

Mount Saint Vincent University  
Department of Family Studies & Gerontology

Factors Influencing Recruitment of Continuing Care Assistants  
to Home Care in Nova Scotia

by  
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## Dedication

I dedicate this work to my supportive and loving husband, Greg—for always being there, for his encouragement, patience, and understanding; for believing in me and helping me to believe in myself—I am so thankful to have had him beside me on this journey. Greg, you truly are my soul-mate, my love.

And to my inspiring parents, Donald and Rhettta Mattinson – my very first sages. They gave me a strong foundation in life, and taught me to love a challenge. They always told me, if I really wanted to accomplish something, I could – they were right!

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in Nova Scotia

Abstract

With recent significant changes in population dynamics, the need for successful recruitment of sufficient numbers of healthcare workers has been pushed to the forefront. In Nova Scotia and across the country home care is developing as an affordable, appropriate alternative to high institutional costs and traditional hospital-centered care. Consequently a significant increase in the supply of certified *Continuing Care Assistants* (CCA) prepared to work in home care is essential. The research goal was to identify key factors influencing recruitment of CCAs to careers in home care in Nova Scotia. Employing the lenses of Bronfenbrenner's Human Ecological System and Herzberg's motivational-hygiene theory, and informed by a literature review, a web-based survey focusing on job characteristics applicable to continuing healthcare roles was developed, incorporating five job values: (a) intrinsic, (b) extrinsic, (c) communication, (d) psychological attachment, and (e) work-life balance. The survey was circulated to recent CCA graduates in Nova Scotia. Respondents' profiles closely mirrored the total CCA population: Of the 192 female and 11 male CCA respondents, 80 worked in home care and ranged in age from 20 to 65 plus, with good representation from all age groups and geographical areas of the province.

Results indicated that significant relationships existed between the CCAs' fields of work and each of the five job values. All CCAs consistently scored intrinsic job value as being the most prevalent of the five job values in the workplace for both fields. However, psychological attachment and extrinsic job values were demonstrated to have a

higher degree of significance for home care CCAs compared to non-home care CCAs. Although job security, one of the extrinsic variables, was ranked as fifth most prevalent out of 19 job values, overall the extrinsic job value scored fourth of five positions. Flexibility/work-life balance was the lowest rated of all the job values, identifying that work-life balance occurs less often than other values in the CCAs workplace, and is thus an area deserving attention for improvement, regardless of field of employment. Overall, all home care CCAs consistently scored all characteristics of the job values higher than CCAs not working in home care, the exception being the lowest rated variable, which scored equally low in both fields indicating a lack of occurrence in the workplace for all CCAs. Of particular note was the finding that a significantly greater percentage of home care CCAs (55%) were “very satisfied” with their job compared to non-home care CCAs (29%).

The findings suggest that recruitment strategies for CCAs in home care should emphasize intrinsic rewards and the high level of job satisfaction achievable in this career. Job security is also a value to be highlighted, especially in the present negative economic climate. The findings also suggest that employers must modify their employment practices to build in more flexibility and work-life balance for current and future CCA employees in both fields.

## Acknowledgement

As the African proverb proclaims it takes a village to raise a child, I feel I was blessed with a “village” who supported me in achieving a Master’s in Gerontology.

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## Chapter 1: Introduction

“The confluence of a bulging aged population and a shrinking supply of youth is unlike anything that has happened since the dying centuries of the Roman Empire.” (Drucker, 2001: cited by Duxbury, October 2005).

Life expectancy for Nova Scotians continues to increase: The average age has risen from 59 years in 1920 to 79.7 year in 2006 (Statistics Canada, 2007a). Moreover, the percentage of seniors continues to grow with 21.4% of Nova Scotians forecasted to be 65 and older by 2026 (Statistics Canada, 2007a). In 2011, when the first baby boomers turn 65, a greater number of people will be in a position to leave the workforce than the number entering it (Statistics Canada, 2007b). Some researchers predict that within the next decade more than two people will leave the workforce for every person entering (Duxbury, 2005). Based on the 2006 census, Nova Scotia already has the highest percentage of seniors per capita (15.4%) compared to other provinces and territories, and for the first time in Canada seniors outnumber youths, who represent only 15.2% (Statistic Canada, 2009). These demographics are challenging the capacity of both the healthcare system and the labour force.

As Canada’s population ages, healthcare technologies advance, and healthcare costs increase, a new generation of healthcare users demands a menu of options to meet their increasing healthcare needs. Tomorrow’s seniors will be a more informed, empowered, and demanding generation. The initiation of the 2001 Charlottetown Declaration of the Right to Care (Pederson & Beattie-Huggan, 2002) is one example of how contemporary society is embracing autonomy in care and declaring that the right to care requires access to a continuum of services and supports. The media and internet

increasingly provide health information previously accessible only to physicians. Medical and technological advances promise cures for many ailments and raise health expectations further, significantly challenging the acute care health system. In addition, the focus in healthcare is changing from illness to wellness. Finding alternate methods to meet healthcare needs of Canadians has become a priority in recent years.

Recommendations of the Kirby (2002) and Romanow (2002) reports, as well as the 2003 First Ministers' Health Accord and the report to the 2002 Annual Premiers' Conference all confirm the requirement to increase services in the community/continuing care sector of healthcare. Increased interest in community-based care, especially home care, gives rise to the provision of the correct supports and services that can prevent or delay admission to hospitals or institutions, thus becoming an affordable, sustainable, and usually more appropriate alternative to hospital care (Côté & Fox, 2007; Hollander, 2004). A critical success factor in redirecting care and increasing services within home care will be the ongoing availability of a sufficient pool of qualified human resources including CCAs (Home Care Sector Study Corporation, 2003; Keefe & Fancey, 1998; Romanow, 2002).

### *Defining CCAs*

Successful health care systems require a variety of health professionals and paraprofessionals (Hay, Varga-Toth, & Hines, 2006; Health Canada, 2005; Nugent, 2007; Villeneuve & MacDonald, 2006). In Nova Scotia, CCAs are trained to provide personal care and support at the frontline primarily in nursing homes and clients' home. However, employment venues are expanding as CCAs increasingly are recognized as vital components of the healthcare team who contribute significantly to meeting current and

future continuing care health needs of Nova Scotians (Elliott, 2004; Health Care Human Resource Sector Council, 2003; Keefe & Conrad, 2001; NS Department of Health, 2006c); Ontario Association of Community Access Centres, Ontario Community Support Association, & Ontario Home Health Care Providers Association, 2000). Globally this group of paraprofessionals has numerous titles including nurse's aide, healthcare aide, home health aide, home support worker, personal care aide/worker, and personal support worker. For clarity and consistency, the nomenclature employed in Nova Scotia to identify this direct care worker, that of Continuing Care Assistant or its acronym, CCA, is used throughout this document.

CCAs have been identified as the “backbone” of successful healthcare delivery (Feldman, 1994; Health Canada, 1999) and the “foot soldiers” of home care (Canadian Home Care Human Resource, 2003). They provide an umbrella of services involving hands-on personal care and support for continuing care clients in their homes. These services, usually referred to as “home support” and varying from province to province, can involve providing assistance with personal care including bathing, dressing, oral hygiene and grooming, nutrition assistance and meal preparation, physical activity and mobility, essential housekeeping, social support and contact, as well as respite for informal caregivers. In addition to this basic personal care and support, home support is a form of preventive healthcare, functioning as “an early warning system, helping to identify more serious health related problems as they emerge” (Cohen et al., 2006, p. 5).

Home care clients, mostly seniors but also younger disabled clients and children with special needs, rely on CCAs to provide the support needed to remain at home by assisting them with improving and maintaining their health and well-being, and

preventing or delaying the need for institutionalization (Health Canada, 1999; Keefe & Conrad, 2001; Nova Scotia Association of Health Organizations, 2005; Ontario Association of Community Access Centres, Ontario Community Support Association, & Ontario Home Health Care Providers Association, 2000). Considering that as much as 80% of formal home care services is being provided by these unregulated workers both in Canada and the United States, the requirement for a sufficient supply of qualified CCAs is critical to the expansion of home care programs becomes obvious (Hollander, 2004; Scanlon, 2001. Toronto Community Care Access Centre, 1999)

#### *Requirements for CCAs in Home Care*

As of April 1, 2006 in Nova Scotia, any individual entering practice as a new employee for the provision of direct care to Continuing Care clients, in the identified service venues of nursing homes and home care, must be certified as a CCA. This policy applies to individuals employed in nursing homes and homes for the aged, and in agencies providing home support services to Continuing Care's home care clients, which are under the jurisdiction of the Nova Scotia Department of Health (2006b). The Nova Scotia certification program prepares CCAs with a set of valid entry-level competencies and prepares them to enter practice in either home or nursing home settings (Marsh & Boone, 2004).

Working in home care has its own special challenges and involves the need for developing additional skills, unique from those required of all CCAs (Health Canada, 1999; Home Care Sector Study Corporation, 2003; Keefe, Légaré, & Carrière, 2007). Unlike their counterparts in institutional settings, the homecare work environment changes with each client, and sometimes with each visit, as the client's home becomes

the CCA's workplace. CCAs regularly work alone, as guests in clients' homes, and are supervised from a distance. Rarely are other formal care providers present (Home Care Sector Study Corporation, 2003; Keefe & Fancey, 1998). A CCA in home care must be confident and capable of working independently, skilled in both oral and written communication with clients, their families, and other unseen members of the healthcare team. In addition, CCAs must be bondable, possess a valid driver's license, and have reliable transportation enabling them to travel from client to client, regardless of time or weather (Home Care Sector Study Corporation, 2003; Marsh & Boone, 2002).

### *Personal Perspectives*

My particular interest in this topic derives from both my professional and personal experiences. As a registered nurse involved in the continuing care field of healthcare since the late 1970s, I have learned first hand the value of CCAs through teaching, hiring, supervising, and working side by side with them. I have observed members of my family being cared for by CCAs. These personal experiences and observations have given me an appreciation of the true value of these paraprofessionals. In providing personal care and support services, I have observed that CCAs incorporate a critical, social, personalized approach, qualifying them as the most appropriate care provider for many clients with stable healthcare needs.

I have also observed that most CCAs find true reward in their daily work. They regularly have an opportunity to care for others and are normally appreciated for that caring. At the end of the day, CCAs frequently report feeling they have made a difference in someone's life, or at least improved someone's day, giving their career true purpose and value. I believe prospective employees could benefit from being made aware of this

“value added” component within the work environment when considering their career options. My recent involvement in strategic planning for continuing care in Nova Scotia has reinforced the value of and need for home care to meet future healthcare needs. Nova Scotians have informed their government throughout the strategic planning stage that they want to receive care at, or as close to their homes as possible, and that the menu of services currently available in home care must be expanded (NS Department of Health, 2006c).

I also have seen the value of having CCAs in home care from a more personal perspective. I recall observing my mother in her caregiving role, first with my great grandparents, followed by an elderly great aunt, and similarly for a number of other relatives as each experienced infirmities associated with aging. Little thought was given to the fact that my mother already had six children, a husband, and a household under her care. No one asked whether she could or would take on these additional responsibilities of caregiving. She was, after all, a woman and a stay-at-home mom. As such, caregiving was assumed to be her “natural choice role.” More recently I have been in the position of caring for my increasingly frail parents, giving me a greater appreciation of the demands placed on my mother during those caring years. Consider for a moment the difference a home care program offering assistance with caregiving and providing some respite would have made for her. CCA visits would have given her much needed time to attend to the rest of her immediate family’s needs or even her own, affording her an occasional full night’s sleep, and restoring her energies so that she could continue with caregiving duties. If only CCAs had been available for her!

*Projection of CCA Need*

Unfortunately, a current shortage of healthcare workers extends to CCAs. The scarcity of CCAs in Nova Scotia became obvious in the summer of 2003 as client waitlists became more common. Previously waitlists for home support were common only in the Capital Health District. By 2007 waitlists began regularly occurring in several other districts of the province (NS Department of Health, 2007). Nursing home operators reported being unable to hire sufficient relief CCAs to fully staff their facilities without resorting to overtime or canceling staff vacations. Anecdotally the shortfall was attributed to an increased utilization of home care, the implementation of the entry to practice standard for nursing homes and home care, and the introduction of CCAs to roles in acute care.

Compared to some other provinces, attrition or turnover rates in Nova Scotia were low, reported at 2.5% for home care, 10% for nursing homes (Health Care Human Resource Sector Council, 2008), and even less than in a 2005 study that reported 5% and 19% respectively (Nova Scotia Association of Health Organizations, 2005). The province of New Brunswick, for example, reports 30 to 68% turnover (Nugent, 2007; Smith, 2004). Nevertheless, when attrition coincides with growth in service demand, the shortage of CCAs becomes dire. A 2005 study identified the probable need for 440 new graduates in 2005-06 for Nova Scotia's continuing care sector (Nova Scotia Association of Health Organizations, 2005), a notable increase compared to the 282 actual graduates who entered the workforce in 2003-04 (P. Shipley, personal communication, August 20, 2007). Demand for CCAs also expanded beyond continuing care. In addition to the Team Aide role in acute care, CCAs were being recruited as teacher/educational aides by the

Department of Education for children with high personal care or medical needs requiring an attendant to attend school (NS Department of Health, 2006b; Zevenhuizen, MacLellan, & Hamilton, 2005).

Although federal and provincial governments acknowledge that an appropriate level of healthcare will only be fiscally sustainable if more emphasis is placed on community/continuing care, this must not occur to the detriment of unpaid caregivers who, considering our aging population, may have limited availability. Primarily women, and frequently older, these unpaid caregivers are likely to be also working outside the home, and may have compromising health needs of their own (Armstrong & Armstrong, 2001). The National Forum on Health report recognized this risk and warned against community-based care becoming another entrapment for women in the provision of unpaid healthcare (Health Canada, 1997).

Caring has traditionally been considered women's work and as such has had no assigned monetary value. The true skill set and educational preparation required to provide care is not recognized. In our patriarchal society, prevailing thought seems to be that because women have been providing care since time began, special skills are not needed. Others maintain that women perform these services as a labour of love and therefore do not require or desire financial compensation (Armstrong & Armstrong, 2001). Considering the history of caregiving when developing recruitment strategies for CCAs, it is important that steps are taken to ensure this career choice is compensated comparable with careers that are not female-dominated, and avoid perpetuating the historical disadvantaging of women.

### *Research Purpose*

The catalyst for this research was the need to develop effective recruitment strategies to increase the number of CCAs employed in home care to levels adequate to meet the needs of Nova Scotians requiring these services. Thus, the goal of this research was to identify key factors that had influenced CCAs in their choice of career, particularly in home care. These key factors could then be used to inform the development of future recruitment strategies for CCAs.

Understanding that career choice is a multifaceted construct, this study focused on the relationship of both personal environment and job values to job satisfaction and career choices. Bronfenbrenner's Human Ecological Systems Theory (1979) was used as the foundation, with Herzberg's Motivational-Hygiene Theory (1968/1987) overlaid to explore the impact of extrinsic and intrinsic job values on career choice. In the absence of specific tools to study CCA career selection, and to further understand the complexities of job values and their influence, the work by Canadian Policy Research Network (CPRN) on national employment relationships was utilized. This provided a framework of five job values<sup>1</sup> to apply to information gathered through this research project, facilitating identification of key factors to inform effective recruitment strategies of CCAs.

### *The Research Questions*

Research questions were designed to determine key factors that may influence prospective CCA employees to choose to work in home care. Using Bronfenbrenner's

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<sup>1</sup> Based on CPRN–Changing Employment Relation national survey of general workers, and incorporating five job value scales: (a) intrinsic, (b) extrinsic, (c) psychological, (d) communication, and (e) work-life balance (Hughes, Lowe, & Shellenberg, 2003)

Human Ecological Theory as a foundation, Herzberg's Motivational-Hygiene Theory was also employed to provide the theoretical framework to explore the following research questions:

1. Which factors of the following five job values—intrinsic, extrinsic, psychological attachment, communication/social relationships, and flexibility/work-life balance—are key to influencing CCAs choice to work in home care?
2. Which factors of these same five job values are key to influencing CCAs in their choice not to work in home care?
3. What socio-demographic variables affect CCAs responses to the job values identified in questions 1 and 2 and CCAs' choice to work in home care?

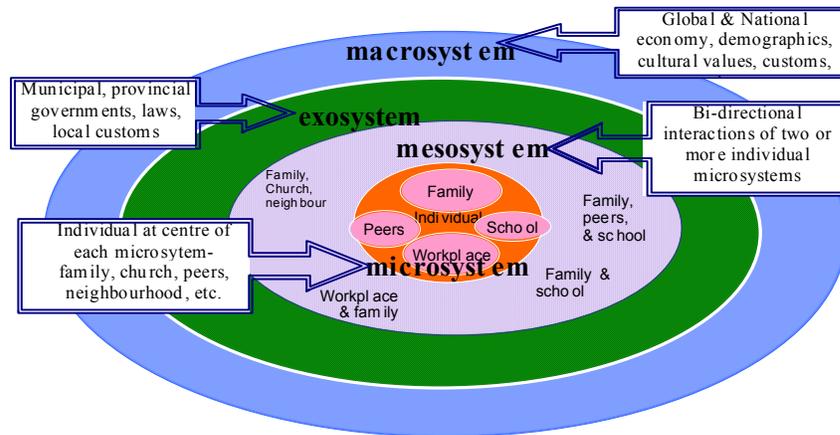
## Chapter 2: Conceptual Frameworks

Career choice is a lifelong process influenced by many factors. Social and motivational theories provide frameworks for examining, interpreting, and understanding human behaviour and can be helpful when applied to the study of factors influencing the recruitment, career selection, and place of employment (White & Klein, 2002). The focus of this study was to understand how individuals' environments influenced career selection. Concepts from Bronfenbrenner's Human Ecological systems Theory (1979) and Herzberg's Motivational-Hygiene Theory (1968/1987) were used to explore how individuals' environments interact with their job choices. More specifically, these theoretical lenses increased the understanding of how the various forces in individual environments contribute to CCAs choice of a career in home care.

### *Bronfenbrenner's Human Ecological Theory*

Bronfenbrenner's Human Ecological Theory (1979) provides a significant contribution to understanding career selection by examining human behaviours from the perspective of individuals' interrelations with their environment. Bronfenbrenner envisioned the environment as four nesting spheres or systems with the individual at the centre, similar to the nesting Russian matryoshka dolls. These four systems, namely (a) microsystem, (b) mesosystem, (c) exosystem, and (d) macrosystem, have bi-directional influence on each other, and the individual (Figure 1). The microsystem, the centre of Bronfenbrenner's Human Ecological Theory, centers on the individual. There are a number of microsystems in which he or she directly interacts on a regular basis, including family, school, peers, neighbourhoods, and workplaces (Bronfenbrenner, 1979). Each microsystem contains roles, norms, and rules that can notably shape individuals' choices,

Figure 1. Bronfenbrenner's Human Ecological System



including the choice of career. For example, parents and family, typically the components of the individual's first microsystem, have a significant influence on career choice (Casper & Buffardi, 2004; Ontario District Health Councils & Ministry of Health and Long-term Care, 2003). In fact, Otto (2000) reported that regardless of sex or race, a mother has the greatest influence on her children's career choices. Other studies identified the influence of peers and teachers in career selection (Howard & Johnson, 2000; Renn & Arnold, 2003.)

The mesosystem consists of the interactions of microsystems. These interactions can influence the individual in many ways, including the quality of work life, changing the attractiveness of employment in a particular environment, and impacting career choice. On one hand having a family with young children might make it difficult to work where "call-back" duty is required since an employee may not have sufficient time to arrange child care. On the other hand, the opportunity to work partial days in home care may be attractive as it could allow a parent to be home when the children arrive from

school or, considering other microsystems, attend to issues at school concerning a child. The next level, the exosystem, includes systems such as municipal and provincial governments. An individual may feel he or she has little influence on interactions and decisions taken at this system level, but can be significantly impacted by new and established policies. For example, the Nova Scotia government's 2006 policy requiring new employees to be certified as CCAs to work in home care or nursing homes may prevent or delay job selection while these prospective employees meet the requirements. Similarly individuals living in sparsely populated communities can have employment opportunities curtailed by the municipal government's lack of support for reliable public transportation. In such cases a CCA may have to choose to work locally in a nursing home, rather than undertake the expense of purchasing a vehicle to drive between clients' homes when providing home support.

The macrosystem enlarges the sphere of interaction to a much broader scope and includes national and even global systems, involving overall economic, demographic, cultural and societal beliefs, including the traditions of patriarchy. Changing demographics, specifically increases in the number of people reaching retirement age, coupled with decreases in the number of young people old enough to enter the workforce have resulted in an overall decline in available human resources. Smaller numbers of people are vying for jobs, at a time when more options are available for other careers, creating an "employees' market." For example, the resultant national shortage of professional healthcare providers has led to an increase in the opportunities for CCAs, including positions in acute care. Furthermore, the federal/provincial/territorial approach to healthcare has contributed to CCA employment in that there is emphasis is on

expanding home care services (Hollander, 2004; Canadian Home Care Human Resource, 2003; Motiwala, Flood, Coyte, & Laporte, 2005; NS Department of Health, 2006a).

Considering the depth, and bi-directional influence of the Human Ecological System, the interactions between the different systems may influence the decisions of an individual considering a CCA career. The interdependent effects of the four spheres within the Human Ecological System were used to assist in identifying key factors that influenced individual career choice, and thereby can inform the recruitment of CCAs to home care.

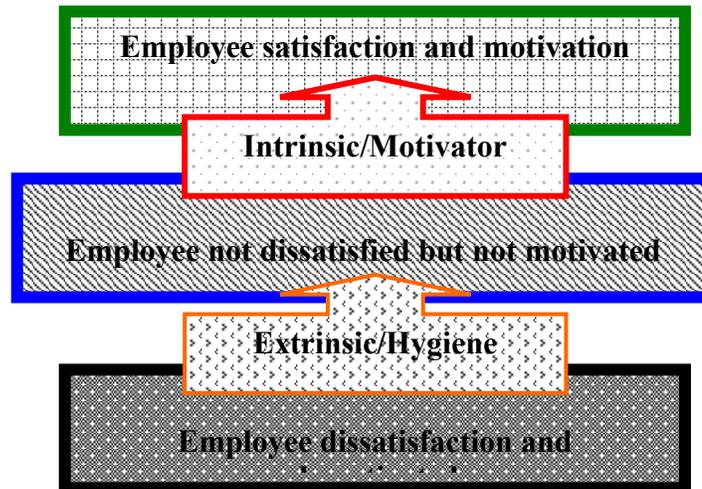
#### *Herzberg's Motivational-Hygiene Theory*

A number of theories, including Herzberg's Motivational-Hygiene Theory (Herzberg, 1968/1987) assert that most people attempt to find intrinsic value in their work in order to feel fulfilled. Recruitment literature also purports that when competition is high and recruitment requirements increase, employers must use a combination of extrinsic and intrinsic rewards to attract a skilled workforce (Lowe & Schellenberg, 2002; Lowe, Schellenberg, & Shannon, 2003; Zeytinoglu & Denton, 2005). Extrinsic factors reflect job benefits that are not related to the employee's tasks, but rather include conditions accompanying a job, factors like salary, benefits, job security, opportunity for career advancement, supervision, and company policy. Intrinsic factors, by comparison, arise from personal values, beliefs, interests, and attitudes, and relate to the actual function or tasks of the job and its contribution to society (see Figure 2). Intrinsic factors include job challenge, responsibility, and the ability to make a difference (Herzberg, 1968/1987; Lowe et al., 2003).

Herzberg's Motivational-Hygiene Theory and the role of the intrinsic and extrinsic work-related values on job satisfaction were employed to assist in understanding

key factors that influence career choice. In this theory, also known as the two-factor theory, Herzberg (1968/1987) maintained there were two dimensions to job satisfaction, namely (a) hygiene, an influencing factor based on the need to avoid pain; and (b) motivation, based on the need for personal growth. He purported that hygiene, or maintenance issues do not motivate or provide satisfaction but rather, when not present, cause dissatisfaction with the job. Hygiene issues are extrinsic factors, those tangible external benefits usually provided by the employer. Herzberg's Theory suggests that a CCA might initially consider wage and benefits as important when choosing a career, but find they do not contribute to job satisfaction once employed. As depicted in Figure 2, employees must have the basic extrinsic factors met to avoid dissatisfaction, but it is only the more intangible intrinsic factors, like achievement, recognition, responsibility, and respect, that provide true job satisfaction (Herzberg, 1968/1987).

Figure 2 Herzberg's Motivation-Hygiene Theory: Intrinsic and Extrinsic Factors



*The Combined Framework*

Recognizing the multifacet construct of career choice, both Bronfenbrenner's

Human Ecological Systems Theory and Herzberg's Motivational-Hygiene theories were employed to provide a framework for examining possible key influences on career selection. Human Ecological Systems explores career choice by considering the influence of factors present in one's personal environment, and the bidirectional interactions that occur over one's lifetime within and between the individual microsystems, the mesosystem, exosystem, and macrosystem. Herzberg's Motivational-Hygiene theory provides a different but complementary lens to examine career choice, focusing on extrinsic and intrinsic values or rewards associated with a career, as well as those values desired by the individual. What a person values is influenced by their environment and lived experiences, hence the combination of Herzberg's and Bronfenbrenner's theories enabled a more comprehensive exploration of the key factors influencing career choice for CCAs.

### Chapter 3: Literature Review

The literature review synthesized below is organized in two sections, namely the demographic need for recruitment and the projected need for CCAs, and factors influencing career choice and job satisfaction. In view of the dearth of research about CCA as a career choice, insights from research on issues affecting nursing as a career choice are included. The research literature reviewed was organized using key tenets of the Human Ecological perspective and Herzberg's Motivational-Hygiene Theory to identify factors key in influencing CCAs in their choice of a career as a CCA in home care.

#### *Demographic Need for Recruitment*

Current literature substantiated the expected growth in and future needs of home care clients (Canadian Intergovernmental Conference Secretariat, 2002; Hollander, 2004; Motiwala, Flood, Coyte, & Laporte, 2005; NS Department of Health, 2006a). A primary growth indicator among the changing demographics was the aging population. Based on the 2006 Census, Statistics Canada (2007a) reported that seniors represent 13.7% of the Canadian population. However, by 2011, when the first of the baby boomers turn 65, seniors are projected to reach 15% of the total Canadian population, and comprise 21.4% of it by 2026. These census data identified Nova Scotia as the lead province with the largest percentage of seniors (15.4%), already surpassing the national projection for 2011. It was also the first province to have more seniors than youth (15.2%), an unprecedented situation and one not projected for Canada until 2015 (Statistics Canada, 2009).

The expected doubling of Canada's senior population by 2026, when compared with the 4% predicted growth for Nova Scotia's population as a whole, strongly indicated

that proportionately, fewer persons under 65 will be available to assist with providing care to seniors (Statistics Canada, 2005b). Additionally decreasing family size and increasing population mobility, in part because of the ease of transportation and changing job markets, have contributed to family members being geographically scattered, leaving few or no family members close enough to provide regular support to relatives in need. Paid help, including CCAs, are needed to fill the gaps (Bentley et al., 1998; Keefe et al., 2007).

The number of Nova Scotians aged 85 and older is projected to increase, with the majority of those continuing to live in the community. However, for 91% of Nova Scotians aged 65 and over, their extended lives will not be disability-free, but will include chronic conditions that will likely increase the need for continuing care services (NS Department of Health, 2002). Although visits to doctors and hospitals may increase with aging, seniors today are more informed concerning their healthcare and generally are healthier than their parents. Many seniors enjoyed better economic status than prior generations and fewer seniors live in poverty compared with other segments of Nova Scotia's population. It was noted that of those seniors who had experienced economic hardship, 85% were women, many of whom were or had been family caregivers (NS Senior Citizens' Secretariat, 2005; Statistics Canada, 2005a). Although not the only clients of home care, seniors are in the majority, comprising over 70% of home care clients in Nova Scotia (K. Watkins, NS Department of Health, personal communication, May 24, 2009).

*CCA Projections.* In 2008 there were approximately 6655 CCAs employed in continuing care in Nova Scotia (Health Care Human Resource Sector Council, 2008),

comprising more than 50% of the staff in continuing care and providing 80% of home care hours. CCA positions have been identified as the fourth fastest growing sector of 139 listed job categories in Canada (Health Canada, 1999). A similar situation exists in the United States where CCAs comprised 54% of all employees in home care and they provide over 80% of the home care hours. In addition, CCA positions were projected to have a 58% employment growth over the next decade in the United States, the highest growth rate of all occupational groups in a workforce averaging 14% growth (Scanlon, 2001). In 2005 the Nova Scotia government committed, over a ten year period to add 1320 new long-term care beds to the current 6600 beds and to increase the amount and type of home care services available (NS Department of Health, 2006a). The full impact on health human resources of these commitments has not yet been determined but would significantly increase the need for additional CCAs.

As well as increasing the client base, Nova Scotia's aging population simultaneously reduced the size of the workforce. The 2006 Census revealed the median age of Nova Scotians as 42.2 years and in 2008, the average age of all CCAs was reported to be 43.7 years (Health Care Human Resource Sector Council, 2008; Statistics Canada, 2009). In 2001, 40% of CCAs working in home care were over 45 years of age, about 10% more than those in the same age range working in nursing homes (Keefe & Conrad, 2001). A 2008 study reported 65% of CCAs were over 40 years of age (Health Care Human Resource Sector Council, 2008). Although attention is being directed to modifying retirement age, the Labour Force Survey indicated by 2002, the average age when Canadians actually retire had declined from 65 years of age in the late 1970s to 61.2 years of age (Statistics Canada, 2003). Based on this, half of the baby boomer group,

including the largest contingent of CCAs, will be 55 or over and ready for retirement in less than ten years, further expanding the need for additional CCAs.

A shortage of these essential care providers had been appearing across North America, creating a significant staffing crisis. Health human resources recruitment and retention surfaced as an urgent priority to ensure demands upon the healthcare system were met. With fewer young people entering the working-age population, competition for suitable recruits to become CCAs in home care will only increase. A variety of other career choices and job venues, ranging from working in acute healthcare to completely unrelated employment in, for instance, telemarketing will challenge CCA recruitment. This shift from an employers' to an employees' market will be accentuated by 2011 when baby boomers begin retiring (Statistics Canada, 2005b). Mounting competition for high school graduates and other potential entrants to the workforce reinforce the importance of developing an effective recruitment strategy.

*Health human resource needs.* When the initial bulge of baby boomers began their careers potential employees were plentiful and an employer simply drew from applications on file to fill temporary or permanent positions. Special recruitment efforts were reserved for key positions requiring unique skills in those days. Now, having experienced the effects of significant changing demographics, employers reported they rarely have a pool of qualified applicants on file (Nova Scotia Association of Health Organizations, 2005). Since this change, employers have had to be creative in attracting staff to their workplace and, specifically, to instigate concerted recruitment efforts. Unfortunately, and perhaps due to a previous lack of recruitment issues, little research has focused on the challenges associated with marketing the CCA as a viable career

choice (Elliott, 2003).

With baby boomers rapidly approaching retirement age and the aforementioned changes in healthcare delivery, there has been an increased interest in health human resources over the last decade. However, health human resource research focused primarily on healthcare professionals, especially physicians and nurses, a fact identified in the 2002 Final Report by the Canadian Nursing Advisory Committee (Advisory Committee on Health Human Resources, 2002). Although research interest in paraprofessional workers, including CCAs, has begun (Elliott, 2004; Health Care Human Resource Sector Council, 2004; Keefe & Conrad, 2001; Martin-Matthews & Sims-Gould, 2008; Nova Scotia Association of Health Organizations, 2005) the identification of strategies to attract potential CCAs to the workforce were not included in the studies.

#### *Scope of Literature Review*

Due to the lack of available research specific to the recruitment of CCAs, this literature review included informational resources on recruitment of health human resources, especially RNs and LPNS. Commonalities were noted among the professional RNs and LPNs, and the paraprofessional CCAs, which made this comparison feasible. The vast majority in all three roles were women—up to 97% (Health Care Human Resource Sector Council, 2004). They worked in the same or similar venues, e.g., home care, nursing homes, and more recently, acute care; their primary role was caregiving; and all three roles were often not recognized as equal partners within the healthcare team. Additionally, as they entered the 21<sup>st</sup> century, all three groups were experiencing human resource shortages (Advisory Committee on Health Human Resources, 2002; Cameron, Armstrong-Stassen, Bergeron, & Out, 2004; Harris-Kojetin, Lipson, Feilding, Keifer, &

Stone, 2004; Keefe & Conrad, 2001).

*Recruitment, Retention, and Job Satisfaction*

Career choice is a multidimensional construct, influenced by many factors. This review considered personal values and environmental factors that influence job selection, and specifically, choosing to work as a CCA in home care, and hence influence recruitment strategies. Closely connected to recruitment, job retention and job satisfaction repeatedly were found as companion topics in the literature (Backman, 2000; Cameron et al., 2004; Harrison & Reid, 2001; Marsh & Boone, 2002; Scanlon, 2001; Zelmer & Leeb, 2001, Zeytinoglu & Denton, 2006). Retention of CCAs was a significant issue in much of the world, as indicated by the high turnover rates of 30 to 100% and greater (Nugent, 2001; Smith, 2004; Stone & Flood, 2001) but at the time of this study it did not appear to be a major concern for home care in Nova Scotia, considering the low attrition rate of under 2.5% (Health Care Human Resource Sector Council, 2008). Personal communication in 2005 with home support agency directors revealed anecdotally “if we can get them, we can keep them”. Most agencies attributed this to effective screening processes and the fact that CCAs sincerely derived satisfaction from their work. Although retention was not the primary focus of this study, it may need more consideration by 2011, as the baby boomer CCAs begin reaching the age to consider retirement.

Job satisfaction has a positive effect on recruitment and retention. As Hughes et al. (2003) reported, the “key to retention and recruitment often lies in the quality of the work experience” (p. 47). Staff referrals were identified as one of the most effective methods of recruitment (Chapman, Uggerslev, Carroll, Piasentin, & Jones, 2005; Collins & Stevens, 2002; Humber, 2005). Interestingly, both men and women placed high

importance on the same or similar values, even though their work experiences differed. Consequently, identifying gender differences and varying expectations and values of employees could have significant impact on recruitment (Hughes et al., 2003; Ontario Home Health Care Providers' Association, 1999; Stone & Wiener, 2001; Zeytinoglu & Denton, 2005).

### *Factors Influencing Job Choice*

Efforts to inform recruitment and retention have accelerated as the supply of potential employees changed. A number of surveys and studies have been undertaken to identify those job factors people value most. Studies involving CCAs were not common, but many factors considered in other studies could be applied to the position of CCA in home care, due to similarities between the CCA and the positions studied. The breadth of factors measured to determine those most influential in job choice varied across the research. For example, Herzberg divided factors into two categories or values for job performance, those that were motivational or intrinsic values, and those that were hygiene or extrinsic values. Hughes et al. (2003) with the Canadian Policy Research Network (CPRN) examined the effect of intrinsic and extrinsic values on employment relationships, analyzing responses from 2500 responses employed Canadians 18 years of age or older to a national telephone survey in 2000 called the CPRN-Changing Employment Relationship Survey (CERS) (Hughes & Schellenberg, 2001). To facilitate a synthesized overview of the responses to the related questions in the CPRN-CERS, Hughes et al. (2003) grouped the findings into five job value scales as follows:

psychological attachment (employer commitment, employee commitment and respect); extrinsic rewards (pay, benefits, security and opportunities for

advancement); communication and social relationships (good communication, recognition, and friendly co-workers); intrinsic rewards (interesting work, sense of accomplishment, allows to develop skill) and flexibility (can choose schedule, can balance work-family) (p. 13).

The CPRN-CER Survey, asked participants what they valued in a job and what they actually had in their current job. Combining related issues from 17 job value questions on the CPRN-CERS, job value scales were created using confirmatory factor analysis that included all job value statements on the CPRN-CER survey (Hughes et al., 2003). Based on factor analysis, internal consistency of the measures was validated by calculating Cronbach's reliability alpha<sup>2</sup> (G. Lowe, personal communication, October 5, 2007).

It is noteworthy that each of the job values, and consequently the scales to measure them are comprised of several components. These job value, or their components, have been used to study recruitment and retention in the general population in Canada as well as in previous studies of healthcare workers, (Backman, 2000; Chapman et al., 2005; Hughes et al., 2003; Krueger et al., 2002; Meadus & Twomey, 2007; Williams, 2004). Following this lead, the five job value scales identified by Hughes et al. (2003) were applied, along with a lens of Bronfenbrenner's Human Ecological Theory, to assist in synthesizing the findings of this literature review. This is described in the next five subsections that explore the literature in relation to each of the job values.

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<sup>2</sup> A statistical measure of internal consistency of the items comprising a scale. The alpha ranges from 0 to 1.0 and the closer to 1 it gets, the more the items are measuring the same concept. All five scales were reported to have alphas at acceptable levels; however, the specific values were not reported. (Lowe & Schellenberg, 2001).

*The Five Job Values*

*Psychological attachment.* The psychological attachment value involved the employer's commitment to the employee, and the employee's reciprocal commitment and loyalty to the employer (Backman, 2000; Hughes et al., 2003; Williams, 2004). It included commitment to the organization's vision and beliefs, and the employee's support of the organization's mission. Respect was a key consideration as well. Management trust and belief in the employee contributed significantly to job quality and improved job satisfaction. These psychological values were demonstrated by investment in employee education, creating opportunities for career-laddering, and permitting autonomy in decision-making in the work place. The two-way relationship of employer/employee interaction forms a microsystem, in which employer actions and philosophy directly influence employee response and, consequently, attitude to job and career. How an employer treats an employee also affects the members of an employee's microsystems, especially their immediate family, which in the realm of the Human Ecological System becomes activity within the mesosystem.

Canadians, especially women, identified "being respected" as the premier contributor to job quality and job satisfaction (Hughes et al, 2003, p. 12). A 2003 national survey of general employees and a study of information technology workers in Canada were among the studies clearly identifying this factor (Hughes et al., 2003; Patrick, 2003). "The right fit" and a positive public image for an employer, items also within the psychological attachment value scale, were revealed as very important for prospective employees in a review of nearly 300 studies which resulted in a meta-analysis of 71 Canadian studies influencing recruitment (Chapman et al., 2005). Organizations

committed to their mission also receive high rating by job seekers (Krueger et al., 2002).

Nova Scotia nurse graduates reported their jobs more attractive and they felt more valued when they believed their employer was investing in them (Gillis, Jackson, & Beiswanger, 2005). In Saskatoon, RNs, LPNs and CCAs working in home care who were surveyed following a significant restructuring, collectively identified autonomy, a true indication of their employers' respect and belief in them, as the most important component for quality of life and job satisfaction (Williams, Wagner, Beuttner, & Coghill, 2000).

In the United States, respect of administrators and recognition by the organization were key factors directly affecting CCA turnover (Scanlon, 2001). Management styles promoting autonomy were very important predictors of job satisfaction (Stone & Flood, 2001). Another effective recruitment and retention strategy was career laddering, as it demonstrates employer commitment to and investment in staff. "If you have an environment that values nurses, people will stay" (Reilly, 2003, p. 28). Valuing and respecting staff, especially direct care providers, and quality leadership have been identified as key management practices leading to job satisfaction and retention (Harris-Kojetin et al., 2004).

*Extrinsic rewards.* Conditions accompanying a job but unrelated to the actual tasks of that job were considered extrinsic rewards. These were identified as the economic aspects of the job facets considered as the most concrete, including pay, vacation, pension, and other tangible benefits like job security, a safe work environment and the opportunity for advancement (Backman, 2000; Lowe, 2007; Meadus & Twomey, 2007; Randolph & Johnson, 2005; Williams, 2000). Extrinsic rewards enabled employees to

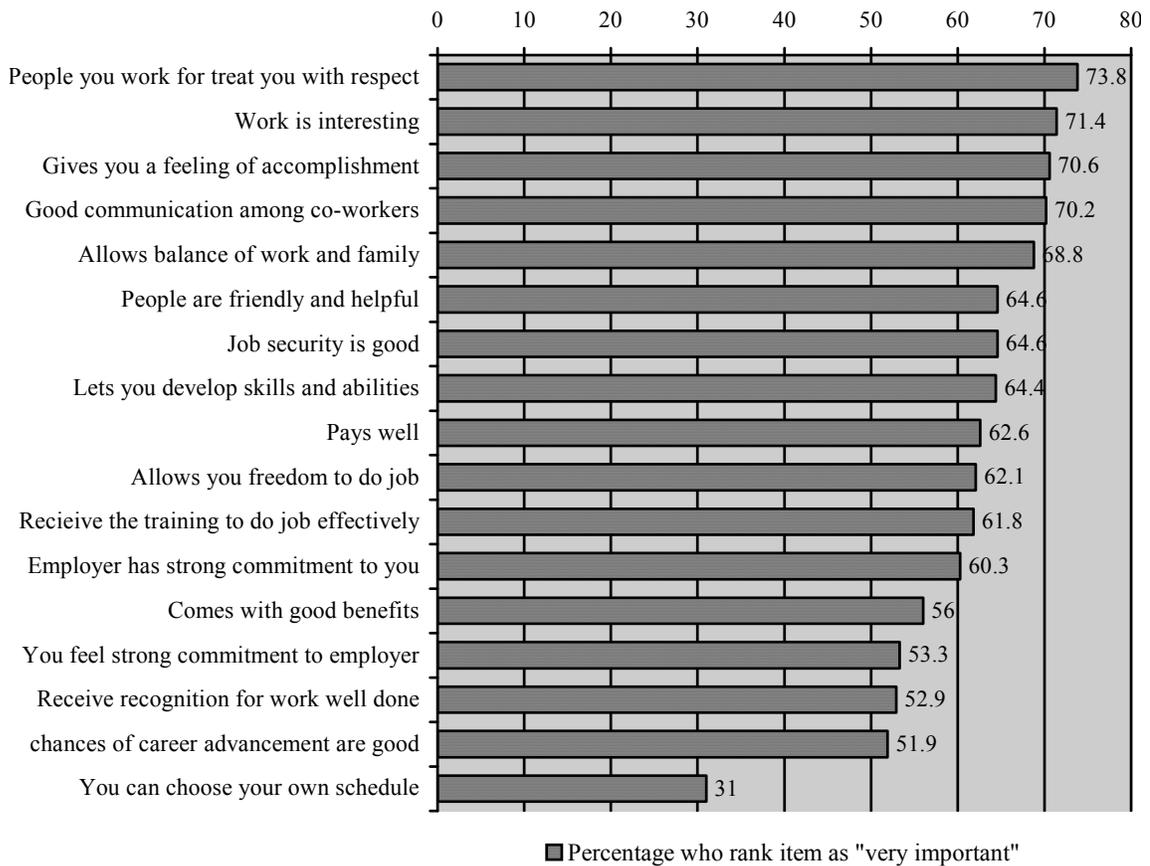
meet basic needs, like food and shelter, for their microsystem, i.e. they and their families. Herzberg (1968/1987) identified the extrinsic aspects of a job as “hygiene issues,” aspects that did not provide job satisfaction when present but resulted in dissatisfaction when absent—a viewpoint congruent with the findings of this literature review.

Fair pay and economic security were often thought to be the greatest factors attracting people to a career, but surveys repeatedly indicated that pay and benefits were not the top attractors. For instance, Hughes et al. (2003) ranked job security as seventh of 17 factors, with good pay, ninth, and benefits, thirteenth (see Figure 3). Interestingly, men generally placed more weight on extrinsic factors than did women. In addition to sex, level of education was a factor influencing the value of extrinsic rewards. Those with less education placed more priority on job security, pay, and benefits, a situation attributed to decreased opportunity for re-employment (Hughes et al., 2003). When asked for factors they consider in selecting a job, university students across Canada identified opportunity for advancement as the single most important factor. Other extrinsic factors including salary, security, and benefits were rated middle to low in importance (Donald, 2005). In Nova Scotia, new nursing graduates rated career opportunities and job security as third in importance in choosing a career, reflecting their need to get a position and repay student loans (Gillis et al., 2005).

Although Herzberg claimed that extrinsic factors, including levels of pay, benefits, and opportunities for advancement could be “deal breakers”, these same factors predicted job choice and satisfaction less often than most other job aspects (Chapman et al., 2005). An Ontario healthcare study rated satisfactory pay as fifth in importance of 12 predictors of job satisfaction (Krueger et al., 2002) whereas reports on home care work in

transition in Saskatoon found the extrinsic values of pay and benefits to be rated midway in importance by RNs, LPNs, and CCAs after autonomy and social/professional interaction (Williams et al., 2000; Williams & Wagner, 2002).

Figure 3. *What employees consider “very important” in a job<sup>1</sup>*



<sup>1</sup>Reproduced with permission from Hughes et al. (2003).

When it came to home and community care, extrinsic factors appeared to take on more significance because those working in this field in many areas of Canada were compensated less than their counterparts in long-term or acute care (Toronto Community Care Access Centre, 1999; Scanlon, 2001; Denton, Zeytinoglu, Davies, & Hunter, 2005; Home Support Worker Labour Force Adjustment Committee, 2006). Insufficient extrinsic rewards, especially volume of work hours, job security, low pay, and poor benefits have been identified as a major reason home care nurses and CCAs left their

employer, leading to significant recruitment and retention problems (Ontario Home Health Care Providers Association, 2000). Job security provisions, benefits packages, and pension plans were important extrinsic factors that add or detract from a job's desirability. In fact, these proved to be "deal-breakers" when they were insufficient to support basic hygiene needs—again an affirmation of Herzberg's theory (Toronto Community Care Access Centre, 1999).

In Ontario, community and hospital nurses' reported similar job satisfaction indicators. Only community nurses, who had lower wage scales than hospital nurses, indicated dissatisfaction with salary (Cameron et al., 2004; Krueger et al., 2002). As Herzberg maintains in his Hygiene-Motivational Theory, dissatisfaction with salary was a motivator to leave the job, increasing the risk of high turnover among community nurses (Cameron et al., 2004). In such situations, strategies for recruitment should include both intrinsic and extrinsic rewards, with adequate compensation in the form of wages, benefits, pensions, wage parity, and travel costs. This suggested that increased wages, which generally require exosystem level decisions, was the single most important factor for the viability of home care services (Home Support Workers Labour Force Adjustment Committee, 2006; Ontario Home Health Care Providers Association, 1999).

A review of American literature found similar results relating to extrinsic factors. Low wages and few benefits contributed to recruitment and retention difficulties with CCAs (Scanlon, 2001). In pilot situations where salary and benefits were increased and hours of work guaranteed, turnover of home care providers were significantly reduced (Scanlon, 2001; Stone & Wiener, 2001). Extrinsic factors, including salary and fringe benefits, also required improvement to increase job satisfaction of Nurse Practitioners

(Kacel, Miller, & Norris, 2005; Kimball, 2004). The majority of direct care workers indicated they found their jobs intrinsically rewarding, but the extrinsic factors, including low pay, limited benefits, and few opportunities for advancement led to high turnover (Wright, 2005).

Comparable responses to extrinsic factors were noted in studies outside of North America as well. When ranking job satisfaction factors, the Australian public service committee reported salary was among the top five most important job satisfaction factors (Australian Government, 2005). However, in the Organization for Economic Co-operation and Development (OECD) countries, pay was the least important job factor when measuring job satisfaction of 14,000 workers, while another extrinsic factor, job security, was ranked as one of the most important job facets, regardless of sex or country of residence. (Clark, 2004).

Caring work may be less valued due to the location where it is being provided. Salaries for care providers were often higher in acute care, where care focuses on “cure” and a younger population along with the use of cutting edge technology. By comparison, in nursing homes where care was provided primarily to “old people” with little potential for a cure, salaries were frequently lower for similar care. In a home care setting, where the care may be seen by some as replicating natural “women’s work”, salaries were found to be the lowest of these three settings, even though the tasks undertaken were similar.

Bronfenbrenner’s Human Ecological Systems contributed insights into the value attributed to extrinsic factors. A future CCA, as a member of a microsystem, may have family or others who are dependent on her (or occasionally him) to provide basic needs like food and shelter. When choosing a career, salary and benefits must be adequate to

provide those basic needs. Inadequate extrinsic rewards could be a significant barrier for some individuals considering a CCA career. Pay scales, often established on a provincial basis, were frequently close to minimum wage and, in some cases, less than that provided through income assistance (Nugent, 2007). To significantly improve salary and benefits for CCAs, a system change is required at provincial or pan-Canadian policy levels—levels above the microsystem and mesosystem. There is some evidence of interest at the macrosystem level, as the national culture, economy, and government policies begin to recognize the importance of CCAs role in society (Backman, 2000; Home Support Worker Labour Force Adjustment Committee, 2006; NS Department of Health, 2006c).

*Communications and social relationships.* A strong focus on recognition and communication in the workplace between the employer and employee, and between co-workers, was the distinctive feature of this job value scale (Lowe et al., 2003). Effective communication provided direction on how to approach the job, as well as feedback to recognize successes. A positive, friendly work environment that encouraged co-worker support and development of social relationships among peers was another component of this value scale, and contributes to job quality and job satisfaction.

“It’s the soft stuff—the relations and psychic rewards of work—that matter” (Lowe & Schellenberg, 2002, p. 1). Canadian workers, regardless of age, repeatedly ranked personal and social characteristics, including good co-worker communications, ahead of economic aspects when considering a new job (Lowe & Schellenberg, 2002; Canadian Policy Research Network, 2005). However, sex and education did impact the importance given to this value: Women and those without postsecondary education rated communication and collegial relationships as very important (Hughes et al. 2003).

University students espoused similar values, considering compatible coworkers to be a very important attribute of a job (Donald, 2005).

Good communication, recognition of employees' contributions, and positive teamwork were among the top ten predictors of job satisfaction in multi-sites of Ontario's healthcare organizations (Krueger et al., 2002). Nurses indicated they wanted consistent input and feedback, as well as informal recognition, all indications of being valued (Canadian Nursing Advisory Committee, 2002). "Small things make a difference" like a simple "thank-you" (Manitoba Health, p 35, 2001). There were indications that lack of recognition can cause even greater dissatisfaction in a job than insufficient compensation (Dault, Lomas, & Barer, 2004; Kimball, 2004).

Student nurses, when asked for their perspective on recruitment and retention, suggested that a mentor in the workplace to provide support and feedback would enable new graduates to be more successful (Harrison & Reid, 2001). Similarly, nurse graduates in Nova Scotia identified a supportive work environment as a key influence for retention (Gillis et al., 2005). In Ontario, both hospital and community nurses referred to work-cohesiveness, supervisor support and feedback, and positive working relationships with physicians as key to job satisfaction (Cameron et al., 2004).

Research into quality of work in home care reinforced the value of positive interactions within one's microsystems. Saskatoon RNs, LPNs, and CCAs suggest formal and informal social and professional contacts were the most important factors contributing to job satisfaction, after autonomy (Williams et al., 2001). In Ontario, motivators for those considering CCA work included feeling appreciated for their work, being valued as a part of the team, and receiving support for personal problems (Ontario

Home Health Care Providers' Association, 1999). Interpersonal relationships were cited by workers in New Brunswick as contributing to job satisfaction, along with clear expectations and good relationships with clients (Nugent, 2007). Most CCAs derived satisfaction from their clients and the feeling of appreciation they gained working in home care: They considered their work a vocation (Home Support Labour Force Adjustment Committee, 2006). Mentorship opportunities, increased supervision and support, and inclusion of the direct care worker as a valued member of the care team were seen as very important strategies for recruitment and enhancing job satisfaction (Nugent & Palmer, 2005).

In the United States, researchers reported similar findings. A Nursing Workforce recommended recognizing the contributions of CCAs in care planning as a method to increase job satisfaction and decrease turnover. Workplace and social supports, workshops promoting teamwork and communication, involvement of staff in decision-making, and mentoring programs were recommended as initiatives to increase job satisfaction and address recruitment and retention (Eustis & Fischer, 1994; Scanlon, 2001; Stone & Flood, 2001; Wright, 2005). A synthesis of research during 1999-2003 on frontline workers in long-term care identified peer-mentoring and enhanced staff-family communication as initiatives for improving retention, as well as supportive supervisors, teamwork, and improved communication (Harris-Kojetin et al., 2004). CCAs in the United States, like their Canadian counterparts, indicated that personal relationships with clients provided job satisfaction (Eustis & Fischer, 1994; Matthias & Benjamin, 2005).

At least one study outside North America supports similar findings. In Australia, both Non-English Speaking background (NESB) and non-NESB employees identified

good working relationships as a top factor for achieving job satisfaction (Australian Government, 2005). The above references demonstrate the influence that interactions between microsystems within the mesosystem exert on career choice.

*Intrinsic rewards.* Intrinsic rewards arise from personal values, beliefs, attitudes, and interests. They relate to the actual job functions or tasks and their perceived contributions to society. Intrinsic value is derived from interesting and challenging work, work that enables the development of skills, the ability to make a difference, and produces a sense of accomplishment and responsibility (Kacel et al., 2005; Lowe, 2007; Manitoba Health, 2001; Williams, 2004). Herzberg (1968/1987) asserted that it is the intrinsic values of a job that contribute to job quality, with the potential to provide job satisfaction.

The importance of intrinsic values in career choices and job satisfaction was repeatedly supported in the reviewed literature. A majority of Canadian workers highly value intrinsic job rewards. The desire for interesting work was consistently identified as highly valued by over 70% of workers, regardless of sex or educational level (Hughes et al., 2003). Website visitors rated intrinsic rewards as “very important” when considering a new job, with “interesting work” being identified as the number one factor by 90% of the respondents, closely followed by work that provided “a feeling of accomplishment” at 88%. Extrinsic values were rated at 45% or less (Canadian Policy Research Network, 2005). Similar findings referred to personally rewarding work as a core value determining job quality, regardless of age (Lowe & Schellenberg, 2002).

Nursing graduates frequently indicated that they believed nursing to be a special calling. They viewed nursing as a noble, caring, and helping profession, and reported “a

desire to make a meaningful difference” (Gillis et al., 2005, p. 1) as the primary reason for choosing to enter nursing. Other intrinsic values associated with helping others, including caring, nurturing, and advocating to improve others lives, were major motivators in selecting nursing as a career (Gillis et al., 2005). This deep-rooted commitment to care for the needs of others has motivated nurses for over a decade to choose this career (Rheaume, Woodside, Gautreau, & Ditommaso, 2003).

Ontario Home Health Care Providers’ Association identified the need for home care providers to address intrinsic rewards, as well as the extrinsic needs of CCAs when developing recruitment and retention policies (1999). For many CCAs, home care was a life-long career choice because it offered many intrinsic rewards that contribute to job satisfaction. Most CCAs in New Brunswick saw home support work as a vocation, an indication of the importance of intrinsic rewards (Home Support Worker Labour Force Adjustment Committee, 2006).

Studies outside Canada on direct healthcare providers reported similar findings for the value of intrinsic rewards. Direct care workers intentionally choose this field because of a desire to help others, and an interest in working in healthcare, in spite of the poor financial rewards low pay (Wright, 2005). Providing opportunities to develop personal skills, empowering CCAs to contribute to care through the planning process, and recognizing their special knowledge of clients were important aspects to be considered to increase recruitment and retention (Scanlon, 2001).

In California, caregivers who were related to the care recipient were also intrinsically motivated, and reported the job made them feel needed. Considering this, emphasizing the altruistic aspects of the role should be emphasized in recruitment

strategies (Benjamin, 2006). Such a strategy was supported by a CCA who, in explaining why she chose this work, said “I love the people and I feel needed...any other job, you’re just a number. In this job, you’re important” (Eustis & Fischer, 1994, p. 3). Nurse Practitioners in a mid-western state indicated most nurses actually choose the advanced practice role of the Nurse Practitioners because of the challenge and autonomy it affords. The Nurse Practitioners also indicated they were most satisfied by these and other intrinsic rewards including the sense of accomplishment gained by time spent in direct patient contact, and least satisfied by the extrinsic rewards (Kacel, Miller, & Norris, 2005).

When the values of 7,000 workers were sampled by the Organization for Economic Co-operation and Development countries, interesting jobs ranked consistently high across sex and country as one of the most important characteristics of a good job (Clark, 2004). Similarly, intrinsic job rewards were more valued than extrinsic rewards in non-English speaking employees in Australia, where being able to develop skills was an important factor for job satisfaction (Australian Government, 2005).

*Flexibility/work-life balance.* The fifth job value Hughes et al. (2003) identified was flexibility and work-life balance. Work-life balance referred to the inter-relationships of such life roles as parent, partner, child, student, worker, and community member, and required a commitment by both employees and employers to achieve a balance between workplace requirements and personal obligations. Although research attested to the fact that the lack of work-life balance was costly from both a personal and a corporate perspective, Canadians did have difficulty with work-life balance (Duxbury & Hi, 2001).

Work-family balance was one of the top five most sought after job characteristics (Lowe & Schellenberg, 2002). Supporting employees to achieve work-life balance through family-friendly employer policies, like flexible or self-scheduling, can have multiple benefits. For example, it reduces work-life struggles, enables employees to enjoy healthier lifestyles, and improves productivity at work (Duxbury & Higgins, 2003; Hunsley, 2006; Neault, 2005). The recognition of the bi-directionality of work-family balance enhances understanding of a mesosystem, namely that interaction occurring between the two microsystems of workplace and family.

In a study where subjects were asked to rate 17 job values, 70% of respondents rate a balance of work and family as “very important” whereas flexible scheduling was considered important by only 30%. Gender did have an impact on this job value scale, with a significant higher proportion of women considering flexibility and work-life balance of high value. Women were also more likely than men to report job deficits in this area, a fact attributed to the greater responsibility assumed by women for childcare and housework (Lowe & Schellenberg, 2002; Hughes et al., 2003).

Students participating in an online survey indicate that when considering a new job, “work-life balance” was among the more important attributions they sought (Donald, 2005). Flexibility is also important for information technology workers once their salary was adequate (Patrick, 2003). In a meta-analysis of 71 studies on recruitment issues “a good fit” was identified as a key consideration in selecting a job. Women especially identified location and the fit with the other components of their lives as very important (Chapman et al., 2005).

Improving working conditions, including the need for reasonable work hours and

flexible schedules, was key to improving recruitment and retention of nurses in Canada. Lack of flexible hours also steered nurses to look for part-time rather than full-time work to enable work-life balance (Canadian Health Services Research Foundation, 2006). Flexible scheduling and reasonable work demands that enabled both hospital and community nurses to manage their home and work lives, were important in creating a healthy workplace and contributing to job satisfaction (Baumann et al., 2001; Cameron et al., 2004). The Canadian Nurses Association's position paper (2006) on health human resource planning addressed the importance of enabling health professionals to find a balance. Nurse graduates, however, when considering factors that might influence them to stay in nursing, rated self-scheduling among least important characteristics. However, for these same graduates, a better social lifestyle was among the more desirable characteristics that influenced nurses to migrate away from Nova Scotia (Gillis et al., 2005).

Work-life balance has been reported as important to other healthcare workers as well. In British Columbia, frontline healthcare workers, including nurses and CCAs, report difficulties with scheduling caused the greatest stress in work-life balance (Occupational Health & Safety Agency for Healthcare in BC, 2006). In Ontario, flexible scheduling was promoted as one way of demonstrating to staff that they were valued and that the employer was committed to work-life balance (Ontario District Health Councils & Ministry of Health and Long-term Care, 2003). Other Ontario studies of factors influencing turnover of CCAs in home care also indicated predictable scheduling as an important contributor to job satisfaction and retention (Denton et al., 2005; Robert & Mosher-Ashley, 2002).

In the United States, flexible scheduling and work-life balance were recognized as important in increasing job satisfaction and recruitment of direct healthcare providers (Wright, 2005). A California study also identified the need for flexibility, but this flexibility was associated with the direct home care worker's need to work at multiple jobs. Offering flexible scheduling was one incentive most hospitals used to retain their nurses (Reilly, 2003). Addressing the intrinsic needs of nurses, including workload and scheduling, was a step forward in retention and recruitment of health human resources (Kimball, 2004). The level of support by employers for work-family issues can significantly impact work-family balance; the underlying culture needs to support policies promoting family-work balance.

Measures that provided a family-supportive work environment were seen as strong indicators of job satisfaction and commitment. Researchers have reported the value of integrating work and family roles. This desire for integration between the microsystems of work and family demonstrated the influence interactions in the mesosystem can have on career choice (Allen, 2001; Cameron et al., 2004; Williams, 2004).

#### *Gaps in the Literature*

A number of gaps were apparent from this review of research literature concerning CCAs in spite of the growth of community and continuing care and the corresponding growing need for this health care worker. Notably, CCAs rarely have been studied and, if studied, the research rarely has been published, especially in Canada. Both published and unpublished research specific to CCAs in Nova Scotia was scarce.

Of the limited research available, most is based in the United States. Although a

number of issues were relevant, many identified issues were not applicable to the Canadian and/or Nova Scotian situation because of differences in our respective macrosystems and exosystems, including our healthcare, economic, and political systems. Considering differences such as educational level, professional support bodies and practice legislation, as well as economic rewards, research findings that identify issues for professional healthcare workers, such as nurses and physiotherapists, may not be as relevant to CCAs, and therefore may also not inform recruitment practices for CCAs.

An emerging gap in the CCA literature appears to be research into their work-life balance. Much of the literature examined in this review relating directly to CCAs, especially in Canada, did not report on work-life balance and flexible scheduling. This may have been due to a number of factors including the timing of the studies, as much of the literature on work-life balance appeared in the years since 2000. This may also reflect of years of gender inequality that resulted in healthcare workers, most of whom are women, thinking work-life balance is not an option for them. It may also be possible that the question was not asked. In studies where work-life balance does appear, it was identified as a significant issue and was therefore a factor that should be considered for future research.

Very little research was noted regarding the effects of socio-demographics on career choice for CCAs. Although the need for CCAs can be as great in small rural communities as it is in cities and large towns, research on the effects of geographical location was not evident in the literature reviewed. There was information on the differences of working in community care compared to institutional and acute care, this generally referred to professional health care workers, with little attention given to the

differences for those working in the associated CCA roles. Research on sex and gender differences is another area that appeared to be lacking concerning CCAs and an area that could be beneficial in effecting the female-dominated status of this career.

In the literature researching the work-life and career choices of healthcare workers, studies lead by the specific healthcare workers were readily available. However, this literature search was not able to identify any research carried out by CCAs. Such research would be valuable, providing a different perspective on the key factors influencing career choice for CCAs.

#### *Summary of Literature Review*

Interest in research on health human resources gained momentum in the new millennium. Although research continued to focus predominately on professional classifications, there was an emerging interest in the front line paraprofessional working in continuing care, namely the CCA. This literature review focused primarily on what people seek in a job and what attributes were important to people in their work-life. To facilitate analysis of the findings, the various identified attributes were grouped into five job values identified by Hughes et al.,(2003), each contributing in varying degrees to work-life choice and job satisfaction.

This literature review supported Herzberg's Hygiene-Motivation Theory that maintains that although extrinsic factors were important to employees, they alone did not provide job satisfaction. Extrinsic aspects of the job were referred to as deal breakers for some. That is, if sufficient extrinsic rewards were not provided, the job was not desirable. This was attributed to an employee's need to earn enough money and benefits to provide basic food and shelter for their primary microsystem, their family. Extrinsic items usually

rated in the mid to lower range in importance when compared with components of other job values.

A number of other factors impacted job satisfaction and job choice and, although these can vary for each employee, the literature did identify trends in levels of importance and influence. “Interesting work” and a “sense of accomplishment” were the two intrinsic attributes most frequently reported as very important in attaining job satisfaction.

Respect, a component of the psychological attachment job value, was also a top-rated attribute when considering what was important in a job. Many employees identified good communication and friendly co-workers as very important for job satisfaction.

Consequently these should be viewed as factors important for encouraging recruitment and retention. Insufficient compensation, although frequently a major concern, was not always identified as the primary reason for dissatisfaction. Lack of recognition and physical demands of the job were identified as possibly having a greater impact on dissatisfaction.

Socio-demographics factors did impact the importance of the various job values. Gender, age, and education were the most commonly identified variables. Being respected was considered the most important contributor to job quality and job satisfaction, but was more highly valued by women. Men tended to place more value on extrinsic rewards. The need for flexibility and work-life balance on the job was also more valued by women, a difference related to the increased demands placed on women providing child care and homemaking duties. An employee’s level of education also impacted values attached to some job characteristics. For example, those who did not have post-secondary education placed greater value on job security, pay, and benefits,

possibly because they had fewer employment options. In some circumstances, age was an influencing factor. Some young college graduates, needing to reduce student debt, put more emphasis on monetary rewards when seeking employment.

There were gaps in the literature, particularly in research specific to CCAs. Given the increasing shortages and growing need for these healthcare workers, additional research is required to inform effective recruitment of CCAs. Additional surveys specific to CCAs may provide an increased understanding of those influencing factors triggering the decisions prospective CCAs make in choosing a career in home care, or alternately, to work in other healthcare fields.

## Chapter 4: Methodology

The ultimate catalyst for this research was the need to develop effective recruitment strategies to increase the number of CCAs employed in home care to levels adequate to meet the needs of Nova Scotians requiring these services. The research design for this study comprised a cross-sectional analysis of survey data collected directly from a sample of CCAs. The research questions were designed to determine key factors of the five job values (Hughes et al., 2003) that may influence prospective CCA employees to choose to work in home care. Herzberg's Motivational-Hygiene Theory and Bronfenbrenner's Human Ecological Theory, were used to provide a framework to explore the following research questions:

1. Which factors of the following five job values—intrinsic, extrinsic, psychological attachment, communication/social relationships, and flexibility/work-life balance—are key to influencing CCAs choice to work in home care?
2. Which factors of these same five job values are key to influencing CCAs in their choice not to work in home care?
3. What socio-demographic variables affect CCAs responses to the job values identified in questions 1 and 2 and CCAs' choice to work in home care?

### *Sample Population*

The study sample was comprised of certified CCAs in Nova Scotia who (a) graduated between January 15, 2005 and January 15, 2008, (b) had previously agreed to be contacted for research purposes, and (c) were employed in home care and/or other healthcare settings, primarily nursing homes. Although most CCAs work in home care or nursing homes, there had been a recent trend of CCAs being employed in acute care and

other healthcare sites. For this study CCAs were assigned to one of two groups—(a) working in home care, or (b) not working in home care—facilitating the comparison of responses to assist in identifying factors influencing CCAs in their choice of employment in relation to home care. In 2007, the NS Department of Health funded 4,380 CCA positions for nursing homes and home care, at a ratio of two to one, so it was anticipated that sufficient responses would be received from each field to aid in identifying trending and allow correlation of a comparison (L. Blackwood, NS Department of Health, personal communication, October 30, 2007).

Information originally obtained from the Continuing Care Assistant Program Advisory Committee database indicated that for a three-year period from April 1, 2004 to March 31, 2007, 1,161 CCAs graduated. Of these graduates, 725 were identified as agreeing to be contacted for research purposes. Given the size of the population pool, ( $n = 725$ ), the number of participants required for the sample was calculated to be 251 CCAs to allow for confidence level of 95% (<http://www.surveysystem.com/sscalc.htm>).

### *Research Instrument*

The CCA survey questionnaire (Appendix A) was designed specifically for this study. Items for the survey were derived to cover issues raised in the literature review, and from personal experience, as well as a number taken directly from the CPRN-CER Survey from which Hughes et al. (2003) developed the five job value scales. Divided into five sections, each with a specific purpose, the CCA survey captured a wide range of information about the CCAs' experience with the educational program and their subsequent career selection and employment settings.

Section 1 included baseline information about the CCAs' experiences with the CCA program, schooling information, and personal factors influencing career choice. Section 2 addressed employment history, including identification of a respondent's field(s) of work (e.g. home care, nursing home, acute care, and/or other fields). Influences on job choice were the focus of Section 3, which included questions that examine the value items comprising the five job value scales and job satisfaction. Section 4 contained items on basic socio-demographics such as age, sex, minority status, marital status, family status, household income, employment status, and education level. The questions in Section 5 asked for suggestions and opinions on career choices and were purposely open-ended to enable CCAs to share their personal insights and experience in their own words.

As indicated earlier, the purpose of this study was to identify key factors from among five job values that influence CCAs in their career selection and in particular, in their decision to choose to work, or not work, in home care. In addition, this study undertook to identify what effect socio-demographic variables may have on CCAs' responses to the same five job values, and their choice of career. Consequently only those variables and the relationships specified in the research questions were analyzed. Some excerpts from responses to the open-ended questions are inserted in the text where applicable. Although not systematically analyzed, these quotes are used to exemplify research findings by adding CCAs' voices.

The survey also contained a number of additional questions that were outside the defined scope of this thesis research study and therefore the responses of these questions were not analyzed at this time. All information gained from the survey, including that not

analyzed for this study, was entered into the one database for future use. I believe these data will add to an understanding of the career choices made by CCAs and have potential to further enhance recruitment strategies. It is my intent to pursue additional analysis and dissemination of the findings in the future.

Of the 73 survey questions, a small number were compulsory, including confirmation of CCA certification and field of work. With permission of CPRN (R. Brisbois, personal communication, October 29, 2007) 40 questions were copied from the CPRN-CERS national survey in 2000 that included the 17 value items used in constructing the five job value scales (Hughes et al., 2003; Lowe & Schellenberg, 2001) (Appendix B). The survey was comprised of multiple choice and Likert-type 5-point rating scale questions to provide quantitative data on selected predictive or independent variables. Open-ended questions were included to elicit suggestions for recruitment and to provide an opportunity for CCAs to offer input, relevant ideas, and comments on issues relevant to the survey.

### *Research Variables*

*Home care/non-home care.* This study had a single dichotomous dependent variable, which was CCAs choosing to work or not work in home care, and it was measured by separating participants into “home care” or “non-home care” based on their field of work. CCAs working in more than one field were asked to select their preferred field from among those in which they currently worked. Although the main analysis was carried out using this dichotomous dependent variable, it was noted that the non-home care variable contained a compilation of fields. The dependent variable was recoded, separating CCAs in nursing homes from those in acute care and other fields, to determine

if the additional fields had any impact on the relationships of CCAs in non-home care with any of the independent variables. It was recognized that employment acceptance is not necessarily an indication of preference for that workplace, but may actually reflect the influence of several factors, including job availability. Participants were asked to indicate on a scale of 1 to 5 how satisfied or dissatisfied they were with their job, to assist in understanding their choice.

*Five job values.* Numerous independent variables influence the dependent variable of choosing to work in home care or not in home care. For this study, the independent variables were grouped within the five job-values scales that had been defined and validated by CPRN in two separate reports based on the same survey. Data on what employees valued in a job was collected on the 2000 CPRN-CER Survey (Lowe & Schellenberg, 2001). To simplify the analysis of the results, Hughes et al (2003) combined questions on related issues from 17 job value items into five job-value scales. The five job values, described in the literature review section of this document, were (a) intrinsic rewards, (b) psychological attachment, (c) communication/social relationships, (d) extrinsic rewards, and (e) flexibility/work-life balance.

Following Cronbach's alpha the original compositions<sup>3</sup> of the five job value scales were refined to reflect the strongest alpha through reliability analysis based on the construct of the two CPRN reports. As a result, 19 specific questions were used to inform participants' reaction to the five job value scales by asking to what extent they agreed

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<sup>3</sup> Schellenberg identified that some of the job value scales could be stronger. Using reliability analysis, four related questions identified in the original works were tested; two original value items were dropped from intrinsic. Four different items were added, one to each value scale except extrinsic which remained unchanged. This increased the total number of items in the five scales to 19, increasing the reliability of the scales as demonstrated by Cronbach's alpha for four of the five job value scales in comparison to Schellenberg's original scales.

that each statement described their job. The questions contributing to each job value scale are listed in Table 1, with their corresponding question numbers and resultant Cronbach's alpha for the CPRN-CERS and this study's CCA survey.

After selecting the most appropriate components, each job value scale was recoded in SPSS to be standardized to a maximum value of ten to enable comparability. The intrinsic job value scale, which had three items each scored out of 5, was multiplied by 2 and divided by 3 to give the intrinsic scale a standardized score of 10. The four other job value scales, each consisting of four items, were divided by two resulting in a maximum score of 10 per job value. Consequently, a single standardized score per job value scale was realized.

*Socio-demographic variables.* Socio-demographic data were analyzed for possible interactions with the five job value scales and the resultant impact on career choice. These data were age, sex, marital status, family status, geographical location, household income, employment status, and education level. Where possible, definitions of socio-demographic items mirrored those of Statistics Canada. Most socio-demographic variables were analyzed in their original groupings, such as age and marital status, before being recoded to fewer groups for further analysis. The initial 10 age groups were recoded for further analysis into four groups: (a) 15 to 29, (b) 30 to 39, (c) 40 to 49, and (d) 50 plus. A composite of marital status and number of dependent children per family was recoded as family status: (a) single without children, (b) single with children, (c) married with children, and (d) married without children.

Options for identifying respondent's place of residence were originally based on

Table 1.

*Comparing CPRNS Job Value to CCA Study's Job Values and Cronbach Alphas*

Questions for each Job Value Scale	CPRN-CERS #	CCA Survey #
<b>Intrinsic Rewards (3 items)</b>		
§ <sup>a</sup> You get the training you need to do your job	Q57 G	42 F
§ <sup>a</sup> Lets you develop skill and abilities	Q56 F	41 F
<sup>ab</sup> Gives you a sense of accomplishment	Q56 A	41 A
<sup>ab</sup> The work is interesting	Q57 P	42 P
† <sup>b</sup> On average you look forward to going to work	Q57 Q	42 Q
Cronbach's Alpha : <sup>a</sup> Hughes et al. = 0.60, <sup>b</sup> this CCA study = 0.71		
<b>Psychological Attachment (4 items)</b>		
<sup>cd</sup> Your employer has a strong commitment to you	Q57 H	42 G
<sup>cd</sup> Your employer treats you with respect,	Q57 A	42 A
<sup>cd</sup> I'm very committed to the work I do in my job	Q61 G	46 G
† <sup>d</sup> My values and organization's values are similar	Q61 A	46 A
Cronbach's Alpha: <sup>c</sup> Hughes et al. = 0.62, <sup>d</sup> this CCA study = 0.73		
<b>Communication/Social Relationship (4 items)</b>		
<sup>ef</sup> Communication good among people I work with	Q57 B	42 B
<sup>ef</sup> People you work with are friendly and helpful	Q57 K	42 J
<sup>ef</sup> You receive recognition for work well done	Q57 R	42 R
† <sup>f</sup> You have good relationship with supervisor	Q57 S	42 S
Cronbach's Alpha: <sup>e</sup> Hughes et al. = 0.75, <sup>f</sup> for this CCA study = 0.78		
<b>Extrinsic Rewards (4 items)</b>		
<sup>gh</sup> Job security is good	Q57I	42H
<sup>gh</sup> The pay is good	Q57L	42K
<sup>gh</sup> The benefits are good	Q57M	42L
<sup>gh</sup> Your chances for career advancement are good	Q57T	42T
Cronbach's Alpha: <sup>g</sup> Hughes et al. = 0.60, <sup>h</sup> this CCA study = 0.60		
<b>Flexibility/Work-life Balance</b>		
<sup>ij</sup> Allows you freedom to decide how to do work	Q56E	41E
<sup>ij</sup> You can choose own schedule within limits	Q56I	41I
<sup>ij</sup> Job allows you to balance work and family life	Q57J	42I
† <sup>j</sup> Can influence employer's decisions re: your work-life	Q57E	42E
Cronbach's Alpha: <sup>i</sup> Hughes et al. = 0.65, <sup>j</sup> this CCA study = 0.69		

a, c, e, g, i, components of the five job value scales as defined by Hughes et al. (2003)

b, d, f, h, j, components of five job value scales as defined for this CCA Recruitment Study

§ this question included only in original five job value scales by Hughes et al.

† this question added to the respective job value scale for this CCA Recruitment study to increase internal consistency as demonstrated through Cronbach's alpha .

Statistics Canada definitions of urban and rural locales, then recoded into three categories for community, namely: city/large town (population over 10,000) = 1, small town/village (population 1,000 to 10,000) = 2, and rural (population under 1,000) = 3. Highest level of educational attainment, excluding CCA certification, also used the Statistics Canada definitions and was subsequently recoded to be: less than high school diploma = 1, high school diploma = 2, some post-secondary or university = 3, college certificate, diploma or degree = 4. Household income, before taxes, was recoded as: under \$40,000 = 1, \$40,000 to \$60,000 = 2, and over \$60,000 = 3. The approximate proportion of the total family income from CCA earnings was also recoded into three groups: less than 50% = 1, 50% to 75% = 2, and over 75% = 3. Employment status was established by asking “on average how many hours do you work per week?” part-time work being less than 30 hours and full-time, 30 hours or more. These were recoded to include the question whether or not the CCA wanted to work more hours: “part-time, wants more” = 1, “part-time, but does not want more” = 2, “full-time, wants more” = 3, and “full-time, does not want any more” = 4.

### *Procedure*

A web-based survey software called SurveyGizmo, available on-line at [www.surveygizmo.com](http://www.surveygizmo.com), was used to design the questionnaire. Web-based surveys are quicker and usually less expensive than other survey forms, including mail-out or in-person interviews. They can accelerate turn-around time and facilitate efficient analysis, as data may be transferred automatically into an electronic spreadsheet or a statistical analysis software program, in this case SPSS. Research suggests electronic surveys solicit more complete answers, as people appear willing to reveal more personal and truthful

information through the anonymity of the computer (Carini, Hayek, Kuh, Kennedy & Ouimet, 2003; Yun & Trumbo, 2000). Electronic surveys also have ability to limit repeat submissions. However, recognizing that some in the sample population may not have ready internet access, a hardcopy of the survey was circulated to all participants as an option to be returned by prepaid mail.

In May 2008, following ethics approval, electronic and paper versions of the survey were each trialed for readability, appropriateness, and functionality with a group of 12 volunteers contacted by CCA program administration from those CCAs meeting the study criteria. The test versions of the survey included a request for feedback on structure, content, and feasibility of the survey, and provided the opportunity to receive direct input on factors influencing the choice of employment fields. Data submitted by those participating in the pretest were included in the final results because the survey content did not change. Based on participant feedback the estimated time to complete the questionnaire was adjusted to 30 to 50 minutes in the letter of introduction and survey instructions (Appendix C).

CCA Program Administration provided the pool of potential participants from their database of CCA graduates. In response to a written request (Appendix D), the CCA Program Advisory Committee agreed to access the CCA graduates certified in Nova Scotia between 2005 and 2008 who had previously consented to being contacted for research purposes. To reduce possible duplication and validate eligibility, a unique identifier number from 080001 to 080725 was randomly assigned to each questionnaire. The letter of introduction, hard copy of the questionnaire, and a self-addressed, pre-stamped return envelope were sealed in the mailing envelope for CCA Program

Administration to randomly affix the addresses to the envelopes. On June 23, 2008, 725 packages were mailed with a requested return date of July 11, 2008. Instructions were included for completing the survey on-line and CCAs with internet access were encouraged to go to SurveyGizmo to participate. The on-line responses were collected on an external web-server where the IP addresses were blocked to preserve anonymity, and I had the only access to the data.

To optimize participant recall, the sample population was re-identified just prior to circulating the survey to include CCAs graduating in the most recent three years. Of 1,642 CCAs certified in 2005 to 2008, 1037 had provided prior consent to be contacted for research purposes, and it was from this pool that the original target sample of 725 CCAs was randomly selected. The goal was to receive 251 viable completed surveys for a 34.6% response rate. By the end of July with only 181 received, and with renewed approval of Mount Saint Vincent University Research Ethics Board, a second mail-out went to 50 additional CCAs randomly selected from the remaining 312 previously identified as meeting the criteria but not used in the first mail-out. This second mail-out was followed by a request to employers to post a notice of the extended deadline, and to encourage CCAs who had not yet responded to do so. In September, after receiving 204 responses, the survey was closed with a 28% response rate, providing a margin of error of 5.82% and a confidence level of 95% (see Table 2).

Responses received by mail were manually entered into SurveyGizmo into the same database as those received on-line thus creating one complete database of all collected information. Once all data were entered, reports were run and data were exported to SPSS for further analysis. Backup copies of the complete database were

burned to disc and secured in my personal files. For additional backup, the data file was also exported to Microsoft Excel on my computer. To show appreciation to CCAs for completing the survey, and as an incentive to participate, respondents had the option of submitting their name for inclusion in a draw for a \$200 cash prize. A participant's name was chosen as the winner using random selection.

Table 2.

*Record of Mailed, Completed, and Undelivered Surveys Sent to CCA Sample*

Date Sent	Number Mailed	Completed on paper	Completed on-line	Total completed	Returned undelivered
June 23/08	725	155	26	181	38
Aug 3/08	50	21	2	23	8
Sept 30/08 total	775	176	28	204	46

*Analysis*

Statistical analyses were performed using SPSS 11.0 for Macintosh. The data were cleansed, recoded, and reviewed for accuracy by comparing the SPSS files with the original SurveyGizmo reports and files. Descriptive statistics including frequencies, measures of central tendency, means, and standard deviations were computed for the identified independent, dependant, and other potentially influencing variables. For the purpose of this study, responses such as “don’t know”, “not sure”, and “n/a” were recoded as user-missing values and considered with system-missing values as missing values in the analyses. Final analyses to answer the research questions were performed on the whole designated data file as well as on a split file separating the home care and non-home care groups.

*First question.* To answer the first research question—*Which factors of the five job values, are key to influencing CCAs choice to work in home care?*—frequency calculations were performed to identify group membership for the dichotomous dependent variable: those selecting home care and those not selecting home care. Crosstabulations were performed to look at relationships between the group of CCAs working in home care, and the compilation of scores given by survey respondents to the individual components of the five job values scales. Independent-Samples T-Tests were conducted to compare the means of the home care group of the dichotomous dependant variable and included sample size, mean, standard deviation, and standard error of the means, as well as equality of means.

*Second question.* Answers to the second research question—*Which factors of these same five job values are key to influencing CCAs in their choice not to work in home care?*—were explore using the same analyses used to answer the first question. This included the frequency calculations, crosstabulations, and Independent-Samples T-Test, but in this case using the opposite view of the dichotomous dependent variable, that being “prefer to not work in home care”, to compare the means and relationships of the non-home care group with the five job values and the various components of the value scales and included sample size, mean, standard deviation, and standard error of the means, as well as equality of means. Using SPSS statistical software, this analysis was preformed simultaneously with the analysis of the first question and the results were compared to those found for the home care group to identify statistical significance between the responses of the two groups of CCAs.

*Third question.* The research question—*What socio-demographic variables affect CCAs' response to the job values identified in questions 1 and 2 and the CCAs' choice to work in home care?*—was answered using crosstabulations, and Independent Samples t-tests, as well as using ANOVA on a file split between home care and non-home care. For the ANOVA, each of the five job values was considered as a dependent variable and socio-demographic factors were treated as independent variables. Because only 4.2% of the respondents were male, there was insufficient data to analyze by sex. Finally, a multiple comparative analysis of the results for each of the two groups was performed employing ANOVA on the split data file and Post Hoc Scheffé with multiple comparisons to identify whether factors vary for those selecting home care compared to those not selecting home care, based on the socio-demographic variables identified on the survey.

#### *CCAs' Narrative Responses*

The survey collected narrative responses from survey participants through the use of open-ended questions. These included three questions from Section 3 (questions 51, 52, 53) and all six questions in Section 5. The questions in Section 3 asked about the current relationship with the employer, and the three best and worst three things about being a CCA. Section 5 focused on what the CCA might tell someone considering becoming a CCA and how recruitment might be improved.

The responses to these questions were not analyzed using a systematic qualitative approach. These questions were used as a method of hearing the voices of the CCAs. They were read and considered, however, as an informal validation of the quantitative findings. In selecting the quotes to be included in this document, the surveys were

divided into two groups, home care and non-home care CCAs. Only responses from CCAs in the home care were quoted, unless specifically indicated otherwise. The individual quotes were selected to exemplify the findings being discussed in the text and represent those sentiments most frequently identified. Not all comments were positive but positive comments appeared more frequently than negative ones. Those quotes presented in this text are representative of the majority of comments received.

### *Ethical Considerations*

A number of ethical issues were considered in pursuing this research. To protect the identity of participants, personal information, including the employer's name, was not required, and if volunteered, was excluded from the database. Although CCA Program Administration had sole access to the names of CCAs who were approached to participate, confidentiality was maintained as only my thesis advisor and I had access to the returned surveys.

In the survey cover letter I disclosed that in addition to being a master's student, I was employed by the NS Department of Health and was the chair of CCA Program Advisory Committee, and that both the Department of Health and CCA Program Advisory Committee were aware of the study and supported it. However, I clarified that my other roles, although they had contributed to my interest in this area, were separate from this study. For the purposes of this study I was a student researcher pursuing a Master's degree. As such, the findings and issues raised for consideration represent my analysis and interpretation in consultation with my thesis committee. Such views do not represent those of the Department of Health or its affiliates, nor are those views representative of the membership of the CCA Program Advisory Committee.

An issue requiring tactful handling was the focus on working in home care and not in nursing homes. It was important to acknowledge the value of both fields of employment, but explain that resources and the size of this project imposed limitations on its scope, hence the focus only on home care. Similarly, inclusion of CCA graduates from the limited three-year time span was not a reflection of the value of those not certified as CCAs nor those certified outside this selected time period.

Any research involving human subjects must receive ethics approval before research and data collection can begin. Following approval of my thesis proposal by my thesis committee, an application for ethics approval was submitted to the University Research Ethics Board (UREB) of Mount Saint Vincent University. As anticipated, this research was considered to pose minimal risk because the submission of the survey data was by competent adults and was both anonymous and voluntary. Ethics approval was received in April 2008 and renewed with a revision approval in July 2008.

## Chapter 5: Results

*CCA Sample Profile*

Most CCAs responding were female (94.5%), married (69%), without dependent children (57%). More CCAs lived in rural Nova Scotia in communities of less than 1,000 people (39%) than in either cities or towns. No CCAs were less than 20 years old and nearly 60% were 40 or older, and all but 9% were at least high school graduates. Over a third (37%) of CCAs contributed 75% or more to their total household income, which was more often under \$40,000 (43%). Although 83% worked full-time, most (74%) CCAs working part-time indicated they wanted more work (Table 3). These data were Table 3.

*Socio-Demographic Profile of Nova Scotia Sample CCA Population (N = 204)*

Participant Profile	<i>n</i> <sup>a</sup>	% CCA Sample <sup>b</sup>
Sex		
Female	190	94.5
Male	11	5.5
Minority		
No	130	68.8
Yes	59	31.2
Age Group		
15 to 29	47	23.4
30 to 39	35	17.4
40 to 49	59	29.4
50 +	60	29.9
Marital Status		
Married	139	69.2
Single/never married	34	16.9
Widowed/divorced	28	13.9

Table 3 continues

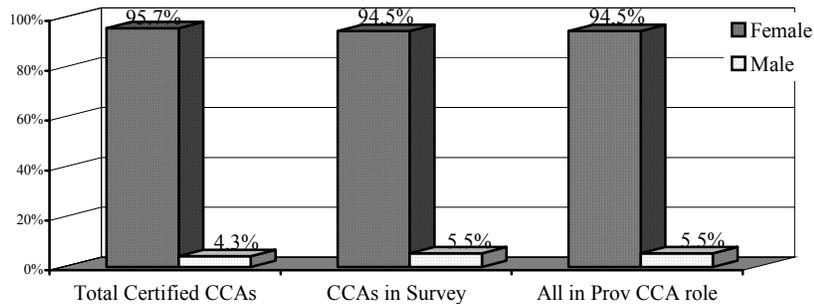
Participant Profile	<i>n</i> <sup>a</sup>	% CCA Sample <sup>b</sup>
<b>Dependent Children</b>		
0 children	114	57.3
1 child	35	17.6
2 or more children	50	25.1
<b>Family status</b>		
Single – no children	41	20.6
Single – with children	20	10.1
Married – with children	65	32.7
Married – no children	73	36.7
<b>Community type</b>		
City/large town	62	31.8
Small town/village	57	29.2
Rural community (<1000)	76	39.0
<b>Highest Level of Education (excluding CCA)</b>		
< High school diploma	17	9.4
High school diploma	81	44.8
Some post-secondary/degree	83	44.9
<b>Household Income</b>		
Under \$40,000	72	43.6
\$40,000 to \$60,000	61	37.9
Over \$60,000	32	19.4
<b>CCA Contribution to Income</b>		
Under 50%	53	31.2
50% to 75%	55	32.4
Over 75%	62	36.5
<b>Employment Status</b>		
Full-time (> 30 hrs) wants more	31	17.3
Full-time (> 30 hrs) wants no more	117	65.4
Part-time (≤ 30 hrs) wants more	2	12.8
Part-time (≤ 30 hrs) wants no more	8	4.5

<sup>a</sup> *n* = number of CCAs answering survey with this demographic. <sup>b</sup> Percentage of total CCAs responding to survey question with this demographic.

cross-tabulated by those in home care compared to those not in home care and the results are reported in Appendix E.

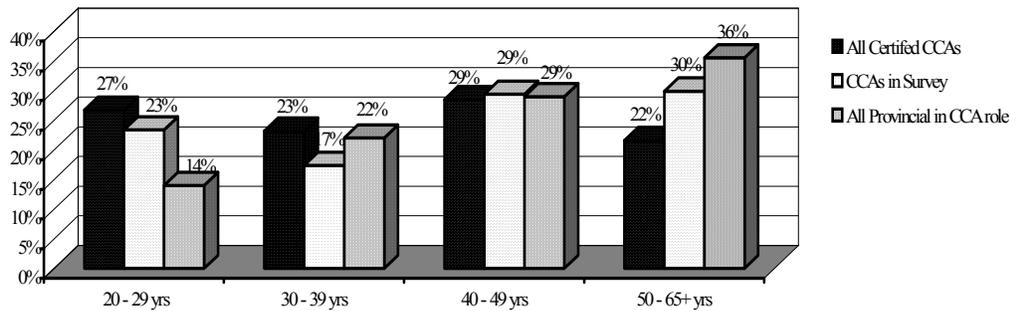
Sex and age profiles of this sample population closely mirrored the total CCA graduate population in the same time period. Of the total 1642 CCAs graduating between January 2005 and 2008, 95.7% were women compared to the 94.5% in this sample. Similarly the NS 2008 CCA supply and demand study also reported 94.5% of those in a CCA position being women (see Figure 4).

Figure 4. Comparing sex ratio among three groupings of CCAs within NS in 2008



Age comparisons among the same three groups (see Figure 5). showed some variation at either end of the spectrum but were consistent for CCAs in their 40s. A greater proportion (27%) of the total CCA graduates from 2005-08 were age 20-29, compared to the proportion (14%) of this same age group among all those working as

Figure 5. Comparing age among three groupings of CCAs within NS in 2008

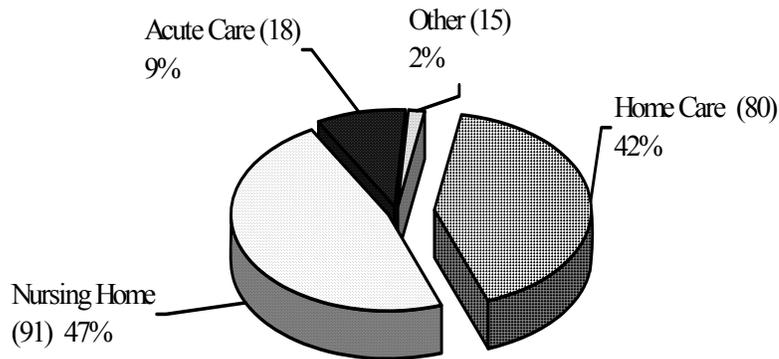


CCAs provincially. On the other hand, those 50 years old and older were most prevalent (36%) among all employees in the CCA role across the province.

*Dichotomous Variable: Home Care/Non-Home Care*

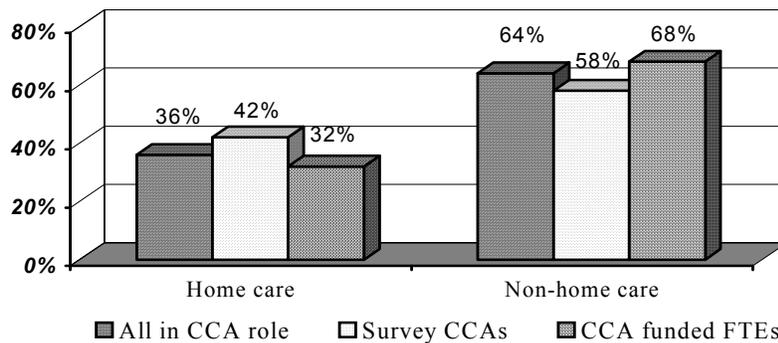
For the purposes of this research the CCA population sample was divided in two groups: (a) “home care” group ( $n = 80$ ; 42%) and (b) “non-home care” group ( $n = 124$ ; 58%), based on CCAs’ selection of preferred field of work. The majority of this latter group had selected nursing homes as their field of work (Figure 6). The ratio of CCAs

Figure 6. CCA survey participants’ preferred field of work ( $N = 204$ )



in home care to those in non-home care closely aligned with ratios found among those working in the CCA role, (Health Care Human Resource Sector Council, 2008), and also funded CCA full-time equivalent (FTE) positions in those fields (see Figure 7).

Figure 7. Ratio of CCAs in home care to non-home care among 3 groupings in NS



A crosstabulation was performed to comprehend the composition of the groups working in the four identified healthcare fields, as 22 of the 204 participating CCAs reported working in more than one field. For this purpose, the non-home care group was further divided into nursing homes, acute care and other healthcare fields, based on the participants’ responses (Table 4).

Table 4.

*CCAs Preferred Field Compared to Actual Fields of Work (N = 204)*

Preferred work field	Actually fields of Work								
	Home Care		Nursing Home		Acute Care		Other health		All fields
	<i>n</i> <sup>a</sup>	% <sup>b</sup>	<i>n</i> <sup>a</sup>	% <sup>b</sup>	<i>n</i> <sup>a</sup>	% <sup>b</sup>	<i>n</i> <sup>a</sup>	% <sup>b</sup>	<i>n</i> <sup>a</sup>
Home Care	78	91	4	4	0	0	5	25	87
Non-Home Care	8	9	97	96	22	100	15	75	142
Total per field:	86	100	101	100	22	100	20	100	229

Note: The total exceeds 204 as 11% CCAs worked in more than one field, but each CCA selected one preferred field from those in which they worked to base their responses.

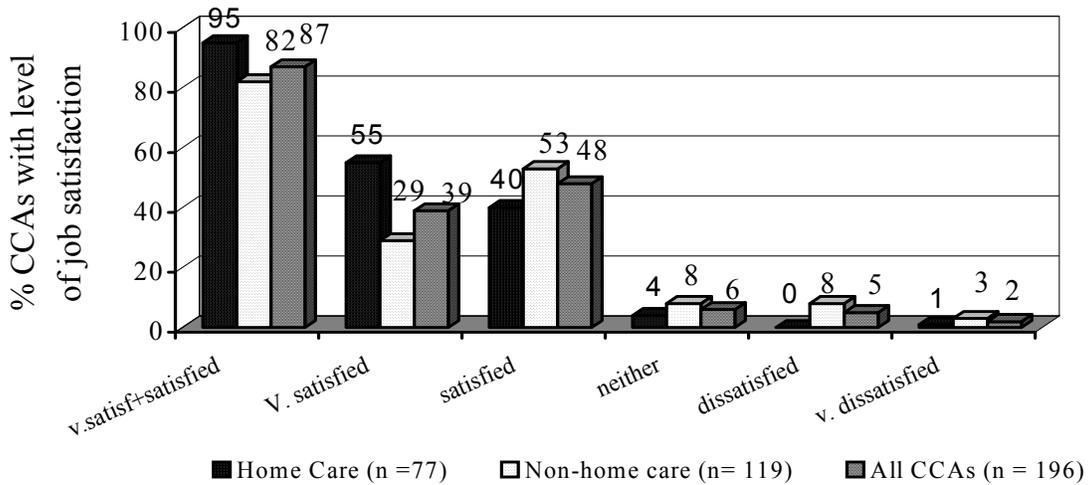
<sup>a</sup>Number of CCAs in group responding. <sup>b</sup>Percentage of all CCAs working in field noted in row above who selected field in row on left.

*Job Satisfaction*

Frequencies, and crosstabulations were used to analyze the degree of job satisfaction reported by CCAs in each of the two groups. A majority of CCAs (87%) indicated they were satisfied or very satisfied with their job, with those selecting home care very satisfied more often than those selecting non-home care (Figure 8). In fact, only one CCA in home care reported being dissatisfied or very dissatisfied with his or her workplace compared to 12% of the non-home care CCAs. This high level of job satisfaction is reflected in the comments of CCAs, such as the home care CCA who wrote

“It is one of the most rewarding jobs anyone could have. I love my job” (CCA Survey participant, age 45 - 49).

Figure 8. Comparing Level of Job Satisfaction among CCAs Survey Respondents



*The Five Job Value Scales Variables*

An independent-sample T-test was used to analyze the relationship of the five job values to the home care and the non-home care groups (see Table 5). All five job values were identified to have a level of statistical significance, with home care CCAs rating each of the job value scales higher than non-home care CCAs. Intrinsic job values were consistently rated highest among all job values regardless of the field of employment, however, CCAs in home care ( $M = 9.33$ ) scored significantly higher than non-home care ( $M = 8.88$ ) CCAs,  $t(194) = 2.93, p < 0.01$ . Psychological attachment was identified as being the second highest rated job value with home care CCAs scoring significantly higher than non-home care CCAs,  $t(189) = 4.50, p < .001$ . The mean scores of the communication/social relationship were third highest of the five job values and again home care CCAs score this job value higher than their counterparts in non-home  $t(197) = 3.24, p < .001$ . Extrinsic job values were in fourth place, but along with the job values

psychological and communication/social relationships, had the highest level of significance,  $t(181) = 3.92, p < .001$ . Mean scores indicated the presence of flexibility/work-life balance were lowest of the job values, however differences between home care and non-home care remained  $t(180) = 2.02, p < .05$ .

Table 5.

*Relationship of Five Job Values to CCAs in Home Care and Non-Home Care (N = 204)*

Job Value Scale	Preferred Field	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>
Intrinsic ( <i>n</i> = 194)	Home Care	77	9.33	.92	2.93**
	Not Home Care	117	8.88	1.22	
Psychological ( <i>n</i> = 189)	Home Care	74	8.66	1.11	4.50***
	Not Home Care	115	7.74	1.68	
Communication ( <i>n</i> = 197)	Home Care	79	8.38	1.43	3.24***
	Not Home Care	118	7.66	1.68	
Extrinsic ( <i>n</i> = 181)	Home Care	72	8.08	0.92	3.92***
	Not Home Care	109	7.21	1.22	
Flexibility/WLB ( <i>n</i> = 180)	Home Care	70	7.03	1.47	2.02*
	Not Home Care	110	6.51	1.94	

\*  $p > .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

*Variables Within of Five Job Value Scales*

The previous analysis did not provide individual information on the variables that comprise each job value. To provide greater understanding of how the specific components contribute to each aggregate construct discussed above, the 19 items within the five job value scales were analyzed using frequency calculations and independent-samples t-test to compare the dichotomous variable “home care/non-home care” and the 19 variables. Results demonstrated statistical significant relationships between the dichotomous variables in 12 of the 19 items, with home care CCAs scoring significantly

higher than non-home care CCAs for all 12. Table 6 identifies the variables from the highest to the lowest mean score indicating the level of agreement by the CCA that the variable described their selected workplace.

The analyses of these 19 individual job variables reaffirmed the findings of the independent-samples t-test comparing their constructs, the five job value scales. Although the scoring of the individual components of the job value scales varied, the items did align with the scoring of the job value scales and reaffirmed that CCAs found intrinsic values occurred more frequently in the workplace than other job values. All three intrinsic value items ranked among the top four variables that occurred most often. Both groups of CCAs scored the intrinsic job variable “sense of accomplishment” as most frequently occurring in the workplace, followed by the psychological attachment variable “very committed to this work” (see Table 6). A significant relationship was not identified with either item, indicating that both home care and non-home care CCAs look forward to work,” scored in third and fourth place by both groups, with a significant relationship noted with home care CCAs indicating they strongly agreed that these intrinsic features were present in their workplace more frequently than did those non-home care CCAs. As one CCA said: “All I know is, I love my new career and even after a year I enjoy going to my workplace and feel satisfied by helping others” (CCA survey participant, age 20-24). Five variables of the job value scales were identified as having a very high degree of significance ( $p < .001$ ) between home care and non-home care CCAs with home care CCAs once again scoring the variables higher than non-home care CCAs. These five value items included two extrinsic values (a) “good job security” and (b) “benefits are good,” two psychological attachment values (c) “my employer’s committed to me” and

Table 6.

*Relationship of Five Job Values' Variables to CCAs in Home Care and Non-Home Care.*

Job Value Items <sup>a</sup>	Home Care		Non Home Care		T
	M <sup>b</sup>	SD	M <sup>b</sup>	SD	
(I) Sense of accomplishment	4.73	.75	4.65	.71	.81
(P) I'm committed to my work	4.76	.61	4.67	.62	1.04
(I) Work is interesting	4.65	.51	4.45	.71	2.47*
(I) I look forward to work	4.56	.59	4.26	.83	2.78**
(E) Good job security	4.36	.86	3.75	1.32	3.97***
(C) Good relationship with supervisor	4.42	.73	4.0	1.02	3.14**
(P) Employer respect me	4.36	.73	3.93	1.17	3.20**
(C) Coworkers friendly /helpful	4.36	.77	4.03	.98	2.53*
(E) Pay is good	4.27	.81	3.92	1.14	2.37*
(C) Receive recognition	4.01	1.11	3.48	1.27	3.07**
(E) Benefits are good	4.14	.96	3.50	1.36	3.80***
(B) Freedom to decide work	4.19	.91	3.74	1.04	3.23***
(P) Employer is committed to me	4.09	.95	3.34	1.31	4.65***
(B) Job allows work-life/balance	4.01	1.01	3.73	1.21	1.81
(P) Employer's values match mine	4.08	.93	3.58	1.20	3.28***
(C) Good communication with staff	3.94	.97	3.7	1.16	1.55
(E) Career advancement chances	3.34	1.16	3.25	1.38	0.48
(B) Self-schedule within limits	2.95	1.37	2.7	1.51	1.15
(B) Influence employers decisions	2.93	1.29	2.93	1.37	0.01

<sup>a</sup> Job value scale for each variable is identified by the letter correlating to each job value directly proceeding the variable as follows: I = intrinsic, P = psychological, E = extrinsic, C = communication, and B = work-life balance. <sup>b</sup> M = maximum Mean score of 5.  
 \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

(d) “employer’s values match mine,” and one work-life balance job value (e) “freedom to decide work”. Although these factors were neither the most nor least frequently occurring of all the job value items, the degree of significance indicated their presence was notably stronger in home care than in non-home care, a fact noteworthy for understanding CCAs choice of field of work. One of the home care CCAs wrote: “The job is rewarding; the pay is good and there is security because the demand for CCA’s is high.” (CCA survey participant, age 55-59), while another one said: “the pay is great and the work is rewarding” (CCA age survey participant 30-34).

Home care CCAs scored all but one job value item higher than those not working in home care. The one exception was “you can influence employers decisions affecting your job”, a flexibility/work-life balance job value item. The mean score for both groups was 2.93, indicating that based on the CCAs’ responses, this item was equally not often present in either home care or non-home care. Originating from the CPRN-CERS questionnaire, “you can influence employers’ decisions affecting your job” was not included as a component of the original flexibility/work-life balance job value scale defined by Hughes et al. (2003). Although I added this job value item to increase the internal consistency as identified by Cronbach’s alpha, this item may not have been mutually exclusive from the items already in this job value scale.

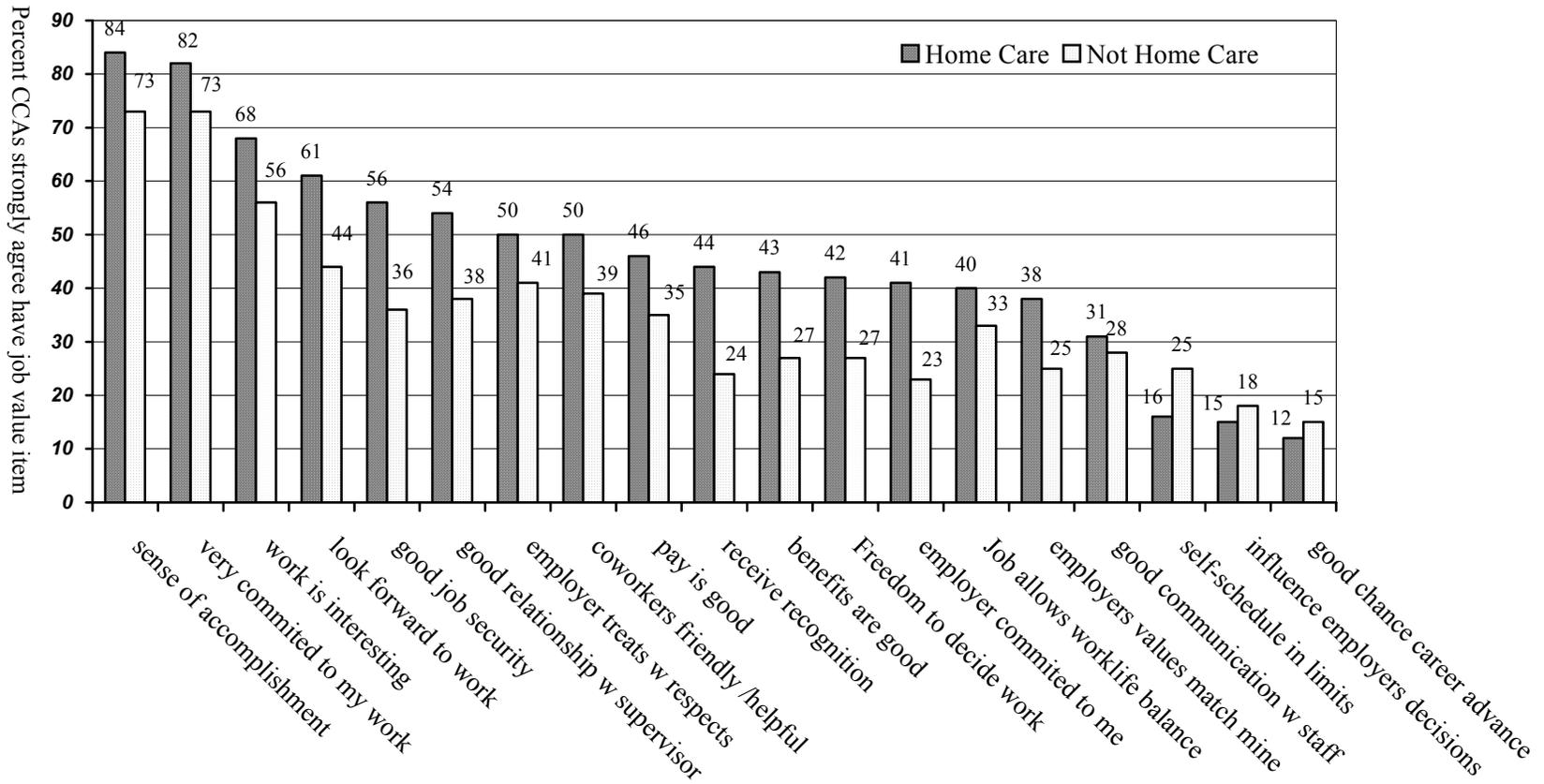
Frequency calculations performed on the 19 job variables also indicated that overall the items were more prevalent in home care. Comparing the percentage of home care CCAs to non-home care CCAs who “strongly agreed” for each of the 19 items revealed that a greater percentage of home care CCAs strongly agreed that 16 of the 19 items described their workplace. Only three items were identified as occurring more often

in non-home care workplace, these being the three lowest rated items by both groups (see Figure 9).

Additional analysis was undertaken to determine if working in a field other than nursing homes, such as a residential care facilities or private practice, confounded the comparisons of the non-home care CCAs with CCAs in home care. The non-home care variable was subdivided into “nursing home” and “other” creating a comparison of “three fields” including home care. A one-way ANOVA was performed on the five job values using this three field variable for field of work as the factor. The results of this ANOVA indicated either no changes or insignificant changes in effect, with levels of significance only varying from nothing to .005 per job value from the levels of significance identified when using only two fields in the analysis.

An ANOVA was also performed on each of the 19 variables comprising the five job value scales for multiple comparisons using the three fields of work (Appendix F). Only three variables demonstrated different significance than when analyzing the dichotomous variable home care/non-home care. Two items did achieved significant relationships while one item no longer demonstrated a significant relationship. Closer review identified that with two job value items, namely “good communication among staff” ( $M = 4.06$ ) and “job allows work-life balance” ( $M = 4.06$ ), and “other fields” scored the highest mean among the three fields. This indicated that for these two value items, the nursing home component ( $M = 3.58$ ) and ( $M = 3.61$ ) had the effect of lowering the overall means of the combined non-home care group to  $M = 3.70$  and  $M = 3.73$  respectively. However, whether compared to the nursing home component of the non-home care CCAs or the combined nursing home/other fields non-home care group, the

Figure 9. Comparing home care to non-home care CCAs who strongly agree re: presence of 19 job value variables



home care CCAs still indicated these items occurred more often in home care. In the third case, “the pay is good”, home care still scored the highest ( $M = 4.27$ ,  $SD = .81$ ) and “other fields” scored the lowest, reducing the mean for non-home care CCAs by .02 points when combined with nursing home field. These changes were minimal, indicating the effect of “other fields” on the construct of non-home care group was not statistically significant and relationships between CCAs in home care and nursing homes remained similar to non-home care CCAs.

#### *Analyzing the Effect of Socio-Demographics*

To answer the third research question—*What socio-demographic variables affect CCAs responses to job values identified in questions 1 and 2 and CCAs’ choice to work in home care?*—one-way ANOVAs were performed using the five job values as dependent variables, and socio-demographic factors as independent variables to test for difference in means between “home care” and “non-home care” CCAs. The socio-demographics considered included age, visible minority status, community type, family status, household income, the CCA’s contribution to household income, and highest educational level attained.

Results indicated that four of eight socio-demographic factors directly affected four of the five job value scales (see Table 7). An independent-samples t-test identified a significant relationship for “visible minority membership” with both intrinsic and communication job values for home care CCAs. These were the only areas where being from a visible minority was demonstrated to be significant. The result for the intrinsic job value scale was  $t(194) = 2.05$ ,  $p < .05$ ; for the communication job value scale it was  $t(197) = 2.46$ ,  $p < .05$ . As all other socio-demographic variables had more than two

variables, ANOVAs were used to identify significant relationships. The other significant relationship for home care CCAs noted involved “community” and the communication job value (see Table 7), which was  $F(2, 77) = 3.55, p < .05$ . When examining the effect of community, a significant difference occurred between CCAs preferring home care and living in a small town or village and the job value of communications/social relationships, compared to CCAs in the same situation but living in a rural community of less than 1000 people.

Table 7.

*Socio-Demographic Effects on Job Value Scales for CCAs Choosing Home Care*

Job Value Scale	Demographic	Value <sup>a</sup>	<i>n</i> <sup>b</sup>	<i>M</i> <sup>c</sup>	<i>SD</i>	<i>t</i> <sup>d</sup>
Intrinsic	Visible Minority	yes	19	9.65	.60	2.05*
		no	53	9.28	.90	
Communication	Visible Minority	yes	19	9.08	51.27	2.46*
		no	54	8.21	1.45	

Job Value Scale	Demographic	Value	<i>n</i>	<i>M</i>	<i>SD</i>	<i>F</i> <sup>e</sup>
Communication	Community	city/large town	19	8.68 <sub>f</sub>	1.02	3.55*
		small town	23	8.89 <sub>f</sub>	1.19	
		rural	35	7.90 <sub>g</sub>	1.64	

<sup>a</sup> Value within affected demographic. <sup>b</sup>Number of home care CCAs choosing this value. <sup>c</sup>*M* = maximum mean of 10. <sup>d</sup>*t* value as determined by Independent-samples t test. <sup>e</sup>*F* value as determined by ANOVA.

<sub>f</sub> Results are significantly different from result <sub>g</sub>.

\*  $p < .05$ .

For non-home care CCAs, ANOVA indicated four significant relationships between three socio-demographic variables, and three job values (see Table 8). Firstly, among non-home care CCAs, those living in the city or large town scored significantly

lower on importance of psychological attachment than did those living in small towns or rural communities. The ANOVA result for this relationship was  $F(2, 110) = 3.61, p < .05$ . Secondly, the relationship with intrinsic job values for non-home care CCAs who had not completed high school had a significantly higher level of importance than for those with a college certificate or degree, with the ANOVA result being  $F(3, 102) = 4.20, p < .01$ .

Table 8.

*Socio-Demographic Effects on Job Values for CCAs in Non-Home Care*

Job Value	Demographic	Value <sup>a</sup>	n <sup>b</sup>	M	SD	F <sup>c</sup>
Psychological	Community	city/large town	41	7.20 <sub>d</sub>	1.92	3.61*
		small town	37	8.16 <sub>e</sub>	1.58	
		rural	32	7.97	1.37	
Intrinsic	Education (excluding	< high-school	10	9.60 <sub>f</sub>	0.56	4.20**
		high-school	52	8.97	1.12	
		some university	22	8.97	1.02	
		cert./dip/degree	18	8.07 <sub>g</sub>	1.66	
Intrinsic	Family Income	under 40k	50	8.89 <sub>h</sub>	1.15	5.29**
		40 to 60k	12	9.18 <sub>h</sub>	0.84	
		over 60k	31	7.83 <sub>j</sub>	2.13	
Communication	Family Income	under 40k	50	7.65	1.66	3.15*
		40 to 60k	30	8.00 <sub>k</sub>	1.61	
		over 60k	13	6.62 <sub>m</sub>	1.83	

<sup>a</sup>Value within affected demographic. <sup>b</sup>Number of non-home care CCAs choosing this value.

<sup>c</sup>F value as determined by the ANOVA

<sub>d</sub>is significantly different from<sub>e</sub>, <sub>f</sub>is significantly different from<sub>g</sub>, <sub>h</sub>is significantly different from<sub>j</sub>, <sub>k</sub>is significantly different from<sub>m</sub>.

$p < .05$ . \*\*  $p < .01$

Thirdly, family income correlated both communications/social relationship and

intrinsic job values of non-home care CCAs. The relationship between intrinsic job values and family income for CCAs in non-home care roles demonstrated a high degree of significance, the result being  $F(2, 93) = 5.29, p < .01$ . This was a three-way relationship among non-home care CCAs with a family incomes in each of the three income groups and the effect of intrinsic job value scale. The over \$60,000 group ( $M = 7.83$ ) was significantly lower than both the \$40,000 to \$60,000 ( $M = 9.18$ ) and the under \$40,000 groups ( $M = 8.89$ ). The effect of family income on communication/social relationships was also identified as significant, as  $F(2, 93) = 3.15, p < .05$ . In this case the over \$60,000 group ( $M = 6.62$ ) was significantly lower than the \$40,000 to \$60,000 group ( $M = 8.00$ ).

Flexibility/work-life balance job value was the only job value that did not correlate with socio-demographic variables regardless of the field of work (home care versus non-home care). The socio-demographic variables of age, family status, CCA's contribution to household income, and employment status did not demonstrate a significant relationship with any of the job values and the CCAs who worked in either home care or non-home care.

#### *CCAs' Narrative Results*

Most CCAs responded to the open-ended narrative questions included in this study's survey, sometimes with "one-liners", and sometimes at length. One CCA actually added two pages of hand written notes, expressing her satisfaction with her CCA career and offering suggestions for recruitment. Only a select number of open-ended questions and preliminary results are presented here as further analysis is needed to understand the significance of the CCAs' responses.

The majority of CCAs responded to the questions asking for three “best” and “worst” things about being a CCA. On average there were 161 answers given for each of the three best things and 155 answers for each of the three worst things about being a CCA, with the responses including activities related to all five job values. The best things identified included caring for and helping others, their relationship with clients, job satisfaction, interactions with clients and family, and making a difference for others. Good pay and benefits, job security and flexibility were also acknowledged. Examples of these comments appear as quotes within this document.

The responses to “what are the worst things about being a CCA” also related to the five job values. A frequent sentiment reflected on the lack of intrinsic values found in doing housekeeping tasks. “Certified CCAs should be freed from basic housekeeping. I don’t feel housekeeping is needed (to be done) by CCAs, but is needed for the clients.” (CCA participant, age 45 - 49). Others referred to the lack of recognition for the skills and knowledge they gained in the CCA program and the work they do, e.g. “ I feel my nurse manager looks down upon us CCAs as if our jobs are lowly compared to hers” (CCA participant, age 25 - 29). Dealing with death and loss was also a frequent response to this question—“Going to a client’s home and finding they have passed away” wrote one CCA, age 30 - 34. Improved social relationships and communication values was a theme identified by a number of CCAs— “More meetings with my employer about how things are going” (CCA participant, age 20-24) and “ More team meetings with CCAs, care coordinator and nursing supervisors and improved communication” (CCA participant, age 40-44). Such comments exemplify CCAs desire for more communication with their workplace.

Flexibility/work-life balance values appeared to be frequently addressed. Typical responses to the question on worst things included “ weekend shifts, evening shifts, split shifts” (CCA participant, age 55 - 59) and “ too much travel, unsure hours-hard on family life, and scheduling problems” (CCA participant, age 35 -39). Extrinsic values were also identified but usually in response to “what could make their field of employment better for CCAs” such as “ Better pay, benefits and hours” (CCA participant, age 45 - 49), and “hire them in permanent positions, not casuals” (CCA participant, age 40 - 44). There were also CCAs who wrote “I can’t think of anything.”

The number and theme of the responses to the open-ended questions in Section 5 regarding advice to CCAs and suggestions to improve the system were similar but not easily categorized as these qualitative responses have not yet been coded and entered into a database due the length and number of all narrative responses. However, many included reference to the relationships they develop with their clients, such as the CCA who wrote: “For me it was the contact with the clients, working on my own and feeling wanted. Most of the people are so happy to see us because we help them to stay in their own homes” (CCA survey participant, age 45 - 49).

Other comments referred to their relationship with their employer and their interactions within workplace. When asked “Would you recommend your workplace to another CCA?” many responded positively. “Definitely, they are reasonable, approachable, and will work with you on solving problems and making sure your work schedule fits your life” wrote one respondent (CCA survey participant, age 30 -34). Others provided some insight into improving recruitment efforts: “Going back to school at age 47 was scary, but it was the best thing I did. I enjoy my work and am constantly

trying to entice other people my age to do the same. The money is great and the reward in helping others is priceless!” (CCA survey participant, age 45 - 49). Others offer words of encouragement to prospective CCAs: “Continuing care is a good opportunity for middle aged (and older) people—especially men—*desiring more meaningful* work for the duration of their careers.” (CCA survey participant, male, age 55 - 59).

Realistically, not all responses were positive, but there were more positive than negative responses. Although some CCAs could not think of anything to write or recommend, most did offer positive suggestions for CCAs considering the field and discussed the benefits of the position. Clearly, an overall sense of job satisfaction was reflected in the respondents’ comments and statistically validated in the findings. “It’s a very rewarding job, and when I go home each day, I don’t feel tired, I feel good because I’ve helped so many!” (CCA survey participant, age 45 - 49).

## Chapter 6: Discussion

In Nova Scotia, as in the rest of Canada and elsewhere, sufficient health human resources pose a challenge to effective delivery of services within the healthcare system. Changing demographics of an aging population have created increasing numbers of healthcare users at a time of decreasing availability of healthcare providers in all disciplines including CCAs. To facilitate recruitment of a sufficient number of CCAs, it is important to profile the existing workforce, understand what CCAs seek in employment, and what factors influence their choice of career path. This research study attempts to fill a gap, providing data regarding socio-demographics, values, and work experiences of CCAs in Nova Scotia, and by identifying factors influencing candidates to become CCAs, in particular, to choose to work in home care.

A profile of CCAs is not readily available in Nova Scotia. Because the CCA membership is not regulated, there is no central registry to maintain basic profiles and contact information of CCAs. The CCA Program Administration does maintain a limited database recording fundamental information on CCA graduates from 2000 onward, but due to inconsistent coding, the ages of the CCAs recorded in the database are not readily retrievable for analysis. Furthermore, name and address changes are not updated. Without a central registry it is difficult to contact CCAs directly and/or profile the existing workforce to inform human resource planning and recruitment.

Information obtained from surveys submitted by 204 CCA graduates was analyzed to understand relationships among the socio-demographics characteristics, the workplace characteristics, and the factors present in that workplace. The CCA sample in this study closely mirrors the CCA population of Nova Scotia with regard to sex, age,

community, and field of work, validating that survey participants were representative of the total CCA population and thus the study's findings can reasonably be applied to CCAs throughout Nova Scotia. The discussion and implications of key findings are organized by the research questions.

#### *Relationships Between Place of Work and Job Values*

Studying workplace characteristics and job values encountered by CCAs provides a picture of their preferred job and identifies factors that might be enhanced or highlighted to attract potential CCAs to home care. Independent-samples T-tests were used to explore the first two research questions of this thesis. Results identified significant relationships with all five job value and the CCAs' selected field of employment.

The findings revealed that job values were present to a higher degree in the workplace for home care CCAs than for those not in home care. This was likely a major contributor to the greater degree of job satisfaction in home care as demonstrated by level of overall job satisfaction the home care CCAs reported. The majority of home care CCAs (55%) reported being "very satisfied" with their job compared to 29% non-home care CCAs. In addition, the low turnover rate for CCAs in Nova Scotia of 2.5% per year in home care compared to 10% for nursing homes supports this supposition (Health Care Human Resource Sector Council, 2008).

A closer look at the 19 various items comprising the five job value scales revealed that home care CCAs, with one exception, consistently rated the variables of the job values as more likely to be present in their work environment than non-home care CCAs. The single exception to this was with the lowest scored item, "influencing employer's

decisions” where the non-home care CCAs rating matched that of home care CCAs. For CCAs in home care, significant relationships were identified with 12 of the 19 variables including items from all five job value scales, when compared with non-home care CCAs.

*Extrinsic job values.* Although the extrinsic job value was ranked fourth among the job values, it was rated moderately high with an average of almost eight, and reveals the greatest differences between home care CCAs and non-home care CCAs. Considering 69% of all surveyed CCAs reported they contribute more than 50% of their total family incomes (see Appendix E), it was easily understood that extrinsic factors, although not necessarily the highest scored job value, would prove important to CCAs as they work to support family microsystems with basic needs like food and shelter. This finding was also in keeping with Herzberg’s motivational-hygiene theory that states that adequate extrinsic rewards are required to prevent job dissatisfaction and increased job turnover. The low job turnover rate experienced in home care in Nova Scotia (Health Care Human Resource Sector Council, 2008; NS Association of Health Organization, 2005) and high level of satisfaction were indicators that extrinsic rewards were probably adequate to prevent CCA dissatisfaction when working in home care.

All CCAs agreed or strongly agreed that “job security” was provided by their workplace, rating it highest of all extrinsic variables, however, home care CCAs experienced “job security” significantly more than their non-home care counterparts. “Good pay” and “good benefits” were also scored significantly higher for CCAs working in home care, but not to the same degree as “job security”. Although extrinsic job values were not as highly rated as three other job values, “job security” and “good benefits”

exhibited significant differences between CCAs in home care and their non-home care counterparts.

The high level of job satisfaction and low turnover rates within home care in Nova Scotia are not consistent with most of the reviewed literature. A number of studies reported dissatisfaction for those working in home care due to pay being lower than in other healthcare fields, reflecting a state of insufficient extrinsic rewards (Cameron et al., 2004; Denton et al, 2005; Home Support Worker Labour Force Adjustment Committee, 2006; Krueger et al., 2002).

Anecdotally it has been identified that extrinsic compensations may differ in the private sector within Nova Scotia. This study, however, identified neither private sector employers nor private rates of pay. Consequently, actual variation in compensation rates between the various private employers and the public sector are unknown. Pay discrepancy between healthcare fields does not occur within Nova Scotia's publicly support healthcare due to intervention at the exosystem level within the last decade. The Nova Scotia government sets compensation rates at a consistent wage scale among the three main fields of public sector employment for all CCAs, namely home care, nursing home, and acute care. CCAs working in home care also receive compensation for travel time and mileage cost; an extrinsic benefit not consistently available nationally (Canadian Home Care Human Resource Study, 2003; Home Care Sector Study Corporation, 2003).

These exosystem level practices have had positive impact on reducing incidences of CCA dissatisfaction related to the extrinsic job rewards. In fact, when asked to comment on the best things about being a CCA, respondents often included positive comments about their pay and benefits. When planning recruitment strategies, fair and

equal compensation is a key factor that both employers and the wage-setting policy makers must continue to consider in order to support home care as a viable career, and to enable effective recruitment. Job security is one area that prospective employers should highlight in their recruitment strategies when attempting to attract CCAs, especially those returning to Nova Scotia during the present economic downturn.

*Intrinsic rewards most prevalent of job values.* Intrinsic rewards were rated the highest of the five job value scales with most CCAs agreeing or strongly agreeing that their workplace provided them with intrinsic rewards regardless of work environment. The relationship of CCAs with intrinsic rewards was identified as having a high degree of statistical significance, with CCAs in home care indicating stronger agreement on the presence of intrinsic job values than non-home care CCAs. Two of three intrinsic variables, “work that is interesting” and “on average I look forward to going to work” were found to occur significantly more often in home care than in non-home care settings. This was frequently reflected in the narrative comments of the surveyed CCAs, stating they “love their career and enjoy going to work everyday”, that “everyday is different and the clients are so interesting”.

The value of intrinsic rewards is frequently identified as the most desirable aspect of a job for most workers (CPRN, 2005, Hughes et al., 2003). The findings for CCAs are consistent with the data on general workers across Canada studied by Hughes et al. (2003). Clearly CCAs, like other workers, appreciate interesting work that provides a sense of accomplishment, resulting in their looking forward to their next workday.

CCAs characteristically develop a close relationship with clients. Previous research reports that CCAs receive recognition from their clients (Home Support Labour

Force Adjustment Committee, 2006; Matthais & Benjamin, 2005, Nugent & Palmer, 2005). This was re-affirmed in participants' frequent comments on the positive relationship with the clients, the warm welcomes and the frequent expressions of appreciation received from clients and clients' families. In view of the high level of job satisfaction reported by home care CCAs, the findings of this study support Herzberg's (1968/1987) assertion that intrinsic rewards are critical to achieving job satisfaction.

*Home care lacks flexibility/work-life balance.* Compared with CCAs in non-home care settings, CCAs in home care scored significantly higher on the level of flexibility and work-life balance afforded them in their employment. However, CCAs in both home care and non-home care scored this job value the lowest of the job value scales. This is not an indication of its importance, but rather identifies the presence, or lack of opportunity for flexibility in the workplace. It was not clear whether this job value occurred less frequently because employers have not realized the possibilities and benefits of work-life balance items, if these values were simply not recognized as important to current CCAs, or if the structure of the mesosystem does not enable flexibility and work-life balance. Certainly the nature and complexity of home care provision, with much of the care being time specific like morning personal care and nightly "tuck-ins," along with client cancellations, makes it difficult to have predictable and thus flexible work assignments.

Only the three lowest-rated job variables were identified as being present in the workplace by a greater percentage of non-home care CCAs than home care CCAs. These value items were "good chances for advancement", "opportunity to schedule own work within established limits", and "ability to influence their employers' decisions related to

my work.” Considering the latter two variables were components of the flexibility job value scale suggests that flexibility/work-life balance may be one factor influencing CCAs to choose not to work in home care. For that reason, this is an area employers might focus on to improve recruitment and retention of CCAs to home care. This might prove especially effective in recruiting CCAs in their 20s and 30s, the age groups least represented in the survey sample and who most likely require flexibility to meet the needs of their family microsystems.

Regardless of the current cause, employers should plan to provide flexibility and work-life-balance in their workplace based on the research literature identifying flexibility/work-life balance as one of the top most sought after job characteristics by general workers (Duxbury & Higgins, 2003; Hunsley, 2006; Lowe & Schellenberg, 2002). This study did identify a decreased proportion of CCAs with dependent children among the participants compared to those without dependant children. Although this could have a number of contributing factors including the sample population being recent CCA graduates, it could also be an indication that CCAs with children look for other fields of employment where flexibility/work-life balanced may be more prevalent. Regardless of the cause, this is an area prospective employers should cultivate to increase recruitment.

### *Socio-demographic Effects*

The third and final question in this study was chosen to determine which, if any, socio-demographic variables might be related to CCAs response to key job values identified as influencing one’s decision to work in home care. One-way ANOVAs found significant relationships with only two of the eight considered socio-demographic

variables for CCAs in home care—membership in a visible minority, and the size of community—and only within communication/social relationship job values.

*Visible minority.* Home care CCAs who were members of a visible minority strongly agreed communication/social relationships job values described their home care job more often than CCAs who were not of a visible minority. Although no clear explanation for this result was identified, it may well be related to the one-on-one relationships between CCAs and care recipients. When visible minority CCAs are providing care in a home, they may no longer feel their minority status, as they interact one-on-one with clients. In being the primary careprovider, they may also see themselves as being more valuable and worthy—something that may not always be easily attained in the mesosystem of general society.

Members of visible minorities could add to the potential pool of employees and in the future, immigration will likely be a key source of human resources for Nova Scotia. Visible minorities, including non-immigrants, represent 27% of home care CCAs participating in this study. Highlighting characteristics of communication/social relationships job values in recruitment advertising could heighten interest among even more members of visible minorities in a CCA career in home care.

Publishing compliments received from clients regarding specific CCAs in staff newsletters, or posting them in the workplace, could contribute to both retention and recruitment. As with Herzberg's theory, it is the broader more intangible intrinsic values, including communication/social relationships that provide true job satisfaction. Satisfied staff can prove to be an employer's most effective recruitment source (Chapman et al., 2005; Collins & Stevens, 2007; Humber, 2007).

*Community.* The size of community in which CCAs lived was the second socio-demographic influencing a significant relationship with home care CCAs. Home care CCAs who lived in rural areas rated the prevalence of communication job values significantly lower than those who lived in small or large towns and cities. Again there is not a definitive answer to explain why this occurs. Considering this job value highlights social relationships, it may be influenced by various microsystems associated with the variations in the size of communities, including families, church, schools, and employers. Population in rural communities is spread out. As a member of a rural community, a CCA may know most, if not all, community residents, but may have limited opportunities for social interaction with coworkers, supervisors, and clients because of greater geographical distances. Rural CCAs may rarely see coworkers and infrequently meet with supervisors. When providing home care in rural locations, CCAs may have to spend more of their shift traveling between clients, reducing total daily interaction times with their clients and face-to face contact with supervisors.

Social exchanges in cities and large towns for the general population are generally thought to be limited as individuals tend to be more guarded with interactions outside their personal microsystems. CCAs providing home care, however, have more opportunities to interaction with people in their city or town through home care visits with clients and their families, increasing their sphere of relationships and social interaction. Clients are physically closer, so home care CCAs spend less time traveling and have more time interacting with clients. In addition, home care agencies in cities and large towns usually have more staff and are centrally located and readily accessible to CCAs, thus facilitating regular staff gatherings, enabling supervisor support and more

frequent coworker contact and social networking.

It may be that small towns combine the best features of the city/large town and the rural community in relation to the provision of communication/social relationships for CCAs in home care. Distances between clients are generally shorter, enabling more visits, and hence, the satisfaction of more interactions per day. The distance to the home support agency head office is usually less than in rural settings and may even be easier to access than in cities, where finding parking can be an issue. This facilitates staff interactions through both formal and informal staff meetings, as CCAs come in to the office to get their daily assignments and supplies.

Employers must consider the challenges presented by the size of their communities and the effect on communication/social interaction job values for CCAs. In rural areas, employers might consider promoting opportunities for staff interaction. In nursing homes, coworkers work side-by-side, take breaks together, sharing both personal life experiences and challenges in their work-life, thus supporting each other. Those in home care may miss out on social relationship aspects of the job, unless the employer makes a conscious effort to foster such opportunities.

Regular face-to-face meetings and formation of small work teams based on geographical location might prove useful in providing coworker contact and mutual support. Encouraging team building social events may prove valuable, like sponsoring sports teams, scheduling staff picnics, celebratory parties, and joint educational sessions. Although it may involve a financial cost, such activities can demonstrate the employer's commitment to an employee. Again, the literature reports that such interventions promote job satisfaction, leading to increased retention, decreased requirement for recruitment,

and increased recruitment through satisfied staff (Nugent & Palmer, 2005; Scanlon, 2001; Wright, 2005).

*Other socio-demographics.* The socio-demographic variables age and family status were not identified as having significant relationships involving any of the five job values. However, they are noteworthy as they have unequal representation among CCAs working in home care when compared to those in non-home care. The findings identified that among the CCAs in this study, there were fewer CCAs working in home care with dependent children than without children. There were also fewer CCAs between 30-39 years age, the age range that typically would include parents with dependent children. Although these two situations could be the result of many factors, one area worthy of consideration is the lack of flexibility and work-life balance available in home care employment. Increased flexibility and work-life balance in home care may be an influencing factor for those between 30 and 39 with dependent children, providing another recruitment source for home care CCAs.

#### *Policy Implications for Employers and Governments*

The findings clearly identify that CCAs in home care receive many intrinsic rewards from their work and experience a high degree of job satisfaction, reaffirming Herzberg's motivation-hygiene theory. The CCA participants also spoke of adequate extrinsic rewards, and especially of good job security. But there are challenges with working in the home care field, with definite areas for improvement, such as lack of flexibility and work-life balance. The information provided through the analyses in this study can help employers and policy makers develop effective recruitment strategies to attract more CCAs to home care. Learning what is valued by CCAs who have already

selected home care can provide direction to employers to know which features to highlight. It is also important to consider what factors do not have a strong presence in home care now, and especially what is more prevalent in other fields, so that home care employers can consider augmenting those job values items. The findings in this study point to a number of policy implications that employers, government, and other policy makers must consider in order to address the need for more CCAs in home care.

Recruitment of healthcare providers, and in particular CCAs, continues to be a priority in Nova Scotia (NS Department of Health, 2006a). This is an issue that cannot be effectively addressed by only one group of stakeholders. Employers, government, and others must understand the current CCA profile and the job qualities that are important to CCAs before they can hope to develop effective recruitment strategies. Findings discussed in this study demonstrate that there are many factors influencing a person's choice to work as a CCA in home care. As well, there are significant differences among CCAs working in the various healthcare fields. Being sensitive to these factors and differences will help to develop effective recruitment strategies.

It is hoped that findings identified by this research will offer valuable assistance in informing employers and policymakers to optimize conditions for increasing CCA recruitment and retention. An important overarching finding is the high level of job satisfaction reported by CCAs, especially in home care. This is a strong indication that being a CCA career can be a fulfilling, an important point that can be used to build successful recruitment strategies.

Of the five job value scales explored in this research, one stands out because of its infrequent presence in the workplace: flexibility/work-life balance. Research gathered on

healthcare providers has identified flexibility and work-life balance as becoming increasingly more important in the workplace, and an expectation of a younger generation (Duxbury & Higgins, 2003; Hunsley, 2006; Lowe & Schellenberg, 2002; Neault, 2005). Based on the profile of the graduates surveyed, fewer CCAs with dependent children worked in home care compared to non-home care fields and, perhaps not surprisingly, there was a parallel reduction in 30-39 year olds. Although a significant relationship was not identified involving these demographics with either group of CCAs, it could be reasonable to conclude that one contributor to their reduced presence in the sampled home care CCAs may be the lack of flexibility and work-life balance in the workplace.

Flexibility/work-life balance is an area employers and policy-makers should focus on for change. These job values often can be addressed at little or no financial cost to employers, but may entail switching from job-centered to employee-centered policies, like moving to self-scheduling, and increasing part-time positions without loss of benefits. Introducing a pilot of self-scheduling for CCAs could improve opportunities for those with dependents to work while still meeting family needs. Those at the exosystem level, like the government and other funding bodies, could consider reducing the current number of hours worked required for CCAs to be eligible for health and employment benefits. While this would be a complex policy change, impacting many levels of governance and workforces, it could be implemented slowly or partially at first. Enabling more people to work part-time or flex-hours, while still being eligible for benefits such as health coverage, would prove a double incentive for prospective employees to join the workforce.

To implement these ideas successfully would require support at many levels—the microsystem of coworkers, the mesosystem, such as the collective system of home care providers and the unions, and the exosystem levels of governance, such as board members and government. Employers could, however, begin by implementing small interventions that would make a difference. Scheduling was one area that received a number of negative comments from the CCAs in the narrative responses and at least one CCA suggested her employer should let her do her own scheduling because she knows her clients best.

CCAs who participated in this study strongly agreed that intrinsic job values were provided in their workplace and, as Herzberg (1968/1989) identified, intrinsic rewards are key to job satisfaction. Employers must work to ensure this value is fostered in the workplace. In addition, they should consider highlighting intrinsic rewards that are available to those in home care when developing advertising campaigns and talking with prospective employees.

Extrinsic job value is another area employers and policy makers must be careful not to neglect. Although extrinsic rewards were reported to be present in the workplace, they were not as prevalent as other job values. Many CCAs agree they have job security, but levels of benefits and pay did not score as highly as other job value items. Although the wages have improved in Nova Scotia since 2000, especially in home care, there is room for improvement. Lower wage rates are not uncommon in female-dominated careers and the CCA continues to be such a role. However, attracting more males to become CCAs could help to increase the extrinsic rewards, including wages, associated with this career choice.

Many CCAs are major, if not sole, contributors to their household incomes. To choose a CCA career, many need to know they will earn sufficient wages to meet family needs. Despite the standard wage situation for CCAs working in the public supported continuing care sector, the availability of full time hours is not consistent between home care and non-home care. The nature of home care usually results in gaps during the work day, whereas in nursing homes and acute care, CCAs generally work and are paid for eight or twelve hour shifts. In addition, those in the non-public sector are usually paid a lower hourly rate. The establishment of policy should be considered for a standardized wage for CCAs, providing them with equal pay for equal work regardless of where employed, whether employed in the public or private domain. As healthcare funding becomes tighter, it will be increasingly important for governments to avoid trying to scrimp on CCA wages if there are to be sufficient CCAs to meet future home care needs of Nova Scotians.

When employers develop recruitment strategies they should identify and build upon the intrinsic values provided in their work environment. They should consider increasing the type and number of intrinsic practices where possible, and highlight intrinsic job values already present in their workplace when developing their recruitment campaigns. For instance, intrinsic practices that could be added at little or no cost include providing variety in working assignments to increase interest, and supporting staff through education and mentoring to be successful in their care provision. Demonstrating a dedication to enhancing already high levels of intrinsic job values will also help employers to achieve preferred employer status, providing potential economic benefits through improving retention and increasing satisfaction among the employees who in

turn assist with recruiting through word of mouth. The positive effect of such actions was voiced by the surveyed CCAs in their narrative comments. They indicated they felt very well-treated by their employers who provided them with opportunities and involved them in job related decisions. As a result, these CCAs stated they would definitely recommend their employer to others.

When developing recruitment strategies for CCAs, employers should consider the relationship between certain characteristics of the CCAs and the job values. For example, visible minorities strongly indicated that working in home care enabled them to experience a high degree of communication and social relationship job values. Employers should consider developing policies based on this and target advertising for CCAs in this group by highlighting those communication and social relationship job values provided within this role. Since smaller numbers of CCAs are members of visible minorities, this is a segment of the population that should be considered as a potential source of prospective CCAs. The government has a diversity employment policy for advertising and hiring, and must promote this policy to ensure it is employed by the care provider agencies as well (Government of Nova Scotia, 2008). Working together with provincial and federal governments, and immigration agencies, employers can encourage and support fair immigration and hiring policies. This can be a win-win situation for both employers and those within the visible minority group: An untapped source of employees for employers, and the possibility that the visible minorities group find rewarding a career within the role of CCA.

Community size has also been identified as having a significant relationship between CCAs in home care and those in non-home care and the communication/social

relationship job value. Employers need to be aware that CCAs in rural communities fail to report the same level of communication and social relationship value of their job as those in small towns and villages. Identification of the possible causes for this, would allow employers to fill the gap for their employees. For instance, since working in a rural area generally requires more travel between clients and less time interacting with clients and coworkers, employers should consider policies that will build-in more opportunities for staff interaction through social and educational events, and provide the support staff needs to attend. Employers could also actively plan to reinforce positive communication opportunities such as ensuring supervisors have regular and positive one-on-one contact with CCAs. To enable this, employers need to adjust their budget requests and government should consider providing appropriate funding built it into home care agency budgets to provide resources for related travel and education.

The Nova Scotia government should, in collaboration with the Continuing Care providers, develop a comprehensive ongoing database for CCAs. Such a database could record demographics on both work-life and supply and demand information for CCAs, enabling the development of on-going effective recruitment strategies to meet the ongoing need for CCAs.

#### *Study Limitations*

Limitations existed within the scope of this research project. Recognizing the resource limitations of a master's thesis, the research questions focused on a select population of certified CCAs graduating and commencing employment within a three-year period. The study was limited to determining what job values and socio-demographic variables influenced CCAs' choice to work, or not work, in home care. This

study does not identify whether a subject's chosen field is the actual preferred field of employment.

This research encompassed data from only a small number of the CCAs registered on the CCAPAC database and thus is limited and insufficient to provide a clear picture of CCAs in Nova Scotia. Including only those CCA graduates identified and contacted by CCA Program administration affected the response rate. The CCA Program administration had only original names and addresses of CCAs at the time of graduation but not updated information for any CCAs who relocated or changed names, resulting in a diminished accessibility to the target population. Because the CCA Program Administration had exclusive access to the names, follow-up contact to increase response rates was curtailed. Consequently, the final sample obtained was 204 (28%), rather than the original goal of 251 (34.6%).

The sample population was drawn from recent CCA graduates, thus eliminating those working in the role that either graduated prior to 2005 or had not yet achieved CCA certification. This eliminated feedback from many CCAs who have been in the workforce for periods greater than three years, who may harbour work experiences and opinions different from more recent graduates. Also, this study looked only at CCAs post-graduation and their work environment. It did not gather information from those prior to, or at the beginning of their studies, to gain their perspective on factors that may have influenced their choice to become CCAs.

The survey did not distinguish between CCAs working in publicly supported healthcare and those with private healthcare. It is probable that CCAs' experiences related to the five job value scales would differ between those working in differently

funded groups. In addition, this study only looked at CCAs as two groups, (a) those selecting home care and (b) those not selecting home care. The first group contained only those in home care, but the second combined CCAs working in nursing homes with those in acute care and a number of other locations including residential care facilities and self managed care. Some of the “other” locations hired CCAs into positions that did not require CCA preparation, and thus compensated the CCAs filling these positions at a lower rate. This had the potential to skew the results, although an ANOVA using a separated non-home care group did not identify any significant effect.

The number of male CCAs in the study sample was limited to 11, and although this was representative percentage-wise of the larger CCA population, their numbers were too small to analyze. This limitation eliminated sex-based comparisons of the work experiences of CCAs. Additionally, although information was gained regarding dependent children to assess the effect that responsibility might have on CCAs’ choice of employment, the survey did not ask for information regarding any other dependents the CCAs might have, such as elderly parents or other relatives for whom they may be the informal caregiver. Including this information in the study would have provided additional insight into the necessary supports that CCAs have to achieve work-life balance and job satisfaction, and thus influence decisions for choice of employment.

Another limitation was the lack of a specific tool for use with CCAs to identify factors influencing recruitment of CCAs to home care and thus my decision to employ the five job value scales. Although these scales had been validated, they had not, to my knowledge, been used before to study a CCA population. Also, even though the five job value scales were reworked to increase the strength of the Cronbach’s alpha over the

original composition, they were not all at optimum levels of .80 and above, but were between 0.60 and 0.80.

### *Future Research*

Further research is needed on the work-life experiences of CCAs to enhance understanding of what attracts people to a career as a home care CCA. This study focused on who the CCAs were and what values they gained from their careers, to help determine what factors may have influenced them in their choice of home care or non-home care employment. Thus far, only part of the picture has been revealed. Future research should also look specifically at what is important to CCAs in their work-life. Comparing what CCAs want from their career to what they acknowledge they now have in their work environment could help to identify possible job quality deficits and areas requiring improvement.

Corresponding research involving CCAs in nursing homes and also in acute care settings could prove valuable in providing a greater understanding of the CCA career from this perspective, as these venues also have a growing need for CCAs. A longitudinal study of CCAs could provide interest as to the job values associated with retaining workers and how values may differ as the worker ages, and as his or her microsystems change. Such a study could also provide insight into how macrosystem changes, such as those caused by the aging population, and the world economy, affect what individual workers look for when making a career choice. For example, will extrinsic job values become more important as the larger workforce is downsized and incomes and jobs are lost?

Research examining employer/employee relationships would also add to the CCA

profile. Expanding the sample size could provide additional insights, and include sufficient male subjects to enable a valuable gender comparison. One area this study did not cover but is worthy of additional research is the effect of being an informal caregiver at home on the decision to become a formal (paid) careprovider, and specifically its effect on choosing home care as a field of employment.

In collecting data used for analysis in this study, additional information was gathered but not analyzed as it did not fit within the framework of this study. Information such as whom and/or what influenced the CCAs' career choices, information about employer/employee relationships, as well as CCAs' educational experiences were recorded. Other questions addressed the location of the CCA course in comparison with the location of eventual employment, the CCAs' opinion about the program curriculum and delivery, including what worked and what should be changed, as well as any barriers to taking the course. In addition, although the open-ended questions were visual reviewed, and some comments quoted within this text, their content was not systematically analyzed. This information, if analyzed, has the potential to provide additional insight into the factors influencing CCAs in their choice of work environment.

Future research is needed involving CCA students, to provide an understanding of what and who influenced them in choosing to study for CCA certification. Reviewing experiences during their educational program could provide valuable insights into other factors influencing their final decision. What would make the education more attainable? Knowledge, based on student perspectives, could help to design recruitment strategies aimed at those still in high school, those re-entering the workplace, or those looking for a career change.

This study has focused on quantitative data. Additional research on the qualitative aspect of the CCA role would again provide information from a different perspective. Investigating the thoughts of the CCAs could provide insight into the role of the CCA, what works for them and what provides the biggest challenges in fulfilling the role. Broadening our knowledge of the CCAs' role would expand our ability to understand what changes and strategies are needed to attract more people to a CCA career to help meet the future healthcare needs of our aging population.

### *Conclusion*

The face of healthcare in Nova Scotia continues to evolve, in part due to an aging population. Based on the 2006 census, Nova Scotia leads the country with the highest proportion of seniors (15.4%) and is also the first province to have more seniors than youth (15.2%) (Statistics Canada, 2009). To provide for the needs of increasing numbers of frail seniors, more nursing homes are being constructed with the first opening of new beds in May 2009, home care services are expanding to enable people to remain in the community, and hospitals are examining their models of care to enable more efficient delivery of acute care. These changes, which are creating more demand for CCAs, are coupled with an aging population, increased retirement, and decreased number of youth entering the workforce. Together they have created significant human resource challenges for healthcare, including increased demand for, and decreased supply of CCAs to work in home care.

Many factors determine a person's career choice, and this holds true for those choosing CCA. Determining what those key factors are that influence CCAs to work in home care, or to not work in home care, were the research questions driving this thesis

study. This research has begun to fill the gap between what is known about CCAs and what must be learned in order to improve conditions of the job. The findings provided information to increase understanding of the CCAs' role in home care and insight into their work-life experiences.

This research confirms that the many factors that influence CCAs in their career choices come from all levels of the human ecological system. At the microsystem level, the needs and demands of family, friends, coworkers, and oneself, interact to influence career choice. Interactions, and sometimes lack of interactions, with supervisors and quality of relationships with employers are some of factors influencing career choice at the mesosystem level. The exosystem influences come from bodies like policy-makers, funders, regulators, and other government departments. These influences can be seen in the way in which policies have enhanced extrinsic values, but system level regulations may reduce communication values. Changes in demand for workers are driven by macro-level influences. Influence at the macrosystem level include global factors such as an aging population and unstable economic environment intersecting to result in demand for these workers and a potential greater supply (assuming laid-off workers might be willing to train in this area). When planning for effective recruitment, it is essential that employers and government recognize all these influencing factors, and recognize how they can occur at different levels of the ecological model.

Employers, as well as local government, may not be able to create change at all levels. However, by being aware, they may implement change within their sphere of influence and assist and promote change at other levels as well. They can utilize all information available to adapt both their recruitment campaigns and their provisions and

support in the workplace. For instance, by recognizing the need and introducing more flexibility in the workplace, they might attract prospective employees who need flexibility to manage caregiving responsibilities at home. Being cognizant of macrosystem influences, employers could emphasize job security afforded by the CCA role in home care, as an aging population means the numbers of people needing care will continue to grow the need for home care into the foreseeable future.

Another important factor for employers and government to consider in attracting CCAs to home care is the importance of intrinsic rewards for employees provided by the job. As Herzberg (1968/1987) maintained, extrinsic rewards such as pay, benefits, and security, are important and may be the deal-breaker for those considering a job, as they seek adequate financial compensation to support their families. Although extrinsic rewards help avoid job dissatisfaction, they do not provide job satisfaction. Intrinsic rewards are necessary in the workplace to achieve job satisfaction. Fortunately, as identified in this research, CCAs in home care strongly agree that in addition to job security, they have achieved job satisfaction, an indication of the strong presence of intrinsic rewards provided by their career choice in home care.

To increase the numbers of certified CCAs in home care, two things must occur. First, the employer and the government must recognize the gaps in the employment environment and work together to improve the working conditions of CCAs in home care. Second, the message must be broadcast through effective advertising and targeted marketing, to prospective CCAs about this valuable role and the many benefits accompanying becoming a certified CCA in home care. As one CCA participant wrote “I would have done this job years ago if I had only known about it so in my opinion it

wasn't advertised enough for people like me to know about it" (CCA survey participant, age 50 - 54).

But perhaps this career choice is summed up best by the CCA who, when asked for additional comments, wrote: "Home support is the most rewarding job I have ever done. If I won a large lottery (\$30 million) I would not give up my job (my clients are like family)" (CCA survey participant, age 40 - 44).

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Appendix A CCA Survey<sup>1</sup> Spring 2008

A Research Survey to support the Thesis Requirement of Master's in  
Family Studies and Gerontology, MSVU by Donna Dill, Master's student, MSVU  
Contact info: [REDACTED]

**Dear CCA:**

There is a real need for more CCAs in Nova Scotia. Information gained by this survey will be used to help recruit more people to this valuable healthcare role. If you are a certified CCA who joined the work force in 2004 or later, and also are working or have worked as a CCA within the last year, you can help (and become eligible to be entered into a draw for a \$200). Your answers will be used in a summary of the overall responses, but not in individual reports. This survey is both voluntary and anonymous, so your identity will neither be attached to the findings nor revealed in any way. And please be assured, your participation, or non-participation, will not negatively affect you or your employment in any way.

Many of these questions are taken from a national survey by the Canadian Policy Research Network - the EKOS Changing Employment Relationship Survey (Lowe, 2000) to enable comparison, but this survey focuses on CCAs. There are 5 sections to the survey: (1) CCA Baseline Information, (2) CCA Employment History, (3) Influences on Job Choice, (4) Personal Information, and (5) Your Opinions. A few questions (marked with \*) require an answer to move on in the survey, but most are optional so please skip any questions that make you feel uncomfortable. This survey takes about 30 to 50 minutes to complete. Of course, should you wish, you may stop doing the survey at any time.

**Your** information is **very important** and can help make a difference. Completing and submitting this survey indicates your consent to have the information you provide used anonymously in the final reports. I hope you will consider answering this survey - and be sure to click on the link to enter in the draw when you finish - but remember to have both **submitted or postmarked before July 11, 2008 to be eligible.**

Thank you so much, for your consideration, and your time.

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<sup>1</sup>Source: Of the 73 questions in this survey, 34 were obtained with permission from the 2000 Canadian Policy Research Network-EKOS Changing Employment Relationship Survey (CPRN-CERS) (Lowe & Schellenburg, 2001)

**SECTION 1 of 5 – CCA BASELINE INFORMATION**

**In the box below please enter the UNIQUE SURVEY NUMBER, found at the top of the letter sent to you.** This quality control number confirms responses are from selected CCAs. NOTE: this number is not connected to either your name or your employer's.

\*(number required)

**1. Let's start with a basic qualifying question - are you a certified CCA? \***(answer required)

- yes                       no

**If you answered *no* to question # 1, I thank you for your interest,** but unfortunately for the purposes of this survey you must be a CCA in order for your responses to be included. Your opinions are valuable and I hope you will be interested in completing another survey in the future. If you wish to add any further comments you are welcome to do so in the space below.

**2. If you answered *yes* to # 1- what year did you become a certified CCA?** (answer required\*)

- 2004     2005     2006     2007     other (specify)\_\_\_\_\_

**3. Which of the following methods did you use to become a certified CCA?** (check all that apply)

- CCA program through a college
- CCA program through an employer
- previous certification plus CCA equivalency
- blended delivery of CCA Program (on-line plus other)
- PLAR (prior learning assessment recognition)
- other (specify)\_\_\_\_\_

**4. When studying to become a CCA, were you a full-time or part-time student?**

- full-time                       part-time                       other (specify)\_\_\_\_\_

**5. In which county did you study to become a CCA?**

- |                                      |                                      |                                     |                              |
|--------------------------------------|--------------------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> Annapolis   | <input type="checkbox"/> Guysborough | <input type="checkbox"/> Pictou     | <input type="checkbox"/> n/a |
| <input type="checkbox"/> Antigonish  | <input type="checkbox"/> Halifax     | <input type="checkbox"/> Queens     |                              |
| <input type="checkbox"/> Cape Breton | <input type="checkbox"/> Hants       | <input type="checkbox"/> Richmond   |                              |
| <input type="checkbox"/> Colchester  | <input type="checkbox"/> Inverness   | <input type="checkbox"/> Shelbourne |                              |
| <input type="checkbox"/> Cumberland  | <input type="checkbox"/> Kings       | <input type="checkbox"/> Victoria   |                              |
| <input type="checkbox"/> Digby       | <input type="checkbox"/> Lunenburg   | <input type="checkbox"/> Yarmouth   |                              |

**6. How important to you were each of the following when deciding to become a certified CCA?** Please rate each on a scale of 1 to 5 (with 1 = not at all important and 5 = very important).

	1 = not at all important and 5 = very					
	1	2	3	4	5	n/a
Qualifications to take course (e.g. Education)						
Availability of financial assistance						
CCA program easily accessible						
Ability to earn income while studying						
Total time required for course						
Need for a driver's license and car						
Support from my employer						
Job opportunities for CCAs						
Cost of taking the CCA program						

**7. How did you hear about becoming a CCA?** (check all that apply)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> employer              | <input type="checkbox"/> family member | <input type="checkbox"/> job postings |
| <input type="checkbox"/> transit ads           | <input type="checkbox"/> newspaper     | <input type="checkbox"/> counselor    |
| <input type="checkbox"/> radio                 | <input type="checkbox"/> job fair      | <input type="checkbox"/> tv ads       |
| <input type="checkbox"/> internet              | <input type="checkbox"/> school        | <input type="checkbox"/> friend       |
| <input type="checkbox"/> other (specify) _____ |  |                                       |

**8. Where did you find the information you needed to enroll in the CCA program?**

(check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> website        | <input type="checkbox"/> community college | <input type="checkbox"/> CCA program administration |
| <input type="checkbox"/> career college | <input type="checkbox"/> future employer   | <input type="checkbox"/> employer at the time       |
| <input type="checkbox"/> brochure       | <input type="checkbox"/> newspaper         | <input type="checkbox"/> other                      |

**9. In your opinion, how important were the following people in influencing your decision to become a CCA?** Please rate each on a scale of 1 to 5 (with 1 = not at all important and 5 = very important).

	1 = not at all important and 5 = very					
	1	2	3	4	5	n/a
Mother						
Father						
Teacher						
Sister/brother						
Guidance counselor						
Classmate/friend						
Other						

**10. Next are some other factors you may have considered when deciding to become a CCA. Please indicate how important each of the following were in your decision by rating each on a scale of 1 to 5 (with 1 = not at all important and 5 = very important).**

	1 = not at all important and 5 = very					
	1	2	3	4	5	n/a
Career prestige						
Close friend(s) or family member is a CCA						
Easy to get work as a CCA						
Opportunity for promotion and advancement						
Availability of regular work hours						
Amount of travel required in the job						
Good benefits, medical plan, and vacation						
Flexibility of job						
This work has a positive image in community						
A desire to help others						
Opportunities for personal growth						
Expected work schedule						
Compensation or pay						
Work is close to home						
Life style with this career is attractive						
Seemed like rewarding work						
Close friend/family member works in healthcare						

**11. Now that you are a certified CCA, how important were the following factors to you in choosing your field(s) of employment- for instance, why you work in home support rather than a nursing home; or in a nursing home rather than home support or acute care? Please rate each on a scale of 1 to 5 (with 1 = not at all important, to 5 = very important).**

	1 = not at all important and 5 = very					
	1	2	3	4	5	n/a
the working environment						
the rate of pay						
the amount of travel on the job						
the ability to plan work hours						
working alone						
working with a team						
the work/life balance						
hours work well with family needs						
regular contact with clients/residents						
job easy to get						
job recommended by an employee						
the benefits (pension, medical, etc)						
the job security						

**SECTION 2 of 5 – CCA EMPLOYMENT HISTORY**

*This section collects information on current employment status of CCAs to help understand why CCAs choose to work in their workplace and field of healthcare. NOTE: If you have more than one workplace, please answer the questions in this survey based on the workplace you prefer among all those in which you are currently working as a CCA. (You will be asked to identify this in # 15)*

**12. Are you currently working as a CCA? \*(answer required)**

- yes                       no

**13. If you answered "no" to the above question, please indicate why you are not working as a CCA (check all that apply)**

- no work available                       do not have a car/transportation to job  
 do not enjoy the work                       family/other commitments prevent me from working now  
 do not need to work                       have health issues, other than workplace injury  
 had a work place injury                       just wanted a break from my job  
 other (specify)\_\_\_\_\_

**14. In which field(s) of health care do you work as a CCA? (Please select all that apply).**

- home care                       nursing home                       acute care  
 other (specify)\_\_\_\_\_

**15. If you work in more than one healthcare field, which one of those fields is the one you prefer? NOTE: Remember to base your answers to the remaining survey questions on the field/ workplace that you identify here as your preferred field in which you now work. (answer required)**

- home care                       nursing home                       acute care  
 other (specify)\_\_\_\_\_

**16. How satisfied are you that your CCA program adequately prepared you to begin working as a CCA in the field that you are now working in?**

- Very Satisfied  Satisfied  Neutral  Dissatisfied  Very Dissatisfied  Not sure

**17. What do you think could be added, or changed, in the program to better prepare you? (check all that apply)**

- more class tim  
 more practice in your preferred workplace  
 a buddy or mentor when you started to work  
 additional topics (specify)\_\_\_\_\_  
 other (specify)\_\_\_\_\_  
 nothing to be added or changed



**22. If there are other benefits that would be important to you when considering a new job, include them here and indicate how important they would be, using the same rating scale of 1 to 5 (with 1 = not important at all, and 5 = very important).**

**23. Which of the following statements best reflects the vacation benefits you receive as a CCA in your current job?**

- 4% vacation pay paid out on pay checks on a regular basis
- set number of vacation days off (with pay) each year
- don't know
- other (specify) \_\_\_\_\_
- neither - do not receive vacation benefits

**24. Are you currently covered by a medical and/or dental plan through a spouse/partner's benefits?**

- yes  no  not sure  other (specify) \_\_\_\_\_

**25. From following list, which best describes your employer's type of ownership?**

- private-for-profit organization
- private-not-for-profit organization
- non-profit (e.g., government or municipal owned)
- not sure (not sure)
- other (specify) \_\_\_\_\_

**26. What hours or shifts do you usually work? (check all that apply)**

- days  evenings  nights
- weekends  Mon. to Fri.  on-call/call-back
- 8 hr shifts  12 hr shifts  less than 8 hrs/day
- split shifts  other (specify) \_\_\_\_\_

**27. As a CCA, on average how many hours per week, including overtime, do you usually work?**

- 0 - 9  10 - 19  20 - 29  30 - 39  40 - 49  50 or more

**28. Would you prefer to work more hours per week than you usually do?**

- yes  no  not sure

**29. If you now regularly work the number of hours per week you prefer, how long did you work with this employer before getting the number of hours each week you wanted?**

- as soon as I was hired                       within the first 3 months  
 after 3 months but within 6 months       after 6 months but within the 1<sup>st</sup> year  
 more than 1 year ( specify)\_\_\_\_\_

**30. If you don't work more than 30 hrs/week, what is the main reason(s) you don't?**

- own illness or disability                       couldn't find work with more hrs/week  
 caring for ill relative/friend               other personal or family responsibilities  
 going to school                                       business/union contract conditions  
 caring for own children                       no need to work more than 30 hrs  
 don't want to work any more hours,  other (specify)\_\_\_\_\_

**31. Do you normally get paid for overtime hours that you work, either in wages or time off?**

- yes               no               sometimes               not sure

**32. How many unpaid overtime hours per week do you work on average at your job?**

**33. What year did you begin working for your present employer as a CCA?**

- 2007       2006       2005       2004       2003  
 other(specify)\_\_\_\_\_

**34. Did you work for your current employer in another capacity, prior to working as a CCA? If yes, please specify when and in what role or type of job.**

- no               yes (specify)\_\_\_\_\_

**35. Looking back over the past 12 months, to what extent did you worry that you would not have enough work?**

- never       rarely       sometimes       often       always       not sure

**36. Is your job permanent, that is has no end date, or is it temporary?**

- permanent (go to # 40)                       temporary                       don't know / not sure

**37. If your job is temporary, in what way is it temporary?**

- work through a "temp" agency / staffing service  
 temporary, term or contract with my workplace  
 casual job  
 other (specify)\_\_\_\_\_

**38. How many temp agencies or staffing services are you currently using to get work?**

- 1       2       3       other (specify) \_\_\_\_\_

**39. How likely is it that your temporary job will lead to a permanent job with the organization in which you have been placed?** (select one)

- very unlikely       somewhat unlikely       neither likely nor unlikely  
 somewhat likely       very likely       n/a or don't know

**40. Do you prefer to have a permanent job?**

- yes       no       n/a or don't know

**SECTION 4 OF 5- PERSONAL INFORMATION**

*You're half way!* This section includes a series of statements that might describe your job situation and will provide information on what influences job choice. You will notice several of these questions have 2 parts. **NOTE:** Please continue **to respond** to the statements as they **relate to the job you prefer** among those in which you now work as a CCA, that is working in \_\_\_\_\_ (please specify as in #15)

**41. Following are a series of questions that might describe your current, preferred, job situation.** Using a scale of 1 to 5, please indicate if you 1) strongly disagree, 2) disagree, 3) neither agree nor disagree, 4) agree, or 5) strongly agree that your job:

	1= strongly disagree and 5 = strongly					
	1	2	3	4	5	n/a
gives you a feeling of accomplishment						
is very hectic						
requires a high level of skill						
requires a lot of physical effort						
allows you freedom to decide how to do your work						
lets you develop your skills and abilities						
is very stressful						
requires that you do the same task over and over						
allows you to choose your own schedule within established limits						

**42. Here are more statements that might describe your job.** Again, using the rating scale of 1 to 5, please tell me if you 1) strongly disagree, 2) disagree, 3) neither agree nor disagree, 4) agree, or 5) strongly agree with each of the following:

	1 = strongly disagree and					
	1	2	3	4	5	n/a
Your employer treats you with respect						
Communication is good among the people you work with						
You have clear guidelines about what is required of you in your job						
The morale in your workplace is low						
You can influence your employer's decisions that affect your job/ worklife						
You get the training needed to do your job effectively						
Your employer has a strong commitment to you						
Your job security is good						
Your job allows you to balance your work and family or personal life						
The people you work with are friendly and helpful						
The pay is good						
The benefits are good						
The work environment is healthy						
The work environment is safe						
You are free from conflicting demands that other people make of you						
The work is interesting						
On an average day you look forward to going to work						
You receive recognition for work well done						
You have a good relationship with your supervisor						
Your chances of career advancement are good						

**43. On a scale of 1 to 5, where 1 means very dissatisfied and 5 means very satisfied, how satisfied are you with your job?**

( ) very dissatisfied ( ) dissatisfied ( ) neither ( ) satisfied ( ) very satisfied

**44. In the past 12 months, have you...** (select all that apply)

- ( ) looked for a job as a CCA with another employer
- ( ) made plans to become self-employed as CCA
- ( ) considered changing careers
- ( ) other (specify) \_\_\_\_\_
- ( ) none of the above

**45. Considering your experience, education, and training, do you feel you are overqualified for your job?**

( ) yes ( ) no ( ) undecided ( ) other (specify) \_\_\_\_\_

**46. This next group of statements are on work commitment and trust.** Using the rating scale of 1 to 5, please indicate if you 1) strongly disagree, 2) disagree, 3) neither agree nor disagree, 4) agree, or 5) strongly agree with each of the following:

	1 = strongly disagree and 5 = strongly agree					
	1	2	3	4	5	n/a
I find my values and the organization's values are the same						
I am proud to be working for this organization						
It would be difficult for me to cope financially if I lost my job						
It would be difficult to find another job as good as my current one						
I'm willing to work harder to help this organization succeed						
I feel very little loyalty to this organization						
I feel very committed to the kind of work I do in my job						
I trust my employer to treat me fairly						
I trust my employer to keep me informed about matters affecting my future						

**47. Looking back over the last 12 months in your preferred current job, how frequently have you...**

	never	rarely	some times	often	very often	not sure
received the feedback you need to do your job well						
had difficulty keeping up with the workload						
lacked necessary tools, equipment, & other resources to do your job well						

**48. In your role as a CCA, do you belong to a union?**

yes       no       not sure

**49. How likely is it that you would want to join a union if one existed in your workplace or profession?**

very unlikely       unlikely       neither likely nor unlikely  
 likely       very likely       don't know/not sure

**50. Now I'd like you to think about what's important for you in a job. If you were looking for a new job today, how important would the following be to you? Please answer on a scale of 1 to 5, where 1 means not at all important and 5 means very important.**

	1 = not at all important and 5 = very important					
	1	2	3	4	5	n/a
work that pays well						
work that comes with good benefits						
work that is interesting						
work where your employer has a strong sense of commitment to you						
work where you feel a strong sense of commitment to your employer						
work where communication is good among people with whom you work						
work where your job security is good						
work where the people you work with are friendly and helpful						
work that allows you to balance your work and family or personal life						
work that gives you a feeling of accomplishment						
work that allows you freedom to do your job						
work that lets you develop your skills and abilities						
work where the chance of career advancement is good						
work where you receive training you need to do the job effectively						
work where you receive recognition for work well done						
work where you can choose your schedule within established limits						

**51. I would like you to think about your current relationship with your employer. What would be the single most important change you would like to see in your relationship with your employer? ( Please provide a full description, if you can.)**

**52. Considering your career as a CCA, what do you think are the three (3) best things about being a CCA? (Please rank you answers 1st, 2nd, and 3rd, with 1st being best.)**

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

**53. Now, considering this from the opposite point of view, what do you feel are the three (3) worst things about being a CCA.** (Please rank your answers 1st, 2nd, & 3rd, this time with 1st being the worst.)

1st \_\_\_\_\_  
 2nd \_\_\_\_\_  
 3rd \_\_\_\_\_

**SECTION 4 OF 5 - INFLUENCES ON JOB CHOICE**

*Almost done! This section will provide some background information to help create a picture of those who have chosen a career as a CCA. These questions are personal, so if you do not wish to answer any particular questions, please skip them but continue with the survey. Thank you.*

**54. Gender**

male  female

**55. Please select your age group from the following:**

15 - 19     20 - 24     25 - 29     30 - 34     35 - 39     40 - 44  
 45 - 49     50 - 54     55 - 59     60 - 64     65 and over

**56. Do you consider yourself a member of a visible minority?**

yes  no

**57. To make comparisons easier, Statistics Canada identifies different types of living environments or communities, based on the size of the population.**

Which of the following best describes the community where you live?

city (population over 100,000) (Halifax or Sydney)  
 urban (town 10,000 or more) (Truro or New Glasgow)  
 urban other (town or village, population 1,000 to 10,000)  
 rural (community or other, population under 1,000)

**58. What is your marital status?**

single, never married  
 now married or living common law/with partner  
 widowed  
 separated or divorced

**59. What is your spouse's/partner's main activity?**

full-time employee                       self-employed  
 part-time employee                       unemployed  
 student                                       unable to work for health reasons  
 retired                                       not applicable  
 other (specify) \_\_\_\_\_

**60. What is your best estimate of the total income before taxes, of all household members from all sources during the past 12 months?**

- Under \$20,000                       \$20,000 - \$39,999  
 \$40,000 - \$59,999                 \$60,000 - \$79,999  
 \$80,000 or more                       don't know

**61. Approximately what proportion of your total household income is contributed by your earnings?**

- 0 - 24%     25 - 49%     50 - 74%     75% +     don't know

**62. How many dependent children do you have who currently live with you, that is in the same household, all or most of the time?**

- 0     1             2             3             4             5             6 or more

**63. How many of these children are under age 6?**

- 0             1     2             3             4     5     6 or more

**64. How many of these children are aged 6 or over, but not yet 13?**

- 0     1     2     3     4             5     6 or more

**65. What is the highest level of education you have attained, other than your CCA certification?**

- Grade 9 or less                       Some high school (grades 10-12)  
 Some university                       High school graduation diploma or certificate  
 Bachelor's degree                       Some post-secondary school  
 Non-university certificate from community or similar college  
 Trades certificate/diploma from vocational school or apprenticeship training  
 not sure                                   other (specify) \_\_\_\_\_

**66. Are you currently attending a school, college or university?**

- yes     no

**67. Are you enrolled as a full-time or part-time student?**

- full-time                                   part-time                                   n/a

**SECTION 5 of 5: YOUR OPINIONS and SUGGESTIONS**

*In this last section I am hoping to gain your personal insight into the career of the CCA. I have included a few questions to get you started but please add any suggestions and comments you think are important to CCA recruitment and work-life. Because you have chosen this career, any input you would like to share will be most welcome and valued.*

**68. What would you tell someone who is considering becoming a CCA to help them in his/her decision?**

**69. Would you recommend your workplace to another CCA? Why or why not?**

**70. What do you think could make your field of employment (e.g., home care, nursing home, or acute care) better for CCAs?**

**71. In your opinion, what are the main differences for CCAs working in one field compared to other fields of employment, for example home support, compared to nursing home or acute care?**

**72. One last question - what do you think could help recruit more people to become a CCA working in home care?**

**73. Please add any additional comments here - as I mentioned, your feedback is both needed and most welcome.**

### **You're Done! Thanks for Taking This Survey -**

I so appreciate that you took the time to complete this survey. By doing so, you are helping to inform future recruitment strategies for CCAs. Having more CCAs will better meet the care needs of Nova Scotians and also reduce the need for current CCAs to "work short-staffed". Your answers will be combined with those from other CCAs and analyzed to identify factors that most frequently influence decisions to become a CCA as well as decisions on where to work.

Once any possible identifying factors have been removed, the information, including occasional "anonymous" quotes, from this study will be made available to

employers, educators, policy makers, and other stakeholders, including you, at [www.novascotiacc.ca](http://www.novascotiacc.ca) or you can email me [REDACTED]

As a means of expressing my appreciation to you for completing this survey, I offer you the opportunity to have your name entered in a draw for \$200. IF YOU WISH to be ENTERED IN THE DRAW, please submit your name and contact information by going to the Internet (URL) address:

<http://nsccasurveys.draw.sgizmo.com> or writing your name and contact information in the space below, detach it, and include it when returning this completed survey.

**Be sure both are submitted or postmarked before July 11, 2008 to be eligible** for the draw and to have your information included in the report. Again - thank you so much for your participation!

Yours truly

Cut here-☺ - - - - -

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street: \_\_\_\_\_

City/ town: \_\_\_\_\_

Postal code: \_\_\_\_\_

Or e-mail address: \_\_\_\_\_ Or Phone no.: \_\_\_\_\_

Appendix B. Survey Question Key

Question Key – matching CCA survey questions to CPRN CERS questions

CCA Factors	CPRN-CERS	CCA Factors	CPRN-CERS	CCA Factors	CPRN-CERS
Section 1		24	n/a	50	PRQ64 A - Q
1	n/a	25	Q 9	51	Q65B
2	n/a	26	Q11 *	52	n/a
3	n/a	27	Q20 *	53	n/a
4	n/a	28	Q23 *	Section 4	
5	n/a	29 **	Q 21*	54	sex
6	n/a	30***	Q22	55	Q74 *
7	n/a	31	Q24B	56	Q84
8	n/a	32	n/a	57	n/a
9	n/a	33	Q28 *	58	Q75
10	n/a	34	Q28 *	59	Q76
11	n/a	35	Q36 *	60	Q95A (06 - 08)
Section 2		36	Q29	61	Q95 B
12	n/a	37	Q49 *	62	Q77
13	n/a	38	Q50	63	Q78
14	n/a	39	Q53	64	Q79 *
15	n/a	40	Q54	65	Q80 *
16	n/a	Section 3		66	Q81
17	n/a	41	Q56 A to T	67	Q82
18	n/a	42	Q57 A to T	Section 5	
19	n/a	43	Q58	66	n/a
20	n/a	44	Q59A*	67	n/a
21A 01 -05	Q8-01 -05	45	Q60	68	n/a
21A-06- 08	n/a	46	PRQ61 A -I	69	n/a
21 B	n/a	47	PRQ62 A -C	70	n/a
22	n/a	48	Q14	71	n/a
23	Q8A *	49	Q63	72, 73	n/a

*Note.* Listed above are the questions for the CCA key factors survey by sections and the number of the corresponding question from the CPRN-CER Survey. n/a = no match, questions are original to this survey. \* = question was slightly modified for CCAs

Appendix C. Letter to CCA Program Advisory



*Excellence • Innovation • Discovery*

*Family Studies and Gerontology*

March 11, 2008

CCA Program Advisory Committee

NSAHO, 2 Dartmouth Road

Bedford, Nova Scotia

B4A 2K7

Dear CCA Program Advisory Committee members:

As many of you know, I am a graduate student at Mount Saint Vincent University. For the thesis requirement in the Master's in Family Studies and Gerontology program, I am conducting research under the supervision of Dr. Janice Keefe, and with the support of a student research award from Nova Scotia Health Research Foundation; and I am inviting you to participate. My thesis is entitled "Factors Influencing Recruitment of Continuing Care Assistants to Home Care in Nova Scotia." The information this research will identify will be of value in informing recruitment of CCAs to continuing care. Although targeted to home care, the information gained in this study will also support recruitment to long-term care. Significant efforts are required in this area in order to meet the future, as well as the current needs of Nova Scotians.

My thesis research includes two phases of information gathering. The first, a literature review, is now complete and is being used to inform a survey to be taken by recent CCA graduates which I am proposing to carry out in phase two. My intention is to provide sealed envelopes, containing an introductory letter, ready for the mail but requiring address labels to be assigned randomly. To protect the identity of the graduates, I am formally asking your permission to have the address labels applied and packages mailed by the Continuing Care Assistant Program administration. I am requesting that the participants' names be selected from those CCAs who have become certified within the last three years and who gave permission to the CCA Program Advisory Committee to be

contacted for research purposes.

The survey is web-based questionnaire available on-line at [www.sgizmo.com](http://www.sgizmo.com). Although it is preferable the survey be answered on-line there will be a paper version available for those without easy internet access which, once completed, could be returned by mail to the CCA Program Administration office where I could collect them. I would certainly cover any associated costs including the mailing costs. All research carried out in pursuit of a thesis must be approved by the MSVU ethics committee and this must be received before I will be sending out my survey to the CCAs.

I would be happy to answer any of your questions or concerns. However, recognizing that both my position as chair of this committee, and the representative from the Department of Health may pose an ethical dilemma, I will naturally withdraw from the meeting while you make your decision.

Should you have any questions or concerns at a later date, you may contact me, Donna Dill at: phone [REDACTED] or by email at [REDACTED]. You may also contact my thesis advisor, Dr. Janice Keefe, Professor, Mount Saint Vincent University, phone 1(902) 457-6466 or email [Janice.keefe@msvu.ca](mailto:Janice.keefe@msvu.ca) and in addition, you may contact the office of Mount Saint Vincent's University Research Ethics Board via e-mail at [brenda.gagne@msvu.ca](mailto:brenda.gagne@msvu.ca). Please be assured that I will fully accept and abide by your decision. Thank you for consideration and assistance.

Sincerely

Donna Dill, Master's Student,  
Family Studies and Gerontology Program,  
Mount Saint Vincent University

## Appendix D. Letter to CCAs



*Excellence • Innovation • Discovery*

*Family Studies and Gerontology*

March 15, 2008

Dear Continuing Care Assistant

Did you graduate as a certified CCA within the last 3 years and are you now currently working as a CCA? If so, you are invited to participate in a research project by completing a survey that examines the reasons CCAs choose their field of employment within continuing care. CCAs play a vital role in providing continuing care and with the growth of continuing care, more CCA graduates are needed. To have effective recruitment strategies, we need to know more about why people choose to become CCAs.

That's where you come in. I am inviting you to participate in my study entitled "Factors Influencing Recruitment of Continuing Care Assistants to Home Care in Nova Scotia". The survey takes about 30 to 50 minutes to complete, but the information you provide by answering this survey will be invaluable, helping to inform recruitment practices so there will be enough CCAs to care for people in the future. As an added bonus, to thank you for your time and commitment, you will be eligible to enter a draw for a \$200 Canada Savings Bond.

My name is Donna Dill and I am a Master's student at Mount Saint Vincent University in the Family Studies and Gerontology program. As part of the master's program, I am conducting this research for my thesis under the supervision of Dr. Janice Keefe, with the support of a student research award from Nova Scotia Health Research Foundation. The size and scope of this project limits my survey to those certified CCAs, like you, who graduated between 2004 and 2007 and who agreed to be contacted for research purposes. As I do not know your name and address, the CCA program administration has agreed to mail this letter of invitation to you, ensuring your identity remains confidential.

I do hope you are still interested in participating in research and will consider completing this survey. The survey may be completed on-line at <http://nscasurveys.pretest.sgizmo.com> if you have internet access. While I encourage you to use the internet survey, if you would prefer to complete a paper copy of the survey, please contact the CCA Program administration toll-free at 1 [REDACTED] and the survey will be mailed to you along with a stamped, self-addressed return envelop. Whether completing the paper copy or the electronic on-line version, it is important to include the randomly assigned unique survey number that is attached to this letter. This number is not connected to your name in any way, but it will help to ensure only authorized CCAs complete this survey. The findings of this study will have all identifying factors removed and will only be shared in summary reports.

Agreeing to participate in this research is voluntary and individual responses will be kept strictly confidential. You may withdraw at any time, or refrain from answering any questions, without adverse consequences to you or your employment status. Returning the completed survey will indicate your consent to participate and to have the information you provide included in the summary report. Paper surveys will be retained and locked within my personal files, while those completed on-line will be stored on my password protected hard drive and in a remote secure database, for a minimum of five years following completion of my master's thesis.

To show my appreciation for your time and contribution to this research project, I am offering you an opportunity to have your name entered in a draw for a \$200 Canada Savings Bond. Although it is not necessary to include your name when returning the survey, should you wish to be entered in this draw, please submit your name and contact information after completing the survey. When completing the survey on the internet, follow the directions at the end of the survey to enter the draw. If completing a paper copy, include your name and contact information on a separate piece of paper and put it in the outer envelop along with the sealed inner envelop that contains your completed survey. The CCA Program administration will separate your name from the sealed survey to enter you in the draw for the \$200 Canada Saving Bond. Either way, your privacy will be maintained and your name will not be connected to an individual response.

In my professional life I am a nurse, employed by the Department of Health as

Director of Monitoring and Evaluation, Continuing Care branch. I also hold the position of Chair of CCA Program Advisory Committee, as the Department's representative, but the administration for CCA Program Advisory Committee at NSAHO conducts the day-to-day operations of the committee. Although my professional role has piqued my interest in this research topic, I am carrying out this study only as a Master's student. Both the Department of Health and the CCA Program Advisory Committee are aware of my research topic, and have encouraged me to pursue this, but they do not own or have any legal rights to access the data I collect or my results. I will offer to share the summary results with the Department and CCA Program Advisory Committee as well as with other interested stakeholders.

Should you have any questions or concerns you may contact me, Donna Dill, by phone # [REDACTED], fax # [REDACTED] or by email at [REDACTED]. You may also contact my thesis advisor, Dr. Janice Keefe, Professor, Mount Saint Vincent University, phone 1(902) 457-6466 or email [Janice.keefe@msvu.ca](mailto:Janice.keefe@msvu.ca) In addition, you may contact the University Research Ethics Board office via e-mail at [brenda.gagne@msvu.ca](mailto:brenda.gagne@msvu.ca).

If you would like a copy of this study when it becomes available, you can indicate at the end of the questionnaire or forward a request to me. It will also be posted on the CCA website at [www.novascotiaccia.ca](http://www.novascotiaccia.ca). Thank you for your consideration. I hope you can take the time to complete and submit this survey – your input is very valuable and needed to help prepare for the future health needs of Nova Scotians.

With appreciation

Donna M. Dill, Master's Student,  
Family Studies and Gerontology,  
Mount Saint Vincent University

**PROFILE OF NS CCA GRADUATE Survey Respondents 2005-08**

Variable #	Socio-Demographic Factor	All Respondents		Home Care		Not Home Care		Missing	Total	All CCAs 2005-08	
		Frequency	Percent	Frequency	Percent	Frequency	Percent			Frequency	Percent
Q54sex	GENDER										
	Men	11	5.5%	3	3.8%	8	5.5			67	4.1%
	Women	190	94.5%	76	96.3%	113	94.5			1520	95.8%
	TOTAL	201	100%	80	39.3%	121	60.7%	3 (1.5%)	204	1587	
DV55age4	AGE GROUP										
	15 to 29	47	23.4%	13	16.5%	34	27.9%			289	26.7%
	30 to 39	35	17.4%	10	12.5%	25	20.5%			251	23.2%
	40 to 49	59	29.4%	23	29.1%	36	29.5%			308	28.5%
	50 to 65 plus	60	29.9%	33	41.8%	27	22.1%			234	21.6%
	TOTAL	201	100%	79	100%	122	100%	3 (1.5%)	204		
Q58marry	MARITAL STATUS										
	Married	139	69.2%	64	81.0%	75	61.5%				
	Single / never married	34	16.9%	6	7.6%	28	13.9%				
	Widowed/ divorced	28	13.9%	9	11.4%	19	15.5%				
	TOTAL	201	100%	79	100%	122	100%	3 (1.5%)	204		
Q62kidgp	DEPENDENTS										
	0 Children	114	57.3 %	46	58.2%	68	56.7%				
	1 Child	35	17.6%	15	19.0%	20	16.7%				
	2 or more Children	50	25.1%	18	22.8%	32	26.7%				
	TOTAL	199	100%	79	100%	120	100%	5 (2.5%)	204		
Q58mrykd	FAMILY STATUS										
	Single – no child	41	20.6%	10	12.7%	31	25.8%				
	Single with children	20	10.1%	5	6.3%	15	12.5%				
	Married with children	65	32.7%	28	35.4%	37	30.8%				
	Married – no child	73	36.7%	36	45.6%	37	30.8%				
	TOTAL	199	100%	79	100%	120	100%	5 (2.5%)	204		

Variable #	Socio-Demographic Factor	All Respondents		Home Care		Not Home Care		Missing	Total	All CCAs 2005-08	
		Frequency	Percent	Frequency	Percent	Frequency	Percent			Frequency	Percent
	Sm. Town/ Village	57	29.2%	23	29.5%	34	29.1%		204		
	Rural (< 1000)	76	39.0%	36	46.2%	40	34.2%				
	TOTAL	195	100%	78	100%	117	100%	9 (4.4%)			
Q60incfm	HOUSEHOLD INCOME								204		
	Up to 40K	72	43.6%	20	29.4%	52	53.6%				
	40 to 60K	61	37.9%	29	42.6%	32	33.0%				
	Over 60K	32	19.4%	19	27.9%	13	13.4%				
	TOTAL	165	100%	68	100%	97	100%	39* (19.1%)			
Q61ccapo	% INCOME by CCA								204		
	< 50%	53	31.2%	19	27.5%	34	33.7%				
	50 – 75%	55	32.4%	30	43.5%	25	24.8%				
	> 75%	62	36.5%	20	29.0%	42	41.6%				
	TOTAL	170	100%	69	100%	101	100%	34 * (16.7%)			
Q27wftpt	HOURS WORKED								204		
	Fulltime 30 hrs +	164	82.0%	64	83.1%	100	81.3%				
	Casual/Part-time <30hrs	36	18.0%	13	16.9%	23	18.7%				
	TOTAL	200	100%	77	100%	123	100%	4 (2%)			
Q28dfmor	PREFER MORE WORK								204		
	PT to 30hrs, wants more	23	12.8%	7	10.0%	16	14.7%				
	PT to 30hrs, want no more	8	4.5%	5	7.1%	3	1.7%				
	FT > 30hrs, wants more	31	17.3%	12	17.1%	19	17.4%				
	FT > 30hrs, want no more	117	65.4%	46	65.7%	71	65.1%				
	TOTAL	179	100%	70	100%	109	100%	25* (12.3%)			
Dv65educ	HIGHEST EDUCATION LEVEL								204		
	< high school graduate	17	9.4	7	9.5%	10	9.3%				
	High school graduate	81	44.8	28	37.8%	53	49.5%				
	Some post secondary	40	22.1	18	24.3%	22	20.6%				
	College certif., diploma, degree	43	23.8	21	28.4%	22	20.6%				
	TOTAL	181	100%	74	100%	107	100%	23* (11.3%)			

\* These # for missing values include “not sure” or “don’t know” responses

Appendix F. Table Comparing CCAs in Three Fields

Variables of Five Job Values by Percentage of CCAs per Home Care, Nursing Home, and Other Fields, Who Strongly Agreed Item is Present in their Workplace ( N = 204)

<i>Job Value Scales Value Items<sup>a</sup></i>	<i>Home Care</i>		<i>Nursing Home</i>		<i>Other Fields</i>		<i>F</i>
	<i>M<sup>b</sup></i>	<i>SD</i>	<i>M<sup>b</sup></i>	<i>SD</i>	<i>M<sup>b</sup></i>	<i>SD</i>	
(I) Sense of accomplishment	4.73	.75	4.61	.78	4.78	.43	.85
(P) I'm committed to my work	4.76	.61	4.64	.68	4.74	.62	.82
(I) Work is interesting	4.65	.51	4.36	.74	4.70	.54	5.90**
(I) I look forward to work	4.56	.59	4.22	.85	4.35	.76	4.20*
(E) Good job security	4.36	.86	3.66	1.37	4.03	1.14	7.96***
(C) Good supervisor relations	4.42	.73	3.86	1.09	4.40	.68	9.09***
(P) Employer respects me	4.36	.73	3.83	1.21	4.23	.99	6.10**
(C) Coworkers friendly /helpful	4.36	.77	3.93	.98	4.32	.95	5.43**
(E) Pay is good	4.27	.81	3.94	1.17	3.83	1.05	2.92
(C) Receive recognition	4.01	1.11	3.37	1.32	3.81	1.01	6.31**
(E) Benefits are good	4.14	.96	3.46	1.38	3.61	1.31	6.56**
(B) Freedom to decide work	4.19	.91	3.66	1.02	3.97	1.06	6.02**
(P) Employer committed to me	4.09	.95	3.23	1.38	3.65	1.05	11.10***
(B) Job allows work-life/balance	4.01	1.01	3.61	1.23	4.06	1.09	3.40*
(P) Employer's values = mine	4.08	.93	3.48	1.26	3.87	.97	6.28**
(C) Good staff communication	3.94	.97	3.58	.18	4.06	1.03	3.49*
(E) Career advancement chance	3.34	1.16	3.18	1.43	3.43	1.25	.53
(B) Self-schedule within limits	2.95	1.37	2.66	1.55	2.86	1.41	.83
(B) Influence employers decisions	2.93	1.29	2.88	1.45	3.07	1.11	.207

a Job value scale for each variable is identified by the letter correlating to each job value directly preceding the variable as follows: I = intrinsic, P = psychological, E = extrinsic, C = communication, and B = work-life balance.

b M = Mean is the average score out of a maximum of 5.

\*p < .05. \*\*p < .01. \*\*\*p < .001.