Vocational Education: CNA Students’ Perspectives of Soft Skills in Training and The Workplace

Kimberly S. McClendon-Payton

Brandman University, paytonkimberly2131@gmail.com

Follow this and additional works at: https://digitalcommons.brandman.edu/edd_dissertations

Part of the Community College Leadership Commons, Curriculum and Instruction Commons, Educational Assessment, Evaluation, and Research Commons, Higher Education Commons, Online and Distance Education Commons, Other Education Commons, Secondary Education Commons, Teacher Education and Professional Development Commons, and the Vocational Education Commons

Recommended Citation

https://digitalcommons.brandman.edu/edd_dissertations/391

This Dissertation is brought to you for free and open access by Brandman Digital Repository. It has been accepted for inclusion in Dissertations by an authorized administrator of Brandman Digital Repository. For more information, please contact jlee1@brandman.edu.
VOCATIONAL EDUCATION: CNA STUDENTS’ PERSPECTIVES OF SOFT SKILLS IN TRAINING AND THE WORKPLACE

A Dissertation by

Kimberly Payton

Brandman University
Walnut Creek, California
School of Education

Submitted in partial fulfillment of the requirements for the degree of

Doctor in Organizational Leadership

July 2021

Committee in charge

Dr. Keith Larick, Ed.D., Chair
Dr. General Davie, Ed.D.
Dr. Jalin B. Johnson, Ed.D.
BRANDMAN UNIVERSITY

Chapman University System

Doctor of Education in Organizational Leadership

The dissertation of Kimberly Payton is approved.

Keith Larick, Ed.D.

General Davie, Ed.D.

Jalin B. Johnson, Ed.D.

Douglas DeVore, Ed.D.

July 2021
Vocational Education: CNA Students’ Perspectives of Soft Skills in Training and The Workplace

Copyright © 2021

by Kimberly Payton
ACKNOWLEDGEMENTS

I dedicate this dissertation to my children Gavin and Gianna Payton. Keep reaching for your dreams. I would like to thank God for allowing me to come this far. Completing my dissertation has been a lifelong dream.

I would especially like to thank my grandmother, GiGi, and my children, Gavin and Gianna, for their support: staying up with me, pushing me, having faith in me, sowing understanding, teaching our family to appreciate one another even under pressure. I want to thank my family: Brent Thibeaux, Melissa Thibeaux, and John Greene Jr. My family always supported me on my journey. I appreciate them for pushing me on my journey. I also need to thank my family members that started this journey with me but have gone on: my mother, Delores Green; my grandfather, John Greene Sr.; my grandmother, Leatrice McClendon; and my cousin, Betty Connor. I need to thank everyone who prayed for me, and gave me encouragement via phone calls, text messages, emails and cards: Evelyn Craig, Hameed Islam, Earline Walker, Doris Phelps, May Thompson, and a host of other relatives and friends.

A special thank-you to Dr. Raymond Dorrough for help, guidance and motivation. I have much gratitude for my project committee: Rev. Dr. Raymond Dorrough, Ph.D., DDS; Rev. Charles Glasper; the late Dr. Ike Monekwu, Ph.D.; cohort members Dr. Margaret Kenerick, Ed.D.; Jawan Eldridge; Dr. Juliane Zvalo-Martin, Ed.D.; as well as my distance Delta support system: Dr. Jeralyn Dugas, Ed.D.; Dr. Gerald Dugas, Ed.D.; Dr. Layton Matthews, Ed.D.; Dr. Rodney Stone, Ed.D. and Dr. Zaragoza, Ed.D. Finally, I would like to thank my chairperson, Dr. Keith Larick, and my committee, Dr. General Davie, Ed.D. and Dr. Jalin B. Johnson, Ed.D., for supporting me through this process.
ABSTRACT

Vocational Education: CNA Students’ Perspectives of Soft Skills in Training and the Workplace

by Kimberly Payton

Purpose: The purpose of this quantitative study was to identify CNAs’ perceptions about the most important soft skills used by CNAs in training and the workplace.

Methodology: This quantitative research study identified CNAs’ perceptions of the most important soft skills they used based on the composite model for soft skills. CNAs were selected based on purposeful sampling. Likert scores were collected from the survey responses.

Findings: Examination of the quantitative data from the 35 CNAs revealed that brainstorming is the most important collaboration soft skill in CNA training and the workplace.

Conclusions: Results based on the findings of this study observation and reflection are the most important soft skills for CNAs in training and the workplace. These soft skills must be administered with sensitivity as we deliver patient care.

Recommendations: This study was limited to a few organizations in Northern California for CNAs to examine CNAs in training and the workplace. Further investigation into soft skill training and implementation in all health care education programs and professional rotation programs would be beneficial.
TABLE OF CONTENTS

CHAPTER I: INTRODUCTION ................................................................. 1
   Background .................................................................................. 2
   Theoretical Foundation .................................................................. 5
   Theoretical Framework .................................................................. 10
   Statement of the Research Problem ............................................... 14
   Purpose Statement ....................................................................... 15
   Research Questions ..................................................................... 15
   Significance of the Problem ......................................................... 16
   Definitions .................................................................................. 18
   Delimitations .............................................................................. 22
   Organization of the Study ............................................................ 22

CHAPTER II: REVIEW OF THE LITERATURE ........................................... 23
   Brief History of CNAs in the United States .................................... 23
   CNAs and RN in the Workplace: Coronavirus and Its Impact on Health
     Care and Nursing ........................................................................ 26
     CNA Training and Soft Skills ...................................................... 30
     Soft Skill Background .................................................................. 37
     Theoretical Foundation ............................................................... 40
     Theoretical Frameworks .............................................................. 48
   Gap in the Literature ..................................................................... 52
   Summary ..................................................................................... 52

CHAPTER III: METHODOLOGY ............................................................... 55
   Overview ..................................................................................... 55
   Purpose Statement ..................................................................... 55
   Research Questions ..................................................................... 56
   Research Design ......................................................................... 56
   Population .................................................................................. 58
   Target Population ....................................................................... 59
   Sample ....................................................................................... 60
   Sample Selection ........................................................................ 62
   Instrumentation .......................................................................... 63
   Survey Administration ................................................................. 65
   Reliability and Validity ................................................................. 66
   Pilot Test Feedback ..................................................................... 68
   Quest Feedback .......................................................................... 68
   Data Collection—Quest ............................................................... 69
   Human Subjects Consideration .................................................... 71
   Data Analysis ............................................................................. 72
   Limitations ............................................................................... 73
   Instrumentation ......................................................................... 73
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>Alignment of Soft Skills to AACN Standards and Other Theorist</td>
<td>11</td>
</tr>
<tr>
<td>Table 2</td>
<td>Demographics of CNAs and RNs in U.S.</td>
<td>29</td>
</tr>
<tr>
<td>Table 3</td>
<td>CNA and RN Highest Employment Industries and Wages</td>
<td>30</td>
</tr>
<tr>
<td>Table 4</td>
<td>AACN Health Work Environment Standards</td>
<td>51</td>
</tr>
<tr>
<td>Table 5</td>
<td>Soft Skill Alignment</td>
<td>51</td>
</tr>
<tr>
<td>Table 6</td>
<td>Target Hospitals</td>
<td>61</td>
</tr>
<tr>
<td>Table 7</td>
<td>Soft Skill Applications</td>
<td>64</td>
</tr>
<tr>
<td>Table 8</td>
<td>Survey Administration</td>
<td>65</td>
</tr>
<tr>
<td>Table 9</td>
<td>Data-Collection Procedures</td>
<td>71</td>
</tr>
<tr>
<td>Table 10</td>
<td>Survey Response Table for Research Question 1—Collaboration</td>
<td>85</td>
</tr>
<tr>
<td>Table 11</td>
<td>Survey Responses for Research Question 2—Communication</td>
<td>90</td>
</tr>
<tr>
<td>Table 12</td>
<td>Survey Responses for Research Question 3—Critical Thinking</td>
<td>96</td>
</tr>
<tr>
<td>Table 13</td>
<td>Responses to Research Question 4—Ethical Behavior</td>
<td>99</td>
</tr>
<tr>
<td>Table 14</td>
<td>Responses to Research Question 5—Most Important Soft Skills</td>
<td>103</td>
</tr>
<tr>
<td>Table 15</td>
<td>Ranking Order of Soft Skills</td>
<td>104</td>
</tr>
<tr>
<td>Table 16</td>
<td>Responses to Research Question 5</td>
<td>115</td>
</tr>
</tbody>
</table>
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>AACNs’ Synergistic Model</td>
<td>50</td>
</tr>
<tr>
<td>Figure 2</td>
<td>Sample Selection Model</td>
<td>62</td>
</tr>
<tr>
<td>Figure 3</td>
<td>Survey Participant Age</td>
<td>81</td>
</tr>
<tr>
<td>Figure 4</td>
<td>Counties of Employment</td>
<td>81</td>
</tr>
<tr>
<td>Figure 5</td>
<td>Participants’ Experience</td>
<td>82</td>
</tr>
<tr>
<td>Figure 6</td>
<td>Participants’ Training History</td>
<td>83</td>
</tr>
</tbody>
</table>
CHAPTER I: INTRODUCTION

Access to quality health care is critical for the entire population. When people are healthy and able to combat illness, they are able to stay at work, contribute to the organizational effort, and lessen the financial burden of health care costs. According to Weel (2018), countries with weak health care systems have a difficult time achieving strong economic growth. As reported by Weiss (2019) in his *Handbook of Economic Growth*, healthier individuals are more productive than unhealthy ones and are better able to remain employed; thus, they are able to contribute to society and the economy, which in turn increases overall health.

One of the most significant drivers of medical care is the health care staff (Robert et al., 2015); they play a key role in examining future health challenges and are critical to identifying solutions to those challenges. Health care staff consists primarily of doctors, registered nurses (RNs), and Certified Nurse Assistants (CNAs), and they must work as a team to provide the necessary care for patients (Dowd, 2020). According to Williams-Buenzli (2015), well-trained CNAs are active contributors to the multidisciplinary health care team. According to Morley (2014), CNAs enhance the quality of patient life and patient care. To be effective, CNAs must employ soft skills, as well as clinical skills, to care for patients, as both are vital for competent health care practices (AACN, 2005). Treating both colleagues and patients with respect cultivates a healthy work environment where patients feel cared for as individuals, and members of the health care field feel valued.
**Background**

**Certified Nursing Assistants**

CNAs provide a variety of services to patients and members of the medical team (Gordon et al., 2017). CNAs as members of the medical team provide many services to patients (Benner et al., 2010). CNAs support the nurses by undertaking nonlife-threatening and routine, but important, health services (Gordon et al., 2017). CNAs are trained to provide ongoing primary hygiene care and nutritional support (Nursing Assistant Guides, 1999; L. Ray, n.d.), and to help patients with bathing, toileting, feeding, taking vital signs, conducting assessments, and providing emotional support (NOL, 2017). The caregiving experience required of CNAs gives them an excellent idea of the issues that affect their patients, (AACN, 2014). For example, patients with blood-pressure issues may need a CNA to explain the use of blood-pressure medication.

Patients facing a change in how they use their medication may need a CNA to explain to them the proper use of their medication and the limitations in using it, such as the danger of an overdose. In the case of children in crisis whose parents must briefly leave the hospital, the CNA must explain to both parents and children that they are in a safe environment. The CNA must speak quietly and calmly for patients with breathing problems, while reassuring the patients that their well-being will improve.

During all of the aforementioned situations, professionalism, critical thinking, ethical behavior, and clear communication must be used to calm the patients and reassure them that they will be all right during their treatment (Finn, 2010). CNAs are the first step in the line of care. The patient must trust the CNA in order to share pertinent information about their medical condition, history, reservations about their treatment, and other
relevant details in a transparent manner so that the CNA can efficiently understand their concerns and take appropriate actions.

CNAs help to prepare the procedure room, disinfect the patient’s surgical site, take vital signs, and chart the results before minor procedures or treatment is performed. After minor procedures, the CNA will help the patient change their surgical gown, make up the bed, change the dressing for the surgical site, turn the patient in the bed when necessary, change bedpans, help the patient with bathroom needs, and help bathe the patient with the assistance of other CNAs (All Nursing Schools, 2020). Sometimes, the patient is transferred from a regular hospital to a convalescent hospital, staffed primarily by CNAs, to reduce the cost of the patient’s convalescence (Buff, 2010).

CNA Training Programs

CNAs’ licensure is federally monitored because of their large impact on a sensitive population (Tilley, Black, Ormond, & Harvelle, 2016). CNAs are required to pass a competency test in any state where they are employed (McKay, 2017). CNA certificate programs can be found not only at 4-year colleges but at community colleges, nursing programs, and vocational training programs (Nursing Online, 2017). CNA nursing program instruction includes necessary critical skills such as taking blood pressure, taking the temperature of the patient, weighing the patient, and charting the results while rounding out their training with classes in anatomy and physiology (Nursing Assistant Guides, 1999).

CNA Training, Role, and Function

Most CNA programs require students to have a high-school diploma or GED to enroll (Nursing Assistant Guides, 1999). An exception to this is for high-school students
enrolled in either vocational high schools or vocational-related high-school programs. CNA programs are a minimum of 6 to 12 weeks long, depending on whether a given program is part-time, full-time, day, or evening (Nursing Practice Review Education, 2016). The short duration of the training programs is one of the reasons soft skills are not included, and one of the reasons why it is difficult to include additional curriculum into current programs (Morley, 2014).

Many states have program guidelines that CNA programs must follow. In California, specific guidelines for CNAs are established and maintained by the Department of Health Services (DHS; California Department of Public Health, n.d.). These guidelines describe the knowledge, competence, and skills CNAs need to complete their job functions (All Nursing Schools, 2020, 1990). In California, all CNA education programs must be approved by DHS and provide both clinical and classroom instruction (All Nursing Schools, 2020, 1990). At least 100 hours of clinical training are required in a nursing facility, which includes but is not limited to hospitals, nursing homes, and medical clinics (California Department of Public Health, n.d.).

There are 50 hours of theory training required in CNA programs to meet California Certification requirements. The 100 hours of clinical instruction required to be a CNA must be undertaken under the supervision of the Director of Staff Development (DOS) or an instructor (California Department of Public Health, n.d.; Nursing Assistant Guides, 1999). The DOS or instructor is required to teach CNA students patient-care skills as identified by the CNA training program. CNA students are required to demonstrate competency by performing the task for the DOS instructor or a licensed nurse, who has no other responsibilities at the time of the presentation. The clinical
training ratio must be 15:1 or less at all times during the certification training (All Nursing Schools, 2020, 1990).

Each CNA training program must have at least 100 hours of classroom instruction at a nursing facility, an agency, or a public educational facility (Nursing Online, 2017). The 100 hours are broken into 16 modules with their corresponding subparts (All Nursing Schools, 2020, 1990). Before any patient contact is allowed, 16 hours of instruction in the following areas must be completed: clinical communication and interpersonal skills (i.e., soft skills, not basic communication skills), infection control, safety, emergency procedures and the Heimlich maneuver, promoting the independence of patients, and respecting the rights of patients (California Department of Public Health, n.d.). The California state guidelines do not reflect a particularly focused approach to ensure that CNA trainees master the most important soft skills.

**Theoretical Foundation**

According to Kluger and DeNisi (1996), there are three theories that both guide and inform thinking and study about the cognitive, emotional, and social aspects of soft skills. The three theories are goal theory, control theory, and action theory. The term soft skills was first used in its modern application in functional management studies in the U.S. Army in the 1960s (Silber & Foshay, 2009). In the context of functional management, soft skills were defined as skills other than those used in the operation of machinery, including social skills. In the health care setting, soft skills have been defined as a set of cognitive and social skills that promote safe, high-quality, efficient, and effective interprofessional care in the intricate health care system (Gordon et al., 2017). Soft skills were found to be an important element of quality health care. Health care
professionals and CNAs have embraced concepts of soft skills to address relationships within health care settings (Humphrey, 1976).

**Goal Theory**

Goal theory is an overall approach to motivation that emphasizes the need to establish goals as intrinsic motivation. A relationship exists among goal difficulty, level of performance, and effort involved. These include goal acceptance and commitment, goal specificity, goal difficulty, and feedback. (Lockwood, 2002). The goal theory assumes that an individual will be committed to their goal and will maintain that goal (Barman, 2015). The goal commitment is dependent on the following factors: Goals are transparent, known, and broadcasted. Goals should be set by the individual rather than others (Garrett, 2020). Individual set goals should be consistent with the organizational goals and vision. The advantages of goal-setting theory are: Goal-setting theory is a technique used to raise incentives for employees to complete work quickly and effectively (Garrett, 2020). Goal-setting leads to better performance by increasing motivation and efforts, but also through increasing and improving the feedback quality.

**Control Theory**

Control theories are defined by a continuous feedback loop that functions to assess and respond to discrepancies from a desired state (Carver and Scheier, 1982). Social control theory suggests that the strength and durability of an individual’s bonds or commitments to conventional society inhibit social deviance (Hirschi, 2019). The need for belonging and attachment to others is fundamental, influencing many behavioral, emotional, and cognitive processes. The feedback loop contains several important features, beginning with an input function (a point where present conditions are evaluated
by an individual), also called perception. Information gathered during perception is then compared against a reference value, which also known as a standard of comparison by a comparator.

This reference value represents a predetermined value of a condition, such as a predetermined behavioral or health goal. Feedback interventions produce effects on recognize achievement. Feedback interventions change the focus of attention among three general and hierarchically organized levels of control: task learning, task motivation, and meta tasks processes (Bureau of Labor Statistics, 2020). The results suggest that feedback intervention effectiveness decreases as attention moves up the hierarchy closer to the self and away from the task. These findings are further moderated by task phenomena that are still poorly understood (Kluger & DeNisi, 1996).

A discrepancy is noted when people are motivated to reduce it. A single system that consists of a goal, feedback, comparison of the two, and an action to reduce sensed discrepancy is referred to as a negative-feedback-loop (Boldero & Francis, 2002). The discrepancy can be eliminated by changing behavior, if it matches the present feedback, by rejecting the feedback, or by escaping the situation physically or mentally that signals discrepancy (Kluger & DeNisi, 1996). According to the control theory and Feedback Intervention Theory (FIT) (Acronyms are introduced on first reference and the full term is not spelled out for the remainder of the paper.) behavior is regulated through the control of discrepancies or errors in the system (Kluger & DeNisi, 1996). When a self-regulating system detects discrepancies or errors, the system is motivated to reduce or lower the perceived discrepancies (Kluger & DeNisi, 1996).
Kluger and DeNisi (1996) predicted that when feedback interventions cause attention to be directed to the self, the risk that feedback interventions will debilitate, rather than enhance, performance increases. Kluger and DeNisi (1996) reasoned that attention to the self can decrease the effects of feedback interventions because it depletes cognitive resources necessary for task performance.

**Action Theory**

Action theory, a subfield of philosophy of mind, is especially important for ethics; it concerns the distinction between things that happen to a person and things one does or makes happen. Action theorists examine topics such as intention, emotions, goals, considerations, decision, trying, and self-imposition (Clarkes & Capes, 2017). They provide a foundational knowledge of care concepts that enable those in the profession to explain what they do for patients and the reasons for their actions. This is particularly important because it helps nurses articulate evidence that justifies the methodologies behind their practice (Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine, 2011).

Action theory is a metatheory on the regulation of goal-directed behavior. The theory explains how workers regulate their behavior through cognitive processes, including goal development and selection, internal and external orientation, planning, monitoring of execution, and feedback processing (Zacher, 2017). The action regulation theory focuses on the links among these cognitive processes, behavior, the objective environment, and objective outcomes (Zacher, 2017). These theories are of interest to researchers in educational, social, industrial, organizational, and developmental psychology, as well as other subdisciplines.
Action training follows from action theory (Frese & Hesketh, 2001), and exploratory learning. Key aspects of action training involve active learning and exploration, often while doing a task. Action learning is particularly effective as a method of training (Zacher, 2017). Another important aspect of action training involves obtaining a good mental model of the task and how it should be approached. A mental model is an abstraction or representation of the task or function. Trainees can be helped to acquire a mental model through the use of orientation posters or advanced organizers, or through the provision of heuristic rules (rules of thumb; Volpert et al. 1984). One of the advantages of action training is the opportunity to learn from feedback and errors. Feedback is particularly important in the early stages of learning, but fading the feedback at later stages of learning helps ensure that trainees develop their own self-assessment skills (Zacher, 2017). Errors are central in action training since systematic exposure to errors during learning provides opportunities to correct faulty mental models while providing direct negative feedback. Although earlier learning theory approaches argued that there should be only positive feedback, active error training helps trainees develop a positive attitude toward errors because of their value in learning (Heathfield, 2019).

Empowering education through action theory is a new model for in-service training of nurses, which matches the training programs with andragogical needs and desirability of learning among the staff. Owing to its practical nature, the empowering education can facilitate occupational tasks and achieving greater mastery of professional skills among the nurses Chaghari, Ebadi, and Ameryoun, 2017).
Theoretical Framework

The theory of social action, more than structural functionalist positions, accepts and assumes that human beings vary their actions according to social contexts and how they will affect other people; when a potential reaction is not desirable, the action is modified accordingly (Parton, 2002). According to Kluger and DeNisi (1996), there are three theories that both guide and inform thinking and study about cognitive, emotional, and social aspects of soft skills. The three theories are control theory, goal theory, and action theory. The term soft skills was first used in its modern application in functional management studies in the U.S. Army in the 1960s (Silber & Foshay, 2009). In the health care setting, soft skills have been defined as a set of cognitive and social skills that promote safe, high-quality, efficient, and effective interprofessional care in the intricate health care system (Gordon et al., 2017). Soft skills were found to be an important element of quality health care. Health care professionals and CNAs have embraced the concepts of soft skills to address interpersonal relationships within health care settings (Humphrey, 1976).

The theoretical framework supporting this study identifies five soft skills that are important in providing excellent medical and personal care to patients and are the focus of this study. These five soft skills—collaboration, communication, critical thinking, ethical behavior, and professionalism—were aligned to AACN’s Healthy Work Environment by Kroning (2015); (AACN, 20115). Table 1 depicts the Kroning’s five soft skills aligned to AACN’s Healthy Work Environment behaviors.
Table 1

Alignment of Soft Skills to AACN Standards and Other Theorist

<table>
<thead>
<tr>
<th>Collaboration</th>
<th>Team building, negotiation, building trust, networking, problem solving, openness and authenticity, value contributions, brainstorming, adaptability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Body language, listening skills, communicating information</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>Problem solving, knowledge application, analytical skills, finding solutions in a timely manner</td>
</tr>
<tr>
<td>Ethical Behavior</td>
<td>Honesty, etiquette, integrity, professionalism</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Positive attitude, compassionate patient interactions, professional responsibility, and integrity</td>
</tr>
</tbody>
</table>


**Collaboration**

Collaboration is two or more people working together toward shared goals that build in importance, as CNAs work with doctors, nurses, and patients (A. M. Williams, 2015). This means asking for feedback and opinions, sharing knowledge and information, finding out how one’s collaborators approach their side of caring for patients, and gaining a better sense of how they work. The practice of collaboration requires specific attention and nurturing that is assisted by clear communication and decision making (AACN, 2005). The practice of collaboration requires strong communication skills and professional competency (Williams-Buenzli, 2015).

Communication is the ability to convey information through speech, messages, thoughts, behavior, and writing (Britton, 2013). Effective communication and interpersonal skills constitute a significant part of patient care. Good communication skills enable the CNA to be more sympathetic, enhance the relationships between CNAs and patients, and have an intense effect on the treatment outcomes and the patient’s perceptions of health care quality (Heathfield, 2019). According to the American Association of Critical Care Nursing (AACN), CNAs should be just as skilled at communication as they are at clinical skills. Successful personal interactions have a
significant impact on a patient’s treatment outcome and long-term care (Kourkouta & Papathanasiou, 2014).

**Critical Thinking**

In nursing, critical thinking is the ability to think in a systematic and logical manner, with openness to questioning and reflecting on the reasoning process used to ensure safe nursing practice and quality care (Gibb, 2014). Critical thinking skills are very important in the nursing field because they are what nurses use to prioritize and make key decisions that can save lives. In the process of problem solving and decision making, nurses apply critical thinking with creativity to promote safe, efficient, and skillful nursing interventions. Critical thinking skills are important when providing clinical care, making important decisions, prioritizing tasks, and making policy decisions (Nursing Assistant Guides & Botonakis, 2020). Components of critical thinking include analytical skills and problem solving (Randolph, 2016).

**Ethical Behavior**

Ethical behavior is the adherence to the principles of justice, beneficence, nonmaleficence, accountability, fidelity, autonomy, and veracity. Nurses must be fair when they distribute treatment among patients under their care (Nursing Assistant Guides & Botonakis, 2020). Ethical caring is essential in nursing practice. Nurses are expected to make decisions in delivering good care to patients (Murray & McCrone, 2015). The nurse must have a high level of integrity and respect for all individuals, and dignity regarding their dealings with patient care and communication. It’s important that patients’ families are also treated with respect for their relationship to the patient. Nurses must understand the professional guidelines in communications and work with colleagues and patient
families. It’s important to understand the proper professional relationship that should be maintained with families and patients. All individuals, whether patients or coworkers, have the right to decide on their participation in patient care and work (Östman et al., 2019).

**Professionalism**

Professionalism in nursing is maintaining a positive attitude, compassionate patient interactions, professional responsibility, and integrity (Howe, 2014). Professionalism encompasses a set of values that are critical to elevating the quality of care while improving methods, standards, and judgements that guide nursing practices (Culpin & Scott, 2012). The same standards used for nurses are also applicable to CNAs. Adhering to professional standards guarantees that nurses are accountable for clinical decisions and actions, and for maintaining competence. Nurses who are professional are patient-centered, promote the best possible outcome, and minimize exposure to risk of harm. These standards encourage nurses to enhance persistently their knowledge base through experience, continuing education, and the latest guidelines.

Professional standards describe the competent level of care in each phase of the nursing process, as well as the training for CNAs. They reflect a desired and achievable level of performance against which a nurse’s performance can be measured. What is true for the development of nurses is true for CNAs. The main purpose of professional standards is to direct and to maintain safe and clinically competent nursing practice (Davis, 2014)
Statement of the Research Problem

Health care needs have increased exponentially as baby boomers have entered their senior years, coupled with a renewed public interest in making quality health care available for all citizens (Panner, 2019). The approximately 75 million Americans who make up the baby-boom generation are leading the country through yet another sweeping societal change. About 3 million baby boomers will hit retirement age every year for about the next 20 years, which will affect how caregivers and policy m The baby-boomer patients will rely on nurses not only for medical attention, but also for information, advice, and consolation that they can trust.

Nurses need soft skills to communicate effectively with patients so they can deliver safe, high-quality care (Kroning, 2015). Soft skills are a crucial component in nursing because they foster a collaborative, respectful, and efficient work environment. Nurses without soft skills may fail to interact properly with patients, coworkers, and other health professionals. This may jeopardize a patient’s health by obstructing the flow of care (Importance of Soft Skills in Nursing, 2019). Soft skills do not only affect the patient-nurse relationship; these skills also contribute to the relationship of the nurse with other interdisciplinary team members, as well as the nurse’s relationship with the communities in which they practice.

Expecting CNAs to provide efficient and effective health care service means ensuring that they are skilled when working with patients. Recent research has determined that CNAs need both soft skills and technical skills to be effective (Morley, 2014). However, their short training programs do not include sufficient soft skills training (Nursing Practice Review Educatio2016). An examination of current CNA training
programs has shown that they are not providing sufficient soft skills training (Morley, 2014). Few CNA certification classes teach how to communicate with residents and their families, how to be critical thinkers and problem solvers, how to manage a challenging workload, and how to get along with peers (Morley, 2014). M. Burke (2013) observed that health care employers are concerned about a widespread deficiency in the soft skills used by CNAs. J. Ray and Overman (2014) suggested that there is a gap in the inclusion of soft skills in training programs.

**Purpose Statement**

The purpose of this quantitative study was to identify the soft skills CNAs perceive as most important in nursing, based on the Kroning, Williams, & Buenzeli research and aligned with AACN standards (collaboration, communication, critical thinking and ethical decision-making). Additionally, the purpose of this study was to identify which soft skills CNAs perceived to be the most important to be included in CNA training programs.

**Research Questions**

This quantitative survey research design was guided by the following questions:

RQ 1. What collaboration soft skills do CNAs identify as most important to their nursing duties?

RQ 2. What communication soft skills do CNAs identify as most important to their nursing duties?

RQ 3. What critical thinking soft skills do CNAs identify as most important to their nursing duties?
RQ 4. What ethical behavior soft skills do CNAs identify as most important to their nursing duties?

RQ 5. What soft skills do CNAs identify as the most important to be included in their certification training program and nursing duties?

**Significance of the Problem**

Patients rely on nurses not only for medical attention, but also for information, advice, and consolation. Nurses need soft skills to communicate effectively with patients so they can deliver safe, high-quality care (Northeastern University, 2019. A multitude of soft skills exists that enable CNAs to engage in meaningful interactions with patients, but some soft skills are more important than others. This study addresses the need to identify which soft skills CNAs must have to support and deliver effective patient care.

It is important that nurses have the soft skills necessary to communicate effectively and get along in the workplace to deliver quality health care to patients. It’s no secret among more experienced nurses that without a firm grasp of soft skills, nurses may flounder as they try to care for patients (Boldero & Francis, 2002). When CNAs lack soft skills, patients may also receive substandard treatment during transfer or discharge, resulting in further health issues. Sommer (2012) observed that 98% of practicing CNAs and nursing professionals desire extra training to assist them in developing soft skills. Health care leaders agree with this need and have expressed concerns about CNAs being clinically competent but lacking the soft skills needed to be effective in accomplishing their treatment assignments. M. Burke (2013 observed that health care employers are concerned about a widespread deficiency in the soft skills used by CNAs. J. Ray and Overman (2014), while discussing soft skills, noted that there is a need to extend
instruction beyond just teaching clinical skills into the practice of effective collaboration and communication skills.

Redden, (2015), identified the need to expand curricula to incorporate soft skills training with clinical skills. Ray, L. (n.d.), concluded that, despite being academically and clinically prepared, CNA students are still not adequately equipped to function in the health care workplace without relevant soft skills. Without proper soft skills, CNA students will not be able perform their jobs efficiently and will struggle in a workplace setting, and this may affect their relationship with the employer as well as the quality of the patient care (Randolph, 2016).

This study is significant to multiple stakeholders in the health care field, including students, training institutions, and the medical staff who supervise the nursing students during their practical experience training at various facilities. It is essential that medical professionals know more about the soft skills most needed from the student’s perspective, and which skills to include in their training programs (Prichard, 2013). This study is important, as it will give students an opportunity to provide feedback to their training centers about the most important soft skills needed in their daily health care practice. Training facilities and employers, who are responsible for training CNAs, can use the results of this study to put in place a curriculum that incorporates the most important soft skills. Once the CNAs are appropriately trained in the most important soft skills, the health care industry will have moved closer to safe and high-quality patient care (Johnson et al., 2008).

This study provides the needed research on which soft skills are most important from the viewpoint of CNAs, and the hope is that those identified soft skills will be
shared with CNA training programs. The public will see higher-quality health care at reasonable costs. The training programs that already have limited time to work with students will know which soft skills are most important to CNAs and the health care industry.

**Definitions**

**AACN Standards**

AACN standards are known as collaboration, decision making, and leadership ("AACN Standards," 2005, p. 190). Ethical principles are a set of standards that help nurses make informed decisions when evaluating the consequences of their actions (All Nursing Schools, 2020). Effective health care integrates the standards of AACN with ethical principles to deliver quality health care.

**Collaboration**

Collaboration is two or more people working together toward shared goals that build in importance, as CNAs work with doctors, nurses, and patients (A. M. Williams, 2015). For this study, collaboration is defined as the use of problem solving, networking, openness and authenticity, value contributions, brainstorming, and adaptability in CNA, patient, and medical-team interactions (A. M. Williams, 2015).

**Communication**

In nursing, communication is the center point of peer relationships, collaboration, cooperation, and effective patient care (Sibiya, 2018). Good communication between nurses and patients is crucial in the delivery of essential health services and is core to delivering health care (Kourkouta & Papathanasiou, 2014). Communication is the ability
to convey information through listening, speech, messages, thoughts, behavior, and writing (Britton, 2013).

**Critical Thinking**

Critical thinking in nursing is the ability to navigate patient challenges, acuity, and illness, using both analytical skills and problem-solving skills (Kroning, 2015; Randolph, 2016). Critical thinking during nursing practice is reliant upon the medical team processing, evaluating, and observing active situations, and using communication or information (Paul & Elder, 2009).

**CNA**

A CNA is someone who provides basic care (typically nonmedical care) for patients in hospitals, nursing-care facilities, and home-health settings. They work closely with nurses and other members of the health care team to keep a patient safe and comfortable when they are ill or injured. A CNA helps patients or clients with health care needs under the supervision of an RN or a Licensed Practical Nurse (Nursing Assistant Guides, 2020).

**Cultural Awareness**

Cultural awareness is being aware and understanding of how human caring is a necessary part of nursing care knowledge, a healing environment, and the nursing team’s moral beliefs (Murdoch, 2019). Cultural awareness as a nursing practice means nursing staff puts aside their personal beliefs, assumptions, and cultural and moral beliefs to appreciate those of the patients (Jimenez, 2015).
Ethical Behavior

Ethics in nursing is the core idea of right and wrong in nursing care (Turner, 2017). CNAs’ ethical behavior consists of serving patients with compassion and morals in health care (CNA Buzz, 2019).

Licensed Vocational Nurse

A licensed vocational nurse (LVN) cares for sick, injured, convalescing, or disabled patients. LVNs can perform specific patient care duties and related to clerical patient care in the urgent care setting by coordinating all elements of the patient visit (McKay, 2018). They also work collaboratively with an interdisciplinary team to ensure the needs of each resident are met (McKay, 2018).

Problem-Solving Skill

Problem-solving skill is the ability to understand and establish solutions, and to solve problems with listening, comprehension, understanding, and communication skills (Culpin & Scott, 2012). Problem-solving skills in nursing include using skills to identify critical issues and formulate solutions (LSU Health New Orleans, 2020). Problem solving in nursing is required to provide a safe environment with skilled nursing staff (Kroning, 2015).

Professionalism

Professionalism is being compassionate when working with patients, collaborating with other health professionals and patients, and communicating with patients and other health professionals (Weiss, 2009). Professionalism is competent nurses working in a team, undertaking collaborative effort with doctors, nurses, and other health care staff to provide crucial care to patients (E. Williams, 2017).
RN

An RN is someone who has graduated with an ADN or a BSN degree (NOL, 2017), has both medical knowledge and practical experience relevant to patient care (Writers, S., 2021b). Registered nurses work as part of a medical care team to provide care management, manage safety and infection control, promote health maintenance, support basic care and comfort, reduce the risk of potential patient harm, and provide patients and their families with emotional support (How to become a Nurse Practitioner, 2017).

Soft Skills

Soft skills in nursing were identified by Kroning (collaboration, communication, critical thinking, and ethical decision making). A soft skill is the personal skill needed to be successful in a job. Soft skills include communication, creative thinking, listening, and empathy for patients (Nursing Assistant Guides & Botonakis, 2020). In the health care setting, soft skills have been defined as a set of cognitive and social skills that promote safe, high-quality, efficient, and effective interprofessional care in the intricate health care system (Gordon et al., 2017).

Teamwork

The Quality and Safety Education for Nurses Institute defines teamwork and collaboration as the ability to work collaboratively with nursing and other medical teams, enabling open communication, mutual respect, and collaborative decision-making to achieve quality patient care (Institute of Medicine of National Academies, 2011). Teamwork by CNAs is working comfortably in any work setting with other health care professionals for patient benefit (Scrubs Editor, 2018).
Delimitations

This study is delimited to 52 CNAs from Contra Costa County and Alameda County, California, who have completed their training program with Quest Nursing Education Center and have worked at a rehabilitation center, clinic, or medical office in either Alameda or Contra Costa County for more than 1 year.

Organization of the Study

The remaining part of this study includes four chapters, a reference list, and appendices. Chapter II presents a review of what soft skills are needed in the health care sector and the role CNAs play in health care. The author presents the relevant theoretical framework and the current research regarding soft skills related to CNAs. Chapter III describes the methodology and research design. This chapter includes an explanation of the sample population and data-gathering procedures in addition to the methods used to analyze the collected data. Chapter IV presents the results of the study, analysis of the data, and a discussion of the study results. Chapter V includes the summary, findings, conclusions, and recommendations for action as well as future research.
CHAPTER II: REVIEW OF THE LITERATURE

Health care staff consists primarily of doctors, RNs, and CNAs. CNAs’ perceptions regarding the importance of soft skills in their jobs and training are the focus of this study. As part of the health care staff, CNAs promote safety and efficacy. CNAs’ performance depends on the effectiveness of clinical skills as well as soft skills, both of which are critical to promoting safety and efficacy. In the health care setting, soft skills are defined as a set of cognitive and social skills that promote safe, high-quality, efficient, and effective interprofessional care (Eastern Illinois University, 2019). This review explores the context and research in the literature that amplify and support the findings of this study.

This chapter begins by exploring a brief history of CNAs in the United States, as well as CNAs and registered nurses in the workplace, CNAs’ training, their role, and their function. The researcher examines soft skills in the context of health care literature. In addition, this chapter provides the theoretical foundation and framework for the study. Finally, this chapter includes gaps in the literature, along with a chapter summary.

Brief History of CNAs in the United States

Nurse assistants in the United States have a recorded history from World War I to President Ronald Reagan’s signing of the Omnibus Reconciliation Act in 1987. Nurse assistants were first introduced as volunteer nurses by the American Red Cross during World War I around 1914 to support nurses and the medical team. The medical teams consisting of doctors, nurses, and nurse assistants evolved from older research, and the American Red Cross created what was known as the Volunteer Nurses’ Aid Service (Red Cross, 2021). The war placed a significant burden on nursing professionals, who were
overwhelmed with injured soldiers and civilians. RNs trained the young Volunteer Nurses Aid Program volunteers, Licensed Practical Nurses, and LVNs to provide necessary assistance to overworked nurses (My CNA Jobs, 2014).

During World War II, the Red Cross reinstated the volunteer aide program and recruited more than 12,000 volunteers (My CNA Jobs, 2014). The program focused on recruiting women ages 18 to 50 (4CNA’s, 2020). Between 1944 and 1945, more than 45 million service hours were worked, and the program was named the Volunteer Nurse’s Aide Service Corps (My CNA Jobs, 2014). Volunteer Nurse Assistants completed on-the-job training to assist nurses with nontechnical jobs so nurses could focus on more specific nursing tasks (Contributor, N. T., 2019). Many nursing aides continued to work after the war ended, either as volunteers or in paid positions (CNA Programs, 2020).

During the 1950s, medical assistants came together to form a professional organization similar to those of doctors and nurses (Willis, 2020). The number of nurse assistants began to grow across the United States (CNA Programs, 2015). In 1956, the American Association of Medical Assistants was founded and worked closely with American Medical Technology (CNA Programs, 2020). There was an increased need for Nurse Assistants to be organized. Toward the end of the 1950s, the American Association of Medical Assistants president, Maxine Williams, established a guide of principles and educational standards, which led to a certifying bond in 1961 (Willis, 2020).

In the 1970s, the Nursing Assistant profession achieved further growth. By 1976 the American Association of Medical Assistants began accepting international members (Willis, 2020). Although CNA certification needs were being established, there was no certification for Nurse Assistants in 1970 (A Brief History of CNA Careers, 2019). Nurse
assistant jobs were easy to get in the 1970s. Although a minimum of a high-school education was needed, nurse assistants received on-the-job training from RNs, LVNs and Licensed Practical Nurses (A Brief History of CNA Careers, 2019).

Health care systems continued to evolve, and with that evolution, a well-trained workforce was needed to handle medical and health care advancements (Sulehria, 2015). In 1987, President Ronald Reagan signed the Omnibus Budget Reconciliation Act into law. The Omnibus Budget Reconciliation Act included the Federal Nursing Home Reform Act, which grew out of concern for reduced levels of care in nursing homes across the United States Ebersol. (2020). During the 1970s and most of the 1980s, nursing assistants were still not certified; anyone with a high-school diploma could apply for a nurses’ aide position (All Nursing Schools, 2020). The Federal Nursing Reform Act set national standards for certified nursing assistant classroom/clinical and on-the-job training, and for care in nursing homes throughout the United States. The Federal Nursing Home Reform Act or Omnibus Budget Reconciliation Act 1987 created a set of national standards of care and rights for people living in certified nursing facilities. Most important, it required CNAs to complete clinical and nontechnical training and to pass a certification exam in order to work in the field.

From the 1990s to the 2000s, hospitals, nursing schools, and daycare centers that provided CNA programs became accredited (All Nursing Schools, 2020). To maintain high standards, every state implemented training and examinations for nurse aides to be certified. Today CNAs are more needed than ever, and the number of jobs is rising steadily at a growth rate of approximately 21% (Davis, 2014).
CNAs and RN in the Workplace: Coronavirus and Its Impact on Health Care and Nursing

Health care providers across the United States are preparing to take on extreme care situations by stocking up on medical equipment, supplies, and staff as they continue to take on the novel coronavirus (COVID-19), according to (Centers for Disease Control, 2020). The COVID-19 virus has become so prevalent in the United States that nursing schools have seen an increase in enrollments (“Impact of Coronavirus and Risks,” 2020).

This increase will support the medical staff shortage because of the coronavirus (Coronavirus Disease 2019, 2020). Presently, there is no way to determine when the COVID-19 surge will end. Although there is an increase in the number of applicants, some experts fear that the media’s focus on the lack of protective equipment and difficult work environment could reverse the interest across the field of nursing (Kowarski, 2020).

Many health care facilities have put together contingency strategies to supplement the nursing care shortage, such as regional transfer plans, alternate screening sites, screening staff for symptoms of COVID-19, managing Personal Protective Equipment (PPE), creating secondary bed space, and securing a stockpile of necessary treatment equipment (Centers for Disease Control and Prevention [CDC], 2020).

Despite the ever-present COVID-19 virus, health care providers still have to follow Occupational Safety and Health Administration rules in compliance with the CDC guidelines (“Impact of Coronavirus and Risks,”, 2020). Health care staff are required to maintain health care facilities that are free from hazards, including viral ones, as may be required (“Impact of Coronavirus and Risks,” 2020).
The CDC has taken an active role in not only collecting data on the virus but also providing guidelines for health care staff and facilities (AMN Healthcare, 2020). In order to try and further prepare staff for patient care, the CDC is offering a free online course for health care staff, known as the Nursing Home Infection Prevention Training Course (“Impact of Coronavirus and Risks,” 2020).

In addition, the CDC, in response to the COVID-19 pandemic, has put together a few contingency strategies to support health care staff environments and the public, including measures such as facemasks, frequent handwashing, wearing gloves, and social distancing. In addition to social distancing, face coverings are another way to prevent the spread of COVID-19 (Coronavirus Disease 2019 [COVID-19], 2020b).

Facemasks and coverings should be put on with clean hands; cover the nose, mouth, and chin; be worn snug to the face; and be possible to breathe through easily (USA TODAY, 2020). Facemasks need to be properly formed to prevent the virus from entering at the ear loops of the facemask. The preferred facemask is an N-95 facemask. If they are not properly formed, they can’t prevent virus penetration (Coronavirus Disease 2019 [COVID-19]). The facemask should be disposable or washable.

The next strategy is handwashing for a minimum of 20 seconds (Fowler, 2020). Handwashing between patients and between glove changes is required for health care. Gloves should be worn by medical professionals when treating patients (Exclusion Screening, 2020). Gloves should be properly worn, removed, and disposed of properly. Gloves are needed when caring for the sick, and when cleaning (CDC, 2020). The CDC initially recommended wearing gloves as a precaution and later changed its position to wearing gloves from not wearing gloves, and later changed its position again (Malacoff,
However, gloves are recommended when caring for someone sick and when cleaning (CDC, 2020).

Finally, proper social distancing by everyone is a way to avoid spreading COVID-19 (Malacoff, 2020). The CDC recommends practicing social distancing by standing at least 6 feet or two arm’s lengths apart (CDC, 2020). Social distancing helps to reduce the danger presented by the airborne droplets produced by talking, singing, coughing, and sneezing (Center for Disease Control and Prevention, 2020). Today, CNAs are needed more than ever. Nineteen states have created emergency changes in licensing to accommodate the COVID-19 pandemic (AMN Healthcare, 2020). Both the federal and state governments are working together to accommodate the needs of thousands of COVID-19 patients across the nation (AMA Healthcare, 2020). In California, for example, there was a statewide increase of 50,000 hospital beds, and CNAs were some of the staff needed to meet the demand (Bollag, 2020).

Because of COVID-19, CNAs work under the high to very high exposure risk categories determined by the Occupational Safety Health Administration (United States Department of Labor, 2020). In summary, as with other medical providers during the COVID-19 pandemic, CNAs have special safety guidelines to follow. According to the U.S. Department of Labor, CNAs, as many other health care workers, must have their temperature taken before each shift, undergo regular monitoring, wear a mask, wear protective clothes, and participate in disinfecting their hands and certain equipment.

Employing more CNAs was the most efficient way to meet the demands of the aggressive increase in the number of patients (Gordon et al., 2017). Health care staff consists primarily of doctors, RNs, and CNAs. According to Gordon et al. (2017), health
care is one of the largest industries in the United States today, employing more than 17 million professionals. CNAs and RNs represent 1.5 million and 3 million, respectively, of the 17 million health care professionals (U.S. Department of Labor, 2018). According to the United States Department of Labor (2018), the CNA profession is dominated by women. More than 88% of working CNAs and RNs are women (United States Department of Labor, 2018), as shown in Table 2.

Table 2

Demographics of CNAs and RNs in U.S.

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>White</th>
<th>Black or African American</th>
<th>Asian</th>
<th>Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>88.9</td>
<td>75.9</td>
<td>12.4</td>
<td>9.2</td>
<td>7.2</td>
</tr>
<tr>
<td>CNA</td>
<td>88.3</td>
<td>54.3</td>
<td>37.2</td>
<td>4.4</td>
<td>17.6</td>
</tr>
</tbody>
</table>


Table 2 also shows that more than 75% of RNs and more than 54% of CNAs are White. Within those same populations, the United States Department of Labor (2020), contended that 58% of CNAs are people of color, and more than 28% of RNs are people of color (United States Department of Labor, 2020), as shown in Table 3.

The annual estimated wages in 2018 for CNAs and RNs are disproportionate, according to the United States Bureau of Labor Statistics (2020), as seen in Table 3. This disparity is a result of the difference in education, the difference in the level of service, and that the CNA position is an entry-level position. Most important, the wages are disproportional because of the lack of patient care experience CNAs have compared to RNs.
Table 3

*CNA and RN Highest Employment Industries and Wages*

<table>
<thead>
<tr>
<th></th>
<th>CNAs</th>
<th>RNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Median Income</td>
<td>$24,580</td>
<td>$77,460</td>
</tr>
<tr>
<td>Workplace Locations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitals</td>
<td>7%</td>
<td>31%</td>
</tr>
<tr>
<td>Physician Offices</td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Skilled Nursing Care Facilities</td>
<td>36%</td>
<td>9%</td>
</tr>
<tr>
<td>Outpatient Care Centers</td>
<td>4%</td>
<td>15%</td>
</tr>
<tr>
<td>Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly</td>
<td>18%</td>
<td></td>
</tr>
</tbody>
</table>


Certain information was not available at the time of this study and could not be charted.

**CNA Training and Soft Skills**

In order to fulfill their role and function, CNAs are required to meet strict criteria for licensure in any state where they wish to practice. The role and function of CNAs have been essential in providing patient care (Robert et al., 2015). In Merriam-Webster (2011) a role is defined as “a socially expected behavior pattern usually determined by an individual’s status in a particular society” (Need page or paragraph number.) and a function is defined as “acts or operations expected of a person or thing” (Need page or paragraph number.). The role and function of CNAs in the medical team are those of an entry position (4CNA’s, 2021).

Although CNAs are not licensed nurses, they are equally important in many ways (Union Test Prep, 2020). While the job of a CNA is rewarding, they often work long hours, no matter what their setting (Union Test Prep, 2020). CNAs comfort patients and provide patients with direct care such as bathing, dressing, feeding, diaper changing, and positioning (All Nursing Schools, 2020).
Whether in hospital, nursing home, or adult care facility, CNAs provide an essential contribution to patient care by supporting nurses and physicians (All Nursing Schools, 2020). (Their specific roles require that they have daily contact with patients and gather vital information about the condition of those patients, which they convey to their supervising nurse (AACN, 2020). Nursing care would be significantly diminished if nursing assistants were eliminated (Aiken et al., 2016). In many health care facilities, there are fewer RNs than CNAs. RNs tend to have a heavy workload because of the cost and scarcity of qualified RNs. CNAs support RNs by accomplishing more routine but essential patient tasks. They help reduce the burden of service for RNs and allow them to focus on more complex patient care (Aiken et al., 2016). CNAs are responsible for documenting procedures, recording the health histories of patients and medications, and maintaining patients’ medical records (Lau & Wang, 2014). For CNAs to complete their clinical role and function accurately and thoroughly, they need soft skills such as the ability to communicate effectively, the ability to work in teams, honesty, and integrity (Stumpf, 2007).

Training

According to Marston (2010), the health care industry should develop competent and skilled health care workers. CNA training of health care personnel is the most efficient way to meet the demands of a large increase of patients regardless of the role or function served by the CNA. As with other professionals, CNAs and RNs also must be trained from time to time on emerging trends or innovations in medicine and technology associated with medical instruments (Porter & Lee, 2013). According to Aiken (2014),
CNAs are required to complete training that enables them to meet specific patient needs, which fall into three basic categories:

- Giving input to assist the patient in understanding their medical needs;
- Helping patients grasp the importance and scope of their medical treatment; and
- Helping patients articulate their specific medical needs.

CNA training in the United States is regulated by federal and state statutes. With ongoing technological advancements in the medical field, it is imperative for all medical staff, including CNAs, to have adequate theoretical knowledge, certifications, and practical and soft skills training (Bach & Grant, 2009). In order to practice, CNAs must complete a certification program that meets both federal and state standards. There is certification reciprocity among the states. If the CNA can pass a state certification examination or meet credentialing requirements in a given state, the CNA can practice in that state. Guidelines for CNA training programs that meet federal and state requirements exist at community colleges, 4-year colleges, nursing programs, and vocational training programs (Nursing Assistance Guides & Botonakis, 2020).

CNA nursing program requirements include time and curriculum content. The curriculum includes necessary nursing skills, anatomy, physiology, nutrition, medical terminology, and some basic communication for patient interview and assessments (Northern Illinois University Center for Innovative Teaching and Learning, 2020).

According to United States Department of Labor (2020), CNA nursing programs also provide instruction on facility regulations. Most CNA training programs require students to have a high-school diploma or GED to enroll (Nursing Assistant Guides & Botonakis, 2020). There are exceptions for high schools or vocation-related high-school
programs. CNA programs range in duration from 6 to 12 weeks (CNA Buzz, 2020). The short duration of training programs is one of the reasons that soft skills are often not included in the curriculum, and one of the reasons why it is difficult to fit a new curriculum into current programs. However, there are state or federal regulations for soft skills instruction in CNA programs.

In California, each CNA training program must include at least 150 hours of classroom instruction taught at a nursing facility, an agency, or a public educational facility (All Nursing Schools, 2020). California Department of Public Health, n.d.). Proper CNA education requires 150 hours of instruction, split among 16 modules (All Nursing Schools, 2020, 1990). CNAs need 16 hours of instruction in the areas of clinical communication and interpersonal skills, infection control, safety, emergency procedures, the Heimlich maneuver, promoting patient independence, and respecting the rights of patients before patient contact is allowed (California Department of Public Health, n.d.).

There are different criteria for licensure in each of the states. California is among 25 states that use the National Nurse Aide Assessment Program for certification purposes. CNA candidates must pass knowledge and skills tests; the knowledge test is available in written and oral formats. The oral test includes 10-word recognition/reading comprehension questions in addition to 60 oral questions ((Nursing Assistant Guides & Botonakis, 2020).

In California, specific guidelines for CNAs are established and maintained by the DHS (California Department of Public Health, n.d.). These guidelines contain the knowledge, competence, and skills CNAs need to complete their job functions (All Nursing Schools, 2020, 1990). In California, all CNA education programs must be
approved by DHS and provide both clinical and classroom instruction (Reuters, 2018 including at least 100 hours of clinical training in a nursing facility, such as a hospital, nursing home, or medical clinic (California Department of Public Health, n.d.). In addition, the 100 hours of clinical instruction must take place under the supervision of the DOS or an instructor (All Nursing Schools, 2020. The DOS or instructor is required to show CNA students the necessary patient-care skills as identified by the CNA training program. CNA students are required to repeat the demonstration for the DOS, the instructor, or a licensed nurse who has no other responsibilities at the time of the presentation. The clinical training ratio must always remain at 15 or fewer students per instructor (All Nursing Schools, 2020, 1990).

CNA educators and trainers face challenges in trying to bridge the gap between CNA training and health care practice (Monagle & Doherty, 2014). Currently, CNA programs emphasize the core skills required in the health care environment (Benner et al., 2010). CNA training programs regularly put more emphasis on the hard skills, and CNA students may complete their training programs without developing the critical soft skills that are needed in the clinical setting (Monagle & Doherty, 2014).

**CNA Training and Soft Skills**

Soft skills are the personal skills needed to be successful in a job. Soft skills include communication, creative thinking, listening, and empathy for patients (The Balance Careers, n.d.; NOL, 2017). Soft skills can also include critical thinking, interpersonal skills, teamwork, and problem solving.

The need for soft skills in private industry began to be acknowledged in 1976, with Humphrey’s article on the social applications of intelligence. Although researchers
noted that soft skills were difficult to define and potentially dependent on market needs, there was broad agreement that soft skills were needed for productivity and success at the individual and organizational levels (Zatcher, 2017). Throughout the subsequent decades, corporations began to train employees, particularly managers and salespeople, in social or soft skills such as articulating, persuading, and motivating others (Silber & Foshay, 2009).

According to Benner et al. (2010) and Monagle and Doherty (2014), the current complex health care structure has created an environment in which soft skills are vital for appropriate patient care. Health educators have observed that CNA training programs are deficient in providing critical instruction in soft skills training (Aubry et al., 2012). Students, while being trained to be CNAs, have difficulties working in teams, attending classes, going to clinical training on time, dressing in the appropriate uniforms, and using their mobile phones at appropriate times (Randolph, 2016). These soft-skill deficiencies have also been observed by employers, who have stated that some students cannot effectively communicate with patients and staff, arrive at work on time, and dress in appropriate uniforms. Educators and employers agree that students should possess not only relevant clinical skills required for job performance but also the soft skills necessary to be effective (Osman et al., 2012)

Critical soft-skill behaviors such as communication and building trust involve other vital soft skills such as body language, negotiating, professionalism, presentation, critical thinking, motivation, problem-solving skills, personal habits, and cultural awareness. Apart from these skills, other soft skills of CNAs include following the hospital’s internal rules such as dress code, timing, and other policies (Aubry et al.,
Developing these skills creates a productive work environment for CNAs and other medical staff. It also creates a situation in which patients can feel positive about their care environment.

The quality of care given by CNAs to a patient is influenced by the knowledge and experience of the CNA along with soft skills such as collaboration, communication, critical thinking, ethical behavior, and professionalism (Heathfield, 2019). Exploring the perceptions of CNAs regarding the importance of soft skills to their training and work will add to the literature regarding the use of soft skills in the work of CNAs (Gibbs, 2014. CNAs perform a variety of essential functions in health care settings, providing patients with primary care and daily living assistance (U.S Department of Labor, Bureau of Labor Statistics, 2021). CNAs clean and bathe patients, help patients dress and use the restroom, turn and reposition patients, transfer patients between the wheelchair and the bed, listen to and record patients’ health concerns (to be reported to nurses), measure vitals, serve and assist with consumption of meals, and, depending on state and training level, dispense patients’ medications.

CNAs are also required to help patients with their various physical and emotional health needs. For example, while working in health care facilities, the RNs provide the patients with assistance when needed with more complicated medical treatments such as medication delivery and wound care. At the same time, CNAs offer patients both emotional and spiritual support (Sulehria, 2015). CNAs are responsible for the well-being of the patients by ensuring that they have their meals at the appropriate time and assisting them with their hygiene (Giorgi & Phulesar, 2020). CNAs are an integral part of the nursing services because they offer patients the opportunity to have a positive experience.
while being treated. The use of soft skills increases the opportunities for patients to have a positive experience during treatment (Thompson, 2016).

**Soft Skill Background**

The term soft skills was first used in its modern application in functional management studies in the U.S. Army in the 1960s (Silber & Foshay, 2009). In the context of functional management, soft skills were defined as skills other than those used in the operation of machinery, including social skills. The U.S. Army developed the concept of soft skills because it had recognized the need for these skills in its technicians and engineers. The need for soft skills in private industry began to be acknowledged with the social applications of intelligence (Humphrey, 1976).

Throughout the subsequent decade, corporations began to train employees, particularly managers and salespersons, in skills such as persuading and motivating others (Silber & Foshay, 2009). The leadership theory created by Kouzes and Posner (2006), examined years of research regarding the fundamentals of actions and attitudes toward leadership. Kouzes and Posner believed that their theory, which contained soft skills, could be used in any leadership position. “Leadership is not just about leaders. Nor is leadership about some position or place in an organization or community” (Kouzes & Posner, 2003, p. ix). In the process of summarizing their years of research on leadership, Kouzes & Posner, (2015) concluded that soft skills used for professional relationships and communication had an effect on the quality of work relationships overall. Soft skills were needed for productivity and success at the individual and organizational level (United States Department of Labor, 2020). The term soft skills may also reflect a
person’s emotional intelligence, which refers to a person’s character traits or personality that determines how well one interacts with other people (Doyle, 2020).

Employees effectively using soft skills were found to be equally important for health care. According to Benner et al. (2010) and Monagle and Doherty (2014), the current complex health care structure has created an environment in which soft skills are vital for appropriate patient care. Soft skills are a crucial component in nursing because they foster a collaborative, respectful, and efficient work environment. Lockwood, (2019), suggested that soft skills can be used to “refer to a broad set of skills, competencies, behaviors, attitudes and personal qualities that enable people to effectively navigate their environment, work well with others, perform well and achieve their goals” (p. 4). This definition broadens the idea of what society should consider a soft skill. However, it must be understood that every skill that a professional requires to improve their quality of work, to give them experience, and to improve the manner in which they interact with the environment, could be considered a soft skill, (Luz, Hanson, Hao, & Spurgeon, 2017.

Matteson (2015) introduced the concept of role-play and the impact it has on the development of soft skills, citing communication and critical thinking as two of the greatest soft skills that could be improved through the use of role-play (Matteson, 2015). Lippman et al. (2015) agreed with this theory and suggested that there is a lack of soft skills in many of the employees in different sectors. Considering these notions, it is, therefore, important to ensure that employees are well equipped with the right skills for the job—both hard skills, which are knowledge-based, and soft skills, which are interpersonal and intrapersonal.
The overall focus of soft skills is vast and encompasses different skills that help to create something of a conducive environment for both the patients and the health care providers to communicate effectively and work together toward the provision of a successful health care service. The effects of soft skills in all workplaces, including health care, enhance workplace skills so staff can deliver effective care (Khodadadi et al., 2013). Khodadadi et al. (2013) suggested that there is a growing global need for improved soft skills in nurses and nursing assistants, mainly because communication is vital in helping “to establish effective relationships with the patients” (p. 27). Khodadadi et al. looked at soft skills, their effect on the health care system around the world, and the way those skills influence different factors, such as communication between patients and health care providers. Equally, other factors such as shifting the health care approach to focus mostly on patient needs have also contributed to the growth of the universal health care systems.

**Sociology and Soft Skills**

Soft skills in the business workplace are character traits and interpersonal skills that characterize a person’s relationship with others. In private industry, soft skills are seen to be an adjunct to hard skills, which usually are procured through formal education and specialized training. Soft skills are character traits that describe one’s relationships in the work settings (Kenton, 2020). Sociologists may use the term soft skills to describe a person’s emotional intelligence (Flavin, 2018). Soft skills are part of a person’s personality and can include the character traits that determine how well a person can interact with other people (Kenton, 2020). In an aggressive workforce, workers who show that they have a good mix of hard and soft skills usually experience a high demand
for their services (Share, 2018). Soft skills are used by everyone in order to enable them to be more efficient at their job (Snyder, 2020).

**Soft Skills**

The characteristics of emotional intelligence are the same as soft skills (MindTools, 2020). Gardner, (2017), characterized emotional intelligence as a set of four related abilities as perceiving, using, understanding, and managing emotions. Emotional intelligence brings together the fields of emotions and intelligence “to monitor one’s own and others’ feelings, to choose among them, and to use this information to direct one’s thinking and action” (Gardner, 2017).

The first division of emotional intelligence, perceiving emotions, is the ability to sense and evaluate emotions in pictures, voices, and cultural artifacts. The second division of emotional intelligence, using emotions, is the tendency to harness the emotions to aid various cognitive activities such as thinking and problem solving. The third division of emotional intelligence is comprehending, the ability to grasp emotional language and its complicated relationships among emotions; for example, understanding the emotions encompassing the ability to be sensitive to slight variations in the emotions. The fourth division includes the ability to manage the emotions of others (Rouston, 2010). Emotional intelligence is built on soft skills, which is where they become important (MindTools, 2020).

**Theoretical Foundation**

According to Kluger and DeNisi (1996), there are three theories that both guide and inform thinking and study about the cognitive, emotional, and social aspects of soft skills. The three theories are goal theory, control theory, and action theory. The term soft
skills was first used in its modern application in functional management studies in the U.S. Army in the 1960s (Silber & Foshay, 2009). In the context of functional management, soft skills were defined as skills other than those used in the operation of machinery, including social skills. In the health care setting, soft skills have been defined as a set of cognitive and social skills that promote safe, high-quality, efficient, and effective interprofessional care in the intricate health care system (Gordon et al., 2017). Soft skills were found to be an important element of quality health care. Health care professionals and CNAs have embraced concepts of soft skills to address relationships within health care settings (Humphrey, 1976).

The goal theory assumes that an individual will be committed to their goal and will maintain that goal (Cropper 2019). The goal commitment is dependent on the following factors: Goals are transparent, known, and broadcasted. Goals should be set by the individual rather than others (Doyle, 2020). Individual set goals should be consistent with the organizational goals and vision. The advantages of goal-setting theory are: Goal-setting theory is a technique used to raise incentives for employees to complete work quickly and effectively (Barman, 2015). Goal-setting leads to better performance by increasing motivation and efforts, but also through increasing and improving the feedback quality.

Action theory is a metatheory on the regulation of goal-directed behavior. The theory explains how workers regulate their behavior through cognitive processes, including goal development and selection, internal and external orientation, planning, monitoring of execution, and feedback processing (Zacher, 2017). The action regulation theory focuses on the links among these cognitive processes, behavior, the objective
environment, and objective outcomes (Zacher, 2017). These theories are of interest to researchers in educational, social, industrial, organizational, and developmental psychology, as well as other subdisciplines.

**Emotional Intelligence**

The characteristics of emotional intelligence are the same as soft skills (Mind, 2010). More and more, emotional intelligence is being used and accepted in the workplace (MindTools, 2020). The *Journal of Nursing* describes emotional intelligence as the ability to manage the emotions of self and others in order to assist with taking actions while working through situations (Mind Tools, 2020). According to Roulston (2010), emotional intelligence is an essential element for health care workers, and without it, health care workers are destined to have problems in the workplace. Emotional intelligence is meaningful in nursing care because it enables those in nursing care to have a good perception and understanding of appropriate care (American Society for Registered Nursing, 2007).

**Gibb**

According to Gibb (2014) soft skill development is intended both to empower and strengthen the learning process, promoting professional and personal development for success in employment. Demonstrating good soft skills during educational programs and during employment enables success. According to Gibb (2014), all soft skills share the common purpose of enriching the success rate of both the learning and employment processes. Moreover, soft skills identified through assessments could be used to address more specifically learning needs for success.
Gibb (2014) considered three theories—Goal-Setting Theory, Control Theory, and Attribution Therapy—to support the cognitive and emotional amplitude of soft skills.

Goal-Setting Theory is relevant to understanding the cognitive, emotional, and social behaviors of soft-skill delivery (Dadi, 2020). Setting group goals, and balancing teamwork and individual goals are needed when using soft skills in the workplace (Gibb, 2014). The goals should be specific and clear (Randolf, 2016). Goal-Setting Theory enables individuals to self-predict what skill is needed for a given task or interaction (Dadi, 2020). Using this theory can also help predict challenges (Gibb, 2014).

Gibb (2014), used Control Theory to describe how self-regulation can help to regulate how to use soft skills. This theory made workplace and educational training easier (Scrubs Editor, 2018). Understanding soft skills such as teamwork and communication in context in the work environment shapes self-regulation for improved soft skill implementation (Zacher, 2017).

Action Theory describes the emotional and social behaviors that prevent soft-skill delivery (Eberly et al., 2011). According to Gibb (2014), individuals who take ownership of their soft-skill delivery can better self-reflect on their soft-skill deficiencies. To achieve goals or standards, people use feedback, whether provided by an intervention, to evaluate their performance relative to their goals (Gibb, 2014; Kluger & DeNisi, 1996). Self-improvement by strengthening soft skills in social delivery at work or in education can improve soft-skill attainment and delivery (Grande, 2020). Kluger and DeNisi (1996) made an assumption about the role of feedback in self-regulation: that behavior is goal-directed. According to Gibb (2014) these three theories create a path of self-reflection for individuals to identify educational and workplace soft-skill needs.
Kouzes and Posner

Kouzes and Posner (2003) identified important soft skills from their decades of leadership research. Kouzes and Posner (2003) broke their leadership research down into three primary elements, each equipped with corresponding soft skills. The elements of the leadership model were: (a) collaboration, which enabled team-building, negotiation skills, respect, and trust; (b) communication, including language, presentation, personal habits, stress, self-efficacy, motivation, civility, organizational skills, and professional communication to enable exceptional service delivery; and (c) critical thinking, which is needed in order for staff to be effective problem solvers, skillful analysts, flexible team players, and equipped with professional regulation.

Kluger and DeNisi

Kluger and DeNisi are considered the pioneers of FIT. FIT explains why feedback is not always the best practice to improve performance. FIT is a behavior-changing tool (Frey, 2018). There are five expectations that are assumed from FIT: (a) When comparing practice with a goal or standard, behavior can be regulated; (b) The standards are ranked by their importance; (c) Behavior is obstructed by the gaps between the goals and feedback; (d) The student adjusts their order of learning tasks and motivation of items completed; and (e) Feedback acts on the behavior by means of the student feeling they are in charge of their learning process (Larson et al., 2011, p. 233)

Multiple Intelligences

Gardner, (2017) created his theory of Multiple Intelligences as a critique of the way we examine a person’s intellect. The theory of Multiple Intelligences focuses on the eight intelligences everyone maintains: linguistic, musical, logical-mathematical, spatial,
body-kinesthetic, intrapersonal, and interpersonal (Northern Illinois University, 2020). The theory of Multiple Intelligences also implies that people have many processors that work independently to show intelligence.

**Social Intelligence**

The theory of Social Intelligence is one of the many Multiple Intelligences identified by Albrecht (2004). Social Intelligence theory describes a learned intelligence that comes from the lessons a person has learned from their success, their failure, their interactions with people, their own tact, and their common sense (Riggio, 2014). CNAs use Social Intelligence in nursing by practicing listening skills, having empathy, being socially aware, and having empathetic accuracy (Duffy, 2009).

**Watson**

Watson (2006) constructed a theory of caring for oneself and other people by emphasizing the use of morals as a foundation for love and values in caring for others. Watson initially developed the caring theory as part of a personal endeavor to bring additional meaning and dignity to the field of nursing. Watson reported that the theory emerged in part from her personal and professional experiences, which had caused her to question the meaning of concepts such as human dignity, healing, pain, health, death, and the philosophical context for nursing. Caring theory also emerged from Watson’s reading in phenomenological psychology and philosophy, in the work of authors such as Soren Kierkegaard, Alfred North Whitehead, Jean-Paul Sartre, Carl Rogers, Sally Gadow, and Irvin D. Yalom (Watson, 1997). Caring theory was further informed by Watson’s perception of a convergence and synthesis of Eastern and Western worldviews, and by
her work with indigenous peoples around the world. As a result of her work, Watson developed 10 Caritas Processes:

1. Practicing loving-kindness and equanimity within context of caring consciousness.
2. Being authentically present and enabling and sustaining the deep belief system and subjective life world of self and one-being cared for.
3. Cultivating one’s own spiritual practices and transpersonal self, going beyond ego self.
4. Developing and sustaining a helping-trusting, authentic caring relationship.
5. Being present to, and supportive of, the expression of positive and negative feelings.
6. Creatively using self and all ways of knowing as part of the caring process; engaging in artistry of caring-healing practices.
7. Engaging in genuine teaching-learning experience that attends to wholeness and meaning, attempting to stay within others’ frame of reference.
8. Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
9. Assisting with basic needs, with an intentional caring consciousness, administering “human care essentials, (Williams, 2017), which potentiate alignment of mind-body-spirit and wholeness in all aspects of care.
10. Opening and attending to mysterious dimensions of one’s life-death; soul care for self and the one-being-cared for; allowing and being open to miracles (Watson, 2008).
Caring theory is a prominent ethical and philosophical framework in which nurses and administrators inspire and transform nursing and health service (Watson, 2009). According to Watson (2006), a caring nursing environment is required both to prevent a hostile environment and to create an environment where patients feel cared for. Thus, this model is important for CNAs, who perform important support for the patients they serve (see Benner et al., 2010), and who provide valuable emotional support for patients in hospitals or nursing care facilities (NOL, 2017).

**Williams-Buenzli**

Williams-Buenzli (2015) widened the caring leadership model (R. Williams et al., 2011) to include soft-skills categories of collaboration, communication, critical thinking, and ethical decision making. The soft skills within each category are as follows:

1. Collaboration as a soft skill comprises team-building, competence demonstration, negotiating skills, respect, trust, mutual respect, and mutual concern.

2. Communication enables workers to exhibit communication skills like body language, presentation, personal habits, stress coping, self-efficacy, motivation, civility, organizational skills, and professional communication soft skills.

3. Critical thinking incorporates problem solving, analytical skills, adaptability, flexibility, and professional regulation.

4. Ethical decision making allows one to exhibit honesty, work ethics, integrity, etiquette, and professionalism in addition to knowing when and how to share fact-based patient information.

A description of Williams-Buenzli’s (2015) soft-skills crosswalk, Kroni and an explanation of terms was included in the survey (see Appendix A).
Theoretical Frameworks

The theoretical framework for this study is anchored in the theoretical work of Kroning’s (2015) Soft Skills Model and R. Williams et al. (2011). Caring Leadership Model. The synergistic model of the AACN, (2015) provided a conceptual framework for the study. Kroning’s (2015) soft skills model organized soft skills into six categories. Those distinct soft skill categories were:

1. Communication: to motivate others to deliver exceptional care, obtain patient assessments, exchange patient care information, develop patient care plans, provide knowledgeable care, and explain the mission of the healthcare environment.

2. Enthusiasm: to work with a positive attitude and to encourage patient and staff satisfaction and change.

3. Teamwork: to empower staff to work together, improve patient care from multiple disciplines, assist staff to be more efficient and, together with other staff, work to enable other staff to have gratification.

4. Networking: to expand the environment for learning, support, and professionalism.

5. Critical Thinking: The capacity to use facts, data, and knowledge to appropriately solve workplace dilemmas United States Department of Labor (USDOL, 2020). It is necessary to provide safe and effective nursing care in a hospital setting faced with increased patient awareness and chronic sicknesses, financial challenges, minimal resources, rapid changes in technology and reimbursement limitations (Kroning, 2015). A person’s capacity to analyze, calculate, draw conclusions, and
reason when presented with a problem (Williams-Buenzli, 2015).

R. Williams et al. (2011), Caring Leadership Model included soft-skills categories of collaboration, communication, critical thinking, and ethical decision making. The soft skills within each category were as follows:

1. **Collaboration**: comprised team-building, competence demonstration, negotiating skills, demonstrating respect, trust, mutual respect, and mutual concern.

2. **Communication**: enabled workers to exhibit communication skills such as body language, presentation, personal habits, stress coping, self-efficacy, motivation, civility, organizational skills, and professional communication soft skills.

3. **Critical thinking**: The capacity to use facts, data, and knowledge to appropriately solve workplace dilemmas (U. S. Department of Labor, Bureau of Labor Statistics., n.d.). It is necessary to provide safe and effective nursing care in a hospital setting faced with increased patient awareness and chronic sicknesses, financial challenges, minimal resources, rapid changes in technology, and reimbursement limitations (Kroning, 2015). It encompasses a person’s capacity to analyze, calculate, draw conclusions, and reason when presented with a problem (Williams-Buenzli, 2015).

4. **Ethical decision-making**: Allowing one to exhibit honesty, work ethics, integrity, etiquette, and professionalism in addition to knowing when and how to share fact-based patient information.

R. Williams et al. (2011) gave us a clearly defined view of soft skills and their importance. Kroning (2015) has been that rare researcher who has helped to define an area that was somewhat nebulous. She helped us bring into relief a difficult problem and
gave us a roadmap to identifying soft skills.

Both Kroning’s and R. Williams’s et al. work provides the research base for the American Association of Critical Care Nurses to create a synergistic model. The model incorporates soft skills identified as “needed by all medical leaders” (Kroning, 2015, p. ??). The resulting Synergistic Model, as shown in Figure 1, consists of three interlocking constructs: Optimal Patient Outcome, Clinical Excellence, and Healthy Work Environment. Figure 1 shows the model and the relationship of the three interlocking constructs.

**Figure 1**

*AACNs’ Synergistic Model*


The set in the Venn diagram that provides the specific conceptual framework for this study is the Healthy Work Environment. The diagram suggests that, in order to
support a healthy work environment, six standards must be met. The standards are as follows: skilled communication, true collaboration, effective decision making, meaningful recognition, authentic leadership, and appropriate staffing, as in Table 4.

Table 4

AACN Health Work Environment Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled communication</td>
<td>Nurses must be as proficient in communication skills as they are in clinical skills.</td>
</tr>
<tr>
<td>True collaboration</td>
<td>Nurses will be relentless in pursuing and fostering true collaboration.</td>
</tr>
<tr>
<td>Effective decision making</td>
<td>Nurses are valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations.</td>
</tr>
<tr>
<td>Meaningful recognition</td>
<td>The nursing staff should be recognized as well as recognize others for what they bring to their work environment.</td>
</tr>
<tr>
<td>Authentic leadership</td>
<td>The nurse leaders enclasp the vital healthy work environment with authenticity and enlist others in achievement.</td>
</tr>
<tr>
<td>Appropriate staffing</td>
<td>Nursing staff should assure the effective match between nurse skill sets and patient needs.</td>
</tr>
</tbody>
</table>

Sources: AACN Standards for Establishing & Sustaining Healthy Work Environments–A journey to Excellence, 2nd edition (2016)

Kroning, (2015), presented an alignment of soft skills from her and others’ research to AACN standards, as shown in Table 5. The four soft skills of communication, collaboration, critical thinking, and professionalism are the lens through which the perceptions of CNAs were explored.

Table 5

Soft Skill Alignment

<table>
<thead>
<tr>
<th>AACN Standard</th>
<th>Soft Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Communication</td>
<td>Communication</td>
</tr>
<tr>
<td>True collaboration</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Effective Decision-Making</td>
<td>Critical thinking</td>
</tr>
</tbody>
</table>

Adapted from Fostering soft skills a must for nursing leaders (Kroning, 2015).

Kroning’s (2015) alignment of soft skills from her research to AACN standards provided a nexus of soft-skill research to AACN standards. Both the soft skills
represented in the research and the AACN standards provide a nexus through which the lived experiences of CNAs were observed.

**Gap in the Literature**

There has been limited research on soft skills and how they impact the work of the CNA. Moreover, there has been scant research to say what specific soft skills should be included in CNA certification training (AACN, 2016). Finding better ways to train medical staff to use soft skills is an essential area in need of more research.

**Summary**

The CNA profession rose out of the necessity to give RNs a break because they were overworked in caring for wounded soldiers and civilians. The profession of CNA continued to develop as doctors and registered nurses needed better-trained and more experienced staff to assist them in the treatment of patients. As an aggressive increase in the number of patients continued, new and innovative methods were developed to meet this demand. People of all racial and ethnic backgrounds were pulled into the profession of CNA because of the need. The CNAs must be trained to make them more effective in the treatment of patients. The work of CNAs must have a teaching component that trains the patient to anticipate their specific health needs. CNAs must understand the scope and nature of the patients’ medical needs.

There should be a uniform criterion for the training and testing of CNAs in order for them to practice. There should be a specific number of classroom instruction hours that cover clinical skills, infection control, safety, and emergency procedures, including the Heimlich maneuver. The CNA should have interpersonal instruction by a seasoned
instructor who trains the student in patient care skills, clinical and health care skills, and health care practice with soft skills.

Soft skills include communication, creative thinking, and listening. Soft skills are needed because of CNAs’ direct contact with patients. Critical soft-skills behavior such as building trust involves other soft skills, such as body language, professionalism, critical thinking, problem solving, personal habits, cultural awareness, and dress code. All of these together create an environment where the patient can feel comfortable.

CNAs meet strict guidelines and complete many hours of training in order to fulfill critical roles in the health care industry. CNAs perform a variety of essential functions in health care settings, providing patients with primary care and daily living assistance. CNAs may clean and bathe patients, help patients dress and use the restroom, turn and reposition patients, transfer patients between wheelchair and bed, listen to and record patients’ health concerns to be reported to nurses, measure vital signs, serve and assist with consumption of meals, and, depending on state and training level, dispense medications. Federal and state statutes regulate CNA training. All CNA training programs require students to have a high school diploma or GED.

The theoretical framework for this study is anchored in the theoretical work of Kroning’s (2015) Soft Skills Model and R. Williams et al. (2011) Caring Leadership Model. The synergistic model of the AACN (2015) provided a conceptual framework for the study. Kroning’s soft-skills model is organized into six categories: communication, enthusiasm, teamwork, problem solving, critical thinking, and professionalism. The R. Williams et al. (2011) Caring Leadership Model included the soft skill categories of collaboration, communication, critical thinking, and ethical decision making. R. Williams
et al. (2011) gave us a clear avenue to identify soft skills and their importance. The AACN synergistic model provides the conceptualized framework for this study.

The AACN’s synergistic model consists of three intersecting constructs: optimal outcomes, clinical excellence, and healthy work environment. Within the healthy work environment, there are six subsets: authentic leadership (red), meaningful recognition (green), appropriate staffing (blue), effective decision making (orange), true collaboration (teal), and skilled communication (purple).

Kroning’s and Williams-Buenzli’s research both assimilate with the synergistic model created by the AACN Association. The research and AACN synergistic model, combined with (United States Department of Labor, 2020), identified skills relevant to nursing practice, provided the basis for this study. This study focused on collaboration, communication, critical thinking, and ethical behavior (United States Department of Labor, 2020); Kroning, 2015; William-Buenzli, 2015).

Chapter III describes the methodology and research design. This chapter includes an explanation of the sample population and data-gathering procedures in addition to the methods used to analyze the collected data.
CHAPTER III: METHODOLOGY

Overview

This chapter contains the research design and the methodology used for this study examining CNAs’ perceptions of the most important soft skills used in working with their patients and which of those soft skills should be taught in their CNA training programs. This chapter begins with the purpose statement and research questions to address these CNA perceptions, followed by a description and rationale of the research design, population, sample, instruments, methods of data collection, and methods of data analysis. The final section of this chapter discusses the limitations of the study and then ends with a summary of the chapter.

Chapter III consists of a description of a quantitative survey research design that identifies CNAs’ perceptions about the most important soft skills they used based on the composite model for soft skills in nursing (AACN, 2005); U. S. Department of Labor, Bureau of Labor Statistics. (n.d.); Kroning, 2015; R. Williams et al., 2011) and how they identified the soft skills that were most important or useful to be included in their CNA training programs.

Purpose Statement

The purpose of this quantitative study was to identify the soft skills CNAs perceive as most important in nursing, based on the Kroning, Williams, & Buenzeli research and aligned with AACN standards (collaboration, communication, critical thinking and ethical decision-making). Additionally, the purpose of this study was to identify which soft skills CNAs perceived to be the most important to be included in CNA training programs.
Research Questions

This quantitative survey research design was guided by the following questions:

RQ 1. What collaboration soft skills do CNAs identify as most important to their nursing duties?

RQ 2. What communication soft skills do CNAs identify as most important to their nursing duties?

RQ 3. What critical thinking soft skills do CNAs identify as most important to their nursing duties?

RQ 4. What ethical behavior soft skills do CNAs identify as most important to their nursing duties?

RQ 5. What soft skills do CNAs identify as the most important to be included in their certification training program and nursing duties?

Research Design

This study used a quantitative survey research design as the best method to address the purpose and research questions. The purpose of quantitative research is to generate knowledge and create understanding about the hospital environment. Quantitative research is used by social scientists, including communication researchers, to observe phenomena or occurrences affecting individuals. Social scientists are concerned with the study of people. Quantitative research is a way to learn about a particular group of people, known as a sample population. Using scientific inquiry, quantitative research relies on data that are observed or measured to examine questions about the sample population (Sage Research Methods, 2017).
Creswell (2012) explained that the intent of this design was to use quantitative data to address the research questions. McGraw-Hill, (2002), described a survey research design as a set of research procedures that researchers used to describe the opinions of the population under study. Quantitative systems include goal measurements and the statistical, mathematical, or numerical diagnosis of information accumulated by means of polls, questionnaires, and surveys, or by manipulating preexisting statistical information utilizing computational techniques (Creswell, 2012).

Quantitative study makes a specialty of gathering numerical information and generalizing it across teams of individuals or to provide an explanation for a selected phenomenon. The overarching aim of a quantitative survey is to categorize features, describe them, and draw statistical conclusions in an attempt to give an explanation for what’s observed (McGraw-Hill, 2002)

In this study, quantitative data was collected by a survey of closed-ended questions and yielded descriptive statistics that could be analyzed to address the research questions. Specifically, CNAs working in hospitals and hospital clinics responded to a closed-ended Likert-scaled survey with questions regarding the importance of soft skills used in the work place. The soft skills were derived from both the AACN’s synergistic research and Kronning, (2015), research on soft skills in nursing (AACN, 2005) Kroning, 2015; R. Williams et al., 2011). Additionally, CNAs responded to survey questions regarding the most important soft skills to be included in their training program based on the same soft-skills model.

The researcher considered several methodologies for this study. First, an explanatory sequential mixed method was considered in order to examine quantitative
and qualitative information to address the research questions based on the composite model for soft skills in nursing (AACN, 2005) Kroning, 2015; Williams-Buenzli, 2015). This approach would have provided survey information from CNAs about the importance of their use of soft skills, followed by an in-depth interview. However, this design would not be confidential if the interviews were done in the hospitals. Each study participant was selected and remained anonymous throughout the study.

Consequently, the researcher selected a quantitative research design. Quantitative methods emphasize objective measurements and the statistical, mathematical, or numerical analysis of data collected through polls, questionnaires, and surveys, or by manipulating preexisting statistical data using computational techniques (Creswell, 2012).

This study used quantitative data gathered through a survey designed to provide information to address the research questions and determine levels of importance. This was the best fit for the study because it enabled the researcher to identify the levels of importance of the soft skills used by CNAs.

**Population**

McMillan and Schumacher (2010), defined a study’s population as a group of individuals, objects, or events that have the same characteristics in common. Similarly, Creswell and Clark (2017), described a population as the group of individuals having one characteristic that distinguishes them from other groups. The broader population to which this study’s findings were intended to generalize consisted of CNAs (McMillian & Schumacher, 2010),
CNAs primarily work in hospitals, long-term care facilities, and doctor’s offices. According to the U. S. Department of Labor, Bureau of Labor Statistics (2017), there are approximately 1,453,670 CNAs in the United States. Of that number 365,360 work in hospitals according to the Bureau of Labor Statistics, (2017). In California, there were 98,570 CNAs employed in hospitals as of 2017 (Bureau of Labor Statistics, 2017). The CNAs worked as auxiliary support, helping the RNs and physicians treat patients and helping with the patients’ recovery after surgery and various types of medical treatment. The population supporting this study was 98,570 CNAs employed in California hospitals in 2017.

**Target Population**

According to McMillan and Schumacher (2010), a target population for a study is the entire set of individuals chosen from the overall population for which the study data are to be used to make inferences. The target population defines the population to which the findings are meant to be generalized. It is important that target populations are clearly identified for the purposes of research study (McMillan & Schumacher, 2010). The target population for this study was 260 CNAs in the San Francisco Bay Area counties of Alameda and Contra Costa trained by Quest Nursing Education Center. Quest Nursing Education Center is approved by the California Department of Public Health Licensing and Certification program.

The CNA students from the Quest Education Center train in skilled nursing facilities, hospitals, and a variety of clinics in Contra Costa and Alameda counties. According to Stacy Elety, the Executive Director of Quest Nursing Education Center,
CNAs receive detailed clinical training in rehabilitation centers and specialty medical offices such as cardiology, orthopedic, neurology, and pediatric offices (Elety, 2020).

Sample

The sample is a group of participants in a study selected from the target population from which the researcher intends to generalize. It is typically not feasible, because of time or cost constraints, to study large groups; therefore, the researcher chose population samples from within a larger group. According to McMillan and Schumacher (2010), sampling is selecting a “group of individuals from whom data are collected” (p. 129). Similarly, Creswell (2012), defined a sample as a subset of the target population representing the whole population. When a researcher chooses a quantitative approach, the sample chosen is often criteria-based. Criterion sampling involves selecting cases that meet some predetermined criterion of importance (McMillan & Schumacher 2010). Criterion sampling can be useful for identifying and understanding cases that are information rich and can provide an important qualitative component to quantitative data. The study used purposeful sampling for the quantitative data collection.

According to McMillan and Schumacher (2012), purposeful sampling is when the researcher “selects a sample that is representative of the population or that includes subjects with needed characteristics” (p. 138). Purposeful sampling was chosen as the method of sample selection. In this study, a purposeful sample of 52 was selected who met the study criteria and were trained by Quest Education Center. From the 52 CNAs trained by Quest Education Center, 26 were selected who work in hospitals located in each of Contra Costa and Alameda counties.
In quantitative research, sample sizes larger than 30 and less than 500 are appropriate for most research (Sekaran, 1975). If the sample surveyed is closely representative of the population, a relatively small sample size is adequate (Lyons, 2015). In the case of this research, the sample participants are a close match in terms of training, experience, and job responsibilities. The sample of 52 CNAs, all trained by Quest, working in the same geographical area, and meeting the same criteria for participation are determined to represent a valid sample that share similar characteristics for this study.

Below, Table 6 lists the target hospitals with the number of survey participants sampled, which was based on the number of CNAs employed.

**Table 6**

*Target Hospitals*

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Type of Hospital</th>
<th>Survey Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td>Hospital Clinics, Rehabilitation Hospitals</td>
<td>26</td>
</tr>
<tr>
<td>Contra Costa County</td>
<td>Hospital Clinics, Rehabilitation Hospitals</td>
<td>26</td>
</tr>
</tbody>
</table>

This sample was defined by specific criteria and was intended to generalize the findings of this study to that specifically defined population. Thus, CNAs who work long term in hospital emergency centers were not included as a target population of this quantitative study.

The purposeful sampling criteria used to select study participants are as follows:

- Completed the California CNA Program with a Nursing Education program.
- Employed based on CNA job description for a minimum of 1 year.
- Employed at a nursing/rehabilitation facility, clinic, or medical office in either Alameda or Contra Costa County.
- Each participant met at least two of three criteria for the survey.

Figure 2 depicts the study population, target population, and sample size.
Figure 2

Sample Selection Model

Sample Selection

The researcher contacted the executive director at the Quest Nursing Education Center to explain the program and request support for this research (Appendix B). The study population was composed of CNAs who met four specific criteria. The sample size was determined by a purposeful sample of 52 CNAs. The executive director, acting as a research sponsor, followed the nursing school protocols and requested that, because of HIPAA rules, the executive director should send the survey to the CNA sample to ensure confidentiality. After a review and discussion, the Quest executive director identified 52 participants who met the study criteria. The executive director sent a communication to 52 CNAs (26 in each county) who met the study criteria in Alameda and Contra Costa counties. The participants were assured the survey was confidential and a private URL link to SurveyMonkey. The SurveyMonkey link separated the responses by hospital to process data and verify the number of responses. The executive director for Quest
reviewed and approved the survey instrument and Brandman’s Internal Review Board (IRB) procedures prior to administration of the survey (Appendix B and C). Information about the study and IRB assurances were included in the survey as requested by Quest and required by Brandman University. The survey responses were sent to the researcher via SurveyMonkey with no identifying information about respondents.

Instrumentation

Creswell and Clark (2017) stated, “A survey design provides a quantitative or numeric description of trends, attitudes, or opinions” (p. 155). The researcher designed a survey to gather information after an intensive review of the literature regarding soft skills as shown in the literature matrix (Appendix D). Based on the review of the literature, it was determined that Kroning aligned soft skills with the AACN Healthy Work Environment synergistic model. Those soft skills in nursing, collaboration, communication, critical thinking, and ethical decision making, were the best fit for this study. This alignment of soft skills to the AACN synergetic model provided a strong research base in theory and practice (McMillan & Schumacher, 2010).

A research panel was used to verify the AACN research ideal, and Kroning’s alignment of soft skills represented a valid framework for this research and the survey instrument. The researcher established a professional panel that consisted of two expert researchers: one was the author of the crosswalk, Wendy Buenzli, and the other was Dr. Margret Kenrick, who has conducted a research study on soft skills. The panel concluded that the theory, soft skills, and AACN standards were appropriately described in the survey instrument. For purposes of this study, professionalism was not included as one of the soft skills. It was determined that it was not the focus of this particular study.
McMillan and Schumacher (2010), emphasized researchers and participants agreeing on data interpretations and meanings to show validity (McMillan & Schumacher, 2010). To ensure mutual understanding of soft skills terms and definitions, the researcher created a soft-skills terms list and how those skills would look in practice for the participant’s use during the survey administration. The Quest executive director conducted a final review to ensure the survey met the distribution requirements. The Soft Skill Applications in Table 7 are a combination of identified soft-skills applications from the AACCNs (as cited in AACN, 2005), Kroning (2015), and R. Williams et al. (2011).

**Table 7**

**Soft Skill Applications**

<table>
<thead>
<tr>
<th>Soft Skills</th>
<th>Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration</td>
<td>Realizing how and when to lead and follow instructions to avoid unnecessary conflict. Working on a team allows one to build closer connections with one’s fellow workers and can make the job more satisfying (USDL, n.d.). Interdisciplinary patient care that is necessary to improve staff wellbeing (Kroning, February, 2015). The process, constructed over time, resulting in a work environment in which unified communication and decision-making between nurses and other staff becomes the standard (Am J Crit Care, May, 2005).</td>
</tr>
<tr>
<td>Communication</td>
<td>An aspect of a person’s ability to transmit information through thinking, written facsimile, mutual oral sharing, writing, and behavior (Williams-Buenzli, May 2015). Skilled communication is more than a one-way flow or single delivery of information, but a mutual sharing of information in which people think and collaborate together (Am J Crit Care, May 2005). The means of referring patient care to other healthcare providers when using indirect communication (Kroning, 2015). The method of sharing in the workplace by developing the concept of how and when to share your concerns and ideas (USDL, n.d.).</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>The capacity to use facts, data, and knowledge to appropriately solve workplace dilemmas (USDOL, n.d.). Is necessary to provide safe and effective nursing care in a hospital setting faced with increased patient awareness and chronic sicknesses, financial challenges, minimal resources, rapid changes in technology and reimbursement limitations (Kroning, 2015). A person’s capacity to analyze, calculate, draw conclusions, and reason when presented with a problem (Williams-Buenzli, May 2015).</td>
</tr>
<tr>
<td>Ethical Decision Making</td>
<td>A set of moral principles an employee uses in his/her job. Ethics is telling the truth, making the right decision when one is confronted, and in some cases is seen as personal ethics (Williams-Buenzli, May 2015). The healthcare organization has fair and effective processes in place (i.e., ethical decisions) at all levels to equitably appraise the results of choice.</td>
</tr>
</tbody>
</table>
In order to generate quantitative data, the researcher constructed a 5-point Likert-scaled survey with the following responses per question: 1- *extremely important*, 2- *very important*, 3- *somewhat important*, 4- *not so important*, 5- *not at all important*. Creswell & Clark, (2017) described Likert-scaled responses as quasi-interval scores, and for the purposes of this study, the Likert responses for each question were converted to numerical scores for the purposes of determining frequency and mean scores during the data analysis portion of this study. These Likert-scaled responses provided the raw data to address the first and second research questions of this study.

**Survey Administration**

The researcher met with the Quest executive director to discuss the survey administration to CNAs who met the criteria for study participation. The Quest executive director provided the steps to be used in the survey administration, depicted in Table 8.

**Table 8**

*Survey Administration*

<table>
<thead>
<tr>
<th>Step Number</th>
<th>Survey Administration Steps</th>
<th>Detailed Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Survey reviewed and approved for distribution by Quest executive director and confirm a commitment to participate.</td>
<td>Confirm the executive director will be the only person to release the survey</td>
</tr>
<tr>
<td>2</td>
<td>Work with Quest to ensure surveys meet their IRB approval process for distribution.</td>
<td>Email survey to Quest executive director.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Send survey to Quest.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clarify criteria.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Confirm release date.</td>
</tr>
<tr>
<td>3</td>
<td>Executive director (because of HIPPA and personnel requirements) identified CNAs meeting the study criteria as exemplary of the CNA population to receive the survey.</td>
<td>Verify the number of emails that were sent.</td>
</tr>
<tr>
<td>4</td>
<td>Quest sent survey link to CNAs.</td>
<td>E-mail Questionnaire to all; surveys were collected and not returned.</td>
</tr>
<tr>
<td>5</td>
<td>Survey results were collected only by the researcher. Quest would have no access to any of the data collection.</td>
<td>The researcher would provide a copy of the survey and data analysis when complete.</td>
</tr>
</tbody>
</table>
Based on their administrative requirements, the survey was constructed with the following process (see Appendix E):

1. The survey consisted of a letter of introduction from the researcher.
2. The Research Participants Bill of Rights was the second portion of the introduction.
3. The Informed Consent for Electronic Survey was the third section of the introduction following the participant’s electronic consent.
4. The second section of the survey was the instructions for the survey, followed by the Definition of Survey Terms.
5. The third part of the survey collected background information about the participant, including (a) age range, (b) number of weeks in the CNA training program, (c) years employed as a CNA, and (d) the hospital where they work.
6. The fourth part of the survey asked the participants to rate the importance of certain identified soft skills to their daily job duties.
7. The fifth part of the survey asked the participants to rate the importance of certain identified soft skills to be included in a CNA training program.
8. The participants rated the soft skills in questions 5 through 28 based on a 5-point Likert scale of extremely important, very important, somewhat important, not so important, and not at all important.

**Reliability and Validity**

McMillan and Schumacher, (2010) defined validity as the degree to which one’s instruments truly measure what it purports to measure, while reliability was the degree to which one’s instrument consistently measures from one participant to the next. McGraw-
Hill (2002) stated that validity refers to “the degree of congruence between the explanations of the phenomena and the realities of the world” (p. 33). In this study, the instrument was a researcher-developed instrument that measured CNA perceptions about the importance of soft skills from Williams-Buenzli’s (2015) crosswalk. Dr. Williams-Buenzli gave her permission for the researcher to use her crosswalk as part of the foundation of this research study (Appendix F). Next, the researcher submitted her instrument for review to an expert panel consisting of Dr. Margaret Kenrick, Dr. Jeralyn Dugas, and Dr. Rodney Stone, all of whom have experience in designing both survey questions and surveys. These researchers reviewed Williams-Buenzli’s (2015) crosswalk and the survey instrument and gave feedback regarding the terms that were used in the instrument. Modifications to the instrument were made to reflect their feedback.

Following the expert panel review of Williams-Buenzli’s (2015) soft skills, the researcher administered the survey to three CNAs and two clinical supervisors, who met the study criteria, prior to conducting the study for their feedback about the survey as designed. The pilot survey questions asked of participants are listed in (Appendix G). The survey critique took 5 minutes, and the questions covered the following:

- How long it took to complete the survey;
- Whether components of the survey were clear and easy to follow;
- Whether the words used in the questions were easy to understand and unambiguous; and
- Whether the Likert rating scale was easy to follow and, again, unambiguous.

Creswell, (2012), added that when participants have a clear uniform understanding of the terms, a mutual understanding is established. During the pilot
testing, the researcher tested the survey with all the same procedures used during the data collection. Thus, the validity of the research was strengthened when the researcher used the exact same procedures as the research study (McMillan & Schumacher, 2010). After all elements of the field testing, the instrument was revised based on the field-test participants’ feedback and the field-test participants’ data were not used in the study.

**Pilot Test Feedback**

According to Creswell (2012), when a pilot test is conducted, it enables changes to be made when necessary to the research tool (Creswell, 2012). All the participants in the pilot test reviewed the survey and gave feedback. The participants suggested changing some of the terminology for the sake of more effective communication.

Suggestions were also made to help condense some of the wording to keep the survey short. Last, all the subjects gave positive verbal feedback indicating that they felt the survey was easy to follow and directly related to the research model. The researcher made changes to the survey instrument to ensure reliability, to ensure the communication with the participants was effective, and to prepare the researcher for effective communication with participants.

**Quest Feedback**

The researcher met in person and by phone with the executive director of Quest, who expressed strong support for the study and the soft-skills model that was used to form the questions addressed in this study. The executive director also expressed strong support for the CNAs to participate in the study.
The responsibility for survey distribution was assumed by the executive director. With Quest sending out the survey information, the confidentiality of all respondents was protected, and no personal data revealed to the researcher.

The executive director of Quest’s interest was that the surveys could be sent out to the work email addresses of all the CNAs at two campuses. The nursing education coordinator/hospital contact person thought this survey content and distribution method would best protect the confidentiality of each CNA. Additionally, the executive director at Quest stated that this distribution method would enable them to send out reminders under their own aegis. Throughout this survey content design and distribution process, the nursing education coordinator/hospital contact person expressed high interest in achieving the highest survey response rate, and she was most interested in the results of the study.

Data Collection—Quest

1. The researcher met with the Quest executive director at each of three hospitals to explain the study. At the introductory meeting, the researcher shared an introductory letter that explained the purpose of the study and the research safeguards that would be used to protect the identity of the hospital and the study participants.

2. The researcher explained the research questions and the soft skills that CNAs would be answering. The researcher explained the amount of time that each participant would need to take the survey.
3. The meeting between the researcher and the nursing education coordinator/hospital contact person ended when the researcher obtained the commitment of the hospital and the identified participants to engage in this study.

4. After the researcher received permission to conduct the study, a detailed survey schedule was developed.

The electronic quantitative questionnaire was created by the researcher and derived through thoughtful research surrounding each of the four elements of the study. The electronic quantitative questionnaire survey was distributed electronically through SurveyMonkey, with instructions and explanations to the participants for the survey and its terms. CNA participants were encouraged to complete the survey within 1 week. After that week, if the survey was not completed, the researcher sent out an email reminder to the nursing education coordinator about those who had not completed the survey. The survey distribution process was the same for Hospital System A, Hospital System B, and Hospital C in an effort to get as high a response rate as possible. The detailed process of data collection is depicted in Table 9, and the data collection was managed by having the survey results sent directly to the researcher. The survey results were kept in an encrypted and locked file that only the researcher could access. The researcher gained IRB approval from all three hospitals and Brandman University before beginning data collection.
Table 9

Data-Collection Procedures

<table>
<thead>
<tr>
<th>Step Number</th>
<th>Data Survey Collection Steps</th>
<th>Detailed Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Send an email follow-up to the nursing education coordinator/hospital contact person and ask if the CNAs had trouble accessing the survey.</td>
<td>● Send follow up e-mail to Nursing Education Supervisors, when necessary, to increase participation.</td>
</tr>
<tr>
<td>2</td>
<td>Follow survey submissions to ensure completion. Reach out again to nursing education coordinator/hospital contact person to see if reminders went out to ensure survey completion.</td>
<td>● Upon completion of all CNA participant feedback, send nursing education supervisors a thank-you note.</td>
</tr>
<tr>
<td>3</td>
<td>Contact nursing education coordinator/hospital contact person by phone or face to face when necessary, to ensure CNA participation.</td>
<td>● Call the education coordinator to further follow up on participation as much as possible.</td>
</tr>
<tr>
<td>4</td>
<td>Show gratitude to the nursing education coordinator/hospital contact person.</td>
<td>● Send personalized thank-you letters to the nursing education coordinators at each hospital.</td>
</tr>
</tbody>
</table>

The researcher completed the IRB process with the three hospitals and with the IRB at Brandman University.

Human Subjects Consideration

No data were collected until permission to conduct the study was obtained from Institutional Review and the Brandman University IRB (Appendix C). All participants were provided with Brandman’s informed consent and Bill of Rights (Appendix H). All the data collected during the study were protected to ensure the privacy of participants. The SurveyMonkey survey was given as one package, as requested by the nursing education coordinators of Hospital Systems A and B, and by their IRB approval process, as shown in Appendix L.
Data Analysis

Raw Score Conversion Analysis

Based on the 15 items from the composite model (AACN, 2005; Kroning, 2015; Williams-Buenzli, 2015) the researcher created a step-by-step process for analysis in which raw scores were generated from a 5-point Likert scale. The researcher approached data analysis as follows:

1. A 5-point Likert rating system developed by the researcher; numerical values were assigned.

2. The researcher assigned numerical values for scale items so raw scores could be created. For example, *Extremely important* = 1; *Very Important* = 2; *Somewhat important* = 3; *Not so important* = 4; *Not at all important* = 5.

3. After survey completion, the raw scores were used to calculate the mean and standard deviation.

4. Descriptive statistics were reported for the quantitative questions in a frequency table.

5. Summarizing the perception of participation of the CNAs, the mean was calculated as the average of the responses to questions, including scaled response options (McMillian & Schumacher, 2010).

Descriptive statistics were used to describe the basic features of the data in a study. They provide simple summaries about the sample and the measures. Together with simple graphics analysis, they form the basis of virtually every quantitative analysis of data. In the analysis of data in this study, measures of frequency were used, including count, percent, and frequency. In addition, the standard deviation was calculated for each
question and presented in table format. According to research, the standard deviation is a measure of how spread out the numbers are found to be (Glen, 2020). According to McMillan and Schumacher (2010), when there is a group of numbers such as 9, 2, 5, 4, 12, the standard deviation of those numbers and any other set is calculated by using the following steps:

1. Work out the mean or the simple average of the numbers (How to find the mean, 2020).
2. For each number, subtract the mean and square the result.
3. Work out the mean of those squared differences.
4. Take the square root of that (Salkind, 2011).

The researcher took the individual scores and determined the mean of each question along with the standard deviation so that there could be a comparison of the response averages and deviations in a table.

**Limitations**

Cropper (2019), defined limitations as the features of a study that may inadvertently negatively impact the results of the study and thus reduce the generalizability of the findings. The researcher identified the following possible limitations of this study: the instrument, the sample size, and geography. The remainder of this section explores each possible limitation.

**Instrumentation**

There were limitations with the instrument. The researcher constructed the instrument based on Williams-Buenzli’s (2015) soft skills crosswalk, Kroning’s (2015) soft skills, and soft skills developed by the AACN (2005). The researcher obtained the
authors’ permission to develop a survey instrument based on this soft skills model. Doctoral students who are knowledgeable about soft skills reviewed the survey items for congruency. The survey instrument was administered online. It is possible that some participants did not complete the survey because they were not comfortable or capable of taking the survey online, and thus the sample was biased. The electronic survey asked participants to self-report the importance of certain soft skills, and thus the results are based on their perceptions. The results were also based on the directions included in the survey as well as their understanding of the soft skills definitions and their understanding of the Likert rating scale. All these factors were also based on participants’ understanding of the directions provided to them.

**Sample Size and Location**

The sample size was also a limitation of this study. This study identified a CNA population size of 98,750 and a target population of 260 within Alameda and Contra Costa counties in California. The CNA sample size for this population was identified as 52 within the two counties that were chosen based on biased convenience.

**Geography**

Another limitation was a result of the geography of the study’s population. There are two hospital locations for survey distribution. The first site is in Walnut Creek, CA. The second site was in Concord, CA. Thus, the study was delimited to Contra Costa County in the Bay Area of Northern California. The limited geographical area could have biased the results of the study.
Summary

Chapter III presented the quantitative methodology for this research study. The research questions and purpose statement were restated to remind the reader of the foundation of this study. The quantitative Likert survey instrument used was described. The analysis process was also reviewed. The limitations were explained. Chapter IV presents the data results of the various instruments. Chapter V has an interpretation and conclusion by the investigator, summary of the findings, and recommendations for further research.
CHAPTER IV: RESEARCH, DATA COLLECTION, AND FINDINGS

This quantitative study examined CNAs’ perceptions of the most important soft skills used when working with their patients and which of those soft skills should be taught in their CNA training programs. In this chapter, data are presented and analyzed based on 52 survey responses collected through an anonymous electronic survey. Chapter IV includes a review of the purpose statement, research questions, methodology, data collection process, population, and sample. Then, the findings of each research question are presented.

Overview

This chapter describes the processes involved in the data collection, analysis, and findings of this quantitative research study that was conducted to identify which specific soft skills CNAs perceived to be most important during their daily duties. The data were collected from CNAs working primarily in hospitals, long-term care facilities, and doctor’s offices of Alameda and Contra Costa counties. The data have been identified and compiled for review.

Presentation of Data

The research questions were answered using a subset of questions based on a Likert scale: 1 = Extremely Important, 2 = Very Important, 3 = Important, 4 = Not so Important, and 5 = Not Important at All. The research collected CNA responses for five soft skills defined as:

Collaboration: Collaboration is two or more people working together toward shared goals that build in importance, as CNAs work with doctors, nurses, and patients (A. M. Williams, 2015).
**Communication:** Communication skills refer to the ability to convey information through speech, messages, thoughts, behavior, and writing (Britton, 2013).

**Critical Thinking:** Skills involved in critical thinking include analytical skills and problem solving (Randolph, 2016).

**Ethical Behavior:** CNA ethical behavior means delivering care with integrity and honesty (CNA Programs, 2015).

**Purpose Statement**

The purpose of this quantitative study was to identify the soft skills CNAs perceive as most important in nursing, based on the Kroning, Williams, & Buenzeli research and aligned with AACN standards (collaboration, communication, critical thinking, and ethical decision-making). Additionally, the purpose of this study was to identify which soft skills CNAs perceived to be the most important to be included in CNA training programs.

**Research Questions**

This quantitative survey research design was guided by the following questions:

RQ 1. What collaboration soft skills do CNAs identify as most important to their nursing duties?

RQ 2. What communication soft skills do CNAs identify as most important to their nursing duties?

RQ 3. What critical thinking soft skills do CNAs identify as most important to their nursing duties?

RQ 4. What ethical behavior soft skills do CNAs identify as most important to their nursing duties?
RQ 5. What soft skills do CNAs identify as the most important to be included in their nursing duties?

Research Methodology

This study used a quantitative survey research design as the best method to address the purpose and research questions. This study sought to utilize the quantitative data that were collected via a survey of closed-ended questions and yielded descriptive statistics that could be analyzed to address the research questions. Specifically, CNAs responded to a closed-ended, Likert-scaled, anonymous survey with questions regarding the importance of soft skills used when working in hospitals, based on the composite research for soft skills in nursing (AACN, 2005; Kroning, 2015; R. Williams et al., 2011). Additionally, CNAs responded to questions regarding the most important soft skills to be included in their training program based on the same soft-skills research.

Based on the 15 items from the composite research (AACN, 2005; Kroning, 2015; Williams-Buenzli, 2015), the researcher created a step-by-step process for analysis in which raw scores were generated from a 5-point Likert scale. The researcher approached data analysis using a five-step process, using a 5-point Likert rating system developed by the researcher with assigned numerical values: Extremely important = 1; Very Important = 2; Somewhat important = 3; Not so important = 4; Not at all important = 5. The raw scores were used to calculate the mean and standard deviation. Descriptive statistics were reported for the quantitative questions in a frequency table. Finally, the researcher summarized the perception of participation of the CNAs, and the mean was calculated as the average of the responses to questions, including scaled response options (Patten, 2012).
Population

The study population was composed of 98,750 residents within the two counties. The population was then narrowed to CNAs who have worked at least 1 year but not more than 3 years. The target population of 260 CNAs was identified within the two counties. Finally, the sample size was determined by sampling of 26 CNAs from each county. The nurse education coordinator, acting as a research sponsor, followed the nursing school protocols and, because of HIPAA rules and its protocols, asked to be the one to send the survey out to the identified CNA sample. The nurse education coordinator sent a communication to a total of 52 CNAs (26 in each county) who met the study criteria in Alameda and Contra Costa counties. Each CNA worked in a hospital, rehabilitation center, clinic, or medical specialty office. Each CNA was provided with a copy of Brandman’s Informed Consent and Research Participant’s Bill of Rights forms for review and approval.

The CNA students work in skilled nursing facilities and in a variety of clinics in Contra Costa and Alameda counties. According to the nursing education directors of Quest Nursing Education Center, CNAs receive detailed clinical training in rehabilitation centers and specialty medical offices such as cardiology, orthopedics, neurology, and pediatric offices (S. Elety, personal communication, October 10, 2020).

Sample

This study was criterion based. Criterion sampling involves selecting cases that meet predetermined criteria of importance (McMillan & Schumacher, 2010). Criterion sampling can be useful for identifying and understanding cases that are information rich and can provide an important qualitative component to quantitative data. The study used
purposeful sampling for the quantitative data collection. In this study, the sample size is represented by 52 CNAs. This sample was defined by specific criteria and was intended to generalize the findings of this study to that specifically defined population. Thus, CNAs who work long term in emergency centers were not included as a target population of this study.

The purposeful sampling criteria used to select study participants are as follows:

- Completed the California CNA Program with a Nursing Education program.
- Employed based on CNA job description for a minimum of 1 year.
- Employed at a nursing/rehabilitation facility, clinic, or medical office in either Alameda or Contra Costa County.

All the respondents meet at least two if not three criteria.

**Demographic Data Response**

To ensure confidentiality, all data were reported without reference to the names of the individuals or organizations participating in this study. Each participant, numbered 1 through 52, was allowed the opportunity to take the survey. Of 52 participants who began the survey, 48 participants completed it. Participants who did not complete the survey were not included in the analysis. Each participant met at least two of three criteria for the survey. The ages of the respondents were as follows: 27 were between 26 and 30 years of age; 14 were between the ages of 18 and 25; 7 were older than 30 years of age.

Figure 3 displays the ages of the survey participants.
Figure 3

*Survey Participant Age*

![Age Distribution Chart]

Figure 4 displays the counties of employment and the number of participants who competed the survey.

**Figure 4**

*Counties of Employment*

![Employment by County Chart]

To complete the survey, CNAs needed to have worked as CNAs at least 1 year. Nine participants performed volunteer work as a CNA as part of their own attempts to be
hired on at their facilities. After they were later hired on, both their volunteer time and their paid work time were equal to more than a year. Each participant was allowed the opportunity to take the survey. Figure 5 displays the experience of participants who have worked as CNAs and completed the survey.

**Figure 5**

*Participants’ Experience*

![Graph showing how long participants have worked as CNAs](image)

The CNA survey participants are required to attend a CNA program for between 5 and 10 weeks. CNAs must complete a training program that certifies workers to administer basic medical care to patients in the health care industry. Figure 6 displays the length of time survey participants have been in training. California has a minimum requirement of 150 total hours for CNA training—specifically, 50 hours of theory and 100 hours of clinical training—which is insufficient to prepare CNAs to provide good quality care to residents. Many students, especially during the COVID-19 pandemic, elected to volunteer to work extra hours, thus making their total hours well in excess of 200 hours and the 1-year employment criterion. According to the Quest CNA program distributing the survey, some of the CNA students could qualify as full-timers; these
factors cause students to fall into a 0- to 5-week program. CNA students enrolled in 5-week programs or those whose training was directly impacted by their volunteering to work extra hours were often hired on at their training sites, and in many cases, this gave them more than a year of work experience, albeit unpaid. Studies have also found that inadequate training contributes to high turnover of CNAs and that more and better training may reduce turnover (Luz et al., 2017).

Figure 6

Participants’ Training History

Of the 52 CNAs, 48 responded to a 33-question survey about their use of soft skills via a SurveyMonkey online survey instrument. The survey instrument was aligned with the four soft skills identified in the literature review as presented by the American Association of Colleges of Nursing (AACCN, 2005). (Kroning, 2015; R. Williams et al., 2011). Survey participants were aged 18 and older.
Research Question 1

What collaboration soft skills do CNAs identify as most important to their nursing duties?

The concept of soft skills in nursing was described by Kroning (collaboration, communication, critical thinking, and ethical decision making). A soft skill is a personal skill needed to be successful in a job. Soft skills also include communication, creative thinking, listening, and empathy for patients (The Balance Careers, n.d.; NOL, 2017).

In analyzing the quantitative data collected in this study, a Likert scale was used where a value of 1 represented extremely important, 2 represented very important, 3 represented important, 4 represented not so important, and 5 represented not at all important. Descriptive statistics were used to establish a measure of central tendency based on the mean.

Standard deviation is a number used to tell how measurements for a group are spread out from the average (mean or expected value). A low standard deviation means that most of the numbers are close to the average, while a high standard deviation means that the numbers are more spread out (Bhandari, 2021). The standard deviations shown in Table 10 indicate that the deviation values are clustered around the mean with almost the same values. The standard deviation from the survey items of question 1 have a range of 1.10 to 1.40. This suggests that the survey items are of almost equal importance (Bhandari, 2021).

Examining the six collaboration subskills shows that the percentage range for extremely important, very important, and important was 89.59% to 77.09%. Problem solving had the highest rating at 89.59% and brainstorming had the lowest of all subskills
values with 77.09%. When compared to a normal distribution, the values lie between one and two standard deviations of the mean (Creative Systems Research, 2016). This means that most of the soft skills were perceived as important by the surveyed CNAs during their training and profession.

**Table 10**

*Survey Response Table for Research Question 1—Collaboration*

<table>
<thead>
<tr>
<th></th>
<th>Total Responses</th>
<th>Extremely important 1</th>
<th>Very important 2</th>
<th>Important 3</th>
<th>Not so important 4</th>
<th>Not at all 5</th>
<th>Likert Average</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem-solving</td>
<td>48</td>
<td>17</td>
<td>35.42%</td>
<td>14</td>
<td>29.17%</td>
<td>12</td>
<td>25.00%</td>
<td>2.17</td>
</tr>
<tr>
<td>Networking</td>
<td>83.26%</td>
<td>48</td>
<td>20.83%</td>
<td>26</td>
<td>54.17%</td>
<td>4</td>
<td>8.33%</td>
<td>3.27</td>
</tr>
<tr>
<td>Openness and authenticity</td>
<td>81.25%</td>
<td>48</td>
<td>35.42%</td>
<td>12</td>
<td>25.00%</td>
<td>10</td>
<td>20.83%</td>
<td>6.25%</td>
</tr>
<tr>
<td>Valuing contributions</td>
<td>81.12%</td>
<td>48</td>
<td>22.92%</td>
<td>14</td>
<td>29.17%</td>
<td>14</td>
<td>29.17%</td>
<td>2.08%</td>
</tr>
<tr>
<td>Brainstorming</td>
<td>77.00%</td>
<td>48</td>
<td>16.67%</td>
<td>15</td>
<td>31.25%</td>
<td>14</td>
<td>29.17%</td>
<td>9.18%</td>
</tr>
<tr>
<td>Adaptability</td>
<td>75%</td>
<td>48</td>
<td>33.33%</td>
<td>11</td>
<td>22.92%</td>
<td>9</td>
<td>18.75%</td>
<td>12.50%</td>
</tr>
<tr>
<td>All collaboration soft skills</td>
<td>81.25%</td>
<td>288</td>
<td>27.43%</td>
<td>92</td>
<td>31.94%</td>
<td>63</td>
<td>21.88%</td>
<td>10.07%</td>
</tr>
</tbody>
</table>

**Survey Responses for Collaboration Research Question**

Collaboration is two or more people working together toward shared goals that build in importance, as CNAs work with doctors, nurses, and patients (A. M. Williams, 2015). Table 10 shows the response to research question 1. When the aggregate of scores is calculated, the data demonstrate that the percentage of extremely important, very important, and important ranges from 89.89% to 75%. Problem solving scored the highest and adaptability the lowest. When looking at only the responses for extremely important, problem solving, openness to authenticity, and adaptability were each above 30% as extremely important. As a set of collaboration skills, the data suggest that the CNA respondents perceived that all subskills were important to their work. This is consistent with the findings of Lockwood, (2019).
Problem Solving

Problem-solving skill is the ability to understand, establish solutions, and solve problems via listening, comprehension, understanding, and communication skills (Culpin & Scott, 2012). Of the survey participants, 89.89% identified problem solving as the most important collaboration subset. Problem-solving skills in nursing means using skills to identify critical issues and identity solutions (LSU Health New Orleans, 2020). Problem-solving skills in nursing are required in order to provide an environment that is safe with skilled nursing staff (Kroning, 2015).

Brainstorming

Brainstorming refers to the practice of generating ideas and putting them down in a concrete form (Lockwood, 2021). The survey identifies brainstorming as an important modality for CNAs. While identified as the second to the lowest rating, it remains an important aspect of effective nursing, with 77.09% of the respondents indicating that it is an important soft skill subset. Brainstorming encourages open and ongoing collaboration to solve problems and generate innovative ideas. When CNAs participate in brainstorming, actionable ideas can be generated quickly (Lockwood, 2021).

Valuing Contributions

Valuing contributions as it relates to nursing is valuing the contributions of resources and services for patients’ care (Nursing Practice Review Education, 2016).

Valuing contributions is an important soft skill subset. While identified as the third-lowest rating, it remains an important aspect of effective nursing, with survey participants rating valuing contributions as important at 81.12%. CNAs work as a part of
the medical team that provides care in a constantly changing environments that requires the valuing of contributions.

Adaptability

Adaptability is the quality of being able to adjust or adapt to new conditions or situations (Lockwood, 2021). Adaptability had the lowest importance rating of 75% as a soft skill subset of collaboration. Because health care is an ever-changing field, CNAs need to remain flexible by changing bedding, taking blood pressures, serving meals, helping to feed patients, or writing up patient intake forms. The data indicate that adaptability is an important soft skill supporting collaboration. The survey data are supported by research stating that adaptability is important to the training and preparation of CNAs for their duties (White, 2020).

Openness and Authenticity

Openness and authenticity refer to the practice of creating a relationship that is regarded as genuine and authentic (Garrett, 2020). The survey identifies openness and authenticity as an important soft skill for CNAs. Openness and authenticity were identified by survey participants as the third most important soft skill subset with a rating of 81.25%. Openness and authenticity enhance the nursing and patient relationship. Openness and authenticity encourage nursing staff to be open to new ideas as part of collaboration. When CNAs participate with openness and authenticity, leadership skills are amplified (Burton, 2021).

Networking

Networking refers to the practice of expanding the environment for learning, support, and professionalism. The survey participants identified networking as an
important soft skill subset with a rating of 83.26% for CNAs as the second-highest soft-skill rating. Networking enhances a CNA’s professional relationship with peers and patients (AACN, 2005). When CNAs network with their peers, they network to enhance the ability to deliver optimal patient care.

**All Collaboration Soft Skills**

Collaboration soft skills are shown to be very important in the training and duties of the CNA. Studies show that successful interprofessional collaboration helps hospitals increase patient satisfaction, improve patient outcomes, reduce medical errors, expedite treatment, reduce inefficiencies and costs, and improve staff relationships and job satisfaction (White, 2020). The percentage range for extremely important, very important, and important of 77.09% to 89.89% indicates that the soft skill of collaboration is very important to the success of CNAs in their nursing duties.

In the summary of this research question, the data show that networking, openness and authenticity, brainstorming, adaptability, problem solving, and valuing contributions are important. The cumulative soft skill values was 81.25% for All Collaboration Soft Skills (Ali, 2019).

A horizontal percentage value was calculated for each soft skill modality to give further insight into the important nature of the soft skills, as follows:

- Problem-solving: 89%
- Networking: 83.33%
- Openness and authenticity 81.25%
- Valuing contributions: 81.12%
- Brainstorming: 77.09%
Adaptability: 75%

All Collaboration soft skills: 81.25%

Summary

Problem solving is very important and it has a rating of 89%. Next, networking eclipses openness and authenticity at 83.33%. Networking is important to enable CNAs to work with colleagues to deliver optimum patient care. Networking also allows CNAs to stay abreast of job openings in the field of nursing while maintaining awareness of new job opportunities. Openness and authenticity are required to accept constructive criticism, and to improve nursing skills. Brainstorming is necessary to improve methods of treatment for patient treatment. Adaptability is necessary to change the methods of treatment for patients.

Research Question 2

What communication soft skills do CNAs identify as most important to their nursing duties?

The data in Table 11 represents the data from the study of the soft skill communication. (Double table should resolve itself as corrections are made.)
Table 11

Survey Responses for Research Question 2—Communication

<table>
<thead>
<tr>
<th></th>
<th>Total Responses</th>
<th>Extremely important = 1</th>
<th>Very important = 2</th>
<th>Important = 3</th>
<th>Not so important = 4</th>
<th>Not at all = 5</th>
<th>Likert Average</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>n</td>
<td>Pet</td>
<td>n</td>
<td>Pet</td>
<td>n</td>
<td>Pet</td>
<td>n</td>
</tr>
<tr>
<td>Clarity 91.67%</td>
<td>48</td>
<td>14</td>
<td>29.17%</td>
<td>24</td>
<td>50.00%</td>
<td>6</td>
<td>12.50%</td>
<td>3</td>
</tr>
<tr>
<td>Friendliness 87.50%</td>
<td>48</td>
<td>13</td>
<td>27.08%</td>
<td>17</td>
<td>35.42%</td>
<td>12</td>
<td>25.00%</td>
<td>4</td>
</tr>
<tr>
<td>Active listening 87.50%</td>
<td>48</td>
<td>19</td>
<td>39.58%</td>
<td>17</td>
<td>35.42%</td>
<td>6</td>
<td>12.50%</td>
<td>4</td>
</tr>
<tr>
<td>Understanding nonverbal cues 83.33%</td>
<td>48</td>
<td>14</td>
<td>29.17%</td>
<td>13</td>
<td>27.08%</td>
<td>13</td>
<td>27.08%</td>
<td>4</td>
</tr>
<tr>
<td>Empathy 83.33%</td>
<td>48</td>
<td>14</td>
<td>29.17%</td>
<td>13</td>
<td>27.08%</td>
<td>13</td>
<td>27.08%</td>
<td>4</td>
</tr>
<tr>
<td>Respect 79.17%</td>
<td>48</td>
<td>14</td>
<td>29.17%</td>
<td>13</td>
<td>27.08%</td>
<td>11</td>
<td>22.92%</td>
<td>5</td>
</tr>
<tr>
<td>All communicatio n soft skills 85.42%</td>
<td>288</td>
<td>88</td>
<td>30.56%</td>
<td>97</td>
<td>33.68%</td>
<td>61</td>
<td>21.18%</td>
<td>24</td>
</tr>
</tbody>
</table>

**Communication**

Communication is the ability to convey information through listening, speech, messages, thoughts, behavior, and writing (Britton, 2013). Communication soft skills are the tools CNAs use to converse clearly and effectively with other hospital staff and patients. Verbal and written communications are a critical part of everyday work in a hospital. In a 2015 study conducted by the Research and Statistics Office at Northeastern State University (Northern Illinois University, 2020, health care employees identified communication, empathy for patients, listening, and a strong work ethic as the most valued soft skills. A significant core values research promoted by Dadi (2020), stated that doing right by patients is composed of caring, integrity, diversity, and excellence (AACN, 2005).

In analyzing the quantitative data collected in this study, descriptive statistics were used to establish a measure of central tendency based on the mean. The standard deviations shown in Table 11 indicate that the deviation values area clustered around the
mean with almost the same values for the standard deviation. This means the survey items are of almost equal importance. This can readily be seen with a brief examination of the standard deviation values of 0.93, 1.09, 1.12, 1.16, 1.23, 1.23, and 1.30 within Table 11.

The standard deviation has a range of 0.93 to 1.30, placing the survey items within a narrow cluster. This identifies the survey items as of nearly equal importance to most of the CNAs surveyed.

Clarity

Clarity refers to clearness or lucidity in perception or understanding: freedom from indistinctness or ambiguity (Cleere, 2013). The survey participants identified understanding nonverbal clues as the most important soft skill subset, with a rating of 91.67%. In nursing, clarity means the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of the human response, and advocacy in the care of individuals, families, communities, and populations (Cleere, 2013).

Friendliness

CNAs are the trained professionals providing the most direct patient care in hospital facilities. The survey participants identified friendliness as an important soft-skill modality with a rating of 87.50%. CNAs operating with friendliness and active listening will have a great impact on nursing practice. They are often responsible for feeding, bathing, talking to, sitting with, and caring for other people’s loved ones (AACN, 2005). The survey identified friendliness and active listening as important modalities for students preparing to be CNAs.
Active Listening

Active listening means communicating with patients and colleagues; nurses need to get their point across without being forceful or uncompromising. The survey participants identified active listening as an important soft-skill modality with a rating of 87.50%. It’s important that a nurse be able to listen actively, understand, and give instructions. Unlike most other health care professionals, nurses must also handle face-to-face and phone interactions with patients, family, and friends that can be accompanied by tears, anger, and even violence (Brunner, 2016). Nurses must be comfortable voicing their opinions in an appropriate manner to someone in a position of authority, even when they disagree, especially when it involves patient care (Healthfield, 2019).

Understanding Nonverbal Clues

CNAs use their understanding of nonverbal clues such as talking and listening to support both their colleagues and patients. The survey participants identified understanding of nonverbal clues as an important soft-skill modality with a rating of 83.33%. CNAs also use their understanding of nonverbal clues to observe the body language of patients they provide medical care for (Healthfield, 2019).

Empathy

Empathy is communicated through both verbal and nonverbal behaviors. It has a modality rating of 83.33%, just as Understanding Nonverbal Cues does. The power of nonverbal communication may be underestimated because of its subtlety (Larson et al., 2013). Empathy and Understanding Nonverbal Cues seem to display synergy, since both modalities have the same percentage values of 83.33%.
Respect

Respect, empathy, and understanding and nonverbal cues were rated at 79.17%, 83.33%, and 83.3% respectively. It is the duty of CNAs to make sure that patients are receiving not only sufficient physical support, but also emotional and mental support, which can be heavily impacted if their dignity and respect are not maintained (Burton, 2021). The CNAs rated these soft skills as very important in their nursing duties.

A low standard deviation indicates that the data points tend to be very close to the mean; a high standard deviation indicates that the data points are spread out over a large range of values (Kourkouta & Papathanasiou, 2014). The data represent a distribution within two standard deviations of the mean, interpreted as CNAs holding similar opinions about respect, empathy, and understanding and nonverbal cues.

In nursing, communication is the center point of peer relationships, collaboration, cooperation, and effective patient care (Sibiya, 2018). Good communication between nurses and patients is crucial in the delivery of essential health services and is core to delivering good health care in nursing. Communication allows health care staff to provide safe and competent patient care (Kroning, 2015). Figure 11 shows that respondents perceived most communication soft skills to have almost equal value when compared with the modalities of respect, empathy, and understanding in their daily work.

Empathy reinforces the tools nursing assistants use throughout the day. It helps them listen, communicate, and make decisions. Without the empathy and care of nurses, hospitals and clinics wouldn’t have the success rates they’re known for, and patients would be much worse off (CareerBuilder, 2020). Empathy is delivered as the patient is taught to cope with their medical condition because of caring by CNAs. Integrity is
expressed as the CNA remains respectful of the patient’s dignity, regardless of the medical condition or issue. Diversity is a part of honoring the patient’s individuality, regardless of religion, race, or values. Finally, excellence is included as the CNA works toward delivering the most optimal care possible in every situation (Dadi, 2020). Respect, empathy, and understanding, as nonverbal cues, are essential during their training in preparation for their profession and in the daily performance of their duties.

Nurses act as the hub of communication, relaying and interpreting information among physicians, caregivers, family members, and patients. The ability to establish effective communication in nursing is imperative to providing the best care and patient outcomes possible (Williams-Buenzli, 2015). Communication soft skills are shown to be of prime importance in the daily duties of the CNA nurses. The data in Table 11 show all communication soft skills are shown to be significant in the training and duties of the CNA. All communication soft skills are shown to be of prime importance in the training and duties of the can.

**Summary**

Using a cumulative value of extremely important, very important, and important provides data showing the relative importance of each collaboration soft skill.

Clarity: 97.92%

Active Listening: 95.83

Friendliness: 95.83%

Empathy: 91.66%

Respect: 89.59

Respect: 89.59%
These data show that the CNAs held a fairly unanimous perception about the soft skills of friendliness, active listening, and clarity as being the most important.

**Research Question 3**

What critical thinking soft skills do CNAs identify as most important to their nursing duties?

**Critical Thinking**

**All Critical Thinking Soft Skills**

Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing the purpose, the problem, or question at issue; the assumptions; the concepts; the empirical grounding; and reasoning leading to conclusions (The Foundation for Critical Thinking, 2020).

The data reflect that all critical thinking soft skills have a cumulative rating of 83.43% level of importance for the CNA in their nursing duties. In nursing, critical thinkers need to be precise, complete, logical, accurate, clear, and fair (Writers, 2021a). Many misnomers may occur in critical thinking in nursing, which can lead to erroneous conclusions. This is particularly dangerous in nursing because an erroneous conclusion may lead to inappropriate clinical actions. Critical thinking can fail when logic is improperly used. One common fallacy is when one uses a circular argument. A nurse could write a nursing diagnosis that reads: Coping is ineffective, as can be seen by the inability to cope. This just makes the problem more acute and leads to a circular argument that does not solve the problem. All critical thinking soft skills are shown to be of importance in the training and duties of the CNA (Writer, 202b). Table 12 presents the data from this study for the soft skill of critical thinking.
Table 12

Survey Responses for Research Question 3—Critical Thinking

<table>
<thead>
<tr>
<th></th>
<th>Total Responses</th>
<th>Extremely important = 1</th>
<th>Very important = 2</th>
<th>Important = 3</th>
<th>Not so important = 4</th>
<th>Not at all = 5</th>
<th>Likert Average</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>n</td>
<td>Pct</td>
<td>n</td>
<td>Pct</td>
<td>n</td>
<td>Pct</td>
<td>n</td>
</tr>
<tr>
<td>Observation</td>
<td>95.83%</td>
<td></td>
<td>48</td>
<td>20</td>
<td>41.67%</td>
<td>16</td>
<td>33.33%</td>
<td>10</td>
</tr>
<tr>
<td>Reflection</td>
<td>93.75%</td>
<td></td>
<td>48</td>
<td>10</td>
<td>20.83%</td>
<td>21</td>
<td>43.75%</td>
<td>14</td>
</tr>
<tr>
<td>Analysis</td>
<td>89.58%</td>
<td></td>
<td>48</td>
<td>16</td>
<td>33.33%</td>
<td>17</td>
<td>35.42%</td>
<td>10</td>
</tr>
<tr>
<td>Decision making</td>
<td>83.43%</td>
<td></td>
<td>48</td>
<td>8</td>
<td>16.67%</td>
<td>24</td>
<td>50.00%</td>
<td>8</td>
</tr>
<tr>
<td>Evaluation</td>
<td>83.33%</td>
<td></td>
<td>48</td>
<td>12</td>
<td>25.00%</td>
<td>18</td>
<td>37.50%</td>
<td>10</td>
</tr>
<tr>
<td>Explanation</td>
<td>79.17%</td>
<td></td>
<td>48</td>
<td>8</td>
<td>16.67%</td>
<td>18</td>
<td>37.50%</td>
<td>12</td>
</tr>
<tr>
<td>All critical thinking soft skills</td>
<td>83.43%</td>
<td></td>
<td>288</td>
<td>74</td>
<td>25.69%</td>
<td>114</td>
<td>39.58%</td>
<td>64</td>
</tr>
</tbody>
</table>

Observation

Observation is the act of viewing or noting a fact or occurrence for some scientific or other special purpose (Albrecht, 2004). CNAs identified observation as the most important critical thinking skill with a cumulative rating of 95.83%. Analysis of information and an open mind are of great importance for the CNA in preparation for their nursing duties and career (AACN, 2005; Kroning, 2015;).

Reflection

The cumulative score of 94.75% indicates the importance of reflection to CNAs’ successful practice. Reflection is an essential attribute for the development of autonomous, critical, and advanced practitioners (AACN, 2005). According to Albrecht, (2004), “Reflective practice should be a continuous cycle in which experience and reflection on experiences are inter-related” (p. 112). Studies have shown that nurses who take the time to reflect on their daily experiences provide enhanced nursing care and have a better understanding of their actions, which in return develops their professional skills.
Logical errors can happen also when the thought process makes generalizations that do not consider the available evidence or alternatives (Writers, 2021a).

**Analysis**

Analysis is the act of reducing a complex problem into simpler parts that can be easily understood (Doyle, 2020). It is a combination of all three of these modalities that the CNA may use to size up a patient’s case and later render the appropriate treatment along with other staff members. Analysis is rated at an 89.58% level of importance, which means the CNAs have largely accepted the modality of analysis as being important for the CNA in their nursing duties.

**Decision Making**

Decision making is problem solving and welcoming the diverse roles of the health members on the patient care team the patient receives quality care (Busari et al., 2017). This is an important part of patient experience.

**Summary**

Using a cumulative value of extremely important, very important, and important provides data showing the relative importance of each collaboration soft skill.

**Evaluation**

Explanation is the process of explaining (Doyle, 2020). CNAs identify reflection as an important soft skill subset with a rating of 79.17%. Explanation, evaluation, and decision making are all rated at 79.17%, 83.34%, and 83.33% levels of importance to the CNAs’ nursing duties. This means the CNAs deemed these modalities important. CNAs use explanations to describe changes in patient needs and circumstance.
Explanation

Nurses, through communication and explanation, recognize the patient’s health care needs. CNAs discuss the potential outcome of a concern, identify options for the patient as given by the doctor, and describe how patient health may be affected by a test or treatment. It is of critical importance to explain what options are available for treatment. Explanation of patient care and options is an important aspect of CNAs’ critical thinking skills. CNAs identify reflection as an important soft skill subset with a cumulative rating of 79.17%. Explanation, evaluation, and decision making, per Table 12, are all rated at 79.17%, 83.34%, and 83.33% levels of importance to the CNAs’ nursing duties. This means the CNAs deemed these modalities very important. CNAs use explanations to describe changes in patient needs and circumstance.

Summary

A cumulative value of importance for each of the critical thinking soft skills are shown as follows.

Observation: 95.83%
Analysis: 95.58%
Reflection: 93.75%
Decision making: 83.34%
Evaluation: 83.33%
Explanation: 79.17%

All critical thinking soft skills 83.43%
Research Question 4

What ethical behavior soft skills do CNAs identify as most important to their nursing duties?

Skills involved in ethical behavior include accepting responsibility, openness to feedback, diligence, emotional intelligence, fairness, and honesty. The data as shown in Table 13 below reflects that all ethical behavior soft skills have a high cumulative value of importance. In nursing, ethical behavior means being trusted, operating by a code of ethics, and being authentically open to constructive criticism and feedback (Luenendonk, 2020).

Table 13

Responses to Research Question 4—Ethical Behavior

<table>
<thead>
<tr>
<th></th>
<th>Total Responses</th>
<th>Extremely important</th>
<th>Very important</th>
<th>Important</th>
<th>Not so important</th>
<th>Not at all</th>
<th>Likert Average</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>n</td>
<td>Pet</td>
<td>n</td>
<td>Pet</td>
<td>n</td>
<td>n</td>
<td></td>
</tr>
<tr>
<td>Honesty</td>
<td>91.66%</td>
<td>48</td>
<td>16</td>
<td>16</td>
<td>33.33%</td>
<td>10</td>
<td>20.83%</td>
<td>3</td>
</tr>
<tr>
<td>Accepting</td>
<td>89.59%</td>
<td>48</td>
<td>16</td>
<td>20</td>
<td>41.67%</td>
<td>12</td>
<td>25.00%</td>
<td>3</td>
</tr>
<tr>
<td>responsibility</td>
<td>87.50%</td>
<td>48</td>
<td>16</td>
<td>16</td>
<td>33.33%</td>
<td>9</td>
<td>18.75%</td>
<td>4</td>
</tr>
<tr>
<td>Emotional</td>
<td>85.87%</td>
<td>48</td>
<td>16</td>
<td>16</td>
<td>33.33%</td>
<td>5</td>
<td>16.67%</td>
<td>5</td>
</tr>
<tr>
<td>intelligence</td>
<td>85.42%</td>
<td>48</td>
<td>16</td>
<td>15</td>
<td>31.25%</td>
<td>11</td>
<td>22.92%</td>
<td>5</td>
</tr>
<tr>
<td>Fairness</td>
<td>59.26%</td>
<td>48</td>
<td>18</td>
<td>18</td>
<td>37.50%</td>
<td>9</td>
<td>18.75%</td>
<td>3</td>
</tr>
<tr>
<td>Openness to feedback</td>
<td>42.86%</td>
<td>48</td>
<td>18</td>
<td>18</td>
<td>37.50%</td>
<td>9</td>
<td>18.75%</td>
<td>3</td>
</tr>
<tr>
<td>Diligence</td>
<td>42.86%</td>
<td>48</td>
<td>18</td>
<td>18</td>
<td>37.50%</td>
<td>9</td>
<td>18.75%</td>
<td>3</td>
</tr>
<tr>
<td>All ethical</td>
<td>59.26%</td>
<td>48</td>
<td>18</td>
<td>18</td>
<td>37.50%</td>
<td>9</td>
<td>18.75%</td>
<td>3</td>
</tr>
<tr>
<td>behavior soft skills</td>
<td>288</td>
<td>94</td>
<td>101</td>
<td>101</td>
<td>35.07%</td>
<td>59</td>
<td>20.49%</td>
<td>23</td>
</tr>
</tbody>
</table>

Honesty

Honesty is the willingness to communicate what you are thinking or feeling when it is uncomfortable or unpopular (Chapman, 2019). Honesty and ethical nursing include acting with integrity, honesty, and professionalism when dealing with the patients and other health care team members. It is important for nurses to be aware of the significance
of clarifying their own beliefs, attitudes, and values before reacting or acting in a patient’s situation. Honesty has a cumulative importance.

**Accepting Responsibility**

To accept responsibility is to eliminate blame, eliminate excuses. If the blame track or the excuse track plays repeatedly in your mind, you are shifting responsibility for your decisions and life to others. The CNAs must accept responsibility for the daily direct contact they have with patients. The daily contact provides opportunity to identify bruises, blood in urine, and other injuries and report them to the proper medical staff, who can initiate care the patient may need. CNAs may work at a facility or in a private home, where they may have to serve as a channel among patient clients and nurses and physicians so that all patient issues are communicated. Accepting responsibility has a cumulative value of importance at 89.59% and was the second-highest rating of importance for ethical behavior soft skills.

**Emotional Intelligence**

Emotional intelligence refers to the ability to identify and manage one’s own emotions, as well as the emotions of others (Saripalli, 2018).

Emotional intelligence is meaningful in nursing care because it enables those in the field to have a good perception and understanding of appropriate care (American Society for Registered Nursing, 2007). Emotional intelligence has a cumulative importance of 87.50%, equal to the value of fairness. There seems to be a synergism between emotional intelligence and fairness. Emotional intelligence is generally said to include a few skills: namely emotional awareness, or the ability to identify and name one’s own emotions; the ability to harness those emotions and apply them to situations
like thinking and problem solving; and the ability to manage emotions, which includes both maintaining one’s own emotions when necessary and helping others to do the same (Saripalli, 2018).

**Fairness**

Fairness means impartial treatment, a lack of favoritism toward one side or another (Turner, 2017). It is the quality of being responsible, right, and just (Zalta, 2019). Fairness, openness to feedback, and diligence are essential during CNAs’ training and the performance of their duties. Fairness is ranked with a cumulative importance of 87.50%, suggesting that fairness is important to CNAs’ work in health care. Fairness in nursing practice is defined as promoting the values of patient well-being, respecting patient choice, assuring privacy and confidentiality, respecting quality of life, maintaining commitments, respecting truthfulness, and ensuring fairness in the use of resources (College of Nurses of Ontario, 2020).

**Diligence**

Diligence is the skill to do what it takes to get the job done (Richards, 2021). In health care, diligence means making certain that rules and procedures are followed to avoid harming patients and staff (McGraw-Hill, 2002). Diligently serving clients around the world, CNAs are a compassionate and a moral force on the front line in health care treatment. The diligence soft skill has a cumulative importance of 85.42%.

**Openness to Feedback**

Openness to feedback is a basic personality trait that grants the ability to receive new ideas and new experiences (Psychology Today, 2021). Openness to feedback was rated at cumulative importance of 85.42% to the CNA in their nursing duties.
In summary of research question 4, honesty is rated as more important than the other soft skill percent values at a 91.66%.

The value of ethical behavior soft skills was rated higher than the other three soft skills examined in this research. Honesty was rated at 91.66%, ranking it higher than any other soft skill.

**Summary**

Using a cumulative value of extremely important, very important, and important provides data showing the relative importance of each of the ethical behavior soft skills. A cumulative value of importance for each of the ethical behavior soft skills is shown as follows.

- Honesty: 91.66%
- Accepting responsibility: 89.59%
- Emotional intelligence: 87.50%
- Fairness: 87.50%
- Openness to feedback: 85.42%
- Diligence: 85.42%

**Research Question 5**

What soft skills do CNAs identify as the most important to their nursing duties?

Competence in soft skills includes collaboration, ethical behavior, communication, and critical thinking. The data suggest that the participants in this study perceived that all of the soft skills were important to work as a CNA. The combined cumulative value of importance ranged from 95.83% to 75%. The summary data suggest that all the soft skills are important for CNAs in their nursing duties. The data reflect the
respondents’ perception that all five collaboration soft skills were important to their work (Table 10) as CNAs. All critical thinking soft skills are shown to be of importance in the training and duties of the CNA (Table 12; Writer, 2021). The data reflect the respondents’ perception that all six collaboration soft skills subsets were important to their work, with all collaboration soft skills being important in their nursing duties. The data in Table 14 provide a summary of each domain of soft skills: collaboration, communication, critical thinking, and ethical behavior.

**Table 14**

*Responses to Research Question 5—Most Important Soft Skills*

<table>
<thead>
<tr>
<th>Domain</th>
<th>Total Responses</th>
<th>Extremely Important = 1</th>
<th>Very Important = 2</th>
<th>Important = 3</th>
<th>Not so Important = 4</th>
<th>Not at all = 5</th>
<th>Likert Average</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>89.58%</td>
<td>48</td>
<td>15</td>
<td>18</td>
<td>10</td>
<td>3</td>
<td>6.25%</td>
<td>2.15</td>
</tr>
<tr>
<td>Critical thinking</td>
<td>87.50%</td>
<td>48</td>
<td>17</td>
<td>35.42%</td>
<td>15</td>
<td>10</td>
<td>20.83%</td>
<td>6</td>
</tr>
<tr>
<td>Ethical behavior</td>
<td>87.50%</td>
<td>48</td>
<td>15</td>
<td>31.25%</td>
<td>13</td>
<td>14</td>
<td>29.17%</td>
<td>3</td>
</tr>
<tr>
<td>Collaboration</td>
<td>81.25%</td>
<td>48</td>
<td>15</td>
<td>31.25%</td>
<td>16</td>
<td>8</td>
<td>33.33%</td>
<td>4</td>
</tr>
<tr>
<td><em>All communication soft skills</em></td>
<td>86.46%</td>
<td>192</td>
<td>62</td>
<td>32.29%</td>
<td>62</td>
<td>42</td>
<td>32.29%</td>
<td>42</td>
</tr>
</tbody>
</table>

**Summary**

Looking at each domain, the cumulative value of importance shows collaboration at 81.25%, communication at 89.58%, critical thinking at 87.50%, and ethical behavior at 87.50%. The rating of each soft skill suggests that each domain is important to the success of CNAs’ work in health care.

Table 15 shows each subskill in ranked order of importance. Those soft skills with a percentile score of 85 or higher on the combined extremely important, very important,
and important on the survey ratings were considered most important for inclusion in CNA certification training programs.

**Table 15**

*Ranking Order of Soft Skills*

<table>
<thead>
<tr>
<th>Soft Skill Ranking</th>
<th>Percentile Score</th>
<th>Soft Skill Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation</td>
<td>95.83</td>
<td>Critical Thinking</td>
</tr>
<tr>
<td>Reflection</td>
<td>93.75</td>
<td>Critical Thinking</td>
</tr>
<tr>
<td>Clarity</td>
<td>91.67</td>
<td>Communication</td>
</tr>
<tr>
<td>Honesty</td>
<td>91.66</td>
<td>Ethical Behavior</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>89.89</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Accepting Responsibility</td>
<td>89.59</td>
<td>Ethical Behavior</td>
</tr>
<tr>
<td>Analysis</td>
<td>89.58</td>
<td>Critical Thinking</td>
</tr>
<tr>
<td>Friendliness</td>
<td>87.5</td>
<td>Communication</td>
</tr>
<tr>
<td>Active Listening</td>
<td>87.5</td>
<td>Communication</td>
</tr>
<tr>
<td>Emotional Intelligence</td>
<td>87.5</td>
<td>Ethical Behavior</td>
</tr>
<tr>
<td>Fairness</td>
<td>87.5</td>
<td>Ethical Behavior</td>
</tr>
<tr>
<td>Diligence</td>
<td>85.42</td>
<td>Ethical Behavior</td>
</tr>
<tr>
<td>Openness to Feedback</td>
<td>85.42</td>
<td>Ethical Behavior</td>
</tr>
<tr>
<td>Decision Making</td>
<td>83.34</td>
<td>Critical Thinking</td>
</tr>
<tr>
<td>Empathy</td>
<td>83.33</td>
<td>Communication</td>
</tr>
<tr>
<td>Understanding Nonverbal Cues</td>
<td>83.33</td>
<td>Communication</td>
</tr>
<tr>
<td>Evaluation</td>
<td>83.33</td>
<td>Critical Thinking</td>
</tr>
<tr>
<td>Networking</td>
<td>83.26</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Openness and Authenticity</td>
<td>81.25</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Valuing Contributions</td>
<td>81.12</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Respect</td>
<td>79.17</td>
<td>Communication</td>
</tr>
<tr>
<td>Explanation</td>
<td>79.17</td>
<td>Critical Thinking</td>
</tr>
<tr>
<td>Brainstorming</td>
<td>77.09</td>
<td>Collaboration</td>
</tr>
<tr>
<td>Adaptability</td>
<td>75</td>
<td>Collaboration</td>
</tr>
</tbody>
</table>

**Summary of Findings**

Beyond a CNA nursing certificate, it is critical that work in health care begin with practicing soft skills. Soft skills are attributes that are necessary to interact and socialize with others effectively. **Soft skills** are modalities that help CNAs interact with other people in a harmonious way. As new CNAs are entering the workforce, identifying and encouraging specific nursing qualities will help hospitals and health systems recognize strong candidates for hire and understand which CNAs on staff would make great leaders. Many CNAs consider patience as the top skill needed to succeed in the workplace. A CNA often works with patients who are sick. The patients may also be scared and
perhaps even irritable because of their surroundings. In any of these cases, it is important for a CNA to exercise patience. They can do this by controlling their reactions to patient behavior. They can also maintain a calm and supportive demeanor with patience, which is critical to being successful as a CNA (AACN, 2005; Kroning, 2015).

This chapter reported the data of the survey responses. The responses were reported as they related to the five research questions of the study. These included the examination of both soft skills in general and the specific criteria for soft skills used in the workplace as part of CNAs’ duties. The overall soft-skills domains of ethical behavior, critical thinking, collaboration, and communication were considered to be the most important. The other nonverbal soft skills within each domain were sub ranked in order of importance.
CHAPTER V: RESEARCH, DATA COLLECTION, AND FINDINGS

Chapter V contains the purpose of this study, the research questions, the research methods, and the population and sample. Additionally, Chapter V includes a summary of the major findings, a report of the unexpected findings, conclusions, implications for action, and recommendations for further research.

Purpose Statement

The purpose of this quantitative study was to identify the soft skills CNAs perceive as most important in nursing, based on the Kroning, Williams, & Buenzeli research and aligned with AACN standards (collaboration, communication, critical thinking and ethical decision-making). Additionally, the purpose of this study was to identify which soft skills CNAs perceived to be the most important to be included in CNA training programs.

Research Questions

This quantitative survey research design was guided by the following questions:

RQ 1. What collaboration soft skills do CNAs identify as most important to their nursing duties?

RQ 2. What communication soft skills do CNAs identify as most important to their nursing duties?

RQ 3. What critical thinking soft skills do CNAs identify as most important to their nursing duties?

RQ 4. What ethical behavior soft skills do CNAs identify as most important to their nursing duties?
RQ 5. What soft skills do CNAs identify as the most important to be included in their certification training program and nursing duties?

The Research Methods

The purpose of this quantitative study was to identify the soft skills CNAs perceive as most important in nursing based on the Kroning (2015), and Williams-Buenzeli (2015) research and aligned with AACN standards (collaboration, communication, critical thinking, and ethical decision making). This study used only quantitative data, gathered by a survey designed to provide information to address the research questions. This was the best fit for the study because it enabled the researcher to know the degree of importance of the discovered data and to meet the hospital requirements for data collection. The researcher was mindful and responsive to the concerns of CNA education programs, specifically confidentiality concerns around the use of one-on-one interviews and safety concerns around COVID-19.

As part of the data collection in this study, quantitative data were collected by a survey of closed-ended questions and yielded descriptive statistics that could be analyzed to address the research questions. Specifically, CNAs working in hospitals responded to a closed-ended Likert-scaled survey with questions regarding the importance of soft skills used when working in hospitals, based on the composite research for soft skills in nursing (AACN, 2005), Kroning, 2015; Williams et al., 2011). Additionally, CNAs responded to survey questions regarding the most important soft skills to be included in their training program based on the same soft-skills research.
Population

The study population was composed of 98,750 residents within the two counties. The population was then narrowed to CNAs who have worked at least a year but not more than 3 years. The target population of 260 CNAs was identified within the two counties. Finally, the sample size was determined by the sampling of 26 CNAs from each county. The nurse education coordinators, acting as a research sponsor, followed the nursing school protocols and, as a result of HIPAA rules and their protocols, asked to be the ones to send the survey out to the identified CNA sample. The nurse education coordinators sent a communication to a total of 52 CNAs (26 in each county) who met the study criteria in Alameda and Contra Costa counties. Each CNA worked in a hospital or hospital clinic. Each CNA was provided with a copy of Brandman’s Informed Consent and Research Participant’s Bill of Rights forms for review and approval prior to data collection.

The target population of this study was the 260 CNAs working in either Contra Costa or Alameda counties in the San Francisco Bay Area. The CNA students work in skilled nursing facilities and in a variety of clinics in Contra Costa and Alameda counties. According to the nursing education directors of Quest Nursing Education Center, CNAs receive detailed clinical training in rehabilitation centers and specialty medical offices such as cardiology, orthopedics, neurology, and pediatric offices (S. Elety, personal communication, October 10, 2020).

Sample

The sample was criterion based. Criterion sampling involves selecting cases that meet some predetermined criterion of importance (Oliveira et al., 2017). Criterion
sampling can be useful for identifying and understanding cases that are information rich and can provide an important qualitative component to quantitative data. The study used purposeful sampling for the quantitative data collection. In this study, the sample size is represented by 52 CNAs. This sample was defined by specific criteria and was intended to generalize the findings of this study to that specifically defined population. For this study, soft skills with a score of 80% or higher were used to determine the rate of importance. Thus, CNAs who work long term in emergency centers were not included as a target population of this study.

**RQ 1: What collaboration soft skills do CNAs identify as most important to their nursing duties?**

**Finding One—Problem solving is the collaboration soft skill most important to CNAs’ nursing duties**

Problem solving was identified as the most important soft skill. Of the respondents, 89% rated problem solving as extremely, very important, or important as a soft skill for CNAs. Networking (83.26%), openness (85.42%) and authenticity (81.25%), and valuing contributions (81.25%) were all rated with more than 80% importance to CNA soft skills in nursing. Brainstorming (77.09%) and adaptability (75%) were also considered important by CNAs.

Nursing is a profession that blends science and art, research and creativity. Though nurses rely on clinical expertise and experience in a variety of situations, those with problem-solving skills are better equipped to serve their patients. By thinking creatively, asking the right questions, and considering multiple options, nurses will be able to solve problems much more effectively. Turner (2017) investigated problem
solving by nurses in the hospital environment. They found that nurses utilized problem-solving skills multiple times throughout a day to the point that problem solving was a routine aspect of a nurse’s day.  

In the area of collaboration, problem solving is the ability to understand, establish solutions, solve problems via listening, comprehension, understanding, and communication skills. Networking refers to the practice of fostering relationships with peers and patients. There is a synergism between openness and authenticity with problem solving that enhances nursing patient relationship. We must value the contributions of this delicate relationship.  

The data reflect the respondents’ perceptions that all collaboration soft skills were important to their work, rating all collaboration soft skills as being important in their nursing duties. The practice of collaboration requires specific attention and nurturing that is assisted by clear communication and decision making (AACN, 2016). The practice of collaboration requires CNAs to have strong communication skills and professional competency (Williams-Buenzli, 2015).  

**RQ 2: What communication soft skills do CNAs identify as most important to their nursing duties?**  

**Finding Two—All communication skills are important to CNAs’ nursing duties**  

Clarity refers to clearness or lucidity in perception or understanding; freedom from indistinctness or ambiguity (Cleere, 2013). In nursing, clarity means the protection, promotion, and optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of the human response; and advocacy in the care of individuals, families, communities, and populations.
Good communication between nurses and patients is essential for the successful outcome of individualized nursing care. Good communication means approaching every patient interaction with the intention of understanding the patient’s concerns, experiences, and opinions. The six communication skills identified in this research (respect, empathy, understanding nonverbal cues, friendliness, active listening, and clarity) all had an extremely important response rate between 78% and 91%. This indicated that communication soft skills enable positive interactions with patients and other health care workers (AACN, 2016. However, effective health care teams benefit when communicating by using the skill with clarity (Eastern Illinois University, 2019).

The data reflect the respondents’ perception that all communication soft skills were important to their work, with a significance rating that identified all communication soft skills as being important in their nursing duties. It is these qualities that cause the patients and health care workers in this environment to thrive.

Nurses act as the hub of communication, relaying and interpreting information among physicians, caregivers, family members, and patients. The ability to establish effective communication in nursing is imperative to providing the best care and patient outcomes possible (Williams-Buenzli, 2015). Communication soft skills are shown to be of prime importance in the daily duties of the CNA nurses. The data in Table 11 show that all communication soft skills are at a Likert 2.26 level of importance for the CNA in their nursing duties. This means the CNAs believe it is somewhat significant. All communication soft skills are shown to be of significant importance in the training and duties of the CNA. All communication soft skills are shown to be of prime importance in the training and duties of the CNA.
RQ 3: What critical thinking soft skills do CNAs identify as most important to their nursing duties?

Finding Three—All critical thinking skills of observation are important to CNAs’ nursing duties

Observation is part of nurses’ core skills set and provide the best early information on a patient at risk of deterioration; recordings of observations should be seen as pieces in a jigsaw to illustrate how patients are progressing and demonstrate areas of potential concern (Cropper, 2019). Observation and reflection are a set of critical-thinking skills that enable practitioners to absorb effectively and pass on information gleaned during a conversation or lecture. Knowing that one will be giving a summation at the end of a lecture or learning session will help one to focus (Cropper, 2019).

Observation is both important and a significant nursing skill, ranked at 95.83% for importance. Observation soft skills included observation (95.83%), reflection (93.75%), analysis (89.58%), decision making (83.34%), evaluation (83.33%), and explanation (79.17). Observation is a key skill for CNAs (Ali, 2019). Observation enables CNAs to pass on effectively information. Observation is an important skill needed for CNAs to complete several job duties such as recording blood pressure, temperature, pulse, height, and weight (AACN, 2005).

Finding Four—The critical-thinking skill of reflection is extremely important to CNAs’ nursing duties

Reflection (93.75%) is an extremely important core skill for CNAs. The survey identifies reflection as an important modality for students preparing to become CNAs.
Analysis of information and an open mind are of great importance for the CNA in preparation for their nursing duties and career (AACN, 2005; Kroning, 2015).

Reflection is part of the process of serious thought, especially once it is written down or expressed (Murdoch, 2019). Critical thinking allows CNAs to recognize their own strengths and weaknesses, and to use this to guide ongoing learning. Through reflection, CNAs develop their skills in self-directed learning, improve motivation, and improve the quality of care they can provide.

**RQ 4: What ethical behavior soft skills do CNAs identify as most important to their nursing duties?**

**Finding Five—Fairness and honesty are important soft skills to CNAs’ nursing duties**

Fairness (87.5%) and honesty (91.66%) are the most important soft skills in the category of ethical behavior. Honesty and fairness are an intricate set of values that must be considered as a whole, a relational framework of values that exists for defined communities and individuals. Honesty is an important ethical CNA soft skill. For example, nurses work closely with patients when they provide care, assist with pain management, and explain complicated medical terms while maintaining patient privacy (Hetzler, 2020). Although these nurses may adhere to their personal standards of integrity or honesty, they may struggle to uphold their professional integrity or honesty when they refuse the COVID-19 vaccine, potentially placing their patients at risk (Dworkowitz, 2019).

Fairness is shown by CNAs as the impartial treatment, a lack of favoritism toward one side or another (Turner, 2017). The ability to show fairness is essential to CNAs’
training and their performance. Fairness is ranked at 87.5% importance, indicating that fairness is extremely important to CNAs. Fair nursing practice is defined as promoting the values of patient well-being, respecting patient choice, assuring privacy and confidentiality, respecting quality of life, maintaining commitments, respecting truthfulness, and ensuring fairness in the use of professional resources (College of Nurses of Ontario, 2020).

**RQ 5: What soft skills do CNAs identify as the most important to be included in their certification training program and nursing duties?**

**Finding Six—The most important soft skills**

Those soft skills with a percentile score of 85 or higher on the combined extremely important, very important, and important on the survey ratings were considered most important for inclusion in CNA certification training programs. Skills involved in critical thinking include analytical skills and problem solving (Randolph, 2016). The data reflect those three of the six critical thinking skills are ranked in the top 12 overall skills. Three communication skills were included in the top 12 soft skills as shown in Table 16. Finally, only a single communication skill ranked in the top 12 soft skills of importance for the CNA in their nursing duties. In nursing, critical thinkers need to be precise, complete, logical, accurate, clear, and fair (Writers, 2021a). Errors in critical thinking can be particularly dangerous in nursing, where an erroneous conclusion may lead to inappropriate clinical actions. All critical thinking soft skills are shown to be of prime importance in the training and duties of the CNA (Writer, 2021B).
Table 16

Responses to Research Question 5

<table>
<thead>
<tr>
<th>Soft Skill Ranking</th>
<th>Rank</th>
<th>Soft Skill Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation</td>
<td>95.83</td>
<td>1. Critical Thinking</td>
</tr>
<tr>
<td>Reflection</td>
<td>93.75</td>
<td>2. Critical Thinking</td>
</tr>
<tr>
<td>Clarity</td>
<td>91.67</td>
<td>3. Communication</td>
</tr>
<tr>
<td>Honesty</td>
<td>91.66</td>
<td>4. Ethical Behavior</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>89.89</td>
<td>5. Collaboration</td>
</tr>
<tr>
<td>Accepting Responsibility</td>
<td>89.59</td>
<td>6. Ethical Behavior</td>
</tr>
<tr>
<td>Analysis</td>
<td>89.58</td>
<td>7. Critical Thinking</td>
</tr>
<tr>
<td>Friendliness</td>
<td>87.5</td>
<td>8. Communication</td>
</tr>
<tr>
<td>Active Listening</td>
<td>87.5</td>
<td>9. Communication</td>
</tr>
<tr>
<td>Emotional Intelligence</td>
<td>87.5</td>
<td>10. Ethical Behavior</td>
</tr>
<tr>
<td>Fairness</td>
<td>87.5</td>
<td>11. Ethical Behavior</td>
</tr>
<tr>
<td>Diligence</td>
<td>85.42</td>
<td>12. Ethical Behavior</td>
</tr>
</tbody>
</table>

Of the 12 most important soft skills, four of the ethical behavior skills were of importance to the training and certification program of CNAs. Critical thinking and communication are an important set of combined soft skills.

Critical thinking during nursing practice is reliant upon the medical team processing, evaluating and observing active situations, and using communication or information (Paul & Elder, 2019). When implemented by the nursing care team, critical thinking is the process of resolving patients’ issues, a decision-making process with creativity to enhance the effect (Ericksen, 2017). Finally, critical thinking is an essential process for a safe, efficient, and skillful nursing intervention (Papathanasiou et al., 2014).

Unexpected Findings

Overall, the literature supported the major findings of the study. However, unexpected findings emerged as well. These unexpected findings are crucial to CNA education and CNAs in the workplace.

Unexpected Finding One

CNA programs are required to offer 60 hours of classroom instruction and 100 hours of clinical instruction in any format. As part of the survey distribution process, the
nursing programs that distributed the surveys were identified as programs that hold classes 5 days a week for 8 hours a day. Students in these programs finish their programs in only 5 weeks. Prior to the COVID-19 pandemic, I was unaware of such programs. A few of the participants attended these faster full-time programs.

**Unexpected Finding Two**

Typically, hospitals allow CNAs to volunteer at facilities where they want to work in preparation to be hired there. A few of these graduates who were hired post-graduation and have been volunteering in Alameda and Contra Costa counties participated in the study. During the research process, the researcher was made aware that some hospitals hire from their volunteer pool. During the data collection, the CNA training coordinators from the nursing schools and the CNAs stated that many CNAs volunteer by performing some CNA duties at places where they hope to get hired. This strategy has been largely successful. Thus, some participants volunteered before being hired and, therefore, had been working at least a year in the field, albeit unpaid for part of that time. These CNAs participated in taking the research survey.

The synergism between soft skills creates an interaction among the various members of the medical team (i.e., the CNA, LVN, RN, and physician). Sharing among the members of the medical team creates an amplification of soft-skill knowledge and application. There is a nuance that occurs when the various members share their insights about various situations based on their experience. Without this collaboration, the interactions would not occur, and the younger or less experienced members of the team would be denied an opportunity for growth and development.
Conclusions

Based on the findings of this study and supported by the literature, the researcher has come to the conclusion is that observation and reflection are the most important soft skills for CNAs in training and the workplace per Table 15. Soft skills are the hidden lubricant of critical thinking that we apply to the wheels of patient treatment. These soft skills must be administered with sensitivity and aplomb as we deliver patient care. The objective use of soft skills is necessary in order to maintain balance during treatment.

Conclusion One: CNAs that do not develop the soft skill of observation and reflection as part of their critical thinking skills will not be successful in their nursing duties

CNAs who master observation and reflection as part of their critical-thinking skills will be more successful in providing quality health care to patients. Observation and reflection allow CNAs to give feedback, share information, and find out how the critical-thinking approach of caring for patients and learning how they work together. The practice of critical thinking requires specific attention and nurturing that is assisted by clear communication and decision making (AACN, 2005). Critical thinking requires strong communication skills and professional competency (Williams-Buenzli, 2015).

Each medical practitioner should be cognizant of their input as they apply soft skills during the process of patient care.

Patient care and peer relationships are affected by how soft skills are applied. Critical thinking, observation, reflection are important soft skills to be demonstrated and applied by medical professionals when implementing patient care. The application of soft
skills is to be done with a natural flow and finesse. Soft skills and their application should never be applied arbitrarily or haphazardly.

**Conclusion Two: CNAs who develop strong communication skills of active listening, clarity, and friendliness will be successful as CNAs**

Communication with clarity helps CNAs to deliver a more consistent, meticulous service, and assists in the performance of accurate, consistent, and straightforward nursing duties that ensure patient satisfaction (Kourkouta 2014). Soft skills act as a parameter when CNAs render patient treatment; therefore, using clarity in communication is necessary both when administering patient care and while conducting peer relations (Thompson, 2016). When health professionals are not trained in communication skills, they can come into more challenges when differentiating between work and personal life as well as problems in the work place (Kourkouta, & Papathanasiou, 2017). Further training in communications with clarity will advance the area of patient treatment.

**Conclusion Three: CNAs that do not develop strong critical-thinking skills will not excel at patient care**

CNAs use the soft skill of critical thinking from observations to form judgments when performing their job duties; it enhances the level of patient care. In nursing, observations are the ability to see things in a systematic and logical manner with openness and reflection on the reasoning process used to ensure safe nursing practice and quality care (CNA Buzz, 2020). I conclude that critical-thinking skills are very important in the nursing field because they are what nurses use to prioritize and make key decisions that can save lives. Critical-thinking skills are important when providing clinical care,
making important decisions, prioritizing tasks, and creating health care (Nursing Assistant Guides & Botonakis, 2020). Conclusion Four: Ethical behavior as a moral compass will increase their ability to work through difficult situations and provide high levels of patient care

Ethical behavior in CNA education requires honesty and fairness in the professional setting. In CNA education, ethical behavior is an important part of nursing duties. Nurses must be fair when they distribute care, such as when they have a group of patients under their care (CNA Buzz, 2020). Ethics in nursing is the core idea of right and wrong in nursing care (Nursing Assistant Guides & Botonakis, 2020). CNAs’ ethical behavior requires serving patients with compassion and morals in health care (CNA Buzz, 2020). CNAs use ethical behavior in their jobs—behaviors such as honesty, integrity, and the establishment of trusting relationships (Miller-Hoover, 2018). In addition, the principles of justice, beneficence, accountability, autonomy, and veracity are also needed to provide ethical nursing care (RegisteredNursing.org Staff Writers, 2020; Williams et al., 2011). Ethical principles are a set of standards that help nurses make informed decisions when evaluating the consequences of their actions.

**Conclusion Five: Failure to provide CNAs with critical soft skills during certification will leave them unprepared to succeed in nursing**

Critical thinking skills are very important in the nursing field because they are used to prioritize and make key decisions that can save lives. The most important soft skill to be included in CNA certification training program and nursing duties is critical thinking. Increased training in the application of critical thinking would all support CNAs’ soft-skill execution in the performance of their daily nursing duties.
The soft skill of critical thinking is an important skill to include in CNA education and must be used to complete CNA job duties. The overarching soft skill of critical thinking has many supporting soft skills that increase its value in the health care workplace, such as reflection, evaluation, observation, explanation, analysis, and decision making. Together they create the structure of critical thinking that is needed in the CNA workplace. Together all these soft skills create a suitable environment for ethical behavior in health care.

**Implications for Action**

Implications for action directly relate to the conclusion and major findings. Nursing programs should develop and implement current strategies for improving all soft-skills education in CNA programs.

**Implication for Action One**

*Soft Skills Field Work*

It is recommended that CNAs practice soft skills during their internships working in a hospital setting and that field work supervisors provide observation and feedback. Satisfactory use of soft skills should be a requirement for certification from Quest Educational Services as part of the training program. Quest should build into the training program the supervised use of soft skills. CNAs working to develop strategies for networking, openness, authenticity, brainstorming, adaptability, problem solving, and valuing contributions will improve patient care.
Implication for Action Two

Communication Soft Skills

Communication is of paramount importance as CNAs develop active listening. It is recommended that the communication soft skills be developed during training through simulations, demonstration, lecture, and laboratory time that includes assessment based on a communication rubric. CNAs should be placed in a variety of situations involving potential problems with patients and/or other nurses and demonstrate positive soft skills. A soft skills rubric should be used annually to evaluate and assess the performance of CNAs.

Implication for Action Three

Patient Evaluation

Each soft skill should be evaluated by patients, nursing staff, and patient family members to determine the effectiveness of its use. Without a means of measuring the effectiveness of a soft skill, the progress of the person learning the soft skill cannot be evaluated. There must be regular testing of the use and effectiveness of the person applying the soft skill.

Implication for Action Four

Regular Feedback and Evaluation

All CNA training should have CNA observation and feedback with suggestions for improvement at least three times during the program, depending on program length. Testing is the means by which a person is evaluated to determine their effectiveness in using the soft skills. The practitioner must be placed in several situations to determine
whether they have grasped the use and application of the soft skill. Each candidate should demonstrate their understanding and use of the soft skill.

**Implication for Action Five**

**Demonstration**

CNAs’ training must include a strong focus on communication, collaboration, critical thinking, and ethical behavior. During the training phase, there should be demonstrations and examples for all candidates as they learn to use the soft skills. CNAs should have class time to practice and review situations and examples. This process of learning, practice, and demonstration will enhance the effectiveness of both teaching and learning.

**Recommendations for Further Research**

This study was limited to a few organizations in Northern California as it related to the perception of soft skills by CNAs in training and the workplace. Further investigation into soft-skill training and implementation in all health care education programs and professional rotation programs would be beneficial. The researcher offers the following recommendations to continue and expand further research based on the findings and conclusions of this study:

- It is recommended that this study be replicated using a sample of CNAs trained by a different institution and working in different hospitals.
- It is recommended that a mixed-method study be conducted to assess the level of use of soft skills by CNAs, followed by a qualitative interview to understand what is perceived as the value of using soft skills.
• It is recommended that this study be replicated with samples including nurses working in medical offices, outpatient surgery centers, and emergency rooms.

• It is recommended that this study be replicated to include a sample of health care workers in fields such as pediatrics, podiatry, obstetrics, orthopedics, or geriatrics.

• It is recommended that a qualitative study be conducted to understand and describe the culture of work environments in exemplary health offices that encourage the use of soft skills.

• It is recommended that further research be completed as to the effects of emotional intelligence when implementing soft skills in the health care setting.

• It is recommended that a quantitative comparative study be conducted to identify utilization of soft skills between male and female health workers.

• It is recommended that a quantitative comparative study be conducted to identify the soft skills used by CNAs, LVNs, and RNs employed more than 10 years versus those employed less than 2 years.

• It is recommended that a phenomenological study be completed to examine the impact of soft skills on CNA soft skills.

**Concluding Remarks and Reflections**

Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing the purpose, the problem, or question-at issue; the concepts; the empirical grounding; and reasoning leading to the final conclusion (The Foundation for Critical Thinking, 2020). Critical thinking with observation is the act of viewing or noting the occurrence of some scientific or other special purpose (Hitchcock, 2020). Analysis of information and an open mind are of great importance for the CNA. It is
imperative to reflect and have good observation of your daily experiences to provide enhanced nursing care that leads to better understanding (Kroning, 2015). The ranking order of soft skills for Table 15 points to observation and reflection as being the most important soft skills.

I am thankful to have been able to research this topic on vocational education: CNA students’ perspectives of soft skills in training and the workplace. I believe this research is insightful and valuable to CNA education and performance. I also believe this study will have a positive effect on the CNA education industry. Originally, when I started my looking for a topic, my only goal was to have an impact on education. However, after I began my Transformational Change Project, I discovered an interest in CNA education programs. As I worked on the project, I noticed commonalities between poor-performing CNAs and high-performing CNAs; this is the concern of nursing directors after CNA rotations. As part of my Transformational Change Project, I was able to witness firsthand the frustration of CNAs who were unable to communicate properly, lacked ethical decision-making ability, and as a result could not collaborate well with peers or exhibit sound critical-thinking skills under pressure. As I debriefed with nursing directors on various CNA rotations, I noticed their complaints about how many CNAs lacked the ability to collaborate and communicate and did not know how to make ethical decisions or think critically. By researching this topic, I gained a clearer insight on how soft skills directly affect CNA job performance. I was able to get an understanding about the soft skills that many of us take for granted as well as an appreciation for the many jobs CNAs can and do perform.
As my dissertation journey comes to a close, I am excited about my research, my findings, and the potential effect it may have on both CNAs in the workplace and the CNA education industry. I am grateful to have worked with my dissertation chair and committee, who guided me though this research process. I was fortunate to have members of my cohort and the Delta class to push me to attain my goal of completing my research and this dissertation just as others had done. I am appreciative of this dissertation journey.

I have two ultimate goals I hope to see happen as a result of this study. The first goal is that CNA education programs will read this study and learn how they might enhance their curricula to include soft-skill education. The second goal is that nursing directors may include soft skills training as part of CNA training. If these two goals were accomplished, CNAs would become an even greater asset to the health care community as well as patients.
REFERENCES

A Brief History of CNA Careers. (2019). CNA Programs.
https://www.cnaprograms.org/articles/a-brief-history-of-cna-careers.html


Burke, A. (2019, September 20). Ethical practice: NCLEX-RN. Retrieved from https://www.registerednursing.org/nclex/ethical-practice/#:~:targetText=The%20ethical%20principles%20that%20nurses,they%20are%20taking%20care%20of


California Department of Public Health. (n.d.). Training and certification program. Retrieved from https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/TPRU.aspx#CNA_TP_Application


https://doi.org/10.1177%2F1350507611431530


https://doi.org/10.5430/jnep.v5n6p73


https://doi.org/10.1080/10872981.2017.1272838


https://doi.org/10.1016/j.cptl.2013.09.009


How to become a Nurse Practitioner. (2017, March 6). What is a Registered Nurse? https://www.graduatenursingedu.org/what-is-a-registered-nurse/


doi:10.3399/bjgp08X277032


The%20Role%20of%20the%20CNA&text=You%20cannot%20dispense%20medication%2C%20handle,Or%20perform%20official%20patient%20assessments.&text=You%20are%20also%20responsible%20for,Various%20health%20needs%20and%20goals.


Williams, A. M. (2015). *Soft skills perceived by students and employers as relevant employability skills* (Unpublished doctoral dissertation), Walden University, Minneapolis, MN. Available from https://scholarworks.waldenu.edu/dissertations/1427/


APPENDICES
APPENDIX A

Survey Feedback Reflection Questions

1. How long did the survey take to complete? Did the time seem to be appropriate?

2. Were the directions for the parts of the survey clear to you? Would you recommend any revisions to the directions?

3. Did you feel comfortable answering the questions asked in the survey? If not, which questions do you recommend that the researcher adjust?

4. If you were to change any part of the survey, what would that part be and how would you change it?

5. What suggestions do you have for improving the overall process?
Hello Kim,

It was nice to speak to you phone the phone Monday. I have revied our policies, protocols, and your dissertation. I am pleased to inform you we can assist you with the anonymous distribution of your survey. I am available to speak with you tomorrow after 1PM.

Thanks,

Stacy

COMPANY CONTACT

Quest Nursing Education Center

917 Harrison Street

Oakland, CA 94607

Ph: (510) 452-1444

E: info@questnursingschool.com
Hello Kim,

Sorry I missed your message. It’s been a chaotic day, yes the survey was sent to the admin registrar I will double check with her tomorrow just to make sure that it has been disseminated to the CNA students.

Thanks,
Stacy

COMPANY CONTACT

Quest Nursing Education Center

917 Harrison Street

Oakland, CA 94607

Ph: (510) 452-1444

E: info@questnursingschool.com
APPENDIX C

Brandman IRB Approval

BURB Application Approved As Submitted: Kimberly Payton

Fri, Sep 18, 2020 at 7:02 AM

Institutional Review Board <vmy@brandman.edu>

Reply-To webmaster@brandman.edu

To: kpayton@mail.brandman.edu

Cc: larc@brandman.edu, burlis@brandman.edu, vemhau@brandman.edu

Dear Kimberly Payton,

Congratulations, your IRB application to conduct research has been approved by the Brandman University Institutional Review Board. This approval grants permission for you to proceed with data collection for your research. Please keep this email for your records, as it will need to be included in your research appendices.

If any issues should arise that are pertinent to your IRB approval, please contact the IRB immediately at IRB@brandman.edu. If you need to modify your IRB application for any reason, please fill out the "Application Modification Form" before proceeding with your research. The Modification form can be found at the following link: https://irb.brandman.edu/Applications/Modification.pdf.

Best wishes for a successful completion of your study.

Thank you,

Doug DeVere, R.D.

Professor

Organizational Leadership

IRB Chair
dev@brandman.edu

www.brandman.edu
<table>
<thead>
<tr>
<th>Theme</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic</td>
<td>References</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
APPENDIX E

Informed Consent for Electronic Survey

Information About: CNA’s and Soft Skill Education

Responsible Investigator: Kimberly Shalon Payton, EdD Candidate

THE FOLLOWING WILL BE INCLUDED IN THE ELECTRONIC SURVEY:

You are being asked to participate in a research study conducted by Kimberly Payton, a doctoral student from the School of Education at Brandman University.

The purpose of this quantitative study was to identify CNA’s perceptions about the most important soft skills used by CNA’s based on the composite model for soft skills in nursing (collaboration, communication, critical thinking in ethical decision making) (AACN, standards for establishing in sustaining healthy work environments: a journey to excellence, American Journal of critical care, American Association of critical care nurses, 2005; Kroning, 2015; U. S. DOL, n. d.; Williams-Buenzli, 2015). Additionally, the purpose of this study was to identify which soft skills CNA’s perceived to be the most important to be included in CNA training programs. Patients rely on nurses not only for medical attention, but also for information, advice, and consolation. Nurses need soft skills to effectively communicate with patients so they can deliver safe, high quality care (northeastern university, 2015). A multitude of soft skills exist. Some fit certain jobs better than others. This study addresses the need to identify which soft skills CNA’s need to support and deliver effective patient care.

Your participation in this survey is voluntary. You may choose not to participate. If you decide to participate in this electronic survey, you can withdraw at any time. The survey will take approximately 20 minutes to complete. Your responses will be
confidential. Your survey questions will pertain to your perceptions regarding the impact of coaching on the person you coached.

The participants will use a 3-digit code for identification purposes. The researcher will keep the identifying codes safeguarded in a lock file drawer to which the researcher will have sole access. The results of this study will be used for scholarly purposes only.

a). No information that identifies me will be released without my separate consent and that all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed, I will be so informed, in my consent re obtained. There are minimal risks associated with participating in this research. I understand that the investigator will protect my confidentiality by keeping the identifying codes and research materials in a locked file drawer that is available only to the researcher. All information will be identifier redacted, and my confidentiality will be maintained. Upon completion of the study, all recordings will be destroyed. all other data and consents will be securely stored for three years after completion of data collection and confidentially shredded or fully deleted.

b). I understand that I may refuse to participate in, or I may withdraw from this study at any time without any negative consequences. Also, the investigator may stop the study at any time. I understand that if I have any questions, comments or concerns, or comments about this study or the informed consent progress, I may write or call the office of the vice chancellor of academic affairs, Brandman University, at 16355 Laguna Canyon Rd, Irvine CA 92618, (949) 341-7641.

if you have any questions about completing this survey or any aspect of this research, please contact Kimberly Payton at kpayton@mail.brandman.edu or by phone at
(925) 698-7372; or Dr. Keith Larick chairperson at larick@brandman.edu

ELECTRONIC CONSENT: Please select your choice below.

Marking the “agree” choice indicates that you have read the informed consent form and the information in the document and that you voluntarily agree to participate. If you do not wish to participate in this electronic survey, you may decline participation by indicating the disagree choice. This study will not advance unless you agree to participate.

____Agree: I acknowledge receipt of the complete Informed Consent packet and “Bill of Rights”. I have read the materials and give my consent to participate in the study.

____Disagree: I do not wish to participate in this electronic survey.
APPENDIX F

Permission to Use Soft Skills Crosswalk

Kimberly Payton

To: Wendy.buenzli@wsu.edu

May 24 at 1:42 PM

Good Afternoon Dr. Buenzli,

My name is Kimberly Payton, and I am a doctoral student at Brandman University, and I am doing a research study “Vocational Education: CNA Perspectives of Soft Skill Training and the Workplace”. I would like to request your permission to use the “Soft Skills Crosswalk” to create a research survey for my study. This crosswalk is closely related to my topic. I would be happy to send you a copy of the survey and/or the study once it is complete. I look forward eagerly to your response.

Thank you,

Kimberly Payton

____________________________________________________

Williams-Gilbert, Wendy J

To: Kimberly Payton

May 24 at 2:23 PM

Yes, you may use this in your work

Wendy

Wendy Williams-Gilbert, PhD, RN

Clinical Associate Professor |RN to BSN and Professional Development Director

162
Washington State University College of Nursing - Spokane

P.O. Box #### | SNRS ###|Spokane, WA ####-1496

phone 509-####-####| cell 509-####-####

w####.b####@wsu.edu

http://#####.wsu.edu

WSU College of Nursing: integrity | caring | social justice | altruism | maximizing health potential

Show original message
APPENDIX G

Survey Critique Feedback 1

Survey Critique by Participants

As a doctoral student and researcher at Brandman University your assistance is so appreciate in designing this survey instrument. Your participation is crucial to the development of an valid and reliable instrument.

Below are some questions that I appreciate your answering after completing the survey. Your answers will assist me in refining both the directions and the survey items.

You have been provided with a paper copy of the survey, just to jog your memory if you need it. Thanks so much.

1. How many minutes did it take you to complete the survey, from the moment you opened it on the computer until the time you completed it? 

2. Did the portion up front that asked you to read the consent information and click the agree box before the survey opened concern you at all? 
If so, would you briefly state your concern 

3. Was the Introduction sufficiently clear (and not too long) to inform you what the research was about? 
If not, what would you recommend that would make it better? 

4. Were the directions to, and you understood what to do? 
If not, would you briefly state the problem 

5. Were the brief descriptions of the rating scale choices prior to your completing the items clear, and did they provide sufficient differences among them for you to make a selection? 
If not, briefly describe the problem 

6. As you progressed through the survey in which you gave a rating of # through #, if there were any items that caused you say something like, “What does this mean?” Which item(s) were they? Please use the paper copy and mark those that troubled you? Or if not, please check here.

Thanks so much for your help

164
Survey Critique Feedback 2

Survey Critique by Participants

As a doctoral student and researcher at Brandman University your assistance is so appreciate in designing this survey instrument. Your participation is crucial to the development of an valid and reliable instrument.

Below are some questions that I appreciate your answering after completing the survey. Your answers will assist me in refining both the directions and the survey items.

You have been provided with a paper copy of the survey, just to jog your memory if you need it. Thanks so much.

1. How many minutes did it take you to complete the survey, from the moment you opened it on the computer until the time you completed it? 

2. Did the portion up front that asked you to read the consent information and click the agree box before the survey opened concern you at all?  
   Yes  
   No
   If so, would you briefly state your concern 

3. Was the Introduction sufficiently clear (and not too long) to inform you what the research was about?  
   Yes  
   No
   If not, what would you recommend that would make it better? 

4. Were the directions to, and you understood what to do? 
   Yes  
   No
   If not, would you briefly state the problem 

5. Were the brief descriptions of the rating scale choices prior to your completing the items clear, and did they provide sufficient differences among them for you to make a selection?  
   Yes  
   If not, briefly describe the problem 

6. As you progressed through the survey in which you gave a rating of # through #, if there were any items that caused you say something like, "What does this mean?" Which item(s) were they? Please use the paper copy and mark those that troubled you?  
   Or if not, please check here: 

Thanks so much for your help

165
Survey Critique Feedback 3

Survey Critique by Participants

As a doctoral student and researcher at Brandman University your assistance is so appreciate in designing this survey instrument. Your participation is crucial to the development of an valid and reliable instrument.

Below are some questions that I appreciate your answering after completing the survey. Your answers will assist me in refining both the directions and the survey items.

You have been provided with a paper copy of the survey, just to jog your memory if you need it. Thanks so much.

1. How many minutes did it take you to complete the survey, from the moment you opened it on the computer until the time you completed it? ____________

2. Did the portion up front that asked you to read the consent information and click the agree box before the survey opened concern you at all? ____________

   If so, would you briefly state your concern ______________________________________

3. Was the Introduction sufficiently clear (and not too long) to inform you what the research was about? ____________ If not, what would you recommend that would make it better? ______________________________________

4. Were the directions to, and you understood what to do? ____________

   If not, would you briefly state the problem ______________________________________

5. Were the brief descriptions of the rating scale choices prior to your completing the items clear, and did they provide sufficient differences among them for you to make a selection? ____________ If not, briefly describe the problem ______________________________________

6. As you progressed through the survey in which you gave a rating of # through #, if there were any items that caused you say something like, “What does this mean?” Which item(s) were they? Please use the paper copy and mark those that troubled you? Or if not, please check here: ____________

   Thanks so much for your help
APPENDIX H

Brandman University Institutional Review Board

Research Participant’s Bill of Rights

Any person who is requested to consent to participate as a subject in an experiment, or who is requested to consent on behalf of another, has the following rights:

1. To be told what the study is attempting to discover.

2. To be told what will happen in the study and whether any of the procedures, drugs or devices are different from what would be used in standard practice.

3. To be told about the risks, side effects or discomforts of the things that may happen to him/her.

4. To be told if he/she can expect any benefit from participating and, if so, what the benefits might be.

5. To be told what other choices he/she has and how they may be better or worse than being in the study.
6. To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study.

7. To be told what sort of medical treatment is available if any complications arise.

8. To refuse to participate at all before or after the study is started without any adverse effects.

9. To receive a copy of the signed and dated consent form.

10. To be free of pressures when considering whether he/she wishes to agree to be in the study.

If at any time you have questions regarding a research study, you should ask the researcher to answer them. You also may contact the Brandman University Institutional Review Board, which is concerned with the protection of volunteers in research projects. The Brandman University Institutional Review Board may be contacted either by telephoning the Office of Academic Affairs at (949) 341-9937 or by writing to the Vice Chancellor of Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA, 92618.
# APPENDIX I

Alignment Chart

### ELECTRONIC QUANTITATIVE SURVEY

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>RESEARCH QUESTION</th>
<th>SURVEY QUESTIONS THAT ANSWER THE RESEARCH QUESTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The purpose of this quantitative study was to identify the soft skills CNAs perceive as most important in nursing based on the alignment of AACN Standards and Soft Skills in nursing created by Kroning (collaboration, communication, critical thinking and ethical decision-making). Additionally, the purpose of this study was to identify which soft skills CNAs perceived to be the most important to be included in CNA training programs.</td>
<td>1. What collaboration soft skills do CNAs identify as most important to their nursing duties?</td>
<td>6, 7, 8, 9, 10, 11</td>
</tr>
<tr>
<td></td>
<td>2. What communication soft skills do CNAs identify as most important to their nursing duties?</td>
<td>12, 13, 14, 15, 16, 17</td>
</tr>
<tr>
<td></td>
<td>3. What critical thinking soft skills do CNAs identify as most important to their nursing duties?</td>
<td>18, 19, 20, 21, 22, 23</td>
</tr>
<tr>
<td></td>
<td>4. What ethical behavior soft skills do CNAs identify as most important to their nursing duties?</td>
<td>24, 25, 26, 27, 28, 29</td>
</tr>
<tr>
<td></td>
<td>5. What soft skills do CNAs identify as the most important to be included in their certification program and nursing duties.</td>
<td>30, 31, 32, 33</td>
</tr>
</tbody>
</table>
APPENDIX J

Study Introduction Letter

November 4, 2020

Dear CNA,

My name is Kimberly Payton, I currently pursuing a Doctorate Degree of Education in Transformational Leadership from Brandman University would like to thank you for taking your valuable time to participate in taking this survey. I appreciate your hard work as your work on the front lines as you work to keep us all healthy during this COVID pandemic.

As part of my degree program requirements, I am conducting a qualitative research study that will identify and describe CNA’s perceptions of the most important or useful soft skills to be added to CNA training programs.

I am asking for your assistance in the study by participating in an anonymous survey that will take approximately 15 minutes to complete. Your name will not be collected, and your confidentiality will be protected. Any notes or records from the survey will be stored in a password protected device, only accessible to the researcher. No employer will have access to the information. I am the research investigator, and I can be reached via email at kpayton@mail.brandman.edu to respond to any concerns you may have. Your participation is greatly appreciated.

Sincerely,

Kimberly Payton
APPENDIX K

National Institutes of Health Clearance

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that Kimberly Payton successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 05/22/2016.

Certification Number: 2079498.
APPENDIX L

Requirements for Approval of a Nurse Aide Training and Competency Evaluation

§483.152 - Requirements for approval of a nurse aide training and competency evaluation program

(a) For a nurse aide training and competency evaluation program to be approved by the State, it must, at a minimum -

(1) Consist of no less than 75 clock hours of training.

(2) Include at least the subjects specified in paragraph (b) of this section.

(3) Include at least 16 hours of supervised practical training. Supervised practical training means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse.

(4) Ensure that -

(i) Students do not perform any services for which they have not trained and been found proficient by the instructor; and

(ii) Students who are providing services to residents are under the supervision of a licensed nurse or a registered nurse.

(5) Meet the following requirements for instructors who train nurse aides.

(i) The training of nurse aides must be performed by or under the supervision of a registered nurse who possesses a minimum of 2 years of nursing experience, at least 1 year of which must be in the provision of long-term care facility services.

(ii) Instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides.
(iii) In a facility-based program, the training of nurse aides may be performed under the supervision of the director of nursing for the facility who is prohibited from performing the actual training; and

(iv) Other personnel from the health professions may supplement the instructor, including, but not limited to, registered nurses, licensed practical/vocational nurses, pharmacists, dietitians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and resident rights experts. Supplemental personnel must have at least 1 year of experience in their fields.

(6) Contain competency evaluation procedures specified in § 483.154.

(b) The curriculum of the nurse aide training program must include -

(1) At least a total of 16 hours of training in the following areas prior to any direct contact with a resident:

(i) Communication and interpersonal skills.

(ii) Infection control.

(iii) Safety/emergency procedures, including the Heimlich maneuver.

(iv) Promoting residents’ independence; and

(v) Respecting residents’ rights.

(2) Basic nursing skills.

(i) Taking and recording vital signs.

(ii) Measuring and recording height and weight.

(iii) Caring for the residents’ environment.

(iv) Recognizing abnormal changes in body functioning and the importance of reporting
such changes to a supervisor; and

(v) Caring for residents when death is imminent.

(3) Personal care skills, including, but not limited to -

(i) Bathing.

(ii) Grooming, including mouth care.

(iii) Dressing.

(iv) Toileting.

(v) Assisting with eating and hydration.

(vi) Proper feeding techniques.

(vii) Skin care; and

(viii) Transfers, positioning, and turning.

(4) Mental health and social service needs:

(i) Modifying aide’s behavior in response to residents’ behavior.

(ii) Awareness of developmental tasks associated with the aging process.

(iii) How to respond to resident behavior.

(iv) Allowing the resident to make personal choices, providing and reinforcing other
    behavior consistent with the resident’s dignity; and

(v) Using the resident’s family as a source of emotional support.

(5) Care of cognitively impaired residents:

(i) Techniques for addressing the unique needs and behaviors of individual with dementia
    (Alzheimer’s and others).

(ii) Communicating with cognitively impaired residents.

(iii) Understanding the behavior of cognitively impaired residents.
(iv) Appropriate responses to the behavior of cognitively impaired residents; and
(v) Methods of reducing the effects of cognitive impairments.

(6) Basic restorative services:
(i) Training the resident in self-care according to the resident’s abilities.
(ii) Use of assistive devices in transferring, ambulation, eating, and dressing.
(iii) Maintenance of range of motion.
(iv) Proper turning and positioning in bed and chair.
(v) Bowel and bladder training; and
(vi) Care and use of prosthetic and orthotic devices.

(7) Residents’ Rights.
(i) Providing privacy and maintenance of confidentiality.
(ii) Promoting the residents’ right to make personal choices to accommodate their needs.
(iii) Giving assistance in resolving grievances and disputes.
(iv) Providing needed assistance in getting to and participating in resident and family
groups and other activities.
(v) Maintaining care and security of residents’ personal possessions.
(vi) Promoting the resident’s right to be free from abuse, mistreatment, and neglect and
the need to report any instances of such treatment to appropriate facility staff.
(vii) Avoiding the need for restraints in accordance with current professional standards.

c) Prohibition of charges. (1) No nurse aide who is employed by, or who has received an
offer of employment from, a facility on the date on which the aide begins a nurse aide
training and competency evaluation program may be charged for any portion of the
program (including any fees for textbooks or other required course materials).
(2) If an individual who is not employed, or does not have an offer to be employed, as a nurse aide becomes employed by, or receives an offer of employment from, a facility not later than 12 months after completing a nurse aide training and competency evaluation program, the State must provide for the reimbursement of costs incurred in completing the program on a pro rata basis during the period in which the individual is employed as a nurse aide.