or people which the nursing assistants liked most about their jobs, answers were readily provided. It was not difficult for most workers to express something positive about working in long term care. Optimizing these expressed "pluses," or perceived resources, can only increase productivity, employee satisfaction, and utimately, staff turnover, the bane of long term care personnel directors.

A Job Well Done

A frequent response from nursing assistants dealt with pride in providing good care. Comments such as, "I like watching older people with smiles on their faces and my

having something to do with why its there." "I feel like I've accomplished something when I see them [patients] all clean and well fed." "I like knowing what to do in an emergency." Such comments reflect a high degree of pride in personal accomplishment; satisfaction from a job well done.

A Bond Between Nursing Assistants and Patients

In addition to successfully performing care for these patients, nursing assistants expressed meaningful relationships with the patients as another "plus" of the job. "I like to talk with patients; you're working but you're giving something too." "It's not like they're my patients, they're my friends." "I like the one-to-one with the resident, even when they [sic] may not be clear." "The trust that patients feel for you, it makes you feel very warmly toward them." were statements explaining the bond felt by caregivers.

A Sense of Team

Cooperative work patterns where nursing assistants could rely on help from a co-worker when needed was important to job satisfaction. "Nursing assistants work well together, they're flexible." Staff feels like a team, we support each other." "My co-workers are my friends, if one is real busy, we pitch in to help."

Job Convenience

Practical issues of job convenience for the worker were reflected in comments such as, "This job is close to where I live." "I have seniority here now." "There are good health benefits." "You always have job availability as a nursing assistant." "Working nights gives me the daytime that I can sleep and afternoons to take care of my family."

Perceived Worker Demands

Repeatedly, physical exhaustion from work was either reported of inferred, e.g., "On my day off I want to do nothing; no more left [energy]." Taxed physically by assisting patients with the activities of daily living, nursing assistants generally feel limited in their desire to plan too much on days off. This, coupled with the fact that 74.5% of the 47 respondants reported working at least one 8 hour shift of overtime each week, further drains their energy. Work demands are only one source of fatigue, as 60% of the subjects stated they have children in the home.

Exhausted or overly tired workers would certainly be in a position of being less productive at the least, and more volatile at most. While these nursing assistants were caring and well intentioned, patient maltreatment is a documented fact in long term care. In no way does this reseacher infer that any of these workers are abusive. Nonetheless, nursing professionals have a mandate to analyze and assess how care

can deteriorate to the point of abuse. The analogy of caring, loving, but over-taxed, under-supported, and on occasion, abusive parents can be made. They may reflect the similar instances when an extra call light may tip a concerned paid caregiver out of the margin of balance between her perceived resources and perceived demands.

The Bottom Line--"We Choose To Stay"

The fact that 79% of the subjects would choose to remain as nursing assistants, leads to the conclusion that they are a group of employees who, to some very real degree, enjoy their work. This situation presents a stable base from which to enhance job satisfaction.

During the personal interview to complete the questionnaire, subjects appeared quite genuine in their responses. Because of the orientation to the project in the group setting, subjects were aware of the purpose of the interview and had already met the reseacher. A strong effort was made to convey respect for the participants' work and for their opinions as valuable to the nursing profession. This was underscored by the $10 stipend which was presented at the end of the interview. All subjects were again reminded that the money had been provided by a nursing organization which felt nursing assistants had important information to share. When questions were asked of the worker, decided efforts were made to capture and record the entire substance of the

response, not just the words spoken. Answers seemed candid; private feelings were often shared; and vulnerabilities sometimes uncovered. They revealed themselves to be dedicated caregivers from whom much can be learned regarding the dynamics of a helping relationship, how it grows, and how it deteriorates. It is this researcher's hope that this and further research can strengthen nursing assistants' good intentions and provide them with many more resources with which to perform their chosen career.

Recommendations

> In dwelling upon the vital importance of sound observation, it must never be lost sight of what observation is for. It is not for the sake of piling up miscellaneous information or curious facts, but for the sake of saving life and increasing health and comfort (Nightingale, 1860).

The following recommendations are divided into two categories, indications for future nursing research, and nursing practice applications.

Indications for Future Nursing Research

1. Outline the benefits of research findings to administrators in terms of money, time, or energy saved for their facility.

2. Use of a stipend for future research among long term care workers is highly recommended. This is a strong

incentive for modestly paid, busy workers to participate in research which may not otherwise have much meaning to them. In this study, several volunteers admitted filling out written quesionnaires which were awkward for their language skills only because of the $10 stipend.

3. Building some degree of familiarity and trust between participant and researcher before the interview aids in a more candid flow of information. It was noticed in this study that those workers who had been given longer periods of time during the orientation to informally chat with the researchers, seemed more at ease upon meeting with the researcher for the individual interview. This may make delicate issues such as patient maltreatment more easily approachable.

4. Working with the industry's statewide professional organization--in California, the California Association of Health Care Facilities--may facilitate understanding of the proposed study. Sanction at this level would increase cooperation from individual Skilled Nursing Facility administrators and may provide increased access for research This was suggested in a telephone conversation with sociologist Karl Pillemer (personal communication, April, 1992) who found it useful when designing a study of 32 long term care facilities.

5. Study the characteristics of burnout as applicable to the newly employed nursing assistant of less than 12 months. Since statistics indicate the highest turnover rates to be during the first year of employment, there is a need to question the unique stressors of this period of transition into the long term care community.

6. There is a need for research designed specifically to profile the nursing assistant who has been involved in confirmed episodes of patient maltreatment. By knowing more about the characteristics of nursing assistants in general, perhaps further observation and inquiry could construct an accurate set of risk factors for more vulnerable workers.

7. Research carried out among the community of LTC nursing assistants taps a population with a wide variety of ethnic and cultural diversity. The abundance of information obtained during the short personal interviews strongly suggests the usefulness of this qualitative format for data collection. Likewise, the erratic results from the written instruments imply that they may not be a preferred method of obtaining accurate data. Whether because of weak language skills or discomfort in documenting their job attitudes in writing, subjects related better and volunteered more readily when questionned in the format of a one-to-one interview. Despite their established usefulness in multiple populations,

this researcher would recommend not using a written instrument with this population in future studies.

Nursing Practice Applications

1. Workers emphasized how useful speaking with a trusted co-worker could be in coping with daily work frustrations. Allowing adequate time and privacy for this peer support to occur could be facilitated through provisions for a separate room for breaks where workers would truly be "off-duty" for their alotted time without interruption.

2. Staff voiced respect for supervisors who were viewed as "fair" and who followed through with problem resolution. Fostering management skills among supervisory staff would be an appropriate investment toward employee satisfaction.

3. Respondents frequently voiced their sense of identity with the patient as a key factor for remaining in their jobs. Enhancing the image of the patient as an individual may foster that patient-caregiver bond. Increased visibility of the patient as a person with unique characteristics, through the use of photographs or personal momentos, may generate staff respect for past accomplishments even for the patient no longer able to verbalize them himself.

4. Due to the large number of workers for whom English is a second language, on site English classes coordinated with Adult Education programs may be beneficial without being an additional cost. Active employer encouragement of any

attempt to increase language and writing skills for these employees might enhance communication throughout the facility which was frequently evidenced as problematic during the study.

Summary

This study was designed to develop a profile of nursing assistants in order to better meet their needs as employees and consequently have them better provide care. The workers in this study were predominantly women, with an average age in their mid-thirties; nearly half the sample were married, 60% had children to care for at home. Findings included a disproportionate number of minorities, with Caucasians representing less than 16% of the sample. While 35% of the subjects had the equivalency of a high school education, another fourth of the sample had attended college, and 12% had completed a four year degree. This fact pointed out the situation of foreign trained professionals who due to poor English skills, were unable to meet their profession's criteria in the United States. Despite high employee turnover rates in LTC, this group reflected a core of stable employment, with half of the sample having worked at their current facility for more than four years. Nearly 75% of the nursing assistants worked at least one day of overtime per week.

Despite serious concerns regarding the validity of results from the written instruments, i.e., MBI and POMS, findings reflected less burnout and psychological stress than was expected considering job demands. Most contradictive was the finding that 26% of subjects scored in a high range for "emotional exhaustion," on the MBI, while 2% (1 subject) scored high for "fatigue" on the POMS. Correlations between demographic factors and test scores were minimal, the strongest being a moderate negative relationship between subject's age and levels of measured tension and between age and levels of fatigue. One might conclude that the more mature worker has adjusted better to pacing both her emotional and physical resources.

This study underscores the fact that many nursing assistants entered this job because of their deep respect for the nursing profession. Through observation and example nurses can form appropriate policy for long term care and thereby actualize the concept of skilled, nursing care. As nursing leaders, we must insure that there continues to be much of which to be proud.

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APPENDIX A

Approval from the Committee for the Protection of Human Subjects

SJSU SAN JOSE STATE UNIVERSITY

A campus of The California State University

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San José, California 95192-0025 • 408/924-2480

To: Suzanne E. Avina, Nursing
965 Blossom Drive
Santa Clara, CA 95050

From: Serena W. Stanford Serena W. Stanford
AAVP, Graduate Studies and Research

Date: December 12, 1991

The Human Subjects Institutional Review Board has approved your request to use human subjects in the study entitled:

"Burnout and Psychological Distress Among Nurse Assistants in Skilled Nursing Facilities"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have questions, please contact me at 408-924-2480.

CC: Bobbye Gorenberg, Nursing

APPENDIX B

Letter of Introduction

February 24, 1992

Living Center
Mr.
Blvd.
San Jose CA 95128

Thank you for allowing your facility to be a part of this research project. As discussed in our conversation last week, please confirm in writing your permission for me to conduct a study concerning job attitudes of nursing assistants in long-term care, using employees of Living Center.

The study will be conducted during February, 1992. Collection of data will be accomplished with the use of written questionnaires to be completed away from the worksite and a 10 minute personal interview scheduled either before or after work. Confidentiality of the participants will be observed.

I will be mailing you a summary list of employee suggestions for change in their job settings, as well as a list of factors which draw them to their positions here. I look forward to working with you and your staff.

Sincerely,

Sue Avina, R.N., C.
Masters Candidate
San Jose State University

APPENDIX C

Skilled Nursing Facility

Letters of Permission

February 24, 1992

Sue Avina, R.N.C.
Masters Candidate
San Jose State University
963 Blossom Drive
Santa Clara, CA 95050

Dear Sue:

It will be our pleasure to have you conduct a study concerning job attitudes of Nursing Assistants in Long Term Care.

We will also look forward to receiving the results of your study.

Good luck on your quest for your Masters degree.

See you soon.

Administrator

Convalescent Hospital

AVENUE • CALIFORNIA

TELEPHONE

95

February 4,1992

To whom it may concern,

I have allowed Sue Avina to participate in a research program at Convalescent Hospital. The program will be a survey of nursing assistants in Long Term Care.

Sincerely,

Administrator

CONVALESCENT HOSPITAL
Avenue
California

96

FEBRUARY 3, 1992

Ms Sue Avina
963 Blossom Drive
Santa Clara, CA 95050

Ms Avina:

Thank you for your phone call, the study you described sounds noble enough, and quite appropriate for our setting.

It is important that we understand our employees and their needs. Your investigation will be a valuable tool in our understanding.

Please feel free to call Mrs. , our Director of staff Development, to schedule introductions and initial interviews. She will be your best "tour guide" here at Convalescent Hospital.

I look forward to hearing from you and your study.

Should there be any questions regarding this, feel free to call me.

Cordially,

Administrator

APPENDIX D

Notification of Alteration in Procedure

February 19, 1992

Dear Sirs/Madams,

Thank you for your approval of my proposal entitled "Burnout and Psychological Distress Among Nursing Assistants in Skilled Nursing Facilities". I have begun data collection and wish to advise you of some need for change in my proposed methodology.

Initially I had planned to obtain a random sampling of subjects by use of the last four digits of employee Social Security numbers obtained from their employers. This was not possible to do as facilities were not able to allot the time to compile this information. Therefore, selection of subjects was not by invitation to a randomized group of employees but to any employee fitting the criteria of a Nursing Assistant employed for at least one month in the Skilled Nursing Facility.

Another change in procedure which was necessitated was the change of selection from ten randomly selected Skilled Nursing Facilities throughout the county. Due to a variety of reasons, facilities were extremely reluctant to give permission to have their employees participate in this study. Consequently, I concentrated my attempts to obtain permission on larger facilities located in various parts of Santa Clara County, where more potential subjects would be employed. This resulted in only three participating facilities out of the twenty which were originally contacted.

Although these changes detract strength from the study techniques, I believe they are necessary in order to conduct the study at all , and do not detract from valuable information which the current subjects are providing.

These changes in no way compromise the confidentiality of the participants, nor add pressure to their voluntary status as subjects in the study.

Thank you for your continued assistance.

Sincerely yours,

Suzanne E. Avina, RN,C.

Suzanne Avina, R.N.,C.
Masters Candidate
Department of Nursing

APPENDIX E

Demographic Data Sheet

DEMOGRAPHIC DATA SHEET CODE
#_____

Sex: _____(1) female _____(2) male

Age: _____years

Are you (check only one group)
_____(1) Asian, Asian American
_____(2) Black
_____(3) Latino, Hispanic, Mexican American
_____(4) Native American, American Indian
_____(5) White Caucasian
_____(6) Filipino
_____(7) East Indian
_____(8) Pacific Islander
_____(9) Other (please specify)_____

Marital status:
_____(1) single
_____(2) married
_____(3) divorced
_____(4) widowed
_____(5) other (please specify)_____

Do you have children living with you?
How many younger than 12 years old?_____
How many older than 12 years old?_____

What was the highest level you COMPLETED in school?(Check only one, please)

_____(1) grade school _____(2) junior high _____(3) high school
_____(4) General Education Degree (G.E.D.) _____(5) SOME college
_____(6) Nursing Assistant Certification _____(7) four years of college

How would you describe your own health: _____(1) excellent
_____(2) good
_____(3) fair
_____(4) poor

How many days of sick time do you usually take each month?_____

How many hours a week do you work as a Nursing Assistant?_____

Do you work overtime?_____ About how many hours each week?
_____

PLEASE REMEMBER THAT THIS IS A CONFIDENTIAL FORM AND WILL NOT BE LABLED WITH YOUR NAME. THANK YOU FOR YOUR TIME AND EFFORT TO COMPLETE IT ACCURATELY.

APPENDIX F

Maslach Burnout Inventory

Permission and Instrument

February 27, 1992

Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto CA 94306

This letter is to request permission to use the Maslach Burnout Inventory, second edition, in the data collection for my thesis in partial fulfillment of a graduate degree in nursing at San Jose State University.

The study topic will involve assessing the degree of burnout exhibited by a sample group of nursing assistants employed in the long term care setting of skilled nursing facilities within Santa Clara County.

I have received the support of my department advisor, Dr. Bobbye Gorenberg. Should you require further information about the research process, please contact her at (408) 924-3134.

Sincerely,

Suzanne E. Avina, RN

Sue Avina, B.S.N.
Masters Degree Candidate
San Jose State University

Dear Customer,

You recently requested permission to "use" one of our testing instruments. No permission is necessary if you wish to use the tool in your research exactly as it is printed. You must be qualified, however, to purchase our materials. The enclosed Qualification Form details the requirements for the purchase of restricted materials. CPP requires a written copy of each customer's qualifications before selling any restricted test materials. For this reason, we believe that the responsibility for "use" belongs to the customer. In the case of a student the request should come jointly from the student, and the professor who supervises the research (and who cosigns the Qualification form).

Permission is NEVER granted to reproduce a test, or sections of a test, as it is printed. You must purchase the tool. If you wish to modify the tool in any way, you may request this permission. Before I may consider a modification request, I must receive a letter which includes the following information:

1. Your complete name, address, and telephone/fax numbers.
2. Your customer number, a completed Qualification Form (enclosed), OR your advisor's co-signature on your request letter. If you are a student, your advisor's co-signature if required if you wish to receive the student discount on your purchase.
3. Title, form, and edition of the test you wish to modify.
4. Title of your dissertation, thesis, or research project.
5. Anticipated beginning and ending dates of your research.
6. The exact number of copies you wish to make. We grant permission and you make the actual copies.
7. A detailed description of your proposed modification.

You may fax your initial request letter to the Permission Department at (415) 969-8608. The actual Permission Agreements, however, must be mailed. I will use First Class mail unless you specifically request express mailing. If you request express mailing, you must provide a credit card number or Federal Express account number to pay for this service.

If your request is approved, I will send you two original Permission Agreements which include your permission fees. After I receive the signed agreements and payment from you, I will sign both agreements and return your original of the fully-executed agreement to you. If your request is denied, I will send you a letter of explanation.

Remember that you must have this fully-executed Permission Agreement BEFORE making any modifications or reproductions. Please call the Permissions Department at (800) 624-1765 or (415) 969-8901 if you have any questions. Thank you for your interest in our materials!

Sincerely,

Lisa Sisneros

Lisa Sisneros
Permission Specialist

3803 E. Bayshore Road P.O. Box 10096 Palo Alto, California 94303 Tel (415) 969-8901 Fax (415) 969-8608

Human Services Survey

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APPENDIX G

Profile of Mood States

Profile of Mood States

Permission to duplicate this instrument in the thesis was denied by the copyright holder. The letter so stating is contained in this appendix.

February 27, 1992

Educational & Industrial Testing Service
P.O. Box 7234
San Diego CA 92167

This letter is to request permission and purchase of the Profile of Mood States research tool. It will be used in the data collection of my thesis in partial fulfillment of a graduate degree in nursing at San Jose State University.

The study topic will involve assessing the degree of job burnout and psychological distress exhibited by a sample group of nursing assistants employed in the long term care setting of skilled nursing facilities within Santa Clara County. The Profile of Mood States will be used in conjunction with Maslach's Burnout Inventory. Please find the enclosed payment for the listed portions of the instrument.

I have received the support of my department advisor, Dr. Bobbye Gorenberg, whose signature is with mine on this letter. Should you require further information about the research process, please contact her at (408) 924-3134 or of myself at (408) 247-3311.

Sincerely,

Sue Avina, B.S.N., R.N.

Bobbye Gorenberg, D.N.Sc., R.N.
Associate Professor
Graduate Coordinator

EdITS
P.O. Box 7234
San Diego, California 92167
Editorial Office:
(619) 488-1666
Order Department:
(619) 222-1666
Fax (619) 226-1666

March 10, 1992

Sue Avina
963 Blossom Dr.
Santa Clara, CA 95050

Dear Ms. Avina,

Thank you for your recent order of the Profile of Mood States. This letter gives you permission to use the POMS for your thesis or dissertation. We have received the signature of your sponsoring professor which permits you to purchase and administer this test under his/her supervision.

Regarding the inclusion of the POMS in your thesis or dissertation, due to the restricted nature of psychological tests it is the general policy that these not be bound with theses and dissertations. Our company adheres to this policy which I am certain will be understood by your committee. However, if you make a written request to reproduce sample items in your thesis or dissertation, perhaps this may be granted.

I look forward to hearing from you again soon. Please feel free to contact me if you have any questions, or if I can be of any further service.

Sincerely,
Sharla Burwick
Sharla Burwick
Evaluation Consultant

APPENDIX H

Nursing Assistant Questionnaire

CODE#_____

NURSING ASSISTANT'S QUESTIONNAIRE

How long have you worked at this Skilled Nursing Facility?

_____

Did you ever work in a SNF before this job? _____

About how long did you work there?_____

What lead you to take a job in health care?

_____

_____

_____

Do you feel a special interest in caring for the elderly?

_____

IF YES, please tell me why you think you have this particular interest or preference.

_____

Do you expect to be employed in this job two years from now?_____

If you could make as much money in nursing care of the elderly as you could make in another job outside the Skilled Nursing Facility, would you prefer to 1) stay or 2) leave the SNF?_____

What is your favorite thing/things about working here?_____

_____

_____

_____

What would you like most to be able to change about working here?_____

_____

_____

What is your favorite thing to do when you have a day off and you really want to relax?

_____

Who helps you the most when you feel discouraged or frustrated with your job?

_____

_____

What does this person do to help you?

_____

_____

_____

THANK YOU SO MUCH FOR SHARING INFORMATION WHICH ONLY YOU IN YOUR JOB AS A NURSING ASSISTANT CAN PROVIDE. IT IS OUR COMMITTMENT TO SEE THAT THIS KNOWLEDGE CAN IMPROVE CONDITIONS FOR STAFF AS WELL AS PATIENTS.

APPENDIX I

Permission to use Figures

Figure 1.

Changes in Attitude and Behavior Associated With Burnout Resulting from Conflict Between Job Demands and Perceived Resources.

Note. Permission to use the Cherniss figure was given on the same letter that was sent to Sage Publications and which is included in this Appendix. Part of the Fax photocopy containing this permission was received in illegible form, however that portion written by M. Gallagher giving approval is legible and included in Appendix I.

April 7, 1992

Mary Gallagher
Sage Publications, Inc.
2455 Teller Road
Newberry Park CA
91320

Dear Ms. Gallagher,

This letter is to request permission to use a diagram from a Sage Publication in my thesis in partial fulfillment of a graduate degree in nursing at San Jose State University. The study topic involves assessing the degree of burnout exhibited by a sample group of nursing assistants employed in skilled nursing facilities.

The Sage Publication referred to is Staff Burnout: Job Stress in the Human Services, authored by Cary Cherniss, 1980. The Figure which I am requesting permission to reproduce in my thesis paper appears in Chapter 1, on page 18. It is captioned "Figure 1.1 Transactional Definition of Burnout". This depiction of the burnout process will provide the conceptual framework for my thesis.

I greatly appreciate your timely attention to this request in order to achieve upcoming University deadlines. I have received the support of my department advisor, Dr. Bobbye Gorenberg. Should you require further information, please contact me at (408) 247-3311, or my faculty advisor at (408) 924-3134.

Sincerely,

Sue Avina, RN.

Sue Avina, B.S.N.
Masters Degree Candidate
San Jose State University

mailing address:
Sue Avina, R.N.
963 Blossom Dr.
Santa Clara CA 95050

April 7, 1992

Mary Gallagher
Sage Publications, Inc.
2455 Teller Road
Newberry Park CA
91320

Dear Ms. Gallagher,

This letter is to request permissi... Publication in my thesis in partial fulfillment of a ... at San Jose State University. The study topic inv... of burnout exhibited by a sample group of nur... skilled nursing facilities.

The Sage Publication referred to is Staff Bur... Human Services, authored by Cary Cherniss, 19... requesting permission to reproduce in my th... pa... on page 18. It is captioned "Figure 1.1 Trans... ion... This depiction of the burnout process will pro... e th... for my thesis.

I greatly appreciate your timel... attenti... to t... achieve upcoming University deadlin... I have ...ceived ... department advisor, Dr. Bobbye Goren... Should yo... req... information, please contact me at (408) ... -3311, or my h... (408) 924-3134.

Sincere...

Sue Avina ...
Masters D... e Car...
San Jose S... Univ...

mailing address:
Sue Avina, R.N.
963 Blossom Dr.
Santa Clara CA 95050

OK to reprint free of charge. Reprint source, © notice and "Reprinted by permission of Sage Publications Inc."

Mgallagher 4/8/92

Figure 2.

Theoretical Model of Potential Causes of Patient Maltreatment in Skilled Nursing Facilities

Verbal approval to use figure obtained during a telephone conversation with the author, Dr. Karl Pillemer, April, 1992. Originally appearing in reference: Pillemer, K., (1988). Maltreatment of patients in nursing homes: Overview and research agenda. Journal of Health and Social Behavior, 29, 227-238.

Figure 3.

Skilled Nursing Facility Abuse Complaints

for Santa Clara County During 1991.

Verbal permission to use obtained from designer, Ruth Cambron, Department of Aging, Office of California State Long Term Care Ombudsman, during a telephone conversation, Spring, 1992.