



2006 COLORADO CERTIFIED NURSE AIDE WORKFORCE SURVEY FINDINGS

February 2009

Colorado Health Institute
1576 Sherman Street, Suite 300
Denver, CO 80203-1728
www.ColoradoHealthInstitute.org

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Pamela P. Hanes, PhD
President and CEO
Colorado Health Institute

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Introduction

The Colorado Health Institute (CHI) conducted a survey of certified nurse aides (CNAs) in January 2006 by including survey questionnaires with certification renewal forms sent to more than 29,000 certified CNAs in Colorado. The survey response rate of 35 percent represents more than 10,000 completed surveys.

The survey objectives were determined through input from key informants, assessing relevant workforce projects and conducting a literature review of current CNA workforce issues. The survey questionnaire provides information about the:

- Education and training experiences of CNAs, including continuing education;
- Employment status of CNAs, including a description of their workplace settings and factors related to job satisfaction;
- Demographic characteristics of CNAs; and,
- Projected future plans of Colorado's CNAs.

These CNA workforce findings offer important information that can be used to assist in workforce planning activities such as policy formulation, informing employers that hire CNAs as well as the public and evaluating the effectiveness of current programs that are responsible for training Colorado's CNA workforce. In addition, the survey findings provide information that can be compared over time with national CNA data and the state's workforce data sources. Such comparisons can yield benchmarks and best-practice information to support needed changes in the workplaces where CNAs are employed.

Certified nurse aides (CNAs): A national perspective

CNAs are also known as nursing aides, nursing assistants, certified nursing assistants, orderlies and other titles that represent the jobs of individuals who provide direct hands-on care to patients under the supervision of a professional nurse and/or medical staff.¹ Nurse aides are one of the major paraprofessional nursing occupations responsible for assisting individuals with chronic illnesses or disabilities as well as elderly people at home, in nursing homes and other institutional or community-based settings.²

Nurse aides held approximately 1.4 million jobs in 2006, about 52 percent of whom were employed in nursing and residential care facilities and 29 percent in hospitals. Employment in these sectors is expected to grow at a faster pace than many other health professions' occupations because of the growing long-term care needs of an aging population.³

The characteristics of nursing home residents have changed in the past 15 years. According to policy experts in the U.S. Department of Health and Human Services (HHS), today's nursing home residents are older, sicker, require more assistance with activities of daily living and take more medications.⁴ Certain personal care tasks such as bathing and dressing are either assumed by or delegated to CNAs in keeping with their scopes of practice.

CHARACTERISTICS OF THE CNA WORKFORCE

The national CNA workforce information presented here was compiled from data collected by both the U.S. Bureau of Labor Statistics and the U.S. General Accounting Office (GAO). A national profile of the CNA workforce completed by the GAO in 2001 found that approximately 84 percent of CNAs were female; their average age was 45 years and slightly more than half were White, one-third were African American and the remainder were Hispanic or another ethnic identification.⁵

The GAO study also found that approximately one-quarter of nursing home aides were uninsured and one-third of home health aides were uninsured compared to uninsurance rates of 16 percent for all workers.⁶

Education and training

Federal regulations require that all nurse aides who work in nursing homes that participate in the Medicare and Medicaid programs complete a state-approved training program, pass a competency exam and obtain certification in the state in which they work. State-approved training programs must include a minimum of 75 hours of instruction with 16 hours spent in supervised clinical training. To maintain certification, all nurse aides must complete 12 hours of continuing education annually.⁷

Nurse aide training is offered in high schools, vocational-technical schools, nursing care facilities, hospitals and some community colleges. A 2002 audit conducted by the Office of the Inspector General that examined nurse aide training programs found:⁸

- Although federal law requires that state-approved nurse aide training programs consist of at least 75 hours of total instruction, 26 states had already extended their training programs beyond the 75 hour requirement.
- Approximately 62 percent of nursing home supervisors reported that nurse aides did not have enough clinical experience to begin work in a nursing home upon completion of their training.
- Fifty percent of nurse aides surveyed reported a lack of “hands-on” experience and unrealistic training scenarios in their training program.
- Approximately half of the nursing home supervisors interviewed and 61 percent of state directors of nurse aide training programs believed that nurse aide training had not kept pace with the demands of the changing care needs of nursing home residents.
- It was reported that nurse aides needed more skill training for behavior and cognitive disorders, catheter care, colostomy care, lifting, feeding, hydration and infusion therapies. Further, additional training is needed in interpersonal skills, including communication, teamwork, coping with death and dying, time management and new technologies.

The current federal requirements for CNA training include the following:⁹

- Basic nursing skills including taking of vital signs and recording patient information such as height and weight;
- Personal care skills including bathing, grooming, toileting and feeding assistance;
- Mental health and social skills such as recognizing and working with aberrant behaviors;
- Caring for cognitively impaired persons including communication and appropriate response;
- Basic restorative skills such as training in ambulation assistance and transfers from chair to bed; and,
- Resident rights such as ensuring privacy and maintaining confidentiality of personal information.

The federal Centers for Medicare and Medicaid Services (CMS) is responsible for establishing the regulatory standards for nurse aide training programs and provides pass-through funds for such programs sponsored by nursing homes.¹⁰

Employment

The nursing aide workforce suffers from significant turnover for a variety of reasons including low wages, lack of career ladder opportunities and a perceived lack of respect by their nurse supervisors. Because of these factors, the supply of CNAs nationwide continues to drop while the demand has increased, a phenomenon that the federal government projects will continue into the future.¹¹ Nurse

aide, orderly and attendant care positions are forecasted to increase 28 percent between 2004 and 2014 which will place them in the top 10 occupations with the greatest job growth during the period.¹²

In May 2006, the median hourly rate earned by CNAs, orderlies and attendants nationally was \$10.67/hour with the middle 50 percent of workers earning between \$9.09 and \$12.80/hour. The following table illustrates the median hourly earnings for nurse aides from various employers.¹³

Table 1. Median hourly earnings by type of employer

| Employer type | Median hourly wage (2006) |
|---|---------------------------|
| Local government | \$12.15 |
| Employment services | \$11.47 |
| General medical and surgical hospitals | \$11.06 |
| Nursing care facilities | \$10.37 |
| Community care facilities for the elderly | \$10.07 |

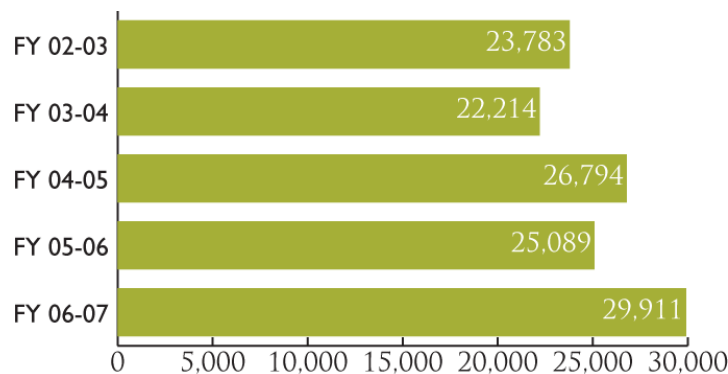
Certified nurse aides (CNAs): The Colorado perspective

Colorado statutes related to nurse aide certification are contained in Article 38.1 of Title 12, Colorado Revised Statutes. This section of statute is known collectively as the Nurse Aide Practice Act (NAPA). The provisions of the NAPA and their corresponding rules largely mirror the federal laws and rules for skilled nursing facilities.

CNAs can be certified in Colorado either by examination or endorsement. If a CNA is on a state nurse aide registry in another state and is eligible to work as a nursing home aide in that state, she or he can become certified in Colorado by submitting the appropriate documents.

The Colorado Department of Regulatory Agencies (DORA) reported in fiscal year 2006-07 a total of 29,911 nurse aides certified in Colorado. Over the past five years, this number has increased more than 20 percent from FY 2002-03.¹⁴

Graph 1. Growth in number of CNA new or renewed certifications, Colorado, 2002-07



In advance of the scheduled sunset of the Colorado Nurse Practice Act in July 2009, DORA's Office of Policy, Research and Regulatory Reform submitted a sunset review of the Colorado nurse aide certification program to the General Assembly on October 15, 2008. Key recommendations from that review included:¹⁵

- Continue the regulation of CNAs for an additional 11 years (through 2020);
- Change the composition of the Nurse Aide Advisory Committee to allow an LPN who supervises CNAs to serve on the committee, and simplify the requirements for public members;
- Authorize committee members to receive \$50 per diem for their services;
- Repeal the Medication Administration Advisory Committee;
- Revise grounds for discipline to clarify those regarding drug use and establish grounds for failing to respond to the Board of Nursing and to report criminal convictions;
- Consolidate language on unlicensed practice;
- Revise provisions regarding physical and mental evaluations;
- Repeal the requirement that proceedings related to complaints with formal charges are subject to the Colorado Open Records Act;
- Direct the nursing board to promulgate rules establishing the education requirements and scope of practice for CNAs with medication aide authority;
- Authorize the nursing board to require CNA training programs to include up to 25 percent more hours than the federal minimum;
- Clarify that the four months nurse aides can work without being certified must be consecutive;
- Extend the waiting period by two years for CNAs who have been denied certification, have had their certification revoked or have surrendered their certification to avoid discipline; and,
- Repeal the section of the Colorado Nurse Practice Act regarding the delegation of select medications.

CHARACTERISTICS OF COLORADO'S NURSE AIDE WORKFORCE

CNA workforce data were compiled using data collected by the Colorado Board of Nursing and the Colorado Department of Labor and Employment.¹⁶ For the year 2007:

- 88 percent of CNAs were female;
- The median age was 40 years old;
- 81.6 percent lived in an urban area; and
- The salary range was \$17,182 to \$29,980.

Education and training

Colorado requires the federal training requirement minimum of 75 hours. All nurse aides except those certified by endorsement are required to pass a clinical competency evaluation. This evaluation is conducted using both a written test and a skills demonstration which are completed on the same day. The competency evaluation includes: a) basic nursing skills, b) personal care skills, c) identification of mental health and social needs, d) basic restorative services and e) resident/patient rights.¹⁷ Testimony presented at the sunset review hearing reported that current CNA education requirements do not adequately prepare CNAs to provide home health services and that a substantial level of additional training is required before they can safely function in a home health aide role.¹⁸ As noted earlier, the sunset review recommended the nursing board be authorized to increase requirements for training programs to better prepare CNAs for clinical positions.

As of July 2008, Colorado had 103 board-approved nurse aide education programs in the following training sites:¹⁹

- 30.1% were facility-based

- 26.2% were in community colleges
- 23.3% were independent, free-standing
- 20.3% were located in high schools

The table below provides the number of examinations administered to applicants seeking Colorado CNA certification and the corresponding pass rates.²⁰

Table 2. Examinations administered to Colorado applicants

| Fiscal year | Examinations given | Pass rate |
|-------------|--------------------|-----------|
| 2002-03 | 4,646 | 73% |
| 2003-04 | 4,742 | 76% |
| 2004-05 | 4,692 | 70% |
| 2005-06 | 5,473 | 70% |
| 2006-07 | 5,858 | 61% |

The drop in the pass rate between fiscal years 2005-06 and 2006-07 was attributed to problems the nursing board experienced with the testing vendor. Since 2007, the board contracted with a new vendor which has led to pass rates stabilizing.²¹

CNA medication aide authority (MAA) was established in 2005 to assist the long-term care industry in meeting its medication administration needs. As of October 2008, not a single CNA had applied for or been granted this authority, however. It has been suggested that the limited scope of medication authority and the requirement that training be completed at a community college are the major deterrents to its uptake. Current eligibility requirements for the MAA certification exam include:

- 4 credit hours of biology, anatomy and physiology;
- 1 credit hour pharmacology calculations;
- 2 credit hours pharmacology;
- 2 credit hours medication administration practicum;
- Proof of 2,000 hours worked in a CNA position;
- Ability to read and comprehend English;
- 18 years of age minimum; and,
- High school diploma or GED.

The sunset review report directed the Colorado Board of Nursing to promulgate rules establishing the education requirements and scope of practice for CNAs with medication aide authority. This recommendation was intended to provide more flexibility to the eligibility process and to support the concept.²²

CNA employment in Colorado

The U.S. Bureau of Labor Statistics reported that in 2007, there were 24,310 home health aides and nurse aides employed in Colorado earning an average of \$12.36 per hour. These numbers do not include many other direct care workers who were self-employed.²³

The federal Omnibus Budget Reconciliation Act (OBRA) of 1987 enacted sweeping reforms within the long-term care industry. The goal of the legislation was to improve the quality of care provided in nursing facilities by establishing standards of nursing care and minimum training and competency requirements for employees in these facilities. OBRA addressed CNAs and home health aides (HHAs) as separate professions, establishing separate but similar rules for their education and certification. The rules governing HHAs were less restrictive than those governing CNAs. In meeting the mandates of OBRA, however, Colorado established a single certification program to register both CNAs and HHAs. Colorado's laws and regulations use the term "nurse aide" to refer to all licensees who work in a long-term care facility or a home health care setting.²⁴

According to a 2002 American Health Care Association (AHCA) nursing position vacancy and turnover study, the CNA turnover rate in long-term care facilities in Colorado was 66 percent in 2002.²⁵ This figure compares to a national high of 136 percent in Oklahoma and a low of 21 percent in Hawaii.

2006 Colorado Certified Nurse Aide Workforce Survey Findings

The Colorado Health Institute (CHI) conducted a survey of all newly applying CNAs or those renewing their certification in 2006 by including a survey questionnaire with renewal forms sent in January 2006. The survey response rate was 35 percent representing 10,293 completed surveys. To accurately describe the Colorado CNA workforce in this technical brief, the surveys completed by CNAs living outside of Colorado (5.7%) were omitted, resulting in a final sample size of 9,704 for this analysis.

Colorado survey respondents at a glance

- 91% Female
- 41% 45 years or older
- 63% White
- 23% Hispanic
- 12% Black
- 75% employed in a CNA position
- 45% employed by a long-term care facility
- 80% live and work in an urban area

CNA RESPONDENT CHARACTERISTICS

The characteristics of Colorado's CNAs were very similar to CNA demographic information reported nationally. The age distribution was younger and different from LPNs and RNS as the majority was under 45 years (59.2%), with 37 percent age 34 years or younger. Gender, race and resident location mirrored national CNA data.

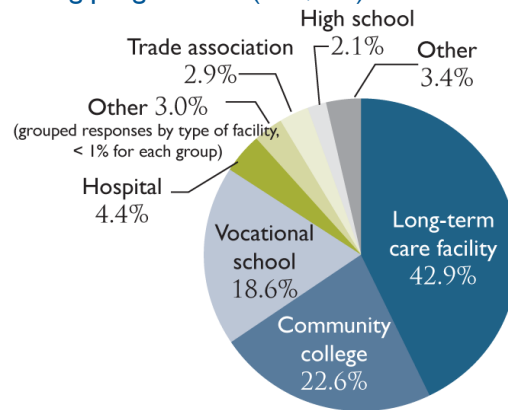
Table 3. Characteristics of the Colorado CNA workforce

| Characteristic | Percentage (n) |
|-------------------------|----------------|
| Gender | |
| Female | 90.5% (n=8772) |
| Male | 9.5% (n=917) |
| Age | |
| 34 years or younger | 37.3% (n=3587) |
| 35-44 years | 21.9% (n=2109) |
| 45-54 years | 23.0% (n=2213) |
| 55-64 years | 13.2% (n=1266) |
| 65 years or older | 4.6% (n=443) |
| Race | |
| Asian | 3.5% (n=335) |
| Black | 12.0% (n=1137) |
| Hispanic | 23.1% (n=2191) |
| Native | 4.3% (n=406) |
| Pacific Islander | 0.7% (n=64) |
| White | 62.6% (n=5925) |
| Address location | |
| Urban | 79.7% (n=7729) |
| Non-urban | 20.3% (n=1974) |

Education and training

Approximately 88 percent of survey respondents obtained their initial CNA training in Colorado in the following types of programs.

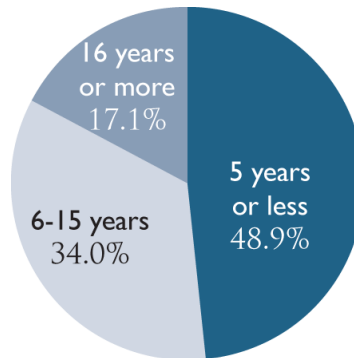
Graph 2. Initial CNA training program site (n=9,704)



Nearly half of CNAs (49%) were new to the workforce within the five years previous to when the survey was administered. This finding suggests a growing interest in the profession that corresponds

with the 20 percent increase in newly certified or certification renewals granted by the Board of Nursing from 2002 to 2007 (see Table 2).

Graph 3. Years since graduation from CNA program (n=9,704)



More than 30 percent of the respondents had completed some post-high school education. Additionally, 53 percent reported they were currently pursuing additional education or were planning to do so. These findings indicate that CNAs’ paraprofessional nursing role may be a viable starting point in pursuit of a professional nursing career. Only one-third (34%) of responding CNAs reported the reason they were *not* pursuing additional education was lack of interest, whereas 66 percent were interested in some form of continuing education and training despite the barriers they face to pursue it.

Table 4. All training and education completed by CNA respondents

| Training and education programs completed (n=9253) | Percent |
|--|---------|
| High school diploma | 71.8% |
| GED | 20.8% |
| LPN/LVN/LPT training | 2.1% |
| Associate degree in nursing | 3.5% |
| Associate degree other than nursing | 6.1% |
| Bachelor’s degree in nursing | 0.7% |
| Bachelor’s degree other than nursing | 6.5% |
| Other (medical/technical certificates or working toward one) | 4.2% |
| Other (college work other than nursing) | 6.0% |
| Other (nursing-related coursework) | 2.0% |

[Percents add up to more than 100% since respondents could choose “all that apply.”]

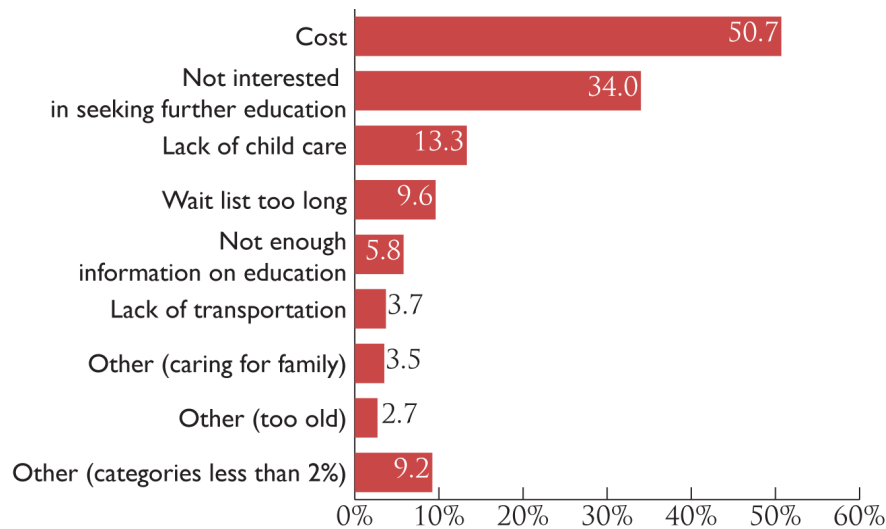
Table 5. Type of further education respondents seeking

| Type of education (n=4586) | Percent |
|---|---------|
| LPN/LVN/LPT | 35.0% |
| Bachelor's degree in nursing | 19.1% |
| Other* | 21.0% |
| Associate degree in nursing | 16.4% |
| Bachelor's degree in field other than nursing | 5.0% |
| Associate degree in field other than nursing | 3.5% |

[*Other includes: 7.2% were pursuing a college education with a medical/health care emphasis; 3.9%, non-medical training; 3.5%, medical training; 3.2%, college education with a non-medical emphasis; all other responses were less than 1%.]

Of the 47 percent of respondents who reported they were not pursuing and did not intend to pursue further education, cost was the primary reason cited.

Graph 4. Reasons given for not pursuing additional education (n=4,444)



[Percents add up to more than 100% since respondents could choose “all that apply.”]

Medication aides

Sixty percent of respondents had *not heard* about the medication aide authority. Of those who had, 75 percent reported they were interested in completing the coursework and training required to become a medication aide. Most of the survey respondents (83%) had worked at least 2,000 hours as a CNA which is a requirement for applying for medication aide authority. Of respondents who expressed interest in the program, CNAs working in a long-term care facility indicated the most interest, while CNAs age 55 years or older were least interested.

Employment

The majority of survey respondents (75%) reported they were working in a CNA position in 2005. The work settings of the CNAs' primary positions were reported as:

| | |
|-------------------------------------|-------|
| ▪ Long-term care/nursing home | 44.7% |
| ▪ Hospital | 21.8% |
| ▪ Home health agency | 15.0% |
| ▪ Assisted-living facility | 6.7% |
| ▪ Private home | 6.6% |
| ▪ Hospice | 1.3% |
| ▪ Medical practice office or clinic | 1.1% |
| ▪ Other (less than 1% per group) | 2.8% |

Respondents *not* working in a CNA position in 2005 were asked whether they were:

| | |
|---|-------|
| ▪ Working in another field | 49.1% |
| ▪ Unemployed and looking for a position | 34.4% |
| ▪ Unemployed and not looking for a position | 12.9% |
| ▪ Retired | 3.6% |

For respondents not working in a CNA position, the following reasons were provided.

Table 6. Reasons given for not working in a CNA position

| Reasons not working in a CNA position (n =2216) | Percent |
|---|---------|
| Better salaries in other type position | 28.4% |
| Home/family | 26.8% |
| Difficult to find a CNA position | 22.9% |
| Hours more convenient in other position | 22.2% |
| In school | 12.5% |
| Find other position more rewarding professionally | 12.3% |
| Poor or no health benefits | 9.0% |
| Disability/illness | 7.6% |
| Work environment inhibits ability to practice on professional level | 6.6% |
| Work-related injuries | 5.9% |
| Concern about safety in health care environment | 5.2% |
| Retirement | 3.7% |

[Percents add up to more than 100% since respondents could choose "all that apply."]

Annual earnings

Reported gross annual earnings for all CNA-related work in calendar year 2004 were consistent with federal and state surveys. Of those who were working as a CNA in 2005 and who reported CNA-related earnings for 2004, nearly 80 percent reported annual incomes of less than \$30,000. The highest-paying employers were hospitals followed by long-term care facilities.

Table 7. Respondents' 2004 annual salary by type of employer, 2005

| 2004 annual salary for all CNA-related employment | Hospital (n=1379) | Long-term care facility (n=2834) | Home health agency (n=952) | Other employer* (n=1176) |
|---|-------------------|----------------------------------|----------------------------|--------------------------|
| Less than \$10,000 | 12.9% | 16.5% | 27.9% | 26.9% |
| \$10,000-\$19,999 | 31.8% | 37.1% | 37.3% | 35.1% |
| \$20,000-\$29,999 | 40.1% | 35.6% | 24.3% | 28.6% |
| \$30,000-\$39,999 | 13.2% | 8.6% | 7.0% | 6.7% |
| \$40,000-\$49,999 | 1.4% | 1.7% | 2.0% | 1.1% |
| \$50,000-\$59,999 | 0.5% | 0.4% | 1.4% | 0.8% |
| \$60,000 or more | 0.2% | 0.1% | 0.1% | 0.8% |

[*Other employer includes private homes, assisted-living facilities and hospice]

Table 8. CNA respondent characteristics by type of primary employer, 2005

| Characteristic | Hospital (n=1379) | Long-term care facility (n = 2834) | Home health agency (n=952) | Other* (n=1176) |
|----------------------------------|-------------------|------------------------------------|----------------------------|-----------------|
| Gender | | | | |
| Male | 10.7% | 11.5% | 7.5% | 6.0% |
| Female | 89.3% | 88.5% | 92.5% | 94.0% |
| Age Group | | | | |
| 34 years and younger | 41.5% | 39.9% | 29.2% | 24.7% |
| 35-44 years | 24.2% | 23.5% | 21.5% | 19.6% |
| 45-54 years | 22.1% | 22.2% | 27.4% | 28.3% |
| 55-64 years | 10.5% | 11.5% | 16.9% | 20.1% |
| 65 years and older | 1.8% | 2.8% | 5.0% | 7.3% |
| Race | | | | |
| Asian | 4.0% | 4.5% | 2.3% | 2.2% |
| Black | 10.5% | 13.8% | 12.1% | 8.2% |
| Hispanic | 21.8% | 27.2% | 20.2% | 19.2% |
| Native | 3.6% | 3.8% | 3.2% | 5.4% |
| Pacific Islander | 0.7% | 0.7% | 0.6% | 0.5% |
| White | 65.8% | 54.7% | 66.8% | 70.4% |
| Number of years since graduation | | | | |
| 5 years or less | 47.5% | 47.4% | 47.3% | 43.5% |
| 6-15 years | 36.3% | 33.9% | 36.2% | 36.9% |
| 16 or more years | 16.2% | 17.7% | 16.5% | 19.6% |
| Urban | | | | |
| Non-urban | 11.8% | 24.3% | 16.1% | 17.7% |
| Urban | 88.2% | 75.7% | 83.9% | 82.3% |

[*Other employer includes private homes, assisted-living facilities and hospice]

Table 9. Respondents working for one employer vs. more than one employer

| Characteristic | One employer (n=5327) | More than one employer (n=1498) |
|---|--------------------------|------------------------------------|
| Gender | | |
| Male | 8.8% | 13.0% |
| Female | 91.2% | 87.0% |
| Age Group | | |
| 34 years or younger | 37.3% | 27.7% |
| 35-44 years | 21.1% | 28.6% |
| 45-54 years | 23.8% | 26.8% |
| 55-64 years | 13.9% | 13.0% |
| 65 years or older | 3.9% | 3.9% |
| Race/ethnicity | | |
| Asian | 3.1% | 5.8% |
| Black | 9.4% | 23.1% |
| Hispanic | 23.3% | 25.3% |
| Native | 4.1% | 4.1% |
| Pacific Islander | 0.6% | 1.0% |
| White | 66.7% | 45.0% |
| Urban | | |
| Non-urban | 20.6% | 14.4% |
| Urban | 79.4% | 85.6% |
| Number of years since graduation | | |
| 5 years or less | 48.0% | 38.8% |
| 6-15 years | 34.1% | 40.8% |
| 16 years or more | 17.9% | 20.4% |
| Setting of primary CNA position: | | |
| Hospital | 22.0% | 20.8% |
| Home health agency | 14.1% | 18.5% |
| Long-term care facility | 45.3% | 42.4% |
| Other | 18.6% | 18.3% |
| 2004 salary for CNA-related employment: | | |
| \$0 (didn't work as CNA) | 11.3% | 5.2% |
| <\$10,000 | 18.0% | 15.5% |
| \$10,000-\$19,999 | 32.1% | 31.2% |
| \$20,000-\$29,999 | 29.9% | 31.6% |
| \$30,000-\$39,999 | 7.3% | 11.4% |
| \$40,000-\$49,999 | 1.0% | 3.3% |
| \$50,000-\$59,999 | 0.4% | 1.4% |
| \$60,000 or more | 0.2% | 0.4% |

Ratings of dimensions of primary workplace

Questions related to Colorado CNAs' assessment of their primary workplace on a number of dimensions including respect and satisfaction revealed interesting findings, particularly when analyzed relative to CNAs' primary work setting:

- Higher assessments of the workplace were found in settings where self-direction was most common such as home health and "other" which included assisted-living facilities, hospice and private home services.
- While hospitals offered higher salaries, overall workplace assessments for CNAs working in hospitals were lower.
- Regardless of work setting, respondents were confident in their ability to do their job.
- The level of employer respect and rewards felt by CNAs was lowest in long-term care facilities.

Table 10. Percent of respondents' reporting highest level of agreement with statement about their primary workplace, 2005

| Characteristic | Overall (n=6227) | Hospital (n=1363) | Other (n=1146) | Home health agency (n=934) | Long-term care facility (n=2784) |
|---|------------------|-------------------|----------------|----------------------------|----------------------------------|
| I am respected or rewarded by my employer for my work | 37.9% | 36.0% | 52.2% | 47.3% | 28.7% |
| I can decide on my own how to go about doing my work | 44.5% | 42.4% | 50.6% | 47.8% | 41.3% |
| I am involved in challenging work | 44.7% | 41.9% | 49.5% | 42.6% | 44.3% |
| I have a chance to gain new skills and knowledge on the job | 38.2% | 46.4% | 41.0% | 36.9% | 32.8% |
| I have the opportunity to work in teams | 38.4% | 43.8% | 38.4% | 23.9% | 40.2% |
| I am confident in my ability to do my job | 82.4% | 80.3% | 83.7% | 84.1% | 82.3% |
| I am satisfied working as a CNA | 50.5% | 37.6% | 58.6% | 60.4% | 49.1% |

[Shaded cells highlight highest score for each statement by employment setting]

Access to health insurance

Less than half of CNA respondents (45%) received health insurance benefits from their current employer, although it is not known whether benefits were offered and declined. Socio-demographic differences between CNAs with and without employer-sponsored health insurance are shown below.

Table 11. Characteristics of respondents who received health insurance benefits from current employer versus those who did not

| Characteristic | Did NOT have employer-sponsored insurance (n=3780) | Had employer-sponsored insurance (n=3034) |
|----------------------------------|--|---|
| Gender | | |
| Male | 8.3% | 11.2% |
| Female | 91.7% | 88.8% |
| Age Group | | |
| 34 years or younger | 38.0% | 31.4% |
| 35-44 years | 23.0% | 22.6% |
| 45-54 years | 22.0% | 27.6% |
| 55-64 years | 12.0% | 15.9% |
| 65 years or older | 5.0% | 2.5% |
| Race/ethnicity | | |
| Asian | 2.8% | 4.8% |
| Black | 12.0% | 13.3% |
| Hispanic | 24.2% | 23.1% |
| Native | 4.7% | 3.5% |
| Pacific Islander | 0.7% | 0.7% |
| White | 62.3% | 59.4% |
| Urban | | |
| Non-urban | 19.9% | 18.0% |
| Urban | 80.1% | 82.0% |
| Number of years since graduation | | |
| 5 years or less | 49.8% | 41.0% |
| 6-15 years | 34.1% | 37.5% |
| 16 years or more | 16.1% | 21.4% |
| Setting of primary CNA position: | | |
| Hospital | 11.9% | 33.7% |
| Home health agency | 20.8% | 8.1% |
| Long-term care facility | 45.2% | 43.9% |
| Other | 22.1% | 14.4% |
| 2004 CNA salaries | | |
| \$0 (didn't work as CNA) | 12.4% | 6.7% |
| <\$10,000 | 25.5% | 7.5% |
| \$10,000-\$19,999 | 34.5% | 28.4% |
| \$20,000-\$29,999 | 21.7% | 41.3% |
| \$30,000-\$39,999 | 4.4% | 12.9% |
| \$40,000-\$49,999 | 0.8% | 2.2% |
| \$50,000-\$59,999 | 0.6% | 0.7% |
| \$60,000 or more | 0.2% | 0.3% |

Table 12. Characteristics of respondents planning to work as a CNA less than 5 years vs. respondents planning to work 5 years or more (does not include “unknown”)

| Characteristic | Plan to work less than 5 years (n=1739) | Plan to work 5 or more years (n=1742) |
|----------------------------------|---|---------------------------------------|
| Gender | | |
| Male | 9.7% | 10.5% |
| Female | 90.3% | 89.6% |
| Age Group | | |
| 34 years or younger | 57.8% | 18.8% |
| 35-44 years | 19.0% | 22.6% |
| 45-54 years | 12.7% | 34.4% |
| 55-64 years | 7.1% | 21.8% |
| 65 years or older | 3.5% | 2.4% |
| Race/ethnicity | | |
| Asian | 3.6% | 3.6% |
| Black | 12.2% | 12.0% |
| Hispanic | 16.7% | 26.6% |
| Native | 4.1% | 4.2% |
| Pacific Islander | 0.6% | 0.5% |
| White | 69.9% | 57.5% |
| Urban | | |
| Non-urban | 15.8% | 18.8% |
| Urban | 84.2% | 81.2% |
| Number of years since graduation | | |
| 5 years or less | 63.5% | 34.1% |
| 6-15 years | 26.8% | 39.5% |
| 16 or more years | 9.8% | 26.4% |
| Setting of primary CNA position: | | |
| Hospital | 31.7% | 18.5% |
| Home health agency | 10.7% | 18.4% |
| Other | 13.5% | 23.1% |
| Long-term care facility | 44.0% | 40.1% |
| 2004 CNA salaries | | |
| \$0 (didn't work as CNA) | 14.5% | 6.3% |
| <\$10,000 | 21.4% | 13.7% |
| \$10,000-\$19,999 | 31.4% | 31.2% |
| \$20,000-\$29,999 | 25.0% | 34.7% |
| \$30,000-\$39,999 | 5.8% | 10.3% |
| \$40,000-\$49,999 | 1.6% | 1.9% |
| \$50,000-\$59,999 | 0.2% | 1.4% |
| \$60,000 or more | 0.1% | 0.5% |

Future plans

When asked how many years they planned to continue to work as a CNA, 45 percent of respondents marked *unknown*. One-quarter (25.6%) responded that they planned to work fewer than five years.

Graph 5. Number of years plan to continue working as a CNA (n=6,793)

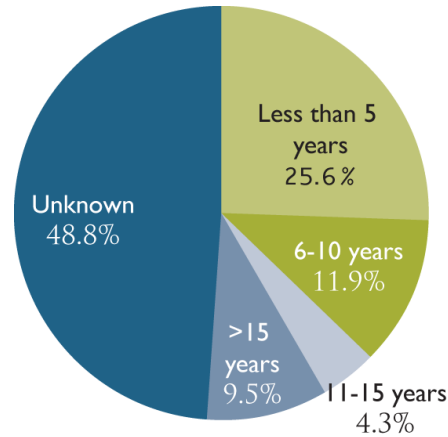


Table 12. Characteristics of respondents planning to work as a CNA less than 5 years vs. respondents planning to work 5 years or more (does not include “unknown”)

| Characteristic | Plan to work less than 5 years (n=1739) | Plan to work 5 or more years (n=1742) |
|-----------------------|---|---------------------------------------|
| Gender | | |
| Male | 9.7% | 10.5% |
| Female | 90.3% | 89.6% |
| Age Group | | |
| 34 years or younger | 57.8% | 18.8% |
| 35-44 years | 19.0% | 22.6% |
| 45-54 years | 12.7% | 34.4% |
| 55-64 years | 7.1% | 21.8% |
| 65 years or older | 3.5% | 2.4% |
| Race/ethnicity | | |
| Asian | 3.6% | 3.6% |
| Black | 12.2% | 12.0% |
| Hispanic | 16.7% | 26.6% |
| Native | 4.1% | 4.2% |
| Pacific Islander | 0.6% | 0.5% |
| White | 69.9% | 57.5% |
| Urban | | |
| Non-urban | 15.8% | 18.8% |
| Urban | 84.2% | 81.2% |

| Characteristic | Plan to work less than 5 years (n=1739) | Plan to work 5 or more years (n=1742) |
|----------------------------------|---|---------------------------------------|
| Number of years since graduation | | |
| 5 years or less | 63.5% | 34.1% |
| 6-15 years | 26.8% | 39.5% |
| 16 or more years | 9.8% | 26.4% |
| Setting of primary CNA position: | | |
| Hospital | 31.7% | 18.5% |
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| 2004 CNA salaries | | |
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| <\$10,000 | 14.5% | 6.3% |
| \$10,000-\$19,999 | 21.4% | 13.7% |
| \$20,000-\$29,999 | 31.4% | 31.2% |
| \$30,000-\$39,999 | 25.0% | 34.7% |
| \$40,000-\$49,999 | 7.4% | 12.2% |
| \$50,000-\$59,999 | 0.2% | 1.4% |
| | 0.1% | 0.5% |

These findings may represent the uncertainty around career opportunities of younger CNAs with less work experience who responded in higher numbers that they were planning to leave their CNA position in fewer than five years. A higher number of CNAs working in hospitals reported planning to leave the profession within the next five years than those working in other employment settings.

Summary of findings

- The CNA workforce in Colorado closely resembles the national CNA workforce; therefore, best practices in other states in the areas of recruitment, retention and career ladders should be examined for their replicability here in Colorado. Further, national data could provide benchmarks and trend data that are relevant to workforce analysis of Colorado's CNAs.
- CNAs appear to have a strong interest in continuing education and career advancement. This interest could be translated into policy options that promote career ladders from CNA to LPN and RN. This interest also offers opportunities for developing innovative continuing education programs that can improve retention and job satisfaction in the CNA workforce.
- CNAs expressed the highest job satisfaction in roles that were more independent and that would utilize decision-making and critical thinking skills and promote patient-focused care such as those possible in home health care, private duty care, hospice and assisted-living facilities.
- The nursing workforce is aging. From other workforce surveys, CHI has identified the average age of RNs as 48 years and 47 years for LPNs. The average age of CNAs responding to this survey was 40 years, offering an opportunity for policy strategies to recruit CNAs to continue their education and be a partial solution to the projected LPN and RN workforce shortage.
- Tuition reimbursement could be an effective CNA recruitment strategy as low wage levels inhibit CNAs from returning to school.

- Effective retention strategies for CNAs could include those that find ways to reward their hands-on contributions to patient care and provide autonomy where appropriate and within their scopes of practice.
- The education and training requirements for CNAs have changed since 2005 to include more hours of training which should result in better preparation for clinical employment and increased job satisfaction.
- The role of the CNA medication aide has not been implemented in any meaningful way since its introduction in 2005. New legislative recommendations put forth in 2008 to reconfigure the process and requirements may increase interest and participation in this program.

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Appendix A: Map of Certified Nurse Aides in Colorado

Endnotes

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- ⁹ Requirements for approval of a nurse aide training and competency evaluation program CNA are found at 42 CFR 483.152 42 CFR, Title 42: Public Health, Federal Regulations.
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