

**COMBINED CERTIFIED NURSING ASSISTANT (CNA)
and
NURSING HOME ADMINISTRATOR/NURSE REPORT
of
CNA EDUCATION SURVEY**



June 2005



IOWA BETTER JOBS BETTER CARE (BJBC) COALITION

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Funded through a 3 ½ -year, \$1.4 million grant from the Robert Wood Johnson Foundation and the Atlantic Philanthropies, The Iowa Better Jobs Better Care Coalition is a group of long-term care providers, workers, consumers, and policy makers that is working to reduce turnover among Iowa’s direct care workers. The members of the Iowa BJBC Coalition as of September 2004 are:

Iowa CareGivers Association, Lead Agency
AARP Iowa
Aging Resources of Central Iowa
Alzheimer’s Association, Greater Iowa Chapter
Center for Healthy Communities
Des Moines Area Community College
Direct Care Worker Advisory Council
Generations, Incorporated
Iowa Association of Area Agencies on Aging
Iowa Association of Homes and Services for the Aging
Iowa Commission on the Status of Women

Iowa Department of Elder Affairs
Iowa Department of Human Services, Bureau of Protective Services
Iowa Department of Inspections and Appeals, Health Facilities Division
Iowa Department of Public Health
Mid-Iowa Health Foundation
Northwest Iowa Community College
Office of the Long Term Care Ombudsman
Older Iowans Legislature
Lin Salasberry, Direct Care Worker
Southwestern Community College
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Founded in 1992, the **mission** of the Iowa CareGivers Association is “to enhance the quality of care through dedication to the direct care worker and all caregivers.” To accomplish its mission, ICA fosters partnerships between and among workers, advocates, providers, consumers, policy

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CERTIFIED NURSING ASSISTANT (CNA) FINDINGS

INTRODUCTION

Background

- This study is conducted under the auspices of the Iowa Better Jobs Better Care (BJBC) Coalition through a 3-½ year, \$1.3 million grant sponsored by The Robert Wood Johnson Foundation and The Atlantic Philanthropies.
- The Iowa BJBC Coalition is a group of long-term care workers, providers, consumers, and policy makers that is working to reduce turnover among Iowa's direct care workers (DCWs)*. The Iowa CareGivers Association (ICA) is the lead agency for the BJBC Coalition.

*Direct care workers are Certified Nursing Assistants (CNAs), Nursing Assistants, Home Care Workers, and Personal Attendants who work in nursing homes, home care agencies, hospices, adult day centers, and hospitals.

Purpose of this study

- The ultimate purpose of this research is to positively impact DCW recruitment and retention by influencing: 1) governmental, employer, and educator policies and 2) curricula for DCW professional education so that they result in high quality care while meeting DCWs' wants and needs.

Objectives of this study

- Determine DCWs' wants and needs regarding their professional education.
- Identify gaps in DCWs' current education and training.
- Identify DCWs' perceived barriers to obtaining desired education (such as lack of time off or lack of child care).
- Determine the availability of DCWs' desired education.

METHODOLOGY

Population and sample

- Mail was selected as the methodology for this study.
- While direct care workers are Certified Nursing Assistants (CNAs), Nursing Assistants, Home Care Workers, Personal Attendants, and others who work in nursing homes, home care agencies, hospices, adult day centers, and hospitals, only CNAs were surveyed for this study because currently no lists of other types of direct care workers exist.
- Therefore, the population for this study is CNAs who are listed on the Iowa Direct Care Worker Registry (formerly known as the State of Iowa Nurse Aide Registry).
- Currently, any nursing assistant who works in a long-term care facility (NF, SNF, and certified long-term care units in hospitals) is required to be active on the Registry.
- From the Registry, a random sample of 1,700 names was drawn.

The survey

- The survey was pre-tested.
- It was mailed on April 7, 2005.
- The returns were collected until April 22, 2005.
- Of the 1,700 surveys mailed, 330 came back in the mail marked “undeliverable.”
- A total of 253 surveys were returned, which is a 18% response rate.
- The first survey question determined if the respondent is currently working as a CNA. If not, the respondent skipped to demographic questions at the end of the survey.

Data analysis

- Frequencies have been calculated for all the questions on the survey.
- Special cross tabulations have been done for several factors that may be related to the development of curricula for direct care worker training and education.
- Statistically significant relationships among the variables have been identified. Those that appear to be key to the development of interventions are reported in the findings section.
- The maximum standard error range at the 95% confidence level for this sample of 253 respondents is $\pm 6.2\%$.

Data presentation

- In some cases the statistics in the tables sum to more than 100% due to multiple answers.
- Percentages may occasionally total more or less than 100% because of rounding.

**To obtain questionnaire
and/or
verbatim responses**

- The final report, transcribed verbatim responses to the open-ended questions, and questionnaire for this survey are posted on the ICA website at www.iowacaregivers.org or are available by contacting the Iowa CareGivers Association at 515-241-8697 or information@iowacaregivers.org.

FINDINGS: DEMOGRAPHICS

Currently working as CNA	Yes	79%
	No	21%

Years certified as CNA (currently working as CNA)

Note: not asked if not currently working as CNA

Less than 1 year	2%
More than 1, fewer than 3 years	59%
3 - 5 years	23%
6 - 10 years	6%
11 - 20 years	5%
More than 20 years	4%
No answer	2%

Total hours CNA training before becoming certified (currently working as CNA)

Note: not asked if not currently working as CNA

None	3%
16 Hours	2%
60 hours	5%
75 hours	74%
120 hours	8%
More than 120 hours	8%
No answer	1%

Age (currently working as CNA)

18-20	24%
21-24	26%
25-34	21%
35-44	12%
45+	18%

Age (not currently working as CNA)

18-20	21%
21-24	28%
25-34	6%
35-44	25%
45+	21%

Gender (currently working as CNA)

Female	95%
Male	6%
No answer	1%

Gender (not currently working as CNA)

Female	93%
Male	6%
No answer	2%

Race/ethnicity (currently working as CNA)

Hispanic/Latino	2%
White	97%
Black, African American	1%
Asian	1%
Multi-racial	1%
No answer	2%

Race/ethnicity (not currently working as CNA)

Hispanic/Latino	6%
White	89%
Black, African American	0%
Asian	2%
Multi-racial	2%
No answer	7%

**Household makeup –
Adults over 18 (currently
working as CNA)**

One	21%
Two	47%
Three	23%
Four or more	10%

**Household makeup –
Children under 18 (currently
working as CNA)**

None	48%
One	28%
Two	14%
Three	8%
Four or more	3%

**Household makeup –
Full or part time job holders
(currently working as CNA)**

None	1%
One	33%
Two	40%
Three	17%
Four or more	9%

**Household makeup –
Adults over 18 (not currently
working as CNA)**

One	32%
Two	39%
Three	19%
Four or more	9%

**Household makeup –
Children under 18 (not currently
working as CNA)**

None	44%
One	30%
Two	13%
Three	11%
Four or more	2%

**Household makeup –
Full or part time job holders
(not currently working as CNA)**

None	7%
One	43%
Two	33%
Three	15%
Four or more	2%

FINDINGS: CNAS' LEVEL OF PREPARATION ON FIRST STARTING WORK

Did you feel prepared to provide high quality care when you first started to work as a CNA?

Yes 82%

FINDINGS: 75 HOUR NURSING ASSISTANT COURSE

Location of course

Community College	56%
Nursing home/facility	23%
Hospital	9%
High school/voc tech	3%
Tri-state nursing/temp	3%
Nursing home and CC	2%
Hospital and CC	1%
Other	3%

Felt prepared to provide high quality care when you first started to work as a CNA by location of course

	Yes, felt prepared
Community College (n=101)	82%
Nursing home/facility (n=41)*	73%
Hospital (n=16)*	81%
High school/voc tech (n=6)*	100%
Tri-state nursing/temp (n=6)*	100%
Nursing home and CC (n=3)*	100%
Hospital and CC (n=1)*	100%
Other (n=4)*	75%

*Note: These results are based on few respondents resulting in large maximum error ranges, e.g. the error range for n=41 is $\pm 15\%$ and for n=16 is $\pm 25\%$

Did course have enough:	<u>Yes</u>
Classroom instruction to provide high quality care when first started work?	97%
Lab time to provide high quality care when first started work?	82%
Clinical time to provide high quality care when first started work?	69%
Did course have enough training in:	<u>Yes</u>
Infection control, hand washing, gloving techniques	98%
Assisting residents/patients with personal care – such as oral care, dressing, bathing, nail care, grooming, and elimination	92%
Residents'/patients' rights, quality of life	91%
Preventing pressure sores/ulcers	86%
Safe lifting, transferring, ambulating, positioning, toileting, use of restraints or gait belts, range of motion	79%
Nutritional needs – special diets, preparing residents/patients for meals and feeding residents/patients including residents/patients with special needs such as those who have difficulty swallowing	78%
Routine care procedures such as vital signs (temperature, pulse, respiration), blood pressure, height/weight, intake/output, bed making, collection of urine specimen, catheter care, incontinence care	78%
Communication with residents/patients, families, co-workers, supervisors	74%
Assisting a resident/patient who is choking, not breathing, or unconscious	67%
Special needs of residents/patients – emotional needs, mental retardation or mental illness	58%
Special needs of residents/patients with Alzheimer's, dementia, memory loss, confusion	41%

CNAs' suggestions to better prepare them to provide high quality care. Note: open ended question	Percent mentioning
Understanding/dealing with patients	10%
More training, hands-on training, clinical	9%
CPR training/certification	4%
Specialized/expanded training	4%
Handling combative patients	3%
Working/interacting with families	3%
Lifting, operating lift devices, ambulating	3%
Choking, not breathing, unconscious patients	2%
Handling/coping with death and dying	2%
Nutrition, meals and snacks	2%
Caring for patients with special needs	2%
Handling heavy workload	2%
Other	4%
No answer	54%

FINDINGS: ALZHEIMER'S/CCDI CARE

Has the CNA ever worked in an Alzheimer's/CCDI unit? Yes
45%

If yes, did CNA take 6 hour Alzheimer's/CCDI training course? 53%

Did education and training prepare CNA to provide high quality care for patients with Alzheimer's/dementia? (Note: asked of all respondents) 55%

CNAs' suggestions for additional training: Note: open ended question	Percent mentioning
More hands on training	10%
Separate/specific class	7%
Communication and management	5%
More detailed information	4%
Required/mandatory training	3%
No training offered	2%
Managing difficult/aggressive behavior	1%
Other	1%
No answer	68%

FINDINGS: IN-SERVICE/CONTINUING EDUCATION

Number of hours in-service/continuing education attended each year

None	3%
Fewer than 12 hours	22%
12 hours	41%
More than 12 hours	33%
No answer	2%

Did CNA attend in-service/continuing education at the following:

	Percent who attended
Workplace	91%
Community College	15%
Iowa CareGivers Conference	9%
Another conference	11%

Did the in-service/continuing education meet attendee's needs? (Asked only if CNAs attended at specific location.)

	<u>Yes</u>
Workplace in-service/continuing education (n=176)	89%
Community College in-service/continuing education (n=29)*	86%
Iowa CareGivers Association Conference in-service/continuing education (n=17)*	76%
Another conference in-service/continuing education (n=22)*	91%

Note: These results are based on few respondents resulting in large maximum error ranges, e.g. the error range for n=29 is $\pm 18\%$.

FINDINGS: OTHER AREAS OF EDUCATION

Areas of education Note: in order by first column "had some education"	Had some education about this	Want more education about this
Mentoring	41%	44%
Working with difficult families	44%	61%
Leadership	49%	44%
Life skills for self	51%	40%
Diversity/other cultures	52%	42%
Disease processes	63%	54%
Difficult resident/patient behaviors	77%	59%
How residents/patients communicate pain	80%	45%
Death and dying	83%	46%
How to increase resident/patient quality of life	84%	43%
Recognizing/preventing resident/patient abuse	93%	42%
Personal safety	95%	35%

Areas of education Note: in order by second column "want more education"	Had some education about this	Want more education about this
Working with difficult families	44%	61%
Difficult resident/patient behaviors	77%	59%
Disease processes	63%	54%
Death and dying	83%	46%
How residents/patients communicate pain	80%	45%
Leadership	49%	44%
Mentoring	41%	44%
How to increase resident/patient quality of life	84%	43%
Recognizing/preventing resident/patient abuse	93%	42%
Diversity/other cultures	52%	42%
Life skills for self	51%	40%
Personal safety	95%	35%

FINDINGS: BARRIERS TO GETTING EDUCATION RELATED TO DIRECT CARE WORK

Are the following barriers	Yes
Cost of the education	60%
Not knowing what education is available	58%
Time of day education offered	57%
Day of week education offered	53%
CNA having to take care of her/his family	34%
Length of time it takes for facility to reimburse	30%
Distance to where education is offered	20%

FINDINGS: CHALLENGING THE TEST

Definition:

All CNAs must pass a test to become certified. Some people take the CNA certification test without taking the basic CNA training first. This is referred to as “challenging the test.”

CNAs who have ever challenged the test 16%

Reason for challenging the test (n=32)

Become certified for the first time 44%

Become re-certified after certification expired 50%

Both 3%

Move to new state (volunteered answer) 3%

CNAs' opinions about challenging the test

People who have had no CNA training should be allowed to challenge the test to become certified

Strongly agree **Agree** **Disagree** **Strongly disagree**

4% 10% 29% 56%

People who were certified but their certification expired should be allowed to challenge the test so they can be re-certified.

43% 46% 8% 4%

CNAs' opinions about other issues

CNAs should be able to keep up their certification through continuing education. (Currently, CNAs are required to work at least 8 hours in a 24-month period to keep up their certification.)

Strongly agree **Agree** **Disagree** **Strongly disagree**

41% 42% 14% 3%

Having more opportunities for CNA advancement within the CNA field will attract and keep CNAs in the field.

63% 34% 2% 1%

NURSING HOME ADMINISTRATOR/NURSE FINDINGS

INTRODUCTION

Background

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- The Iowa CareGivers Association (ICA) is the lead agency for the BJBC Coalition.

*Direct care workers are Certified Nursing Assistants (CNAs), Nursing Assistants, Home Care Workers, and Personal Attendants who work in nursing homes, home care agencies, hospices, adult day centers, and hospitals.

Purpose of this study

- The ultimate purpose of this research is to positively impact DCW recruitment and retention by influencing: 1) governmental, employer, and educator policies and 2) curricula for DCW professional education so that they result in high quality care while meeting DCWs' wants and needs.

Objectives of this study

- Determine the thinking of nursing home administrators, RNs, and LPNs who work in long term care regarding the professional education and training of CNAs.
- Identify gaps in DCWs' current education and training.
- Identify administrators', RNs', and LPNs' perceptions of the barriers to CNAs obtaining education.

METHODOLOGY

Population and sample

- Mail was selected as the methodology for this study.
- The population is administrators, RNs, and LPNs who work in nursing homes.
- Surveys were mailed to:
 - the 573 names on the Iowa Department of Public Health, Bureau of Professional Licensure list of licensed nursing home administrators.
 - a random selection of 500 RNs and LPNs who work in long term care from the Iowa Board of Nursing database.

The survey

- The survey was mailed on April 7, 2005.
- The returns were collected until April 22, 2005.
- Of the 573 administrator surveys mailed, 6 came back in the mail marked “undeliverable.”
- A total of 125 administrator surveys were returned, which is a 22% response rate.
- Of the 500 RN/LPN surveys mailed, 14 came back as undeliverable.
- Seventy-four RN and 51 LPN surveys were returned, for a combined total of 125, which is a 26% response rate.
- The first survey question determined if the respondent is currently working in a nursing home. If not, the respondent was asked to discard the survey.

Data analysis

- Frequencies have been calculated for all the questions on the survey.
- Special cross tabulations have been done for several factors that may be related to the development of curricula for direct care worker training and education.
- Statistically significant relationships among the variables have been identified. Those that appear to be key to the development of interventions are reported in the findings section.
- The maximum standard error range at the 95% confidence level for a sample of 125 respondents is $\pm 8.8\%$.
- The maximum standard error range at the 95% confidence level for the total sample of administrators, RNs, and LPNs combined is $\pm 6.2\%$

Data presentation

- In some cases the statistics in the tables sum to more than 100% due to multiple answers.
- Percentages may occasionally total more or less than 100% because of rounding.

To obtain questionnaire and/or verbatim responses

- The final report, transcribed verbatim responses to the open-ended questions, and questionnaire for this survey are posted on the ICA website at www.iowacaregivers.org or are available by contacting the Iowa CareGivers Association at 515-241-8697 or information@iowacaregivers.org.

FINDINGS: DEMOGRAPHICS

Sample make-up	Total (n=250) 100% of total	Administrators (n=125) 50% of total	RNs (n=74) 30% of total	LPNs (n=51) 20% of total
Age	Total	Administrators	RNs	LPNs
Under 40	19%	14%	17%	34%
40 to 49	26%	28%	32%	10%
50 to 54	26%	27%	18%	32%
55 and over	30%	31%	32%	24%
Gender	Total	Administrators	RNs	LPNs
Female	78%	62%	96%	94%
Male	21%	38%	3%	6%
No answer	1%	1%	1%	0%
Education	Total	Administrators	RNs	LPNs
2 year degree	48%	28%	65%	75%
4 year degree	32%	46%	27%	8%
Masters degree of higher	13%	25%	3%	0%
No answer	6%	2%	5%	18%

Are you a CNA?	Total	Administrators	RNs	LPNs
Yes	8%	9%	7%	12%
No	61%	68%	54%	55%
Was once, certification expired	29%	22%	38%	31%
No answer	1%	1%	1%	2%
Facility	Total	Administrators	RNs	LPNs
Rural	64%	74%	66%	39%
Urban	31%	23%	27%	57%
No answer	4%	3%	7%	4%
	Total	Administrators	RNs	LPNs
For profit	44%	44%	46%	41%
Not for profit	53%	54%	49%	57%
No answer	3%	2%	5%	2%
Percent who currently:	Total	Administrators	RNs	LPNs
Directly supervise CNAs	54%	16%	91%	94%
Teach classroom portion of 75-hour class to CNAs in their facility	2%	2%	0%	2%
Assist with clinical portion of 75-hour class in their facility	5%	4%	8%	2%
Provide in-service training to CNAs in their facility	36%	46%	34%	14%
None of the above	25%	46%	5%	2%

Tenure in long term care	Total	Administrators	RNs	LPNs
Less than 1 year	3%	3%	1%	6%
More than 1, less than 3 years	6%	10%	1%	4%
3 to 5 years	9%	6%	15%	8%
6 to 10 years	21%	22%	20%	22%
11 to 20 years	31%	30%	37%	26%
More than 20 years	29%	30%	26%	33%
No answer	<1%	0%	0%	2%

FINDINGS: 75 HOUR NURSING ASSISTANT COURSE

After taking 75-hour course and first starting work, CNAs are prepared to provide high quality care. (“Yes” responses)

Total
49%

Administrators
51%

RNs
41%

LPNs
57%

If not, what was missing in their training?	Combined responses from administrators, RNs, and LPNs*
Hands on and on-the-job training, clinical experience, mentoring	55%
Specific caregiving skills e.g. lifting, catheters, Alzheimer’s care (For specific skills, see separate appendix of verbatim responses)	13%
Organization, time management, etc.	9%
Attitude toward patients	8%
Communication, people skills	8%
Work ethic, moral values	8%
Handling high ratios	5%
Caring for those with special needs	5%
One-on-one care	5%
Self confidence, self esteem	5%
Behavior management skills	4%
Job requirements, etc.	3%
Common sense, good judgment	2%
Team work, work relationships	2%
Documentation	2%
Stress management	1%
Others	4%

*Totals more than 100% due to multiple suggestions from some respondents.

Location of classroom part of course	Total	Administrators	RNs	LPNs
Nursing facility	16%	14%	20%	12%
Community College	74%	78%	69%	71%
Nursing facility and Community College	3%	3%	1%	4%
Other	2%	0%	3%	4%
Don't know	5%	4%	4%	10%
No answer	1%	0%	3%	0%

Did majority of CNAs in your facility have enough training in:

("Yes" responses)

	Total	Administrators	RNs	LPNs
Infection control, hand washing, gloving techniques	81%	82%	76%	86%
Assisting residents/patients with personal care – such as oral care, dressing, bathing, nail care, grooming, and elimination	79%	79%	76%	82%
Routine care procedures such as vital signs (temperature, pulse, respiration), blood pressure, height/weight, intake/output, bed making, collection of urine specimen, catheter care, incontinence care	68%	78%	58%	57%
Residents'/patients' rights, quality of life	62%	62%	62%	63%
Safe lifting, transferring, ambulating, positioning, toileting, use of restraints or gait belts, range of motion	59%	56%	65%	59%
Nutritional needs – special diets, preparing residents/patients for meals and feeding residents/patients including residents/patients with special needs such as those who have difficulty swallowing	57%	58%	51%	63%

Did majority of CNAs in your facility have enough training in:
 (“Yes” responses)

	Total	Administrators	RNs	LPNs
Preventing pressure sores/ulcers	49%	53%	49%	41%
Assisting a resident/patient who is choking, not breathing, or unconscious	42%	49%	38%	29%
Communication with residents/patients, families, co-workers, supervisors	36%	27%	42%	47%
Special needs of residents/patients – emotional needs, mental retardation or mental illness	26%	25%	23%	31%
Special needs of residents/patients with Alzheimer’s, dementia, memory loss, confusion	19%	16%	18%	28%

FINDINGS: ALZHEIMER'S/CCDI CARE

Does 6-hour CCDI training prepare CNAs to provide high-quality care for patients with dementia?

("Yes" responses from facilities that have CCDI patients)

Total	Administrators	RNs	LPNs
(n=135)	(n=66)	(n=41)	(n=28)
61%	53%	68%	61%

Suggestions for additional education/training CNAs should have before caring for patients in a CCDI unit	Combined responses from administrators, RNs, and LPNs
Hands-on training	30%
Understanding the nature of the illness	16%
Handling behavioral problems	11%
Relating to dementia patients	9%
More specific/mandatory training	9%
Sensitivity training	7%
Role playing	4%
Interacting with family members	2%
Other	4%
No answer	11%

FINDINGS: IN-SERVICE/CONTINUING EDUCATION

Percent of facility's CNAs who attended in-service/continuing education at the following in past 12 months:

	Total	Administrators	RNs	LPNs
Workplace	97%	97%	97%	96%
Community College	14%	15%	14%	14%
Iowa CareGivers Conference	12%	11%	11%	14%
Another conference	14%	20%	11%	6%

Was the in-service/continuing education high quality? (Asked only if CNAs attended at specific location.)

	Total	Administrators	RNs	LPNs
Workplace (n=232)	73%	78%	70%	63%
Community College (n=36)*	12%	13%	11%	12%
Iowa CareGivers Conference (n=28)*	11%	10%	10%	14%
Another conference (n=33)*	17%	10%	6%	12%

Did the in-service/continuing education meet the needs of CNAs? (Asked only if CNAs attended at specific location.)

	Total	Administrators	RNs	LPNs
Workplace (n=231)	80%	86%	80%	65%
Community College (n=35)*	12%	13%	11%	12%
Iowa CareGivers Conference (n=28)*	10%	10%	11%	12%
Another conference (n=34)*	13%	18%	11%	4%

Note: These results are based on few respondents resulting in large maximum error ranges, e.g. the error range for n=36 is $\pm 16\%$.

FINDINGS: OTHER AREAS OF EDUCATION

Have most CNAs in facility had sufficient education about the following: (“No” responses)	Total	Administrators	RNs	LPNs
Leadership	78%	79%	82%	67%
Life skills for self	78%	79%	84%	65%
Working with difficult families	76%	78%	77%	69%
Mentoring	69%	67%	70%	71%
Diversity/other cultures	68%	71%	68%	63%
Disease processes	60%	49%	70%	73%
Difficult resident/patient behaviors	54%	56%	53%	51%
How residents/patients communicate pain	44%	52%	31%	37%
How to increase resident/patient quality of life	37%	42%	24%	43%
Death and dying	35%	30%	39%	41%
Personal safety	22%	20%	24%	22%
Recognizing/preventing resident/patient abuse	14%	16%	12%	14%

FINDINGS: BARRIERS TO GETTING EDUCATION RELATED TO DIRECT CARE WORK

Are the following barriers? (“Yes” responses)	Total	Administrators	RNs	LPNs
Cost of the education	65%	62%	72%	65%
Time of day education offered	64%	61%	73%	60%
Not knowing what education is available	55%	43%	65%	69%
Day of week education offered	46%	46%	49%	45%
Distance to where education is offered	43%	47%	45%	31%
Length of time it takes for facility to reimburse	24%	8%	38%	41%
Language	7%	5%	8%	12%

FINDINGS: CHALLENGING THE TEST

Definition:

All CNAs must pass a test to become certified. Some people take the CNA certification test without taking the basic CNA training first. This is referred to as “challenging the test.”

Opinions about challenging the test

People who have had no CNA training should be allowed to challenge the test to become certified.

	Strongly agree	Agree	Disagree	Strongly disagree
Total sample	9%	16%	33%	42%
Administrators	13%	17%	30%	40%
RNs	7%	16%	34%	43%
LPNs	9%	16%	33%	42%

People who were certified but their certification expired should be allowed to challenge the test so they can be re-certified.

	Strongly agree	Agree	Disagree	Strongly disagree
Total sample	43%	44%	7%	5%
Administrators	53%	38%	6%	3%
RNs	41%	46%	8%	4%
LPNs	24%	55%	8%	10%

Opinions about other issues

CNAs should be able to keep up their certification through continuing education rather than through mandatory work requirements. (Currently, CNAs are required to work at least 8 hours in a 24-month period to keep up their certification.)

	Strongly agree	Agree	Disagree	Strongly disagree
Total sample	19%	41%	30%	10%
Administrators	22%	40%	30%	8%
RNs	15%	39%	35%	11%
LPNs	19%	41%	30%	10%

Continuing education content for Iowa CNAs should be standardized.

	Strongly agree	Agree	Disagree	Strongly disagree
Total sample	24%	61%	11%	3%
Administrators	24%	57%	14%	5%
RNs	24%	62%	10%	3%
LPNs	24%	71%	6%	0%

I support nationwide standards for the number of hours and content of CNA training programs.

	Strongly agree	Agree	Disagree	Strongly disagree
Total sample	28%	59%	10%	2%
Administrators	31%	54%	10%	3%
RNs	28%	61%	11%	0%
LPNs	28%	59%	10%	2%

Opinions about other issues, continued

Having more opportunities for CNA advancement within the CNA field will improve recruitment and retention of CNAs

	Strongly agree	Agree	Disagree	Strongly disagree
Total sample	37%	53%	8%	2%
Administrators	45%	44%	10%	1%
RNs	32%	57%	8%	3%
LPNs	24%	69%	4%	4%

**KEY COMPARATIVE FINDINGS:
NURSING HOME ADMINISTRATORS/NURSES AND CNAS**

**KEY COMPARATIVE FINDINGS:
Nursing Home Administrators/Nurses and CNAs**

Purpose of these comparisons

- The Nursing Home Administrator/RN/LPN and CNA Education surveys have several questions in common.
- These questions are key to developing education and training for CNAs that results in high quality care while meeting CNAs' wants and needs regarding their own education.
- For ease of comparison, this section compares selected questions that appear on both surveys. For a complete understanding of the CNAs and Administrator/RN/LPN perspectives, however, it is important to read both reports in their entirety.
- For simplicity, the Administrators/RNs/LPNs are referred to as "Admin/Nurses."

	% of CNAs who felt prepared	% of Admin/Nurses who indicate CNAs are prepared
Preparation to provide high quality care when began work as a CNA	82%	49%

Did 75-hour course have enough training in:	% of CNAs who indicate "Yes"	% of Admin/Nurses who indicate "Yes" for a majority of CNAs in their facility
Infection control, hand washing, gloving techniques	98%	81%
Assisting residents/patients with personal care – such as oral care, dressing, bathing, nail care, grooming, and elimination	92%	79%
Residents'/patients' rights, quality of life	91%	68%
Preventing pressure sores/ulcers	86%	62%
Safe lifting, transferring, ambulating, positioning, toileting, use of restraints or gait belts, range of motion	79%	59%
Nutritional needs – special diets, preparing residents/patients for meals and feeding residents/patients including residents/patients with special needs such as those who have difficulty swallowing	78%	57%
Routine care procedures such as vital signs (temperature, pulse, respiration), blood pressure, height/weight, intake/output, bed making, collection of urine specimen, catheter care, incontinence care	78%	49%
Communication with residents/patients, families, co-workers, supervisors	74%	42%
Assisting a resident/patient who is choking, not breathing, or unconscious	67%	36%
Special needs of residents/patients – emotional needs, mental retardation or mental illness	58%	26%
Special needs of residents/patients with Alzheimer's, dementia, memory loss, confusion	41%	19%

Have CNAs had sufficient education about the following:	CNAs who indicate they want more education	Admin/Nurses who indicate CNAs have NOT had sufficient education
Working with difficult families	61%	76%
Difficult resident/patient behaviors	59%	54%
Disease processes	54%	60%
Death and dying	46%	35%
How residents/patients communicate pain	45%	44%
Leadership	44%	78%
Mentoring	44%	69%
How to increase resident/patient quality of life	43%	37%
Recognizing/preventing resident/patient abuse	42%	14%
Diversity/other cultures	42%	68%
Life skills for self	40%	78%
Personal safety	35%	22%

Are the following barriers to education?	% of CNAs who say “Yes”	% of Admin/Nurses who say “Yes”
Cost of the education	60%	65%
Not knowing what education is available	58%	55%
Time of day education offered	57%	64%
Day of week education offered	53%	46%
CNA having to take care of her/his family	34%	Not asked
Length of time it takes for facility to reimburse	30%	24%
Distance to where education is offered	20%	43%
Language	Not asked	7%

Challenging the CNA Test

Definition:

All CNAs must pass a test to become certified. Some people take the CNA certification test without taking the basic CNA training first. This is referred to as “challenging the test.”

Opinions about challenging the test	% of CNAs who Strongly Agree or Agree	% of Admin/Nurses who Strongly Agree or Agree	% of CNAs who Strongly Disagree or Disagree	% of Admin/Nurses who Strongly Disagree or Disagree
People who have had no CNA training should be allowed to challenge the test to become certified	14%	25%	85%	75%
People who were certified but their certification expired should be allowed to challenge the test so they can be re-certified.	87%	87%	12%	12%

Opinions about other issues	% of CNAs who Strongly Agree or Agree	% of Admin/Nurses who Strongly Agree or Agree	% of CNAs who Strongly Disagree or Disagree	% of Admin/Nurses who Strongly Disagree or Disagree
<p>CNAs should be able to keep up their certification through continuing education rather than through mandatory work requirements. (Currently, CNAs are required to work at least 8 hours in a 24-month period to keep up their certification.)</p> <p>People who have had no CNA training should be allowed to challenge the test to become certified</p>	83%	60%	17%	40%
<p>Having more opportunities for CNA advancement within the CNA field will improve recruitment and retention of CNAs</p>	97%	90%	3%	10%

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS AND RECOMMENDATIONS

- Conclusion 1**
- Most CNAs received their initial 75-hour training at Community colleges (56%) and nursing homes (23%).

- Recommendation 1**
- *Keep this finding in mind when developing interventions to improve CNA training.*
-

- Conclusion 2**
- There is a wide disparity between CNAs' perception of how prepared they are to provide high quality care following completion of the 75-hour course (82% feel prepared) and administrator/nurses' perception of CNA's preparedness following completion of the 75-hour course (49% say CNAs are prepared).

- Recommendation 2A**
- *Administrator/nurse's perception of the inadequacy of CNAs' preparation to provide high quality care suggests a need for improved nursing home orientation, mentoring, and ongoing education and training. Determine ways to provide this.*

- Recommendation 2B**
- *Consider requiring a specified number of hours of on-the-job mentoring following completion of the initial training to assure CNAs can apply what they have learned in the initial course.*
-

- Conclusion 3**
- A majority of CNAs indicate their initial training course includes sufficient classroom instruction (97%) and lab time (82%) to provide high quality care, but only 69% of CNAs indicate they have sufficient clinical time.
 - Similarly, more than half of administrator/nurses indicate that additional hands-on, clinical experience is needed in CNAs' initial training.

- Recommendation 3A**
- *Consider increasing the total overall hours required for certification so that the number of clinical hours can be increased to meet the need expressed by CNAs and*

administrator/nurses without compromising current time allowed for classroom and laboratory experiences.

Recommendation 3B

- *Identify creative ways to make the clinical experience more effective and efficient, (for example, utilizing simulations) while at the same time meeting CNAs' training needs.*
-

Conclusion 4

- CNAs indicate that the areas where both their initial training and continuing education need improvement involve communication skills, special resident needs, and dealing with peoples' difficult behaviors.
- Specifically, areas in which less than 75% of CNAs indicate their **initial training** was adequate include:
 - Special needs of residents/patients with Alzheimer's, dementia, memory loss, confusion (41%)
 - Special needs of residents/patients – emotional needs, mental retardation or mental illness (58%)
 - Assisting a resident/patient who is choking, not breathing, or unconscious (67%)
 - Communication with residents/patients, families, co-workers, supervisors (74%)
- The top three identified areas of need for **continuing education** identified by CNAs are:
 - Working with difficult families
 - Difficult resident/patient behaviors
 - Disease processes
- In agreement with the CNA respondents, administrators/nurses indicate that the following are the four areas where CNA training is most lacking:
 - Special needs of residents/patients with Alzheimer's, dementia, memory loss, confusion (19% indicate CNAs have had enough training)
 - Special needs of residents/patients – emotional needs, mental retardation or mental illness (26% indicate CNAs have had enough training)
 - Communication with residents/patients, families, co-workers, supervisors (36%

- indicate CNAs have had enough training)
- Assisting a resident/patient who is choking, not breathing, or unconscious (42% indicate CNAs have had enough training)
- In addition, administrators/nurses indicate CNAs are lacking sufficient education in:
 - Leadership
 - Life skills for self
 - Working with difficult families

Recommendation 4

- *Identify content and implement techniques to meet the ongoing communication and human relations needs identified as significantly lacking by both CNAs and administrator/nurses.*
-

Conclusion 5

- Administrators/nurses indicate that nearly three-fourths of CNAs' continuing education is provided at the workplace and they perceive that workplace continuing education meets the needs of CNAs better than other sites such as community colleges, yet, administrators/nurses indicate that CNAs' educational needs are largely unmet.

Recommendation 5

- *Identify ways to improve the continuing education provided to CNAs in the workplace and other settings so that they can provide higher quality of care.*
-

Conclusion 6

- Only half (53%) of the CNAs who indicate they have worked in a CCDI unit report that they have taken the required 6 hour Alzheimer's/CCDI training course.
- Approximately two-thirds of administrators/nurses indicate that the required 6 hour Alzheimer's/CCDI training course prepares CNAs to provide high quality care for patients with dementia.

Recommendation 6

- *Disseminate this finding to the entities responsible for the monitoring of Iowa's CCDI units and request follow up.*
-

Conclusion 7

- One-fourth of CNAs report that they are not receiving the required 12 hours of in-service/continuing education each year.

Recommendation 7

- *Disseminate this finding to the entities responsible for monitoring in-service requirements and request follow up.*
-

Conclusion 8

- Both CNAs and administrator/nurses agree that the top three barriers to CNAs receiving education are cost, not knowing what education is available, and time of day the education is offered.
- In addition, CNAs cite day of the week the education is offered as a barrier.

Recommendation 8

- *Find ways to address these barriers to CNA education.*
-

Conclusion 9

- A majority of CNAs (85%) and administrator/nurses (75%) concur that people who have had no CNA training should not be allowed to "challenge" the test without taking the basic certification course.

Recommendation 9

- *Consider eliminating the "challenge" option.*
-

Conclusion 10

- A majority of CNAs (89%) and administrator/nurses (87%) concur with allowing individuals whose certification has expired to “challenge” the test to reactivate their certification.

Recommendation 10A

- *Identify the benefits and risks to residents/patients if individuals whose certification has expired are allowed to “challenge” the test to reactivate their certification.*

Recommendation 10B

- *Consider other professional models such as nursing to find ways of assuring there are alternatives to challenging the test to re-activate certification such as continuing education requirements or a review class.*
-

Conclusion 11

- A majority of both CNAs (83%) and administrator/nurses (60%) support the concept of CNAs keeping up their certification through continuing education rather than through mandatory work requirements. (Currently CNAs are required to work at least 8 hours in a 24-month period to keep up their certification.)

Recommendation 11

- *Explore a process for replacing the work requirement with continuing education requirements.*
-

Conclusion 12

- Most (85%) of administrator/nurses support standardized education content for Iowa’s CNAs and 87% support nationwide standards for the number of hours and content of CNA training programs.

Recommendation 12

- *Explore ways to promote standardization of CNA training hours and content both in Iowa and nationally.*
-

Conclusion 13

- Both CNAs (97%) and administrator/nurses (90%) strongly believe that having more opportunities for CNA advancement within the CNA field will improve recruitment and retention of CNAs.

Recommendation 13A

- *Determine ways to develop advancement opportunities for CNAs.*

Recommendation 13B

- *Disseminate this finding to nursing home administrators.*

Conclusion 14

- The findings in this report provide significant information upon which to base improvements in the education and training of CNAs and other direct care workers.

Recommendation 14

- *Disseminate this report to the members of the Iowa Direct Care Worker Education Task Force and other interested individuals and entities.*
-