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Levels of Confidence in Schmieding Center In-Home Caregiving Training

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### **Abstract**

The Schmieding Center for Senior Health and Education offers a unique approach and program designed to teach their students how to care for an older adult in the home. The purpose of this study was to determine the effectiveness of the in-home assistant course on the participant's confidence levels. It was hypothesized that the confidence levels of the students that enrolled in the in-home assistant training course would increase with the completion of the 40-hour course and that demographic factors such as gender, age, and economic background would impact the levels of confidence. This study was conducted by the use of pre-course and post-course surveys that were completed by the participants enrolled in the course. The pre- and post-surveys consisted of 10 identical questions having the options of "excellent, very good, good, fair, and poor" as responses. A total of 17 students participated in the study. The surveys were conducted in the months of March and April 2016. The responses were inputted on a scale of 1 to 5 in order to quantitatively measure differences. Repeated measures ANOVA determined any differences between pre- and post- surveys with a statistical significance set at .05. Out of the 10 questions, eight were found to be statistically significant. It was determined that the confidence levels of the participants enrolled in the IHA course did increase with the completion of the course, which corresponded with the hypothesis. Due to the small sample size, gender, age, and income were found to have no effect on confidence levels. The results of this study can aid both the instructors and the administrators at the Schmieding Center to understand the importance of confidence throughout the courses in order to educate and produce better in-home caregivers.

*Keywords: Schmieding Center, caregivers, levels of confidence, and in-home assistant, and all related derivatives.*

## **Introduction**

Everyday for the last two years, 10,000 baby boomers have turned 65, resulting in an estimated increase of the number of retirees by 2-fold in the next decade (Boulden, 2014). Unfortunately, even if people 65 and older remain independent and at home, seven out of 10 will likely need assistance for three of those 20 years. With the increasing elderly population, the need for trained home caregivers has increased, as well as senior care agencies that to attempt to meet the population's need (Redfoot, Feinberg, & Houser, 2013). Therefore, having effective and competent training for caregivers is essential.

On April 1, 2014, Arkansas passed a law known as the Arkansas Act 1410, which for the first time requires that all in-home caregivers receive a minimum of 40 hours of training in order to be considered for employment. Of the 40-hour training program, the first 24 hours are dedicated to the classroom itself in which an instructor provides training on basic needs and skills. For example, body mechanics/transfers, bathing, grooming, feeding, infection control, and mobility assistance. The other 16 hours of the training course includes a "skills lab" and hands-on training over the topics covered in the classroom.

Once the 40 hours of training are completed, a student must successfully complete a skills check-off and a written test (Free Training for Nursing Assistants in Home Care, Working in Arkansas, 2010). This training course is meant to build the student's confidence level in regards to their knowledge and ability to care for an elderly individual (About the Schmieding Center, 2015).

The goals of home healthcare services are to help individuals improve function and live with greater independence; to promote the client's optimal level of well being; and to assist the

patient to remain at home, avoiding hospitalization or admission to long-term institutions (Hughes, 2008).

As the first center of excellence in geriatrics as a part of the Arkansas Aging Initiative, the Schmieding Center for Senior Health and Education offers training in in-home caregiving; specifically training to become an in-home assistant and/or an advanced in-home assistant. The Schmieding Center was established on January 1, 1999 and has been nationally recognized as a premier community-based center for healthy living in the later part of life (About the Schmieding Center, 2015). The Schmieding Center's mission is to improve quality of life for adults in the second half of life with the provision of personalized programs of education, services, and healthcare for all stages of aging. The home caregiving training program is a unique program designed to teach the student to care for an older adult in the home. Each course allows the student to advance their caregiving skills and competency.

Additional training requirements for someone seeking employment in caregiver services in the state of Arkansas include:

a) A person shall provide documentation to an in-home service agency of successful completion of training as a trained in-home caregiver.

b) A person qualifies as a trained in-home caregiver under these rules:

1. Is 18 years of age or older
2. Has not been convicted of a felony that would prevent the person from working in a long-term care facility unless the conviction has been expunged or pardoned; and
3. Has successfully completed a caregiver training course addressing the following core competencies approved by the department including no less than 40 hours of training in:

- Body Functions;

- Body mechanics and safety precautions;
- Communication Skills;
- Dementia and Alzheimer's diseases;
- Emergency situations, including recognition of conditions and proper procedures;
- Household safety and fire prevention;
- Infection control and prevention, including maintaining a safe and clean working environment;
- Ethical considerations and state law regarding delegation of nursing tasks to unlicensed personnel;
- Nutrition;
- At least 16 of the 40 required hours covering physical skills and competent demonstration of such skills for: (a) ambulation; (b) basic housekeeping procedures, including laundry skills; (c) bathing, shampooing, and shaving; (d) dressing and undressing; (e) meal preparation and clean up; (f) oral hygiene; (g) range of motion; (h) toileting; (i) transfer techniques; (j) recordkeeping and documentation of activities; (k) role of caregiver in a healthcare team; and (l) nail and skin care (Rules and Regulations for Home Caregiver Training in Arkansas, 2014).

For the purposes of this study, only the in-home assistant course that is offered at the Schmieding Center will be analyzed (About the Schmieding Center, 2015). The in-home assistant (IHA) training is a 40-hour course that meets the minimal requirements by Arkansas Law for caregivers who are paid to provide care to a person who is at least 50 years old. This

course teaches the student the basic safety and support skills (Certified Home Caregiver Training, 2015). Additionally, the newly named and modified advanced in-home assistant (A-IHA) training is a 20-hour course that aims to train a student to become an advanced home caregiver. The 40-hour IHA training is a prerequisite to the A-IHA. Therefore, in addition to the basic home caregiver skills, the student has classes on health literacy and communication in regards to chronic diseases, Alzheimer's disease and dementia, and other conditions that may prevent unnecessary hospital admissions for clients (Certified Home Caregiver Training, 2015).

There is little to no research or studies performed on the levels of confidence of students that are enrolled in the Schmieding Center training programs. In June 2015, a study sponsored by the National Alliance for Caregiving and the AARP Public Policy Institute, called *Caregiving in the U.S.*, stated that 84% of caregivers that worked 21 or more hours a week felt that they could use more information on caregiving to help in their jobs in order to increase their confidence and performance. Thus, it is important to study the confidence levels of caregivers because it could strongly affect performance at work.

The main goal of this study was to determine the effectiveness of the in-home assistant course on the participant's confidence levels. In addition, this study intended to determine if there are other socioeconomic factors such as gender, age, and income that may play a factor in the results. It was hypothesized that the confidence levels of the students that completed the in-home assistant training would have higher confidence levels at the completion of their course. In addition, age and economic background may be factors that impact the levels of confidence.

## **Literature Review**

In order to contribute to this study, a number of online databases and external resources were used such as the ProQuest Central, Google Scholar, JSTOR, and the Schmieding Center for Senior Health and Education administrative office. Keyword searches used with these databases included “caregivers in Arkansas,” “confidence vs. performance”, and “caregiving requirements.” However, limited research can be found on the levels of confidence for in-home caregivers who have recently completed a training course specifically so literature on topics applicable to the study were reviewed. Therefore, of the results found 26 were read, collected and utilized as reference for this study. From those, the literature review was divided into three categories: impacts of home care, confidence vs. performance, and Schmieding home caregiver training.

## **Background**

With the increasing elderly population, ages 65 and older, the demand for nonmedical home-based help is expected to drastically increase. In the past four years, there has been a 40% increase in the United States senior care agencies (Veciana-Suarez, 2013). The Schmieding Center for Senior Health and Education offers three different certified home caregiver training courses: in-home assistant training, advanced in-home assistant training, and Alzheimer’s Dementia training. Students who complete all three of the Schmieding Home Caregiver training courses receive a certificate designating them as a Home Care Specialist.

## **Impacts of Home Care and Home Caregivers**

It has been studied that the job of a home caregiver has occupational health problems such as stress, burnout, and musculoskeletal disorder (Zeytinoglu & Denton, 2006). This type of

job creates physical and psychological strain over extended periods of time, and is accompanied by high levels of unpredictability and uncontrollability (Schulz & Sherwood, 2008).

However, through the efforts of home caregivers, patients and families are more willing to seek help, to disclose symptoms, and/or to simply cooperate more in their own health care. All of these positive changes depend largely on the relationship that patients develop with their in-home care providers (Albert, 2010). This study leads to the conclusion that the more trusted and effective a home caregiver is, the better the communication between other health professionals will be (Albert, 2010). Consequently, training home caregivers with the necessary skills to build that patient trust and rapport is essential.

Caregivers in the United States have a wide range of skills that go well beyond their standard job descriptions. As demand for elderly care at home increases, by 2016, according to the Paraprofessional Healthcare Institute, nearly two-thirds of direct caregivers will be employed in homes and community settings (Gleckman, 2010). Therefore, properly training home caregivers to not only effectively administer care but also attempt to improve the quality of life of the patient is becoming fundamental.

### **Confidence vs. Performance**

Confidence has been used to describe a person's perceived capability to accomplish a certain level of performance (Druckman & Bjork, 1994). Therefore, there is a close relationship between confidence and performance. It is not enough for individuals to possess the requisite knowledge and skills to perform a task; they must also have the conviction that they can successfully perform the behavior(s) under normal challenging circumstances (Artino, 2012).

There is evidence to support that a potential link between employee confidence and performance

has a statistically significant “reciprocal, causal relationship,” which is an important factor in the employment of home caregivers (Jong, Ruyter, & Wetzels, 2006; Skinner, 2013).

According to Albert Bandura’s research that he published in a groundbreaking article entitled, “Self-Efficacy: Toward a Unifying Theory of Behavioral Change,” he describes confidence as task-specific form of self-efficacy. He defines self-efficacy as a person’s belief that their capability and skills produce certain levels of performance. He also states that this same belief determines how that person feels, thinks, motivates him or herself, and behaves. His theory proposes that confidence is acquired from four primary sources: performance accomplishments, vicarious persuasion (observation of others), verbal persuasion, and physical arousal (Artino, 2012; Bandura, 1997). Performance accomplishments, meaning past personal experiences, provide the most dependable source of confidence because those past experiences shape the participant’s expectations of how he or she will perform in the future. Therefore, the more positive experiences, the higher confidence of the participant and the more negative experiences, the lower the level of confidence of the participant (Feltz, 1988; Artino, 2012). According to his studies, continuous repetition of skills, along with positive reinforcement affects confidence positively. Hence, those findings enforce his belief that a strong sense of efficacy enhances human accomplishment and personal well being in many ways (Artino, 2012).

### **Schmieding Home Care Training**

The Schmieding Center for Senior Health and Education was established in 1999 due to the generous donation of Lawrence H. Schmieding. Having experienced firsthand the challenge of caregiving with his brother, Lawrence Schmieding recognized the high need for qualified home caregivers, and he was determined to do something to about it (White & Vaughan-Wrobel, 2006). In 1998, the Schmieding Foundation donated \$15 million to the University of Arkansas

Medical School to establish and construct the Schmieding Center for Senior Health and Education in Springdale, Arkansas (Boulden, 2014). Unlike anything currently available at that time, this new program focused on keeping older adults in their homes through a combination of caregiver training plus support and educational programs for both family and paid caregivers (White & Vaughan-Wrobel, 2006).

These training courses are meant to build the student's confidence level in regards to their knowledge and ability to care for an elderly individual (About the Schmieding Center, 2015). Therefore, it is significant to measure the level of confidence of the students in each course and determine if there are any differences and determine what factors might contribute to those differences.

The training and education of home caregivers through the Schmieding program means seniors in Arkansas are more likely to have the option of aging at home instead of in an assisted living or a skilled-nursing facility (Boulden, 2014). In Howard Gleckman's article, "The Faces of Home Care," he states that the Schmieding Center provides education and training that is rarely available to home care aides. The Schmieding Center also maintains a Caregiver Directory of its graduates so that potential clients, or sometimes even the patient's physicians, can use this to find well-trained home care workers (Gleckman, 2010). Arkansas is the first to implement the program statewide. However, the Schmieding curriculum is also being used in California, Texas, Hawaii, and soon in Oklahoma (Boulden, 2014).

## Methodology

### Recruitment and Participation

As stated in the Arkansas Act 1410, a compensated in-home caregiver must be at least 18 years of age or older in order to complete the training and become certified. Students that were enrolled in the IHA course and then directly after be enrolled in the A-IHA course were going to be asked to complete a pre-course survey and a post-course survey questioning their levels of confidence in different categories. The survey was structured in order to meet the purpose of this study. The survey was conducted in the months of March and April of 2016. There were a total of 17 participants in this study.

Table 1

#### *Demographics of Participants*

<u>Gender</u>	<u>Age (Median)</u>	<u>Race/Ethnicity</u>	<u>Income (Median)</u>	<u>Language</u>
16 Females	45 - 54	15 White/Caucasian	20,000 – 29,999	17 English
1 Male		1 Native American		
		1 Hispanic		

### Study Procedures and Instrumentation

Once the Thesis Committee and the Institutional Review Board approved the proposed project and procedures, the study began. The first available class enrolled in either IHA at the Schmieding Center for Senior Health and Education was given the opportunity to complete the pre-course survey. Once the students completed the course, on their last day the post-course survey was administered. The cover page of both the pre- and post-course surveys was the informed consent page that had to be signed before beginning.

*Survey Method.* The survey method is an inexpensive method to collect data due to the very minimal materials needed. It is a common technique in studies of health and health services (Kelley, Clark, Brown, & Sitzia, 2003). Survey research that is in a close-ended questionnaire format also tends to be a reliable method of data collection because the questions are standardized and phrased in exactly the same way each time they are presented to participants (Blackstone, 2012). The survey format presented to participants was in the form of a written close-ended questionnaire. Additionally, the type of survey that was used in this project was longitudinal. A longitudinal survey involves returning to interviewees to measure and explore changes that occur over time and the processes associated with those changes, which can be used for descriptive, qualitative research and analytical studies (Holland, Thomson, & Henderson, 2004). As it was stated on the surveys, the levels of confidence were measured on a scale of “excellent, very good, good, fair, and poor.”

In addition to the 10 close-ended questions, the post course surveys have three open-ended questions that will allow for opinions about the course and explanations to those opinions. For example, on the post survey for the IHA course, one of the open-ended questions is if they have decided to enroll in the advanced-IHA course and to explain why or why not.

### **Statistical Analysis**

When recording the data, the responses were input on a scale of 1 to 5 in order to quantitatively measure a difference between responses. Therefore, an “excellent” on the survey represented a 5 and a “poor” on the survey represented a 1.

Using computer software, such as Microsoft Excel, the survey results were input and saved. Once all of the survey responses were input, a repeated measures ANOVA was performed

in order to establish any differences in pre- and post-survey responses for each question. The statistical significance was set at  $\alpha = .05$ .

In the case that a participant did not complete the course, their pre-course survey results were omitted and not used in the study. The independent variable in the study was the course, IHA. The dependent variable in the study was the levels of confidence of the participants. There were multiple categories of confidence, such as confidence in specific skills and personal confidence. Gender, age, and income were also compared to the confidence levels to determine if either acted as a factor in the results.

### Results

All of the students enrolled in the IHA training participated in both the pre- and post-course surveys. All of the participants completed the IHA course; therefore, none of the surveys were omitted. However, the participants that enrolled in the A-IHA without first being enrolled in the IHA training course at the Schmieding Center did not meet the criteria of this study. Therefore, those surveys were omitted. Thus, the final outcomes were in regards to the pre- and post-course surveys of only the IHA course. The statistical significance was set at  $\alpha = .05$ . Additionally, Table 2 demonstrates the mean score of each question in both surveys. This was also determined by the repeated measures ANOVA.

Table 2

*Repeated Measures ANOVA and Means of Significant Questions for IHA*

<u>Question:</u>	1	2	3	4	5	6	7	8	9	10
<u>Pre-Survey</u>	3.77	3.71	2.88	2.65	2.29	2.47	3.59	3.65	2.77	2.88
<u>Post-Survey</u>	4.18	4.17	4.18	4.06	3.82	4.19	4.12	3.65	4.18	3.82
<u>Sig. Level</u>	0.07	0.13	0.00	0.00	0.00	0.00	0.01	1.00	0.00	0.00

Note. Table 2 presents the results of the repeated measures ANOVA. ( $\alpha = .05$ ).

Out of the 10 questions presented to the participants of the study, eight were statistically significant. In other words, in these questions the pre-survey responses were significantly different from the post-survey responses. There were only two questions that were considered statistically insignificant, questions 2 and 8 as shown in Table 2. Since the sample size was small, question 1 was considered significant because it was so close to the significance set value. The questions asked on both pre- and post-survey are demonstrated in Table 3.

Table 3

*List of survey questions for IHA course*

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1. How confident do you feel about getting hired as an in-home assistant?
  2. How comfortable are you being left alone with an elderly adult who needs care?
  3. How well are you able to describe the role of an in-home assistant?
  4. How prepared would you feel if an emergency situation occurred with an elderly person?
  5. How comfortable are you taking care of an elderly person with delirium, dementia, and/or depression?
  6. How do you feel about properly transferring an elderly person between a bed and a wheelchair?
  7. Do you think the duration of the course (40 hours) is sufficient enough to prepare you as an in-home caregiver?
  8. How do you think you performed in this course?
  9. If asked to describe safety precautions needed in a home, how do you think you would do?
  10. How do you feel about having someone observe your skills with an elderly person?
-

### Repeated measures ANOVA Results

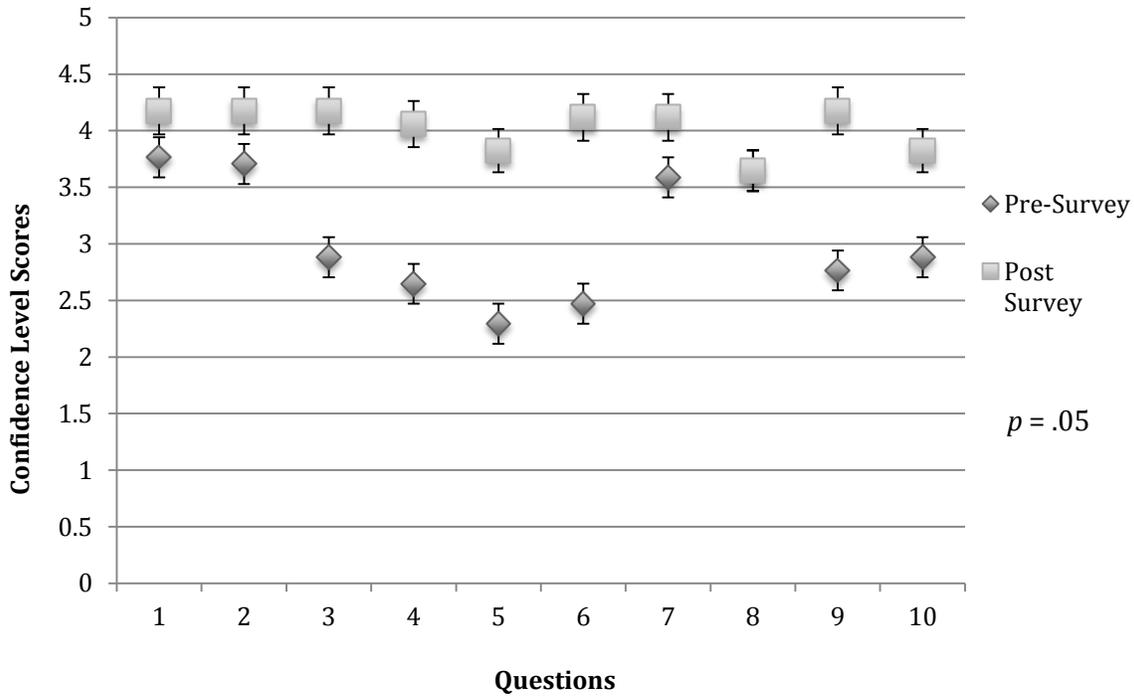


Figure 1. The differences in mean scores for each question from the pre-course survey and then the post-course survey of the IHA course are displayed.

This study also aimed to determine if factors such as age, gender, and income had an impact on confidence levels of participants. However, since there was only one male participant there was not enough data to determine if gender had a significant impact. Additionally, age of the participants was analyzed to determine an effect on confidence levels. Despite the range of ages in the study, the sample size of the study was too small to determine if any of the ages had an impact on the confidence levels. Income levels were also examined for any effects on the confidences levels. The income levels were not a dispersed as the ages; therefore, the mean of each question in the pre-and post-survey were compared to the lowest and highest income levels

of the participants. The mean of each question's score in the pre-course survey in order to compare the level of income to the confidence levels of the participants as represented in Table

4. There were no significant differences between the results.

Table 4

*Pre-Survey Means vs. Income*

<u>Question</u>	1	3	4	5	6	7	9	10
<u>\$0-9,999</u>	3.67	3.33	2.00	1.67	2.00	3.33	2.00	2.33
<u>\$50,000+</u>	3.67	3.00	2.67	3.00	2.67	3.67	3.33	3.67

Table 5 represents the mean of each question's score in the post course survey in order to compare the level of income to the confidence levels of the participants. There were no significant differences between the results. By analyzing both Table 4 and Table 5, it is determined that income levels had no noteworthy impact on confidence levels.

Table 5

*Post-Survey Means vs. Income*

<u>Question</u>	1	3	4	5	6	7	9	10
<u>\$0-9,999</u>	4.33	4.67	3.67	3.33	4.33	4.33	4.33	3.33
<u>\$50,000+</u>	4.33	4.00	4.00	4.00	3.67	4.00	4.33	3.67

On the open-ended questions for the post-survey for the IHA course, the most important question pertaining to this study was whether or not they had decided to enroll in the advanced IHA course and why or why not. Out of the 17 participants, nine of them answered with similar responses that they would like to take the class but at a later time. Four of the participants responded that they were not sure and five participants stated they were going to enroll.

Responses that participants gave for not enrolling included factors such as cost, time, or difficulty of course.

The other two open-ended questions focused on the effectiveness of the course. For example, “what was the most valuable part of this course and what was the least?” All of the responses varied with each participant. Table 6 demonstrates the most frequent and similar responses.

Table 6

Responses to Open-Ended Questions

<u>Question</u>	<u>Response</u>
Have you decided to take the Advanced IHA course? Why or why not?	<p>“Yes, there is always to improve and learn.”</p> <p>“Not at this time but very interested at a later date.”</p> <p>“No, this was harder than I thought and I am busy with work.”</p>
What was the hardest part about this course or the area that you wish you could have spent more time on? Please explain.	<p>“Skill procedures and more time having hands on practice.”</p> <p>“Memorizing all of the terms.”</p> <p>“Finding time to study.”</p>
What was the most valuable part of this course and what was the least?	<p>“The most valuable was the procedural and skills practice.”</p> <p>“The entire course and information was valuable.”</p> <p>“The computer exercises were least valuable.”</p> <p>“Washing feet was least valuable.”</p>

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### Discussion

At the beginning of the study the main goal was to determine any differences between levels of confidence of the students that successfully completed the minimal 40-hour in-home assistant training versus the students that continued on with the 20-hour advanced in-home assistant training. However, during the first month of data collection none of the participants that had completed the IHA course continued onto the A-IHA training. When asked in the post-IHA course survey whether they would enroll in the A-IHA course, five participants stated that they would. However, for unknown reasons none of them actually enrolled.

Therefore, with the approval of the thesis committee, the goal of the study was altered to determine the effectiveness of the in-home assistant course on the participant's confidence levels rather than to compare the two educational programs. Even with the altered goal, it was still possible to additionally analyze what areas could improve, and to determine if there are other socioeconomic factors such as gender, age, and income that may play a factor in the results. However, as a result of the goal being changed the original hypothesis also had to be altered. It was newly hypothesized that the confidence levels of the students that enroll in the IHA training course will increase with the completion of the 40-hour course and that demographic factors such as gender, age, and economic background will impact the levels of confidence.

By examining the survey results with the repeated measures ANOVA, it was determined that the confidence levels of the participants enrolled in the IHA course did increase since 8 out of the 10 questions were analyzed as significant. Table 2 demonstrates the numerical differences

of the significant levels and demonstrates the numerical means of each question; however, by using the scale stated on the survey it is easier to see a qualitative change. The scale of the survey was “excellent, very good, good, fair, and poor.” For example, question 6, which asked how the student felt about properly transferring an elderly person between a bed and a wheelchair, went from a “fair” to a “very good.” This skill is strongly emphasized in the course and confidence can positively or negatively affect performance (Bandura, 1997). That is a substantial increase in confidence that may not be as evident by simply reading the numerical values. The increases in each question’s score are slightly easier to visualize in Figure 1. Another example of a significant change is question 1, which explicitly asks about the participant’s confidence. The pre-survey mean score was “good” and the post-survey mean score was “very good,” which once again demonstrates an increase in confidence levels.

Another important aspect of this study was to determine which areas had low confidence levels and could be improved. As demonstrated in Table 2, the lowest two means were on question 5 and question 10. Both of these questions had a post-survey mean of “good.” When evaluating question 5 and 10, they are both similar. Question 5 asks the student how comfortable they are with an elderly person that suffers from delirium, dementia, and/or depression. Therefore, this question asks about more about the student’s skills and knowledge confidence. Question 10 mainly questions the student’s skill and performance confidence. Both of these areas could possibly improve with more practice and positive reinforcement (Feltz, 1988; Artino, 2012).

The second half of the hypothesis states that demographic factors such as gender, age, and economic background will impact the levels of confidence. Since there was only one male, it was not possible to determine if gender is a significant factor for differences in confidence levels.

Even though there was a diversity of ages, the majority of the participants fell into the same age group and the other participants were scattered throughout other age groups. Due to the small sample size, the only demographic factor that could be evaluated was income levels. Almost half of the participants fell into the lowest income and highest income categories. Therefore, the mean of the scores of those participants was calculated to determine any significant differences. However, the scores were too similar in both the pre-and post-course survey to establish any effect as demonstrated in Table 4 and Table 5. Further studies should attempt to obtain a larger sample size in order to accurately determine if any of these factors has an impact on confidence levels.

The open-ended questions at the end of the post-course survey resulted in a lot of comments that were more oriented on the components of the course than the student's confidence level. Thus, this will be more beneficial for the Schmieding Center than for the purposes of this study. Moreover, all of the participants answered the question regarding their enrollment in A-IHA but a few participants left some of the other open-ended questions unanswered, so in order to maintain consistency all of the other open-ended answers were not recorded.

This study, which aimed to measure and evaluate confidence levels within in-home caregiving training, was the first of its type at the Schmieding Center. The study's results were consistent in accordance with Albert Bandura's beliefs and studies on self-efficacy. Bandura states that a strong sense of efficacy enhances human accomplishment. Throughout the IHA course, the students had continuous repetition of skills and information, along with reinforcement, which affected their confidence. If the students received positive reinforcement then their confidence should have increased (Bandura, 1997). This is important because if the

instructor is attempting to train future home caregivers in an academic and laboratory, hands-on setting then a positive experience during training can increase the confidence of the student as they complete the course and enter the work field.

This study solely focuses on the confidence levels of its participants rather than the effectiveness of an institution. The results of this study are important because they are the first in the results can help both the instructors and the administrators at the Schmieding Center understand that it is important to confidence throughout the courses in order to educate and produce better in-home caregivers. The Schmieding Center in-home training is meant to build the student's confidence level in regards to their knowledge and ability to care for an elderly individual as stated earlier, so it is crucial to test their confidence levels before and after their course (About the Schmieding Center, 2015). An effective training course should not solely focus on the effectiveness of its context and material, but also on the attitudes and confidence of the students.

### References

- "About the Schmieding Center." *About Us*. 2015. Web. 16 Sept. 2015.  
<<http://www.schmiedingcenter.org/aboutus.html>>.
- "Administration for Community Living," *U.S. Department for Health and Human Services*.  
2013. "A Profile of Older Americans: 2013." <<http://bit.ly/180s3ee>>.
- Albert, S.M. (2010). The role of human factors in home health care: impact of cultural, social, and community environments on home care. *The National Academies Press*. 247-274.
- "Arkansas Act 1410" S. 755, 89th Cong., State of Arkansas (2013) (enacted). Print.
- Artino, A. R. (2012). Academic self-efficacy: From educational theory to instructional practice. *Perspectives on Medical Education*, 1(2), 76–85.
- Bandura A. Self-efficacy: The exercise of control. New York: W. H. Freeman and Company; 1997.
- Blackstone, A. (2012). Sociological inquiry principles: Qualitative and quantitative methods: Pros and cons of survey research. *Creative Commons*.  
<<http://2012books.lardbucket.org/books/sociological-inquiry-principles-qualitative-and-quantitative-methods/s11-02-pros-and-cons-of-survey-resear.html>>.
- Boulden, B. (2014). Schmieding home caregiver training Program: Training equips caregivers with skills. *University of Arkansas Medical School Journal*. Print.

"Caregiving in the U.S.: 2015 Report." 2015: 1-76. *AARP Public Policy Institute and National Alliance for Caregiving*. Web. 2015. <[http://www.caregiving.org/wp-content/uploads/2015/05/2015\\_CaregivingintheUS\\_Final-Report-June-4\\_WEB.pdf](http://www.caregiving.org/wp-content/uploads/2015/05/2015_CaregivingintheUS_Final-Report-June-4_WEB.pdf)>.

"Certified Home Caregiver Training." *Certified Home Caregiver Training*. 2011. Web. 26 Sept. 2015. <<http://www.schmiedingcenter.org/training.html>>.

Compte, O., & Postlewaite, A.. (2004). Confidence-Enhanced Performance. *The American Economic Review*, 94(5), 1536–1557. Retrieved from <http://www.jstor.org/>.

Druckman, D., Bjork, R.A., editors. (1994). Self-Confidence and Performance. *Learning, Remembering, Believing: Enhancing Human Performance*. 173-206.

Feltz, D. L. (1988). Self-confidence and sports performance. *Exercise and sport sciences reviews*, 16, 423-57.

"Free Training for Nursing Assistants in Home Care, Working in Arkansas." *Arkansas Department of Health*. State of Arkansas, 2010. Web. 28 Sept. 2015. <<http://www.adhhomecare.org/cna-training.com>>.

Gleckman, H. (2010). The Faces of Home Care. *Health Affairs*. 29:1125-129; doi:10.1377/hlthaff.2009.0889

Holland, J., Thomson, R. & Henderson, S. (2004) Feasibility study for a possible qualitative longitudinal study: A discussion paper, report to the ESRC.

Hughes, RG, editor. Patient Safety and Quality: An evidence-based handbook for nurses. Rockvill (MD): *Agency for Healthcare Research and Quality* (US); 2008. Apr.

Jong, A., Ruyter, K., & Wetzels, M. (2006). Linking employee confidence to performance: A study of self-managing service teams. *Journal of the Academy of Marketing Science*, 34(4), 576-587.

Kelley, K., Clark, B., Brown, V., & Sitzia, J. (2003). Good practice in the conduct and reporting of survey research. *International Journal for Quality in Health Care*, 15(3), 261-266.

Paraprofessional Healthcare Institute, Occupational projections for direct-care workers 2006–2016 [Internet]. Bronx (NY): PHI; 2008. Available from:  
[http://www.directcareclearinghouse.org/l\\_art\\_det.jsp?res\\_id=277910](http://www.directcareclearinghouse.org/l_art_det.jsp?res_id=277910)

Redfoot, D., Feinberg, L., and Houser, A. (2013). “The aging of the baby boom and the growing care gap: A look at future declines in the availability of family caregivers.” *AARP Public Institute*. 85.

“Rules and regulations for home caregiver training in Arkansas,” Arkansas State Health Department. 2014.

Schulz, R., & Sherwood, P. R. (2008). Physical and mental health effects of family caregiving. *The American Journal of Nursing*, 108(9 Suppl), 23–27.

Skinner, B. R., "The Relationship Between Confidence and Performance Throughout a Competitive Season" (2013). All Graduate Plan B and other Reports. Paper 285.  
<http://digitalcommons.usu.edu/gradreports/285>

Veniana-Suarez, Ana. "The Need for In-home Care Rises as Baby Boomers Age." *Miami Herald* 16 Mar. 2013, Living sec. Web. 18 Sept. 2015.  
<<http://www.miamiherald.com/living/article1948261.html>>.

White, S.L., Vaughan-Wrobel, B.C. (2006). Preparing Communities to Care for Persons with Physical and Cognitive Limitations in the Home: The Schmieding Center Rises to the Challenge.

Zeytinoglu, I. U., & Denton, M. (2006). *Satisfied workers, retained workers: Effects of work and work environment on homecare workers' job satisfaction, stress, physical health, and retention*. Research Institute for Quantitative Studies in Economics and Population, McMaster University. 117.