

# END-OF-LIFE EDUCATIONAL NEEDS OF STATE TESTED NURSE AIDES IN OHIO LONG-TERM CARE FACILITIES

Kimberly K. Ogle & Alex D'Errico-Bronston

July 2020

## INTRODUCTION

State Tested Nurse Aides (STNAs) in nursing homes are the cornerstone of care for residents. They are the ones who help residents to bathe, dress, eat, and often hold the hands of the dying. One of the intrinsic benefits of work in long-term care settings is the opportunity to develop strong and caring relationships among residents, their families, and the caregiving staff. These relationships may be brief, or may grow over years, but often they end with the death of a resident who lived their last days in a nursing home. Experienced STNAs eventually learn to manage end-of-life (EOL) care and provide support and care to families while also experiencing their own grief and sadness. New STNAs, however, receive only minimal training (at best) in regards to EOL care. The gap in EOL care training for STNAs provides an opportunity for improvement and innovation.

During this unprecedented time of the COVID-19 pandemic, EOL care in long-term care facilities is needed more than ever before. On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. In a little over a month the U.S. exceeded one million reported cases and over 60,000 deaths. As of April 26, 2020, more than 11,000 deaths nationwide were linked to coronavirus in long-term care facilities<sup>1</sup> and that number continues to rise. In Ohio, half of the deaths from COVID-19 have been residents of nursing homes. But the true toll among the older adults who live in such facilities is likely much higher because most state counts do not include those who die without ever being tested for COVID-19.<sup>2</sup>

Given the important role of STNAs in long-term care, this research brief highlights findings from a qualitative study that assessed the educational needs of STNAs with regards to EOL care for residents in long-term care facilities. To best understand these educational needs, input was solicited from current STNAs, registered nurses (RNs) and licensed practical nurses (LPNs) in Ohio to gain an understanding of this important care modality and then to develop continuing education workshops for STNAs that address EOL.

**Better  
education**

is needed for STNAs  
regarding signs and  
symptoms of dying

The long-term care  
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STNAs want  
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techniques**  
for providing  
comfort care

## BACKGROUND

Despite the fact that nearly a quarter of U.S. citizens who die of chronic progressive illnesses do so in long-term care facilities,<sup>3</sup> formal EOL care programs in long-term care facilities, including specialized education for staff, are scarce.<sup>4</sup> Persons who die in long-term care often experience unrelieved pain and emotional distress and have unmet needs for personal care and communication about treatment decision making.<sup>5</sup> Treatment and monitoring for symptoms such as pain and dyspnea, as well as clear communication about prognosis and goals of care, are not consistent.<sup>6</sup>

STNAs play a key role in EOL care including providing personal care (e.g., bathing, dressing), taking vital signs, transferring residents, communicating observations to the licensed staff, and performing post-mortem care.<sup>7</sup> Despite their important role, STNAs have limited training for this complex, stressful job, especially with regards to EOL care. In fact, they consistently show lower levels of knowledge about EOL issues when compared to knowledge about physical and psychological domains of care. Typically, STNAs complete 75 hours of state-mandated training. Prospective STNAs may begin interacting with residents after the first 16 hours of training.<sup>8</sup>

## STUDY HIGHLIGHTS

Semi-structured interviews with 45 nursing staff including 35 STNAs, three LPNs, and seven RNs, were conducted in five different nursing homes and one in-patient hospice unit in Ohio. Five important themes were identified: 1) a need for education on the common signs and symptoms of dying, 2) the need for better communication skills with the residents, the residents' families, and STNA supervisors, 3) best practices in resident comfort care, 4) STNA attachment to and grief for the resident who is dying or died and, 5) self-care during times of stress. Illustrative quotes are provided for each theme and all names have been changed to provide anonymity to the participants.

## THEME 1 – UNDERSTANDING THE COMMON SIGNS AND SYMPTOMS OF DYING

Despite possessing a strong desire to provide compassionate, effective EOL care, many STNAs felt lacking in knowledge and confidence in what dying looks like. Of the 45 people who participated in interviews, 36 stated the need for better education regarding the signs and symptoms of dying.

*I recently just completed my BSN about a year ago, I have been an STNA, an LPN, and I can tell you I had absolutely zero. Nothing about end-of-life care in any of the training.*  
Vicki, BSN

*As an experienced STNA, I would remind the younger aides the person can still hear. Some aides don't realize that, and they'll go in there and talk about their social life or whatever as they're turning them.* Shirley, STNA

*I think education would help, what dying looks like and what they will see. What to expect, it scares them. Lori, STNA*

*I've had [STNAs] walk in and it's their first time, no experience and have a complete melt down. So, we have to teach them what to expect. Anna, LPN*

## **THEME 2 – BETTER COMMUNICATION SKILLS**

Communication has been cited as a factor contributing to good quality outcomes for long-term care facilities.<sup>9, 10</sup> Communication among direct care staff in nursing homes is complicated by the often physically- and emotionally-taxing work of caring for residents with multiple chronic conditions and multiple care needs. Moreover, STNA education is task-oriented with little attention to communication skills.<sup>11</sup> Studies associate ineffective communication in nursing homes with high rates of direct care staff turnover, increased error risk, and subsequent negative impact on quality of resident care.<sup>12, 13</sup> In this study, 33 of the 45 interviewees mentioned the need for better communication skills.

*...I'm like whoa, whoa. This is my specialty. I've been an STNA for 16 years in hospice care. How long have you been a hospice nurse? Oh, I see, you were a labor and delivery nurse and just now became a hospice nurse. Don't tell me what I don't know. Melody, STNA*

Even though STNAs will likely spend the most time with dying residents of any facility staff, they have the least amount of training in communication. Consequently, STNAs often do not know what to say or are afraid of saying the wrong thing, as one interviewee shared.

*When I first became an STNA, one of my residents started in on dying. I had no idea what to say to him. He kept saying, 'I just want to go ahead and die.' I didn't know what to do. Now, I just hold their hand and tell them I love them. Missy, STNA*

Improved communication skills would also help STNAs speak with residents' family members, especially in EOL situations. Several STNAs indicated that when family members ask questions, they direct them to the nurse. This occurs even though the STNA provides the majority of care for the resident and has first-hand knowledge of the resident's well-being.

*When family asks about their resident, I just tell them to ask the nurse. I don't like talking to family. I might say something wrong. I don't know. I just don't feel right. Anna, STNA*

### THEME 3 – BEST PRACTICES IN RESIDENT COMFORT CARE

Of the 45 interviewees, 32 of the STNAs identified the need to know better techniques, not just pharmacological remedies, to provide comfort to their dying residents. As part of the Ohio state-mandated STNA training, aides are well-versed in how to turn residents, bathe them, help them to the restroom, or move them from the bed to a chair. However, they may not understand the appearance of pain or how best to provide comfort care. Past research indicates that 40-45% or more of residents in long-term care facilities experience persistent pain—most of which is not recognized or treated.<sup>14, 15</sup> Comfort care is especially important for EOL care and is more than just assessing pain. It also involves creating a soothing environment. STNAs can reposition the person to provide support and comfort, and use music or gentle touch to reduce discomfort—skills that can easily be taught to STNAs and may make a huge difference in the dying resident's quality of life.

*...and touch, and to be gentle, just because they can't say 'ouch' doesn't mean it don't hurt.* Carla, STNA

*These young aides need to know [the residents] still need that personalization. Just like I said, if they are still awake and they're scared and they're anxious, you need to take that time. Hold their hand, reassure them...whatever it takes to make them less anxious. It's all about comfort.* Missy, STNA

*I think there is a lacking of nursing from the heart sometimes when it comes to long-term care.* Carla, STNA

### THEME 4 – STNA ATTACHMENT TO AND GRIEF FOR THE RESIDENT WHO IS DYING OR DIED

The theme of attachment and grief experienced by the STNA when a resident dies was present in 32 of the 45 interviews. Given the highly personal and intimate nature of care, the relationships that form between STNAs and nursing home residents can be extremely close, in some instances built over years.

*Yeah, with some of the residents we spend more time with them than their families. I am their family.* Ruby, STNA

*Other people outside, they think it's just a job. When you do something for a human being, it's personal. It's not supposed to be technically, but it becomes personal. They become family.* Ashley, STNA

*When you do the STNA training they say, 'Don't get attached.' Really? It's like how can you not? I've only been here a month, and still, there are some I just love.* Nicole, STNA

STNAs' relationships with residents are one of the primary reasons why long-term care staff remain on the job.<sup>16</sup> For STNAs, the death of a resident may be equivalent to the death of one of their own family members. This may cause strong grief reactions that are compounded with each subsequent loss. Unfortunately, the long-term care environment often keeps STNAs from grieving in a healthy manner.

*...you get really close to people. So when it's their time, it's like I want to be there holding their hands. You need to teach about the feelings after. No one talks about the sadness.*  
Pricilla, STNA

*[Administration] don't ever talk about [grief]. Nobody ever talks about it. They don't give it a second thought that we are grieving too. They don't even realize how close I was when Mrs. So and So died. I'd taken care of her for 22 years and now she's gone.* Amy, STNA

*I see it sometimes. I see one of the aides walk by a room and I know she is thinking about the person she cared for in that room. The room has a new resident, but she is thinking about the person she cared for previously.* Sabrina, RN

*Sometimes the administration is in such a hurry to fill the room once a resident dies. It's like, 'Hurry up and get that room cleaned.' Nobody has a chance to grieve.* Tricia, STNA

Grief symptoms similar to those experienced by family members are common among STNAs after a resident dies. Increased preparedness for this experience by better training and support is likely to improve the work experience of STNAs and ultimately allow them to provide better EOL care in the long-term care setting.<sup>17</sup> While it may not be possible to decrease the difficulty of the work or improve the compensation that STNAs receive, it is certainly possible to validate and recognize the grief they experience following the deaths of residents.<sup>18</sup>

## **THEME 5 – SELF-CARE DURING TIMES OF STRESS**

Caring for others can be very rewarding. However, it can also take a toll on the caregiver's physical and psychosocial health. The stress associated with being a caregiver, especially when caring for the dying, can lead to compassion fatigue. Compassion fatigue arises from exposure of the caregiver to ongoing and intense contact with patients.<sup>19</sup> Between 40-50% of all individuals in a helping profession develop compassion fatigue and may develop traumatic stress symptoms.<sup>20</sup> Despite the vast amount of research on compassion fatigue among medical professionals, STNAs remain an understudied population of vulnerable direct care workers.<sup>21</sup> In their interviews, 19 of the 45 interviewees mentioned a need to help relieve the stress of the job.

*Some sort of group to talk about what goes on here would be nice. You never get to express what you really feel. You're just a walking smile and you got to keep it on. Then, once you go home, you're done.* Peggy, STNA

*I honestly think you need a counseling session after an eight-hour shift. Just to vent and get things off your chest.* Lori, STNA

Over time and with repeated exposure to daily caring for others, emotional and physical exhaustion can occur.<sup>22</sup> The exhaustion of compassion fatigue can eventually affect an STNA's ability to practice self-care.<sup>23</sup> This, in turn, can lead to a lack of optimal care for the residents, such as a lack of response to a resident's needs or an increase in care errors.

*It's just like I told one girl, I said, 'Work what I worked this week. I'm wore out, I'm tired but I'm still trying. I've worked pretty much a swing shift. I've had one day off in two weeks. I'm tired.'* Donna, STNA

*How do you take care of yourself after three [12-hour shifts] in a row and are stressed to the max?* Joan, STNA

To maintain a positive professional quality of life, STNAs need to learn how to place importance on balancing their professional and personal lives through self-care strategies such as setting boundaries, and learning mind-body well-being.<sup>24</sup> STNAs provide daily health-promoting care to their residents but may not take, or have, the time to incorporate wellness behaviors into their own lives. When asked about self-care, one STNA responded,

*Self-care? I don't think I understand what you are talking about.* Lois, STNA

Developing effective coping mechanisms in STNAs can be achieved with educational programs that instruct about compassion fatigue and its awareness, recognition, and prevention.<sup>25</sup> Despite the multitude of interventions to mitigate compassion fatigue, there is little evidence that it is being used among the STNA population.<sup>26</sup> Low retention and high rates of turnover are a problem for the long-term care industry. Incorporating self-care strategies for STNAs would help relieve workplace stress, and therefore might decrease absenteeism and turnover.

## CONCLUSION

The number of older adults dying in long-term care facilities continues to increase and there are many challenges to providing EOL care in this setting. This research points to critical areas where many STNAs want more knowledge about caring for and coping with their dying residents. Most often what they know about EOL care comes from personal experience or from more experienced STNAs. The STNAs often noted a lack of knowledge about what they could do to make the dying process easier or more comfortable. Tools for better care at the end of life are overlooked in the state-mandated STNA training.

Based on the findings of this research, a series of five workshops on EOL care have been developed for STNAs to be provided as continuing education: 1) Signs and Symptoms of Dying, 2) SNAP: A Tool for Better Communication Skills, 3) Pain and Comfort Care for a Dying Resident, 4) Loss,

and 5) Self-care for the STNA: Compassion Fatigue and Burnout. Because many states require STNAs to complete in-service education each year, these workshops could be used by STNAs to gain EOL education that is lacking in their initial certification training. The knowledge and practical skills learned in these workshops will instill confidence in STNAs and increase the quality of care provided to long-term care residents in their final days.

For further information regarding this research or the continuing education workshops for STNAs, please contact the Scripps Gerontology Center at [Scripps@MiamiOH.edu](mailto:Scripps@MiamiOH.edu) or Kimberly K. Ogle, PhD at [oglekk@MiamiOH.edu](mailto:oglekk@MiamiOH.edu).

This study was funded by the Ohio Long-Term Care Research Project through the Ohio Department of Education.

## ENDNOTES

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100 Bishop Circle, Upham Hall 396, Oxford, OH 45056  
MiamiOH.edu/ScrippsAging.org | 513.529.2914 | Scripps@MiamiOH.edu