

Competency Model of Outstanding Long-Term Care Nursing Assistants

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Care Recipient Service Orientation (CRSO)

Definition

Focusing the caregiver's efforts on discovering and meeting care recipient's (or/and their family's) needs. At the highest levels there is a focus on understanding underlying individual needs and finding ways to respond to those needs.

Dimension: depth of understanding and response to the care recipient's needs

This Person:

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| <p>1. Responds appropriately. Responds appropriately to address care recipient and care recipient family's requests, concerns, complaints, and expectations about the care provided. Takes time to answer questions or responds to care recipient's requests for care.</p> |
| <p>2. Maintains clear communications. Proactively communicates to the care recipient, care recipient's family and other staff members about the care provided. This can include procedures, processes, concerns, issues, requests, and complaints about the care recipient's care. It involves two-way communication.</p> |
| <p>3. Takes personal responsibility. Take personal responsibility for care recipient's (or care recipient family members) requests, issues, problems, and/or needs. Assumes personal accountability and acts to serve the client.</p> |
| <p>4. Addresses underlying needs. Makes self fully available to the care recipient (and care recipient's family) especially through a critical or difficult period (e.g. depression, pain, fears, facing death, etc.). Takes actions that go behind normal expectations to care for the whole person. Takes the time to discover individual, underlying needs even when poorly expressed.</p> |

Examples

Level 1

Example: “I said to Susan, (the care recipient), “You know, we are here to take care of people. You may not have me to take care of you all of the time. She said, “Oh no, I only want you.” I said – first of all – you can’t always have me. I am more than willing to do whatever I can, but sometimes it’s important to let other staff members help you and take care of you.”

Level 2

Example: “I’m saying to her as I walk into the house, ‘Hello, dear. I’m your home health aide. I’m here to take care of you. My name is Pat and I think we’ll get along fine. I just want to make you as comfortable as possible and if there’s anything you need, just hold out your hand to me. Hold it tight, if you need anything. Your daughter will be here with us.’ I wanted to reassure her also that her daughter would remain in the house with us, so I just wanted to make sure she knew that her daughter was there, too.”

Level 3 Example: “At that time her brother used to take her out a lot, but not anymore, so she says, ‘Well, I don’t know how I’m gonna get my favorite candies.’ I said, ‘Don’t worry about it. When I go to the market, I’ll pick them up and then I’ll bring them to you.’ ‘Well, I gotta pay for them,’ she said. I said, ‘Okay, don’t worry, we’ll work something out.’”

Level 4

Example: “In the care recipient’s past, it was her caregiver that used to take all her money and not pay her bills and eventually stole everything from her. This bothered Beth every single day but on this day in particular she was just overwhelmed with tears and sadness. I said to her, ‘As far as her [referring to the former caregiver], she’s not going to bother you anymore. You are in a much better place here. There are people here that care about you. I care about you. I won’t let anybody hurt you. We’re all here to take care of you and be sure that you are safe.’ I could tell she felt relieved.”

Empowerment (EMPOW)

Definition

Implies deriving satisfaction through positively impacting the well-being of Care Recipients, by enabling and/or enhancing their ability to cope effectively, thereby improving their quality of life.

This Person:

<p>Level 1. Deriving satisfaction from having a positive impact on CR's based on self perception. "I feel good because of what I believe I did".</p>
<p>Level 2. Deriving satisfaction from having a positive impact on CR's based on their verbal and non-verbal feedback. "I feel good because the CR says or behaves in a way that indicates they feel good".</p>
<p>Level 3. Deriving satisfaction by enabling CR's to help themselves feel good. Enablement means that the CR is making progress by being increasingly independent of the Care Giver.</p>
<p>Level 4. Deriving satisfaction by enabling CR's to realize optimal levels of performance long term (given the limits of their health problems).</p>

Examples (Best 2 Examples given)

Level 1

Example 1.1:

JE: Yes, I didn't mention that I took care of an elderly lady that was dying. She had Hodgkinson's disease and she had a bad heart and I really enjoyed that type of work and I was surprised that I did because I thought I was going to be fearful of dealing with someone that was going to die, because I never had before, and I really felt good about myself because I was helping someone. That's what brought me here.

Example 1.2:

NM: If anybody has ever seen an Alzheimer's patient, they have that dull stare and they are really kind of lifeless. But when I went in it was the biggest, brightest smile, the eyes were like twinkling, you know. It made me feel good because they don't have much happiness. They don't have much to look forward to either. So whatever happiness I gave I am glad.

Level 2

Example 2.1:

LS: As I put on my seatbelt and drove off and you know I'd turn around and wave and beep at him and he'd be waving in the window at me, every day, same thing every day.

INT: How did you feel about that?

LS: I loved it, I loved it.

INT: Tell me a little bit more about why.

LS: Why or how?

INT: How...

LS: I think that my feeling was, from the first day that I went in there from him saying, "no he didn't want me, he didn't need me" and then the outcome of it all I think was wonderful, because he opened up, he accepted me, he let me into his house, he shared stories with me, he shared a lot of personal things with me. He'd laugh and then you'd practically see him in tears at other times and I just think overall the acceptance is the best reward. It makes me feel like I'm special. It's hard for some people to just open the door and say, "come on in, get me in the shower, get me cleaned up". It's difficult. I have a totally different look on it. I think that someday it will be me and I'll need the help and I just hope that there's someone out there that cares enough to come and help me like I've helped other people.

Level 2 Example: “So, from that day on – this is what made this a happy story and why I felt so ecstatic. Every home health aide that went in there after me, that woman talked and opened up. I got that woman to talk, just by singing. That’s right.”

Level 3

Example 3.1:

MM: I felt good inside. I was so pleased you would have thought it was me wheeling down the hall. Of course, he thought I made more of it than what it actually was, because when I saw him coming, I said: “oh you are wheeling yourself”. I said, wow – and of course – he said, oh but I can’t push any further. I said you seem to be doing good now, I said. Now look at that, I said. He gave me a half of a smile. He wouldn’t give me a full satisfaction though you know.

Example 3.2:

AC: Because I felt when I went in she was very poised and very – not an introvert – maybe an introvert and this way, different things I tried to tell her to do, she was doing, She just changed. She started talking to people and she talked to her family, but not so much with neighbors and if we’d go out walking, I’d say: “There’s so-and-so; her name is such-and-such” and she’d say, “Well, should I –”; I’d say: “Go ahead. You just talk to them. These are your neighbors now... Mr. So-and-So lives downstairs and the other lady lives across. You ought to get to know most of your neighbors”. So she started talking to different ones but this wasn’t right away. But sometimes before I’d leave I’d sit on the porch with her and the gentleman would come out of his apartment, and I’d even kid her and say: “Uh-ho, better watch it. He’s asking you for a date tonight”, so she kind of went from a very serious minded person, and now you should see her. She does have dementia quite bad, but I mean, she has that – like, I take her walking in the afternoon to get her exercise after I do all my little chores and get her personal care and we’ll be walking down the sidewalk and if there’s somebody coming up – now, she wouldn’t have done this a couple years back – she’ll say: “Good afternoon”.

Level 4

Example 4.1:

MD: Good. I feel good.

INT: Why?

MD: Because I know that, you know, talking with Eddie – I knew that I could get him to get out of bed, you know, just – and I knew once he got out of the bed that he would feel better.

INT: How did you know that?

MD: Because he would – one time – one day he had said, you know, I guess it does feel better to be out of this bed. You know, that bed's got all the lumps in it and stuff, because he had like a – this was like a lambs wool, and if you didn't pull it tight enough, it would get all crinkly.

Flexibility (FLX)

Definition

Ability of caregivers to adapt to and work effectively within a variety of situations, and with various Care Recipients, their family members, and coworkers.

This Person:

Level 1. Acknowledging opportunities for exhibiting adaptability, but takes no specific action.

Level 2. Accepts the need for Flexibility, and demonstrates a willingness to accommodate occasional small changes in behavior or procedure on the part of the Care Recipient, the Care Recipient's family members and/or coworkers, provided such changes fall within established rules.

Level 3. Applies rules Flexibly, based on the situation. Alters established rules and procedures where necessary for the benefit of the Care Recipient.

Examples

Level One

Example:

JS: The family members got very upset with me for being too rigid about visiting hours. They said that he was at death's door and that I could have been more understanding about their desire to spend as much time with him as possible. I guess they're right - I could have bent the rules in this situation.

Level 2 Example: "Well I knew that she liked to kind of go at her own pace and even down to how she put the safety pins, she would wrap things up in paper towels, and then in elastics. You really had to have a lot of patience... Well that is the way she likes to do it. I just went along with how she wanted to do things."

Level 3

Example:

MM: I said I am not going to force you to do something you don't want to do and nobody here is. I said I thought it would be nice for you, if we could get you up on the chair, and he said I may want to go right back to bed after you get me up; I am a heavy man you know. I said that's fine. I said if we get you up and then you want to get back in bed, we will help you get back in bed, okay?

Influence (INF)

Definition

Using Influence to try to persuade, convince, or impress others (individuals or groups) in order to get them to go along with or to support your agenda. The key is understanding others, since Influence is based on the desire to have a specific impact or effect on others. (I.e., trying to make a specific impression on someone, or trying to get others to follow your ideas, etc.)

Dimension: complexity or customization of the attempt to influence

This Person:

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| <p>1. Takes direct actions to persuade. Directly tries to persuade someone in a discussion. May use others' self interest, reasoning, logic and/or specific evidence to make a point or persuade others. May use concrete examples or demonstrations to make a point.</p> |
| <p>2. Calculates the impact of actions or words. Adapts and creates a discussion that appeal to the interests and levels of others, such as patients or patient's families. Anticipates how the actions taken will effect others. Takes a well-thought-out dramatic or unusual action in order to have a specific impact. Anticipates and prepares for patient's reactions.</p> |
| <p>3. Uses indirect influence. Takes two or more steps to influence, with each step adapted to the specific audience. Uses chains of indirect influence: "gets A to show B so B will tell C such and such." Builds "behind the scenes" support for ideas.</p> |

Examples

Level 1 Example: “ ‘No,’ I said, ‘You cannot take a shower unless I go in with you because it’s unsafe.’ This man was just determined. He’s going to have his own way but then I think that he just knew because by the time we got this man undressed, he realized there was no way that he could take a shower without my help.”

Level 2

Example: “I realized that the mother had distanced herself from her child for very long time – she did everything, clean her, feed her and go hook up the tube but that wasn’t what the little girl was all about. She needed the mother to hold her. I said to myself, I know I can handle the little girl, I can lift her alone but I am going to have the mother come and help me lift this little girl so she starts to touch her again. So I yell out, “Come here, quick, she is too heavy for me! Take her, take the other half!” The mother took her and then the little girl is just looking. I made the mother take the top half and I took the bottom. I said, “Is that so bad to do that to the kid?” She said, “No, it isn’t that bad.” We put the little girl down on the bed.”

Level 3

Example: “I asked him if he would teach me to play pool and he said, ‘no.’ He would not teach me and then I got Diane to go and ask him and on the first day he said, ‘no.’ On the second day, I went with Diane to ask him again if he could teach me. He said, “I don’t know how.” I said, “Well, Diane can teach me and you can see if she is doing it right and if she is not then you can tell me the right way.” We were kidding with him to try to get his response back. Then he agreed to it.”

Empathy (EMP)

Definition

Implies wanting to understand others. Able to accurately interpret the thoughts, feelings, and concerns of care recipients and coworkers.

This Person:

Level 1. Recognition and/or awareness of the actions or feelings (of care recipients and coworkers).

Level 2. Understands (i.e. processes) emotions and verbal content as directly presented/expressed.

Level 3. Understands meanings on the basis of current behaviors and/or unspoken concerns, feelings and thoughts.

Level 4. Understands the underlying issues or problems of others. Understand the reason for the ongoing or long-term concerns, feelings or behaviors of others.

Examples

Level 1

Example:

HC: So she was quite happy.

INT: How did you know she was happy?

HC: She smiled and she said thank you.

BP: Because when she came - I used to meet her at the school bus. When I put her on the bus she seemed happy, she seemed to make a noise, like a happy sound. But when I wheeled her from the bus, up the ramp, into the house, she's sadden. She was kind of like, oh, I'm back.

Level 2

Example:

JE: After I gave her a shower, I told my coworker, "I gave her a shower and she's fine and everything" and the girl was upset and she didn't think that was right, that the patient would take a shower for me but she wouldn't take a shower for her.

INT: How did you know she was upset?

JE: Because she was mad. She was angry. She was angry at the fact that she wanted me to give her a shower but she didn't want her to give her a shower.

INT: Now be patient with me: How did you know she was angry?

JE: She showed her anger by her face, by her facial expressions – just the way she talked, her voice; she raised her voice and stuff like that. She kind of swore.

Level 3

Example:

MA: I asked him why he was saying that and said, no confidence in himself, and then one day...

INT: How did you know he felt not confident?

MA: I just knew it. Because, when you work in this field, you knew about his eyes, I can't explain it.

INT: His eyes, is that what you are saying?

MA: Yeah, he looked at you like, I can't explain it. You just felt, the way he was talking to you, you felt that by the tone of his voice that he was unsure of himself, like...

INT: Like he was what?

MA: Unsure of himself. And I asked him why you think you are not going to the pool table, and he said I just can't be with other people. I feel like when I'm around people, I can't breathe, and they keep staring at me and that I am not doing things right. And at the time, he was taking a lot of medication for that depression, and because I knew what kind of medication he was on and stuff. I just kind of knew that this was depression and I felt like he was going to be okay. Like if we could push him, and so I told him that I am not a good pool player, I said I don't play pool, I never...

SB: Because she would just get very frustrated. You couldn't understand her and if you didn't understand her right away, she would kind of grunt and she would be shaking the side of the bed, and then she would kind of get like a little attitude where she would kind of look away and then she would ignore you a little bit. She just kind of didn't cooperate at all. She kind of fought against you a little bit. Plus I don't think she really, I think too, I noticed that she didn't like to have somebody new, somebody different come in.

Level 4 Example: "I can imagine personally the flashbacks, the feeling of being a prisoner. You know, you're stuck here in this hospital and you can't leave. To a prisoner of war, that must feel like being a prisoner again.

. And it took me a while, but I've been working with Henry daily, nightly, whenever I'm on. And I'll say 'Henry, I'm here, I know you don't want to talk right now. I know you're angry right now. And even if you hurt me, or even if you don't talk to me, I'm still your friend. I still care about you and I'm going to be back in two hours to turn you again whether you talk to me or not.' And doing this night after night after night, I think gave him some reassurance that even if he behaved in a bad manner that I would still be his friend."

INT: What made you feel like it was giving his reassurance?

ND: He wasn't assaultive any more. He's never assaultive now. He's never really assaultive.

Relational Maturity (RM)

Definition

Builds and maintains an interdependent relationship with care recipient. Values the interdependence in his or her relationship with care recipient. Is aware and relates to self in the relationship. The depth of the caregiver's engagement with the care recipient increases with the depth of caregiver's self-awareness in his or her relationship with the individual.

This Person:

<p>Level 1. Avoids difficult patient situation, based on awareness of own discomfort.</p>
<p>Performs tasks and duties in a neat and organized way for own satisfaction, without any reference to patient's benefit.</p>
<p>Level 2. Creates friendly, pleasant atmosphere by engaging in conversations with care recipient. Finds common interests for light conversation, pleasant chitchat that may include discussing family members, work experience, hobbies and other interests.</p>
<p>Level 3. Values care recipient's input in the conversation (includes reference to respect for care recipient's age and experience). Shows empathy and treats care recipient "as if she or he were my relative" or "how I would want to be treated"). Relates care recipient's situation to own experiences (in a reflective way). Shares own stories, experiences, feelings with CR. Humor is mutually shared between caregiver and care recipient.</p>
<p>Level 4. Recognizes own limitations, frustrations and other negative feelings AND accepts those limits and feelings while continuing to provide best care. Balances of engagement of own emotions AND maintenance of some objectivity/distance/boundaries/ professionalism.</p>

Examples

Level One

Example 1.1:

“I’ll be honest with you, I was very nervous going back into that household, which is normal, because if you have a problem in a household, you’re not comfortable going back again. They didn’t force me to go back and take care of him, and I did not want to.”

Example 1.2:

“I feel proud that they look nice. That is how I feel. Anything I do. If I make the beds, I don’t care what I do, I want to do it neatly and have it look nice. Pick up whatever I see around. Clean the tables, etc. That is how I feel.”

“And he gets very scaly and his head gets like – it is cradle cap. You know like you see on a baby. He sees me coming with oil and stuff, and then I will comb it out because it really bothers me.”

Level 2

Example:

“So what had happened was, I would walk in and I would start talking, how are you doing, and as each time went on that she would call me, I would introduce a little bit more to my life and I would ask her in return about her life. So eventually I had told her that I had six children and that I was married for 16 years and you know.”

“And I said, oh I have some – you know, some dogs. And he asked me what kind of dogs I had. And I told him. And you know, he said, oh I really love dogs. You know, I had a dog when I was growing up. And I said, well if you want, you know, I’ll bring in pictures and stuff. And he just fell in love with them. And I brought the dogs up, I think the week after that conversation to show him. He was so happy.”

Level 3 Example: “I had a gentleman, I loved him, he had no family, he was – you know he died. I stayed with him until he passed away. And of course, I was younger than he was. And one day he said to me, ‘you know, I love you, but when I was growing up, If I chewed gum it was like chewing – a cow chewing her cud’ and from that time on, it sunk right in my head, you know?”

You don’t just come in and say okay, I have an assignment, here’s ten people. Do them like a robot, get them done, get them breakfast and whatever, and forget about them. They become part of you and you become part of them...I have a woman that calls me Funny Face on the third floor. I have a woman on the first floor that calls me her granddaughter; she adopted me in her mind. I forgot what happened to her husband. We had this conversation as we went along. We discovered that we were both only children in our family. She was an only child, and so was I. Then her father left her. And the funny thing is that my mother and father had those same type of fathers. And so I guess all these things kind of jelled us together.”

Level 4

Example:

“I kind of at that point accepted it after dealing with her for an hour and forty five minutes. You can’t please all of them, I’ll try and try and try and I don’t want to give up but sometimes you try and there is nothing you can do to change it so you’ve just got to accept it and deal with it and keep that smile on your face because you are the happy home health aid. So I fixed the tea situation, I heated it back up, I put it in the other cup she wanted, cleaned that one, dried it, put it away where it belongs.”

“In this situation I felt frustrated. Well there’s certain line that you can’t cross. There was a part of me that felt so bad that I couldn’t not help her and that my hands were tied because I am not a doctor, but there was like, certain times where I just wanted to say forget about it. I’m just going to call and I’m going to get it taken care of. But you can’t. You have to – there’s things in life that you can’t change, even though you’d like to, and you have to respect and follow the rules. We all have rules, and that was one of them. It was such a feeling of – you know, not just a let down feeling, but a feeling of helplessness, because here’s somebody that’s in such need of help and I don’t know how. I don’t – there isn’t a thing I could do to redirect or to calm down or – you know, so I followed the procedures, got on the phone, called the physician and got an order for the woman to be taken out.

Respect (RES)

Definition:

Recognizing and appreciating care recipients as human beings with unique backgrounds, and as whole persons worthy of actively engaging in the care giving process. This includes tailoring the care giver behavior to unique care needs in the short term (i.e. accommodating for medical and social needs, and requests). At the highest level, Respect is developing relationships with care recipients for the long term that create reciprocal caring relations between the care giver and the care recipient.

Dimension: depth of the relationship that stems from respect

This Person:

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| <p>1. Expresses respect and appreciation. Expresses respect for care recipients as human beings even when facing a fragile individual. (I.e., looking into their faces, calling care recipients by name, verbalizing respect for elderly people).</p> |
| <p>2. Recognizes and respects. Recognizes and respects the needs and aspects of an individual care recipient. (I.e., recognizes care recipient's feelings, need to fight for life, need to do something different than the routine, pace, need for privacy, and the desire to make own choices).</p> |
| <p>3. Respects and adjusts behavior accordingly. Respects and adjusts behavior to accommodate an individual care recipient's needs, situation and preferences. Willingly responds to each care recipient's unique needs. (I.e., adapts own routine to provide needed attention to a specific care recipient, does something to make care recipient feel good and forget about his/her critical condition).</p> |
| <p>4. Respects care recipients and develops caring relationships. Respects care recipients and develops on-going, long-term, reciprocal relationships with them. The relationships should be built upon helping others and helping care recipients preserve independence. (I.e., asks the care recipient to teach you something, engages in conversations about each other's lives, and relates to the care recipient like a friend or family member).</p> |

Examples

Level 1

Example:

“They [care recipients] are human beings. I don’t care how old they are, they still have feelings. I always treat them with respect and dignity. I talk to them like I would talk to anybody.”

“A patient has his rights and it is his right to say ‘I do not want to be treated.’ So I respected him in that aspect. I said, “If you feel someday that you want to make an appointment to be looked at, just call me.”

Level 2

Example:

“Most people that I deal with cannot do things for themselves and they know that and it is hard for them to be dependent on other people. I think it is good to let them do as much as they want to do for themselves. It makes them feel better. It is like any of us, we want to maintain our independence for as long as we can. So when I was helping John into the chair I realized he wanted to try it himself. I asked him, ‘Would you like to try to get in the chair without my help?’ He said, ‘Yes, let me try for myself this time.’”

Level 3 Example: “I realized that Anne was having difficulty moving after she had been sitting in her chair. She was always telling me how much her back was hurting her when I would move her to her bed at the end of the day. I started wondering if it was the chair itself that was causing her back to hurt. I talked to her family about getting her a better chair. As a result, they were able to get a new chair. This helped to alleviate Anne’s back pain and she could enjoy herself sitting up in the chair much longer.”

Level 4

Example:

“My relationship with her was unique. We would talk. I would sit with her. Sometimes I would spend my lunch breaks with her. She was a sweet person. She knew how to talk to you. She had no family, but she was someone who liked children. I showed her my kids’ pictures and she just took to them. And every day I came, she asked, “How are the kids?” Sometimes she would give me fifty cents to buy candy for them.”