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Patient Care Assistants making meaning of their work in nursing homes

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Walden University

College of Health Sciences and Public Policy

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Justina Knowles

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Walden University

2024

Abstract

Patient Care Assistants Making Meaning of Their Work in Nursing Homes

by

Justina Knowles

MSc, University of The West Indies, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Services

Walden University

February 2024

Abstract

Finding meaning in work is an important concept for health care providers. Few studies have explored the meaning that patient care assistants (PCAs) ascribe to their work in nursing homes. This qualitative case study was guided by the meaning of work level conceptual model. The purpose was to evaluate what meanings PCAs attach to their work in a nursing home. Data were collected from in-depth interviews with 10 PCAs and four registered nurses to understand how PCAs viewed meaning-making at work. Thematic analysis revealed that a positive workplace culture, strong organizational practices, effective collaboration, caring relationships, opportunities for professional development, and resilience and adaptation contributed to the meaning-making experience for PCAs. The perspectives of PCAs and RNs regarding their work may facilitate the creation of protocols, policies, and programs for empowering PCAs to create positive meaning of their work in nursing homes. Positive social change may occur when health care teams understand the significant role and value of care that PCAs deliver in nursing homes; such understanding could result in better health outcomes for older adults in nursing homes.

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Dedication

This study is dedicated to my late mother, Mary Justina Forbes Tooté, who was a great motivator in my life.

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I would like to thank my chairperson, Dr. Cheryl Anderson, and Dr. Jim Melancon, my second committee member, who were great supporters of my intense PhD journey.

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Chapter 1: Introduction to the Study

Health care employees who work in long-term care (LTC) facilities face frequent work challenges. Certified nursing assistants (CNAs) are patient-facing employees responsible for most activities of daily living and care for older adults (M. Gray et al., 2016). CNAs' engagement in their work is an important component in how they make meaning of their work (Mondaca et al., 2018). CNAs' involvement in their employment adds favorably to quality of life and meaning creating (Wieringen et al., 2022). Employee perceptions on meaning making are relevant to LTC settings. Many organizational leaders fail to integrate and acknowledge CNA perspectives in their work (Mondaca et al., 2018). Although CNAs may try for the goal of a meaningful daily experience, institutional practices can overwhelm their attempt (Renolen et al., 2018). Institutional practices increase the danger of institutions influencing work experiences that may be harmful to CNAs' participation in jobs and everyday life (Moreno-Milan et al., 2019). A lack of long-term job satisfaction may disrupt the operation of an organization (Mousazadeh et al., 2019). Lack of job satisfaction could lead to absenteeism with a reduced sense of responsibility and commitment from health care staff (Mousazadeh et al., 2019). Although studies explored job satisfaction in RNs and CNAs, (Berridge et al., 2020; Campbell et al., 2020; Y.-C. Chang et al., 2021; Orgambidez & Almeida, 2020), researchers have not explored CNAs in LTC facilities making meaning of their work.

Patient care assistants (PCAs) is the term used in Caribbean health care delivery systems. For this study, PCAs were considered synonymous with CNAs. PCAs are heavily used in health care in The Bahamas. CNAs provide up to 80% of the direct care

to older adults in LTC facilities (M. Gray et al., 2016). CNAs are instrumental in increasing the successful outcome of health care for older adults in LTC, but CNAs are at higher risk of leaving the workforce because of being stigmatized and marginalized by RNs (Travers et al., 2019). Few studies have investigated the way CNAs construct the meaning of work done in LTC. Despite challenging circumstances, most of these caregivers provide quality care and exhibit high levels of job satisfaction in specific aspects of their work (M. Gray et al., 2016; Pfefferle & Weinberg, 2008). Although previous researchers sought to understand job satisfaction among CNAs (M. Gray et al., 2016; Squires et al., 2015), only three studies established themes describing the reasons for CNAs continuing to work amid a multiplicity of challenges (Anderson et al., 2005; M. Gray et al., 2016; Pfefferle & Weinberg, 2008). M. Gray et al. (2016) deployed small focus groups in a narrow geographical region, reducing the generalizability of the study's outcomes.

The gap that was explored in the current study was how PCAs assess and describe the meaning of their work in nursing homes. Meaning-making themes were identified concerning CNAs' perceived benefits of working with older adults. This study was necessary to close the existing knowledge gaps, such as the existence of obsolete findings that cannot guide modern PCA practice, lack of generalizability of the outcomes of previous studies, and inadequate empirical evidence to support policies and programs aimed at benefiting the PCA practice. Understanding the perspectives of PCAs regarding their work may facilitate the creation of protocols, policies, and programs for empowering PCAs to create more positive meaning for their work in nursing homes. The

findings of this study may reinforce improved care outcomes among older adults in LTC organizations (LTCOs). Chapter 1 includes the background of the study, problem statement, purpose of the study, research questions, significance of the study, and theoretical framework of the study.

Background

CNAs are frontline health care providers in the United States. These specialists deliver between 50% and 80% of all LTC to 1.5 million older adults across U.S. residential facilities (Sengupta et al., 2018). CNAs provide approximately 90% of all direct care to residents in U.S. nursing homes (Travers et al., 2019). CNAs play a critical role in supporting the provision of direct care. These health care workers' utility derives from their proximity to older residents and their ability to build and maintain robust bonds with older adults in nursing homes (Carland, 2018). CNAs' work is prone to significant stigmatization due to implicit presumptions that they lack some of the essential competencies required of medical experts (Lemmon et al., 2018). CNAs are often situated at the bottom of the power and value hierarchy (M. Gray et al., 2016).

One aspect of meaning making about CNAs' work involves conversations about individual experiences of death and dying and others' perceptions of their work (Moreno-Milan et al., 2019). Professionals who work with end-of-life patients face stressful life events daily, most notably death (Moreno-Milan et al., 2019). There are two dimensions of meaning making among CNAs: finding benefits in work experiences and making sense of events (Funk et al., 2013). The current study addressed the role of meaning making processes in CNAs' practice.

CNA work is challenging. Several problems adversely affect job satisfaction and patient-care quality within CNAs' practice. These include emotional and physical work demands, power deficiency due to excessive micromanagement, ethical challenges related to sadistic residents, low-quality coworker affiliations, low extrinsic rewards, and intense disrespect associated with "feelings of condescension, lack of mentoring, and little empathy from registered nurses (RNs)" (M. Gray et al., 2016, p. 2). CNAs provide quality health services, and some report high job satisfaction levels that feature intrinsic and extrinsic factors. Both internal and external variables influence job satisfaction among CNAs (M. Gray et al., 2016).

Although several researchers examined CNAs' roles in LTCOs (Aubry et al., 2012; Band-Winterstein et al., 2018; J. A. Gray & Lukyanova, 2017; M. Gray et al., 2016; Marshall et al., 2020; Travers et al., 2019), there was limited empirical evidence on meaning making among these individuals. Previous inquiries failed to examine how the professionals' meaning making processes influence their work in LTCOs. Similarly, existing studies did not comprehensively explicate the concept of meaning making and the connotations CNAs attach to their work in nursing home contexts. The present study defined the meaning making concept and examined meanings that PCAs attach to their work in aged care facilities.

Problem Statement

Researchers examined CNAs' role in LTC (Carland, 2018), CNAs' meaning making of direct care (M. Gray et al., 2016), CNAs' perceptions of work-related identity (J. A. Gray & Lukyanova, 2017), work challenges facing CNAs (Danielsen et al., 2018;

M. Gray et al., 2016), CNAs' lived experiences working in person-centered ways in nursing homes (Vassbø et al., 2019), and individual and organizational factors influencing job fulfillment among CNAs (Bishop et al., 2008). Previous studies also examined CNAs' dilemma as caretakers/caregivers (Holmberg et al., 2013) and CNA retention approaches in nursing homes (Rausch, 2016). Aubry et al. (2012) explored integrating new CNAs into LTCOs and changing the execution process in these contexts. Only one recent study examined meaning making among CNAs (M. Gray et al., 2016).

Previous research shortcomings resulted in a dearth of empirical research on a comprehensive definition of the meaning making concept and the meaning CNAs attach to the work in nursing homes. This shortage of studies on meaning making among CNAs translated to insufficient empirical evidence to shape and enhance CNAs' practice. To address identified knowledge gaps, I examined meanings CNAs attach to their work in nursing homes to improve understanding of CNAs' meaning making processes and protocols for supporting the health care practice.

Purpose of the Study

The purpose of this study was to examine and explicate the meanings PCAs attach to their work. This research explored meaning making themes for the perceived benefits of working as a PCA and work-connected stressors and mediators of PCAs in nursing homes. This study's outcomes may provide an in-depth understanding of the meaning making concept, explicate the meanings PCAs attach to their work, outline perceived benefits of working as a PCA, and delineate job-connected stressors and stress mediators associated with PCAs in nursing homes.

Research Questions

The research questions for this study were the following:

RQ1: How can the benefits of meaning making in PCAs help to promote better work culture and institutional practices?

RQ2: From the RN's perspective, what specific features in PCAs nurture positive meaning making experiences in the work environment?

Theoretical Framework

The concept that supported this study was the meaningful work level model (see Steger et al., 2012). Each level of this model depicts the characteristics of transcendence from the worker's employment. Level 1 represents the worker's perception of meanings or purpose in job or career activities. Level 2 is the capacity of work to be in harmony with and to help nurture meaning in the worker's broader life, which is one level of transcendence higher than the job itself. Level 3 is the opportunity to positively impact or benefit the greater good of stakeholders in the worker's community and/or society, which is a higher level of transcendence (Steger et al., 2012). The meaningful work model was integral in understanding CNAs' making meaning of their careers and the experiences that enrich their personal growth and satisfying purpose.

Nature of the Study

The nature of this study was a qualitative case study. An in-depth interview method was used to gather data from PCAs in one nursing home. This qualitative methodology was congruent with developing an in-depth understanding of how PCAs form positive meanings of aged care, deliver quality care, and exhibit high job

satisfaction levels within challenging workspaces. Hammarberg et al. (2016) asserted that qualitative research is appropriate for answering “questions about experience, meaning, and perspective, most often from the participant’s standpoint. These data are usually not amenable to counting or measuring” (p. 499). I conducted in-depth interviews with PCAs and RNs that identified and explicated the primary themes that help PCAs make meaning of their work in nursing homes and provide high-quality direct care to older adults. I transcribed the recordings and analyzed the data. Observations of shift reports and nursing home policies accounted for additional sources of data to answer the research questions.

Definitions

Certified nurse assistant (CNA): A health care professional who assists patients with activities of daily living and fulfills their medical needs under the direct watch of an RN (Fenton et al., 2014).

Job satisfaction: The contentment workers feel regarding their jobs. Job satisfaction extends beyond daily duties to cover satisfaction with managers and team members, fulfillment with organizational policies, and the effect of a job on workers’ personal lives (Huang, 2020).

Long term care: The support delivered to older adults in nursing homes, including assistance with health care, daily living activities, equipment, and accommodation (de Boer et al., 2018).

Meaning making: The way groups or individuals assign purpose to specific behaviors. Meaning making can be positive, neutral, or negative; once internalized,

meanings become part of an individual's self-identity or self-concept. Meaning making is usually individualistic, changes based on experiences over time, and occurs within a context (Steger et al., 2012).

Nursing home/residential aged care facilities/aged care homes: A facility that provides residential accommodation and health care to older adults who can no longer live in their homes (Miller, 2021).

Patient care assistant (PCA): An individual who assists the nurse in providing basic care and assistance to patients. PCAs must be skilled in assisting with specific procedures. Additionally, they must be able to make quick observations of the patient's condition and report that information to the nurse. This role requires that the PCA be equipped with skills and knowledge to identify changes in the patient's condition ((McKenna et al., 2004)). PCA is the term used in the Bahamas and is synonymous with CNA.

Assumptions

Two primary assumptions existed for data collection and analysis. First, I assumed that all participants would answer the questions honestly and without prejudice. Second, I assumed the 10 PCAs and four RNs would provide sufficient data to answer the research questions so that the study would produce credible empirical evidence to support PCA practice.

Scope and Delimitations

This study investigated how PCAs make meaning of their work in nursing homes despite a lack of respect from management and residents and the emotional and physical

demands related to their work. The research explored meanings PCAs attach to their work in nursing home contexts; the influence of PCAs' meaning making processes on their overall job stress, job fulfillment, and overall sense of job control, perceived benefits, and challenges of working as a PCA in a nursing home; and how job-connected stressors and stress mediators influence PCAs' meaning making processes within LTCO contexts. I used a qualitative case study design with a purposive sample of 10 PCAs and four RNs chosen from one nursing home. I conducted in-depth interviews to obtain the necessary data from the respondents. Given the study's nature, this study was constrained in terms of the available theories and frameworks. I used the meaning making model (see Steger et al., 2012) to understand PCA behavior in LTC contexts. However, considering the number of respondents and the fact that I selected them from only one nursing home, this study's outcomes might not be transferable. The present study leveraged a qualitative design and in-depth interviews with a purposive sample of 10 PCAs and four RNs chosen from one nursing home to explore how PCAs make meaning of their work in nursing homes despite facing several challenges.

Limitations

This study was constrained in several ways. This study focused on PCAs' meaning making processes in nursing homes and ignored PCAs offering other types of care in different medical institutions. Hence, this study's findings might not capture all PCAs' meaning making processes except for those caring for older adults. Additionally, this study relied on a small sample of 10 PCAs from one nursing home; thus, its outcomes might not be transferable to the entire PCA population providing aged care.

The study centered on the realities that assist PCAs in making meaning of their work among older adults. This study fills a vital knowledge gap because it explores why PCAs deliver quality care and show a high level of job performance despite working in challenging circumstances, lacking respect from management and residents, and grappling with the emotional and physical demands of their role.

Moreover, several barriers constrained this study's objectives. The ongoing COVID-19 pandemic complicated data collection by reducing participant accessibility. Accordingly, I conducted in-depth interviews through the Zoom platform, which made it more convenient for busy PCAs to participate in the research. This approach may have limited valuable opportunities to ask clarification questions and obtain detailed interview responses if disconnection issues occurred. These constraints may have hampered the study's completion in a timely manner.

Significance

This study was essential for several reasons. This study filled the gap in understanding the meanings CNAs delivering LTC attach to their work.

Significance to Theory

This study may help fill the gap in understanding the meanings PCAs delivering aged care attach to their work. The study may also expand knowledge of meaning making themes connected to the perceived benefits of working as a PCA and work-connected stressors and mediators of providing aged care. This research was unique because it focused on an underrated and undervalued health care group.

Significance to Practice

The study's outcomes may provide insights into PCAs' meaning making processes and help scholars understand the meaning making of PCAs in challenging contexts. The study's insights may help stakeholders in the health care sector develop policies and enact laws to improve PCAs' working conditions. Overall, this study's outcomes may add to PCA-associated research practice.

Significance to Social Change

This research's findings may assist other medical professionals in learning how to find meaning in their work to deliver quality care to patients amid difficult and undesirable circumstances. Scholars may deploy the study's outcomes to underpin future research and expand knowledge of PCAs' meaning making processes in aged care. The results and improved aged care may promote social change related to better health outcomes for older adults in nursing homes.

Summary

This chapter covered the study's background, problem statement, purpose, research questions, significance, definitions, scope and delimitations, assumptions, limitations, theoretical foundation, and conceptual framework. The study's background section provided a summary of the recent literature related to the study's scope, underlined different aspects of meaning making processes among PCAs in aged care, and addressed knowledge gaps the present study was designed to fill. The problem statement delineated the research problem, situating it in the existing literature, and provided robust evidence that the research problem was current, germane, and significant to the

discipline. This chapter also outlined the research questions guiding the study. These questions served as the benchmark for determining whether I had achieved the study's purpose. Finally, this chapter indicated the study's utility to practice, theory, and social implications. Overall, this chapter set the tone for the rest of the study. In Chapter 2, I review the recent literature on making meaning of PCAs working in nursing homes and identify knowledge gaps that required filling.

Chapter 2: Literature Review

Chapter 2 presents an exhaustive review of the available peer-reviewed articles and theories related to positive psychology at work, meaning making, and the ethics of care, which were the theoretical foundations of this study. The first section of this chapter presents the search strategy used to secure the needed articles. The second section presents the historical context that was foundational to this study. The third section provides the underpinnings of the current theories used as the basis of this study. Then, I identify and describe the methodology literature as well as the research design literature. This chapter concludes with a summary.

The primary purpose of this study was to understand PCAs' perception of meaning making within their work contexts. There was little research on this topic, and this study addressed this shortcoming. The literature review explores the existing literature on explanatory theories and themes surrounding the meaning making dynamic to provide a comprehensive framework that informs how and why PCAs assign purpose to their line of work despite the challenges inherent in LTC practice.

There have been studies about CNAs and how they persist in a workplace environment that devalues their work, underpays them, and ignores their critical contribution to patient care. Some scholars noted that CNAs make meaning of their work in the face of adversities (M. Gray et al., 2016; Pfefferle & Weinberg, 2008). Studies also addressed the relationship between higher wages and CNA empowerment (Castle, 2010; M. Gray et al., 2016; Howe, 2014; Liu, 2007; Pfefferle & Weinberg, 2008; Wiener et al., 2009). CNA empowerment is an important element in meaning making (Howe, 2014;

Pfefferle & Weinberg, 2008). Most studies focused on the work environment and ignored the individual process of meaning making that each CNA embraces (Chung, 2010; M. Gray et al., 2016; Pfefferle & Weinberg, 2008). CNAs have an extensive track record of providing quality care despite challenges present in their working conditions (Craver & Burkett, 2012). The shortage of studies that focused on individual-level factors in meaning making suggested inadequate empirical evidence that could be used to shape and improve CNA practices and their working life in nursing homes. This chapter provides a review of the literature on the critical and relevant theories and approaches about CNAs making meaning at work.

Title Searches and Documentation

The literature search strategy included searching multiple academic search engines and databases. The database PubMed was searched for the following keywords: *nursing homes, CNA, nursing homework, meaning making, nursing care, and meaning*. In addition, Google Scholar, PubMed, EBSCOhost, ProQuest, Academic Search Complete, Elsevier, ScienceDirect, Emerald, SAGE Publications, Academia and the National Institute of Health were searched for the following keywords: *nursing home, nursing home care, nursing home residents, elderly care, care work, qualitative analysis, and elderly carers*. These terms were connected to make a search string using the Boolean operators AND, OR, and NOT (see Scells et al., 2019). The complete search yielded 102 articles with relevant titles and/or abstracts. All 102 articles were included in this literature review. Typically, for a project of this scope, at least 100 references would be

considered for the literature review, but the dearth of articles on this topic demonstrated the gap in the literature and affirmed the importance of this research to fill this gap.

In a concerted effort to find more relevant articles, I conducted a Google search using the search terms *nursing home CNAs* and similar terms and phrases. This search yielded additional references, but these articles did not provide any novel information about nursing home CNAs. It was necessary to conduct further searches using new keywords that were identified from the original 76 articles, including *nursing home residents*, *care work*, and *elderly carers* (see Craver et al., 2014). Because the academic database search uncovered so few relevant articles, a comprehensive search on Google Scholar was conducted to find additional references related to CNAs in nursing homes. This search was conducted using the keywords *nursing home CNAs* and *nursing assistant*. The related keywords *administrative assistant* and *secretary*, without specifying CNAs in nursing homes, were also searched. The results of this enhanced Google Scholar search revealed that many types of CNAs work in nursing homes.

A notable observation from the literature search was that there was very little academic work about CNAs and meaning making at work, demonstrating the importance and necessity of the current study. Some researchers evaluated the factors and determinants that influence people to have an interest in a CNA career (Probst et al., 2009; Swiatczak, 2021; Wiener et al., 2009). Some attempts to evaluate meaning making in CNA careers had been made (Chung, 2010; M. Gray et al., 2016; Pfefferle & Weinberg, 2008; Wiener et al., 2009). These researchers attempted to evaluate the impact of a variable or combination of variables in influencing favorable perceptions of the

meaning of CNA work. A systematic review of the CNA-specific literature was complemented by a search of generalizable literature about the meaning making of work as a whole (see Anuradha et al., 2014; Bendassolli, 2017; Brunzell et al., 2022; David & Iliescu, 2022; Fiske et al., 2019; Huvila, 2015; Jessen & Roen, 2019; Petrou et al., 2017; Salamone & Lordan, 2022). The inclusion of this broader literature was vital for the development of the theoretical framework that is detailed later in this chapter.

Historical Content

There is a broad perspective that scholars can rely on to study the factors that lead to the motivation to work. Positive psychology, a branch of study focused on understanding positive experiences and individual character traits influencing behavior and evaluating the institutional premise that facilitates their development (Lee Duckworth et al., 2005), is the underpinning of research into meaning making in life and at work. The application of positive psychology on the workplace is well developed (Allen & McCarthy, 2016; Donaldson & Ko, 2010; Mills et al., 2013; Lewis, 2015; Mongrain & Anselmo-Matthews, 2012; Morganson et al., 2014; Ouweneel et al., 2013; Rodríguez-Carvajal et al., 2010). Focusing on such studies can help researchers understand the factors influencing an individual's, group's, or institution's ability to function optimally, which is closely associated with William James's healthy-mindedness concept (Gable & Haidt, 2005). Positive psychology theorizes that people will pursue meaningfulness in their personal lives, which collectively contributes to satisfaction, commitment, intentional effort, and overall well-being (Sheldon & Lyubomirsk, 2004).

Positive organizational scholarship is associated with positive organizational behavior (Avey et al., 2010), which refers to the study of the difference between human resource strengths and psychological capacities that can be measured, developed, and managed (Alamsyah et al., 2021; Zhang, 2002) to inform approaches and strategies for performance improvement (Ayuso Sanchez et al., 2018; Craver & Burkett, 2012; Howe, 2014; Jelley, 2021). Positive psychology approaches to work satisfaction, improvement, and overall meaning making draw on the view that satisfaction and intrinsic motivation (Alam et al., 2020; L. Chen et al., 2021; Dysvik & Kuvaas, 2010; Lundberg et al., 2009; Palm et al., 2020; Pham & Nguyen, 2020; Shkoler & Kimura, 2020; Swiatczak, 2021) at the workplace depend on people finding meaning in their work (Bendassolli, 2017; Brunzell et al., 2022; David & Iliescu, 2022; Fiske et al., 2019; M. Gray et al., 2016; Huvila, 2015; Pfefferle & Weinberg, 2008; Salamone et al., 2022), developing self-perception and awareness (Gazibara et al., 2015; Martin et al., 2012), which influences the potential for intentional effort to apply oneself within their occupational position (Luthans et al., 2007). Understanding meaning making within work and the nursing practice in particular must be explored through a balanced view of the individual's character traits as the basic unit and respective work characteristics to compare and evaluate alignment with intrinsic objectives, well-being, and satisfaction (Saks, 2006; Wrzesniewski & Dutton, 2001).

The research about positive psychology and the workplace aligns with the concept of occupational fit. Occupational fit evaluates congruence between individual and organizational/work characteristics (Carless, 2005). An individual's job fit determines

whether an individual has the capacity and capability to perform certain tasks and whether their unique profile would be suitable to the environment and demands of a particular kind of work (Abdalla et al., 2018; Afsar et al., 2015; Berisha & Lajçi, 2020; C.-Y. Chen et al., 2014; Goetz & Wald, 2022; Kaub et al., 2016; Kooij et al., 2017; Lauver & Kristof-Brown, 2001; Neuenschwander & Hofmann, 2022; Rodrigues et al., 2020; Sekiguchi & Huber, 2011; Tims et al., 2016; Warr & Inceoglu, 2012). Some of the personal factors evaluated when determining person–job or person–organization fit include an individual’s beliefs about working and occupations, as well as their personality and their consequent level of job satisfaction or fulfilment (Ehrhart, 2006). Individual determinants of a worker’s occupational experience may include expectations or values towards work (Sanches-Runde et al., 2009). External characteristics of the job may include elements such as work tasks, social interactions and relationships, autonomy, respect, and dignity (Iyengar et al., 2006; Samad, 2006).

Without a strong person–job or person–organization fit, individuals risk developing work-related stress, adverse performance outcomes, and turnover from demanding jobs (Cowan et al., 2005; Wiener et al., 2009). Work-related stress results from a misfit between intentions and reality at the job (Ruotsalainen et al., 2008). Understanding fit is an ideal approach to understanding some of the critical themes influencing occupational meaning making, even with the inherent challenges associated with a particular job role, such as the nurse practitioner or CNA. Overall, work is integral to the typical adult’s life because one’s profession influences other aspects of daily life, including the ability to afford basic needs, determining the quality of life and general

well-being (Honey, 2004). Having a stable source of income is considered one of the primary themes established in the literature as a primary justification of one's work irrespective of the challenges and shortcomings experienced in the workplace (Alam et al., 2020; Salamone et al., 2022; Wielers & van der Meer, 2021; Zajack, 2021). Income is particularly relevant to the discussion about meaning making at work. Remuneration contributes to self-realization because the benefits accrued and the impact they have on the subjective self can influence the development of narrative experience and meaning, which can influence one's appreciation for their employment (Chen, 2003).

Meaning making is a fluid concept that is prone to change, especially due to the changing needs and preferences of individuals in a shifting job market (Hytti, 2005). Such proneness to change makes it challenging to develop a definitive quantitative metric from which to conceptualize meaning making (Van den Heuvel, 2009). Several personal characteristics of workers have been measured and are considered useful constructs to understand meaning making. These include work centrality (Diefendorff et al., 2002; Rosso et al., 2010; Twenge, 2010), work commitment (Cooper-Hakim & Viswesvaran, 2005), work involvement (Rosso et al., 2010), intrinsic/extrinsic motivation (Gagné & Deci, 2005; Isen & Reeve, 2005), work values (Krauss, 2005; Wey Smola & Sutton, 2002), and perceived organizational support (Varney, 2009). The common theme in the constructs of meaning making was that they relate to the individual's perceived utility and salience of work in the context of their lived experiences, or their ability to meet the specific aims, objectives, and expectations they have for working in their chosen career.

Theoretical Framework Literature

Job fit is related to opposing perspectives of the meaning of work. Individuals compare organizations or workplace characteristics against their unique characteristics, interests, values, beliefs, capabilities, and capacities. This comparison is intended to determine whether a job role is suitable and whether there are potential sources of conflict that could lead to work stress, lower satisfaction, and turnover (Cowan et al., 2005; Wiener et al., 2009). The value underlying this use of the job fit concept is espoused within the cost-benefit evaluation of engagement. Cost-benefit evaluations of the value of work are based on presupposed utility perceptions. This cost-benefit analysis varies from individual to individual because of the different rationalizations individuals use to make informed decisions (Belita et al., 2022; Davies et al., 2019; Yost et al., 2014). These rationalizations are influenced by personalities, background, experience, skill, or interest, which differentiate people from each other and influence perceptions of job satisfaction (Firth et al., 2004; Ilies & Judge, 2002).

For example, the job demands-resources model (Grover et al., 2018; Jenny et al., 2020; Kaub et al., 2016 Kwon & Kim, 2020; Y. Lee, 2019; Radic et al., 2020; Shamsi et al., 2021; Tong et al., 2019) argues that satisfaction depends on the physical, social, and organizational efforts requiring sustained physical or psychological effort (costs) or the functional aspects that facilitate work achievement, reduce job demands, and achieve personal development and growth (Bos et al., 2009). The interaction between individual characteristics and organizational features allows individuals to evaluate potential costs and benefits to determine whether engaging and committing to a particular work context

meets their needs and expectations sufficient to derive meaningfulness (Hammes, 2021). A notable observation regarding most of the literature on job fit, including the job demands-resources model (Afsar et al., 2015; Berisha et al., 2020; Islam et al., 2019; Jenny et al., 2020; Kaub et al., 2016; Kwon & Kim, 2020; Lauver & Kristof-Brown, 2001; Lee, 2019; Radic et al., 2020; Tims et al., 2016; Warr & Icenogle, 2012) is that it is based on subjective evaluation of the phenomenon. With a few exceptions, there is limited research on external influences and pressures on the meaning making process (Fouad et al., 2016; Tillapaugh, 2015).

This is a shortcoming in the historical development of meaning making literature. People's decision making is susceptible to influence from various sources within their work or lived environment (Bharadwaj et al., 2022; Davies et al., 2019; de Lauwere et al., 2022; Fouad et al., 2016). For example, word of mouth can be leveraged to influence decisions (Van Hove & Lievens, 2007). The closer an individual is to the person, the more impactful their influence (Chang & Wu, 2020; Daddis, 2008; Fouad et al., 2016; Jaccard et al., 2005; Loureiro & Do Rosário, 2021; Kwon & Lease, 2014; Tunçgenç et al., 2021) would be on career behavior.

The need to expand alternative models of understanding the meaning making process of work, including the consideration of subjective and outside influence, has been corroborated in the literature. Van den Heuvel et al. (2002) argued that the influence of influential actors such as thought leaders, friends, family, role models, or organizational/institutional leaders is based on the need to develop a flexible labor force that can respond to the changing needs of the lived or working environment. A recent

report focusing on CNAs' perception of job satisfaction noted that providing CNAs with what they want in their current work context can influence their job satisfaction levels and provide greater appreciation for their job (Brady, 2016). These demands would include certainty over access to opportunities for development, autonomy, inclusion, recognition, and meaningful interactions (Castle, 2010; Liu, 2007). This observation supports the notion that meaning making is fluid because the factors determining job satisfaction and meaning making are prone to change and that needs, preferences, and interests evolve, as evidenced by the literature suggesting how generational differences influence the meaning making of work (Twenge, 2010; Wey Smola & Sutton, 2002).

Recent Literature

Contemporary research on the meaning making process of work, especially concerning the role and significance of the certified nursing assistant, appreciates the contribution of specific variables that underpin the dynamics in enhancing or optimizing job commitment. Workers have many experiences at work that could influence their meaning making process (Allan et al., 2019). Research cannot exhaust all the potential sources of job value and job attraction. The inter-generational differences in meaning making further exacerbates this issue. An observable difference exists between how younger and older employees find a purpose for their work. This can be observed through examining how younger employees carved out their own positions and how they interacted with the various job and organizational characteristics (Pyöriä et al., 2017; McMahon et al., 2019). Also, the context of work arrangements has transitioned and changed the market dynamic. For example, digital technology and other information and

communication technologies present new capabilities and points of interest that can be leveraged to create meaningful work experiences (Cascio & Montealegre, 2016; Griep et al., 2021).

Apart from training by the government, there are other ways of enhancing the CNAs' knowledge, skills, and abilities (Levy-Storms & Mueller-Williams, 2022). CNA training would assist individuals, governments, and relevant organizations to analyze the training needs that are necessary to support work readiness and skill improvement. (Naidoo & Sibiya, 2019). This literature review finds a gap in interviewing CNAs to find out what they know about their jobs and how they perform them. This research fills that gap and supports the need for additional training. The sheer lack of research on CNA training underscores the urgent need for this kind of qualitative research.

Thematic analysis of the literature and insights from survey studies on meaning making provide ample space for interpretation, especially based on the contextual factors impacting employment. Several authors have attempted to understand the meaning making process at work, including research focused on CNA meaning making. For example, M. Gray et al. (2016) analyzed CNA's meaning making in long-term care. The findings were summarized using thematic analysis, including factors as CNAs doing good in society, building meaningful relationships, helping espouse one's competence as an expert, and being part of a team. Besides the significance of thematic evaluation in understanding CNA meaning making of work, the approach has been adopted in studies focusing on the broader healthcare field. Malloy et al. (2015) use themes to understand the factors influencing meaning making in nursing, identifying themes such as

relationship building, compassionate caring, identity, and the influence of a mentoring culture. Mills et al. (2021) used thematic analysis to understand the significance of job characteristics on meaning making in nursing practice. Critical findings included the concepts that care is psychosocial and relational, that care is advocacy, and that care eases suffering.

Regarding the themes common to meaning making, scholars suggest that specific focus should be awarded to individual predispositions, job characteristics and demands, institutional factors, and the individual's lived environment (Allan et al., 2018; Bendassolli, 2017; Fiske et al., 2019; M.Gray et al., 2016; Park, 2010; Park et al., 2008; Pfefferle & Weinberg, 2008; Salamone et al., 2022; Wang et al., 2015). Pignault and Houssemand (2021) evaluated the factors influencing the meaning making of work and determined that a five-factor structure comprising "[...] success and recognition at work and from work, usefulness at work, respect dimension of work, the perceived value from and through work, and remuneration," are significant in understanding the meaning making process by employees. These span individual, job, and organizational characteristics and align with the research practice of grouping key variables or themes for meaning making work evaluation. Elder (2016) noted how the nature and quality of one's environment can shape perceptions of engagement and enrichment, especially over concerns regarding control, autonomy, and involvement. Humans are predisposed to generate meaning from their environment, if signs or any other significant indicators, such as influence from others, can generate applicable and sensible meaning making preceptors (Bendassolli, 2017).

The only study specific to Patient Care Assistants (PCAs) is grounded in the work as a meaning model. According to Steger et al. (2010), the work as the meaning model suggests that the opportunity to contribute to a valued cause is what motivates people to perform well at their jobs. In addition, people are motivated by a sense of accomplishment that comes from doing something worthwhile. They are fulfilled when they feel like they are making a difference (Steger et al., 2010). Finally, sharing accomplishments with others through work gives people the satisfaction of knowing they have helped others somehow (Allan et al., 2018; Gabriel et al., 2018). PCAs can use the available opportunities to contribute to a valued cause, have a sense of accomplishment, and share their accomplishments with others.

Theoretical Foundation

The meaning model originates in meaning making theory, developed by Peter M. Blase in the 1970s. Blase states that people create meaning through their relationships with others, with things, and with themselves (Y.-C Chang et al., 2021). The meaning making theory is a theoretical proposition that posits that all human beings are by nature capable of making sense of the world around them (Anderson et al., 2005). The theory also acknowledges that not all individuals are equally capable of making sense of their surroundings and the world (Certified Nurse Assistant, 2020). The theory assumes limitations to what a person can understand based on their life experience and cultural background (Hammarberg et al., 2016). The major theoretical propositions of this theory include: all human beings have innate capacities for meaning making; meaning making is a process of understanding; meaning making is influenced by culture and education, and

there are limits on how much meaning a person can make due to their life experience and cultural background (Bendassolli, 2017; Christensen & Lægreid, 2020; David & Iliescu, 2022; Fiske et al., 2019; Huvila, 2015; Jessen & Roen, 2019; Loeffler et al., 2018; McLean & Pratt, 2006; Park, 2010; Park et al., 2008; Pfefferle & Weinberg, 2008; Salamone et al., 2022). Meaning making plays a role in people's lives because it is an essential part of who they are (White, 2013). In this dissertation, meaning making theory assumes that people need to have what it takes; time, energy, knowledge, experience, and resources to make sense of the world around them.

There are two key assumptions in the application of meaning making theory. One assumption is that meaning making is a social practice (Fenton et al., 2014); it is only through interaction with others that we can form meaning and it cannot be done alone (Anderson et al., 2005; M. Gray et al., 2016). The other key assumption is that the world is a meaningful place, and people make sense of what they experience in the world through their interpretations and experiences (Neubauer, 2019). Nurses use their professional identities as care providers to make sense of their work and its meaning for patients, families, and communities (Frechette et al., 2020; Lotan, 2019; Norberg & Strand, 2022; Ribeiro et al., 2022).

Nurses' identities are shaped by their work, which allows them to make sense of their experiences as nurses and impact their professional identities (Squires et al., 2015). Likewise, CNAs make sense of their work through narratives that capture their feelings about their jobs (Anderson et al., 2005). Meaning making theory has been applied through narrative research (Adler et al., 2013; Wang et al., 2015). Narrative research is a

type of qualitative research that focuses on telling stories about events or experiences (Squires et al., 2015). Using storytelling techniques such as in-depth interviews and narrative analysis, researchers can identify patterns, themes, values, and meanings embedded within narratives (Decker et al., 2009). In this dissertation, narrative methods such as in-depth interviews will be used to facilitate PCAs to tell stories about their feelings when working with patients or loved ones.

The rationale for choosing meaning making theory for this study is that the nursing home environment is complex and dynamic (Rutten et al., 2021). The nursing home environment is composed of many factors which influence the performance of PCAs (Y.-C Chang et al., 2021). These factors include family members, healthcare providers, and residents themselves. It is essential to look at how these factors influence the meaning making process of PCAs (Funk et al., 2014). Meaning making theory was chosen as the theoretical basis for this dissertation because it provides insight into how PCAs feel unfulfilled by their work, what makes them feel like they are doing a good job, and what motivates them and their patients (Marshall et al., 2020). The theory can help illuminate how PCAs understand their own experiences and those of other PCAs working in nursing homes (Danielsen et al., 2018). The research questions relate to meaning making theory because the research questions query how CNAs made meaning out of their jobs, what factors affect or impact their satisfaction or dissatisfaction with the job, and how CNAs saw themselves within society overall.

The ethics of care theory also supports the meaning model. The meaning model relates with the ethics of care theory because it is a way to understand what makes up

good moral care (De Panfilis et al., 2019). The ethics of care theory also emphasizes that people are responsible to others, not just to themselves and that people should treat others as we wish to be treated ourselves (Parsons et al., 2021). The theory can lead to understanding of what nurses do when encountering an ethical situation (Moreno-Milan et al., 2019). The ethics of care theory is a new nursing theory based on the concept that nurses are moral beings (Flaherty et al., 2019). The overarching idea is that nurses have an ethical obligation to care for patients and their families (Huang, 2020). The theory suggests that nurses should be active members of society who understand how their actions affect others (Huang, 2020). Nurses should promote a culture of ethical conduct within their profession, promoting positive outcomes for patients and staff (Pickering et al., 2017). The main tenets of this theory include: nursing is a profession concerned with human welfare; nurses have a responsibility to act following professional standards; nurses must respect patient autonomy; nurses have a responsibility to educate themselves about health care issues, and nurses must make sound judgments about the quality and appropriateness of care for each patient (De Panfilis et al., 2019)

Meaning making theory combined with the ethics of care theory provides a better understanding of CNAs' work as a meaning model, especially in terms of motivation. The ethics of care theory relates to CNAs' work as a meaning model because it provides insight into how CNAs feel about their job and how they view themselves as an employee in this field (Pickering et al., 2017). Employees who feel good about their jobs are usually more productive because they expect to be compensated for their efforts. In addition, employees who believe that what they do makes a difference will likely work

harder than other staff (Chumbley & Fehr, 2014). The ethics of care theory assumes that each person has the right to be cared for by someone who cares about them. It is also assumed that people within nursing homes have a right to be treated with respect (Steger et al., 2012). The ethics of care theory has been applied similarly to the current dissertation, in which doctors cared for patients with dementia who could not communicate verbally or through writing (Malloy et al., 2015). Doctors must ensure they communicate with their patients and keep them safe, even if they cannot speak or write very well (Malloy et al., 2015). Doctors in this study ensured that their patients' needs were met, including providing enough food and water for them to eat and drink. Over time, the doctors became conditioned to do this since they did it daily and often (Craver et al., 2014). This dissertation attempted to apply these results from doctors to PCAs so that PCAs improve their services and are conditioned to serve the patient in nursing homes in the best manner. This will involve continually exposing them to empirical evidence that supports those practices.

The ethics of care theory is based on the premise that everyone has an inherent right to be treated with respect, compassion, love, and dignity (J. A. Gray & Lukyanova, 2017). The ethics of care theory can also be used as a guide in understanding how PCAs should treat their patients because it helps them understand what is expected from them as caregivers. It may also align with how they should act when they encounter situations where they may not know what to do (Craver et al., 2014). In addition, this theory provides guidelines on how PCAs can maintain positive relationships with their aging patients or those who have long-term illnesses.

Methodology Literature

The two key takeaways from the historical and current literature review are that a qualitative review will allow for thematic analysis and that contextual evaluation of the meaning making phenomenon is appropriate since subjective perceptions of value vary between people and environmental experiences (Neubauer, 2019). An appropriate methodology would involve a qualitative research design and methods. Qualitative research design emphasizes reliance on socially constructed meanings to generate insights and inform research (Saunders et al., 2019). The philosophical assumption behind the use of qualitative research design is interpretivism (Goldkuhl, 2012). Interpretivism argues that truth and knowledge are subjective, historically and culturally situated, and that their realization depends on people's unique experiences and interpretations (Ryan, 2018). The historical foundation of interpretivism traces back to Max Weber (1864-1920) and Alfred Schutz (1899-1959), who attempted to develop objective criteria for understanding the subjective experience by focusing on the basic and inherent features, characters, and qualities of meaningful social action (Pulla & Carter, 2018). There are various approaches to interpretivism, but at its foundation is the belief that socially constructed meanings are prone to influence by the researcher's values and beliefs, which can influence interpretations, particularly those informing or validating principles and theoretical suppositions (Ryan, 2018; Curry, 2020).

Research Design Literature

Case study design is an appropriate choice in qualitative research. It grants the opportunity for researchers to engage in in-depth interviews to determine reasons for

individuals' behavior and actions. Making meaning determination is aligned with personal and lifestyle habits (Danielsen et al., 2018). Case studies as a form of qualitative research have been used as far back as the 1920's, and boast practitioners such as Freud, Piaget, and other early psychologists as the first case study pioneers (Starman, n.d.). Case studies are used commonly in the social sciences and have been found to be especially valuable in practice-oriented fields (Starman, n.d.); so this dissertation about the meaning making of PCAs was a perfect fit for this methodology. Case studies are a particularly strong research method where quantitative studies are weaker (Starman, n.d.). They have the potential to achieve high conceptual validity, the potential to develop novel hypotheses, and the ability to develop causal mechanisms and causal complexity (Starman, n.d.). There are several misunderstandings about case study research, mainly that one cannot generalize from a single case (Flyvbjerg, 2006). Contrarily, carefully chosen case studies can in fact form hypotheses and insight; one needs only to look at the work of Newton, Galileo, Einstein, Marx and Freud (Flyvbjerg, 2006). In fact, some scholars argue that case studies are likely to produce the best theory (Flyvbjerg, 2006). One of the biggest benefits of case studies is that they do not eliminate the "messiness" of social science and of life itself. Instead they embrace the complexity of the case that exists within the case (Benhabib, 1990).

A case study approach was used in an aged care home where ten residents and five staff were interviewed. The interview sought to determine if the design of the home impacted the quality of life for the residents (Fisher et al., 2018). In another study, three case studies were utilized to explore the ways the Internet of Things system impacted

care in aged care homes. Technology monitored the health status of residents and detected emergencies to better care for older people living in their homes. Researchers examined innovative care solutions to assess their impact on supportive care. Understanding the outcome of this system sought to find the meaning that this system made in the lives of older persons who preferred to reside in their homes (Carnemolla, 2018).

Conclusion

Meaning making theory originated in the 1970's by Blasé (Y.-C Chang et al., 2021), who argued that people made meaning of their lives based on their relationships with others, things, and with themselves. There are two key assumptions held in the application of meaning making theory. One assumption is that meaning making is a social practice (Fenton et al., 2014); it is only through interaction with others that we can form meaning; it cannot be done alone (Anderson et al., 2005; M. Gray et al., 2016). The other key assumption is that the world is a meaningful place. People make sense of what they experience in the world through their interpretations and experiences (Neubauer, 2019). In the case of CNAs, there have only been a few studies about how CNAs make meaning of work that is difficult, undervalued, underpaid, and often borderline abusive (Anderson et al., 2005). More studies have looked at the meaning of work more broadly. In addition to working with meaning making theory, this dissertation relied on the ethics of care theory which emphasizes that people are responsible to others, not just to themselves and that people should treat others as we wish to be treated ourselves (Parsons et al., 2021).

What is known about meaning making when it comes to nurses and CNAs, is that these professions make meaning by leveraging their professional identities to make sense of their work and its meaning for patients, families, and communities (Frechette et al., 2020; Lotan, 2019; Norberg & Strand, 2022; Ribeiro et al., 2022). People in many professions develop their identities through their work. This allows them to make sense of their experiences (Squires et al., 2015). Although there have been scattered papers about CNAs and meaning making, what is missing are papers that combine both meaning making and the ethics of care theory, as well as papers that concentrate on PCAs and not just CNAs. Essentially, nothing is known if there are any differences in meaning making between PCAs and CNAs. The national and political contexts that PCAs and CNAs work in suggest that there may indeed be differences, even though the work profile is the same. This dissertation may fill this gap. By looking at PCAs from a meaning making perspective, it may add to the literature specific information about PCAs and may expose differences in meaning making between PCAs and CNAs, if any.

Chapter Summary

This chapter covers the literature search strategy which included title searches, historical and current content, theoretical framework literature, and methodology and research design literature. The systematic review of the CNA specific literature was complemented by a search of generalizable literature about the meaning making of work as a whole. Historical content revealed the foundational concepts related to meaning making. The current literature produced data that narrowed down the concept of meaning making into more specific categories. Personal life experiences and their relationship to

job-related passions, and the significance of cultural and environmental factors provided a more detailed perspective on meaning making theory.

Chapter 3: Research Method

The purpose of this study was to examine and explicate the meanings PCAs attach to their work. I explored meaning making themes for the perceived benefits of working as a PCA and work-connected stressors and mediators of stress of PCAs in nursing homes. This study's outcomes provided an in-depth understanding of the meaning making concept, explored the meanings PCAs attach to their work, outlined perceived benefits of working as a PCA, and delineated job-connected stressors and stress mediators associated with PCAs in nursing homes. The knowledge gap that was explored in this study was how PCAs assess and describe the meaning of their work in nursing homes. Meaning making themes were examined concerning the perceived benefits of working as PCAs who interact with older adults. This chapter includes a description of the research design and rationale, my role as the researcher, methodology, instrumentation, data collection procedures, data analysis plan, ethical procedures, and a summary.

Research Design and Rationale

A case study design using a narrative approach was used in this study. The case study approach is often used by students and new researchers for projects modest in scope (Rowley, 2002). Although case studies have often been accused of lacking the scientific rigor of other social science qualitative methods (Rowley, 2002), when done properly, case studies can provide insight into phenomena not able to be explored in any other way. Case studies are especially helpful in exploratory, descriptive, or explanatory research (Rowley, 2002).

The current case study was developed using narrative style in-depth interviews to secure a descriptive analysis of how PCAs make meaning of their work in nursing homes, capturing the experiences and the meaning of work for PCAs (see Alexander et al., 2014; Sandelowski, 1991). The narrative approach allowed me to conceptualize the human experiences of PCAs. In-depth interviews provided the opportunity for me to work with 10 participants and obtain detailed descriptive information regarding the meaning of their work. The advantage of the narrative approach was that it allowed for the gathering of in-depth data of individuals giving reflective accounts of their experiences (Creswell, 2012; Newby 2014). Various aspects of individuals' lives were analyzed to create a sense of behavior using in-depth interviews.

Research Questions

The research questions for this study were the following:

RQ1: How can the benefits of meaning making in PCAs help to promote better work culture and institutional practices?

RQ2: From the RN's perspective, what specific features in PCAs nurture positive meaning making experiences in the work environment?

I used open-ended questions to capture the perception of PCAs working in a nursing home. This was achieved through in-depth interviews with 10 PCAs and four RNs. This provided the opportunity for participants to express their thoughts and feelings.

Role of the Researcher

Researchers are participants in the advancement of knowledge, and a researcher's background and positionality are reflected in research results. Therefore, it is important to

understand what perspective the researcher is coming from, and how these experiences may impact the research process and results (Muhammad et al., 2014). Prevention of bias and removal of personal perspectives were followed in the current study.

Professional and Personal Relations

I held a position for several years as the nursing supervisor in the only geriatric hospital in the country where the current study took place. This position ended after 15 years. I am a member of The National Council on Older Persons and was an active participant in a draft on aged care legislature recommendations that was forwarded to the Minister of Social Services. I have been a guest on various television and radio health talk shows speaking on topics related to aged care.

Reflectivity and Collaboration

Researchers are expected to be honest critical thinkers with a commitment to strengthening areas of knowledge that they are passionate about (Lamont, 2009). Effective communication and collaboration strategies were critical to my role in this study. I was critically aware of my passion for aged care. I was able to focus on the meanings participants held regarding the topic and not personal meaning based on previous experiences or on literature that was read (see Creswell, 2009).

I was able to effectively communicate with the administrator of the nursing home to secure access to the participants. I was knowledgeable about the clear and concise proposal for this study. I collaborated with the only geriatric nurse practitioner and a renowned geriatric physician in the country. Additionally, I outlined the proposed benefits of this study for the future of PCAs in nursing homes. Professionalism was

maintained in all areas of the study. Aged care is a passion of mine; therefore, special effort was taken to ensure that biases did not impact the results.

Methodology

I used the qualitative method of narrative in-depth interviews to conduct a case study. Qualitative methods allow for in-depth exploration of people's lives and environments. Qualitative research is helpful to explore not only personal experiences of PCAs and RNs but also the problems with which they are faced (Jablotschkin et al., 2022). Ten PCAs and four RNs from one nursing home participated in the current study.

The PCAs and RNs interviewed for the study were selected using convenience sampling. Convenience sampling is used when a random sample is not possible and relies on choosing volunteers for the research who are convenient to the researcher. In this case, I posted a flyer in the aged care home inviting PCAs and RNs to participate in the study (see Appendix A). The flyer described the purpose of the study, explained the time commitment of the participant, noted that there would be no compensation for participating in the study, and indicated that all interviews would be kept confidential, and no information would be relayed to the management of the aged care home.

The flyers did not generate enough participants for the study. I contacted the supervisor and asked them to ensure that PCAs and RNs saw the flyer. Again, the confidentiality of the interviews was stressed, and the supervisor did not know who participated in the study or what they said.

Snowball sampling, also known as the chain-referral sampling, was used in this study. This sampling was necessary because five PCAs and two RNS initially

volunteered to participate in this study. The volunteered participants made recommendations of other PCAs and RNs to participate in the study. Snowballing usually happens after the study begins when the researcher asks current participants to recommend other people to participate (Creswell, 2009).

Instrumentation

In-depth interviews were used to collect data for this study. The interview questions were open-ended to provide participants the opportunity to answer questions freely and at sufficient length (see Appendix C). Permission for recording was requested by me. All participants were given an informed consent form that they were asked to say “I consent” before the interviews took place. Interviews were recorded on a cell phone with a 125-gigabyte storage space. Recorded interview sessions provided the opportunity for me to transcribe and review the data for continuous reference. The questions were developed to elicit a detailed account of the meaning that PCAs make of their work in nursing homes.

The interviews were done face-to-face. The interview schedule accommodated me interviewing one participant at a time. The time and place for the interview was based on an agreeable time for me and the participant. COVID-19 was on the rise again in The Bahamas, and health care facilities were required to adhere to protocols mandated by the government. This protocol was taken into consideration when entering the facility to participate in observation of shift reports and home policies. When scheduling the interviews, I was flexible in response to shifting COVID-19 regulations.

I prepared an interview protocol to guide the interview process (see Appendix B). This manual included a heading, instructions for the interview, key questions, probes to follow key questions, transition messages for me, space to record my comments, and space for recording my reflective notes. This manual was helpful, along with the interview transcripts, in analyzing the data.

Issues of Trustworthiness

Trustworthiness refers to the confidence of data provided, its interpretation, and the methods that were used in the study. Researchers must ensure that chosen research methods enhance the quality of the study (Chowdhury, 2015). I used various strategies to collect data for the current study. These included interview recordings, reflective journals, and transcriptions.

Member checking is commonly conducted by presenting data transcripts to some or all participants for feedback (Varpio et al., 2016). It is essential in qualitative research where a narrative approach is used. This check provides clarity of description in the final report. Member checking allows researchers to present specific descriptions or themes to the study participants (Creswell, 2009), affording the participants an opportunity to review the interpretation of their experiences. Silverman (2006) noted that during the interview participants may have given unclear information to the researcher, and member checking provides the platform for misinterpretations to be addressed. This check is a form of follow-up on collected data and may add to the researcher's analysis of the interview. I included member checking to validate that the data accurately portrayed what

the participants said in the interview. Participants were allowed to review, add, and subtract from what was written in the transcript.

Ethical Procedures

I sought Walden University Institutional Review Board (IRB) approval. IRB approval requires the researcher to outline the procedures for keeping participants and their personal data safe and confidential. The IRB process required that a proposal be submitted to the IRB committee. The proposal included information such as how information would be protected, that it would be anonymized, and that participants would be required to read, understand, and sign a consent form. After Walden's IRB approved the proposal, I inquired of the aged care home whether a similar ethics board/IRB process was required. If so, would have prepared a separate IRB application that met the aged care home's requirements. No research was conducted until after these ethics board and IRB approvals were gained.

Ethical conduct is critical in qualitative research. There are several ethical principles that guided the current study's research design and practice (Bhandari, 2021). These included voluntary participation, informed consent, confidentiality, reduced potential for harm, and results dissemination. The informed consent provided information, comprehension, and voluntariness. Researchers must be accountable and ensure that safeguarding of participants is realized. Researchers must abide by ethical behaviors and duties, including the values of honesty, integrity, accountability, openness, and professional standards (Kang & Hwang, 2021).

As the researcher, I was ethically responsible for protecting the rights of the participants in this study. According to The American Psychological Association (2017), human rights that require protection in research are the following:

- the right to self-discrimination
- the right to anonymity and confidentiality
- the right to fair treatment
- the right to privacy
- the right to protection from discomfort and harm

The right to self-determination is based on the ethical principle of respect for persons and includes the awareness of the fact that human beings are capable of self-determination (J. Gray & Groves, 2021). PCAs can control their destiny and should be viewed as autonomous agents who have freedom to choose without force. The participants were informed of their right to withdraw their participation at any time and without penalty if they desired to do so (see Levine, 1986, as cited in Burns & Grove, 2005). Coercion in research occurs when an overt threat of harm or excessive reward is intentionally presented by one or more persons to another to obtain compliance. Deception is the misinforming of subjects for research purposes (J. Gray & Groves, 2021). The purpose of the current study was explained to the participants, and all questions asked were answered. No form of coercion or deception occurred in this study.

The privacy and confidentiality of the participants was maintained throughout this study. The questions did not have any information that would identify the participant's identity. Data collected were kept locked away when not being used. The data collected

were stored on a protected hard drive. Additionally, data were stored on a backup flash drive. The data for the research will be destroyed after 3 years using the hard drive degaussing method. This method also destroys media tapes.

Introduction about the study was given to participants requesting their participation. The consent form was read and signed by all participants. Participation in studies of this nature is considered a mere inconvenience for the participant, with no foreseeable risks or harm (J. Gray & Groves, 2021). There was minimal risk in participation in the current study. If a participant had become emotional during the interview, I would have stopped the interview and allowed the participant to share their feelings and thoughts. I am a mental-health-trained nurse; therefore, I would have assessed the participant's mental state. I also provided the number of a crisis hotline if future counseling became necessary.

Data Analysis

The interview data were loaded into the qualitative data analysis platform. ATLAS.ti provided a platform for rigorous coding of the data to develop patterns and themes across all interviews. ATLAS.ti has features for coding and thematic analysis of data. It also can provide interpretive tools such as word clouds and other qualitative visualization techniques.

In-depth interviews were recorded with participants' permission and, following IRB procedures, were stored in a locked location. All data were anonymized, and participants' identities were not reported.

Summary

Chapter 3 provided information pertaining to the study's research rationale, design, and research questions. My role as the researcher and participation selection were also included. The importance of trustworthiness and the adherence to identified ethical principles was integrated into this chapter. The knowledge gap that was explored in this study was how PCAs assess and describe the meaning of their work in nursing homes. An instrument of 10 interview questions for PCAs and nine questions for RNs was developed to assist with realizing the study's purpose.

Chapter 4: Results

The purpose of this study was to understand the personal significance of PCAs' work within nursing homes. I explored how PCAs derive meaning from their roles and perceive the benefits associated with their work. The interview questions focused on the challenges PCAs encountered and the strategies they used to address these challenges. Using a convenience sampling method, I recruited four RNs and 10 PCAs to volunteer to participate in the study. The research questions for this study were the following:

RQ1: How can the benefits of meaning making in PCAs help to promote better work culture and institutional practices?

RQ2: From the RN's perspective, what specific features in PCAs nurture positive meaning-making experiences in the work environment?

In-depth interviews were used for data collection. These interviews included open-ended questions that encouraged PCAs and RNs to share their personal thoughts and experiences. The aim was to gain an understanding of the aspects of PCAs' work that held meaning for PCAs and how these meanings influenced their well-being. This chapter contains information about the study's setting, how data were collected, who participated in the research, how the data were analyzed, the reliability of the findings, and a summary of the results.

Setting of the Study

The interviews for this study were conducted in person. After obtaining participants' consent, I determined a convenient time and location for the interview. Once an agreed-upon date and time were established, I met with the participants at the location

of their choosing. RN 2 and PCA 1, 2, 3, 4, 5, and 6 were interviewed in the boardroom of the nursing home. RN 3 and 4 and PCA 7, 8, and 10 were interviewed at their present workplaces. RN 1 and PCA 9 were interviewed in their homes.

Data Collection

At the beginning of the interviews, I described the purpose of the study and explained that the information provided would remain confidential with identities undisclosed. After this brief explanation, all participants agreed to proceed. The interviews were recorded, and I took notes during the interviews. After each interview, I conducted member checking to ensure accuracy by sending the interviewees the completed transcripts for review. The participants reviewed the transcripts and made minor edits, if necessary. Most transcripts were approved without any major changes. All RNs checked their transcripts, and there was no need for any change. PCA 1 corrected the comment “okay, I usually do housekeeping before” and explained that she meant that she had worked as a housekeeper before coming to the nursing home. PCA 2 corrected her comment, “feel like moving like going to hospital going this way going that way like that” and clarified that that she wanted to seek additional training to afford her access to work in the geriatric hospital in the country. During the member-checking process, PCA 10 elaborated on her thoughts regarding the need for more staff to be employed in the nursing home. She felt that the insufficient staffing levels resulted in limited care at times.

Research Participants

The study involved 10 PCAs who shared their experiences of meaning making in nursing homes, and four RNs who were asked to describe their perspective as supervisors. Tables 1 and 2 illustrate the participant demographics.

Table 1

Demographics of Registered Nurses in Aged Care

Participant	Age	Time worked in aged care (years)
RN 1	38	5
RN 2	49	20
RN 3	41	17
RN 4	55	35

Table 2

Demographics of Patient Care Assistants in Aged Care

Participant	Age	Time worked in aged care (years)
PCA 1	35	8
PCA 2	40	12
PCA 3	29	5
PCA 4	52	18
PCA 5	44	10
PCA 6	48	19
PCA 7	37	9
PCA 8	34	6
PCA 9	28	5
PCA 10	60	14

I verbally read the consent form before recording the interviews, which was approved by the IRB. Participants were asked to respond with the phrase “I consent” after

being briefed at the beginning of the interview, and once a participant confirmed their consent, simple demographic questions were asked.

Data Analysis

Before data analysis, an exhaustive review of the transcripts and comprehensive review of interview notes was undertaken. Noteworthy phrases and statements were documented during the preliminary precoding phase. Inductive coding, using the qualitative data analysis software ATLAS.ti, resulted in the identification of primary codes. These codes were systematically cataloged within an Excel spreadsheet. The final analysis encompassed a rigorous thematic analysis in which each first-level code was analyzed further leading to the hierarchical organization of these codes into novel overarching code categories and pertinent subcode classifications, as dictated by the data's patterns and themes. The primary and secondary codes are presented in Table 3.

Table 3*Primary and Secondary Codes*

Primary code	Secondary code
Empathy	Appreciation of PCAs, sense of connection
Gratitude	Empathy, positive relationship
Positive relationship	Good rapport, love for job
Patient care	Desire for holistic care, challenging interactions
Determination	Desire for good care
Resilience	Emotional resilience
Passion	Passion for health care
Ambition	Desire for reciprocal care
Connection	Good working relationship
Caregiving	Passion for caregiving
Love	Love for family
Support	Emotional support, lack of assistance
Learning	Knowledge acquisition, knowledge sharing
Collaboration	Teamwork, communication
Appreciation	Satisfaction, positive feedback
Caring	Nurturing, sensitivity
Responsibility	Documentation, decision making
Dedication	Work satisfaction, fulfilling work
Reflection	Transformation, change of mind
Challenges	Multitasking, conflict
Transformation	Mechanical changes, mental impact, physical strength, understanding human behavior
Altruism	Desire to help others
Interpersonal skills	Communication skills, leadership
Communication	Quality of life, sense of purpose
Validation	Positive feedback, patient satisfaction
Satisfaction	Job fulfillment, patient satisfaction
Transformation	Change of mind, understanding human behavior
Workload	Overwork, fatigue
Work satisfaction	Skill upgrading, career satisfaction
Meaning making	Identity protection, sense of purpose
Impact	Professional growth, organizational structure
Grief	Emotional resilience, coping
Nursing homes	Aged care, appreciation of nursing homes
Connection	Sense of connection, inclusivity
Professional development	Career advancement, leadership

Following the initial phases of coding, which encompassed both primary- and secondary-level coding, a comprehensive array of themes emerged from the data. These themes were subsequently organized into two principal categories that aligned with the research questions. These overarching categories were identified as central to illuminating how PCAs derive meaning from their work in nursing homes, as well as

understanding the factors that facilitate this meaningful engagement. With these categories as a foundation, the identified themes were reviewed, and their constituent subthemes and detailed descriptors were established. This thorough analysis captured the complex aspects and subtleties within each main theme, enabling a more extensive exploration of the topic.

To support the credibility and stringency of this coding process, I implemented a strategy of peer debriefing. This involved ongoing dialogues and consultations with a designated community member who possessed expertise in the realm of the study. Regular interactions with the peer debriefer served as a means of validating the coding approach, addressing ethical considerations and clarifying any uncertainties related to the research methodology. Throughout this iterative process, which was marked by continuous engagement with the peer debriefer, the final themes, subthemes, and descriptors were carefully concentrated and synthesized. This collaborative approach not only strengthened the validity of the findings but also contributed to a more detailed and refined representation of how PCAs make meaning of their work in nursing homes. Additionally, these efforts aligned with the research questions, ensuring a robust and well-rounded exploration of the phenomenon. Table 4 displays the themes, subthemes, and descriptors.

Table 4*Themes, Subthemes, and Descriptors*

Theme	Subtheme	Descriptor
Positive culture	Empathy and connection	Building relationships with residents and colleagues
	Collaboration and teamwork	Effective communication within interdisciplinary teams
	Inclusivity and diversity	Fostering an environment of cultural sensitivity
Organizational practices	Professional development and growth	Opportunities for skill enhancement and learning
	Transformation and adaption	Embracing technological advancements for care delivery
	Recognition and appreciation	Acknowledgement of contributions through rewards
Effective collaboration	Teamwork and communication	Sharing knowledge and insights for optimal care
	Leadership and interpersonal skills	Exhibiting supportive and approachable leadership
Caring relationships	Empathy and support	Providing emotional comfort to residents and families
	Patient-centered care and holistic approach	Addressing physical, emotional, and spiritual needs
	Love for job and passion for health care	Demonstrating genuine enthusiasm for caregiving
Professional development	Learning and skill upgrading	Pursuing continuous education for enhanced expertise
	Career advancement and work satisfaction	Aspiring to leadership roles for personal growth
Resilience and adaptation	Emotional resilience and coping mechanisms	Managing stress and emotional challenges effectively
	Adaptability and change of mind	Embracing new care approaches and protocols

Trustworthiness issues were handled through credibility, transferability, reliability, confirmability, and ensuring confidentiality. Two data sources (interviews and research notes), member checking, and peer debriefing were used to ensure credibility and confirmability. Confirmation was obtained by interviewing both RNs and PCAs to gather various points of view. The interview questions were evaluated and amended during the peer-debriefing process to safeguard the participants' welfare during the interviews. Discussions with the peer debriefer were held to challenge my assumptions and biases.

Results

Ten PCAs and four RNs were interviewed to address the research questions. All PCAs and RNs interviewed were either working in the nursing home or had worked there previously. All participants were familiar with aged care and understood their role in caring for the older adult population. The interviews were analyzed to discover the process of meaning making for PCAs, including RNs' perceptions of PCAs' work as it relates to positive meaning making experiences in the nursing home. This analysis revealed several themes about PCAs' perceptions of meaning making and RNs' perceptions of PCAs' meaning making in the nursing home. These themes aligned with Steger et al.'s (2012) meaning level model. The main themes identified were (a) positive culture, (b) organizational practices, (c) effective collaboration, (4) caring relationship, (5) professional development, and (6) resilience and adaptation. The themes and subthemes are presented in Table 5 and Table 6 and discussed in the following sections.

Table 5*RQ1 Themes, Subthemes, and Descriptors*

Theme	Subtheme	Descriptor
Positive culture	Empathy and connection	Building relationships with residents and colleagues
	Collaboration and teamwork	Effective communication within interdisciplinary teams
	Inclusivity and diversity	Fostering an environment of cultural sensitivity
Organizational practices	Professional development and growth	Opportunities for skill enhancement and learning
	Transformation and adaption	Embracing technological advancements for care delivery
	Recognition and appreciation	Acknowledgement of contributions through rewards

Theme 1: Positive Culture

This theme described the fact that despite the issues that PCAs may experience in the nursing home, they still generally view the environment as positive. A positive atmosphere is necessary for staffs' willingness to come to work as required. Both PCAs and RNs noted that a positive work environment is essential for the overall performance in the work environment, and for providing an environment for PCAs to develop healthy and positive meaning making workplace experiences.

Empathy and Connection

Building relationships with residents and colleagues was a central focus for building a positive culture. PCA 2 explained her experience of taking care of her mother and grandmother. She described caring for the residents as the same care that she gave to her mother and grandmother. She considered bathing, dressing, grooming, and changing

pampers as familiar to her. She is always concerned about ensuring that the residents are clean and tidy. PCA 2 shared “I often think of my mother and grandmother and the care I gave them when they were alive.”

PCA 1 described her experience of feeling connected to the residents. PCA 1 viewed caring for residents the same as caring for her older adult husband at home. The connection with the residents comforted her as she completed her duties shift after shift. PCA 1 stated that many times “I have to refuse to work overtime because I have to go home to my husband. He looks forward to seeing me at the end of my workday. I am unable to work evening and night duty shifts.” PCA 1 explained that sometimes she wished that she was able to work the evening and night shifts because she recognizes the importance of having PCAs work each shift.

PCA 9 described her connection to the residents based on her closeness with her maternal grandmother. Sometimes PCA 9 sat with residents for long periods of time. This connection was shared also by PCA 3, PCA 6, PCA 7, and PCA 10. PCA 7 described this opportunity to sit with the residents and listen to their past stories as a blessing: “I really enjoy listening to the advice of the residents. Sharing their experiences and how they managed some of life situations was life changing for me.”

Collaboration and Teamwork

Effective communication within interdisciplinary teams was also important to both PCAs and RNs in creating a positive work culture. Collaboration with each other is essential to support enhancement of a positive culture. For example, RN2 said “you know everybody comes together as a team; we work as a team to meet the needs of these

patients in this home.” The importance of good working relationships with others on the team is evidence of teamwork. RN 3 said “we have a good working relationship. As we talk, we have respect for each other. I’m supervising, but I still could ask them to do stuff and they’ll do it without hesitation. We have a good working relationship.” PCA 6 noted that “teamwork is everything on a job” and that everyone must agree on how to accomplish tasks.

Inclusivity and Diversity

The importance of having a sense of belonging in the workplace cannot be overstated. This fosters a culture of sensitivity in the work environment. Staff members need to feel that their work is appreciated. RN 4, for example, explained that she always ensured that PCAs felt appreciated. She said that RNs should tell PCAs that they are appreciated and the work they perform is valued. RN 4 felt that given the reality of staff shortages in the home, PCAs should be told how much their willingness to go above and beyond the call of duty is appreciated.

Theme 2: Organizational Practice

Organizational practice, including structure and cultural considerations, is essential in determining the behavior of staff in a work environment. This nursing home continues to enlarge the physical building to incorporate additional admissions into the home. Nursing homes are in demand. This Home Administrator continues to meet with non-governmental and governmental agencies to collaborate on a vision to meet the increasing demand for nursing homes.

Professional Development and Growth

The increased demand for nursing homes dictates the urgent need for training in aged care. Opportunities for skill enhancement and learning may result in PCAs remaining in the aged care profession. Four PCA 3, PCA 5, PCA 6, and PCA 7 are presently attending university pursuing a baccalaureate degree in nursing. They view this as a necessary step in skill building that will increase their present knowledge in aged care. These PCAs expressed their interest in developing vital competencies in aged care. Some PCA 6 and PCA 7 noted that some RNs taught them essential skills when they assisted RNs with caring for residents. In general, PCAs are not permitted to prepare and administer medication. However, their enrollment in the university allows them to practice in this area under the supervision of the RNs. For example, PCA 5 spoke about the exciting opportunity to assist with medication preparation and administration. She said, “This is more experience for me getting me strong enough, giving me strength to become a RN one day. This is my training ground and stepping stone toward my nursing degree.”

Transformation and Adaption

RNs in this nursing home provide the PCAs the opportunity to learn. RNs teach advanced skills to PCAs who are pursuing their nursing degree. If a PCA shows interest in learning, RNs allow them to observe and assist in duties assigned to RNs. Some PCAs expressed their gratitude for the opportunity to work side by side with RNs. For example, PCA 6 was very enthusiastic about working with RNs. She said, “You have RNs on the

job who are very informative. They let you know what is going on and they update you and keep you updated.”

Adaptation is the ability to manage pressure in a variety of different situations. For example, PCA 6 spoke about how carefully meals must be prepared, especially since some residents have special dietary restrictions due to hypertension or diabetes. In addition, staff shortage is a real issue in this nursing home, and both RNs and PCAs expressed the seriousness of this reality. Many respondents spoke about this issue and expressed their desire to see a change in this area.

A prominent adaptation for PCAs was to incorporate various tasks within their roles that are not aligned with PCA training. These include cooking, washing residents' clothes, mopping, and cleaning the home. PCAs are expected to perform these added duties without any additional pay. PCAs perform these additional duties with the understanding that it is a part of their expected duties.

PCA 9 described how she adapted to realizing that as a PCA, her job was only as a nursing assistant. PCA 9 has a baccalaureate degree in Early Childhood Education and did not view this as a demeaning job. She recognized the need for her to view all residents with respect. She shared her belief regarding caring for residents with “kid gloves.” PCA 9 felt that it was her duty to make residents comfortable. “I don't think that I should say I am not being paid to do certain chores like mopping, cooking. I can only be who I am. I am going to do whatever it takes to make residents happy.”

Recognition and Appreciation

RNs and PCAs related their thoughts and feelings about the importance of recognition and appreciation. Respondents viewed this area as an essential component for staff retention. Some PCAs discussed reasons for leaving the home only to return later. For example, PCA 6 explained that one significant reason she left the nursing home was because the administrator did not accommodate her nursing program internship schedule. This led to feelings of not being appreciated for work done. Another example, PCA 3 compared her workplace with her mother's workplace. Below is an excerpt from her story. "There is no real external reward for the work that is done in this nursing home. I have worked in places where staff are appreciated for their hard work." She noted that her mother, who also works in aged care, has been awarded twice for excellent performance, including being awarded Top PCA of the year in 2022. She went on to say, "Awards make you feel and know that you are not going unnoticed." PCAs work hard, and respondents in this study agreed that some form of recognition should be awarded at least once a year.

PCA 1, PCA 2, PCA 6, PCA 8, and PCA 10 were very expressive about how they felt about being obligated to perform extra chores such as housekeeping and cooking. Some PCAs felt unappreciated and disrespected at times. These PCAs expressed that they felt overwhelmed with the extra tasks on top of their normal PCA duties. Below PCA 6 described feelings about extra chores:

"PCAs are expected to complete extra chores including housekeeping duties, cooking, and anything else that is requested. Sometimes even though the PCA is

tired and would like to take a break it is impossible to take a break if a need for any resident come up. If there is a need for someone to cook the PCAs are asked to cook after completing their task of caring for the residents.”

These extra tasks contributed to PCAs feeling tired and overworked. RNs usually informed PCAs of their appreciation for their hard work and recognized that PCAs are working beyond their expected duties. PCA 6 shared that she completes all tasks delegated by the RNs. Further PCA 6 shared that there were no policy documents outlining the job description for PCAs.

Table 6

RQ1 Themes, Subthemes, and Descriptors

Theme	Subtheme	Descriptor
Effective collaboration	Teamwork and communication	Sharing knowledge and insights for optimal care
Caring relationships	Leadership and interpersonal skills	Exhibiting supportive and approachable leadership
	Empathy and support	Providing emotional comfort to residents and families
Professional development	Patient-centered care and holistic approach	Addressing physical, emotional, and spiritual needs
	Love for job and passion for health care	Demonstrating genuine enthusiasm for caregiving
	Learning and skill upgrading	Pursuing continuous education for enhanced expertise
Resilience and adaptation	Career advancement and work satisfaction	Aspiring to leadership roles for personal growth
	Emotional resilience and coping mechanisms	Managing stress and emotional challenges effectively
	Adaptability and change of mind	Embracing new care approaches and protocols

Theme 3: Effective Collaboration

Effective collaboration includes providing emotional comfort to residents and family members. Residents are provided care based on a routine schedule which follows a head-to-toe care approach during each of the three shifts. RN 4 referred to the importance of keeping a consistent routine so that charge nurses can monitor PCAs for the best care outcomes.

Teamwork and Communication

Teamwork and communication were two areas of focus that were frequently spoken of during the interviews. Trained Clinical Nurses (TCN), RNs and PCAs work together in this nursing home. All RNs and PCAs interviewed recognized teamwork as an integral part of their work. The ability to effectively communicate with each other and residents was noted to be especially important. For example, PCA 9 spoke of the need for training seminars about effective communication. She said:

I feel like that's one thing that I feel can be done better in this facility showing my coworkers and I how to better communicate." I think that would be great in terms of helping the work environment between staff and the owner of the facility.

RN 4 spoke highly of PCAs. She believes that PCAs provide a genuine connection among staff members in the nursing home. She expanded upon the fact that most PCAs demonstrated compassion and care during the performance of their duties. Below is a brief idea of RN4 thoughts regarding the significance of PCAs. RN4 described PCAs as the glue or connective links between different staff members on the shifts when she worked. According to RN4, the PCAs go far beyond their expected duties. She noted

that PCAs performed extra tasks such as washing residents clothing, bed linens, and bath towel, cooking meals for residents and assisting with mopping and sweeping. She commented:

Sometimes, I wonder how they do it, I believe that they are entitled to a raise in salary. A few of them are enrolled in the BSc Program at the university. Maybe because of the extra training they feel okay doing the extra tasks.

Leadership and Interpersonal skills

Respondents felt that support from leadership is necessary for a smooth working environment. The opportunity to approach management without fear is important. Some PCAs viewed RNs as fair, willing to show them new skills, and share knowledge with them. However, the need for the Home Administrator to listen to their concerns was a common theme in the interviews. RNs and PCAs both agreed that strong interpersonal skills produced the best outcomes in resident care. RN 1 said, "I showed appreciation because the PCAs really do what they came to do. You had some that you really needed to push."

Theme 4: Caring Relationships

Work relationships in the home and the importance of caring relationships were key themes throughout the interviews. Respondents view caring relationships as necessary for maintaining a caring environment for staff and residents.

Empathy and Support

PCAs felt that the provision of emotional comfort for residents and family members was a significant part of their jobs. The need to provide comfort for the

residents was a major focus of the interviews. The residents expected to be comforted during care delivery by RNs and PCAs. This automatic expectation was realized through quality care delivery despite short staff challenges. PCA 1, PCA 2, PCA 3, PCA 6, PCA 7, PCA 9, and PCA 10 communicated a clear position on wanting to treat the residents as they themselves would wish to be treated. For example, PCA 10 said that “The main thing that motivates me is that I think of myself being in this position.” Some respondents’ motivation to be empathetic towards residents was based upon having older adult relatives and or previously caring for older adult relatives. PCA 1 expressed, “My mother is still alive, and she is 75 so you could imagine I want my mother to get the best care.” Likewise, PCA 2 gave an account of caring for her mother and grandmother. PCA 9 expressed her feelings of empathy and support for residents and their relatives. PCA 9 said:

many times, I wonder if I require the need to be placed in a nursing home how would I wish to be treated, I am acutely aware of this reality because of my upbringing with my grandmother. I ensure that I give my best to all residents under my care because I realize that I will become old one day. The reason why I go beyond the call of duty is the awareness of observing sadness in some of the residents. They fret when their children do not come and visit. I placed myself in their shoes and sometimes was brought to tears. I had a reality shock during my time at this nursing home.

Patient-Centered and Holistic Approach

A holistic approach to patient-centered care is a significant focus for staff in this nursing home. Staff recognized that each resident was an individual who should receive individualized care to address each need. This holistic approach to care is aligned with models of quality aged care delivery. This approach is recommended for all staff deployed in this nursing home.

Love for Job and Passion for Health Care

All the RNs and most of the PCAs demonstrated genuine enthusiasm for caregiving. PCAs spoke strongly about giving their best to all residents with the mindset of reciprocal return in their later years. PCA 7 discussed her passion for working as a PCA. She spoke about leaving a legacy and putting her heart into everything she does. She said, “Remember every life is important, everyone is special, and everyone needs special attention and care.” Similarly, PCA 10 said she enjoyed working with the residents.

RN 1 referred to the PCAs in the nursing home as “excellent.” She said, “The training that they got was not in vain.” PCAs show evidence of understanding their role by their job performance. Many PCAs spoke about their love for the job and described their passion for working in aged care. For example, PCA 6 gave a descriptive account of her passion for aged care. For example, when describing her passion for caring for the older adult residents, she said:

I truly enjoy what I do for these residents. It is a joy reporting on duty. Some residents can be difficult to manage at times. I always remember that some are

demented and are not responsible for the behavior that they display. Many times, I feel tired but push on because of the feeling of fulfillment at the end of a workday. The opportunity to openly express personal feelings with residents was a blessing.

PCA 4 expressed how much she loved her job and looked forward to going to work. Even though some residents are difficult at times, she said, “but that is just them, you know everyone is here for a reason.” PCA 4 recognized that residents in the home had various diagnoses and required different kinds of care based on their symptoms. PCA 3 mentioned that because PCAs are not paid well, she was certainly not doing the job for the money. She spoke of the love she has for working as a PCA when she said:

there are things that money cannot buy. I love all the things that you cannot see.

The passion is inside, and the beauty of the passion inside may not be seen by your coworkers. The residents feel the passion and can visualize the beauty of the passion that I bring through the care that I deliver. The residents often say thank you and ask when you will be coming back. Love is genuine and therefore it is easy to demonstrate. The fact that I convey evident passion in the work that I do, residents tend to want me to hang around them for long periods of time.

Theme 5: Professional Development

Professional development and career development are areas of focus that many PCAs mentioned. Working as a PCA was viewed as an avenue to advance in care delivery professions. Four PCAs were enrolled in the BSC Nursing Program at the university. Working along with RNs afforded PCAs the opportunity to practice skills that

are not taught in PCA training programs. Also, some PCAs spoke about leadership aspirations and the opportunity for personal growth as reasons they enjoyed the PCA role.

Learning and Skill Upgrading

Advancing learning and skill upgrading were frequently identified by the PCAs as benefits to their job. All PCAs spoke of the importance of career advancement. Some mentioned the fact that they are enrolled in the university pursuing a baccalaureate degree in nursing, and others mentioned that they desired to enroll. However, lack of funding or being underqualified was preventing them from applying for enrollment into the degree program. If presented with a scholarship to pursue the nursing program, many PCAs would accept the opportunity to upgrade through entrance into the RN program.

Career Advancement and Work Satisfaction

PCAs reported personal satisfaction with their work but working with staff shortage was a leading concern for both RNs and PCAs. Often, the administration asked staff to work double shifts because of the staff shortage. Some residents appreciated the work that was done for them. PCA 8 noted that “there are some who appreciate you.” PCAs who were attending the university were excited about the opportunity to work because of the ability to learn on the job. Job satisfaction was a key theme during the interviews. For example, PCA 8 described her personal job satisfaction working with residents in this nursing home, and said:

The main reason for me remaining in aged care is the opportunity to work with older people. Older persons have real life experiences that they can share. Young people are not able to assist with problem resolutions. Sometimes listening to the

resident's life stories allow workers to draw resolutions for personal issues.

Listening to them sometimes turns on a lightbulb in your mind sending you in a different direction for a problem solution. Dealing with old people is a joy.

In addition, RN 4 was adamant about the essential need for PCAs to feel appreciated. She said:

most of the times some PCAs do not feel appreciated, and many of them remain working to receive a salary to assist them with caring for their family. I have had experience with some of them who do not feel that they are appreciated. You know because they say there is a lack of respect and appreciation for them as PCAs. Some PCAs watch closely what I do and have a willingness to learn and grow. Sometimes PCAs ask questions regarding entrance into the RN or the TCN programs.

Theme 6: Resilience and Adaptation

Adaptation was a tool that is used daily in this nursing home. Staff in this home understood the importance of "sharing the load." Resilience was also a factor among workers. RN 1 expressed that PCAs perform work beyond that which is required in their duties. Despite difficult situations, PCAs continued to work and adapt to challenges. According to RN2, "PCAs groom residents, making sure that their hair is fixed, and they are properly dressed, teeth brushed, and bath done. After all this they turn around and sweep and mop out each room making sure they are clean and fresh."

Emotional Resilience and Coping Mechanisms

Staff expressed the importance of being able to manage stressful situations and emotional challenges effectively. The inability to manage stressful situations can result in feelings of wanting to leave the job or take time off from work. Working together as a team was identified as a stress management strategy. RN1 expressed her feelings about the coping mechanisms of PCAs and said that she thinks it is important to tell the PCAs that their efforts were appreciated. She also voiced her thoughts regarding changes in the home that are essential to assist PCAs with coping with a stressful work environment. She said, “we can make some changes to make life a little better for PCAs.” She went on to elaborate that some of these changes involved a salary increase and shorter work hours, especially because PCAs are often asked to work double shifts. RN3 voiced her appreciation for working with PCAs. She said:

The workload is shared. You allocate them to do what they are supposed to do. Some PCAs you don't have to look back and check because you know that they take time to do their work well. So, if they were not in the home, I think we'd be at a disadvantage. Because like I say you wouldn't have one-on-one resident care if all the work were to fall on the RNs.

Adaptability and Change of Mind

The Meaning Making Model Level 2 is aligned with this theme. Level 2 speaks of the capacity of work to be in harmony with and to help nurture meaning in the worker's broader life. RNs and PCAs discussed the lessons learned from interactions with the residents in the nursing home. The joy they received through discussions with the

residents resulted in mindset changes and adaptation of workers' own lives. For example, PCA 7 tearfully spoke of her experience with a 90-year-old female resident. She recounted how one day she came to work heavily burdened and felt like giving up on everything in her life, including her marriage. She described how this older adult resident saved her marriage, by sharing with her marriage building techniques. The resident listened intently to all her complaints about her husband and children. She also shared how she tearfully told the resident that she was ready to give up on her marriage. She even told the resident that she felt suicidal and that she wanted to quit working at the nursing home. After listening to PCA 7, the resident told her to take a breath and try and relax. The resident then shared her marriage story with PCA 7. PCA 7 stated that "this conversation saved her marriage and was the beginning of healing the broken relationships with her children." She said, "working in this nursing home gave me a better handle on managing my life."

PCA 9 recounted that her desire to give empathy and support to older adult residents in this nursing home was one of her main reasons for working there. PCA 9 regretted not spending sufficient time with her grandmother while she was alive. A particular resident reminded this PCA of her grandmother. PCA 9 felt that she was at her wit's end with her marriage when this resident spoke to her. The resident allowed PCA 9 to express herself and offered an excellent resolution for her problems in her marriage:

She reminded me of my grandmother and how my grandmother encouraged me to marry my then fiancé. This conversation propelled me to stay in my marriage. I

have a beautiful one-year-old son. If I had ended my marriage, I would only have my 10-year-old daughter.

PCA 9 said that she will remain in aged care if the opportunity remains available. She said that she is not in it simply for the money and that it is truly a life-changing job. Below is a focus area captured through RN1 interview. RN1 expressed her enjoyment working with PCAs. She said:

It gives me pleasure working with the PCAs because you do not want to work with people who do not appreciate the job. I am enthused and it helps me when I see them doing what needs to be done. I see them displaying gratitude in what they do, and it helped me to really appreciate them.

Summary

This chapter reported the results from interviews with ten PCAs and 4 RNs regarding how PCSs make meaning of their work in an aged care home. The results were aligned into six themes: (a) positive culture, (b) organizational practices, (c) effective collaboration, (4) caring relationship, (5) professional development, and (6) resilience and adaptation. These themes were consistent with Steger et al., (2012) Meaning Working Level Model. The results show that despite the issues that PCAs may experience in the nursing home, they still view the environment as generally positive. Organizational practices, including structure, cultural considerations, the fostering of genuine and effective collaboration, the development of caring relationships between PCAs and residents, the ability to engage in professional and career development, and adaptation to a changing workload all contribute to a positive work environment in this

nursing home. The next chapter will examine these results in light of the existing literature about meaning making at work and in nursing homes more specifically.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative case study was to examine and explicate the meanings PCAs attach to their work. I explored meaning making about the perceived benefits of working as a PCA and work-connected stressors and mediators for PCAs in nursing homes. The meaning work level model (see Steger et al., 2012) aligned with the findings of this study. This study was needed to improve understanding of PCAs' making meaning of their careers and experiences that enriches their personal growth and satisfaction with their jobs. PCAs recounted their perceptions regarding the benefits of working in nursing homes despite some stressors aligned with their work.

A case study design using a narrative approach was used in this study. This method allowed me to secure a descriptive analysis of how PCAs make meaning of their work in nursing homes. I sought to capture the experiences and the meaning of work for PCAs. Convenience sampling was used because a random sample was not possible. Participants were volunteers for this study. Flyers were posted in the aged care home inviting PCAs and RNs to participate in this study. Snowball sampling was also used to recruit the target number of participants for this study. Data collection was completed by conducting in-depth interviews with 10 PCAs and four RNs who were presently working in this home or who had worked in this home previously. Six themes and 15 subthemes emerged from the data. Chapter 5 provides an interpretation of the findings, recommendations for further research, and implications for positive social change.

Interpretation of Findings

The results of this study were aligned with Steger et al.'s (2012) meaning working level model. This theory has three levels. Level 1 represents workers' perceptions of meaning or purpose in job or career activities. Level 2 represents the capacity of work to be in harmony with and to help nurture meaning in the worker's broader life, which transcends the job. Level 3 represents the positive impact opportunity of greater good in the workplace and in society. The results of this study are examined considering the literature reviewed in Chapter 2.

Positive Culture

Literature revealed that workers have many experiences at work that could influence their meaning making process (Allan et al., 2019). Meaning making is influenced by culture and education, and there are limits on how much meaning a person can make due to their life experience and cultural background (Bendassolli, 2017; Christensen & Læg Reid, 2020; David & Iliescu, 2022; Fiske et al., 2019; Huvila, 2015; Jessen & Roen, 2019; Loeffler et al., 2018; McLean & Pratt, 2006; Park, 2010; Park et al., 2008; Pfefferle & Weinberg, 2008; Salamone et al., 2022). Many people in many professions develop their identities by their work, which allows them to make sense of their experiences (Squires et al., 2015). A positive work environment is essential for positive healthy status in the work area. CNAs play a critical role in supporting the provision of direct care. These health care workers' utility derives from their proximity to older residents and their ability to build and maintain robust bonds with older adults in

nursing homes (Carland, 2018). CNAs provide approximately 90% of all direct care to residents in U.S. nursing homes (Travers et al., 2019).

Subtheme 1: Empathy and Connection

Consistent with the literature, building relationships with residents and colleagues was important to PCAs in the current study. People's decision making is susceptible to influence from various sources within their work or lived environment (Bharadwaj et al., 2022; Davies et al., 2019; de Lauwere et al., 2022; Fouad et al., 2016). This subtheme is aligned with Level 1 in the meaning work level model. Level 1 represents workers' perceptions of meaning or purpose in job or career activities. For example, PCA 1 compared her work in the nursing home and caring for her 75-year-old mother at home. She ensures that she gives exceptional care to the residents in the nursing home. She said "I would want my mother to get the best care. I believe that what goes around comes around, what you give is what you get in return." PCA 7 explained how the residents have her heart. She described the residents as open books, opening themselves up to her. PCA 7 viewed the expectations of residents to be looking for the same respect as the residents have displayed to them.

The connection between residents and PCAs seems to be a cardinal reason for PCAs remaining working in this nursing home. PCA 8 expressed this connection with a specific resident as a reason for her remaining in her marriage. She stated that the residents conveyed a genuine love and concern for her, and this love was a driving force that propelled her to continue working. She said, "they never seem to get tired of you and always greet you with a smile and sometimes a big fuzzy hug."

Chen (2003) emphasized that income was a relevant driver for appreciation of one's job. This factor was frequently addressed in the literature and accounted for the fast turnover of PCAs in the job arena. The current study findings do not confirm this viewpoint. Although PCAs spoke about the low salary working in this position, PCA 7 did not consider income as the main focus of her work:

The fulfillment and joy of caring for this age group brings forward the mindset of what if this was my close family? How would I like to be treated? Thoughts of how I prefer to be treated in my later years in life channels a motivational internal drive to give of my best.

All PCAs agreed that the salary was lower than it should be. However, they were cognizant of the residents' needs and the awareness that PCAs perform and assist with most of the activities for daily living for the residents.

This subtheme of empathy and connection is aligned with literature where factors influencing the meaning making of work were evaluated. A five-factor structure comprising "success and recognition at work and from work, usefulness at work, respect dimension of work, the perceived value from and through work, and remuneration" (Pignault & Houssemand, 2021) is significant in understanding the meaning making process by employees. The results of the current study confirm this finding. This subtheme was emphasized by both PCAs and RNs. For example, RN1 noted that it was important to let PCAs know that they are appreciated and valued. RN 1 said "I was enthused when I saw them working and helping the residents. It helped me to appreciate them." RN 3 said "I believe in giving them their flowers, giving them appreciation for

even if it's only that one shift. I would say thank you for helping me or thank you for making my shift run smoother.”

Working extra shifts is a common reality for PCAs in this home. PCA 8 described her experience of working extra shifts: “For instance, I had to work yesterday evening from 8pm last night to 8am this morning, then again from 8am to 4pm.” PCA 8 expressed the need for extra PCAs. She said that the lack of hiring was that “there is no income coming in like that.”

Subtheme 2: Collaboration and Teamwork

External characteristics of the job may include elements such as work tasks, social interactions and relationships, autonomy, respect, and dignity (Iyengar et al., 2006; Samad, 2006). The results of the current study do not confirm the literature, which suggests that PCAs are not respected by RNs. Instead, the findings of the current study show that PCAs are very much respected by RNs. RNs recognize the overwhelming need of PCAs for assistance and consider their work in the nursing home as significant. PCAs are given the opportunity to care for residents under minimal supervision from RNs.

For example, RN 3 described the working relationship between her and the PCAs as good. PCAs did not hesitate to perform their duties without being told to do so. Further, RN 3 noted that even though she sometimes had to ask PCAs to do a little extra, it was not viewed as a problem. PCA 6 viewed teamwork as critical to the overall provision of best care for the residents and viewed teamwork as essential. PCA 6 viewed teamwork as everyone being on the same page. Sometimes after completing her tasks, PCA 6 asked the RN on duty if there is anything else she wanted her to do. PCA 6

reported that there is always something that could be done and there was always a way to assist.

Subtheme 3: Inclusivity and Diversity

Literature indicated that turnover and adverse performance outcomes are based on a weakened person–job and person–organization fit. Without a strong person–job or person–organization fit, individuals risk developing work-related stress, adverse performance outcomes, and turnover from demanding jobs (Cowan et al., 2005; Wiener et al., 2009). Work-related stress results from a misfit between intentions and reality at the job (Ruotsalainen et al., 2008). The findings of the current study confirm the importance of person–job and person–organization fit.

Fostering an environment of cultural sensitivity was a key finding in this study. PCAs felt that they were valued in this nursing home. RNs concurred with this view of PCAs. Four PCAs in this study were pursuing their BSc in Nursing degree at the university in this country. Examples provided by PCAs indicated their excitement about looking forward to working with RNs with the expectation of learning beyond their specific tasks. This will provide an opportunity for PCAs to participate in performing skills that are aligned with their program of study (BSc).

PCAs were adamant that they did not feel out of place working in this nursing home. Moreover, the RNs viewed PCAs as significant providers of care at the home. This finding aligns with the meaning making model Level 2 of capacity of work to be in harmony with and to help nurture meaning in the worker’s broader life, which transcends

the job and Level 3 of positive impact opportunity of greater good in the workplace and in society (see Steger et al., 2012).

Organizational Practices

The nursing home environment is composed of many factors that influence the performance of PCAs (Y.-C. Chang et al., 2021). There were opportunities for skill enhancement in this nursing home. RNs were available to teach PCAs advanced knowledge in care delivery. RN 1 expressed her willingness to teach PCAs if they were interested. Nursing care practices in alignment with residents' needs were delivered efficiently. RN and trained clinical nurses were viewed as charge nurses and were responsible for delegating PCAs. PCA 6 shared how PCAs are delegated according to the number of residents and the extent of their care needs.

Subtheme 1: Professional Growth and Development

Inconsistent with the literature, which suggests that PCAs do not feel valued in their workplace, PCAs in the current study felt that they were valued in this nursing home. RNs concurred with this view of PCAs. Four PCAs in this study were pursuing the BSc in Nursing degree at the university in this country. Examples provided by PCAs shared their excitement of looking forward to working with RNs with the expectation of learning beyond their specific tasks. This will provide an opportunity for PCAs to participate in performing skills that are aligned with their program of study (BSc) under the guidance of RNs.

All PCAs in the current study expressed their desire to seek higher education in health care delivery. Even though three were not equipped financially to do so, they

hoped to fulfill this dream in the future. PCA 3, PCA 5, PCA 6, and PCA 7 were pursuing a BSc in Nursing. PCA 7 described her appreciation for working with RNs. This provided the opportunity for her and her colleagues in the nursing program to obtain additional learning. RNs shared similar feelings. RN 4 shared her experience with working with all PCAs. However, she stated that PCAs who were nursing students concurrently were exceptional in their duties. RN 4 mentioned that PCAs who were training to become RNs performed duties under RN supervision that were congruent with RN status, such as preparing and administering medication. This finding is consistent with Level 2 of the meaning making level model of positive impact opportunities of greater good in the worker's broader life, which transcends the job.

Subtheme 2: Transformation and Adaptation

The literature indicates that residents in nursing homes have a right to be treated with respect and the right to be cared for by someone who cares about them (Steger et al., 2012). The results of the current study confirm the literature and provide some poignant examples of how PCAs treat residents with respect and care. PCA 10 explained how he adapted to working in this nursing home. He shared how he had previous experience of care delivery with his grandmother. Despite the heavy workload, PCA 10 shared how he was motivated by the residents: "I look at them and try to make them comfortable. I always think about how I would want to be treated and that's what keeps me going. I take my job very seriously."

The literature reveals that nurses influence and mentor CNAs with an aim of building relationships in the workplace. Malloy et al. (2015) identified themes to

understand the factors influencing meaning making in nursing, including relationship building, compassionate caring, identity, and the influence of a mentoring culture. CNAs have a long history of delivering effective care despite the deficiencies that influence their working conditions (Craver & Burkett, 2012). These themes were also revealed in the current study.

The research reviewed in Chapter 2 indicated that having a stable source of income is considered one of the primary themes established in the literature as a justification of one's work irrespective of the challenges and shortcomings experienced in the workplace (Alam et al., 2020; Salamone et al., 2022; Wielers & van der Meer, 2021; Zajack, 2021). This finding was evident in the current study. Despite the low salary, PCAs remained working in this nursing home. PCA 8 expressed her displeasure with the salary and gave justification of the reason of why she continues to work in this nursing home. PCA stated "to be honest I must stay working because I have my kids to take care of and it is something to keep me occupied. So, you handle the difficulties because you need to take care of your children."

Subtheme 3: Recognition and Appreciation

Appreciation and recognition for outstanding performance was another subtheme. Common characteristics of workers that are aligned with constructs to understand meaning making include work commitment (Cooper-Hakim & Viswesvaran, 2005), work involvement (Rosso et al., 2010), intrinsic/extrinsic motivation (Gagné & Deci, 2005; Isen & Reeve, 2005), work values (Krauss, 2005; Wey Smola & Sutton, 2002), and perceived organizational support (Varney, 2009). Consistent with the literature about the

importance of appreciation and recognition, PCAs in the current study expressed their work experiences with emphasis on how their personal experiences influenced the meaning of work for them. PCA 6, PCA 7, PCA 8, PCA 9, and PCA 10 spoke of the joyful experiences of interacting with the residents. These interactive experiences made them feel as if they were not alone in their personal life struggles. This brought meaning to their work as they recognized that the residents were able to share their life struggles with them. This created an atmosphere of understanding and trust building. PCA 7 became tearful as she described her appreciation for the opportunity to speak to residents and finally having someone listen to her silent cries of personal suffering. These experiences resulted in her visiting residents even on her days off.

PCAs considered their jobs valuable; hence their determination to remain in aged care. The Work Meaning Level Model suggests that the opportunity to contribute to a valued cause is what motivates people to perform well at their jobs (Steger et al. 2010). The PCAs viewed their job as meaningful to the happiness of the residents. PCA 7, PCA3, and PCA 4 how residents were excited to see them and expressed this excitement with them. PCA 7 described how two residents voiced how much her presence in the home brought happiness to them and how she was missed during her off scheduled days. RN1 believed that it was vital to ensure that PCAs were commended on outstanding performance. The fact that there was usually very little need to remind PCAs of their duties required RNs to express their appreciation for outstanding performances. RN1 expressed her thoughts about ensuring that PCAs were informed of their great performance and the importance of letting them know of the pleasure of working with

them. She further described the level of enthusiasm she felt during her work shifts with PCAs. She said, “I saw them displaying gratitude and at the end of the day I informed them of my appreciation. It is always a pleasure to observe PCAs giving of themselves through caring for the residents.”

Effective Collaboration

Nurses should promote a culture of ethical conduct within their profession, promoting positive outcomes for patients and staff (Pickering et al., 2017). In agreement with the literature, RN 1, RN 3, and RN4, recognized their role in ensuring effective collaboration with PCAs and residents. Verbal shift reports were given before and at the end of each shift. During these times a detailed account of the residents’ day/night activities was clearly given. Discussions were encouraged between RNs and PCAs where clarification and removal of misinterpretations were done.

Subtheme 1: Teamwork and Communication

Sharing knowledge and insight is a continual requirement during and between shifts. Both RNs and PCAs viewed teamwork and communication as important to the proper functioning of this nursing home. A handover/shift report was given at the end of every shift. During this time RNs and PCAs communicated with each other about the resident’s condition. All pertinent information was discussed, and misunderstandings clarified. RN 1, RN 2, and RN 4 expressed that handover reports allowed for smooth transition of performance during the shift. RNs and PCAs were afforded the opportunity to ask questions about the residents and any other concerning area within the nursing home.

Subtheme 2: Leadership and Interpersonal Skills

Literature purports that CNAs work is challenging. Some challenges include low extrinsic rewards, and intense disrespect associated with “feelings of condescension, lack of mentoring, and little empathy from registered nurses (RNs)” (M. Gray et al., 2016, p. 2). The findings of this study directly contradict this literature. This study findings discredit RNs showing little empathy towards PCAs. PCAs refuted this by expressing their gratitude for the in-depth teaching of RNs and their pleasant attitude toward them. PCA 7 voiced her joy of working with RNs and her appreciation for feeling a part of the team. PCA 8 described working with RNs as an advantage. RNs are charge nurses and are responsible for evaluating PCAs performances.

The four RNs commented on PCAs as valuable team members and the fact that majority of work in the home was done by PCAs. RN 4 gave an example of an emergency where she was in dire need of the PCA to assist even although it was not in her job description to do so. This advanced training was utilized to save the patient. PCA 1, PCA 2, PCA 3 and PCA 6 spoke of feeling accepted and appreciated by the RNs. RN 1 smiled when she spoke of PCAs importance in the nursing home. She explained the inability to function without them. “When the RNs busy with preparing and administering medication or doing some administrative role it is expected that PCAs keep a vigilant eye on residents.” The appreciation of RNs for PCAs was evident in this study. It refuted literature identifying RNs as devaluing PCAs role. The challenge of RNs not showing empathy and displaying disrespect to PCAs was contraindicated in this study. RN 1 stated “PCAs are our eyes and ears in the workplace. We appreciated them.”

Caring Relationships

Literature revealed that the ethics of care theory which is like meaning making is based on the premise that everyone has an inherent right to be treated with respect, compassion, love, and dignity (J. Gray & Lukyanova, 2017). Meaning making is also aligned with how nurses should act when they encounter situations where they may not know what to do (Craver et al., 2014). PCA 9 and PCA 10 stated their belief in treating each resident with respect and dignity. RN 1 expressed her thoughts regarding the importance of every staff member in this nursing home to understand their role in residents feeling loved and appreciated.

Subtheme 1: Empathy and Support

Literature spoke about PCAs being marginalized. CNAs are instrumental in increasing the successful outcome of healthcare for older adults in LTC. CNAs are at higher risk of leaving the workforce often because of being stigmatized and marginalized by registered nurses (Travers et al., 2019). However, in this study the RNs did not stigmatize the PCAs. Understanding meaning making within work and the nursing practice in particular must be explored through a balanced view of the individual's character traits as the basic unit and respective work characteristics to compare and evaluate alignment with intrinsic objectives, well-being, and satisfaction (Wrzesniewski & Dutton, 2001; Saks, 2006).

RNs in this nursing home shared their appreciation for working with PCAs. PCAs reciprocated this fact by expressing their appreciation for the support of the RNs in this nursing home. This reciprocal analysis justifies the literature pertaining to perceived

organizational support, RN4 shared her thoughts in relation to the importance of demonstrating appreciation to PCAs, RN 4 stated, “PCAs are the eyes and ears of RNs. They are responsible for most of the care in this nursing home.”

A challenge of this support stemmed from the Home Administrator understanding of the need for PCAs increase in pay. All RNs agreed on the need for PCAs pay increase and employment of more PCAs. RN 1 and RN 2 reported discussing these matters with the Home Administrator on several occasions.

Subtheme 2: Patient-Centered Care and Holistic Approach

Patient care in this nursing home is centered around the needs and concerns of the resident. This patient-centered approach is demonstrated in holistic care approach. All care being delivered is based upon the individualistic needs of residents. The needs of residents are met holistically. This is inclusive of hygienic, nutritional, psychological, and spiritual. PCA 7 described the joy of residents when she sits with them and listens to stories of their past life events.

Subtheme 3: Love for Job and Passion for Health Care

Common characteristics of workers that are aligned with constructs to understand meaning making include work commitment (Cooper-Hakim & Viswesvaran, 2005); work involvement (Rosso et al., 2010); intrinsic/extrinsic motivation (Gagné & Deci, 2005; Isen & Reeve, 2005); work values (Wey Smola & Sutton, 2002; Krauss, 2005); and perceived organizational support (Varney, 2009). The findings of this study build on previous research by demonstrating how love for the job can help support meaning making, even in the face of a difficult work environment. For example, PCA 10

explained her love for her job with strong emphasis on the importance of loving your job, saying:

“I love what I do. I do not view this job as a job where you expect to make plenty of money only. The experiences that I have gotten on this job are really beneficial. I sometimes find myself remembering caring for my grandmother. This is an opportunity for me to remember her.”

Professional Development

Professional development seemed to be an important feature for PCAs in this study. Presently, four PCAs are enrolled in the BSc Nursing Program. Four other PCAs would like to pursue this degree but are not financially capable of funding it. Although the government funds this degree, these PCAs would have to enroll in college preparation classes before entrance into the university program.

Subtheme 1: Learning and Skill Upgrading

Literature aligns with other strategies to enhance CNAs skills and knowledge. Apart from training by the government, there are other ways of enhancing CNAs knowledge, skills, and abilities (Levy-Storms & Mueller-Williams, 2022). As proof of agreement with the literature, RNs in this nursing home found opportunities to teach PCAs new skills, and shared advanced knowledge in relation to nursing care with them. RN1 described working with PCAs as enjoyable. RN1 shared how she has taught PCAs management skills and has observed PCAs utilizing what they were taught. Through teaching PCAs she recognized that they are willing to learn. It is informal training that requires hands-on practice. Some skill areas taught include medication preparation and

administration. PCAs shift schedule preparation is also a training skill that was done by RN1. This training was necessary because at times this was done by RNs. PCAs who were in the degree program were selected for shift training.

PCAs were also trained in the necessary requirements for residents being released in the hands of relatives for day leave, weekend leave, or extended leave. The release form in this nursing home was simple. However, it was imperative that the manager of the shift signed this form below the relative signature. Date and time and acknowledgement of patient being released in satisfactory condition was an inclusive statement in this policy.

Subtheme 2: Career Advancement and Work Satisfaction

Literature suggests that CNAs work is devalued, they are underpaid, and their critical contribution to patient care is ignored. Some scholars have studied how CNAs make meaning of their work in the face of these adversities (M. Gray et al., 2016; Pfefferle & Weinberg, 2008). Studies have looked at the relationship between higher wages and CNA empowerment (Castle, 2010; M. Gray et al., 2016; Howe, 2014; Liu, 2007; Pfefferle & Weinberg, 2008; Wiener et al., 2009). The fact that PCAs in this study are underpaid is congruent with, and agrees with, literature pertaining to low wages. However, findings in this study refutes and disagrees with the idea that critical contributions of PCAs are ignored. RN 1, RN 2, RN 3, and RN 4 explained the importance of PCAs role. The fact that the home would not be functional without PCAs contribution was emphasized by all RNs in this study. RN 2 gave an example of shortage of staff and the inability to leave residents and go into the kitchen to cook for the

residents. Two PCAs were contacted for overtime to accommodate cooking of patient's food and assisting with housekeeping tasks.

RN2 brought awareness to the critical contributions of PCAs. She clearly shared the multiple tasks that PCAs are responsible for including cooking, cleaning the entire home, bathing, and grooming patients, and providing entertainment to residents. Contributions of PCAs in this nursing home were beyond their job description. Attempts to review PCAs job description policy was not made assessable for analysis in this study. PCA 1 related her life reality of having an older adult husband. She boasted about her eagerness to care for him. She was committed to caring for him at home as opposed to putting him in a nursing home. She mentioned her mother who lives in another county and her inner thoughts of wishing that she was with her mother. PCA 1 also expressed her fear of the possibility of one day having to be placed in the hands of someone who is not concerned about her care. She accepted the fact that the salary was low. However, she did not focus on pay when she was caring for residents. She anticipated that the Home Administrator would come to the awareness that the pay should be increased. All PCAs interviewed in this study shared their agreement regarding low salary and have discussed this matter with the Home Administrator.

Similarly, PCA 3, PCA6, PCA 7, PCA 8 and PCA 10 expressed that they treat all residents well in the way that they would like to be treated and how they would wish for their loved ones to be treated. Further, PCA 3 recognized the great need for more PCAs in this nursing home. She viewed her care for residents as an obligation of giving back to the elderly of the country. PCA 3 did not believe that a price tag is a proper measurement

or determining factor to compare with care compliance for residents. She expressed that PCAs do not stay in aged care because of the salary. PCA 6 has left aged care in this home three times, but she always returns. She stated that she returned each time because she realized that caring for this vulnerable group of people provided an abundant blessing for her.

Resilience and Adaptation

Nurses should promote a culture of ethical conduct within their profession, promoting positive outcomes for patients and staff (Pickering et al., 2017). The nursing home environment is composed of many factors which influence the performance of PCAs (Y.-C Chang et al., 2021). These factors include family members, healthcare providers, and residents themselves. It is essential to look at how these factors influence the meaning making process of PCAs (Funk et al., 2014).

Subtheme 1: Emotional Resilience and Coping Mechanisms

Although several researchers have examined PCAs' roles in LTCOs (Aubry et al., 2012; Band-Winterstein et al., 2018; J. Gray & Lukyanova, 2017; M. Gray et al., 2016, Marshall et al., 2020 and Travers et al., 2019) there is still limited empirical evidence on meaning making among PCAs. This study builds on this scant research by examining PCAs coping mechanism and emotional resilience, Evidence revealed that despite challenges faced in this nursing home PCAs find within themselves intrinsic strength to cope with challenges. Staff shortages and the need to work volumes of overtime were identified as somewhat stressful. PCA 6 described her strategy of relaxation before starting her shift. She explained that she prays and asks God for strength to manage each

situation that she would encounter on her shift. PCA 6 explained the importance of family togetherness in providing driving strength for her to never give up. Further, she discussed best practice choices with the RN of the shift to address any problems identified during the shift report.

Additionally, PCA 7 described a few experiences when a resident was upset with her and attempted to hit her. PCA7 explained that she took deep breaths and reminded herself that the resident was diagnosed with a mental disorder. Knowledge of each resident and the detailed handover shift report afforded both PCAs and RNs the opportunity of knowing each resident's behavior during the previous shift. This further afforded RNs opportunities to discuss work strategies to manage the situations with PCAs. the work strategy to manage the situation.

Literature suggests that the opportunity to contribute to a valued cause is what motivates people to perform well at their jobs. In addition, people are motivated by a sense of accomplishment that comes from doing something worthwhile. Individuals are fulfilled when they feel like they are making a difference (Steger et al., 2010). In agreement with this literature, PCA 8, PCA 9, and PCA 10 highlighted the joy that they receive when caring for residents. They viewed residents as people in need of care that sometimes can only be accomplished through the aid or assistance of others.

PCA 9 stated her belief in aged care as giving back to people who have made significant contributions to society and are deserving of some form of payback. She further shared her experience of growing up with her grandmother and regretted that she died before she was able to pay her grandmother back for the care she received from her

grandmother. PCA 9 expressed delight in caring for older persons and often viewed them through the eyes of her departed grandmother.

Subtheme 2: Adaptability and Change of Mind

Previous studies have examined PCAs' dilemma as caretakers/caregivers (Holmberg et al., 2013) and PCA retention approaches in nursing homes (Rausch, 2016). Aubry et al., (2012) explored integrating new PCAs into long term aged care facilities and changing the execution process in these contexts. A real dilemma expressed by PCAs, and RNs is the evident staff shortage. This study's results agree with the literature that suggests that there is a staffing shortage among PCAs.

The need for more PCAs was discussed as a genuine need. RNs and PCAs understand this critical need, However, this need does not result in substandard care provision. PCA 9 explained that the shortage of workers is not the fault of residents. PCA 9 expressed her commitment to caring for residents and carefully organized her task to ensure that required care was delivered to all residents under her care. Making meaning determination is aligned with personal and lifestyle habits (Danielsen et al., 2018). PCA 1 expressed how important the meaning of care giving focus was to her. She emphasized her appreciation for the opportunity to care for the residents. RN 1 shared her view regarding the demonstration of PCAs appreciation of their jobs. RN1 explained that the appreciation is evident in the fact that she does not have to coach the majority PCAs to work. Their work ethics emanated from within. RN1 stated that there were only a few PCAs who she would have to remind of chores at times. When reminded, they would comply without any negative response.

Limitations

There are several limitations to this study. The study is a qualitative interview study, using a narrative approach. The study interpreted how ten PCAs make meaning of their experiences at work in the nursing home. Additionally, the study includes interviews with four RNs examining how these RNs understand the role of PCAs in the nursing home. These small sample sizes present a sizable limitation, because the results are not generalizable to the larger population of PCAs across the country, nor to CNAs in other countries. Even more so, since the study only interviewed PCAs and RNs in a single nursing home, the results are not generalizable to PCAs and RNs in other nursing homes, even geographically close to the nursing home under study.

Recommendations

The recommendations gained from this study are driven from the findings of this study and are aimed at adapting the environmental concerns of PCAs in this nursing home. These recommendations are focused on salary increase and hiring of more PCAs to reduce the workload of PCAs in this nursing home. Additionally, the recommendations include developing and providing a detailed clear job description of PCAs role. PCAs in this home are expected to perform housekeeping duties while simultaneously delivering care as needed to residents.

Increase in Salary

Literature supports the need for institutional leadership to develop a labor force that can meet the demands of needed changes in the workplace. Van den Heuvel et al. (2002) argued that the influence of influential actors like thought leaders, friends, family,

role models, or organizational/institutional leaders is based on the need to develop a flexible labor force that can respond to the changing needs of the lived or working environment. All PCAs in this study are in one accord and a united agreement that the salary paid for their services is below standard. RNs in this study agreed with PCAs on this viewpoint. Recommendations to meet with the Home Administrator for discussion on this matter are needed. Additionally, it is recommended that a representative Licensing Board for Nursing Home Residential Care be invited to this meeting.

Hiring of More PCAs

This study's findings support the need for hiring additional PCAs. Literature suggests that particular attention should be given to individual predispositions, job characteristics, and demands, as well as instructional factors, as these are recurring themes in the process of deriving meaning (Allan et al., 2018; Bendassolli, 2017; Fiske et al., 2019; M. Gray et al., 2016; Park, 2010; Park et al., 2008; Pfefferle & Weinberg, 2008; Salamone et al., 2022; Wang et al., 2015). Presently three PCAs work each shift. It is recommended that a minimum of six PCAs work each shift to accommodate the various tasks of expected duties. The present workload produces challenges of overwhelming emotions.

Job Description Policy

Job descriptions are necessary for the smooth operation within institutions. The interaction between individual characteristics and organizational features allows individuals to evaluate potential costs and benefits to determine whether engaging and committing to a particular work context meets their needs and expectations sufficient to

derive meaningfulness (Hammes & Link to external site, 2021). A Job Description Policy is needed according to PCA 6. This study's findings support the recommendation that this policy document be visible for all PCAs to review. It should be readily available in an area accessible to all PCAs. A clear description of each task should be incorporated in this policy. The perusal of PCAs job description policy may afford PCAs the opportunity to make a purposeful decision of their internal alignment with the job expectations prior to being hired.

Implications for Social Change

This study has implications for social change in understanding the true meaning that PCAs make of the work that they do in this nursing home. PCA's work is prone to significant stigmatization due to implicit presumptions that they lack some of the essential competencies required of medical experts (Lemmon et al., 2018). PCA's are often situated at the bottom of the power and value hierarchy (M. Gray et al., 2016). Despite findings in literature, PCAs in this study felt obligated to give their best service to residents. Furthermore, PCA 1, PCA 2, PCA 4, PCA 5, PCA 6, PCA 7, and PCA 10 viewed their work as a means of giving back to older people who have given much to society. The commitment to care for residents is realized despite salary being below desired standard. The fulfillment of working in this home is beyond money for these PCAs. The inner drive to bring happiness and comfort to the residents propels these PCAs to utilize inner motivation and drive to continue working in this environment. Thus, findings from this study contribute to the Meaning Work Model (Steger et al 2012)

and can provide a better understanding of the meaning that PCAs make of the work that they do in nursing homes.

Furthermore, this can lead to a wider understanding for PCAs deployed in other nursing homes and health facilities. This may promote a positive mindset change in the way other PCAs consider the value of their performance at work and the recognition of the joy that can be realized in residents, clients, and patients under their care.

Findings in this study can influence how nursing homes structure the work of PCAs. PCAs job descriptions should be created based upon their program contents. Washing patient's clothes, cooking, housekeeping chores complicates the role of PCAs. Valuable time that should be utilized for care delivery sometimes is spent doing housekeeping chores. Clear job descriptions with expected outcomes may afford smoother work environments and increase quality of care delivery. This study's findings highlighted RNs' involvement in working with PCAs without devaluing their contribution to care delivery. Effective collaboration and teamwork resulted in knowledge sharing and insights for optimal care delivery to residents in this nursing home.

Conclusion

This study aimed to gain a better understanding of how PCAs make meaning of their work in nursing homes. Furthermore, the study aimed to seek understanding of RNs perceptions of what specific characteristics of PCAs nurture positive meaning making experiences in the work environment. The findings of this study identified six themes. These themes are: (a) positive culture (b) organizational practices (c) effective

collaboration; (d) caring relationships; (e) professional development; (f) resilience and adaptation, adaptability and change of mind. The themes were aligned with Steger et al. s' (2012) Meaning Making Model theoretical framework. This theory has three levels; Level 1: represents workers' perceptions of meaning or purpose in job or career activities; Level 2: capacity of work to be in harmony with and to help nurture meaning in the worker's broader life, which transcends the job; and Level 3: positive impact opportunity of greater good in the workplace and in society (Steger et al, 2012). The findings of this study filled in the gap related to the meaning that PCAs make of their work in nursing homes.

Positive social change opportunities include the need for the meaning PCAs bring to their work in nursing homes to be understood and appreciated. This study clearly explained the meanings of work that PCAs have for their work and what encouraged them to stay in this line of work. The need for advanced education may increase their desire to remain in this area of health care after receiving a BSc in Nursing. This study was integral in the improved understanding of PCAs making meaning of their career, and understanding experiences that enriched their personal growth and provided satisfaction and purpose. PCAs provided their perceptions regarding the benefits of working in nursing homes according to Steger et al's (2012) model, despite some stressors in their work.

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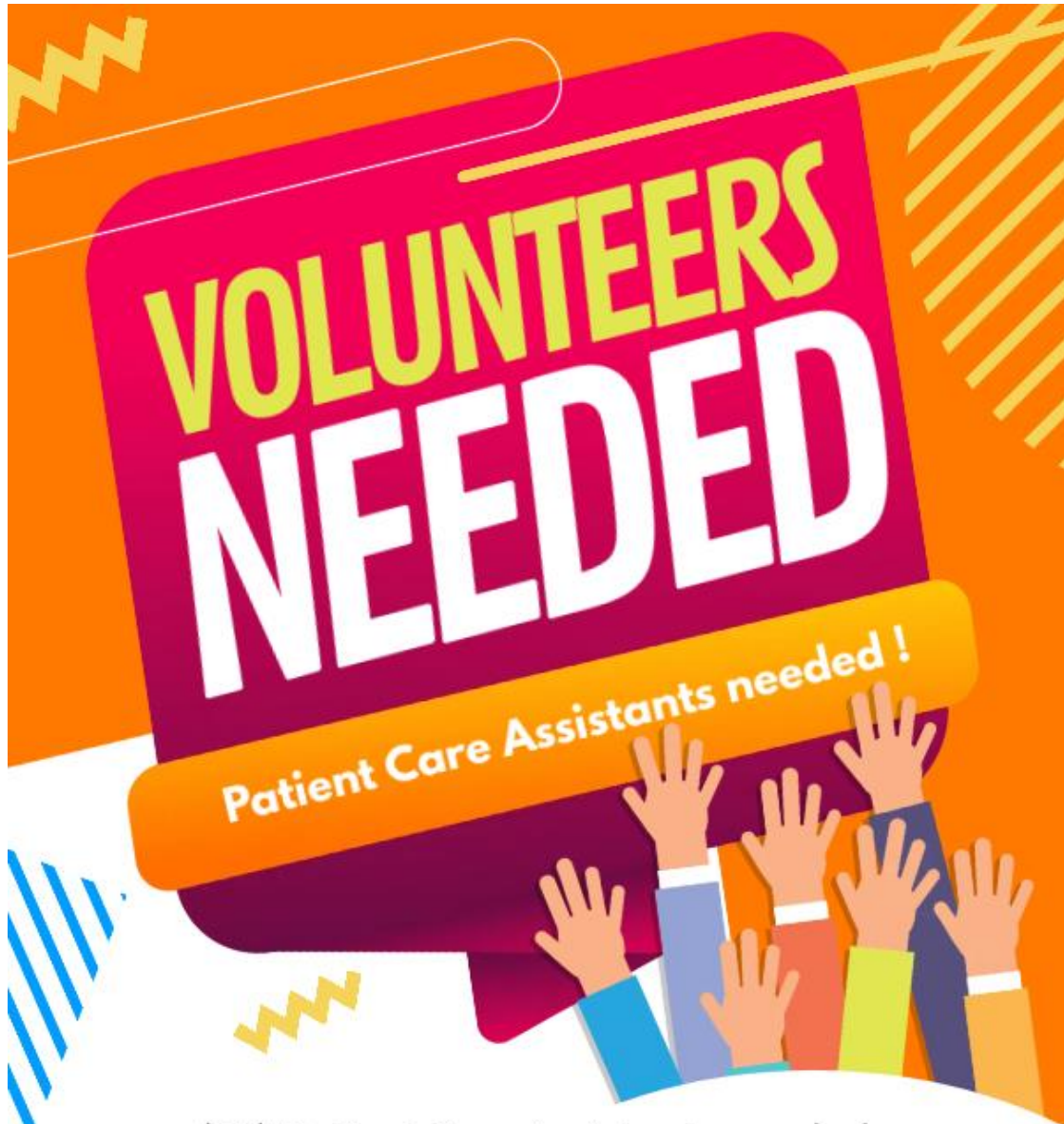
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Appendix A: Research Volunteers Flyers



(10) Patient Care Assistants needed for a Walden University dissertation study exploring how PCAs make meaning of their work in nursing homes.

EMAIL

justina.knowles@waldenu.edu



(4) Registered Nurses needed for a Walden University dissertation study exploring how PCAs make meaning of their work in nursing homes.

EMAIL

justina.knowles@waldenu.edu

Appendix B: Interview Protocol for PCAs and RNs

Date:

Time:

Location of Interview:

Interviewee:

Interview Protocol PCAs

I would like to thank you kindly today for agreeing to talk with me. I am interested in finding out how you make meaning of your job in aged care. I will be asking you questions and would like for you to let me know if you are uncomfortable with any question. I will be recording this interview for data analysis purposes. You will receive a summary of the findings later.

The purpose of this study is to examine and explicate the meanings PCAs attach to their work in nursing homes.

RQ1. How can the benefits of meaning making in PCAs help to adopt better work culture and institutional practices?

Interview Protocol RNs

I would like to thank you kindly today for agreeing to talk with me. I am interested in finding out your perspective the specific features in PCAs that nurture positive meaning making experiences in the work environment. I will be asking you questions and would like for you to let me know if you are uncomfortable with any question. I will be recording this interview for data analysis purposes. You will receive a summary of the

findings later.

The purpose of this study is to examine and explicate the meanings PCAs attach to their work in nursing homes.

RQ2. From the RN's perspective what specific features in PCAs nurture positive meaning making experiences in the work environment?

Appendix C: PCAs and RNs Interview Questions

PCA Interview Questions

RQ that question addresses	Interview Question
Demographic Question	What is your age?
Demographic Question	How long have you worked as a PCA?
Demographic Question	What is your nationality/ethnicity?
How can the benefits of meaning making in PCAs help to adopt better work culture and institutional practices?	What led you to work in aged care?
How can the benefits of meaning making in PCAs help to adopt better work culture and institutional practices?	How do you make meaning of your work as a PCA?
How can the benefits of meaning making in PCAs help to adopt better work culture and institutional practices?	What are the advantages and disadvantages of working in aged care?
How can the benefits of meaning making in PCAs help to adopt better work culture and institutional practices?	What are some of your most valuable experiences working in aged care?

How can the benefits of meaning making in PCAs help to adopt better work culture and institutional practices?	What are the struggles you encounter as a PCA?
How can the benefits of meaning making in PCAs help to adopt better work culture and institutional practices?	How do you keep going in the face of the struggles?
How can the benefits of meaning making in PCAs help to adopt better work culture and institutional practices?	What is the reason/s you stay working as a PCA?

RN Interview Questions

RQ that question addresses	Interview Question
Demographic Question	What is your age?
Demographic Question	How long have you worked as a RN?
Demographic Question	What is your nationality/ethnicity?
From the RN's perspective what specific features in PCAs nurture positive meaning making experiences in the work environment?	How committed are the PCAs in this home? Perhaps ask: Do you feel the PCAs you work with find meaning in their work? What are ways they demonstrate their satisfaction?

From the RN's perspective what specific features in PCAs nurture positive meaning making experiences in the work environment?	How would you describe working with PCAs?
From the RN's perspective what specific features in PCAs nurture positive meaning making experiences in the work environment?	How do you think they contribute to the running of an aged care home?