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Patient Care and Certified Nursing Assistants' Motivation and Job Satisfaction in Nursing Facilities

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This is to certify that the doctoral dissertation by

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Walden University
2025

Abstract

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by

Roswell Royce Lawrie

MA, Princeton University

BA, Rutgers University

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

PhD in Human & Social Services

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November 2025

Abstract

This study was focused on certified nursing assistants' (CNAs) views of the association between their motivation, job satisfaction, and the quality of care they offer to patients in one chosen nursing home center in New Jersey. Herzberg's two-factor theory of motivation and a generic qualitative design were used to explore CNAs' experiences and perspectives relating to their motivation, job fulfillment, and the level of care. The study included semi structured interviews with the 12 CNAs, who were directly and consistently in contact with their respective patients at the selected nursing home center. The interviews were audio recorded, transcribed, and analyzed through a thematic analysis to deduce shared patterns and repeated themes. The findings from the study demonstrated that CNAs obtain satisfaction from intrinsic factors such as their relationship with patients and recognition. In contrast, extrinsic factors such as low pay and constrained staffing cause their dissatisfaction. However, despite these hindrances, CNAs demonstrated a solid resilience in providing consistent and compassionate care to their patients. From the study's results, enhancing work conditions, improving time provided for patient interaction, and enabling recognition, especially from the administrators, can enhance CNAs' job satisfaction and subsequent retention. These results are significant to the literature on long-term care staffing and may contribute to positive social change in that they may have effective implications for healthcare administrators interested in elevating patient outcomes through a more engaged workforce.

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Dedication

This dissertation is dedicated to my parents, Roy and Shirley Lawrie.

To my father, whose battle with Alzheimer's ended too soon, yet whose strength, wisdom, and love remain forever in my heart. His memory inspires me every day.

To my mother, who continues to face illness with courage and grace. Her resilience is a constant reminder of perseverance and faith.

Lastly, I dedicate this work to the Certified Nursing Assistants (CNAs) who cared for my father with such compassion and dignity. Their devotion and kindness brought comfort to my family and stand as a reflection of the tireless, compassionate work CNAs provide for countless families across the country. This work honors them as much as it honors my dad.

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Most importantly, outside of academia, I wish to thank my long-term friend, colleague, and brother, Benard, whose unwavering encouragement and friendship sustained me through the challenges of this process.

Together, the guidance and commitment of these people not only influenced the course of this research project but also motivated me to conduct the study with utmost professionalism, purpose, and perseverance, even in my lowest moments.

From the bottom of my heart, I thank them all, and God bless them.

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Chapter 1: Introduction to the Study

Introduction

The topic that I addressed in this study was the quality of patient care in nursing homes. An ongoing staffing crisis in long-term care affects the mental health and overall well-being of healthcare workers (Trombley, 2024). Patient relationship building for Certified Nursing Assistants (CNAs) is as meaningful as coping with stress and managing the volume of work to prevent burnout for CNAs.

I conducted this study because the level of care given to patients was believed to depend on the motivation and job satisfaction of CNAs (Brady, 2016; Dyrbye, 2017; Kahlke, 2014; Klopp, 2018). With a clearer understanding of factors affecting the job satisfaction and motivation of CNAs, CNA managers can better prepare training materials to help CNAs reduce burnout while working, specifically enhancing job satisfaction and motivation to deliver better patient care.

In this generic qualitative study, I used Herzberg's two-factor theory as the theoretical framework. The background, problem purpose, research question, theoretical analysis, nature of study, definition, assumption, scope, limitations, and significance are the main sections of Chapter 1. A discussion of the literature search strategy, theoretical foundation, and literature review will be presented in Chapter 2, while Chapter 3 reflects on the rationale, role of the researcher, and methodology. Chapter 4 includes the setting, data collection, and trustworthiness, while Chapter 5 describes the interpretation, recommendation, and implications.

Background

Job burnout, expectations for patient care, and relationship building were three concepts examined throughout this paper to understand CNAs' motivation and job satisfaction for patient care. Burnout among CNAs in nursing facilities may affect their job performance and job satisfaction in terms of being motivated to provide patient care. Coping techniques for burnout prevention reduce CNAs' job dissatisfaction (Dyrbye, 2017; Molero, 2018; Nowrouzi, 2015). Expectations for delivering patient care are essential when examining job satisfaction and motivation by CNAs, as is job burnout. Healthcare workers have expectations of patient care. CNAs' job satisfaction depends on their motivation to set expectations for themselves in delivering patient care (Klopp, 2018; Shipley, 2015; Walker, 2019). Building relationships is also essential since burnout and expectations are crucial for understanding CNAs' motivation and job satisfaction.

Constantly surrounded by patients, CNAs cannot help but not build relationships with their patients. CNA's job satisfaction may also depend on how motivated they are to develop relationships with their patients (Brady, 2016; Kahlke, 2014; Kreitzer, 2015; Willemse, 2015). How CNAs build relationships with their patients depends on how CNAs cope with stress, volume of work, and burnout. Although previous research on job satisfaction for healthcare workers has illuminated some critical findings in the healthcare field in general, there is limited research on how CNAs' motivation and job satisfaction affect the quality of patient care they provide at nursing home facilities (Brady, 2016; Shipley, 2015) However, researchers believe that CNAs' motivation and job satisfaction

should be the main concerns in truly understanding patient care. A study was needed to understand better how CNAs and job satisfaction are related to patient care.

Problem Statement

Low job satisfaction among healthcare workers in nursing homes, including CNAs, can impact the employee, patient, and workplace (Dyrbye, 2017; Molero, 2018; Nowrouzi, 2015). When CNAs are not satisfied with their jobs, they may experience mental exhaustion, negative attitudes, and a lack of job motivation, which can result in compromised patient care (Klopp, 2018; Molero, 2018). Many healthcare employers have considered improving job satisfaction to enhance patient care (Nowrouzi, 2015; Willemse, 2015).

Although previous research on job satisfaction for healthcare workers has illuminated some critical findings in the healthcare field, there is limited research on how CNAs' motivation and job satisfaction affect the quality of patient care they provide at nursing home facilities (Brady, 2016; Shipley, 2015). The research problem addressed through this study was the effect of CNAs' motivation and job satisfaction on how they perceive the quality of patient care they provide at selected nursing home facilities.

Purpose of the Study

The purpose of this generic qualitative study was to understand how CNAs' motivation and job satisfaction affected the perceived quality of the patient care they provide at a selected nursing home facility. Healthcare managers can then use that information to incorporate it into new protocols, training, and development for CNAs at their facilities to deliver better patient care. The perceived effect of CNAs' motivation and

job satisfaction on their job performance has been described and analyzed by operationalizing job performance in terms of patient care provided at a nursing home.

Research Question

In this study, I answered the following research question: How do certified nursing assistants' motivation and job satisfaction affect their perception of the quality of patient care provided by CNAs at selected nursing homes? In addressing this central question, I also explored the following sub-question: What factors within a nursing home's work environment affect the perception of motivation and job satisfaction of certified nursing assistants?

Theoretical Framework for the Study

In this study, my theoretical framework was Herzberger's motivational theory. Herzberg's (1959) first factor is motivators, such as recognition and achievement; the second factor is labeled hygiene, such as supervision and dissatisfaction with the work environment. Herzberg theorized that employee satisfaction depends on hygiene and motivators, where motivators create employee satisfaction once the hygiene issues have been addressed (Syptak et al., 1999). According to Herzberg (as cited in Syptak et al., 1999), "By creating a positive workplace for their employees, employers are increasing their job satisfaction as well" (p. 1). In Herzberg's theory, most individuals want to do a respectable job. Therefore, managers should place their employees in positions where they can use their talents and will not set up their employees for failure.

In this study, I have explored the perceived effect of CNAs' motivation and job satisfaction on their job performance, and the questions asked of CNAs during the

interviews were structured around patient care. I further used Herzberg's theory as a lens to view the interview responses, and the theory shaped the understanding of what factors within a nursing homework environment affected CNAs' motivation and job satisfaction.

Nature of the Study

I used a generic qualitative study to address the need for more information on the effect of CNAs' motivation and job satisfaction. Generic designs do not "claim allegiance to a single established methodology" (Kahlke, 2014, p. 1). According to Kahlke, researchers used generic qualitative studies to inquire into participants' perceptions and experiences relating to a particular issue (Kahlke, 2014). Furthermore, according to Kahlke, generic qualitative research does not follow the rules for qualitative methodologies. Instead, participants' feelings, perceptions, experiences, and overall viewpoints are the focus of a generic qualitative design study, and the data are typically collected through individual and focus group interviews.

Examining how CNAs' motivation and job satisfaction affected the CNA's perception of the quality of patient care they provide at a selected nursing home, a generic qualitative design provided a clearer understanding of participants' perception of the quality of patient care, as the generic qualitative design aligns more with interview questions in comparison with other qualitative designs. Furthermore, the approach was aligned with the problem and purpose statements.

In the form of flyers, participant recruitment materials were posted at the selected nursing facilities to communicate when and where the study was conducted. Participants were CNAs who worked within that nursing facility. 10 to 15 CNAs working within the

same facility participated voluntarily in a semi structured interview to address the research questions. The small sample size allowed for more lengthy interviews, allowing the study to ask more follow-up questions and gain deeper insights. Semi structured interviews allowed for exploring personal perspectives on developing a patient's relationship with their caregiver (Plover, 2017). After audio-recorded responses, the data was coded and analyzed thematically.

Definitions

Burnout: This refers to the physical, psychological, and emotional exhaustion due to persistent level of stress from providing care (Richert, 2023).

C*aregiver:* This refers to a healthcare worker who cares for vulnerable older adults with chronic conditions in nursing homes (Kunkle, 2020).

CNA: It refers to a certified nursing assistant who collaborates directly with older patients and patients with disabilities in nursing homes, residential facilities, and clients' homes (Cody, 2020).

Extrinsic motivation: Refers to behaviors that are for reasons other than their inherent satisfactions (Ryan, 2020).

Hygiene Factors: Refers to factors that affect employee motivation such as work conditions, supervision, company policy, salary, or relationships (Pham, 2020).

Intrinsic motivation: This is the prototypical expression of the active integrative tendencies in human nature (Ryan, 2020).

Job dissatisfaction: This refers to an employee's negative feelings or attitudes toward their job due to issues such as wage inequality, unpaid leave, stressful working conditions, long hours, discrimination, and high turnover rates (Evans, 2022).

Job Satisfaction: This refers to an employee's positive feelings and attitudes toward their job resulting from factors that underpin growth, productivity, human resource development, and staff retention (Alrawahi, 2020).

Assumptions

In this study, I assumed that low job satisfaction among healthcare workers in nursing homes, including certified nursing assistants (CNAs), could have impacted the employee, patient, and workplace. When CNAs are not satisfied with their jobs, they may experience mental exhaustion, negative attitudes, and a lack of job motivation, which can result in compromised patient care.

In this study, I also assumed that the participants based their response on subjectivity, meaning the reality of how they should care for patients from their perception of what they believed was how patients should be cared for.

In this study, I further assumed that a methodological point of view was used as an inductive process to understand patient care by basing the understanding on the responses given by each participating CNA.

Applying these three assumptions enabled understanding, interpretation, and identification of the purpose of the study. Additionally, the reason these qualitative paradigm assumptions are necessary is that the research used an emerging design not only to understand and interpret patients but also to identify the potential of CNAs'

capabilities for providing patient care where these assumptions would be reflected, mainly methodological since it was describing a context built around a general qualitative design and referring to the two-factor theory.

Scope and Limitations

The CNAs constituted the study population because they have more direct contact with patients in nursing facilities than Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). I chose the CNAs as the population because they have more direct contact with patients in nursing facilities than registered nurses (RNs) and Licensed Practical Nurses (LPNs). Before each interview, subjects consented to the Institutional Review Board (IRB) forms to protect human research subjects participating in the activities. I used a purposive sampling to gather a detailed understanding of CNA and patient interaction. The sample was 12 CNAs working at the same nursing home. One of several criteria for the interview was that the candidate had to be a CNA employed in the nursing home for many months or years where the interviews are located. In addition to already being certified, the candidate had to have more experience in direct patient care than RNs, LPNs, and other healthcare workers. The candidate voluntarily participated in this research and was fully aware of their IRB rights. They had the option to leave the study at any time. They had a detailed understanding of CNA and patient interaction. The study applied specific assessment techniques to help the field better understand all responses.

As a researcher, I applied a construct from the two-factor theory to the ‘top-down/bottom-up’ approach by examining global ideas and meanings in the literature on

the two-factor theory from the two-factor theory and applied it to the "top-down/bottom-up" approach by looking for global ideas and meanings relating to the literature on the two-factor theory. It found paragraphs or groups of words representing distinct aspects of the broad concepts, then isolated units of meaning from words and small phrases. It then identified individual words or phrases to have represented units of meaning, grouped paragraphs or phrases with familiar elements, and then named groups with standard elements to define more global ideas or meanings. From this categorization, the study moved on to the next step, identifying the themes in the data.

Limitations

This study included several limitations. The limitations that I encountered were:

- It needed more generalization because of the study's makeup.
- The selected CNAs for the study could have been transferred to another facility.
- The study was using just one source of data.
- Obtaining patient records had taken much work. As a result, it was not possible to see patient care.

A bias could have been if subjects had talked among themselves and shared their thoughts about how their interviews were conducted. Communicating with each other may have been problematic because they could have given the planned questions to the next person after them. Another bias is that the researcher could have taken extra time asking the interview questions to the subjects because they may have felt there was a language barrier or they have a physical impairment, such as visual or hearing loss.

I separated my personal experience from my professional experience as a measure to address limitations. Another measure was that, because of my personal experience with my father in a nursing home, I developed a deeper appreciation for conducting this research.

Another reasonable measure would have been to ask the home director to make advance accommodation if I had known beforehand that a participant's disability might affect their response to the interview questions.

Significance

The findings continued past researchers' attempts to explain reasons for gaps in patient care. They accounted for attempts by researchers to explain how CNAs can cope with stress and manage the volume of work to prevent burnout. I developed findings that were significant to specific individuals. For instance, I shared findings from the study with CNAs and CNA managers, who used the findings to provide even better patient care. This study contributed to positive social change by revealing ways to increase job satisfaction for CNAs and improve patient healthcare outcomes. The study also impacted social change in the nursing home setting because, as CNAs work in nursing homes, they provide essential care for a vulnerable population. Attention and focus given to patients by CNAs are principal factors for patient care and quality of life for patients (Shipley, 2015). These factors can help nursing leadership understand what motivates CNAs to do their work. Through this understanding, leadership can be more inclusive and better establish programs and events where patients ensure equitable, quality care from all types of nurses. The understanding could benefit the nurse, the patient, and the loved ones,

creating a ripple effect of societal wellness. CNA managers might use this research to adjust working conditions for the CNAs to increase job satisfaction. Gain deeper insights. Semi structured interviews allowed for exploring personal perspectives regarding developing a patient's relationship with their caregiver (Plover, 2017). After audio-recorded responses, the data were coded and analyzed thematically.

Summary

In Chapter 1, I have discussed the rationale for the introduction with emphasis on the background and problem statement, followed by an explanation of the purpose, research question, and theoretical framework for why the study will be conducted. In addition, I mentioned the nature of the study, explaining the reason for choosing a general qualitative design to conduct the study. I concluded Chapter 1 with reference to the scope of the study, assumptions, definitions, significance, and limitations.

Chapter 2: Literature Review

Introduction

Job performance, job satisfaction, and motivation are all interrelated. Job satisfaction influences the motivation and job performance of individuals and the organization (Alrawahi, 2020; Hur, 2018). Job satisfaction is a person's positive and negative feelings towards their job and whether they like or dislike it. Workers are often committed to their jobs upon satisfaction of their accomplishments (Alrawahi, 2020; Hanaysha, 2016; Hur, 2018). Herzberg's (2020) perception of satisfaction from work signifies a feeling developing from one's perception that one's job enables both material needs to be met and psychological.

This research examined the relationship between CNAs levels of job satisfaction and the quality of patient care outcomes. Previous studies on nursing facility staffing have demonstrated that policy recommendations for nursing facilities can benefit patient care (Alrawahi, 2020; Molero, 2018; Ouslander, 2020; Swanson, 2020; Walker, 2019). Therefore, the primary aim of the research was to explain some of these staffing implementations, such as job satisfaction and employee motivation, which can be used by human resources personnel, educators, researchers, and others interested in recommendations for staffing policies to make decisive decisions and strategies for staffing implementation.

Nursing assistants in nursing homes play a vital role in patient care by expediting direct contact with patients, which is vital for inpatient care (Jalagat, 2016; Liu, 2016; Walker, 2019). However, healthcare facilities become administered by individuals with

management experience, not necessarily those with healthcare management experience. Patient care services rendered by healthcare facilities managed by individuals with non-healthcare experience may not address patients' needs.

Only some CNAs have as much time as before to devote to their patient load (Klopp, 2018; Plover, 2017; Shipley, 2015). Based on 2018 data from Mercer's Workforce Strategy and Analysis, by 2025, the United States will experience a CNA shortage of 95,000 (Goble, 2019). Furthermore, according to Goble, patient acuity (i.e., the severity of the patient's condition and the level of attention patients require from professional staff) has been rising, encouraging the need for a more skilled workforce. Consequently, CNAs perform less efficiently in the following areas: answering a patient's light summons, acknowledging patients, sitting and feeding them, taking food from the kitchen after providing seats for patients, distributing silverware, spending more time getting patients ready for bed than needed, and controlling patients' activity levels (Lyman, 2023; Nowrouzi,2015; Walker, 2019; Weech, 2019). Therefore, they need additional training in those areas to address those deficiencies.

However, there needs to be more robust points regarding job satisfaction, as stated in previous research. For example, although previous research on job satisfaction for healthcare workers has illuminated some critical findings in the healthcare field in general, there is limited research on how CNAs' motivation and job satisfaction affect the quality of patient care they provide at nursing home facilities (Brady, 2016; Shipley, 2015).

In this study, I will use generic qualitative research to address the need for more information on the effect of CNAs' motivation and job satisfaction. Researchers use generic qualitative studies to investigate participants' perceptions and experiences of a particular issue (Kahlke, 2014; Lumadi, 2019; Niemann, 2019; Riffel, 2020). Specifically, this generic qualitative study aims to understand how CNAs' motivation and job satisfaction affect the perceived quality of the patient care they provide at selected nursing home facilities. Researchers have shown that job satisfaction and motivation can impact job performance (Brady, 2016; Nowrouzi, 2015; Shipley, 2015; Walker, 2019). Collecting data on job performance, in terms of patient care dispensed at a nursing home, allows exploring the perceived effect of CNAs' motivation and job satisfaction on their job performance.

Low job satisfaction among healthcare workers in nursing homes, including CNAs, can impact the employees, patients, and the workplace. If CNAs are not satisfied with their jobs, they may experience mental exhaustion, negative attitudes, and a lack of motivation toward their jobs, which can result in compromised patient care (Dyrbye, 2017; Molero, 2018; Walker, 2019). For example, according to Yin (2020), high job demands lead to higher stress levels and lower levels of job satisfaction. According to Lee (2020), another example is a lack of self-care, which can affect job satisfaction through issues such as brief lunch breaks, low access to healthy foods at work, and working to the point of exhaustion, which can cause employees to be tired and too exhausted to exercise or cook a healthy meal after work. Increased demands at work and self-care negligence do not give CNAs the allotted time for patient care in a practical way

(Harrington, 2023; Lee, 2020). According to Lee (2020), another example is that a lack of training to manage complex cases can include young nurses with less knowledge and experience with elderly care, leading to unrealistic expectations, burnout, and decreased engagement. Young nurses who do not have training or experience caring for elderly patients can feel less engaged and meet weekly expectations. Consequently, many healthcare employers have considered improving job satisfaction to heighten patient care (Dyrbye, 2017; Lee, 2020; Nowrouzi, 2015; Shipley, 2015). Researchers have shown that job satisfaction and motivation can impact job performance, but not specifically in healthcare. Through operationalizing job performance in terms of patient care, the perceived effect of CNAs' motivation and job satisfaction on their performance on the job can be understood by staff at a nursing home. Herzberg's (Alrawahi, 2020) two-factor motivational theory of job satisfaction was used in this study.

Literature Search Strategy

I used search engines and databases to discover studies published between January 2012 and May 2024. Past research conducted within the last ten to fifteen years was compared to the study. The Walden University Library databases were SAGE, CINAHL, EMBSE, HCUP, Medicare Provider, Analysis and Review (MEDPAR), PubMed, Annual Review, Business Source Complete, and ScienceDirect. Keywords used in the database were Herzberg's two-factor theory, hygiene factors, motivators, job satisfaction, motivation, and healthcare, patient-care outcomes, staffing, and nursing. In addition, these keywords were used individually and in combinations to locate pertinent scholarly resources for the literature review.

Theoretical Foundation

According to Alrawahi (2020), Herzberg's motivation theory was published in *The Motivation to Work* in 1959, in which Herzberg's work focused on the individual in the workplace. His theory has been popular with managers, emphasizing the importance of management knowledge and expertise. Herzberg proposed the motivator-hygiene theory, also known as the two-factor theory of job satisfaction. The first factor is labeled motivator and includes relationships with coworkers, patients, supervisors, physical work environment, job security, compensation, work environment, and organizational policies. In contrast, the other factor is labeled hygiene, which includes recognition and achievement (Alrawahi, 2020). Herzberg's concepts of motivation and hygiene can be factors required for job satisfaction (Hur, 2018; Klopp, 2018; Koziol, 2021). Recognition and achievement cannot occur without hygiene factors (Jalagat, 2016; Koziol, 2021). Referring to Herzberg's theory, researchers have historically cited how employee satisfaction depends on hygiene and motivators, as motivators create employee satisfaction only after hygiene issues are addressed (Alrawahi, 2020; Gerhart, 2015; Jalagat, 2016; Klopp, 2018). Inherent to Herzberg's theory is that most individuals want to do a respectable job; therefore, managers should place their employees in positions that use their talents to avoid setting them up for failure.

Herzberg's theory is used broadly to help workforce leaders understand factors influencing employees' motivation, which may affect employees' perception of job satisfaction (Hur, 2018; Klopp, 2018; Koziol, 2021). For healthcare workers, job satisfaction is particularly affected by feelings related to work and working conditions

and environments (Izvercion, 2016; Klopp, 2018; Koziol, 2021). These motivators for healthcare workers are like those explained by Herzberg; work-related feelings affect workers' perceived motivation and job satisfaction (Izvercion, 2016; Jalagat, 2016; Koziol, 2021). Based on these findings, many healthcare employers have considered improving job satisfaction to enhance patient care.

Applying Herzberg's theory, researchers have identified several factors within the workforce where motivation and job satisfaction can be studied (Hur, 2018; Jalagat, 2016). These factors include organizational policies and procedures, supervision, relationships with coworkers and supervisors, physical work environment, job security, and compensation (Hur, 2018; Koziol, 2020; World, 2012). CNA hospital managers should address at least one of these factors to improve the motivation and job satisfaction of CNAs (Alrawahi, 2020; Jalagat, 2016; Klopp, 2018). Job dissatisfaction occurs when hygiene factors are absent (Alrawahi, 2020; Jalagat, 2016; Worlu, 2012). Herzberg's two-factor theory of motivation addressed these components because the theory explores motivational strands associated with job satisfaction to understand the healthcare environment (Alrawahi, 2020; Hur, 2018; Jalagat, 2016; Klopp, 2018). Herzberg's two-factor theory was as helpful as Alrawahi's (2020) theoretical concept of motivation for understanding job satisfaction in the healthcare industry.

Hygiene factors influence the motivation of employees. Positive effects on job satisfaction among healthcare managers have been affected by hygiene factors, as predicted in Herzberg's study (Alrawahi, 2020; Klopp, 2018). For example, employees' motivation at work may vary, depending on their personality traits in their research. A

hygiene factor affecting employees' motivation is pay, a top motivator for the manager (Hur, 2018). Additional hygiene factors are interpersonal relations and secondary motivators (Alrawahi, 2020; Hur, 2018; Jalagat, 2016; Koziol, 2020). Like Hur's (2018) understanding of hygiene factors, Herzberg's two-factor theory of motivation can be applied to healthcare managers, as healthcare managers are affected by work-related feelings, including working conditions and environments.

Relationships with patients exemplify hygiene factors and their influence on employee motivation. Interpersonal relationships with the patient are a hygiene factor influencing employees' motivation (Hur, 2018; Shipley, 2015). Interacting with patients daily, CNAs begin to develop affection for their patients and not just see them as individuals to whom they give care in return for a paycheck. It becomes more than just a job; it becomes a family. CNAs begin to consider their patients' families (Alrawahi, 2020; Gerhart, 2015; Hur, 2018; Jalagat, 2016; Koziol, 2020; Liu, 2016). Developing feelings for patients (a factor) for influencing how CNA motivates themselves further and further was best understood through reference to Herzberg's two-factor theory of motivation to the understanding of patient care. Further away from money being the main reason for their primary reason for working, the interpersonal relationship they develop with their patients is now the main reason for working (the other factor).

Research has been performed to understand motivational factors and their practical applications in the workplace. The concept of motivation factors in the workplace extends Herzberg's two-factor theory as people are driven in their activities by different motivation factors (Koziol, 2020; Nowrouzi, 2015). According to Koziol,

Herzberg's theory offers a methodological directive that suggests extending the research area by analyzing factors that reduce motivation to work. Furthermore, Herzberg's theory suggests broadening the scope of research by including a study of factors that hinder work effectiveness. Motivational concepts will be analyzed for theoretical and practical purposes (Alrawahi, 2020; Gerhart, 2015; Hur, 2018; Jalagat, 2016; Koziol, 2020; Liu, 2016). A framework develops to identify significant components of the motivation process. Koziol's and Herzberg's conceptions of motivational factors are substantial, offering strong foundations for institutionalizing the workplace to the role of motivation.

Literature Review Related to Key Concepts

Job Satisfaction

Job satisfaction in nursing care impacts patient outcomes, including the quality of care. When nurses are satisfied with their work, their performance increases (Hur, 2018; Liu, 2016). In addition, when nurses are happy with their working conditions, negative factors such as work stress, absenteeism, and intention to leave are often reduced (Hur, 2018; Izvercion, 2016; Liu, 2016). Researchers' analysis of nurses revealed that quality of care and patient satisfaction impact nurses' job satisfaction (Hur, 2018; Izvercion, 2016). Therefore, if health policymakers implement programs to enhance nurses' job satisfaction, they would incur less nurse turnover and improve clinical nurses' health and patients' nursing care.

Sources of Job Satisfaction

Employees' vision of work outcomes may influence their level of satisfaction. Furthermore, the level of performance by a certified nursing assistant (CNA) during work

may be determined by their view of delivering patient care (Izvercian, 2016; Koziol, 2020). Trying to meet this perception, the CNA may face challenges, such as the need for continuous personal performance improvement, training, and acquiring new skills (Hur, 2018; Izvercian, 2016; Jalagat, 2016; Molero, 2018).

Job Dissatisfaction

A CNA's dissatisfaction with their job is relevant to their perception of work. Performing poorly at work may cause CNAs to feel anxious about delivering care to multiple patients within a brief period. CNAs' feelings of anxiety are often due to tight deadlines, abnormal activities, excessive workload, and poor employee time management (Koziol, 2010; Mueller, 2006). Furthermore, feeling overwhelmed inflicts fatigue, health problems, and decreased job satisfaction (Izvercian, 2016; Koziol, 2020; Mueller, 2006). Feeling distressed can also contribute to frustration (Jalagat, 2016; Koziol, 2020). In addition, routine or work complacency is dangerous because routines limit the employee's capacity to do something new and adapt (Hur, 2018; Izvercian, 2016; Koziol, 2020). These factors have been encountered both in private and public sectors, and if left unaddressed, often result in low performance and increased turnover (Hur, 2018; Jalagat, 2016; Liu, 2016). Many factors affect employees' ability to perform at their jobs. Poor employee satisfaction is one of many factors affecting employees' motivation to deliver patient care. If managers reduce job dissatisfaction, employees will often increase their performance (Izvercian, 2016; Koziol, 2020). Job dissatisfaction may encourage one to believe that poor employee satisfaction may create discomfort for employees in every activity. If not immediately managed, it could result in chronic job dissatisfaction.

Another factor that leads to poor employee satisfaction is stress. Stress is a modern disease (Izvercian, 2016; Jalagat, 2016; Swanson, 2021). The higher the stress level, the sooner an employee starts having complications (Izvercian, 2016) at the workplace, such as fatigue, loss of concentration, decreased performance, and loss of interest in professional activities (Jalagat,2016; Koziol, 2020; Lo Iacono, 2016; Plover, 2017). Undesired mental and physical behaviors may explain factors affecting employee motivation for achieving job satisfaction.

Job Satisfaction and Job Performance

A positive relationship between employee satisfaction and job performance has been reported in studies (Alrawahi, 2020; Gerhart, 2015; Hur, 2018; Jalagat, 2016; Koziol, 2020; Liu, 2016). For example, a nurse's job satisfaction may depend on the workload assigned by a nurse manager (Hur, 2018; Liu, 2016). By understanding how employee satisfaction affects job performance, policymakers for healthcare organizations can include training protocols within their operation manuals on training and development for newly hired CNAs on managing their workflow when assigned to multiple patients within a typical 8-hour shift.

Strategies to Improve Job Performance

High-performing employees will show greater loyalty to the organization than their counterparts (Jalagat, 2016; Swanson, 2020). When employees have a prominent level of job performance, their perspective on the job and the organization may change positively to stay consistent with their behavior (Jalagat, 2016; Koziol, 2020; Swanson, 2020). Because employee loyalty is driven by knowledge-sharing, all leaders may want to

develop and display person-related competencies to cultivate a knowledge-sharing environment, making it an integral part of the employee retention strategy. Leaders with solid competencies should focus on developing, nurturing, and evolving a knowledge-sharing climate when the organization aims to improve employee job performance. However, leaders with solid job-related competencies may not consider knowledge-sharing a strategic priority.

On the other hand, if the organization's goal is to retain employees, leaders may want to use a different strategy, such as giving the staff more flexibility in their work schedule or more time off during the week so they can rest (Jalagat, 2016; Kozial, 2020; Klopp, 2018; Liu, 2016; Swanson, 2020). The leaders in the healthcare industry should recognize that person-related competencies are as crucial as job-related competencies and make efforts to develop both competencies. Future studies should incorporate other types of leader competencies and examine their effects to have a fuller picture of the role of leader competencies. Furthermore, future studies may employ more objective measures for leaders, such as how effectively they address their employees' needs or how initiative-taking they are in wanting to make improvements to better assist their employees in being satisfied with the job.

Pay for Performance

Performance pay may be one factor in motivating employees to perform well. However, there may need to be more information on pay for performance in the workplace (Gerhart, 2015; Liu, 2016). Acquiring additional information is important to note because performance pay motivates CNAs to expedite job performance (Hanaysha,

2016), which determines their level of job satisfaction. Even though there has not been much importance given to pay for performance within the realm of behavior literature on work motivation (Gerhart, 2015; Jalagat, 2016), there has been literature where theories for understanding work performance have changed to identify positive influences of extrinsic rewards such as pay for performance. Herzberg's two-factor theory can account for how performance has led to job satisfaction in the workplace (Alrawahi, 2020; Gerhart, 2015; Hur, 2018; Jalagat, 2016; Koziol,2020; Liu, 2016).

Dissatisfaction with pay is not a significant predictor of turnover intentions or actual turnover, nor is its importance as a self-reported reason for switching or leaving remarkably high (Kozial, 2020; Rosen, 2016). Switching employment in different long-term care facilities could result in the individual ending up with a lower wage due to a loss of tenure. The reasoning behind this notion is explained through the transaction-cost theory, which states that instrumental benefits, such as pay and reward, may be offset by non-instrumental and indirect costs associated with the status quo (Alrawahi, 2020; Jalagat, 2016; Rosen, 2016). According to studies (Alrawahi, 2020; Jalagat, 2016; Rosen, 2016), the hourly pay of a CNA is restrictive and rarely allows an increase or decrease in its dollar amount. Switching places of employment could result in decreased pay because of tenure status (Alrawahi, 2020; Jalagat, 2016; Rosen, 2016). In turn, if a CNA switches facilities due to dissatisfaction with pay, they are likely to be unsuccessful in achieving the goal of higher wages (Alrawahi, 2020; Kozial, 2020). Switching from one job to another may lead to modest if any, increases in actual pay (Jalagat, 2016; Liu, 2016; Rosen, 2016). Furthermore, CNAs might be persuaded to remain in their positions by the

incentive of employer-sponsored health insurance and other benefits rather than by the actual dollar value of their salaries (Alrawahi, 2020; Jalagat, 2016; Liu, 2016; Rosen, 2016). While the pay may or may not be a factor in CNA turnover, benefits such as paid time off and retirement packages could be reasons to stay.

Turnover and Retention

Employers are worried about excessive turnover and low rates of CNA retention. Thousands of dollars become invested in recruiting, orienting, and training new CNAs in just one facility (American Health Care Association, 2011; Khatutsky, 2011). Patient care quality is also affected by turnover outcomes. Elevated staff openings and turnover often produce more than one outcome: patient care agony, repeated replacement of workers' expenses, and a rise in dissatisfaction among workers (Khatutsky, 2011; Stone, 2001). One approach to acknowledging the turnover in CNAs is comprehending views on job satisfaction. Studies examine CNAs' belief in job satisfaction (Decker et al., 2009; Khatutsky, 2011; Konetzka, 2009). Failure to understand the satisfaction of CNAs' jobs is linked to CNAs' departure from work and the' non-motivation of their attitude toward work (Eaton, 2000; Khatutsky, 2011). Acknowledging a CNA's achievement is one of many strategies for enhancing job satisfaction. For example, presenting various career paths may heighten a sense of security and satisfaction with the job and a feeling of belonging to that job (Khatutsky, 2011; Mukamel et al., 2009). Leading the path for directly influencing healthcare employees with the encouragement of patient care, CNAs are the backbone of registered nurses and relevant healthcare workers. The curiosity to become knowledgeable of various directions to the care of patients that would eventually

be the core to staff retention and advancement to job satisfaction has been a priority for administrators.

The turnover rate is above the yearly national average of 36% (Staffing Report, 2015). In addition, according to this report, 43% of CNAs leave their jobs within one year of being employed. The reasons for leaving: According to the human resource exit interview data, 5.7% were dissatisfied with the manager or supervisor, 3.3% had no chance for advancement, and 5.6% left to continue their education (Mukamel et al., 2009; Staffing Report, 2015). Hiring CNAs included economic costs, employee time, and workforce to recruit, initiate, and train new hires. Hiring a new CNA at the facility costs thousands of dollars per CNA per orientation cycle (Decker et al., 2009; Konetzka, 2009; Mukamel et al., 2009). On the national level, CNAs leave their jobs because of a lack of respect from leadership, no chance for advancement, and a lack of teamwork and communication (Khatutsky, 2011; Mukamel et al., 2009; Weiner, 2009). These results highly resemble mirror findings from exit interviews at hospitals. To address this problem, researchers (Mukamel et al., 2009; Weiner, 2009) propose options for CNAs related to the career ladder and a leadership information session. These options have been orphaned in additional nursing centers, showing success in staff retention. Hospital administrators are interested in knowing how CNAs would respond to these options and if there are other ways to achieve job satisfaction. (Mukamel et al., 2009; Squillace, 2009). In response to these options, researchers propose public informative events where CNAs can share their perceptions of job satisfaction (Khatutsky, 2009; Mukamel et al., 2009; Rosen, 2011). An unstable workforce is when CNAs frequently fulfill and release

themselves from their roles, there are low patient satisfaction scores, and there are inflated expenditures for recruitment and practice.

Reasons for Turnover

CNAs abandon their work primarily due to 'their reasoning/perception of what they believe is sufficient allotted time given to them to stay with their patient when providing patient care' (Decker et al., 2009; Konetzka, 2009). Other factors affecting job satisfaction that contributed to why CNAs chose to leave are the lack of staff, the lack of trained staff, and the supervisors who showed little interest and gave little value to CNAs (Konetzka, 2009; Rosen, 2011). Furthermore, these researchers say hourly wages do not appear to influence turnover. CNA job satisfaction in hospitals is linked with how hard they perceive they work and when the number of CNAs working is disproportionate to the acuity of patients (Gemmel, 2014; Kalisch, 2012; Konetzka, 2009). Facilities have a lower turnover rate that encourages nursing staff to actively participate in developing the patient plan of care in self-schedule and creating a positive work environment (Gemmel, 2014; Kalisch, 2011; Konetzka, 2009; Kostiwa, 2009). High salary, time off with pay, and retiring from a job may have an admiring effect on retention but not improving patient care. Instead, other aspects (e.g., evaluating employees and their work) positively affect the quality of patient care.

Another way that nursing homes faculties have attempted to retain employees is by instituting training programs to improve communication between CNAs and management (Choi, 2012; Mohar, 2013). Several studies attest to training programs covering various subjects, such as infection control, aseptic technique, and CNAs' role in

the nursing home (Brown et al., 2013; Gent, 2014). Career advancement programs offered in hospital settings receive ratings from CNAs who remain with their current employers (Lee, 2012; Mohar, 2013). Approaches to empowering CNAs and increasing job satisfaction and retention include preventing detachment from the workplace and adding feelings of ownership (Dilig-Ruiz et al., 2018; Khatutsky, 2011). Seeking supervisor support is a viable way to acquire retention.

CNAs want more classes and a supportive supervisor (Dilig-Ruiz et al., 2018; Wiemer, 2009). Like LPNs, CNAs want in-class training to help them get to the more advanced level (Khatutsky, 2011; Wiemer, 2009). These studies indicate that CNAs wish to be more involved in planning efforts related to their roles. They need a voice and someone to listen to them (Khatutsky, 2011; Mohar, 2013; Wiemer, 2009). They need input into what they do and how they do it. CNA's job satisfaction is supporting each other, getting recognized, and receiving an informal survey of patients to see how we communicate staff responsiveness (Dilig-Ruiz et al., 2018; Khatutsky, 2011; Wiemer, 2009). They want to see how and where they can improve. Furthermore, receiving informal surveys from patients may allow CNAs to communicate the responsiveness of the staff.

A study funded by the US Department of Health and Human Services (Bishop et al., 2009) found that good relationships between CNAs and supervisors supported job satisfaction. In the study, CNAs who reported that their supervisors were a reason to stay in their jobs had a much lower estimated probability of dissatisfaction (Bishop et al.,

2009; Si-Qi Xiong, 2021). The most vital factors related to the satisfaction of a job by a CNA are supervision quality and advancement for nurse aids through job ladder creation.

Different training programs developed according to various nurse management levels are clinical ladders. Furthermore, clinical ladders aim to improve nurses' sense of professional identity and professional and technical capabilities and determine salary levels to fully mobilize nurses' enthusiasm (Si-Qi Xiong, 2021). Clinical ladders have been used successfully in long-term care and nursing home settings (Bishop et al., 2009; Gent, Proulx, & Seidl, 2014). The primary choice for nursing assistant advancements in long-term care is clinical ladders, which would also benefit acute care (Lerner, 2010; Gent et al., 2014). According to these researchers, CNAs want education about skills related to their jobs. They also want to know how they are doing compared with CNAs in other facilities and how they could improve care (Dilig-Ruiz et al., 2018; Lerner, 2010; Gent et al., 2014). CNAs with higher hourly pay are less likely to leave their current jobs. Pay is not cited as a dominant reason for CNAs renouncing their jobs, but it does contribute to job satisfaction (Lerner, 2010; Gent et al., 2014; Wiemer, 2009). CNAs prefer additional compensation for cross-training. In addition to teamwork, other critical elements for elevating job satisfaction are recognition and the opportunity to improve.

Turnover and Burnout

Obtaining a written response from nurses as to their reason for leaving their jobs may provide a more accurate understanding. The best way to understand whether CNAs are satisfied with delivering patient care is to go to the source directly and ask how they feel. Job satisfaction among nurses varies over time (Dilig-Ruiz et al., 2018; Kovner et

al., 2014). Other factors may contribute to why nurses and nurse assistants leave their jobs. Burnout may not be related to turnover, meaning it may be something other than a source of job dissatisfaction.

Furthermore, the reasons nurses and nurse assistants withdraw from their jobs may be unrelated to burnout, turnover, or job satisfaction. Turnover occurs when a nurse voluntarily or involuntarily leaves their current position to transfer to another position inside (internal turnover) or outside of the organization (external turnover) or to leave the nursing profession entirely (Kovner et al., 2014; O'Brien-Pallas et al., 2006). Job Satisfaction is an emotional response towards a job based on job equity and fulfilling expectations and needs within the working environment (Kovner et al., 2014; O'Brien-Pallas et al., 2006; Spector, 1985). As a nurse voluntarily or involuntarily leaves their position, the nurse is exemplified to have turned over from their job. Furthermore, according to these studies (Kovner et al., 2014; O'Brien-Pallas et al., 2006; Spector, 1985), coupled with the nursing shortage, nurse turnover continues to challenge the productivity and soundness of healthcare consortiums yearly.

Turnover among healthcare employees, including nurses, can create challenging economic impacts, potentially causing a single organization to lose $4.4 -7 million annually (Lee, 2020). Nurses departing their roles may do so due to indigent unit management (Leiter, 2016; Mazurenko, 2015). Furthermore, according to these studies, burnout is classified as a syndrome that occurs in a social setting in response to chronic interpersonal stressors. For example, critical care environments in which NICU nurses provide care can quickly diminish a positive work-life and, in addition to burnout, can

lead to job frustration or dissatisfaction (Leiter, 2016; Mazurenko, 2015; Wiemer, 2009). For example, the type of environment in which NICU nurses provide care can quickly diminish a positive work-life environment, leading to burnout, yet may be a minor factor for job dissatisfaction. As job satisfaction is essential for staff retention, a lower incidence of burnout may also help retain needed nurses. Researchers have identified a relationship between burnout and turnover intent among nurses (Kuo, 2019; Maslach, 2009; Piennar, 2011).

Moreover, understandings of the relationships between burnout and nurse turnover outcomes and job satisfaction are conceptualized in Maslach's Multidimensional Theory of Burnout (Maslach, 2009). From the results presented in this study, it is hypothesized that despite the stressful nature of the NICU, nurses were able to find fulfillment in aspects of their job that overall outweighed any areas in which job expectations were not met (Kuo, 2019; Maslach, 2009; Piennar, 2011). A correlation was not found between nurse burnout and actual turnover, but burnout is significantly related to nurses' job satisfaction.

Policies

Policymakers, nursing designs, and healthcare facility commanders should collaborate on these components. These efforts would further render the shift to lessen the nursing labor shortage and elevate workforce cost savings. Universal and healthcare nursing centers can use the research to instruct and support expanding evidence-based policies.

First, healthcare facilities must focus on competitive benefits and wage policies in similar facilities and states. Specific benefits include tuition repayment, health insurance, adjustable scheduling, shift differentials, sign-on handouts, onsite daycare, nurse occupancy programs, relocation expenditure support, retention bonuses for years of indulgence, and support for professional expansion and specialty certification expenses. The benefits would promote their recruitment, retention, and work satisfaction. Second, leaders at healthcare facilities must implement policies that support a positive work environment. Providing career advancement programs and supporting new nurse preceptors and orientation programs are also important. Facilities should increase the recruitment of international students who graduate from US nursing programs. Allowing nurses to have input on safe nurse/patient ratio policies is also necessary. Offering nurses positions in clinical areas that meet career goals could also be critical for leaders at healthcare facilities, and nursing education programs should collaborate to provide supportive learning environments for civil students.

Furthermore, facility leaders and managers must foster civil work environments and establish expectations that deter uncivil nurse behavior. For example, leaders should model civil behaviors, and healthcare facilities should consider implementing a "no tolerance" policy for incivility and educating nursing staff on promoting civil work environments. Nursing education programs should include topics on ethics and civil behavior. In addition, nursing education programs must continue to work with state policymakers to maintain their positions as an entire practice state and pursue policy changes to allow them full practice. Healthcare facility policies must also be in place to

enable all levels of nurses to practice as dictated by their licenses and states' scopes of practice. Leaders at rural facilities could seek funding from state policymakers to assist with these higher education costs. These efforts could be vital in decreasing rural nursing shortages.

Outcome Indicators

To answer the question, "How do nursing homes define the quality of patient care?" researchers should understand that a patient's experience reflects interpersonal qualitative aspects of the care received by patients, in addition to the experience being a process indicator. These outcome indicators include fruitful communication, ultimate respect, and fervent support. Certain factors may alter them, such as establishment hallmarks (e.g., the quantity of assembled patients, the proportion of healthcare providers to patients, ceded services available, patients' sociodemographic characteristics, and their clinical and healthcare behavioral history). In discrepancy, the satisfaction from a patient is both a corollary measure of care perceived by the patient and health aftereffects and assurance in the health system, mirroring whether the provided care met the needs of the patient and their expectations. Outcomes, including patient satisfaction, can affect and be affected by patients' needs, values, and expectations. Seven indicators of these outcomes are as follows: comparison of the consumer's expectations, narratives in nursing homes as interventions, adopting positive approaches when performing conversations, significant influences nursing home quality has for federal and state oversights, person-centered measures, how questions become framed, and how researchers consider how a measure performs across populations.

Consumer's Expectations

In service science, according to Klopp (2018), an outcome indicator utilized by nursing facilitators for quality patient care is to give CNAs allotted time with their patients vs. the time CNAs feel would be essential for them to provide patient care. Furthermore, according to Sion, care provision in nursing homes can be considered a type of service delivery in which the residents' expectations and experiences play a much more significant role than in the more traditional quality-of-care definitions. Evaluations of care services more frequently are trying to fully recognize residents' needs and experiences with the complete service experience before, during, and after receiving care, meaning evaluation does not only focus on the actual activity but also incorporates such as how the resident is approach during this activity (Lemon, 2016; Sion, 2020). By understanding the primary factors of patient care, the study can distinguish what motivates job satisfaction from what motivates job dissatisfaction, so it can present a clear and logical plan for enhancing patient care by CNAs. This view may help consortiums to nourish caring relationships and retention and receive favorable word-of-mouth criticism.

Narratives

Another outcome indicator is using narratives in nursing homes as interventions, such as life reviews, which can improve residents' life satisfaction, thereby defining the construct to be measured (Klopp, 2018). Furthermore, according to Klopp, the quality of care from the resident's perspective, such as experienced quality, is determined by where expectations occur before receiving care. In addition, according to Klopp, interactions

occur during the care experience, and an assessment becomes given after the care experience within a specific context. Relationship-centered care, the individual needs of the resident, family, and caregiver, and their interactions are at the core of a care experience (Edvardsson, 2019; Sion, 2020; Soklaridis, 2016). Therefore, to measure the experienced quality of care, it is essential to ask residents, family, and caregivers how the resident experiences the quality of care by performing separate conversations (Corazzini, 2019; Sion, 2020). The residents' stories should be considered throughout quality assessments since experiences, narratives, and favorites among residents differ.

Positive Approaches

Positive conversations indicate the quality of care delivered to patients. According to Sion (2019), nursing homes often adopt a problem-focused approach. This approach magnifies what is not going well, whereas focusing on what works best and how to build on this can be helpful (Sion, 2020; Voorhees, 2017). Connecting these conversations may help understand residents' experiences of patient care.

Federal and State Oversights

Another outcome indicator is the nursing home quality's noteworthy influence on federal and state oversight bodies (Castle & Ferguson, 2010). Furthermore, according to Castle, critical federal and state activities have influenced quality indicators, directly influencing nursing homes.

Outcome indicators are considered more stringent quality indicators than structural or process indicators because deviations from appropriate care influence residents' health outcomes (Castle & Ferguson, 2010; Healthcare et al., 2019). As part of

the Patient Protection and Affordable Care Act, some requirements would necessitate nursing homes to disclose information on ownership, accountability requirements, and finances and place information on standardized quality indicators on a website (Castle & Ferguson, 2010; Healthcare et al., 2019). Furthermore, according to these studies, further quality indexes for nursing facilities may become widely attainable depending on how requirements are implemented.

Outcome indicators may influence which quality indicators consumers give the most attention to. However, if the nursing home influenced malnutrition in the first place, this is inappropriate as a characteristic used for risk adjustment (Castle & Ferguson, 2010; Healthcare et al., 2019). Furthermore, according to Castle and Healthcare Research and Quality, policy intervention is patient safety, a movement with its genesis in the acute care sector. As a result, patient safety has become a meaningful topic for many healthcare providers. Prominent national organizations have developed various initiatives to assess and improve patient safety in nursing home settings (Castle & Ferguson, 2010; Healthcare et al., 2019; Healthcare et al., 2019). Furthermore, according to Castle and Ferguson, (2010) and Healthcare Research and Quality (2019), patient safety culture is to be assessed in nursing homes. Certification has recently started to acknowledge patient safety issues due to these findings, which include an emphasis on the scarcity of citations on matters related to patient safety.

Person-Centered Measures

Person-centered measures are both defined and understood among researchers, policymakers, and implementers. Patient experience is a process indicator and reflects the

interpersonal aspects of the quality of care received (Larson, 2019). According to Larson, this indicator comprises three domains: effective communication, respect and dignity, and emotional support. Furthermore, the three domains may be altered directly by proxy factors such as facility characteristics, which are the number of patients examined, the proportion of healthcare suppliers, and privilege and resource accessibility. These domains may become modified by patients' characteristics, such as sociodemographic characteristics, clinical history, prior health care-seeking characteristics, clinical history, and prior health care-seeking preventive or non-emergency care versus emergency care (Castle & Ferguson, 2010; Larson, 2019; Voorhees, 2017). These modifiers may hinge on the country and wellness system, yet these modifiers could also sway patients' proficiencies more directly by shaping patients' values, needs, and expectations.

According to Larson (2019), in contrast, patient satisfaction measures a patient's care experiences, health outcomes, and confidence in the health system, reflecting whether the care provided has met the patient's needs and expectations. Furthermore, according to Larson, these indicate patient awareness of facility-level (e.g., case fatality rates) and individual outcomes (e.g., health outcomes or patient satisfaction). A patient's care experience may directly impact the patient's satisfaction and indirectly affect the patient's needs, expectations, and values, which in turn affect satisfaction (Castle & Ferguson, 2010; Sion, 2020). Broader social factors, including patient characteristics, such as age and education, can explain variations in patients' care experiences, ability to evaluate the quality of care received, and satisfaction with care (Castle & Ferguson, 2010; Larson, 2019; Sion, 2020). In addition, according to these studies, patients'

anticipation and interpretation of patient care may be further tailored by broader social, family, and neighborhood mediums. Patient satisfaction measures may also be outcome indicators that reflect whether the care provided meets an individual's needs and expectations. Satisfaction measures help identify areas of service provision that are important to individuals or when aggregated for communities (Larson, 2019).

Furthermore, according to Larson, using these measures requires caution, as changes in satisfaction level may be due to changes in quality of care or patient demand, values, or expectations, and exploratory or qualitative research could help determine the underlying causes of changes in satisfaction. Through posters announcing facility performance on indicators of patient experience to hold healthcare providers accountable for the quality of care they deliver, and by using measures of patient experience, researchers can provide specific areas that healthcare providers could target for improvement (Castle & Ferguson, 2010; Larson, 2019; Sion, 2020). Alternatively, satisfaction expedients become used for accountability. In that case, famished satisfaction scores drive healthcare providers or policymakers to distinguish aspects of valuable patient services and aspects indicating a drop in service provisions.

Framed Questions

Another outcome indicator is how questions become framed. The success of quality improvement or accountability indicators depends on how directly the indicators measure the underlying construct as intended (Larson, 2019). Furthermore, according to Larson, understanding and assessing patients' experiences and satisfaction, by definition, requires asking patients, which will produce subjectivity. To address subjectivity when

assessing person-centered measures, researchers may consider the phrasing of the questions (Castle & Ferguson, 2010; Larson, 2019; Sion, 2020). Furthermore, researchers may consider whether the questions account for patients' expectations and how questions become framed to determine the Degree of subjectivity of measures (Castle & Ferguson, 2010; Larson, 2019; Sion, 2020). Questions inquisitive to directive reports of a circumstance by patients, per experience measures to the receptacle of care, may tend to be less illusory than patients ticketed to gauge their experience.

Population Measures

Another outcome indicator is how researchers measure performance across the public. Not all measures must be dependable across populations and settings, but this is important when assessing broad findings (Larson, 2019). Data is more dependable when compared across populations and settings (Castle & Ferguson, 2010; Larson, 2019). Furthermore, according to these studies, organizations could develop guidance documents on outcomes for quality patient care by healthcare workers by acknowledging this need.

Summary and Conclusions

Chapter 2 discussed the literature review. Throughout the discussion, the literature search strategy followed by the theoretical foundation, specifically referencing Herzberg's two-factor theory was referenced throughout the study. Key concepts to the literature review were also explained, such as job satisfaction compared to job dissatisfaction, topics on turnover and burnout, concerns for policies and outcome indicators, and the

difference between person-centered and population measures. After thoroughly explaining the literature review, Chapter 3 was next discussed.

Chapter 3: Research Method

Introduction

The goal of this research was to understand how CNAs' motivation and job satisfaction affected the perceived quality of the patient care CNAs provided at a selected nursing home facility. In Chapter 3, I present the research design and rationale, my role as the researcher, the methodology, the sampling procedures, and the instrumentation. I conclude the chapter with a discussion of how I analyzed the data, ensured trustworthiness, and addressed ethical considerations.

Research Design and Rationale

In this study, I answered the following central research question: How do certified nursing assistants' motivation and job satisfaction affect their perception of the quality of patient care provided by CNAs at selected nursing homes? In addressing this central question, the following sub-question was explored: What factors within a nursing home's work environment affect the motivation and job satisfaction of certified nursing assistants' perception?

The central concept of the study was how CNAs' motivation and job satisfaction affect the perceived quality of the patient care they provide at a selected nursing home facility. The study was qualitative research guided by Herzberg's two-factor theory (Herzberg, 1959). I used a descriptive methodology to understand the situation based on their overall perceptions within a nursing facility. The advantage of qualitative design is that participants' feelings, opinions, and experiences while interpreting the meanings of their actions are described (Denzin, 1989). Therefore, it was necessary to use a qualitative

design to find answers to questions under investigation in a nursing facility. Furthermore, convenient, and practical reasoning was used in the study to gather and analyze data in a nursing facility, which supports qualitative design for descriptive methodology.

A generic qualitative design has more flexibility to understand the perception of patient care and obtain the perception of patient care from one or more individuals by offering more flexibility as to how and why there is research in the healthcare industry.

I identified relevant themes rather than attempting to force an overall assumption of CNAs' perceptions toward patient care. This was followed by deriving themes and patterns from the data collected through each CNA's experiences and also acknowledged and investigated the requirements for semi structured interviews for the purpose of describing each CAN's shared understanding of the perception of patient care.

Role of the Researcher

I acquired feedback on interviews from the participants. By collecting additional perspectives and responses during the interviews, I gained a broader and more precise understanding of the research topic under examination (Abdalla, 2018). As a family member of a patient residing in a nursing home, I witnessed the challenges CNAs encountered in developing better ways to offer patient care. As an interviewer, my role entailed establishing the interview questions and conducting semi structured interviews with each participant concerning their experiences offering patient care. I explored factors within the nursing homework environment that impact the motivation and job satisfaction of the CNAs. In addition, as the only researcher in this study, I was responsible for all aspects of the study from creating, distributing to analyzing data.

Furthermore, I provided participants with additional knowledge and guidelines for the dialogue process.

Besides, I did not include participants who cared for my father to avoid conflicts in relationships with participants. I had already established a relationship with these individuals because I frequently contacted them when visiting my father. Another issue concerning my role as a researcher was my effort to prevent research bias by not allowing my personal beliefs about patient care, based on my relationship with my father's CNAs, to impact the study. To widen my scope of understanding, I obtained insights from CNAs who did not have any relationship with my father and whom I did not know personally. Finally, I created a complete audio record of the interviews, transcribed them for accuracy, and consulted them later when and if necessary.

Methodology

Participant Selection Logic

The population for this research was CNAs working at one nursing home within The State of New Jersey. The purpose of the study was to understand factors affecting the motivation and job satisfaction of CNAs' perception within a nursing home's work environment. Helping to service the needs of an increasingly aging population, the number of nursing assistants in the long-term care industry is on the rise, and understanding the influences on nursing assistant service qualities and resident satisfaction is important to sustainable long-term care services (Li, 2021). Unlike other sampling methods, I used purposeful sampling since it was better designed to answer the research question. Purposeful sampling is where the subjects have been presented to the

researcher (Stratton, 2021). I selected CNAs for the study after a pool of candidates with their contact information was referred to by the home director. The selection was based on the criteria for participant selection, which depend on how much time CNAs spend with each patient during their assigned shifts within a nursing facility. CNAs providing additional time caring for patients within a nursing facility tend to better understand patients' needs than CNAs providing patient care for a few or a couple of hours during a given week (UNG, 2023). Spending as much time as possible with their patients, CNAs became more familiar with the type of meals preferred by patients, how much activity is necessary for patients, how often the patient should be cleaned and washed, and the expectations and needs of families for patient care. CNAs better perceived patient care by spending more time with patients than less.

The selected participants were 12 CNAs, aged eighteen and over, chosen from the pool of candidates referred to by the director. This number is typical for this study to indicate that saturation has been reached and to demonstrate how the concept of saturation can be applied more effectively. Twelve to 20 is the conceptual yardstick for estimating qualitative sizes and using inductive thematic analysis for discovering emergent themes when transferring the data into codes, at which no additional data are reachable (Guest, 2020).

Furthermore, according to Guest (2020), the first 5 to 6 interviews will produce most of the added information in the data set, as the researcher notes 80% to 90% of all concepts identified within the data within the first 10 interviews. The relationship between saturation and sample size is identifiable through cross-cultural metadata themes

and tools used to estimate sample sizes needed for thematic analysis of qualitative data (Guest, 2020). According to Guest (2020), this relationship relies on the base size, the run length, and the relative amount of incoming added information or the added information threshold. The requirement for more base-size interviews is determined by the initial assessment results.

After selecting a participant, the researcher contacted them via email to acquire dates and times for their availability to interview virtually. After confirming their interviews, each participant was asked to sign and submit a consent form waiver for signature. Interview questions focused on the challenges of job satisfaction CNAs faced when providing patient care. Furthermore, interview questions were not presented to subjects before or given to subjects at the time of the interview. Instead, they were read aloud each interview question to each subject at the time of the interview. Each participant was interviewed virtually. At the end of each interview, the respondents were thanked for participating by distributing lunch and meal vouchers and gift cards they can utilize at restaurants and cafes.

Instrumentation

I chose an audio recorder as the instrument. I purchased a universal audio recorder from a public audio store. It did not include legal or historical documents. The recorder was used to review and understand the participants' responses. I could control the speed of the recording in addition to stopping and beginning the recording. Furthermore, the researcher had the option to repeat the question, and the participants could repeat or

change their responses at their given will as they asked me to re-record their responses. He also had the privilege to go back and listen to the recordings as often as possible.

Procedures for Recruitment, Participation, and Data Collection

I collected data from CNAs chosen to participate in the interview at a nursing facility within The State of New Jersey. Based on each participant's convenience and work schedule, I gathered the data over five but no more than eight days. The time ranged from nine in the morning to nine in the evening, including weekends, with the expectation of indefinite interviews on those five days. I kept a handwritten attendance list of all the participants interviewed. If recruitment resulted in fewer participants, the research already had a set of CNAs from the same nursing facility with the exact prerequisites and qualifications on standby. After the study, each participant was thanked for their participation and left with the contact information should they ever need to reach out regarding questions and results. Participants exited the study by signing a consent form stating they had the right to utilize their responses to questions in the research. If participants had planned to depart before their interview ended, they could have notified me before their departure, in addition to the reason and time. If participants were asked to return for follow-up interviews, it would have required informing the facility's director and contacting them again.

Data Analysis Plan

First, the study involved comparing interview transcripts with interview questions by creating a spreadsheet with the following labels: subjects' responses, first cycle, second cycle, and memo. Second, the data collection, each interview question, and the

contents from the transcripts were transferred to the Excel coding sheet. Third, developing units of conversations, the amount of emphasis placed on each question by each participant; all questions analyzed were transferred, and all content for participants was added to the document. The research had a separate spreadsheet to record any discrepancies.

First Cycle Coding

Single words or short descriptions were used to identify content, noting the impression in the memo column. Taking notes of any ideas that came to mind, the researcher observed what was coming up while noting short comments or phrases that were more informative. Having done this, the researcher confirmed the data sheet had a description and an interpretive comment, which were responses to the text.

Second Cycle Coding

I looked at second-cycle coding as an opportunity to look at data from a different point of view, looking for similar words or phrases across participants with shared meanings. Repeating steps from the first coding cycle, patterns or similarities of what people were saying and how they were saying it were observed during the study. A secondary spreadsheet was created with all the codes organized by each question.

The data was organized manually into predefined categories based on standard features from the codes. A construct was taken from the two-factor theory and applied to the "top-down/bottom-up" approach by looking for global ideas and meanings relating to the literature on the two-factor theory. I found paragraphs or groups of words representing distinct aspects of the broad concepts and then isolated units of meaning

from words and small phrases. By looking at the code and characteristics, individual words or phrases were identified to represent units of meaning or phrases with common elements. Afterward, these characteristics were named with standard elements to represent more global ideas or meanings. By creating these code categories manually, the data has become more organized to see new connections between separate groups of codes. From this categorization, the next step to the study occurred, which was identifying the themes in the data.

Theme Development

After accomplishing the steps to categorization, the next step was to move into themes for presentations, visual, and descriptive forms, meaning summarizing sections of the data in a helpful way that will help in answering the research question while manually taking each column of codes from both cycles and placing them in the word document: The first cycle was descriptive code and concept code. In contrast, the second cycle was pattern code. Performing these steps helped show commonalities in specific themes for the study. The goal was to review the list several times to see if it produced similar groupings reflecting different themes. The ultimate step was to display the date through a graphic image manually. Doing this gave the reader another way to understand how the concepts of data analysis related to one another.

Issues of Trustworthiness

Credibility

Methodological justifiability, trustworthiness, thoroughness, and credibility due to the interpretive variety of the predominance of qualitative scrutiny methods and the

perception of unbridled research partiality are examined in qualitative research (Shufutinsky, 2020). Furthermore, according to Shufutinsky (2020), it is believed that qualitative divisional methodologies, data analysis formations, and models illuminated over several eras have stiffened the rigor of qualitative inquiry. Shufutinsky (2020) further stated that using these tools and instruments can foster increased rigor and transparency around the research, increasing confidence, trustworthiness, and credibility surrounding research design, data collection, data analysis, findings, and qualitative interpretations. Here is where the researcher's role becomes important. According to Shufutinsky (2020), the researcher is the main instrument of the research, collecting, analyzing, interpreting, and reporting the study findings.

Credibility by transparency has been achieved in the study as observations occurred from interviews with gathered sources to those interviews. Each participant was allowed to examine their responses and ensure each provided information was interpreted by their intentions. The report was clear, allowing the reader to follow the research approach easily. The findings were available to assist the readers with how the study came about with the data process.

For research credibility, the study was verified with more data sources, and participants reviewed results to mitigate my biases. Verifying with more data sources, Abdalla (2018) recommended that the researcher uses more than one data source to investigate the same research topic for validity and reliability. According to Abdalla (2018), information arriving from various stages tends to prioritize the research problem and limit biases in the research, such as personal and methodological biases during

triangulation. Triangulation does not consist of a single tool or strategy for validation, yet it is an alternative for validating processes and overcoming flaws in methods (Abdalla, 2018). According to Abdalla (2018), there are strong bonds between credibility and reliability; in practice, the evidence of credibility helps to provide reliability. Therefore, multiple data sources have been verified as triangulations and were referred to assimilating the data while methods were described in detail. By doing so, future researchers will have no problems replicating the research. Furthermore, even though future studies would not be able to produce results as exact as this one, they still can proceed with other phases of their studies, making the work more dependable.

Transferability

Often, researchers rely on participants' masterful knowledge when selecting samples. The anomaly under examination is already remarkably familiar to participants (Daniel, 2019). In qualitative research, emphasis has been placed on concrete settings. To bridge the gap between specialists and researchers, qualitative researchers utilize concrete settings and participants' conceptions of the world to achieve transferability (Daniel, 2019). Furthermore, according to Daniel (2019), transferability is when the targeted group with the participants' characteristics is under examination by the researcher. To accomplish this, the research provided readers with a description of the collected data and the method to compare the study with others or for consistency.

Confirmability

Confirmability deals with the degree to which others can confirm or authenticate the results, such as extended involvement and persistent observation. Extended

involvement entails dedicating ample time to the field, engaging with participants, and extensively studying their activities to enable researchers to acquire comprehensive insights (Ahmed, 2024). In addition, according to Ahmed (2024), persistent observation involves keeping an open-minded attitude, recognizing personal biases, and practicing self-reflection throughout the study. Extended involvement and persistent observation would not only help others to validate the findings of the research but also enhance credibility. Confidentiality and anonymity were both addressed in confirmability. An in-depth interview process may address concerns with confidentiality and anonymity. Interviews and observation can be widely intrusive because of the highly personal matters of the people interviewed (Rahman, 2017). According to Rahman (2017), research and participants have an intimate relationship. As the interview occurred with the study participants, participants revealed personal and confidential information as they responded to questions in the interview. Not sharing confidential information about the participants after the interview with people was the best approach the research took. The type of content in emails to study participants could also have posed confidentiality concerns. The sample size did not pose anonymity concerns.

Furthermore, a smaller sample size has not raised the generalizability issue in research when a population is under investigation (Hennink, 2022). According to Hennink (2022), a small sample size study would represent the population's generalization. A nine or seventeen sample size provided a clear representation and perspective of the population under investigation. Therefore, the sample size consisted of ten to fifteen CNAs.

Ethical Procedures

Ensuring ethical procedure, the researcher did not contact participants without approval from Walden's IRB. The IRB approval is essential to protect and safeguard the participants' privacy and safety. Before data collection, it was ensured that participants' information was safe and protected by assigning them numbers to make their names anonymous to the public. Doing this did not reveal their names, as the write-ups were in indicated in those responses. In addition, exiting the interview project did not result in any negative consequences for the participant.

Summary

Methods were discussed in Chapter 3. The discussion began with an introduction to the research design and rationale, followed by the researcher's role and the presentation of how the study was conducted using methodological instruments and procedures. In addition, chapter 3 included a discussion of the data analysis plan with a heavy emphasis on creating codes for theme development. Chapter 3 concluded with concerns about trustworthiness issues, such as credibility, transferability, and confirmability, right before commenting on ethical procedures that lead into Chapter 4.

Chapter 4: Results

Introduction

The purpose of this generic qualitative study was to understand how CNAs' motivation and job satisfaction affected their perception for providing patientcare at nursing homes. Healthcare managers will use that information to enhance protocols, training, and development for CNAs at their facilities to deliver better patient care. In this study, I described the perceived effect of CNAs' motivation and job satisfaction on their job performance by operationalizing job performance in terms of patient care provided at a nursing home.

I focused on the following central research question: How do certified nursing assistants' motivation and job satisfaction affect their perception of the quality of patient care provided by CNAs at selected nursing homes? In addressing this central question, the study also explored the following sub-question: What factors within a nursing home's work environment affect the perception of motivation and job satisfaction of certified nursing assistants?

The interviews were conducted in a Zoom setting, followed by a description of each participant's demographics, data collection, and data analysis for Chapter 4. Evidence of trustworthiness, results, and summary concluded in Chapter 4. After each interview, each participant was asked to share their thoughts and feedback on the questions.

Setting

Interviews were conducted via Zoom. Whether they were at work or home doing the interviews, they had a noise-free background, making their responses audible. One of the conditions influencing participants or their experiences at the time of study that would have influenced interpretations of the study results was age. For example, CNA #12 (the last of the 12 CNAs interviewed) mentioned in one of her responses that she would not like patients to feel alone. The CNA's response to the interview question could have heavily depended on the CNA's age. This CNA was age 82 and the oldest among all the CNAs interviewed, and it could be because she feels lonely at her age and unhappy with the feeling, she does not want any of her patients also to feel that way when at or approaching that age. In fact, after receiving feedback on the interview from CNA 12, CNA 12 indicated that her age had much to do with how she answered the questions. After the interview, CNA #11 indicated she had a death in the family and was not very focused on her responses to the questions. CNA #11 apologized for not providing complete, thorough responses. However, at the same time as the interview, CNA #11 kept her promise to do the interview. Also, during the interview, CNA #11 kept reflecting on his mother. This stirred up many memories of him and his mom because he used to nurse his elderly, disabled mom right through her passing. After the interview, CNA #11 thanked the researcher for doing this study, for he believed it would open more doorways to expanding CNA retention.

Like CNA #11 and the other CNAs, CNAs 1 and 12 still kept their promises to do these interviews despite personal events occurring in their lives. Most of the CNAs

interviewed, especially the older ones, were unfamiliar with Zoom, as they informed the researcher after the interview. They had not grown up with Zoom and other technologies, as had the younger CNAs interviewed. For that reason, it did take some time to get the older CNAs all set up and ready for their interviews, especially since I had to provide them with phone directions on getting set up prior to the start of the interview. Also, most of them were nervous since they had never been asked to be interviewed in their lifetime. Additionally, since it was an upcoming holiday weekend, Labor Day weekend, during the week of their interviews, they had many other obligations, such as getting their kids ready for back to school, meeting project deadlines at work, getting ready for family visits, and packing for vacation.

Finally, before the start of each interview, CNAs reminded me how delighted they were to do the interviews despite having other priorities after completing their interview session. Despite age, time crunch, family get-togethers, and computer illiteracy, each CNA clearly answered each question to the best of their abilities. Also, the time of the day or day of the week CNAs participated in the interview did not matter because they all appeared to respond within the same time.

Demographics

Table 1

Demographics

CNA	Age	Sex	Race	Years of experience
1	57	Male	Black	7
2	38	Male	Hispanic	2
3	41	Female	Black	4
4	61	Female	White	8
5	51	Male	White	3
6	28	Male	Two races	8
7	23	Female	Indian	3
8	44	Female	Hispanic	12
9	55	Female	Hispanic	10
10	45	Male	Chinese	5
11	56	Female	Black	9
12	82	Female	Indian	16

As indicated in Table 1, the participants were both male and females from various background: White, Black, Indian, Chinese, Hispanic, and more than one race. They all worked full time at the center for at least over a year, and their ages ranged from 23 to 82.

Data Collection

The number of participants with whom each type of data was collected was 12. Interviews were done on Zoom. All Interviews occurred within the same week, August 25 to September 1, 2024. They were done at least twice within a day, at different periods of the day, depending on each CNA's availability.

Before the recording, the consent form provided by Walden's IRB was read to each CNA to confirm their participation. Seven protocol questions were presented and approved by the IRB for asking each participant. Each question was asked precisely as stated in order of the protocol sequence, one right after the next.

In the course of data collection for this study, no significant variation was observed across the responses. This consistency may have indicated a strong consensus among participants or reflect a uniform experience or perspective related to the research topic. While this limits the scope for comparative analysis, it strengthens the reliability of the findings within the given context.

Data Analysis

Data was broken down into smaller parts and labeled with codes during the first cycle coding, which is the initial phase of qualitative data analysis. Assigning brief, descriptive labels, the researcher summarized the content of the data segments to have topics and ideas present in the data. See Table 2 for a presentation of codes, categories, and themes.

Table 2

Coding Table

A priori codes	Emotional codes (open codes)	Categories	Second cycle codes	Participants	Excerpts	Themes
Responsibilities	Attentive priority, caring, duty, influence	Types of responsibilities	- Managing multiple patients - communication & info sharing - care planning involvement	CNA 1-CNA12	"My main responsibility is to help resident with basic daily experience."	Flexibility and adaptability in managing multiple responsibilities
Most rewarding	Perception, sympathetic, generosity, compassion	Sources of job satisfaction	- Providing emotional support - patient-centered care - building trust	CNA 1-CNA12	"Going home knowing I did the best I did was most fulfilling."	Patient-centered and personalized care
Least rewarding	Sensitivity, egoistic, self-destructive, intense attachment, leadership, multiple direction, emotional grievances	Sources of job dissatisfaction	- Lack of leadership support - Emotional intensity - conflicting responsibilities	CNA1-CNA-12	"When the resident gets sick and passes to a better life as everyone says, that's one of the most worrying for us."	Emotional intensity and sensitivity
Primary Care	Priority, diligence, routine, indulgence, involvement	Leadership roles and influence	- Providing direction - Influence in care delivery - support from supervisors	CNA1-CNA12	"Through communication, the next CNA will also do best care."	Leadership and influence

A priori codes	Emotional codes (open codes)	Categories	Second cycle codes	Participants	Excerpts	Themes
Assistance other than direct care	Sympathetic, generosity, self-involvement, mediator, compassion	Sense of community	- Relationships with colleagues - relationships with patients' families - spiritual calling	CNA1-CNA12	"I communicate with their family. "	Community and connection
Family involvement	Therapeutic structure	Commitment to quality care	- Ensuring individualized care - balancing structure and compassion - knowledge sharing	CNA1-CNA12	"Emotional support. Also, would like families to become more involved in doctors' appointments. "	Commitment to quality and responsibility
Preferred task	concern, companionship, self-reflection, respect, organization, sincerity, involvement, purpose	Professional engagement	- Participating in care planning - taking initiative - feeling valued at work	CNA1-CNA12	"Making sure I address everything on my list."	Professional engagement and involvement

The study then moved beyond initial descriptive codes to have identified broader patterns, themes, and relationships within the data during second cycle coding; another qualitative data analysis method. Second-cycle coding involved more analytical processes; thematic analysis so the researcher could gather the pieces to see the bigger picture. During the process, the researcher synthesized and refined the codes developed

during first-cycle coding, aiming to develop a deeper understanding of the research question under study.

The study looked at which cluster of interview questions had the most categories and codes during first cycle coding and then compared with the lesser codes to get an interpretation of the main theme that emerged from the data using quotations as needed to emphasize their importance. For purposes of this analysis, I grouped interview questions into what I refer to as clusters. Clusters of interview questions were based on main concepts and topics that came out in the responses to those questions. Then, a main theme was identified for each cluster to create a concise summary thematic statement. The next step was the second cycle coding.

For second cycle coding, responses were organized into interview questions (IQ) 1; What are your responsibilities in providing care for residents?, #4; When a resident's primary CNA is not available to provide primary for the resident, how would another CNA provide the same primary care for the resident?, and #5; What types of assistance do you provide to residents other than direct patient care? Responses were then organized by a similar thematic grouping for IQ #6; What role in patient care would you like the family to become involved? and #7; What task would you like to do with your assigned cases when time does permit. Finally, responses were organized into IQ #2; What is the most rewarding part of your job, and why? and #3; In terms of the least rewarding part of your job, how have these issues been addressed, and what was the outcome?

Responses to each organized by IQ were then placed on a coding MS Excel table under the following labels: A priori codes, emotional codes, categories, subcategories,

participants, excerpts, themes, and subthemes. Each label corresponded to the overall topic in each of the following seven questions asked during the interview: responsibilities, most rewarding, least rewarding, primary care, assistance other than direct care, family involvement, and preferred task.

Responses were once again grouped descriptively similar to first cycle coding but corresponded to each of the seven interview questions per label. For example, responses to IQ #1, 4, and 5 answered what roles CNAs perform, direct patient care, and additional assistance. Responses to IQ # 6 and 7 answered the "aspirational ones" - what CNAs would like to do. Finally, responses to IQ #2 and 3 provided the researcher with the most direct link to "job satisfaction" and "dissatisfaction" as an attempt to answer the research question.

The following are the outcomes of these groupings:

Emotional intensity and sensitivity were factored in from coding on sensitive, emotional grievance, and intense attachment. For example, when CNA commented; "When the resident gets sick and passes to a better life as everyone says, that's one of the most worrying for us." CNAs perceive the passing of patients as the least rewarding part of their job.

Leadership and influence were factored in from coding on leadership and multiple directions. For example, when CNA commented; "Through communication, the next CNA will also do best care." Through communication, the CNA would then develop a sense for responsibilities which include priority diligence and patient involvement. The research question is answered as CNAs reveals the essential role of effective

communication from the leadership in fostering motivation and job satisfaction within the nursing homework environment.

Community and connection were factored in from coding on community awareness, understanding, and spiritual calling. For example, when CNA commented “I communicate with their family” signifies CNAs perceive helping patients connect with their families as a key factor influencing their motivation and job satisfaction because it fosters a sense of purpose enhancing their commitment to patient care.

Patient-centered and personalized care were factored in from coding on individualized care and knowledge sharing. For example, when a CNA says “Going home knowing I did the best I did was most fulfilling” indicates CNAs perceive their roles as going beyond physical tasks. This also answers the research question because CNAs aim to make residents feel valued, respected, and emotionally supported, which is rewarding to them.

Flexibility and adaptability in managing multiple responsibilities were factored in coding on multitasking and following guidelines. For example, when the CNA said, “My main responsibility is to help resident with basic daily experience.” CNAs perceive allotted time with their patients essential and meaningful.

Commitment to quality and responsibility. For example, when the CNA said “Emotional support. Also, would like families to become more involved in doctors’ appointments.” CNAs perceive family involvement with patients as essential.

Professional engagement and involvement were factored in from coding on involved and pride. For example, when the CNA said, “Making Sure I address everything on my list.” CNAs perceive engagement in the lives of patients as important.

Second-cycle coding established the most direct link to the concepts of job satisfaction and dissatisfaction, based on participants’ perspectives, as an attempt to answer the research question. The following themes emerged:

1. Emotional intensity and sensitivity are the least rewarding part of CNA’s work
2. Effective communication from leadership fosters motivation and job satisfaction
3. Community and connection with families is key to job satisfaction
4. Patient-centered and personalized care is rewarding for CNAs
5. Flexibility and adaptability in managing multiple responsibilities makes time with patients essential and meaningful
6. Commitment to quality and responsibility means that patient lives are important
7. Professional engagement and involvement in patient care is important.

Evidence of Trustworthiness

Credibility

The research was deemed responsible and accurate. Even though my father was a patient at the facility where these 12 CNAs worked, I disregarded his personal feelings

just to remain neutral and non-judgmental while listening to the responses from each CNA.

Also, I achieved credibility for the research by comparing observations made from interviews with sources external to the interviews. Sources, for example, were schedules of CNAs that were observed in the halls of the center, or interaction with staff and administrators when researcher visited his dad. These schedules, for example, indicated which CNAs were assigned to his dad's unit and to his room, as well as other units, and rooms of other patients. These schedules also indicated the amount of time each CNA is scheduled with their assigned patient, and what medical treatment they should receive. These resources were compared to each response provided by the participants during the interview to ensure they align with what has been heard or read in an effort to get a clearer perception of patient care. Furthermore, each participant was allowed to not only examine their responses but also ensure each piece of information provided has been interpreted by their intentions by going over their responses with them at the conclusion of the interview to get their feedback such as anything they felt was important to address and they liked or didn't like about the questions. By doing so, the researcher ensured the report for the research was consistent and clear, thereby allowing the readers to easily follow the research approach.

Transferability

A concrete and rich description of the study setting, participant population, and the contextual details around the research site was conducted. This study utilized 12 CNAs working at a chosen nursing home facility in the State of New Jersey. The site is

described with its characteristic features such as facility type, staffing structure and work environment, permitting a comprehensive understanding of the institution's surrounding.

Dependability

The study was construed from the fact that the findings are consistent with the raw data collected on CNAs. The data was recorded and coded amidst the performance of the following data analysis steps.

Firstly, after all the participants were interviewed, the data were arranged on an Excel spreadsheet, keeping in mind the following research question: How do certified nursing assistants' motivation and job satisfaction affect their perception of the quality of patient care provided by CNAs at selected nursing homes? The responses to the IQ #1, 4, and 5 were grouped descriptively: what roles CNAs perform, direct patient care, and additional assistance.

Accordingly, the IQ #6 and #7 were grouped as the “aspirational ones,” into what CNAs would like to do. Simultaneously, the IQ #2 and three were grouped together, thereby providing the most direct link to “job satisfaction” and “dissatisfaction.” From clustering, categories and themes were derived.

After creating theme clusters, they were tied back to the research question for CNAs' motivation and job satisfaction by doing the following: Firstly, by framing the cluster of two and three interview questions by emerging themes such as:

“Gratitude from patients significantly influences CNAs' job satisfaction by providing emotional and motivational benefits that enhance their work experience.” This was followed by breaking them down into components such as how patients' gratitude

gave them an emotional uplift, reduced their stress, increased their motivation and engagement, and provided them with a sense of meaning.

Furthermore, additional themes were created, such as the challenges that CNAs face in the work environment. Types of challenges were workplace challenges such as uncooperative patients, long hours, and staffing shortages, which impacted CNAs' ability to provide optimal patient care and led to feelings of frustration and being overworked. Other challenges were communication and relationships, such as navigating relationships with coworkers, patients, and their families. Another challenge was emotional burden, such as CNAs often deal with emotionally taxing situations, such as patient suffering and death. For clusters 1, 4, and 5, the research followed the same approach that described the roles CNAs performed, such as direct patient care and additional assistance.

Confirmability

Confirmability is the degree to which the results were confirmed or authenticated by others, through activities such as extended involvement and persistent observation. The extended involvement and persistent observation will not only help others to validate the findings in the research but also enhance credibility. Confidentiality and anonymity had been addressed by an in-depth interview process. As the interview took place, some participants revealed personal and confidential information as they responded to questions in the interview. Not sharing confidential information about the participants after the interview with the public was the promise to each participant to honor their confidentiality as a researcher. In addition, the chosen sample size did not pose anonymity concerns. For example, the sample size of up to fifteen participants had not

raised the issue of generalizability in the research since a population was under investigation. Up to fifteen represented the generalization of the population being studied, thereby giving the researcher a clear representation and perspective of the population being studied.

Results

In the results section, the study describes each theme. Overall, it has seven themes. Below is a discussion of each theme including participant quotes and examples.

Theme 1: Flexibility and Adaptability in Managing Multiple Responsibilities Makes Time With Patients Essential and Meaningful

All participants emphasized that the role of a CNA involves multitasking and managing numerous patients' needs simultaneously. Despite being under time constraints, CNAs maintained a flexible mindset to balance their clinical duties with emotional care. According to CNA #5; "My main responsibility is to help residents with basic daily experience."

Responsibilities included dressing, feeding, bathing, checking vital signs, and ensuring emotional well-being. The research question: How do certified nursing assistants' motivation and job satisfaction affect their perception of the quality of patient care provided by CNAs at selected nursing homes, is answered as CNAs revealed that these daily routines require ongoing adaptation to resident-specific needs and situations. Similar finding can be seen by CNA #6; "Make sure their schedules are on time, inspect their bodies when showering, make sure they do not have viral infections, look at paperwork that comes back from their doctor."

Their ability to perform diverse tasks and make patients' schedules priority also answers the research question by demonstrating how flexibility is integral to sustaining patient care quality, even when working under pressure, and it relates to the two-factory theory in that the hygiene is the desire for CNAs to be more flexible and when they are, CNAs are motivated to provide as much care as possible to patients.

Theme 2: Patient-Centered and Personalized Care is Rewarding for CNAs

CNAs consistently voiced the importance of tailoring care to individual residents' needs. This approach enhanced both job satisfaction and patient outcomes. According to CNA #3; "Going home knowing I did the best I did was most fulfilling." Similarly, CNA #10 states that, "Helping them live with modern technology is what comes to mind… I am like the IT Help support... show them how to send text messages." These quotes demonstrate the CNA's intrinsic motivation transcends beyond the usual care to entail supporting emotional wellbeing and specific patients' needs that directly improves the quality of their lives such as communication and inclusion.

The CNAs saw their roles as going beyond physical tasks. This also answers the research question as CNAs aimed to make residents feel valued, respected, and emotionally supported. Similar findings can be seen by CNA #6, "Spending time with patients so they're not lonely, making sure their mental health is okay, they have someone to talk to." Additionally, CNA #7 emphasized, "To provide extra support with activities of daily living, such as dressing and bathing the patient, and how patients make phone calls to connect with their loved ones."

The research question is answered as the employees appreciate that job satisfaction and motivation originate from their ability to care for residents beyond the rigid routine tasks. Instead, they connect with residents emotionally and socially, thereby improving the quality of care by filling in where family and the healthcare system have gaps. It is also related to the two-factory theory in that the hygiene is CNAs not wanting patients to feel alone and when CNAs feel they are, CNAs are motivated to provide care. The CNAs have an option to simply stick to the routine task and checklist but instead they move to activities such as personalizing caregiving because they get emotional reward in doing so.

Theme 3: Emotional Intensity and Sensitivity are The Least Rewarding Part Of CNA's Work

This theme echoes the emotional weight caregiving exerts on CNAs, specifically when the residents suffer, and how the CNAs emotional state affects both their job satisfaction and motivation. All participants emphasized that the role of a CNA involves grievances and emotional burden. Despite lack of leadership support, CNAs still maintained emotional. According to CNA #5, "when the resident gets sick and passes to a better life as everyone says, that's one of the most worrying for us." Furthermore, CNA #8 stated:

> One of them is emotional support and counseling: like when the resident gets sick and passes to a 'better life' as everyone says, that is one of the most worrying for us, so they provide mental health service to us. The outcome is we receive the support to grieve.

These quotes directly point out that the emotional burden CNAs encounter when patients suffer or die is because of the emotional connection they have developed with the residents in the course of treatment. This emotional strain has a direct influence on their motivation and satisfaction and thereby affects their performance.

CNAs maintain emotional sensitivity by asking for time off from work to allow themselves to accept and heal from the loss of patients. As shared by CNA #8, “When the resident gets sick and passes to a ‘better life’ as everyone says, that is one of the most worrying for us. The outcome is we receive the support to grieve.” This quote suggests that CNAs face emotional strain from the grief of patients dying or suffering at their hands. Such emotionally charged experiences influence their job satisfaction, and by extension, their ability to execute their responsibilities effectively.

The research question is answered as CNAs identified emotional challenges, such as coping with resident deaths, as significant factors affecting their motivation and job satisfaction. To maintain emotional sensitivity, CNAs often requested time off to process grief, which can temporarily disrupt staffing but supports their emotional well-being. This need for recovery time explains how a supportive work environment, including flexible leave policies, is critical to sustaining CNAs’ motivation and job satisfaction. Furthermore, it relates to the two-factory theory in that hygiene is recovery time (grief leave), and emotional support from healing after a patient dies, and if lacking, the CNAs are not satisfied with their job. On the contrast, motivators include emotional connection and sense of purpose that drives the CNAs satisfaction and dedication in helping the residents beyond the primary care provision.

Theme 4: Effective Communication From Leadership Fosters Motivation and Job Satisfaction

This theme highlights the importance of communication, direction and support from leadership structures that play towards job satisfaction and performance among the CNAs. All participants emphasized that the role of a CNA involved direction setting and support from supervisors. Despite lack of support, CNAs still did their best to provide care for patients. According to CNA #3, "Through communication, the next CNA will also do best care." This statement stresses the significance of structured communication and leadership direction in ensuring continuity and quality in patient care provision even in the face of turnover changes. It mirrors the role of communication from leadership in establishing a shared sense of responsibility among the CNAs.

Communication would be the management and administrative team of CNAs acknowledging or recommending direction to CNAs as to how the CNA can emphasize enhanced delivery of care to the patient. Through communication, the CNA would then develop a sense for responsibilities which include priority diligence and patient involvement. This is echoed by CNA #10, "We usually share our past experiences with another CNA... we talk about that in our weekly status meeting... Hopefully, it will be ok with that CNA since we usually get training and orientation, ongoing training." The quote indicates that strong leadership is crucial in helping develop teamwork and performance stability, particularly when the CNAs receive ongoing training.

The research question is answered as CNAs reveals the essential role of effective communication from the leadership in fostering motivation and job satisfaction within the

nursing homework environment. While this lacked from the supervisory team, the CNA's remained committed to proper communication to ensure effective patient care driven by diligence and sense of responsibility to each other. This provided them with fulfillment in their jobs, and it related to the two-factory theory in that hygiene is the perception of CNAs for wanting their managers to be more authoritative and more involved in the duties CNAs provide to patients, and when they are not, CNAs are not satisfied with their jobs and try to do more to gain the acknowledgement or recognition. The motivator factors among the CNAs resulting in their job satisfaction are intrinsic and are tied to the fulfillment they get from the sense of responsibility.

Theme 5: Community and Connection with Families Is Key To Job Satisfaction

This theme emphasizes the relevance of creating relationships with patients, their families, and fellow caregivers, and how it contributes to job satisfaction and performance.

All participants emphasized that the role of CNAs include involvement with the family of the patients and their relationships with colleagues. Despite a lack of sense of community, CNAs still communicate with the family of the patients and provide peer support. According to CNA#8, “I communicate with their family.” Communication includes maintaining a clear and readily available status of the patient’s progress to the family of the patient. CNA #10 exemplifies this significance stating, “They want to contact their family members. I am like the IT Help support; show them how to do basic—send text messages.” The CNAs indicate that helping patients connect with their

families is a key factor influencing their motivation and job satisfaction because it fosters a sense of purpose enhancing their commitment to patient care.

However, a stronger workplace community and better organizational support could further improve CNAs' connection with patients and thereby, motivation and overall job satisfaction. This is related to the two-factory theory that hygiene lacks family connection, and when there is none, CNAs are motivated to make family members connect or visit their loved ones more often. The motivating factors are the intrinsic fulfillment that comes from supporting the residents to reach out to their family members.

Theme 6: Commitment to Quality and Responsibility Means That Patient Lives Are Important

All participants emphasized that the role of CNAs include compassion and ensuring individualized care. Despite family involvement, CNAs still provide balancing structure and compassion. According to CNA #2, "emotional support. Also, would like families to become more involved in doctors' appointments." CNAs ensure knowledge sharing such as not only keeping family members up to date of the patient's progress but informing them constantly of doctor's visits with the patient. Similarly, CNA #8 state;

> If the main provider is not there, we have to provide the same level of care and support to ensure that the residents' needs are met effectively and consistently regardless if we are the primary care for the residents. We have to treat our residents with care.

These quotes emphasize that to ensure accountability and consistency in their work, the CNAs strive to realize a high-quality standard of patient care even when they are not the primary care providers.

The research question is answered as CNAs indicate commitment to quality care with their patients. Even though it is not their duty to accompany patients to doctor appointments, CNAs still feel they should volunteer to do because they got so attached to their patients that they feel they want to be as much involved in their patient's health as possible. In doing so, they keep family members as much up to date as possible, especially when family members do not bother to make time to accompany their loved ones to doctor appointments or when family members do not appear to care. This is related to the two-factory theory that hygiene is family involvement and when there is not, CNAs are motivated to provide care to patients to fill the void of the family not being there for their loved ones.

Theme 7: Professional Engagement and Involvement in Patient Care are Important

All participants emphasized that the role of a CNA involves a sense of pride and participating in care planning. Feeling valued become professionally engaged and involved with patients' activities. According to CNA#10, "making sure I address everything on my list at work." CNAs take the initiative for professional engagement, such as additional tasks CNAs can become involved in to provide better patient care. Similarly, the CNA #6 states:

> We use the computer-based system to communicate with one another on a daily basis. If someone is not available, we log all their notes, everyone has access to

> the computer to look at their schedule. We leave a checklist as to what was covered and what needs to be covered.

This demonstrates that according to the CNAs, professional engagement and initiative goes beyond personal responsibilities to include care coordination to ensure that patient care is continuous and consistent throughout the shifts.

The research question is answered as CNAs become engaged and sincerely involved with the care of their patients when they feel professionally involved and respected, causing significant motivation and job satisfaction. As such, they see their contribution towards patient care by the completed task, communication, and coordination among themselves as crucial and essential achievements.

The theme is related to the two-factory theory in that hygiene is the care that specific patients seek and when there is not, CNAs are motivated to provide care. The feedback from all seven quotes clearly indicates the dual system of Herzberg's two-factor theory that identifies the difference between hygiene factors (which, when absent, results in dissatisfaction), and motivators (which, when present, enhances job satisfaction).

The hygiene factors such as extended shifts, non-cooperative patients, and issues of coordination are shown as contributing to job dissatisfaction when not managed properly. For instance, when issues such as long shifts, staffing, and poor coordination emerge, they point towards structural aspects of the CNAs job, if not addressed, may affect their morale and performance. On the contrary, motivators are evidenced in the CNAs sense of purpose, loyalty, and emotional connection to the patient care. From the quotes, CNAs repeatedly spoke about the essence of human dignity, respect,

individualized support, and emotional connection with patients. Their interest in spending more time with patients, helping them with technology to improve social relationships, and offering comfort in their lowest moments reflects that intrinsic factor such as appreciating the resident's humanity is at the core of their job satisfaction.

The consistent response by the CNAs implies that whereas the absence of adequate hygiene factors exerts a continuous challenge, this feeling is neutralized by the presence of motivating factors that sustain their commitment to caregiving. This dedication to treat residents as individuals and their strong involvement in trying to narrow the existing gap between families and patients mirrors the core elements of Herzberg's motivation theory. Thus, while the hygiene factors inform the foundations of the CNAs' working environment, it is the motivator such as their connection to the patients and acknowledging their dignity and worth, that influences their continued job satisfaction.

Final Results Overview

Regarding Clusters 6 and 7, the CNAs highlighted the importance of family involvement in patient care, particularly in providing emotional support and companionship. CNAs underscored the critical role of family engagement in patient care and emphasized the need for more frequent visits, emotional support, and involvement in daily activities to improve patient's well-being and quality of care.

Regarding Clusters 1, 4, and 5, ensuring the residents' overall well-being, comfort, and safety while providing comprehensive care that addresses physical and emotional needs are part of the patient care. Types of care would include basic physical

care, health monitoring, emotional and social support, environmental care (hygiene), and coordination of care. For example, feeding (basic), bathing (environmental), reading (social support), dressing (basic), checking their vital signs (health monitoring), and connecting them with their family (coordination of care). Other types of assistance, other than direct patient care, are emotional support, companionship, communication assistance, quality of life enhancements, practical assistance, and personalized care.

Whether it is direct patient care or non-direct patient care, care given to patients by CNAs can make CNAs question themselves as to whether they are actually approaching their patients with the sophistication that is essential for the patient's needs. When they feel they are not providing the care that is most essential to the patient based on that patient's need, CNAs might feel they are not doing their job, or unsatisfied with their job. For example, almost all patients in the nursing facility get washed and fed, and their vitals checked. However, depending on the severity of the patient's condition (perhaps the patient has advanced Alzheimer's or Parkinsons' or another disease), they may need to be fed more, washed more, or have their vitals checked more frequently than other patients.

Summary

This chapter explored the central research questions by examining the responses from the CNAs interviewed concerning their roles in resident care. When asked about their responsibilities in offering care for residents, the CNAs overwhelmingly reiterated a focus on basic requirements such as feeding, bathing, toileting, cleaning, dressing, and socializing with the patients. They consistently affirmed the significance of sustaining

respect for the residents as adult human beings through empathy and professionalism irrespective of their situation. Many CNAs also emphasized inspecting vital signs, monitoring infections, and ensuring that the emotional and mental wellness of the residents is part of their daily routines.

The most rewarding part of the CNA role, as demonstrated by the participants, encompasses establishing meaningful relationships with patients, helping with their dignity and comfort, and undergoing personal satisfaction through care. The majority of the CNAs demonstrated satisfaction in realizing they made an impact on the patients' lives, especially through emotional connection and consistent support. Recognition from patients and their families in addition to the ability to support the clients in their old age, further increased their sense of purpose. Overall, the CNAs realized job rewarding due to the emotional gratification, sense of influence, and the emotional connection inherent in their daily routines.

Moreover, when asked about the least rewarding parts of their jobs, the CNAs listed grieving the loss of patients, challenges with getting time for peer communication, interacting with uncooperative patients, and enduring long shifts. These challenges have a direct influence on the job satisfaction of the CNAs. Whereas these shortcomings exist, the CNAs demonstrated a keen sense of fidelity and commitment to their clients by going beyond primary care, assisting with technology use, keeping in touch with family, and addressing the family.

Regarding family involvement in patient care, the CNAs unanimously conceded that family members should play a key role. Whereas CNAs endeavor to meet the needs

of their patients, their time is usually divided among many clients. As a result, they felt that family members could step up and help provide emotional support and companionship when the CNAs are tackling other tasks. This, according to their experience with the residents, would improve the quality of care and enhance a solid patient-family relationship.

Additionally, concerning the care continuity process, the CNAs argued that there is a consistent handover system that involves written, digital notes, or verbal communication. They also use computer-based systems to log care information, ascertaining that the incoming CNAs are well-informed about the patient's current circumstances and needs. This systematic documentation guarantees a smooth transition and ensures that the standard of care is maintained.

When asked about what they would like to do with their assigned cases when time does not permit, the CNAs expressed a significant desire to transcend primary caregiving and provide emotional support, engaging the patients in purposeful conversations and advancing activities designed to meet their interests. Many CNAs stressed the importance of tackling both the emotional and mental well-being of the patients, ensuring that they do not feel deserted or neglected. Overall, they appreciated meaningful interactions that embody dignity, emotional comfort, and a better caregiving experience when time permits.

The next Chapter (Chapter 5) was built upon the findings demonstrated in Chapter 4 by providing a deeper interpretation of the results with regard to the research questions and the existing literature. The Chapter addresses the limitations realized during the

study, offers context for the scope and generalizability of the findings, and presents effective research-informed recommendations aimed at improving care practices and CNA support. It equally explores the implications of the study for the individual CNAs, policy, and practice that should inform future studies. It concludes by offering a summary of key insights into the study, emphasizing the responses to the research questions.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The topic that I explored in this study was the quality of patient care in nursing homes. An ongoing staffing crisis in long-term care affects the mental health and overall well-being of healthcare workers (Trombley; 2024). In an effort to resolve this crisis, I presented research on patient care to hospital administrators and nursing facilities to encourage the opening of additional nursing facilities throughout the country for patient care. Certified nursing assistants (CNAs) are the main caretakers for patients at nursing facilities, and there is a shortage of CNAs. Based on 2018 data from Mercer's Workforce Strategy and Analysis, by the end of 2025, the United States would have already experienced a CNA shortage of 95,000 (Goble, 2019). At the beginning stage of 2025, and there was already noticed a CNA shortage.

Furthermore, according to Goble (2019), patient acuity (i.e., the severity of the patient's condition and the level of attention patients require from professional staff) has been on the rise, encouraging the need for a more skilled workforce. The level of care given to patients is dependent on the motivation and job satisfaction of CNAs (Brady, 2016; Dyrbye, 2017; Kahlke, 2014; Klopp, 2018). To understand motivation and job satisfaction of a CNA, the study is a generic qualitative approach. The approach was also used to investigate participants' perceptions and experiences of a particular issue by Kahlke (2014), Lumadi and Matlala (2019), Niemann, Meyer, and Uys (2019), Riffel and Chen (2020), and other researchers. This study used a generic qualitative approach, which relied on semi structured interviews for data collection. Semi structured interviews

allowed the exploration of personal perspectives of each CNA who developed a relationship with their patient by giving insight into each of the participants' perceptions and experiences relating to a particular issue. Job satisfaction was believed to have influenced motivation and job performance of individuals and organizations such as nursing facilities (Alrawahi, 2020; Hur, 2018). However, during the interview with each CNA, based on their responses to the perception of what patientcare should be, it was noticed they still performed duties and responsibilities for patientcare despite how motivated or satisfied they were with the job. This is in spite of the allotted amount of time nursing facilities give CNAs with their patient, and the pay they receive.

Overall, the job satisfaction of a CNA was highly based on the CNA's perception of what they believe patientcare should be. High salary, time off with pay, and retiring from a job may have an admiring effect on retention but not improving patient care. Throughout the CNAs interview, it was apparent that past researchers such as Brady, Nowrouzi, Shipley, and Walker were successful in their efforts to show that both job satisfaction and motivation can impact job performance. However, it is hard to verify whether their findings that job performance, job satisfaction, and motivation are interrelated.

Interpretation of the Findings

From the interviews, it came clear that CNAs, in overall, accept their roles because they need a job. However, somewhere down the line, the duties, and responsibilities of CNAs at nursing facilities became more than just a job. Spending time with their patients over time, CNAs' duties grow into relationships with patients as they

learn to do as much as possible within a given shift for patients to make them feel wanted and loved and never abandoned. For example, CNA #12 when asked; What are your responsibilities in providing care for residents? her response was:

> Making sure they are clean, they eat their food, making sure they are happy, being around them all the time, do not leave them alone. Taking their vital signs, making sure they receive appropriate diet plans, cleaning their room and bathing them.

This quote shows that as CNAs became emotionally drawn to their patients over time, they no longer view their job as just that. They become so drawn to their patients that they do not want them to feel alone.

Engaging directly and having the most frequent contacts with patients, CNAs are vital for inpatient care, which is transparent in other studies by other researchers, such as (Jalagat, 2016; Liu, 2016; Walker, 2019). Speaking with each CNA, it became clear that CNAs are vital for inpatient care since they not only provide attention to their patient, but also focus on their immediate need, which is transparent to other researchers, such as Shipley. Furthermore, the study made it easy to realize why direct and frequent contacts with patients by CNAs are important, and CNA #6 encouraged such understanding as observed by her response to the responsibility in providing care for residents.

> Personal care, helping with general tabs: dressing, eating, showering, getting their food ready, following a schedule, spending time with patients so they're not lonely, making sure their mental health is ok, they have someone to talk to, making sure they're taking their medications when they have to. Make sure their

> schedules are on time/track, check their vitals, which they leave and come back safely. Inspect their bodies when showering, make sure they do not have viral infections, look at paperwork that comes back from their doctor, keep in touch with their family, provide the bridge between them and the patients.

The quote tells that CNAs, in comparison with family members and administrators, spend the most time providing care to patients. CNAs not only visit patients, but shower them, feed them in the morning, afternoons, and at evening, check their vital signs, cut their hair, groom them, wash their clothes, take them to doctor visits, provide them motor and physical therapy, read to them, sing to them, and even take the time to listen to their stories. Overall, CNAs spend a significant amount of time with patients on any given day at any given moment in comparison with any other individual involved in the life of a patient at a nursing facility.

Spending a tremendous amount of time with each patient, the desire to build relationships with their patients becomes obviously apparent. Relationships develop as CNAs devote a great amount of time to each patient, which is transparent in other research, such as that done by Brady (2016), Kahlke (2014), Kreitzer et al. (2015), and Willemse et al. (2015). The building of relationships sets perceptions of expectations for how CNAs should deliver patient care. Past research has made contributions on this observation, such as Klopp (2018), Shipley (2015), and Walker (2019). Listening to each CNA, there is an impression that they want to be more involved in planning exertions related to their roles and do more than just provide patient care. For example, when asked

the following question: What types of assistance do you provide to residents other than direct patient care, the response by CNA #10 was:

> They want to contact their family members, they don't know how to use, let's say their smartphones updates, how to download an app sometimes they may just touch the phones by mistakes I'm like the IT Help support; show them how to do basic-send text messages, helping them live with modern technology is what comes to mind immediately in addition to helping them to feed, shower and taking them outside for a walk, to let them know when their family members call and how to call them back.

This quote shows CNAs want to be the voice and advocate of patients, since patients do not have the ability to say and speak what they want. CNAs do not want society to shut out patients. Instead, they want patients acknowledged as normal people, having the ability to communicate via phones and emails, just like the rest of the world. They also prefer healthcare administrators to hear both the cries of CNAs and patients for social changes towards enhancing patient care, which resembles findings by other researchers, such as Khatutsky et al. (2011).

Speaking with each CNA, it emerged that they develop visions; perceptions for work outcomes after spending extended time with their patients. Relationship building over time appears to influence CNAs' levels for what job satisfaction ought to be, and the level for performance by a CNA during work which then would determine their views for how patient care should be delivered. This appears to be in the same line of work as other researchers such as Izvercian et al. (2016), Koziol and Koziol (2020), Alrawahi et al.

(2020), Hanaysha and Tahir (2016), and Hur (2018) whose research focused on how committed employees are to their jobs upon satisfaction of their accomplishments. However, it remains unclear whether the CNAs personal view for patient care would increase or decrease the care they give daily to patients cause despite their perspectives on how patient care should be. Every CNA interviewed still expressed love and care for their patient and still performed the same level of care to each patient. For example, say this because when asked, IQ #4) When a resident's primary CNA is not available to provide primary care for the resident, how would another CNA provide the same primary care for the resident? CNA #8 responded as follows:

> If the main provider is not there, we have to provide the same level of care and support to ensure that the residents' needs are met effectively and consistently regardless if we are the primary care for the residents. We have to treat our residents with care. We need to make sure we supervise that support and that they are taking care of.

Then, when CNA #10 was asked the same question, his response was:

> We usually work as a team. We usually share our past experiences with another CNA. Let us say when we have to go on sick leave or take a personal day, it should already be on file with the patient. We already go through that; we should talk about that in our weekly status meeting since we all work there on the same floor so another CNA on the same floor should not be surprised and hopefully that person is an experience person and not a person on the first day of the job. Hopefully, it will be ok with that CNA since we usually get training and,

orientation, ongoing training. Yes, that is how I will answer the question without getting into too many details.

Both responses indicate that despite any issues going on at their work, CNAs still perform the same duties in delivering patient care to each patient. Therefore, when past researchers claimed job satisfaction in nursing care impacts patient outcomes, including the quality of care, and when nurses are satisfied with their work, their performance increases such as Hur (2018) and Liu et al. (2016), this can't be true, cause despite all the concerns shared to by each CNA, each CNA still did what they had to do to provide patientcare. Furthermore, a CNA's dissatisfaction with their job cannot be relevant to their perception of work. There is a concurrence that performing poorly at work may cause CNAs to feel anxious about delivering care to multiple patients within a brief period because anxiety is often due to tight deadlines, abnormal activities, excessive workload, and poor employee time management, as researched by Koziol (2020). But this does not have anything to do with them delivering poor patient care since care is necessary no matter how happy or sad is the CNA. All the CNAs interviewed gave similar answers, which is they all perform the same level of patientcare, and their tone of expression in their responses indicate they are honored and filled with joy to provide patientcare. However, they would be a bit more appreciative if the delivering of patient care improved, and suggestions for better patientcare were taken into consideration by nursing administrators.

Not having sufficient time to spend with patients was a concern by the CNAs interviewed. Increased demands at work and self-care negligence do not give CNAs the

allotted time for patient care in an effective way, as implied by researchers, such as Harrington (2023) and Lee et al. (2020). Increased demands and negligence may be true because other researchers, such as Konetzka (2009), claimed CNAs abandon their work primarily due to their perception of what they believe is insufficient allotted time given to them to stay with their patient when providing patient care. Abandonment cannot be the only reason, but CNA's perception is what primarily governs their thoughts for delivering patient care, especially expanding on what appropriate allotted time should be. Unfortunately, less than a handful of CNAs have as much time as before to devote to their patient load, as claimed by Klopp (2018), Plover (2017), and Shipley (2015). This is true as seen with the CNA #10 saying he was not provided with the allotted time to spend with his patient when asked; what are your responsibilities in providing care for residents?

> My main responsibility is to help residents with basic daily experience. The reason people are in nursing homes is because they cannot live on their own, they cannot function on their own or family feels they cannot function on their own. Someone needs to watch over them 24/7 for their own safety. Sometimes we have to give them medication-some people may not take their medication on time. Sometimes old people forget to take medication; they might also need help taking showers. They may forget to eat, they might take junk food, they might not eat well, and it is on a case-by-case basis.

CNA #10 goes on to say how important it is for CNAs to be with their patients when asked, “When a resident's primary CNA is not available to provide primary care for the resident, how would another CNA provide the same primary care for the resident?”

> We would like to spend time with each case or each resident at a time, but the reality is we are overworked, so much is going on and we cannot spend enough time with each resident. Have these issues been addressed? Of course, management knows they need to hire more people to reduce the residents to CNA ratio, but sometimes it’s a corporate world, they might not want to hire people or find enough people, so I guess you do whatever you can with the card you’re dealt with.

Also, when asked CNA #10; What is the most rewarding part of your job, and why? His response was:

> To help with our residents living in dignity at their old age, one day you will be old, it is part of human prodigy, to help someone live at their own age even if they cannot function on their own without getting in too much detail.

By saying “this is why they are here in the first place,” “they can’t function on their own,” “We would like to spend time with each case or each resident at a time, but the reality is we are overworked and “one day, we will be old,” tells that CNAs already have a pre-determination perception/concept of what nursing care should be and this definitely includes having more than the allotted time given to spend with patients.

CNAs sometimes fall into a state of depression and burnout when patients pass away, or they see them suffer and perceive recovery time from a loss or adjusting to a

patient's symptoms would be most appreciated. Coping techniques for burnout prevention reduce CNAs' job dissatisfaction, as stated by past researchers such as Dyrbye et al. (2017), Molero et al. (2019), and Nowrouzi et al. (2015). Based upon quotes from CNA #8 and nine, coping techniques by nursing facilities are already in place to prevent burnout, such as grief. When asked, in terms of the least rewarding part of your job, how were these issues addressed, and what was the outcome? CNA #8's response was:

> One of them is emotional support and counseling: like when the resident gets sick and passes to a 'better life' as everyone says, that is one of the most worrying for us, so they provide mental health service to us. The outcome is we receive the support to grieve. The least rewarding part is when they pass.

Also, when CNA #9 was asked, in terms of the least rewarding part of your job, how have these issues been addressed, and what was the outcome? Her response was:

> I would not say there is really a reward. Watching them suffer is very difficult, having to deal with their bodily fluids is not very fun and sometimes having to deal with a family that is not still compassionate and sympathetic who complains a lot.

Both responses show that CNAs would appreciate more allotted time with their patient, especially when they pass. A probable reason CNAs are not giving allotted time could be because nursing facilities might find it easier for CNAs to accept the patient is gone when CNAs do not spend more time with the patient than needed prior to the time of the patient's death.

Also, gratitude from patients influences CNAs' job satisfaction and the challenges that CNAs face in the work environment. From Clusters 2 and 3, gratitude from patients significantly influences CNAs' job satisfaction by providing emotional and motivational benefits that enhance their work experience by giving them an emotional uplift, reducing their stress, exhaustion, and burnout, increasing their motivation and engagement, and providing them with a sense of meaning. The challenges that CNAs face in the work environment are uncooperative patients, long hours, and staffing shortages. These challenges can impact CNAs' ability to provide optimal patient care and lead to feelings of frustration and being overworked. Communication and relationship challenges are navigating relationships with coworkers, patients, and their families, and the emotional burden CNAs often deal with emotionally taxing situations, such as patient suffering and death.

The only drawback was in question #3. It appeared not to have been answered fully with regards to the outcome, and this could be either due to the CNA not paying attention to what was asked or being uncertain of how to answer it. For example, when asked CNA #11, "*In terms of the least rewarding part of your job, how have these issues been addressed, and what was the outcome?* CNA #11 responded, "Make sure they are taking good care of and doing good." CNA #1's response also gave the impression that he did not understand the question because his response was, "Can't see them." After the interviews, both CNAs #11 and one apologized for not responding with a more elaborate, detailed response without notice. CNA #11 had a family funeral to attend, while CNA #1 kept reminiscing about the care he provided to his elderly mother.

Another drawback was the interviewees' age. Their age could have prevented them from cognitively formalizing an answer to provide. For example, CNA #12 (the oldest among the interviewees at age 82) responded to this question in a way that was of concern: “personally taken care of when asked.” In terms of the least rewarding part of your job*, how have these issues been addressed, and what was the outcome?* There was expectation for a more extended response (as the other interviewees have done).

There were concerns that the responses by each CNA would not be high-quality, in the sense that almost all the interviewees responded in under an hour to each question, and all the interviews were done back-to-back within one week. In addition, most of the CNAs had not been accustomed to zoom, and it was their first time being interviewed virtually, so it was obvious that they were nervous during the interviews. Despite all these concerns, it was still possible to answer the research questions based on the responses of all 12 CNAs interviewed. The results are satisfactory

Limitations of the Study

Limitations to the ~~s~~tudy are as follows:

1). The sample size for administrators was only 12, which is rather small, and because CNA comments were almost identical, this unusual finding raises the question of validity.

2). The study cannot validate if the following is true: A study funded by the US Department of Health and Human Services (Bishop et al., 2009) claiming that good relationships between CNAs and supervisors support job satisfaction. It is contentious to know if this is true or not because there is no recollection from any of the CNAs focusing

on good or bad relationships with their managers influencing their perception of patient care.

3). Past researchers, such as Lerner (2010) and (Gent et al., 2014) made minor references to pay as being a significant influential factor to CNA perception, yet during the interviews, it could not be verified because CNAs did not bring up the topic of pay as an influencer for their perception on patientcare. Primarily, researchers indicated that hourly wages do not appear to influence turnover. Pay is not cited as a dominant reason for CNAs renouncing their jobs, but it does contribute to job satisfaction as implied by Lerner et al. (2019), Gent et al., 2014, and Wiemer et al. (2018). Their research could not have been verified because, after interviewing each CNA, there was no impression that pay was an issue. CNAs are more likely to leave their current jobs not because of salary but because of not being given the chance to be heard or acknowledged by nursing facility administrators and managers. There was no impression from any of the CNAs that money was a topic for their perception.

4). Past researchers, such as Lyman, Nowrouzi, Walker, and Weech indicate CNAs perform less efficiently in the following areas: answering a patient's light summons, acknowledging patients, sitting and feeding them, taking food from the kitchen after providing seats for patients, distributing silverware, spending more time getting patients ready for bed than needed, and controlling patients' activity levels (Lyman, 2023; Nowrouzi, 2015; Walker, 2019; Weech, 2019). But after interviewing each CNA, it is disagreeable that any of these statements are true. Even if this were true, based on what CNAs stated, they all still perform patient care at the same level.

5). After speaking with each CNA during the interviews, an observation can be made that nurses and nurse assistants withdraw from their jobs not due to burnout, turnover, or job satisfaction. According to research, turnover occurs when a nurse voluntarily or involuntarily leaves his/her current position to transfer to another position inside (internal turnover) or outside of the organization (external turnover) or to leave the nursing profession entirely (Kovner et al., 2014; O'Brien-Pallas et al., 2006). It is hard to validate this statement because CNAs had not specifically focused on internal and external turnovers during the interviews.

6). Research indicated that a correlation was not found between nurse burnout and actual turnover, but burnout is significantly related to nurses' job satisfaction. During the interview with each CNA, there was no confidence that burnout was related to nurses' job satisfaction.

7). After speaking with each CNA, it is clear that being less or more skilled is a factor in CNAs' perception of patient care. Also, neither the literature review nor the interviews could support that job satisfaction is a result of the need for CNAs to be more skilled or less skilled to provide additional patient care.

Recommendations

CNAs strive to provide safe, compassionate, competent, and ethical care to patients. Previous studies by Alrawahi et al. (2020), Molero et al. (2019), Ouslander and Grabowski (2020), Swanson (2018), and Walker (2019) on nursing facility staffing have demonstrated that policy recommendations for nursing facilities can benefit patient care.

To ensure the successful implementation of the continuance of such care, the study's recommendations for policies at nursing facilities are as follows:

Recommendation 1: Continue to Hire A High Percentage Of CNAs

CNAs had high gratitude and praise for their work. CNAs are vitally important and well-integrated into the nursing facility. CNAs not only feed patients, but bathe them, take them for walks, or, if they cannot walk, roll them in their wheelchairs to the rotunda and television room, read to them, sing to them, get them ready for bed, and check their linings for cleanliness.

Recommendation 2: Increase Actual Family Time Visits Per Day For Each Patient

CNAs cannot spend as much time as they would like with any one patient due to the amount of time needed for each patient. This prevents the patient from developing sufficient familiarity with the CNA. In addition, almost all the CNAs interviewed agreed that the presence of family members encourages residents to cooperate more freely with CNAs, since residents are more familiar with family members.

Recommendation 3: Make All Employees Aware Of The Ranking Of The Facility I Interviewed In New Jersey In Comparison With Comparable Facilities There

Such awareness will provide employees with a clearer perspective of their contribution to patient care in comparison with other facilities. Having this perspective can encourage nursing facility personnel to establish benchmarks for improving patient care.

Recommendation 4: Institute Training Programs To Improve Communication, Which Will Retain Employees

The best way to understand whether CNAs are satisfied with delivering patient care is to go to the source directly and ask how they feel, and one way to do this is for nursing facilities to have CNAs submit a mandatory once-a-month anonymous survey to their executive office indicating their likes and dislikes for patient care. Then gather their responses and use those responses to help pave the way for future improvement with how CNAs ought to approach patient care.

Recommendation 5: Include More Collaboration

If CNAs are not satisfied with their jobs, they may experience mental exhaustion, negative attitudes, and a lack of motivation toward their jobs. A lack of job motivation can result in compromised patient care, as noted by other past researchers such as Dyrbye et al. (2017), Molero et al. (2019), and Walker (2019). Even though it was not mentioned directly in interviews, CNAs still ought to be acknowledged for what they do. This is because each one of them does a lot of work to provide patient care, and they appear not to be acknowledged by the administrative staff at nursing facilities in general. CNA managers and administrators should allow time off from work so they can cope with the loss of a patient or just stay home to rest their minds after a tiring work shift. Another suggestion would be for managers to allow CNAs to come together outside of their shifts when they are not rushed to talk about how they can better provide patient care.

Recommendation 6: Avoid Routine Schedules

Factor in more flexibility for the allotted time CNAs spend with patients. Some researchers, such as Hur (2018), Jalagat (2016), and Liu et al. (2016), claim that if consideration for extended allotted time is left unaddressed, there is a chance for low performance and increased turnover. Furthermore, according to (Hur, 2018; Izvercian, 2016; Koziol, 2020), routine or work complacency is dangerous because routines limit the employee's capacity to do something new and adapt. To rectify this concern, if there is not a routine in place for CNAs to begin with, then maybe, CNAs would have the allotted time needed to be with their patients. So, getting rid of routine schedules for CNAs is another recommendation.

Recommendation 7: Include More Allotted Time with the CNA And Patient

Speaking with each CNA, it is clear that more time would be appreciated with their patient if nursing facilities expanded the time CNAs spend with each patient. In this respect, there is concurrence with research that nursing assistants abandon their roles if they feel they are not having a sufficient amount of time needed with their patients. Nursing assistants abandon their work primarily due to their perception of what they believe is insufficient allotted time given to them to stay with their patient when providing patient care (Decker et al., 2009; Konetzka, 2009). Therefore, allowing the CNA more allotted time with their patient might make the CNA a bit more satisfied with their job.

Implications

CNA managers can reflect on the findings to provide enhanced patient care at their nursing facilities. The study will contribute to positive social change by revealing ways to increase job satisfaction for CNAs and improve patient healthcare outcomes. Furthermore, the study will provide essential care for a vulnerable population and encourage social change by encouraging nursing leadership to be more inclusive and better establish programs and events where patients will be ensured equitable, quality care from all types of nurses. Most importantly, the findings will encourage healthcare administrators to hear both the cries of CNAs and patients for social changes towards enhancing patient care.

Conclusion

Even though all CNAs were interviewed separately, almost all CNAs offered nearly identical comments that in dealing with residents, one would feed, clean, wash, toilet, and socialize with them (such as singing and reading), adding that one should remember that patients are adults and should be treated with respect.

Also, the results indicate the research question was answered in that CNAs' perception for family involvement is crucial to patient care. The CNA's responses seem to agree that family members should get more involved in their loved ones' lives, meaning there is only so much time a CNA can spend with their patients in a given day. It would be nice if family members could spend the rest of the time with their loved ones when the CNA has to go address their next task.

They also appear to all agree on the same process for when another CNA must continue from where they left off. For example, the CNA #6 asserts:

> We use the computer-based system to communicate with one another on a daily basis. If someone is not available, we log all their notes, everyone has access to the computer to look at their schedule. We leave a checklist as to what was covered and what needs to be covered.

They all respond similarly, i.e., referring to the notes last left on the patient, since they are required to leave specific notes either in writing or on the computer. Also, the CNAs always talk among themselves when handing over their patience to another colleague after their shift.

In commenting on the least rewarding part of their job, the study found the following four responses interesting: 1) The CNA must go through a grieving stage and counseling when their patient dies (CNA #8). 2) CNAs sometimes find it difficult to arrange meetings with their fellow CNAs during coffee breaks to discuss the needs of the patient since they are always busy (CNA #4), 3) CNAs sometimes have to deal with non-cooperative patients (CNAs #2, 4, and 5), and 4) CNAs have to accept long hours on each shift (CNA #6).

Interviewing each CNA, revealed also that they could play a vital role in patient care. CNAs are the ones who are always in contact with the residents. They always stay with the residents or at least prefer never to leave them alone (as was said by CNA #12). They are a reliable source of information, meaning we can learn a lot about history from their stories and life journeys. At the end of each interview, there was an instant

impression that CNAs, in comparison with other healthcare workers such as LPNs (licensed practical nurses) and RNs (registered nurses), and excluding family members of the patients, spend the most time with residents. Because of that, they are the ones most aware of patients' vital signs. For example, CNAs #5, 6, 7, and 9 all mentioned monitoring patients' vital signs as one of their priorities when providing patient care. Therefore, CNAs are critical to successfully running the institution and delivering patient care at any nursing facility.

Additionally, loyalty is an area where the CNAs expressed fanatical support or affiliation as their source of motivation. For example, in providing care for residents as core responsibility, CNA #6 states.

> Personal care, helping with general tabs; dressing, eating, showering, getting their food ready, following a schedule, spending time with patients so they're not lonely, making sure their mental health is okay, they have someone to talk to, making sure they're taking their medications when they have to. Make sure their schedules are on time/track, check their vitals that they leave and come back safely. Inspect their bodies when showering, make sure they do not have viral infections, look at paperwork that comes back from their doctor, stay connected with their family, providing the bridge between them and the patients.

Similarly, CNA #10 offers the same assessment of loyalty as a key part of their motivation despite the challenges. For example, in dealing with assigned cases when time does permit, the CNA #10 responds:

> As much time as needed with each resident that is the ideal answer but sometimes emergencies happen just like in my personal life and your personal life, and sometimes just not possible. I think you asked me earlier, and I may have answered differently. The way I answered I wish we all have more time to spend with each patient but in reality, we know that's not the case because emergencies just happens in life just like a nursing facility, so I would say in the ideal world, I wish I would have more time to address concerns of each resident and also the areas of concerns of the family members and I think that's very important too because sometimes the family members have concerns. I wish I could address the residents' areas of concern and the family members; the caring family members to please everyone in the ideal world but we sometimes know that it is not always possible.

The above response by CNA #6 gives the impression that CNAs value the quality of care they deliver to their patients. CNAs typically would like to provide as much care as possible to each of their patients. To do so, they strive to be conscientious and highly aware of their work actions whenever their patients are in contact with them. The above statement indicates that this CNA confirms that their main priority is the patient's needs rather than their own.

Another area of interest that became apparent during the interviews is a sense of belonging. CNAs appear not to want patients to “miss out” on the utilization of technology and family. They appear to want them to be treated the same, even though they are in a resident home. For example, CNA #7 and CNA #10 would like patients to

still have the capability of phones and the internet to connect with family. According to CNA #7, the task he would like to do with assigned cases when time permit is to *"*To provide extra support with activities of daily living, such as dressing and bathing the patient, and how patients make phone calls to connect with their loved ones."

In addition, according to CNA #10, the type of assistance to provide residents other than direct patient care is as follows,

> They want to contact their family members. They do not know how to use their smartphone updates or how to download an app. As a result, occasionally, they may touch their phones by mistake. In such events, I was propelled to ask for IT Help support to show them how to do basics such as text messaging. Helping them live with modern technology is what comes to mind immediately, in addition to helping them to feed, shower, and take them outside for a walk, to let them know when their family members call and how to call them back.

In each of the statements, the CNAs identifies that helping establish a connection between the residents and their family is actually crucial to the healing process and their overall wellbeing and should not be limited by the fact they are at the resident home.

Finally, it was noticeable that as some of the questions were asked, some CNAs needed to pause for a minute or two to think about how to respond. There is no doubt that they were paying attention to the question. They wanted to make sure they were giving the best answer possible. For example, in response to what they do with assigned cases when time permits, CNA #6 responded by stating; "This is a good question, Roswell. Capture the attention of the family, make sure the patient is not lonely, catch their

emotional needs, see what is bothering them, give them activities so they are not mentally bored." The research is definitely valuable information for educators, HR managers, and those looking to enhance staff retention and strengthen a discussion built around the two-factor theory.

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Appendix A: CNA Interview Guide

1) What are your responsibilities in providing care for residents?
2) What is the most rewarding part of your job, and why?
3) In terms of the least rewarding part of your job, how have these issues been addressed, and what was the outcome?
4) When a resident's primary CNA is not available to provide primary care for the resident, how would another CNA provide the same primary care for the resident?
5) What types of assistance do you provide to residents other than direct patients care?
6) What role in patient care would you like the family to become involved in?
7) What task would you like to do with your assigned cases when time does permit?

Thank you for your participation in this study. There is also information that should not be included in the capstone appendices. This includes personal information and contact information. Ensure that no personal information, like phone numbers or email addresses, is included. Consent forms can be included at the proposal stage but should be omitted from the final document.

Appendix B: Invitation Template for Email, Social Media, and Flyers

There is a new study about patient care that could help healthcare managers better understand the job satisfaction of CNAs (certified nursing assistants). For this study, you are invited to share your perception of patient care.

About the study:

*One 30–60-minute Zoom interview that will be audio recorded (no video recording)
*You would receive a $15 gift card as a thank you
*To protect your privacy, the published study will not share any names or details that identify you

Volunteers must meet these requirements:

CNAs must have at least 1 year of patient-care experience

This interview is part of the doctoral study for Roswell Lawrie, a doctoral student at Walden University. Interviews will take place during August.

Please let the researcher know of your interest. You are welcome to forward it to others who might be interested.