



**IOWA CNA (CERTIFIED NURSE AIDE)
EXPIRED CERTIFICATION STUDY**

**Prepared for
Iowa CareGivers Association**



**by
Hill Simonton Bell, L.C.**

June 2003

**Made possible by a grant from the Iowa Department of Public Health
Center for Health Workforce Planning #5883NW04**

IOWA CAREGIVERS ASSOCIATION

1211 Vine Street, Suite 1120
West Des Moines, IA 50265

Phone: (515) 223-2805
Fax: (515) 226-3214

E-mail: information@iowacaregivers.org
Website: www.iowacaregivers.org

The Iowa CareGivers Association (ICA) was founded in 1992 out of a growing concern about being unable to meet Iowans' current and future care needs.

ICA's **mission** is to "enhance the quality of care through dedication to the direct care worker and all caregivers." Its **goals** are to: increase access to quality care for those in need, increase the number of caregivers, and enhance quality of care.

ICA's mission driven **activities** include: public awareness, education, advocacy, and research and innovation.

HILL SIMONTON BELL, L.C.

3930 Tenth Street
Des Moines, IA 50313

Phone: (515) 244-8228
Fax: (515) 244-8298

E-mail: ljsimonton@dwx.com

Hill Simonton Bell, founded in 1996, has two principals: Linda J. Simonton and Jane P. Bell. They have over 17 years' experience designing and conducting market research in government, health care, long term care, business, media, education, politics, and community building.

Center for Health Workforce Planning

Bureau of Health Care Access
Division of Community Health
Iowa Department of Public Health
Lucas State Office Building – 5th Floor
321 East 12th Street
Des Moines, IA 50319-0075

Phone: (515) 281-8309; (515) 281-6211

Fax: (515) 242-6484

E-mail: egloor@idph.state.ia.us

Website: www.ikdph.state.ia.us

Type “workforce” in the dialogue box

The purpose of the Center is to assess and forecast health workforce supply and demand; address barriers to recruitment and retention; support strategies developed at the local level that prevent shortages; and engage in activities that promote and assure a viable health workforce in Iowa. Emphasis is currently placed on nursing and nursing assistant personnel and will be expanded to other health workers in the future.

Staff: Eileen Gloor, M.S.N, R.N.
Jeneane Moody, M.P.H.

Program Director
Community Health Consultant

TABLE OF CONTENTS

Introduction	Page 1
Methodology	Page 2
Executive Summary	Page 3
Demographics	Page 5
Findings	Page 8
Selected Comments	Page 20
Conclusions and Recommendations	Page 22
Appendix: Questionnaire	Page 26

INTRODUCTION

Background

- The Iowa CareGivers Association conducted this study under a grant funded by the Iowa Department of Public Health: Center for Health Workforce Planning #5883NW04.

Purpose

- The ultimate purpose of this study is to find ways to encourage Certified Nurse Aides (CNAs) whose certification has expired to return to direct care.

Objectives

The objectives of this study are to determine:

- Whether CNAs are aware of the requirement that they must work as a CNA at least 8 hours in a 24-month period to retain their certification.
- What types of jobs and education CNAs are obtaining when they leave the field of direct care.
- Why CNAs would or would not return to direct care.
- Whether offering re-certification training at no charge would encourage CNAs to return to direct care.
- What types of educational offerings are most important to CNAs in obtaining better direct care jobs.

Report

- The report that follows contains the methodology for this study, executive summary, key findings, selected comments, and actionable conclusions and recommendations.
- The survey questionnaire is included in the appendix.

METHODOLOGY

Population and sample

- Mail was selected as the methodology for this study.
- The population is CNAs who are listed on the State of Iowa Nurse Aide Registry and whose certifications have expired.
- From the Registry, a random sample of 6,000 names was drawn.

The survey

- An initial mailing of 4,000 surveys was done on April 2, 2003. A second mailing of 2,000 surveys was done on April 15, 2003.
- Returns were collected until May 16, 2003.
- Of the 6,000 surveys mailed, 651 were completed and tallied; 1,394 were “undeliverable.”
- The return rate is therefore 14% [651/(6,000-1,394)].

Data analysis

- Frequencies have been calculated for all the survey questions.
- Special cross tabulations have been done for key factors related to the study objectives.
- Statistically significant relationships among the variables have been identified and reported.
- The maximum standard error range at the 95% confidence level for this sample of 651 respondents is $\pm 3.8\%$.

Data presentation

- Unless otherwise indicated, the sample size for the responses reported in the findings section is the entire sample of 651.
- Only those statistically significant differences that appear to be key are included in the findings section.
- In some cases, statistics in the tables sum to more than 100% due to multiple answers.
- Statistics may occasionally total more or less than 100% because of rounding.

EXECUTIVE SUMMARY

This report is based on 651 responses to a survey mailed to 6,000 individuals listed on the Iowa Nurse Aide Registry as having Certified Nurse Aide (CNA) certifications that have expired. All Iowa counties are represented in this study.

The objectives of the study are to determine:

- Whether CNAs are aware of the requirement that they must work as a CNA at least 8 hours in a 24-month period to retain their certification.
- What types of jobs and education CNAs are obtaining when they leave the field of direct care.
- Why CNAs would or would not return to direct care.
- Whether offering re-certification training at no charge would encourage CNAs to return to direct care.
- What types of educational offerings are most important to CNAs in obtaining better jobs in direct care.

One of the most important findings of the study is that nearly two-thirds of those surveyed indicated they would consider returning to a direct care job (CNA, CNA mentor, home care aide, assisted living caregiver, or adult day center caregiver). This research identifies the following issues in the decision to return to direct care:

Most Important to All CNAs

- Increased pay
- Good health insurance coverage
- Better support from supervisors and administrators
- More opportunities for job advancement
- Paid vacation and sick time
- Disability and dental insurance
- Higher staffing levels
- Pension benefits

Least Important to All CNAs

- Dependent care
- Child care
- Transportation to and from work

The study also revealed that the percentage of former CNAs who rate these factors “very important” varies by age and by years as a CNA. These variations may be used to design benefit programs that meet the specific needs of these groups.

Another key finding is that nearly half of CNAs whose certifications expired left for non-health care jobs, most frequently manufacturing, construction, business, commercial, and office jobs. These CNAs are more likely to indicate an interest in returning to direct care than are those who took other health care jobs.

The one-fourth of CNAs who left for other jobs in health care are employed in a variety of positions. It appears they may have, in effect, created their own career ladders within the broad field of health and long term care.

Free re-certification courses do appear likely to be an incentive for a return to direct care. More than one-half of those who indicate they would consider a return to direct care report that they would be interested in re-certification training and re-entry into direct care if the training were free. Individuals who are divorced, never married, have children under 18 living at home, and have worked less than 11 years as a CNA are especially likely to express interest in free re-certification classes.

Finally, the survey showed that a majority of individuals become CNAs with the goal of working as a career CNA, rather than simply to earn money while going to school or because CNA certification is required for a nursing program. Many of their comments express a strong commitment to caring for older adults and people with disabilities. The survey also showed that the requirement that CNAs work 8 hours in a 24-month period may be a barrier to CNA re-entry in that almost one-third of respondents were unaware of this requirement.

Recommendations based on this study include:

- Increase pay and improve CNA benefits to be competitive with the non-healthcare sector and other jobs in the healthcare sector.
- Continue steps to professionalize and recognize CNA work as well as CNAs who are leaders in the field of direct care.
- Institute career ladders and other opportunities for job advancement in direct care.
- Provide education and resources for supervisors and administrators so they can more effectively support direct care workers.
- Assure that the health and safety of CNAs are addressed, particularly back injuries related to staff shortages and heavy lifting without assistance.
- Offer free re-certification classes or scholarships.
- Consider offering incentives for CNAs who retain their certification for 5 or more years.
- Replace the 8-hour work requirement with continuing education requirements like other professions.

DEMOGRAPHICS

Years worked as a CNA	Never worked as CNA	9%
	Less than 1 Year	14%
	More than 1 year, but less than 2 years	11%
	2-4 years	22%
	5-10 years	21%
	11-20 years	15%
	More than 20 years	7%
	No answer	<1%
Site of most CNA work	Nursing home	75%
	Hospital	12%
	Home care	7%
	Assisted living	3%
	Healthcare staffing agency	2%
	Adult day center	<1%
	Other	2%
Age	16 to 20 years	6%
	21 to 30 years	30%
	31 to 40 years	18%
	41 to 50 years	19%
	51 to 60 years	11%
	61 to 70 years	10%
	70+	5%
	No answer	<1%
	Mean age = 40 years	
	Median age = 37 years	

Level of Education	Less than high school	6%
	High school or GED	21%
	Technical school, CNA, some college	45%
	RN	5%
	College	20%
	More than 4 years of college	4%
	No answer	<1%
Gender	Female	94%
	Male	6%
Marital status	Married	57%
	Never married	23%
	Divorced	14%
	Widowed	6%
	No answer	<1%
Children under 18 at home	None	50%
	One	17%
	Two	17%
	Three	7%
	Four	3%
	Five	1%
	Six	<1%
	Seven	<1%
	No answer	5%

Race/Ethnicity	White	95%
	Hispanic/Latino	2%
	African American	1%
	Asian	1%
	Other	1%
	No answer	<1%

County and zip code	All 99 Iowa counties plus 22 counties outside Iowa are represented.	
	This is the distribution:	
	Polk	6%
	Linn	3%
	Black Hawk	3%
	Scott	3%
	Other (each county represents <3%)	85%

FINDINGS

Awareness of work requirement to maintain certification

Respondents were asked, “Are you aware that in Iowa, Certified Nurse Aides (CNAs) lose their certification if they do not work as a CNA at least 8 hours in a 24-month period of time?” Their responses were:

- Yes 70%
- No 30%

Main reason became a CNA

In response to the question, “What was the main reason you originally got your CNA certification?” respondents answered:

- To work as a CNA 74%
- To earn money while going to school 13%
- Required for licensed nursing program 9%
- Other 5%

Work situation immediately after stopped working as CNA

Responses to the question, “Which of the following best describes your paid work situation immediately after you stopped working as a CNA?” were as follows:

- Worked in a job not in health care or long term care 46%
- Worked in a non-CNA job in healthcare such as nursing home, assisted living, hospital, home care 26%
- Did not retire and did not work in a paying job after stopped working as a CNA 16%
- Retired 11%
- No answer <1%

Type of job immediately after stopped working as a CNA (n=426)

Respondents who indicated they had worked in a paid position after stopping work as a CNA were asked what their job was. Their responses are categorized into health care and non-health care jobs.

Non-Health Care (59%)

- Factory, construction worker, laborer 12.2%
- Food service: bartender, cook, dishwasher, hostess, waitress 7.0%
- Retail, cashier, sales clerk 4.9%
- Cleaning, housekeeping, janitor, custodian 4.0%
- Clerical, office worker: receptionist, secretary, dispatcher, typist, data entry 3.5%
- Childcare: daycare, babysitter, nanny 3.5%
- Educator, teacher, paraeducator, assistant teacher, aide 2.3%
- Manager, supervisor: director, office manager, etc. 2.3%
- Beautician, cosmetologist 2.1%
- Driver: ambulance, bus, school bus, truck 2.1%
- Sales 1.4%
- Telemarketer 1.2%
- Customer service 1.2%
- Casino worker .9%
- Self-employed, proprietor .9%
- Skilled worker, machine operator .9%
- Farming .7%
- Accountant, bookkeeper .7%
- Banker, bank teller .7%
- Public safety, armed forces .7%
- Claims adjuster/processor .5%
- On-air announcer, TV journalist .5%
- Youth counselor .5%
- Other non-health care 3.8%

Job post-CNA job, con't

Health Care (34%)

- LPN 5.2%
- Technician: ER, physical therapy, surgical, pharmacy, etc. 4.9%
- Caregiver: Home Care 3.8%
- Clerical/secretarial: bookkeeper, transcriptionist, etc. 3.8%
- RN 2.8%
- Caregiver: unspecified 1.9%
- Manager, supervisor, coordinator (floor, unit, environment) 1.6%
- Support services: housekeeping, central supply 1.6%
- Activity aide, assistant, recreation aide 1.4%
- CMA, medication aide 1.4%
- Caregiver: assisted living .7%
- Dental assistant, aide .7%
- Activity director, coordinator .5%
- Dietary manager, supervisor .5%
- Human/social services (social worker, community outreach) .5%
- Physical therapy aide .5%
- Caregiver: hospital .2%
- Massage therapist .2%
- Occupational therapist .2%
- Ophthalmic aide, assistant .2%
- Physical therapist .2%
- Other health care related 1.2%

- No answer 7%

Field of work immediately after stopped working as a CNA (n=426)

In addition to being asked about the type of job they had immediately after they stopped working as a CNA, respondents were asked the place where they worked. The most frequent responses are categorized below:

- Hospital, clinic, medical, physician's office 19%
- Factory, manufacturing, warehousing 12%
- Care facility: nursing home, retirement home, assisted living 11%
- Business, commercial, office 9%
- Restaurant, food service, bar 6%
- Retail 6%
- Education 4%
- Private home, in-home care (health care related) 3%
- Agriculture, farming 2%
- Private home: babysitting, in-home day care 2%
- Private employer 2%
- Government, DHS 2%
- Media 1%
- Nursing service 1%
- Hotel, motel, service industry 1%
- Community/Human service (non-governmental) 1%
- Personal services 1%
- Banking, finance 1%
- Entertainment 1%
- Communications 1%
- Veterinary medicine 1%
- Construction 1%
- Church, synagogue, religious organization 1%
- Pharmacy 1%
- Art, culture <1%

Post-CNA job, con't	• Housing	<1%
	• Transportation	<1%
	• Hospice	<1%
	• Other	2%
	• No answer	8%

Work-related education after certification expired	All respondents were asked if they had obtained any additional work-related education after their CNA certification expired. These are their responses:	
	• No additional work-related education	46%
	• Other health-related education besides nursing	18%
	• Non health-related education	18%
	• Licensed nursing	13%
	• No answer	5%

Possibility of returning to direct care	All respondents were asked, "Are there any circumstances under which you would work in a direct care job (CNA, CNA mentor, home care aide, assisted living caregiver, adult day center caregiver, medication aide, rehabilitation aide, or hospice aide)?" These are their responses:	
	• Yes, I would consider working in a direct care job.	63%
	• No, I would not return to a direct care job under any circumstances.	37%

Factors related to possibility of returning to direct care: Field of work following CNA job (n=365)	• Of those who indicate that yes, they would consider returning to a job in direct care, 54% reported that their paid work situation immediately after they stopped working as a CNA was not in health care or long term care.	
	• In contrast, only 27% of those who indicate that yes, they would consider returning to direct care took paid jobs in health care or long term care after their certification expired.	

**Factors related to possibility of returning to direct care:
Age (n=406)**

- Of those who indicate, “Yes, I would consider working in a direct care job,” age breakdowns are as follows:

Age	16-20	9%
	21-30	32%
	31-40	22%
	41-50	20%
	51-65	14%
	66-87	3%

**Factors related to possibility of returning to direct care:
Age (n=646)**

- Looking specifically at each age group gives additional information about age in relation to a possible return to direct care.
 - Although their overall numbers are small (n=39), fully 92% of respondents age 16-20 indicate they would return to direct care.
 - Approximately 75% of those between the ages of 31-40 (n=120) would consider returning to direct care.
 - About 65% of those age 21-30 (n=197) and 41-50 (n=126) would consider returning to direct care.
 - Approximately 50% of those age 51-65 (n=109) would consider a return to direct care.
 - Only 20% of those age 66 and older (n=55) would consider a return to direct care.

**Factors related to possibility of returning to direct care:
Education (n=409)**

- Of those who indicate, “Yes, I would consider working in a direct care job,” the educational breakdowns are as follows:

Technical school/CNA/some college	49%
High school/GED	20%
College	19%
Less than high school	6%
RN	3%
More than 4 years college	3%

**Factors related to possibility
of returning to direct care:
Education (n=651)**

- Looking specifically at each educational grouping provides another perspective about education in relation to a possible return to direct care.
 - Nearly 70% of those who have less than a high school education (n=36) or who have technical school/CNA training/some college (n=292) indicate they would return to direct care.
 - About 60% of those with high school/GED (n=134) or with college degrees (n=131) would return to direct care.
 - Approximately 40-45% of those with more than four years of college (n=26) and RN's (n=29) are likely to consider returning to direct care.

Circumstances under which would return to direct care job

Respondents who indicated they would consider returning to direct care were asked for the circumstances under which they would consider returning. This is a summary of their written comments:

- Increased pay, better benefits, improved working conditions
- No heavy lifting without assistance
- Training and certification
- Preferred position or location
- Are already working in direct care or planning to work in direct care
- Would consider it as a “fall-back” position
- Like to help people; care for elderly
- Better scheduling
- If family commitments changed
- If health concerns were resolved

Reasons would not return to direct care job

Those respondents who indicated they would **not** return to a direct care job under any circumstances volunteered these reasons:

- Health problems, including back problems from CNA work
- Pursuing other career/employment
- Pay, benefits, working conditions
- Age, retirement
- General lack of interest in the job

Factors Related to Returning to Direct Care Job

- Those respondents who indicated they would consider returning to a direct care job were asked to rate the importance of 13 factors potentially related to this decision.
- The mean (average) score for each entry is obtained by averaging the scores for that response. For example, “very important” is scored as “5” and “not at all important” is scored as “1.”
- Respondents who are divorced were more likely to rate increased pay, pension benefits, dental insurance, and disability insurance as more important than respondents who are single, never married, or widowed.

(n=378)	Mean Score	Very Important 5	Somewhat Important 4	Neutral 3	Somewhat Unimportant 2	Not at all Important 1	No answer
Increased pay	4.6	67%	23%	6%	1%	2%	3%
Good health insurance coverage	4.4	63%	20%	9%	1%	5%	3%
Better support from supervisors and administrators	4.4	59%	23%	10%	2%	3%	5%
More opportunities for job advancement in direct care	4.3	56%	24%	11%	2%	3%	5%
Paid vacation time	4.3	52%	29%	12%	2%	2%	3%
Paid sick time	4.2	48%	30%	14%	1%	3%	3%
Disability insurance to cover long illnesses	4.1	46%	25%	18%	2%	5%	5%
Higher staffing levels	4.1	43%	27%	16%	1%	5%	8%
Dental insurance	4.1	42%	30%	18%	1%	5%	5%
Pension	4.0	37%	32%	21%	2%	3%	5%
Convenient, affordable child care	3.1	28%	10%	23%	5%	27%	7%
Convenient, affordable dependent care e.g. for spouse, parent, grandparent	3.1	21%	13%	32%	4%	21%	9%
Transportation to and from work	3.0	21%	15%	27%	6%	24%	6%

**Relationship Between
Years as CNA and Respondent's Age
to
Importance of Benefits**

- The data revealed that for the factors below, there is a significant statistical relationship between age or years as a CNA and the importance of certain benefits.
- The percentage of respondents who indicated the factor is “very important” based on years as a CNA and based on age is compared to the percentage of all CNAs who indicated the factor is “very important.”
- Where the percentage is significantly **lower** than for CNAs as a whole, the percentage is in bold. Where the percentage is significantly **higher** than for CNAs as whole, the entire cell is highlighted.

	All CNAs (n=378)	YEARS AS CNA (n=375)						AGE (n=375)					
		<1	More than 1 but <2	2-4	5-10	11-20	20+	16-20	21-30	31-40	41-50	51-65	66+
Increased pay	67%	58%	60%	78%	74%	73%	41%	47%	71%	68%	75%	66%	27%
Good health insurance coverage	63%	55%	62%	70%	67%	65%	29%	56%	62%	62%	74%	62%	18%
More opportunities for job advancement in direct care	56%	58%	64%	55%	56%	63%	29%	59%	59%	56%	60%	49%	18%
Paid vacation time	52%	35%	49%	56%	58%	67%	41%	32%	46%	51%	67%	62%	27%
Paid sick time	48%	33%	45%	51%	53%	56%	35%	41%	44%	44%	59%	60%	18%
Disability insurance to cover long illnesses	46%	40%	43%	49%	49%	60%	24%	38%	41%	46%	63%	47%	9%
Dental insurance	42%	29%	45%	49%	45%	40%	24%	41%	42%	44%	53%	32%	9%
Pension	37%	27%	38%	39%	46%	50%	12%	27%	31%	39%	53%	43%	0%
Convenient, affordable child care	28%	26%	36%	43%	23%	15%	0%	27%	49%	29%	15%	6%	0%

Likelihood of recertification if training were free

All respondents were asked, "If the cost of CNA training (including all course fees, books, and testing fees) were completely free to you, how likely would you be to become certified as a CNA again and then work in a direct care job?"

Very likely	35%
Somewhat likely	23%
Not at all likely	42%
No answer	<1%

Likelihood of recertification if training were free: Those who say "Yes, I would return to direct care" (n=409)

When only those respondents who indicate that yes, they would consider returning to a job in direct care are tallied, interest in a free re-certification course is as follows:

Very likely	53%
Somewhat likely	32%
Not at all likely	15%
No answer	<1%

Likelihood of recertification if training were free: Marital status and years as CNA

- Respondents who are divorced, never married, or have children under age 18 at home are more likely to indicate they would become re-certified if training were free.
- Those who have worked as a CNA for 11 or more years are more likely to indicate that having fees paid is "not at all important" in considering re-certification than are those who have worked as a CNA for fewer than 11 years.

**Courses of Interest
to Those Likely to Become Re-Certified
if Training Were Free**

- Those respondents who indicated they would be “very likely” or “somewhat likely” to become recertified if the training were free were asked, “How interested would you be to take more training in the following if the training meant you would have a chance for a better job in direct care?”
- The mean score is obtained by averaging the scores for that response, with “very interested” scored as “1,” “somewhat interested” scored as “2,” and “not at all interested” scored as “3.”
- In addition to the findings for the group as a whole, the results show that respondents who have children under age 18 at home are more likely to indicate an interest in the following certifications than are respondents without children at home: rehabilitation aide, medication aide, CNA mentor, and home care.
- For both medication aide certification and advanced CNA, the percent of those “very interested” is significantly higher than adult day care certification, CNA mentor training, and advanced Alzheimer’s training.
- When only the responses of those who indicate, “Yes, I would consider working in a direct care job” are tallied, the results suggest similar priority areas to these.

(n=377)	MEAN SCORE	VERY INTERESTED 1	SOMEWHAT INTERESTED 2	NOT AT ALL INTERESTED 3	NO ANSWER
Medication Aide Certification	1.5	57%	23%	12%	8%
Advanced CNA training (120 hrs.)	1.5	56%	27%	9%	7%
Home Care Certification	1.6	52%	28%	13%	8%
Assisted Living Certification	1.6	52%	31%	10%	8%
Hospice Certification	1.6	49%	27%	16%	9%
Rehabilitation Aide Certification	1.6	48%	30%	12%	10%
Advanced Alzheimer's Education	1.7	44%	29%	18%	9%
CNA Mentor Training (2 day course)	1.7	43%	33%	15%	10%
Adult Day Care Certification	1.7	41%	33%	15%	10%

SELECTED COMMENTS

Respondents were asked, “Are there any **circumstances** under which you would **work** in a **direct care** job?”

- These are selected comments of those who said, “**Yes.**”
 - Working in the nursing home I felt over-worked and not appreciated. If I could find a job where I’d have help caring for patients and felt like it mattered that I was there I might go back to work.
 - I loved this type of work, but the pay and benefits are awful. They would have to be improved a lot before I would come back. Right now I make double the money I was making as a CNA and I don’t even come close to working as hard as I did as a CNA.
 - If they hired more people, said thank you once in a while, and I only had to work one shift.
 - Better pay and more respect. We’re the ones doing daily hands-on with the people, but from the nurses we get no respect.
 - I’d like to work in a direct care job as long as there’s no heavy lifting. I injured my back when I was working as a CNA, and that’s the reason why I quit the job.
 - Hours need to be steady instead of 20 hours one week and 40 the next.
 - I would need to be able to have time off to take care of our 15-year-old adopted son who is diagnosed with cancer of the brain and spine.
 - I would go back if I could get help paying the course fees to retake the CNA license test.
 - I would love to be a CNA again. I just don’t have the money to renew my certificate.

- These are selected comments of those who said “**No.**”
 - Because at one of the nursing homes that I worked at I had to get 27 to 30 people up by myself on one wing for breakfast at 8:00 starting at 6:30 and I did not have anyone to help me.
 - When I retired after 23 years of service I did not get any benefits. If you had retirement benefits in the CNA field you would have more people staying in that type of work. You can't live on Social Security. It can't be done. If I had known this when I started working as a CNA, I never would have started.
 - I have a hard time dealing with death, especially if it is someone I have come to know and care about.
 - I left because there was not enough help. It was too frustrating working – always fearing someone was going to get hurt.
 - If a person was guaranteed help, it would be a rewarding job, even though my factory job paid almost twice as much.
 - Physically unable to stand the back pain that goes with the job. Mentally unable to watch the decrease in good quality care as more nursing homes go corporate and only care about the money and not about the patient/resident.
 - I loved the residents! But I did not agree with the things that happened with my boss and co-workers, the stress, how residents were treated, etc. I have a lot of respect for elders and loved helping them, but felt I was the only one who cared.
 - Feeling that if I needed to have a day off on my weekend (getting ready for graduation, child very sick, etc.) I could not.
 - They would rather pay temps more money than their permanent help.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion 1

- Almost one-third of CNAs in this study indicated they were unaware of the requirement that to retain their certification, they must work at least 8 hours in a 24-month period.
- Additionally, the Iowa CareGiver's Association (ICA) and Iowa Nurse Aide Registry were deluged with calls from individuals who received this survey and were unaware that their certification had expired.

Recommendation 1

- Create ongoing ways of informing CNAs about the work requirement, including updating the current ICA materials for new nurse aides.
 - Assess whether the requirement is acting as a barrier to CNA retention.
 - Consider replacing the 8-hour work requirement with continuing education requirements like other professions.
-

Conclusion 2

- A majority of former CNAs report entering the field with the goal of working as a CNA rather than to earn money while going to school or because it is a requirement for another career such as nursing.
- Many of the former CNAs expressed a strong commitment to providing hands-on care to older adults and people with disabilities.

Recommendation 2

- Continue steps to professionalize and recognize CNA work as well as CNAs who are leaders in the field of direct care.
-

Conclusion 3

- Nearly half of CNAs whose certifications expire leave for non-health care jobs, particularly manufacturing, construction, business, commercial, and office jobs.
- Those who left for non-health care related jobs are more likely to consider returning to direct care than are those who left for health care jobs.

Recommendation 3

- Increase CNA pay and benefits so they are comparable to non-healthcare jobs.
 - Target re-certification training to CNAs who have left for non-health care related jobs in the specific sectors identified in this report.
-

- Conclusion 4**
- The one-fourth of CNAs who leave for health and long term care-related jobs are employed in a variety of positions. It appears that these CNAs may have, in effect, created their own career ladders within the broad field of health and long term care.
- Recommendation 4**
-
- Conclusion 5**
- Nearly two-thirds of CNAs indicate they would consider returning to direct care.
 - Age and education are two factors with significant relationships to the likelihood of returning to direct care.
- Recommendation 5**
- For maximum benefit, target promotion of retention and re-certification efforts toward individuals who are ages 21-30 and those who have technical school/CNA/some college educations.
 - Even though it represents a small number of CNAs, the age group 16-20 contains an extremely high percentage (92%) of individuals who indicate they would likely return to work as a CNA. Consider what special interventions might be directed toward this age group.
 - As might be expected, least benefit will likely be gained from targeting interventions toward those who are age 50+, as well as RNs and those with four or more years of college.
-
- Conclusion 6**
- These findings continue to reinforce earlier findings that for CNAs as a whole, increased pay, good health insurance coverage, better support from supervisors, administrators, and peers, more opportunities for job advancement, paid vacation time, paid sick time, disability insurance, dental insurance, higher staffing levels, and pension benefits are key factors in the decision about returning to a direct care job.
 - Dependent care, child care, and transportation to and from work appear to be the least important benefits overall.
- Recommendation 6**
- To encourage retention and re-certification of CNAs, continue efforts to improve pay, benefits, working conditions, and advancement opportunities as outlined in Conclusion 6.
 - Provide education and resources for supervisors and administrators so they can more effectively support direct care workers.
 - Assure that CNA health and safety issues are addressed, particularly back injuries related

to unassisted heavy lifting due to staff shortages.

Conclusion 7

- The benefits that are most important in the decision to return to direct care vary with age and with years as a CNA.

Recommendation 7

- Utilize the chart on page 17 of this report as a guideline for understanding the priorities of CNAs of various ages and years as a CNA. Design benefit packages and advancement opportunities that meet these varied needs.
-

Conclusion 8

- More than one-third of all respondents indicate an interest in taking re-certification training if it is completely free.
- Even more important, over half of those who indicate they would consider returning to direct care would be interested in re-certification if the training were free.
- Those who are divorced, never married, have children under 18 living at home, and have fewer than 11 years as a CNA are especially likely to be interested in free re-certification training.
- Nearly half of respondents have had no work-related education since their certifications expired.

Recommendation 8

- Consider offering free training or scholarships as a way to encourage CNAs to become re-certified and return to work in direct care.
 - If possible, find ways to target those demographic groups listed above that may be more likely to be attracted to free re-certification classes.
 - Consider offering incentives for CNAs who retain their certification for 5 or more years.
-

Conclusion 9

- Interest in all nine of the advanced CNA courses tested in the survey is high among those who indicate they would consider re-certification training if it were free.
- Interest among those who said, yes, they would consider working in a direct care job is also high.
- For both medication aide certification and advanced CNA, the percent of those “very interested” is significantly higher than adult day care certification, CNA mentor training, and advanced Alzheimer’s training.
- A key factor in determining interest appears to be the relationship between the course and perceived opportunity for job advancement.

Recommendation 9

- Because the 120 hour Advanced CNA Training and the Medication Aide Training have the highest percentage of respondents who are “very interested,” consider offering these courses first.
 - When developing additional courses, tie them to job advancement opportunities.
-

APPENDIX

April 2003

Dear Former Direct Care Worker:

The Iowa CareGivers Association (ICA), legislators, and health care providers want to better understand how to encourage people to keep working in the field of direct care.

We have already surveyed people who are currently direct care workers and are now surveying people who have left the field.

Your name was selected at random from the State of Iowa Nurse Aide Registry. Because your certification has expired, we assume you are currently not working in direct care and are asking you to fill out the enclosed survey.

Please know that information you provide us will go a long way in helping Iowa address the growing shortage of direct care workers.

Please fill out and return your survey in the enclosed postage-paid envelope within a week.

Thank you for your help.

Sincerely,

Di Findley
Executive Director

This survey is being funded by a grant from the Iowa Department of Public Health: Center for Health Care Workforce Shortage #5883NW04.

The Iowa Caregivers Association (ICA), legislators, and health care providers want to better understand how to encourage people to keep on working in direct care jobs. Your name was selected at random from the State of Iowa Nurse Aide Registry. Because your certification has expired, we assume you are currently not working in direct care. Your answers are confidential, which means the answers on your survey will be counted, but your name will not be used.

1. Are you aware that in Iowa, Certified Nurse Aides (CNAs) lose their certification if they do not work as a CNA at least 8 hours in a 24-month period of time?

- Yes No

1A. Have you worked as a CNA in the past 24 months?

- If YES, do not fill out survey. Throw survey away.
 If NO, please fill out this survey.

2. What was the main reason you originally got your CNA certification?

- To work as a CNA
 To earn money while going to school
 Required for licensed nursing program
 Other _____

3. Over your lifetime, how much total time did you work as a CNA?

- Never worked as a CNA (Do not answer questions 4 and 5. Skip to question 6)
 Less than 1 year 5-10 years
 More than 1 year but less than 2 years 11-20 years
 2-4 years More than 20 years

4. Over your lifetime, where did you work MOST of your CNA hours?

Please check just one box below.

- Healthcare Staffing Agency Home care
 Nursing Home Adult Day Center
 Hospital Other: _____
 Assisted Living

5. Thinking now about after you stopped working as a CNA, which of the following best describes your paid work situation **immediately** after you stopped working as a CNA?

- Worked in a non-CNA job in healthcare such as a nursing home, assisted living, hospital, home care. (Please answer question 5A)
 Worked in a job not in health care or long term care (Please answer question 5A)
 Retired
 Did not retire and did not work in a paying job after I stopped working as a CNA

5A. If you checked the first or second box in question 5 above, please tell us:

What was your job? _____

What is the name of the place where you worked? _____

6. If you have gotten any additional work related education since your CNA certification expired, was it for:

- Licensed nursing
- Other health-related job besides nursing
- Non health-related job
- Have not gotten additional work related education

The following questions have to do with the possibility of your returning to a job in direct care. By direct care we mean working as a Certified Nurse Aide (CNA), CNA Mentor, home care aide, assisted living caregiver or adult day center caregiver, medication aide, rehabilitation aide, or hospice aide.

7. Are there any circumstances under which you would work in a direct care job? (Please see the box above for what we mean by direct care.)

Check A **or** B below.

A. **NO**, I would not work in a direct care job under any circumstances. Please tell us why not. Then, skip to Question 9.

B. **YES**, I would consider working in a direct care job. Please tell us the circumstances under which you would work in a direct care job. Then, continue to Question 8.

8. If your answer to Question 7 is “Yes, I would consider working in a direct care job” please rate EACH of the following based on how important it is to your decision to return to work in a direct care job.

The scale is 1-5, with 5 being “**Very Important**” and 1 being “**Not at All Important.**”
Pick any number from 1 to 5 for each item below.

	Very Important	Somewhat Important	Neutral	Somewhat Unimportant	Not at all important
	5	4	3	2	1
Increased pay					
Good health insurance coverage					
Paid sick time					
Paid vacation time					

Please continue Question 8 on the following page.

Please continue Question 8 below.

	Very Important	Somewhat Important	Neutral	Somewhat Unimportant	Not at all important
	5	4	3	2	1
Pension					
Dental insurance					
Disability insurance to cover long illnesses					
Convenient, affordable child care					
Convenient, affordable dependent care e.g. for spouse, parent, grandparent					
Transportation to and from work					
Higher staffing levels					
Better support from supervisors and administrators					
More opportunities for job advancement in direct care					

9. If the cost of CNA training (including all course fees, books, and testing fees) were completely free to you, how likely would you be to become certified as a CNA again and then work in a direct care job?

- Very likely Please continue to Question 10.
 Somewhat likely Please continue to Question 10.
 Not at all likely Please skip to Question 11.

10. If your answer to Question 9 was “**very likely**” or “**somewhat likely**,” how interested would you be to take more training in the following if the training meant you would have a chance for a better job in direct care?

If you had training that might mean you could get a better job in direct care and the training was FREE, how interested would you be in the following? PLEASE ANSWER FOR ALL THE FOLLOWING	VERY INTERESTED	SOMEWHAT INTERESTED	NOT AT ALL INTERESTED
Advanced CNA training (120 hrs.)			
Rehabilitation Aide Certification			
Medication Aide Certification			
Advanced Alzheimer's Education			
CNA Mentor Training (2 day course)			
Hospice Certification			
Assisted Living Certification			
Home Care Certification			
Adult Day Care Certification			

11. Please tell us about yourself. Are you:

Female Male

12. Please tell us your age: _____

13. What is the highest level of education you have had the opportunity to complete?

Less than high school RN
 High school or GED College
 Technical school/CNA/some college More than 4 years college

14. Are you currently:

Married Never married Divorced Widowed

15. How many children under the age of 18 live in your home? _____

16. Are you:

African American Hispanic/Latino Asian
 White Pacific Islander Other

17. Please tell us where you live:

County _____ Zip code _____

**Thanks very much for your help.
Please return your survey in the enclosed envelope.**

The results of this survey and other reports are available on our website at
www.iowacaregivers.org.

If you would like a copy of the study results, please contact:

Iowa CareGivers Association 515/241-8697 IOWACGA@aol.com
1117 Pleasant, Ste. 221
Des Moines, IA 50309

This survey is being funded by a grant from the Iowa Department of Public Health: Center for Health Care Workforce Shortage #5883NW04.