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Research article

‘They’re not doing too much are they?’ How the socialization of registered nurses perpetuates status differences with certified nursing assistants: A qualitative study

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ABSTRACT

Background: Limited knowledge exists about how the socialization of vocationally trained registered nurses both at school and during internships in the community of practice influences their perception of, and working relationship with certified nursing assistants.
Objectives: This paper studies, first, how registered nurse students internalize the perceptions and discourses about certified nursing assistants conveyed by teachers, mentors and other students during their socialization at school and in the community of practice. Second, it examines how this socialization forms student’s perception of, and actual working relationship with certified nursing assistants.
Design: Qualitative descriptive and exploratory study using an interpretative framework.
Methods: Individual in-depth interviews were conducted with 15 registered nurse students that were in their third or fourth year of training.
Results: The findings reveal that at school the division of tasks and working relationship between registered nurse students and certified nursing assistants was very rarely discussed explicitly. However, teachers and students implicitly and explicitly conveyed that certified nursing assistants have lower status, describing the latter’s role as inferior and as assisting to the role of registered nurses. During internships in the community of practice, some students initially adjust this perception when directly working with certified nursing assistants, who generally are their mentor in the first years of training, consider certified nursing assistants as equal and highlight the interdependence of the two occupational groups. Yet, further in their training, registered nurse students start to relate more to graduated registered nurses and reproduce the dominant perception and discourse that certified nursing assistants are inferior and supposed to support registered nurses, thereby perpetuating pervasive status differences and inequality.
Conclusion: Findings will assist nurse educators both in training centers and in the community of practice to understand how education can be used to end pervasive status differences and foster mutual respect and equity between different designations in nursing.

1. Background

In most health care contexts, nursing is characterized by different tiers (Limoges and Jagos, 2015) and pervasive hierarchical status and power differences exist (Khalili and Price, 2021). This is also the case in the workforce of the Dutch long-term care (LTC) sector, i.e., home care and nursing home care. This workforce is largely constituted by Registered Nurses (RNs) and Certified Nursing Assistants (CNAs) (Kroneman et al., 2016). Two educational levels exist for Dutch RNs: vocationally trained RNs – also referred to as ‘level 4 nurses’ – and RNs with a

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bachelor's degree – i.e., 'level 6 nurses' – that are trained at universities of applied sciences. This paper focuses on vocationally trained RN students, receiving at least three years of training in a vocational training center (Kroneman et al., 2016). CNAs also complete three years of practice-oriented nursing training at a vocational training center, and are referred to as 'level 3 nurses'. Compared to CNAs, care aides or nursing assistants in North American (i.e., Canada and US) and UK settings, Dutch CNAs receive rather lengthy training. Consequently, their scope of practice is more extensive than of the above-mentioned occupational groups in other countries. In fact, it probably resembles most the recently introduced role of 'nursing associate' in the UK. After completing their training, a protected educational title allows CNAs to autonomously provide support with activities of daily living (ADL), provide personal care and primary nursing care services such as administering medication, dressing wounds and giving injections (Kroneman et al., 2016; Maurits et al., 2017). RNs, in turn, are allowed to provide more complex nursing tasks, and they are typically differentiated from CNAs because they are trained more in the skill of clinical reasoning and tend to be the first choice for coordinating roles.

As such, and like in other care settings, Dutch RNs and CNAs have different designations but work closely together (Limoges and Jagos, 2015). In fact, while their exists quite some overlap in their scope of practice in everyday caregiving, the very existence of different designations of RNs and CNAs, i.e., the abovementioned level four and level three respectively, informs pervasive perceptions of status differences and hierarchy between the occupational groups (Van Wieringen et al., 2022). This is problematic given that existing research has shown that nurse retention is enhanced when occupational members feel appreciated, and when mutual respect and perceptions of equity exist (Both-Nwabuwe, 2020).

The professional socialization process is key to how nurses with different designations perceive each other and for the working relationships they develop (Chen and Reay, 2021; Limoges and Jagos, 2015; Reay et al., 2017). Socialization typically initially takes place at a training center. According to Marañón and Pera (2015), professional socialization at school includes the introduction to the norms, values, behaviours, attitudes and culture of the profession, which are conveyed by teachers and discussed among students. Subsequently, these abstract constructs are given meaning and content through practical experience (Shabani and Osmanaga, 2021). Therefore, professional socialization continues during internships in the community of practice (CoP), by observing role models or mentors, practicing nursing skills and receiving feedback on performance (Portoghese et al., 2014).

This combination of the socialization process in school and the CoP is seen as essential for the formation of knowledgeable nurses (Cruses et al., 2015). By observing how teachers, in school, and mentors, in the CoP, perceive of and relate to adjacent occupational groups of nurses with a different designation, students are also socialized in intra-professional working relationships, which they are likely to internalize and copy (Limoges and Jagos, 2015). As such, the socialization process is critical to the perceptions that RN students develop about CNAs and how they relate to CNAs.

Existing research has studied socialization processes of nurses (e.g., Goodolf and Godfrey, 2020; Price et al., 2021; Shabani and Osmanaga, 2021) and studied, for example, what impact education has on intra-professional collaboration (Limoges and Jagos, 2015; Saiki et al., 2020). However, knowledge is limited about whether and how the perception of students about adjacent occupational groups, which they internalize during socialization at school, may change once students actually start to work with members of these adjacent occupational groups in the CoP and how this relationship further evolves as the training progresses. Such knowledge is valuable and important because it can lead to more mutual respect, equity and retention, as well as better cooperation (Khalili and Price, 2021). Therefore, we study, first, what perceptions and discourses about CNAs are conveyed to RN students by teachers and other students during their training at school. Second, we examine how this infuses RN student's perception and working relationship with CNAs once they enter the CoP, and whether this changes after observing and working more closely with senior RNs.

2. Methods

2.1. Design

We conducted a qualitative descriptive and exploratory study in which we used in-depth interviews and an interpretivist framework entailing that we wanted to develop understanding of how participants respond to and understand a particular social phenomenon (Colorafi and Evans, 2016; Sandelowski, 2010; Cachón-Pérez et al., 2022) and gain an in-depth understanding of their experiences and perspectives. This design was suitable for this study to explore students' experiences about their training at school and in the CoP as well as their perceptions about and relationship with CNAs. We used the Standards for Reporting Qualitative Research (SRQR) in reporting our results (O'Brien et al., 2014) (see SRQR Check list – online supplement).

2.2. Participants and data collection

All participants were RN students ($n = 15$), that were in the third ($n = 11$) or fourth ($n = 4$) year of their vocational (level 4) training. All participants had worked directly with CNAs during assigned internships in LTC settings, mostly in their first or second year. The types of internships in the third and fourth year depended on the setting in which students wanted to work after graduation, which for most RN students in our study was the hospital.

To recruit students to participate in the interview, convenience sampling was initially used. The first participants were friends in the personal network of the second author, and were conveniently available in terms of access, willingness and time. This personal relationship enhanced the building of rapport. Subsequently, snowball sampling took place, as participants connected the interviewer to other students, i.e., class mates (Lopez and Whitehead, 2013).

Individual in-depth interviews were conducted online, through a video call. Interviews lasted between 29 and 50 min, with an average of 38 min, and were conducted between February–May 2022. Lead interview questions were exploratory in nature, and developed by the first and second author to invite students to share their experiences of their training both in the vocational training center and the CoP, what they had learned about the division of tasks with CNAs in both settings, how they perceived CNAs and would describe their working relationship (see Topic list – online supplement). All interviews were audio recorded and transcribed verbatim.

2.3. Data analysis

Given the exploratory nature of our study, we adopted a general inductive approach to data analysis (Thomas, 2006). The first and second author familiarized themselves with the data by reading the interview transcripts. Next, the second author identified meaningful text segments from the raw material (Thomas, 2006) and, subsequently, collated the data extracts in preliminary themes. The first and second authors then thoroughly discussed these themes, and through a recursive process of refinement reached agreement about themes with common contents, which allowed for a further abstraction of the participants' experiences and perceptions (see Data structure – Supplementary online source). The organization of data was done in Atlas.ti, a software package designed to manage and analyse qualitative data.

2.4. Ethical considerations

The Research Ethics Review Committee of the Faculty of Social Sciences, VU Amsterdam approved this study. Further, informed consent

was established as research participants were informed about the study upon recruitment for the study by the second author. Participants were informed about the research goals, interview topics, estimated duration of the interview, and confidentiality. This information was repeated at the start of each interview. During the research process, the confidentiality of students was protected by using numerical pseudonyms (R1 to R15).

2.5. Trustworthiness

Trustworthiness was established through various techniques (Korstjens and Moser, 2018): 1) prolonged engagement by asking multiple interview questions about student's perceptions and asking for examples; 2) interviewee verification of interview transcripts (credibility); 3) investigator triangulation during data analysis (credibility); 4) coding based on students' narratives from raw material (credibility); 5) thick description (transferability).

3. Findings

3.1. Limited attention to division of tasks between RNs and CNAs at school

The interviews show that not much attention was paid to CNAs during the training at school, nor where RN and CNA student taking courses together. As shown in the quotes below, some students stated that no explicit lessons were devoted to addressing to the division of tasks, roles and responsibilities between them and CNAs, while others indicated that they had forgotten about it.

> No, no, you are really there for your training to become a RN, that's what we focus on.
>
> (R11)

> It may have been addressed once, but it really isn't discussed what exactly is the division of tasks or what can you expect from each other. So yes, I do miss that. I think that's a shame, because this can be easily added in the first year curriculum.
>
> (R7)

> How it was addressed? I do not recall really. I mainly remember the training being about RN. So, it's very difficult for me to answer that.
>
> (R2)

Following the lack of attention on the division of tasks and responsibilities between RNs and CNAs, RN students struggled in the interviews to formulate how their role and the role of CNAs in caregiving relate to each other. As also shown in the quotes below and above, some students felt that explicit attention to the respective roles of CNAs and RNs would be valuable.

> I'm basically guessing about the differences, because it was not explained to us at school. […] It would have been nice to know more about this. You cannot obviously address everything, but as I am trained to be become a RN, I will eventually become responsible for those people working under me, so it is important to know what I can expect from them and, more importantly, what not.
>
> (R7)

Intriguing in the quote above is the casual remark about CNAs working 'under' RNs, through which the student implicitly refers to a hierarchy in which CNAs have a lower rank and status than RNs.

3.2. Socialization in differences in status and competencies during training at school

Despite the fact that explicit attention to professional differences between RNs and CNAs was very limited, the interviews show that student's training at school did socialize them into perceptions of status differences. This happened, for example, during exchanges between students in class.

> It's mentioned only when we talk about what we as RNs do or should be doing, and then someone says: 'Yes, but don't we have CNAs for that?' That's the only time it comes up or anything.
>
> (R6)

Students accounts further showed that mainly negative experiences with CNAs are shared, that CNAs are spoken about in a condescending manner and are attributed less competencies than RNs. This is illustrated in the quotes below:

> Well, you just notice it in the way how people talk about CNAs, like: 'Well yeah, you have a CNA that provides some support, but, honestly, they're not doing too much are they?'
>
> (R1)

> My classmates and colleagues tend to mention it when a CNA made mistake, saying, 'while the RN had said that it had to be done in this and this way.' So it's about negative experiences mainly. About what a CNA had failed to do, or what competencies they lack.
>
> (R15)

Likewise, students' accounts show that teachers shared similar perceptions and statements in class:

> My teacher could make a casual remark like, 'As a RN student, it's justified that you lecture CNAs.' I would say, there's a clear hierarchy in such a statement: when they say that we are justified to lecture experienced CNAs, despite us still being students, because they are lower level.
>
> (R1)

> I had this teacher who mentioned, 'As a RN, you tend to do a bit more, so you are actually better than the CNA.'
>
> (R9)

Students mentioned that such statements, especially when coming from teachers, influenced their perception of CNAs. One respondent, for example, stated how she would question the judgement that CNAs made.

> Well, it's not that you will take them less seriously, but things said in class are always at the back of your mind. When a CNA says something, you do want to take it in, because you're eager to learn and want to develop your knowledge. However, you'll also verify whether it's true and evidence-based, like, is it true what they're saying… .
>
> (R1)

As such, the interviews show that implicit and explicit classifications in statements about CNAs infuse how RN students perceive CNAs.

3.3. Initial experiences of working with CNAs in CoP alter views acquired at school

Our data show that, mainly in the first two years of their training, RN students work closely with CNAs during internships in LTC organizations. During these initial years, RN students are educated in ADL-care and uncomplicated care tasks, and as such their tasks are similar to those of CNAs. Consequently, CNAs are generally also the mentor and supervisor of RN students. As one student reflected:

> You're basically always linked to a CNA. During your first-year internship in a nursing home, you're just learning the basics: showering, dressing, feeding, those kinds of things. The best way to learn this is from someone who has been doing this every day for the last 30 to 40 years, so to say.
>
> (R13)

Considering communication with their CNA supervisor, interviewees indicated that they experienced a lower threshold to ask questions to CNAs in their first two years of training, compared to approaching a RN that also might be their colleague. Additionally, students indicated that CNAs took more time for their mentoring role than RNs typically did.

> I mean, [CNAs] are capable of sharing and explaining everything so calmly, and extensively. Compared to the first mentor I had during an internship in the hospital, I don't know, RNs that were recently graduated had this arrogant attitude. With CNAs I did not experience this, really not at all. They were more like, 'You're here to learn, so I will tell you as much as possible.' I actually had a great time in the nursing home.
>
> (R12)

Students also indicated that working with CNAs made them realize that the roles of RNs and CNAs were actually quite similar on many respects, and, moreover, that an interdependence existed between these two occupational groups. These experiences and the close working relationship with CNAs contributed to a positive perspective on CNAs.

> I think it is a good thing that we are mainly supervised by a CNA in the first year, because it eliminates the image and stigma of 'the CNA is positioned lower than me' when you learn from each other. I think that is very good.
>
> (R11)

Another example showing that students developed their own views about CNAs is demonstrated in the quote below in which a student rejects how a RN treats a CNA in their team.

> There was this RN that acted rather belittling to CNAs, like, 'I'm a RN, you're only a CNA, so you might wanna shut up.' I just wondered why they had to keep their mouths shut, because we really need each other.
>
> (R10)

As such, rather than emphasizing differences, students recognized the interdependence between RNs and CNAs.

3.4. Changing perceptions of and relationships with CNAs as training continues

After teaming up with CNAs in their first two years of training, performing ADL tasks, interviewees described how this changes as their training progresses. As of their third year, RN students are generally supervised by RNs during internships and are trained to take on a more supervisory and coordinating role in the process of care delivery, like graduated RNs, and learn more complicated nursing tasks, which CNAs are not allowed to perform. In detailing about this next stage, the accounts of students show a different way of perceiving of and relating to CNAs.

> As your training progresses, you actually want to work more with a RN, because you will then learn things like making a nursing plan, and the overall nursing process; you want to learn about the organization of the process of care delivery. I mean, the RN has this overarching role and the helicopter view.
>
> (R15)

According to many interviewees, a graduated RN has more knowledge, and was taught to have this helicopter view, overseeing the whole ward. In practice, this means that RNs carry overall responsibility and take the decisions. By comparison, CNAs were projected as accountable to RNs and characterized as 'do-ers', 'hand-on people', that 'simply' carry out the work without going more deeply into particular symptoms of the care recipient, or considering potential next steps.

> Well, as an example: a client has a particular wound… A CNA might notice it and identify what type of wound it is. However, the RN has really learned to think like, 'Right, it is this type of wound and it might be wise to consult with the nurse specialized in wounds, and we probably should dress this wound with this and this material, just to be sure, until the wound specialist has seen the wound and decides on a treatment plan.' That's what I noticed, or that CNAs' knowledge was insufficient at times.
>
> (R2).

> Yeah, so what's involved for the RN is contact with the medical doctor or the occupational therapist. The consultation rounds with the medical doctor are generally done by us, because we are capable of clinical reasoning, so it is a bit higher than a CNA.
>
> (R9)

By further mentioning how RNs give orders to and supervise CNAs, students emphasized the 'assisting' role of CNAs. Besides, RN students actually reproduced particular vocabulary of RNs, as well as of teachers, that inherently conveyed perceived status and/or hierarchical differences. As illustrated in the next quotes, this included condescending talk through words like 'pair of extra hands', 'chores', 'assist' – see Italics – rather than acknowledging the CNA role in its own right.

> [My RN colleagues] are, yes, just positive about CNAs. They're just glad to have a *pair of extra hands* and an extra look.
>
> (R11).

> As other RNs are also busy with their own clients, you can *ask a CNA to assist you*, which is ideal. […] I was told, 'she's a CNA that has been working here for some 20 years, you can ask her for all kind of other *chores*.'
>
> (R7)

> I mean, like I mentioned before… It's basically so that the RN has a particular set of clients, *and they will give chores to CNAs*, so as to alleviate the RN. At least that's what I saw.
>
> (R4)

In describing their own role and relationship to CNAs, many RN students adopted a somewhat belittling tone. In fact, they acted like they had seen with senior RNs.

> I mean, when things have to be done, you will start dividing tasks. You'll formulate task-oriented goals, like, 'Right, you'll do this, I'll do this, and then you'll come to help me with this.'
>
> (R10)

> So when it surpasses [CNAs] comprehension, we come in. We provide advice and CNAs will then nicely follow the care plan, and they will report in it, and together with them you will assess how things are going and whether they can handle it.
>
> (R15)

Interestingly, some students somewhat reluctantly admitted that, over time, their relationship with and perception of CNAs had changed and had become similar to that of senior RNs. Some were quite reflective about this, like this student:

> I mean, I do not particularly like this of myself, but I notice that I have started to look down on CNAs, because I now know how much more there is to know and think about particular things and that this is not self-evidently done.
>
> (R5)

Intriguingly, while all interviewees recognized that CNAs were 'necessary' in the process of care delivery, the large majority nonetheless eventually and seemingly inevitably internalized and conveyed the notion of status differences. So instead of emphasizing interdependence, they perpetuated existing perceptions of inequality between RNs and CNAs.

4. Discussion

The aim of this study was to identify how RN students internalize the perceptions and discourses about CNAs conveyed by teachers, mentors and other students during their training, and how their socialization forms RN student's perception of and working relationship with CNAs.

Existing research has studied socialization processes of nurses and the impact of this socialization on interprofessional cooperation between occupational groups with a different status (Limoges and Jagos, 2015; Saiki et al., 2020). Besides, existing research has often focused on the impact of professional socialization on the perceived hierarchy and how this influenced cooperation in healthcare settings (Khalili and Price, 2021). In line with research by Limoges and Jagos (2015) and Khalili and Price (2021), this study shows that during the professional socialization of RNs at school, the relationships between occupational groups with different designations that work closely together in caregiving was hardly explicitly discussed. The current study also supports the finding that uniprofessional education results in students having a poor understanding of the division of tasks and responsibilities between different occupational groups (Khalili and Price, 2021; Limoges and Jagos, 2015).

However, different from existing literature, we show that adjacent occupational groups are nonetheless passingly mentioned during lessons at school, and that it matters greatly how this is done. Teachers and RN students implicitly and explicitly conveyed their view that CNAs have lower status, describing their role as inferior to the role of RNs. As such, the present study contributes to existing research by revealing that it is not so much a lack of attention for adjacent occupational groups at school, but rather through implicit and explicit condescending statements by teachers and students alike, that RN students enter the CoP with a perception of CNAs occupying a lower hierarchical position.

The present study further contributes to existing research by demonstrating how the perception of RN students about CNAs, as well as their relationship, is described in different ways as students describe, and reflect on, different stages of their training. Existing literature shows that mentors and colleagues in CoP have a significant effect on the professional socialization of students, by acting as role models (Portoghese et al., 2014; Taylan and Özkan, 2021). However, while existing literature has studied settings in which the mentor is from the same occupational group as the student, the current study shows that this also applies when mentors are members of a different occupational group. We show that during internships in the CoP, and when directly working with CNAs, who generally were their mentor in the first years of training, some RN students convey a positive perception of CNAs, emphasizing the interdependence and equality of the two occupational groups. As some small differences in their respective scopes of practice become apparent, RN students start to relate more to graduated senior RNs, and reproduce the dominant perception and discourse that CNAs have a lower status than themselves, thereby perpetuating pervasive status differences and inequality. Different from existing research, our research thus signifies the intriguing finding that the socialization process of nurses has temporal dimensions and different phases in which their perception of and relationship with members of adjacent occupational group evolves, but eventually perpetuates existing status differences.

Following these findings and building on existing research (e.g., Khalili and Orchard, 2020; Price et al., 2021), our recommendation to educators would be to increase interprofessional learning both in courses at school and during internships in the CoP, to enhance understanding about the scope of practice of each occupational group. This can be done through a learning and innovation network (LIN) (Albers et al., 2021). A LIN consists of a collaboration between the CoP and education centers. More precise, LIN's include practicing RNs, CNAs, both RN and CNA students in the CoP, lecture practitioners (i.e., teachers that ensure the connection between education, practice and research) and even clients. Together and in response to needs in the workplace, they discuss cases and together develop interventions to improve quality of care. In this process, lecture practitioners share knowledge from the curriculum, for example, on clinical reasoning, in the LIN. Cases from practice that are discussed in the LIN, in turn, enrich the curriculum. Guided by the lecture practitioner, the set-up is such that unique (occupational) knowledge and perspectives of members of different occupational groups are exchanged and valued, enhancing mutual learning. As such, a LIN contributes to ending pervasive status differences and, instead, enhance mutual respect.

4.1. Limitations and future research

Not all participants were trained at the same vocational training center, and the care settings within the LTC sector also differed. As such, no conclusions can be drawn about the professional socialization of RN students in a particular programme nor in a particular care setting. A comparative case study could include a larger group of RN students, with enough students from multiple training centers, which would allow for meaningful comparisons between training programmes and point out whether a specific socialization leads to different outcomes.

A second limitation of the study is that it was based on interviews with RN students only. Although this has provided interesting insights into how professional socialization at school and in the CoP shaped their perceptions about CNAs, it could be interesting to study their training more comprehensively by, for example, studying teaching materials and study the lived experiences of teachers. In this way, more insight would be gained into the curriculum and to what extent students learn and internalize this. As the professional socialization of nurses continues after formal training has ended (Marañón and Pera, 2015), other fruitful directions for future research would be to take a more longitudinal approach and include the lived experiences of senior RNs of the socialization process, and, finally study more closely the how the relationship between graduated RNs and CNAs evolves.

5. Conclusion

The findings of our study signify that RN students are eventually essentially socialized in perpetuating pervasive status difference and inequality with CNAs. We recommend nurse educators and mentors to take heed of this finding, and create circumstances in which not the inferiority of one occupational group is suggested but rather the perception of equality and interdependence that RN students, now only temporarily, convey is fostered and perpetuated.

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