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Feature

Meaning making in long-term care: what do certified nursing assistants think?

Michelle Gray,[a] Barbara Shadden,[b] Jean Henry,[c] Ro Di Brezzo,[d] Alishia Ferguson[e] and Inza Fort[a]

[a]*Office for Studies on Aging, University of Arkansas, Fayetteville, AR, USA,* [b]*Department of Rehabilitation, Human Resources and Communication Disorders, University of Arkansas, Fayetteville, AR, USA,* [c]*Department of Health, Human Performance, and Recreation, University of Arkansas, Fayetteville, AR, USA,* [d]*Exercise Science and Vice Provost of Faculty Development, University of Arkansas, Fayetteville, AR, USA,* [e]*Social Work, University of Arkansas, Fayetteville, AR, USA, Department of Health, Human Performance, and Recreation, University of Arkansas, Fayetteville, AR, USA*

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Meaning making in long-term care: what do certified nursing assistants think?

Certified nursing assistants (CNAs) provide up to 80% of the direct care to older adults in long-term care facilities. CNAs are perceived as being at the bottom of the hierarchy among healthcare professionals often negatively affecting their job satisfaction. However, many CNAs persevere in providing quality care and even reporting high levels of job satisfaction. The aim of the present investigation was to identify primary themes that may help CNAs make meaning of their chosen career; thus potentially partially explaining increases in job satisfaction among this group. Focus groups were conducted with CNAs at three long-term care facilities. Four themes emerged from the data: CNA work is good or special; CNA as relationship builder; CNA as expert; CNA as team member. These themes reflect the perceptions that these CNAs held in regard to themselves and their relationships to others in the work environment and, when present, can contribute to intrinsic job satisfaction. Our meaning-making themes support the premise that CNAs do not passively accept the evaluations of others but instead actively frame identities that validate their importance to residents and the institution.

Key words: certified nursing assistants, focus groups, healthcare administration, job satisfaction, meaning making, qualitative analysis, work performance.

In the United States, certified nursing assistants (CNAs) are the frontline providers of care, delivering 50–80% of the direct care to the 1.5 million older adults in residential facilities (Beck et al. 1999; Squillace et al. 2009). The job duties of CNAs include assistance with daily living activities as well as direct healthcare, under the supervision of a registered or licensed nurse. To become a CNA in the US, a specified course must be completed along with a state examination; certification must be renewed every two years through completion of continuing education credits. Although the knowledge and skills of a CNA include post-operative care, patient hygiene and administrative duties, the job status of a CNA, particularly in a nursing home, is low (Squillace et al. 2009).

The work of CNAs is stigmatized, in part, because of the assumed lack of skills from other healthcare professionals, positioning them at the bottom of the hierarchy of power and value. Much has been written about factors affecting CNA job satisfaction, retention and performance, much of it derived from the Better Jobs Better Care (BJBC) national demonstration project (Hannay 2011) and the National Nursing Assistant Survey (NNAS) of long-term care (CDC nd.). Most recent investigations provide information that can be used to design training and/or to alter work conditions and interactions so that job satisfaction and work performance (quality of patient care) are improved and

Correspondence: Michelle Gray, Assistant Professor, University of Arkansas, HPER 309, Fayetteville, AR 72701, USA. E-mail: <rgray@uark.edu>

turnover rates decreased. For example, higher wages, paid time off, employer-subsidized tuition, permanent schedules and availability of pension have a significant positive effect on job tenure (Patchner and Patchner 1993; Burgio et al. 2004). While these types of extrinsic work factors are associated with improvements in job satisfaction, changes in workplace culture and daily operations appear limited (Wiener et al. 2009).

There is general consensus that the job of the CNA is difficult, and the problems that negatively affect patient care and job satisfaction are well documented. Some of these include poor-quality relationships with coworkers, excessive managerial control and/or lack of power, poor extrinsic rewards (e.g. pay, benefits or control of work hours), physical and emotional demands of work, ethical challenges and difficult or abusive residents (Gruss et al. 2004; Culp, Ramey and Karlman 2008; Kemper, Heier and Barry 2008; Decker et al. 2009, Bishop et al. 2009; Squillace et al. 2009; Wiener et al. 2009). Some studies highlight the centrality of being valued and respected in terms of job satisfaction and retention (Bishop et al. 2009; Decker et al. 2009; Wiener et al. 2009), while others document disrespect received from coworkers (Flesner and Rantz 2004; Barry, Brannon and Mor 2005; Secrest, Iorio and Martz 2005; Dodson and Zincavage 2007). Disrespect is often experienced as feelings of condescension, lack of mentoring and little empathy from registered nurses (RNs). Researchers have explored the role of communicative interactions in conveying disrespect and concluded more direct contact and mentoring is needed (Anderson, Ammarell and Bailey 2005; Rubin, Balaji and Barcikowaski 2009).

Despite often challenging working conditions and interactions, many CNAs continue to provide quality care, and some report high levels of satisfaction with certain aspects of their job. However, job satisfaction itself is not a single construct and is characterized by both extrinsic and intrinsic factors (Probst, Baek and Laditka 2010). Decker et al. (2009) developed a model suggesting both extrinsic work factors and personal characteristics influence intrinsic job satisfaction. Their study highlights the important role of perceptions of the job experience in defining satisfaction. The majority of CNAs enter this profession to help others. It is evident that CNAs find satisfaction in their jobs, yet turnover rates are among the highest in the healthcare profession. To understand and improve job satisfaction, it is important to understand how CNAs create and sustain positive meaning in their jobs.

The term *meaning making* is used by social scientists to categorize how individuals or groups assign purpose to specific behaviors (Pfefferle and Weinberg 2008). Meaning making is individualistic, occurring within context and can change or shift based on experiences over time. Meanings can be positive, neutral or negative, but once internalized become a part of the person's self-concept or identity. Researchers have explored the meaning of work through a model of interpersonal sense making, elaborating on the process through which cues and the actions of others dynamically act to cultivate how employees create meaning in their jobs (Wrzesniewski, Dutton and Debebe 2003).

Meaning-making processes used by CNAs to validate their work have received greater attention in the past few years. Researchers have explored perceptions and behaviors that merge to form meaning related to CNAs' jobs. For instance, Ball et al. (2009) explored emotional factors that influence relationships between CNAs and assisted living residents. The authors concluded job satisfaction and job retention are influenced by the worker's ability to build and maintain relationships with the residents and that these relationships influenced care outcomes related to daily care activities (Ball et al. 2009). It has been hypothesized that direct care and feelings of helpfulness are among the reasons CNAs find positive meaning in their work.

Meaning-making models are comprised of mental and behavioral processes (Anderson et al. 2005). Two primary mental models have been identified: 'Golden Rule' and 'Mother Wit'. According to the 'Golden Rule', residents should be treated well because CNAs could picture themselves in the situation of the resident, could identify that resident as a real and unique human and would thus operate on the basis of 'doing right'. In contrast, the 'Mother Wit' perspective relies on previous life experience caring for children and extrapolating from this experience in determining how to treat their current patients. In addition, Pfefferle and Weinberg (2008) describe meaning making as an identity framed in roles, institutional cultures and interactions with others. They conducted 87 focus groups in 16 nursing homes in Massachusetts that were known for their excellence in care. Three consistent themes surfaced relative to positive meaning making: (i) work as good work or God's work; (ii) closeness/relationships with residents with associated themes of attachment, reciprocity and loss; and (iii) caring for those who cannot care for themselves. CNAs rely heavily on personal life experience to create personal meaning related to work.

Although previous studies have been conducted, to understand job satisfaction among CNAs (Wrzesniewski et al. 2003; Ball et al. 2009), only two have established specific themes that describe the intrinsic reasons CNAs seek and continue to perform their work (Anderson et al. 2005; Pfef-

ferle and Weinberg 2008). Thus, the purpose of this manuscript is to describe meaning-making themes that emerged from focus group research exploring the perceived benefits of work as a CNA, work-related stressors and stress mediators of CNAs in long-term care. Although some of our themes paralleled previous research, unique themes also emerged.

METHODOLOGY

This study represents a cross-sectional qualitative research design. A purposeful sample from three long-term care facilities formed the focus groups.

Facilities

The CNA focus groups in this article were conducted in three long-term care facilities (facility A – for-profit, facilities B and C – non-profit) located in the same geographical location (northwest Arkansas), within approximately 10 miles of each other. Settings were purposefully selected to represent the spectrum of area long-term care facilities in terms of size, occupancy, funding (Medicare/Medicaid) and type of ownership. Each facility exceeded state and national averages for nursing home staffing and all accepted Medicare. Facilities A and C had 100% occupancy, while Facility B was at roughly 70%.

A member of the research team contacted a representative of each facility who was asked to identify work hours for that facility. Based on this information, the researchers created a focus group schedule. All CNAs were invited to sign up for a focus group; effort was made to have participant diversity in terms of years of CNA experience, sex and various work hours.

Participants

Researchers orally reviewed informed consent with potential participants. They were assured that information from the focus groups would be completely anonymous, and that only an overview of outcomes would be provided to each facility. Participants were given the opportunity to withdraw participation prior to the start of the focus group. By remaining in the room, implied consent was given. No one withdrew participation.

Of the 24 individuals that participated, 22 (91%) were women. Demographically, the focus groups at each facility were similar with respect to mean age, years at current position and number of CNAs with high school education or beyond. Subject demographics are presented in Table 1.

Procedures

One focus group was held in a private area within each facility. Each session was scheduled for approximately one hour. Both primary investigators and two graduate students attended all sessions. Researchers followed standard guidelines for focus group methodology (Roberts and Yeager 2004). At the beginning of each session, the lead researcher gave an overview of the project and the second researcher guided the discussion using the pre-determined set of questions and probes. A demographic questionnaire was completed at the end of each session. All focus group sessions were transcribed by the same member of the research team.

Data collection and analysis

The focus group transcripts created during each session were reviewed immediately after the session and were edited

Table 1 Sample demographic characteristics

	A (n = 8)	B (n = 9)	C (n = 7)	Combined (n = 24)
Age (mean ± SD)	33.75 ± 9.22	33.00 ± 12.38	35.42 ± 12.11	33.96 ± 10.88
Age (range)	22–52	20–56	18–51	18–56
Years CNA (mean)	9.2 ± 8.1	5.9 ± 6.4	12.4 ± 9.8	8.9 ± 8.1
Years in current job	4.3 ± 3.4	3.7 ± 3.7	3.9 ± 5.1	4.0 ± 3.9
Years CNA (range)	0–23	0–20	0–28	0–28
High school degree (%) or GED	71.4	33.3	71.4	56.5
Some college or college degree (%)	14.3	55.6	14.3	30.4
Education HS and above	85.7	88.9	85.7	87.0
Female (%)	100	100	71.4	91.2
Chose shift (%)	100	100	100	100

to correct typos or clarify unintelligible words. Each transcript was organized by participant speaking turns, with focus group leader comments and questions identified by initials and participant turns identified by number, in terms of seating arrangement around the table.

Themes were developed through duplicate coding of transcripts. All research team members read the transcripts. A descriptive, open coding process was used to capture meaningful data threads using the language of the participants. Through multiple team meetings, researchers discussed emerging themes using the language of the participants until consensus was reached on primary themes and their definitions and components. These data units were coded into the appropriate primary themes. Multiple discussions and comparisons of coding allowed researchers to reconcile discrepancies and establish consistency within the data.

RESULTS

Through transcript analysis, four common meaning-making themes emerged. The themes reflect the perceptions that the CNAs held in regard to themselves and their relationships to others in the work environment of a CNA.

CNA work is good or special

When asked what is good about being a CNA, participants presented their work as good, helpful to others and/or making others happy. This good work theme suggests the inherent meaning of direct service as caring, helping, relating, making a difference and providing a better quality of life. Comments such as 'for CNAs, caregiving is very important to them' and 'if you don't have a caring attitude, you're out' provided evidence of the importance of caring as a part of good or special work. The value of helping was evidenced by many comments such as 'I love helping people. I love making them smile.', while having an impact on quality of life was mentioned in various ways as well (e.g. 'We can make a big difference in their life.') quality of life was also mentioned as a component of good work. For example: 'I didn't want to become an RN or LPN (licensed practical nurse), I wanted to be a CNA to be hands-on to give the fullest quality of life.'.

CNA work as special was also illustrated in the data. The participants referenced unique and special attributes as necessary components of the job, with statements like, 'You have to have a knack for it.' and 'I don't do it for the money.' or 'It's like you have to have patience.'. There was evidence that the participants felt that not everyone could or should do the job, including comments like, 'It has to be programmed into you.'; 'It takes special people to be CNAs.'; 'My mom said she doesn't see how I do it.' and '. . .it's a dedicating job for me.'.

CNA as relationship builder

The second meaning-making theme was that CNAs find meaning in their relationships. Participants expressed a feeling of closeness, attachment and of relationship building with facility residents. At least two-thirds of the participants communicated some variant of this theme in response to probes about what was good about being a CNA or about job stressors. This theme was framed both explicitly and implicitly.

Explicit comments included: 'I can interact better as a CNA and spend time with them.' or 'We get to know about them. We get close to them.'; 'We're up close and personal every day. I like being attached to them. . .'; 'I like the relationship with my people. They're part of your family.' or 'They say not to get close to them, but you do.'.

Implicitly, feelings of closeness were sometimes expressed through participant experiences of resident death and through comparisons of their work to their own family life. Illustrative comments related to the death of residents included: 'You go home and dream about the residents. Then you get a call in the middle of night.'; 'When you go on vacation you check obituaries.' or 'I check them (obituaries) before I work every morning. I always check to see.'. In mentioning relationships, participants made statements like: 'We're their family. Employed family.'; 'I try to treat the residents like I would treat my mother and grandmother.' or 'And it's way different from back home, because we mostly take care of our parents.'; 'It's an enjoyable job for us, because we take care of them like our parents.'.

In some instances, CNAs highlighted the reciprocity of relationships, explaining they benefited from the interactions. As one participant said, 'They're history books. They've got lots of stories. They can go around the world.'.

CNA as expert

The CNA as patient care expert emerged as a theme in many comments about expertise and unique knowledge. The core message delivered by the focus group participants was that CNA work is meaningful because CNAs are the caregivers who best understand the basic needs of the residents in long-term care facilities. One participant stated, 'We know tons of information because we work with these people. Maybe that's not best for that person.'. Similarly, another

reported, 'We know their favorite color. We know when their big toe is hurting! We know every little detail.'.

The idea of expertise becomes more complex as CNAs in this sample contrasted their knowledge with the knowledge of others. Some participants indicated that CNAs know better than family, nurses and administrators about resident preferences, daily rituals and even managing challenging behaviors. For instance, one participant said about nurses, 'Maybe we didn't go to school as long but there's more we put into it. Our jobs are bigger than the nurses.'. Sometimes, focus group members felt that nursing staff listened to them related to care for residents. One noted, 'A lot of times we tell the nurse, they don't need that today, they got that yesterday.'; 'We tell them about attitudes and what's changing. If they hurt, they tell us.'.

Participants also emphasized greater expertise than family members. This was stated in a variety of ways. For example, '. . .(family) don't know the habits of their loved one.'; 'They don't know why we're doing what we're doing. It's because it's their habits.'; 'We know them a lot better. I have one with a daughter that only comes in when the mom is sick. . .She came running down the hall and was yelling at me about her breakfast. I was like, okay, I know she eats that! What doesn't she like? She just assumed that's not what she liked to eat. She said I had to do it a certain way.'.

Managing challenging behaviors was a key area where the CNA participants recognized their expertise. About behavior management, one participant commented 'That's why it's important you know your resident, because some of them don't like you talking to them in a loud voice. You have to lower it.'. A second commented, 'You have to know about them. They're one-people people. They do better one on one.'.

The CNA as expert theme also carried negative meaning for some CNAs and their work, as seen in reports of devaluation of expertise and corresponding defensiveness. Several participants felt that their knowledge and skills were threatened or negatively evaluated by state reviewers, supervisors and families. When discussing state reviewers, one participant reported, 'State laws make our job impossible. It's hard on the CNAs. . .After 27 years I got my first tag (negative evaluation) on pericare on a male with a catheter. . .They (state reviewers) won't give any feedback. They won't tell you what you screwed up on. That makes you more and more nervous. You're shaking to make sure everything's right, change your gloves, wash your hands. I've told State, I've done this 24 years, and you guys walk in this building and you make me feel like I'm in kindergarten.' Another participant chimed in, 'Or they ask you to do something, and it's like I've used this for two years every day and you've got to watch me do this over again?'.

CNA as team member

Being a member of a team was clearly a part of the CNA identity for many focus group participants, making this the final theme. Teams were seen in two ways and had both positive and negative overtones. First, teams were a source of emotional support and camaraderie in one facility. For example, when asked about the best part of the job, one participant replied, 'My co-workers. We get along well.'. Another commented about teamwork, 'You don't feel overwhelmed. You don't feel your load is as heavy.'.

Second, teams were viewed as an essential element of good care. The importance of teamwork in caregiving is captured in the following comment, 'We get along good with everybody. We work well together. If there's ever a problem they tell us. Then we pass that on. We pass it on to PT (physical therapy), OT (occupational therapy) and speech.'. For some participants, teamwork was part of '. . .the working environment. It's expected.'. Reference was made to nurses pitching in and treating CNAs as equal team members. For instance, 'The nurses here work with us too. Pretty much everybody. Everybody helps each other. The nurses hold us equal with them.'. In essence, being part of a team appeared highly validating to some, giving meaning to the job of the CNA.

However, not all CNAs experienced positive team experiences, in their current or previous work settings. One participant felt the lack of teamwork in her present workplace limited her effectiveness: 'I don't feel like I can care for them like I could if we had teams.'. Lack of support from other potential team members was described by another who indicated, 'Other places, they (nurses) sat behind the desk, and if there's a need, they'll get to it when (they are) ready. You can't talk to them about residents because they're not there.'. In more general terms, many participants felt CNAs were not valued for their contribution to teams. In describing this devaluation, one focus group member compared her current job to previous positions, stating, 'At other places, CNAs are at the bottom. Here, they. . .say you're the eyes and ears (of the team).'.

Additional negative aspects of teamwork experiences were described. One person indicated 'You have to work as a team. . .even if you don't stand each other, you have to work together. It doesn't matter our relationship, but you do it for the residents.'. Another mentioned 'teaming up' to get rid of new CNAs with bad values. Ironically, one focus group member who had been recently designated a team leader

expressed strong dissatisfaction with the organizational process, noting: 'Ever since I've been here, they've been stepping on my toes. I'll tell them, you take this team leader and have it. . ..If you want me to lead this hall, stay outta my business.'.

Being a valued member of a team is clearly the fourth meaning-making theme in this study. Unfortunately, some aspects of teamwork were perceived in negative terms, and not all participants either had access to teams or felt their contributions were respected. Thus team participation can contribute negative as well as positive meanings to the CNA identity.

DISCUSSION

The existing research related to CNAs' job characteristics, job satisfaction and stressors has emerged because CNAs are the frontline of care for many of the nation's older population. To date, the goal has been to understand aspects of the job that can and possibly should be changed to improve both quality care to older residents and quality of work life for CNAs. While it may seem obvious to target factors such as pay, work assignments and benefits, it is equally important to understand the individual's experience and their interactions within the larger culture of the job or facility.

The identification of meaning-making themes in this study permits a better appreciation of the qualitative experience of being a CNA. Analysis of focus group data allowed us to capture the ways that participants defined the collective group of CNAs, how they self-affiliated with this group and how they defined what is meaningful to support the importance and value of this social identity, therefore creating meaning-making themes. Of the four themes identified, CNA work as good or special and CNAs as relationship builders are consistent with the earlier work of Pfefferle and Weinberg (2008). The other two themes – CNAs as experts and CNAs as team members – emerged as distinct in our focus groups. Each meaning-making theme underscored the value and centrality of the role of the CNA in caring for older adults in residential facilities. Our four themes support the premise that CNAs do not passively accept the evaluations of others, but instead actively frame social and work identities that validate their importance to residents and within the institution.

CNA work is good or special

The perception of the CNA's work as good or special emerged as a powerful theme in our research, similar to the findings from Carpenter and Thompson (2008) wherein a CNA reported, 'it's in my soul'. This perception is important to both job satisfaction and retention among CNAs. They appear to use their good or special work to justify why they continue to do it. They see their jobs as taking care of residents and not taking orders from coworkers (Pfefferle and Weinberg 2008). The desire to help or assist others in their life and making a difference was a common thread. Pennington, Scott and Magilvy (2003) found that 100% of the CNAs they interviewed expressed that they 'loved their job', a sentiment echoed by many of our CNAs. Results suggest that making a difference in the lives of their patients helps with making positive meaning in the work of a CNA.

CNA as relationship builder

The emergence of CNA as relationship builder as a theme was not surprising given that they provide much of the direct care for residents in long-term care facilities. Many of our CNAs believed themselves to be closer to the residents than nurses and at times even family. Caring relationships are underscored in other studies of CNA's perceptions. Reports of treating residents like family members are common (Pfefferle and Weinberg 2008). Castle and Engberg (2008) indicated that aides in nursing homes express concern for their patients and the quality of care they receive. Bowers, Esmond and Jacobson (2000) found that the relationships between the healthcare professional and patient helped the provider give a higher quality of care because the familiarity helped them to know and respect patient's preferences. Our participants indicated that the close relationships established with residents and their families were important sources of meaning and value in their work.

CNA as expert

The theme of CNA as expert emerged because focus group participants reported they knew a great deal of highly personalized information about their residents, often more than family members, other staff and supervisors. Our CNAs were clearly proud of being 'the ones who know' and believed their expertise allowed them to optimize care. This is consistent with research findings that CNAs are essential to quality care in the nursing home (Beck et al. 1999; Yeatts and Cready 2007; McIntyre 2008;). There appear to be both intrinsic and extrinsic components of perceptions of expertise. From an intrinsic perspective, patient care expertise appeared to be validating for many of our participants, thus important in meaning making. Extrinsic validation of expertise is equally important. Despite recent person-centered care initiatives that empower CNAs to make decisions on

care teams (Flesner and Rantz 2004; Parmelee, Laszlo and Taylor 2009), our CNAs felt devalued, disrespected and disempowered at times. They reported instances where they were given little to no control in patient care decisions, or where their basic skills were challenged by their direct supervisors. These perceptions are consistent with numerous reports that CNAs are not highly valued in the healthcare setting (Flesner and Rantz 2004; Barry et al. 2005; Secrest et al. 2005; Dodson and Zincavage 2007). So, while believing you are the expert in patient care may enhance your sense of value to quality care, these beliefs may be undermined by extrinsic organization and interpersonal factors.

CNA as team member

The theme of CNA as team member included both positive and negative meanings which have implications for quality care and job satisfaction in the literature. The positive aspects of teamwork were expressed in this study as doing a good job, cooperation, mutual respect between team members and positive regard by others. Negative perceptions of teamwork were found when participants' expressed dislike of other team members, disdain for team members with poor values and a feeling of being less than or ignored by nurses and others who do not participate as cooperating team members. The importance of teamwork experiences in meaning making is underscored in a number of studies. For instance, Yeatts and Cready (2007) found that successful work teams increased empowerment, performance and cooperation, and contributed to improved resident care, resulting in greater meaning and job satisfaction and reduced turnover. Similarly, Parmelee et al. (2009) found that teamwork is a common denominator in self-reported empowerment as well as a strong predictor of job satisfaction. In contrast, negative meaning related to teamwork has been linked directly to poor care in other studies; simply being part of a team is not enough. Torsney (2010) clarified that the CNA must also feel that his or her input is heard and respected. At the core of issues of team membership is the need for mutual empowerment and respect among team members (Mather and Bakas 2002). Poor experiences in teams can lead to poor quality of care for the older adult, just as good experiences support better care.

Organizational implications

The meaning-making themes identified in this study can be understood in the context of the research of Wrzesniewski et al. (2003) who identified three domains of sense making in the workplace: job, role and self. Job meaning is derived from the tasks and activities performed by CNAs. Role meaning is related to an individual's perceived position within the organizational structure. Self-meaning refers to the qualities workers attribute to themselves at work. Both job and role meaning are influenced by evaluations of others. Our focus group participants provided numerous examples of not being recognized or valued, particularly by supervisors, for their job skills and activities, their personal qualities brought to the job and their critical role in long-term care. Consequently, positive self-meaning making is critical to worker job satisfaction and quality of performance. However, if long-term care settings continue to diminish the significance of the skills and expertise of CNAs (Yeatts et al. 2004), the meaning-making themes constructed by CNAs may not be sufficient to overcome low external valuations of work tasks and roles.

Overall care in long-term care settings is improved when organizational values place resident quality of life and quality of care high, and when the organization clearly and directly communicates to CNAs their importance in achieving these goals. Barry et al. (2005) reported that using methods that impart a sense of value to the long-term care worker can increase worker satisfaction, reduce job turnover and improve resident outcomes. Imparting a sense of value can be built, in part, upon an understanding of the meaning-making themes identified in this article.

Those who supervise CNAs and those who own and/or operate facilities that care for the elderly must find ways to validate the sense of meaning that our participants have defined. In some instances, that validation may be as basic as acknowledging the current skills, knowledge and critical relationships of the CNA with respect to residents. It may also be helpful to provide opportunities for building expertise through meaningful continuing education opportunities. Routinely, our CNAs reported training to be of limited value. The relevance of training might be improved if CNAs were directly involved in the development of training curricula, teaming with other staff to identify what information would help them be of most benefit residents, colleagues and family members.

In other instances, there is a need for change in staff roles and interactions. Teamwork, for example, is a critical element of meaning making, yet it was clear that feeling part of a team and being respected for one's contributions was lacking in some of the sites we visited. Communication channels may need to be improved and the input of CNAs readily received and acted upon. Respect and positive valuation also must be operationalized by providing more autonomy in decision-making and patient care and more involvement in

care decisions (e.g. teamwork). Actions speak louder than words.

LIMITATIONS

A small number of focus groups were conducted in one narrow geographical area, thus limiting the generalizability of the results. For qualitative research purposes, the data set was rich enough to develop and validate meaning-making themes. Although participants self-selected into the focus groups, it is possible that administrators influenced the process of subject inclusion. Nevertheless, the content of the focus groups suggests that most participants were quite open and more than willing to make negative as well as positive statements.

CONCLUSION AND FUTURE DIRECTIONS

The outcomes reported in this article have implications for improving CNA job satisfaction and effectiveness, reducing CNA stress and developing future research. While all people need to find meaning in their work and lives, it may be particularly important for CNAs to have their sense of meaning validated because many CNAs have few options to move to higher paid jobs due to a lack of resources to obtain needed additional education.

One avenue of investigation would involve exploring the degree to which some of the meaning-making themes identified are actually related to core variables such as job satisfaction, overall job stress and overall sense of control in the job. While we stressed common meaning-making themes, there were also differences in stressors and/or job satisfaction across settings. Considering the changing healthcare climate as well as our participants' concerns with lack of professional respect from other healthcare providers, it is imperative to re-examine the integration of the CNA in the healthcare system. Future research might do well do focus on the organizations and systems rather than the individual healthcare provider.

CNAs continue to be the primary providers of direct care to long-term care residents. Any workplace that establishes an organizational culture that recognizes, values and rewards the positive meanings that CNAs attribute to themselves and their work should have employees who experience greater job satisfaction and empowerment and less job stress. These outcomes have also been noted to be associated with improved quality of resident care.

Based on the results of this study, there were four main outcomes that rose to the top. It is imperative to understand that these findings are not all-inclusive; however, any avenue to increase meaning in any job, especially one that is as mentally and physically demanding as the CNA occupation, is important for administrators to consider. Increasing meaning within the job decreases turnover and greatly improves job satisfaction in a number of occupations (Yeatts and Cready 2007). In addition, enhanced job satisfaction is directly parlayed into greater healthcare outcomes of the residents in direct contact with the CNAs. This type of information is invaluable for the healthcare industry thus should not be ignored.

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