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Person-Centered Caregiving Instruction for Geriatric Nursing Assistant Students

Development and Evaluation

ABSTRACT

This research describes the development and evaluation of a 2-hour program that taught geriatric nursing assistant students person-centered caregiving skills. The person centeredness of caregiving skills among students who completed the training, as well as those who did not, was evaluated by coding their videotaped interactions with a standardized long-term care resident. Residents reported more satisfaction with students who had completed the special training, although there was little difference between the actual behavior of students in the intervention and control conditions. Students' interpersonal cognitive complexity was associated with their ability to provide care in person-centered ways.

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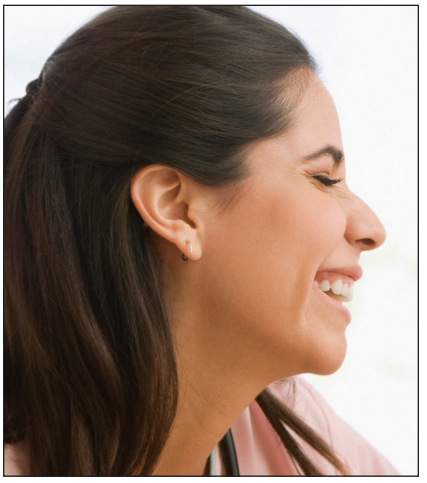
Currently, there is a national movement to reshape the very essence and philosophy of long-term care (LTC) so caregiving is more person centered, rather than institution centered. Person-centered caregiving is based on the idea that knowing residents as individuals and being responsive to their needs and preferences will lead to better outcomes for both residents and caregivers. Person-centered caregiving has many definitions and is operationalized on a variety of organizational levels from manager to caregiver. On an institutional level, it is the basis for flexible policies that give residents choices about schedules for sleeping, eating, and bathing. On the interpersonal level, person-centered caregiving is described in terms of certified nursing assistants (CNAs) being more focused on the person rather than the task, although this is often vaguely defined (Pioneer Network, n.d.).

This article reports on the development of an operational definition of person-centered caregiving at the level of resident-CNA interaction. It also features the pilot testing of innovative materials for teaching the communication and relationship-building skills thought to be necessary for providing person-centered care at this level.

BACKGROUND

Developing new teaching materials and methods for training geriatric nursing assistants who provide 80% to 90% of the care for residents (Weiner & Ronch, 2003) is timely. Recent reviews of instructional materials being used to educate nursing assistant students have been critical, noting these materials lack effective content in communication and relationship-building skills (Abt Associates, 2001; Institute of Medicine, 2000). These reviews also recommend greater use of adult learning techniques, which involve students in discussions of their own experiences and incorporate role-playing activities, with an emphasis on peer learning.

The research reported in this article is also concerned with caregivers' interpersonal cognitive complexity (i.e., their ability to perceive others in relatively complex and nonstereotyped ways). CNAs' ability to perceive residents in complex ways is relevant because person-centered caregiving requires that the caregiver know the resident as a person (e.g., his or her personality). The communications literature documents an association ($r = 0.45$, on average) between interpersonal cognitive complexity and person-centered communication skills—the ability to take the other person's perspective into account in constructing messages intended to comfort, persuade, or regulate the person's behavior (Burleson & Caplan, 1998).



Nonverbal behaviors [indicating person-centered care] included smiling at the resident, hugging the resident, and doing the resident a favor.

There is evidence that the ability to communicate in ways that are sensitive to the needs and feelings of listeners is partially dependent on the capacity to form extensive and highly individuated interpersonal impressions (Kline & Ceropski, 1984). A measure of CNAs' cognitive complexity was included in this research to determine whether it was correlated with their ability to provide care in person-centered ways.

PRELIMINARY RESEARCH

Conceptually, the current study began by defining person-centered caregiving as involving a personal relationship between the resident and the CNA on the basis of the CNA's knowledge of the resident as a person (i.e., the resident's personality and life story) (McCormack, 2004; Pioneer Network, n.d.). This kind of caregiving would be expected to be related to caregivers' communication skills, meaning their ability to create rapport with residents and elicit personal information.

Within the nursing literature, there are several closely related concepts, including *patient-centered communication,* which refers to an interactional style that elicits patients' thoughts, perspectives, expectations, values, and goals, and which is collaborative and responsive to patients' needs (Brown, 1999). From the nursing literature, the term *patient-centered interventions* is defined as care that "is selected to address salient characteristics of patients' experiences (e.g., beliefs) or…is responsive to patients' goals or preferences" (Lauver et al., 2002, p. 247). Other elements of patient-centered caregiving often include the idea of therapeutic alliance and coordination of care (Berkhout Boumans, Van Breukelen, Abu-Saad, & Nijhuis, 2004).

To explore whether the authors' definition of person-centered caregiving was used in practice, the authors conducted a preliminary study that involved interviews with 16 CNAs identified by their administrators as "skilled at establishing rapport with residents and family members" (Medvene & Wolcott, 2008). The interview questions followed a generic script of a typical caregiving interaction, such as:

- "When you enter a resident's room, are there certain things you say or do?"
- "If the resident doesn't respond, how might you engage the resident?"
- "How can you tell if a resident is having a bad day?"
- "If you start a task and the resident resists, what might you do?"

An important finding was that nearly half (44%) of CNAs' communications with residents involved "giving positive regard" (Rogers, 1961, p. 52), either verbally or nonverbally. Giving positive regard included acknowledging the resident, treating the resident with respect, and showing the resident interest, approval, and liking (Medvene & Wolcott, 2008). Comparable nonverbal behaviors included smiling at the resident, hugging the resident, and doing the resident a favor. CNAs also said they used personalizing information throughout their caregiving.

For these CNAs, knowing the resident meant knowing how close or how distant a relationship the resident wanted; whether residents liked to talk, and if so, what they liked to talk about; and what they liked to eat. In essence, these CNAs said they provided care in ways that honored residents' preferences in multiple life domains.

These findings provided evidence that the authors' definition of person-centered caregiving was used in practice by CNAs identified as skilled in establishing rapport with residents. The findings also suggested that the CNAs were using communication skills with residents and giving them choices in ways that resembled patient-centered communication and caregiving, as defined in the nursing literature.

On the basis of these findings, the authors operationalized person-centered caregiving in an expanded way to include these additional definitions. In terms of a typical caregiving sequence, person-centered behaviors were operationalized in the current study to include:

- Greeting and expressing interest in the resident's welfare, comfort, and condition.
- Orienting the resident to the caregiving task and asking permission to begin.
- Offering choices about how to accomplish the task.
- Giving the resident feedback about his or her role in accomplishing the task.
- Engaging in social conversation, as appropriate, about events and experiences in the resident's life.
- Showing interest in and approval of the resident as a person.
- Responding to the resident's concerns with acknowledgment and empathy.

A second preliminary study provided support for the idea that CNAs' interpersonal cognitive complexity, as a trait, was related to their ability to develop highly personalized perceptions of residents and, thus, to provide more person-centered care. The study involved geriatric nursing assistant students watching an 11-minute videotaped biography of a resident telling stories about important events in his life (e.g., growing up with polio, getting his first career break, meeting his wife). Students' interpersonal cognitive complexity was measured before they watched the videotape. The authors used Crockett's (1965) Role Category Questionnaire (RCQ) to measure students' cognitive complexity. The RCQ is described below in the Method section.

The findings indicated that students who scored high in interpersonal cognitive complexity used more psychological constructs to describe the resident depicted in the videotape than did other students with lower complexity scores (Medvene, Grosch, & Swink, 2006). In the current study, it was hypothesized that CNAs with high levels of interpersonal cognitive complexity would be more person centered in their caregiving behavior because they would be more likely to perceive individualized information about residents and use that information in communicating with the residents.

COLLABORATION WITH COMMUNITY PARTNERS

The next step in developing an operational definition of person-centered caregiving involved the authors collaborating with a local technical college (TC) that trains geriatric nursing assistants and a continuous care retirement community (CCRC) that serves as a clinical training site for the TC's geriatric nursing assistant training program. It was decided that a major component of the training would be a brief videotape of skilled CNAs modeling person-centered caregiving with an actual nursing home resident.

The collaboration began in the fall of 2005 when the CCRC funded the lead author's (K.G.) development of a videotape featuring two CNAs modeling person-centered caregiving with a resident. This involved the first author conducting ongoing observations of caregivers in the nursing home component of the CCRC, including two CNAs she watched especially closely. Both CNAs (one man, one woman) spontaneously exhibited many of the person-centered caregiving behaviors previously identified. In consultation with the first author, the Director of Nursing chose these CNAs to participate in the videotape, along with a female resident with whom they both had worked. The female resident was moderately disabled with advanced Parkinson's disease. She had clearly restricted range of motion and was primarily confined to a wheelchair. She also experienced great difficulty speaking. Despite these limitations, the resident's cognitive functioning was largely intact.

The 7-minute videotape, entitled *Putting Person Before Task*, was created jointly by the first author and the two CNAs. Caregiving tasks were

TABLE

DEMOGRAPHIC AND RESEARCH CHARACTERISTICS OF THE INTERVENTION AND CONTROL GROUPS

Variable	Intervention Group (*n* = 8)	Control Group (*n* = 13)	Total (*N* = 21)
Age in years (mean, *SD*)	34.13 (13.05)	34.31 (10.29)	34.24 (11.10)
Highest educational level (%)			
Less than high school	0	25	15
High school or GED	50	33	40
Beyond high school	50	42	45
Race/ethnicity (%)			
Caucasian	37	31	33
African American	25	31	28
Hispanic	0	8	5
Other[a]	38	30	34
Role Category Questionnaire scores (mean, *SD*)	25.25 (3.05)	17 (7.65)*	20.14 (8.73)
Outcomes of interaction with standardized residents (mean, *SD*)			
Percentage of person-centered behaviors	52 (6.59)	53.3 (11.32)	52.19 (9.59)
Global Behavior Scale scores[b]	6.15 (0.78)	5.44 (1.02)**	5.70 (0.98)
Resident Satisfaction Scale scores[c]	4.59 (0.25)	4.12 (0.22)*	4.30 (0.23)

[a] *"Other" signified that students were unwilling to provide information about their race/ethnicity.*
[b] *The Global Behavior Scale uses a 7-point scale in which higher scores indicate more person centeredness.*
[c] *The Resident Satisfaction Scale uses a 5-point scale, in which higher scores indicate greater satisfaction.*
* $p < 0.05$ *(referring to the significance of difference between means in the row).*
** $p < 0.1$ *(referring to the significance of difference between means in the row).*

selected (i.e., dressing and grooming with the female CNA, walking with the male CNA), and conversational points that could be made during the caregiving were identified. The resident was consulted about the caregiving tasks, but the specific behaviors and conversational points were not disclosed to her beforehand to heighten the authenticity of the caregiving exchanges. The result was the creation of the videotape, in which the caregivers enacted almost all of the person-centered behaviors identified above, such as greeting the resident, orienting the resident to the task, and discussing topics known to be important to the resident.

It was hypothesized that the geriatric nursing assistant students who experienced this innovative training would exhibit more person-centered behaviors in a series of caregiving tasks with a standardized resident, compared with students in the control condition not exposed to this intervention. It was also hypothesized that the standardized resident would be more satisfied with caregiving interactions that involved the intervention condition students. By using a standardized resident to enact a scripted role, the research design borrowed a technique used by medical schools to evaluate medical students' ability to conduct patient-centered interviews with standardized patients. In the current study, the standardized residents behaved in a uniform, scripted way with each student.

Thus, the primary purpose of this study was to pilot test the effects of an educational program designed to teach person-centered caregiving skills to geriatric nursing assistant students. A second purpose was to explore the association between students' cognitive complexity and their ability to provide care in person-centered ways. It was hypothesized that cognitive complexity would be positively correlated with students' ability to provide person-centered care and with standardized residents' satisfaction.

METHOD

Design

A quasi-experimental design was used to pilot test the effects of the person-centered training program on geriatric nursing assistant students' ability to provide care in person-centered ways. Two consecutive classes of nursing assistant students participated in the study. The first class was assigned to the control condition and the second class to the

intervention condition. Both classes were taught by the same instructor.

The class assigned to the intervention condition watched the *Putting Person Before Task* videotape and participated in the person-centered role-playing activities as part of their clinical training. This 2-hour training was embedded in a 102-hour geriatric nursing assistant certification training program in which all of the students were enrolled. The class assigned to the control condition participated in conventional clinical training that focused only on the technical aspects of caregiving; that is, they did not discuss, view, or practice person-centered techniques.

Students' ability to provide person-centered care was measured at the conclusion of the certification training during a 4-minute to 8-minute caregiving interaction with one of two standardized residents who enacted the role of an 80-year-old nursing home resident. Student-resident interactions were videotaped, and two behaviorally based coding scales were used to assess the person centeredness of students' caregiving behaviors: the Person-Centered Behaviors Inventory (PCBI) and the Global Behavior Scale (GBS). The standardized resident used the Resident Satisfaction Survey (RSS) to rate satisfaction with each student. In addition, students' cognitive complexity was measured and correlated with their scores on the PCBI, GBS, and RSS. Materials describing the study were submitted to and approved by the university's institutional review board.

Participants

Participants were students enrolled in two successive classes of a geriatric nursing assistant certification training offered by the TC. All students were women and ranged in age from 20 to 51 (mean age = 34, *SD* = 11.10 years). Fifteen percent had not completed high school, 40% had completed high school or received a GED, 35% had some college, and 10% had a technical degree. One third (33%) were Caucasian, 28% were African American, 5% were Hispanic, and 34% described themselves as "other." There were no significant differences between students in the control or intervention conditions with respect to age, education, or ethnicity (**Table**).

Instruments

PCBI. The PCBI is a behaviorally based coding system developed by the authors to assess the proportion

[Nurses] could...show how newly gained knowledge of residents' lives, hobbies, and interests can be used to guide conversation and develop rapport.

of time CNA students were behaving in person-centered ways in their caregiving interaction with the standardized resident. The PCBI consists of a checklist of 11 verbal behaviors and 8 nonverbal behaviors that constituted the operational definition of person-centered caregiving, about which students in the intervention condition were taught. These behavioral items were identified in a prior study of skilled CNAs (Medvene & Wolcott, 2008), as discussed above, and corresponded with many of the items in the literature on nurse-patient and nurse-resident interactions (Caris-Verhallen, Kerkestra, & Bensing, 1999; McGilton et al., 2003; McGilton, 2004; Roter, 1989). Sample verbal behaviors were "Orients resident to caregiving task" and "Appropriate use of information about resident's personal history." Sample nonverbal behaviors were "Resident-directed eye gaze" and "Adjusting to the resident's pace."

Trained coders also judged whether each student cleaned the standardized resident's smudged glasses and asked him why he was rubbing his leg when he was walking (as scripted). The caregiving interaction was divided into 2-minute units, and coders judged whether or not (dichotomous measure) each behavior occurred during each 2-minute unit.

The third author (H.W.) developed a code book and trained two coders to use the PCBI. The rate of intercoder agreement was 0.86 across the 21 participating CNA students. Coders also used the PCBI to rate the person centeredness of the two CNAs presented in the videotape *Putting Person Before Task.* These CNAs engaged in person-centered behaviors 65% of the time, providing validation that they modeled the person-centered behaviors on which students were rated.

GBS. The authors also developed the 11-item GBS, drawing on the same research sources used to create the PCBI. Each item was set up using a 7-point semantic differential format. Sample items were "Treating like worthy of relationship" (1) versus "Indifferent to connection or bond" (7), "Put person before the task" (1) versus "Put task before person" (7), and "Tolerates frustration" (1) versus "Intolerant" (7). The trained coders completed the GBS. The Cronbach's alpha coefficient for the GBS was 0.95. The coders completed the GBS after coding the PCBI, and the GBS served as a check on the concurrent validity of the PCBI. The correlation between the two measures was reasonably good: $r\,(21) = 0.49$, $p < 0.02$.

RSS. The authors developed the 8-item RSS to assess the standardized residents' satisfaction with the CNA students. A Likert-type format was used, and each item involved a 5-point scale that ranged from *strongly disagree* (1) to *strongly agree* (5). These items were also based on the operational definition of person-centered caregiving described above. Sample items were "The student put my needs above the needs of the task" and "The student took my likes and dislikes into account in providing care." In terms of reliability, the Cronbach's alpha coefficient for the RSS was 0.82.

RCQ. Crockett's (1965) RCQ has good established validity and reliability. The RCQ has been demonstrated to be associated with perspective-taking skills in children and adults and to be predictive of the ability to integrate inconsistent information about others (Burleson & Caplan, 1998). One-month test-retest reliability for the RCQ has been acceptable ($r = 0.84$, $p < 0.001$) for the two-person version (Burleson & Caplan, 1998). The RCQ was used to measure participants' interpersonal cognitive complexity. Completion of the two-person version of the RCQ involved each CNA student describing a liked and a disliked same-age peer. Both classes received the same adapted instructions. Based on a code book developed in prior research (Medvene et al., 2006), two trained coders counted the number of unique psychological constructs that participants used to describe the liked and disliked peers and summed these to calculate each participant's RCQ score. The rate of intercoder agreement was 0.94.

Intervention and Control Conditions

Two consecutive classes of CNA students participated. The first class was assigned to the control condition, the second to the intervention condition. Students in both the intervention and control conditions participated in 20 hours of clinical training that introduced them to the same caregiving tasks (e.g., measuring vital signs, helping residents with toileting). In both conditions, students first observed CNAs caring for residents and then cared for residents themselves under the supervision of the certification instructor. However, these caregiving tasks were introduced differently to students in the two conditions.

Intervention Condition. During the first day of clinical training (day 10 of the certification training program), students participated in the first hour of the person-centered training intervention, which was cofacilitated by the two CNAs featured in the *Putting Person Before Task* videotape. The first hour included:

- An experiential exercise in which the students were subjected to "task-centered" care by the two CNAs (e.g., students' shoes were put on in a hurried, uncomfortable way).
- PowerPoint® presentations and written materials that included an operationalized definition of person-centered caregiving (e.g., specific verbal and nonverbal behaviors) and explicit rationale for its use (e.g., to gain residents' trust and cooperation, to more intimately know the resident and thus more quickly recognize when something is amiss).
- Viewing the *Putting Person Before Task* videotape.
- Viewing an 11-minute videotaped biography of a CCRC resident who talked about his childhood, family life, and career; afterward, students individually wrote descriptions of what they thought the resident was like as a person, and the group discussed how the personal information the resident had presented could be used to care for him.
- A discussion of readily available sources for obtaining personally relevant information about a resident, including their personal caregiving preferences (e.g., photographs and special items in the resident's room).
- Being assigned to a role-playing exercise in which CNA students were paired and given a typical task (e.g., bathing, eating, dressing, grooming), with one student assigned to play a person-centered CNA and the other to play the resident receiving care.

The second hour of person-centered training, which took place on day 16 of the training program, was also cofacilitated by the two CNAs from the videotape. The second hour of training involved a review of the basic elements of person-centered caregiving, during which the students were encouraged to discuss examples they had seen of person-centered versus task-centered care in their clinical experience to date. Students then enacted their role-playing activities in front of the group and received immediate feedback regarding the 19 behaviors used to operationally define person-centered caregiving. During the remainder of the second hour, students listened to the CNA cofacilitators tell stories of real incidents in which they learned the value of personalizing resident care.

Control Condition. Students assigned to the control condition, like those in the intervention condition, participated in 20 hours of clinical training. They were introduced to the same caregiving tasks, but their training focused more narrowly on accomplishing the technical aspects of tasks. Although good communication skills were emphasized, as was having dignity and respect for the resident, there was little elaboration. Students did not watch the videotape, nor did they engage in role-playing.

Role of Standardized Resident

At the conclusion of the 102-hour certification training, all CNA students were required to provide care for a standardized 80-year-old resident, fictionally named John McGuire. The CCRC's Director of Nursing created the role. Students learned from a one-page biography that Mr. McGuire, a former high school athletics coach,

liked to be called "Coach." The students had to wake Coach from a nap, help him put on shoes and a sweater, use a gait belt and walker to help him stand up, and then walk him to dinner. Coach had smudged glasses and rubbed his left leg when he walked, as scripted. Two 85-year-old male residents, living independently at the CCRC, were hired to play the role of Coach in a consistent way. Analyses of the videotapes demonstrated that the standardized residents followed the script 75% to 77% of the time for both the control and intervention groups.

RESULTS

In terms of their PCBI scores, students engaged in person-centered caregiving behaviors an average of 52% of the time (range = 39% to 76%). There was no difference between students in the intervention and control conditions in terms of PCBI scores: 52% (SD = 6.59) versus 52.3% (SD = 11.32), respectively. In terms of GBS scores, coders rated students in the intervention condition as being slightly, but not significantly, more person centered than students in the control condition: mean = 6.15 (SD = 0.78) versus mean = 5.44 (SD = 1.02), respectively (F [8, 13] = 1.15, not significant). The standardized residents were more satisfied with their interactions with students in the intervention condition compared with those in the control condition: mean = 4.59 (SD = 0.25) versus mean = 4.12 (SD = 0.22), respectively (F [8, 13] = 12.7, $p < 0.00$, $eta^2 = 0.41$).

The hypothesis that students' cognitive complexity scores would be correlated with their person-centered caregiving behaviors was supported. The correlation of students' RCQ scores with the proportion of time they engaged in person-centered behaviors (PCBI scores) was r (21) = 0.43, $p < 0.05$. The correlation of students' RCQ scores with coders' global ratings (GBS scores) was r (21) = 0.33, $p < 0.14$. The correlation of students' RCQ scores with resident satisfaction (RSS scores) was r (21) = 0.41, $p < 0.06$. Experientially, the interaction with the standardized residents was highly credible for students. In addition, many of the students appeared fairly anxious during the interaction, as this was the first time they had been videotaped.

KEYPOINTS

PERSON-CENTERED CAREGIVING INSTRUCTION

Grosch, K., Medvene, L., & Wolcott, H. (2008). **Person-Centered Caregiving Instruction for Geriatric Nursing Assistant Students: Development and Evaluation.** *Journal of Gerontological Nursing, 34*(8), 23-31.

1. Person-centered caregiving was operationalized in terms of a sequence of behaviors, including greeting the resident, orienting the resident to task, offering choices, engaging in appropriate social conversation, and showing interest in and approval of the resident as a person.
2. An educational intervention was developed to teach these person-centered caregiving skills to geriatric nursing assistant students; it included a 7-minute videotape showing two CNAs modeling these behaviors, as well as an experiential role-playing exercise with a standardized resident.
3. A quasi-experimental design was used to evaluate the effectiveness of the intervention whereby students' videotaped interaction with a standardized resident was coded for person centeredness using behaviorally based instruments.
4. Although the educational intervention did not increase the frequency of students' person-centered caregiving behaviors, students' interpersonal cognitive complexity was positively correlated with the person centeredness of their caregiving with the standardized resident.

DISCUSSION

This study involved operationalizing person-centered caregiving in terms of a specific set of behaviors enacted when CNAs provide care for residents. The set of behaviors included elements from several conceptually distinct definitions of person-centered caregiving that preliminary research suggested were empirically linked. Of interest was caregiving based on CNAs' relationships with and personal knowledge of residents and behaviors closely related to patient-centered communication and caregiving.

The training intervention developed to teach these skills was not effective, but the findings supported the hypothesized association between person-centered caregiving skills and interpersonal cognitive complexity. Explored below is the nature of person-centered caregiving, as well as the implications of the association reported in this article between person-centered caregiving and cognitive complexity for selecting, training, and supervising CNAs.

Person-Centered Caregiving and Interpersonal Cognitive Complexity

This study started with a definition of person-centered caregiving that was relationship based and involved CNAs knowing residents

as people—their personalities and life stories. Preliminary research provided evidence that interpersonally skilled caregivers also used other person-centered behaviors, such as giving residents positive regard and choices. Future research could confirm or elaborate on the ways in which person-centered care was operationalized in this study. Observations of CNA-resident interactions, with feedback from residents, could identify CNA behaviors that led residents to experience a sense of relationship, of having their preferences honored, and of being respected as people.

The finding that person-centered caregiving was correlated with interpersonal cognitive complexity is new and contributes to the literature by demonstrating an association between cognitive complexity and person-centered caregiving. This finding needs to be replicated. An important next step would be to assess the validity of interpersonal cognitive complexity as a measure of caregiving ability.

One kind of study should involve identifying exceptionally talented versus less talented caregivers in the workforce and assessing whether they differ in cognitive complexity. Positive findings could lead to studies exploring the basis of the association between cognitive complexity and person-centered caregiving skills. It may be that cognitive complexity is associated with motivational factors, such as the goal of forming personal relationships with residents. Being able to select talented caregivers would be of direct benefit to facilities and could reduce the need for training.

Training and Supervision

The lack of the training's effectiveness in this pilot study may have been due to the briefness of the intervention. Two hours is very little time to learn a variety of caregiving behaviors and skills that may require a degree of self-awareness and a capacity for self-reflection only acquired through repeated opportunities for practice, with exposure to feedback. If materials like the ones developed in this study were used in CNA training programs, their effectiveness would be maximized if they were introduced at the beginning and used throughout training.

Within the LTC setting, the operationalization of person-centered caregiving and the experiential educational methods reported in this article have implications for educational roles health care staff can play after CNAs are hired. Nurses could use experiential educational techniques in orientation and inservice programs to teach CNAs how to be more person centered. The scripted nature of CNAs' interactions with residents (e.g., greeting in a personal way, asking permission, engaging the resident in the task, asking about preferences, offering choices, praising) could provide the basis for modeling behaviors, role-playing, and constructive feedback that shapes subsequent behavior. Additional feedback sources could include other nurses, cognitively intact residents, other more skilled CNAs, and the CNAs themselves, who could evaluate their own videotaped performances prior to receiving formal feedback from expert staff.

In their roles as supervisors, nurses could follow up orientation and inservice programs by recognizing and reinforcing CNAs for practicing person-centered caregiving, as well as by incorporating person-centered behaviors into their periodic evaluations of CNA performance. Training will have little effect without the consistent recognition and rewarding of person-centered caregiving.

Nurses are ideally positioned to model for CNAs and other staff person-centered caregiving approaches in their own work with residents. For example, they could model history taking with older residents and then show how newly gained knowledge of residents' lives, hobbies, and interests can be used to guide conversation and develop rapport. Nurses could recognize other staff members as models of person-centered caregiving skills, and they could explicitly promote these skilled workers as mentors for new CNAs. Nurses could also model person-centered communication skills in their interactions with CNAs themselves. Doing so would enable CNAs to fully experience interactions in a more personalized and intimate way, which could enhance staff rapport. All of these practices require training materials that foster nurses developing person-centered caregiving skills. Recognition and support should be given to nursing curricula that foster such caregiving behaviors and that include generous opportunities for experiential practice.

SUMMARY

The current research indicates it is possible to develop an operational definition of person-centered caregiving and use it to evaluate CNAs' caregiving skills. The findings suggest that high levels of interpersonal cognitive complexity would be desirable in CNAs because cognitive complexity appears to be associated with a variety of communication and relationship-building skills. The findings also have implications for nursing practice and suggest a number of key roles nurses can play to promote person-centered caregiving in LTC facilities.

REFERENCES

Abt Associates. (2001). Training and education: What is needed to prepare nursing assistants to deliver good care. In *Appropriateness of minimum nursing staffing ratios in nursing homes, phase II final report.* Retrieved May 30, 2008, from the National Clearinghouse on the Direct Care Workforce Web site: http://www.directcareclearinghouse.org/download/rp1201-7.pdf

Berkhout, A.J., Boumans, N.P., Van Breukelen, G.P., Abu-Saad, H.H., & Nijhuis, F.J. (2004). Resident-oriented care in nursing homes: Effects on nurses. *Journal of Advanced Nursing, 45,* 621-632.

Brown, S.J. (1999). Patient-centered communication. In *Annual review of nursing research* (Vol. 17, pp. 85-101). New York: Springer.

Burleson, B.R., & Caplan, S.E. (1998). Cognitive complexity. In J.C. McCrosky, J.A. Daly, M.M. Martin, & M.J. Beatty (Eds.), *Communication and personality: Trait perspectives* (pp. 230-286). Cresskill, NY: Hampton Press.

Caris-Verhallen, W.M., Kerkestra, A., & Bensing, J.M. (1999). Non-verbal behaviour in nurse-elderly patient communication. *Journal of Advanced Nursing, 29,* 808-818.

Crockett, W.H. (1965). Cognitive complexity and impression formation. In B.A. Maher (Ed.), *Progress in experimental personality research* (Vol. 2, pp. 47-90). New York: Academic Press.

Institute of Medicine. (2000). *Improving the quality of long-term care.* Retrieved May 30, 2008, from the National Academies Press Web site: http://books.nap.edu/openbook.php?record_id=9611

Kline, S.L., & Ceropski, J.M. (1984). Person-centered communication in medical practice. In J.T. Wood & G.M. Phillips (Eds.), *Human decision-making* (pp. 120-141). Carbondale: Southern Illinois University Press.

Lauver, D.R., Ward, S.E., Heidrich, S.M., Keller, M.L., Bowers, B.J., Brennan, P.F., et al. (2002). Patient-centered interventions. *Research in Nursing & Health, 25,* 246-255.

McCormack, B. (2004). Person-centeredness in gerontological nursing: An overview of the literature. *International Journal of Older People Nursing, 13,* 31-38.

McGilton, K.S. (2004). Relating well to persons with dementia: A variable influencing staffing and quality of care outcomes. *Alzheimer's Care Quarterly, 5,* 71-80.

McGilton, K.S., O'Brien-Pallas, L.L., Darlington, G., Evans, M., Wynn, F., & Pringle, M.D. (2003). Effects of a relationship-enhancing program of care on outcomes. *Journal of Nursing Scholarship, 35,* 151-156.

Medvene, L., Grosch, K., & Swink, N. (2006). Interpersonal complexity: A cognitive component of person-centered care. *The Gerontologist, 46,* 220-226.

Medvene, L.J., & Wolcott, H. (2008). *An exploratory study of nurse aides' communication behaviors: Giving positive regard as a strategy.* Unpublished manuscript, Wichita State University.

Pioneer Network. (n.d.). *Our values and principles.* Retrieved July 6, 2008, from http://www.pioneernetwork.net/who-we-are/ValuesandPrinciples.php

Rogers, C. (1961). *On becoming a person.* Boston: Houghton Mifflin.

Roter, D. (1989). *The Roter method of interaction process analysis.* Baltimore: Johns Hopkins University Press.

Weiner, A.S., & Ronch, J.L. (2003). *Culture change in long-term care.* New York: Haworth Press.

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