

Report of Findings from the

# 2010 Knowledge Survey of Nurse Aides Employed in Nursing Homes/Long-term Care, Hospitals/Acute Care and Community/Home Health Care Settings

National Council of State Boards of Nursing, Inc. (NCSBN®)

#### Mission Statement

The National Council of State Boards of Nursing (NCSBN®) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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NCSBN also acknowledges the NCSBN NNAAP® & MACE® Examinations department for their review and support of this research endeavor. In addition, the authors gratefully acknowledge the assistance of Melissa Franke and Melissa Snyder in the preparation of this document, which was essential for the completion of this study.



## **EXECUTIVE SUMMARY**

# **Background of Study**

The National Council of State Boards of Nursing (NCSBN®) is responsible for assisting its members, the boards of nursing in the U.S. and its territories, in the mission of public protection through safe nursing practice. Care provided by certified entry-level nurse aides/nursing assistants (NAs) directly impacts client safety and influences the quality of care provided by licensed nurses. As nursing practice changes, knowledge required by NAs may change. Knowledge studies can help to provide a means of identifying these changes.

The primary purpose of this study is to identify the knowledge needed by certified entry-level NAs, which are defined as individuals, regardless of title, who assist with the delivery of direct nursing care to clients/patients/residents. Results of this study can be used to help item writers and reviewers with test development activities for the National Nurse Aide Assessment Program (NNAAP®), while also providing education programs with a better understanding of the knowledge requirements relevant to safe and effective work of certified entry-level NAs.

# Methodology

A number of steps are necessary to perform an analysis of the knowledge needed by certified entrylevel NAs. The methodology used to carry out the 2010 Knowledge Survey of NAs included selecting a panel of subject matter experts (SMEs), all of whom supervised or performed the work of NAs; developing 228 knowledge statements currently required of NAs; creating a survey instrument for NAs and nurse aide/assistant evaluators (NAEs); completing the sample selection and data collection procedures; adding an assurance of confidentiality for participants; obtaining approval to conduct the study; obtaining and collating survey response rates; and determining the degree to which participants were representative of the population of certified entrylevel NAs.

# **Methodology Reviewers**

Chosen for their psychometric expertise in practice/job analysis and certification examination development, three methodology reviewers examined the methodologies and procedures utilized in this study. All three reviewers indicated the methodologies were psychometrically sound, legally defensible and in compliance with professional testing standards.

#### Panel of SMEs

A panel of 14 registered nurses (RNs) and one certified entry-level NA was assembled to assist with the knowledge study. Panel members worked with and/ or supervised NAs who had less than 12 months of experience postcertification or were certified entry-level NAs themselves. Panel members represented all four NCSBN geographic areas and major NA employment settings.

The panel reviewed the existing category structure for the NA activity statements and described the types of knowledge needed by certified entry-level NAs. The panel then developed a current list of knowledge statements for each activity statement within each content category based on recent data gathered by SMEs.

# **Survey Development**

There were four surveys developed using a total of 228 NA knowledge statements; two surveys were developed for NAs and two for NAEs, who are licensed nurses that supervise NAs. A total of 124 statements were added to each form and there were 20 knowledge statements common across both sets of survey forms. The survey also included questions about the NAs' work settings, past experiences and demographics.

# **Survey Process**

#### Sample Selection

The sample for the current study was selected from a variety of health care settings where NAs were employed. Using a random sampling method, a total of 6,500 health care directors from nursing homes/long-term care, hospitals/acute care and community/home health care settings were identified to receive the surveys.

#### **Mailing Procedure**

Each of the 6,500 health care directors was sent a packet containing three surveys: two NA surveys and one NAE survey. Instructions were given to the health care directors to give the NA surveys to certified entry-level NAs and the NAE survey to licensed nurses who supervise NAs.

In addition to the survey, potential survey participants received a presurvey notice and two survey reminders to increase response rates. The survey was conducted from February through April 2010.

#### Confidentiality

All potential participants were promised confidentiality with regard to their participation and responses. Files containing mailing information were kept separate from the data files. Preassigned codes were used to facilitate cost-effective follow-up mailings while maintaining data confidentiality. The study protocol was reviewed and approved by NCSBN's CEO for compliance with organizational guidelines for research studies involving human subjects.

#### **Return Rates**

Of the 6,500 health care directors that were sent the packet of surveys, a total of 68 surveys was returned due to incorrect addresses. The adjusted total number of surveys sent was 6,432. An additional 44 respondents were removed from the NA survey because they did not identify how long they were certified. A total of 806 health care facilities returned NA surveys, of which 492 returned both NA surveys, resulting in 1,298 total NA surveys. A response rate of 12.5% was observed at the facility level for NAs.

A total of 823 NAE surveys were returned and there were no sample exclusion criteria. The adjusted total number of surveys sent was 6,494. The return rate for NAEs was 12.7%

# NA Knowledge Statement Nonresponder Study

In order to ensure the validity of the results, NCSBN conducted a study to see if there were any systematic differences in those who responded and those who did not. The results suggest that there is no systematic bias between results from the responder and nonresponder cohorts.

# Demographics, Experiences and Work Environments of Participants

## **Demographics/Past Experiences**

The majority (91.1%) of all NA responders were female. The NA responders were 69.2% White, 16.5% African-American and 7.8% Hispanic.

A large group of NAs (39.6%) reported working an average of one year or less. NAEs most frequently reported having five years or less supervisory experience (26.5%).

## **Work/Employment Setting**

The majority of respondents (42.5% of NAs and 53.8% of NAEs) reported working in a skilled care unit in a nursing home/long term care setting; only 0.5% of NAs and 0.9% of NAEs reported working in an operating room in a hospital/acute care setting. Most respondents considered the NA entry-level title as either certified nurse aide (37.9% of NAs and 45.7% of NAEs) or certified nursing assistant (35.4% of NAs and 43.0% of NAEs).

Most respondents worked in rural settings (45.1% of NAs and 52.9% of NAEs) and the average number of clients seen daily by an NA was 11.37 (std. err. = 6.9) for NAs and 20.33 (std. err. = 22.1) for NAEs.

#### Client Health Conditions and Ages

NAs and NAEs reported caring frequently for clients with stable chronic conditions (42.6% of NAs and 69.7% of NAEs), clients with end-of-life conditions (42.5% of NAs and 59.9% of NAEs) and for NAs, clients with acute conditions (43.7%). The majority of NAs and NAEs reported caring for older adult clients aged 65 to 85 (63.5% of NAs and 81.4% of NAEs) and older adult clients aged over 85 (26.8% of NAs and 53.8% of NAEs).

#### **Shifts Worked**

The shifts most commonly worked by NAs and NAEs were eight- to twelve-hour shifts (60.2% of NAs and 84.6% of NAEs) during the day. Only 5.4% of NAs and 3.1% of NAEs reported working rotating shifts.

#### NAE License, Title and Supervision

Most NAEs (69.4%) had an RN license; 27.4% indicated having a licensed practical/vocational nurse (LPN/VN) license. NAE responders (25.1%) reported a position title of director or assistant director and 19.8% reported being a charge nurse. NAEs most frequently reported supervising seven or more (17.6%) and two (17.5%) certified entry-level NAs.

# Knowledge Statement Importance Findings

# Reliability

Reliability indices were calculated to assess the capability of the survey to coherently measure the knowledge statements relevant to the safe and effective work of certified entry-level NAs. Cronbach's reliability estimates were calculated for all four surveys' importance rating scales. All instruments (two NA surveys and two NAE surveys) exhibited a reliability value of 0.99, which indicated a high degree of reliability. These high reliability values indicate the surveys were reliably measuring the knowledge statements associated with entry-level NA work.

#### Importance of Knowledge

Responders were asked to rate the overall importance of each knowledge statement using a five-point scale: 1 (not important), 2 (minimally important), 3 (moderately important), 4 (very important) and 5 (critically important). For NAs, the average importance ratings ranged from 3.11 to 4.83 and for NAEs, the range was between 2.67 and 4.85.

# Summary

Responders to the 2010 Knowledge Survey of NAs found the knowledge statements listed in the survey to be representative of the knowledge needed

for an entry-level NA to perform their work safely and effectively. The sample was reflective of those who work as or supervise NAs.

#### Conclusion

The 2010 Knowledge Survey of NAs employed several methods to describe the knowledge needed by certified entry-level NAs in the U.S.: (1) document reviews; (2) entry-level NAs activity list review; (3) SMEs; and (4) a large scale survey. The reliability and validity of the survey instruments was quite good.



Report of Findings from the

# 2010 Knowledge Survey of Nurse Aides Employed in Nursing Homes/Long-term Care, Hospitals/Acute Care and Community/Home Health Care Settings

National Council of State Boards of Nursing, Inc. (NCSBN®)



#### **BACKGROUND OF STUDY**

The National Council of State Boards of Nursing (NCSBN®) is responsible to its members, the boards of nursing in the U.S. and its member board territories, for the preparation of psychometrically sound and legally defensible licensure and certification examinations. The 2009 Job Analysis of Nurse Aides Employed in Nursing Homes/Long-term Care, Hospitals/Acute Care and Community/Home Health Care Settings study is the basis for establishing examination content for entry-level nurse aides/ nursing assistants (NAs). The primary purpose of this study is to identify the essential knowledge needed by certified entry-level NAs. Information from NAs and nurse aide evaluators (NAEs) was used to identify relative importance of relevant knowledge statements. These knowledge statements will help test developers of the National Nurse Aide Assessment Program (NNAAP®) to better understand the knowledge necessary to perform NA activities safely and effectively. It will also help item writers and reviewers with test development activities related to the NNAAP. However, the knowledge statements will not be part of the NNAAP content outline.

This study of the knowledge needed by NAs in nursing homes/long-term care, hospitals/acute care and community/home health care settings is the latest in a series of studies of NA professionals performed by NCSBN. Results of this study can also be used to assist education programs with having a better understanding of the knowledge requirements relevant to safe and effective work of certified entry-level NAs.

# **METHODOLOGY**

A number of steps are necessary to perform an analysis of the knowledge needed by certified entry-level NAs to perform their work safely and effectively in order to protect the public. This section provides a description of the methodology used to conduct the 2010 Knowledge Survey of NAs. Descriptions of subject matter expert (SME) panel processes, survey development, sample selection and data collection procedures are provided, as well as information about assurance of confidentiality, response rates and the degree to which participants were representative of the population of certified entry-level NAs.

# **Methodology Reviewers**

A total of three methodology reviewers, chosen for their expertise in practice/job analysis and certification examination development, reviewed the methodologies and procedures utilized in this study. All three reviewers indicated this methodology was psychometrically sound, legally defensible and in compliance with industry standards for job analyses. See Appendix A for a listing of methodology reviewers.

#### **SMEs**

A panel of 14 registered nurses (RNs) and one certified entry-level NA was assembled to assist with the job analysis. Panel members worked with and/or supervised NAs who had less than 12 months of experience postcertification or were certified entry-level NAs themselves and represented all four NCSBN geographic areas and major work settings where NAs are employed. See Appendix B for a listing of SMEs.

# **Survey Development**

A number of processes were used to construct, evaluate and refine the survey instrument used for the 2010 knowledge statement study. The activities identified in the recently completed 2009 Job Analysis of Nurse Aides Employed in Nursing Homes/Long-term Care, Hospitals/Acute Care and Community/Home Health Care Settings study were the basis for the development of the knowledge

statements by SMEs in this study. The SME panel reviewed the recently approved NA activity list to determine what knowledge was required to perform all of the activities. Each activity was reviewed and knowledge statements were generated. Redundant knowledge statements were removed and a final list of 228 knowledge statements was identified for the survey.

There were 228 NA statements that were incorporated into a job analysis survey. The survey also included questions about the NAs' work settings, past experiences and demographics. Given the number of statements, a total of four surveys were developed from the knowledge statement list to minimize responders' fatigue. Of these surveys, two were developed for certified entry-level NAs and two were developed for NAEs. A total of 124 statements were on each form and there were 20 knowledge statements common across both sets of survey forms. Due to the difference in nature of work among NAs and NAEs, researchers developed two slightly different surveys for the groups to gather demographic information relevant to each. Despite the slight differences in demographic information asked, the knowledge statements were common across both respondent groups. The surveys can be found in Appendix F.

The NA survey contained five sections. In the first section there were questions related to the type of work environment for the respondents. The second section contained knowledge statements that described the role of the NA. The third section contained questions describing the educational background of the NA. The fourth section asked about personal background information and the fifth section provided space for responders to write comments or suggestions about the study.

The NAE survey contained four sections. In the first section there were questions related to type of work environment for the respondents. The second section contained the same statements found on the NA survey that described the knowledge required to be an NA. The third section contained information about the respondent's personal background and section four contained an area for comments.

# Survey Process

# Sample Selection

A sample of 6,500 health care directors was randomly selected from the dataset sent by a mailing agency. The dataset contained the current addresses and contact names of health care directors in nursing homes/long-term care, hospitals/acute care and community/home health care settings. The breakdown of the sample according to the facilities in which the health care directors are employed is as follows: 1,400 hospitals (21.5%), 3,950 nursing homes (60.8%), 150 long-term care facilities (2.3%) and 1,000 home health care facilities (15.4%).

Each of the 6,500 health care directors was sent packages that contained three surveys. The total was split by two (3,250) since there were two forms of each survey. The health care directors were instructed to give the package to one NAE in their facility. The NAEs were instructed to complete one survey and give the other two to NAs in their work setting who had less than 12 months of experience postcertification. This method was chosen because there is currently no available national database on NA registrations.

#### **Mailing Procedure**

A total of three paper surveys was distributed in packets among 6,500 health care directors. Each packet contained two NA surveys and one NAE survey. In addition to the survey, potential survey participants received a presurvey notice and two survey reminders to increase response rates. The survey was conducted from February through April 2010.

#### Confidentiality

All potential participants were promised confidentiality with regard to their participation and responses. Files containing mailing information were kept separate from the data files. Preassigned codes were used to facilitate cost-effective follow-up mailings while maintaining data confidentiality. The study protocol was reviewed and approved by NCSBN's CEO for compliance with organizational guidelines for research studies involving human subjects.

#### **Return Rates**

Of the 6,500 health care directors that were sent the packet of surveys, a total of 68 surveys was returned due to incorrect addresses. The adjusted total number of surveys sent was 6,432. An additional 44 respondents were removed from the NA survey because they did not identify how long they were certified. A total of 806 health care facilities returned NA surveys, of which 492 returned both NA surveys, resulting in 1,298 total NA surveys. A response rate of 12.5% was observed at the facility level for NAs.

A total of 823 NAE surveys was returned and there were no sample exclusion criteria. The adjusted total number of surveys sent was 6,494. The return rate for NAEs was 12.7%.

#### NA Knowledge Statement Nonresponder Study

In order to ensure the validity of the results, NCSBN conducted a secondary survey sent to nonresponders to determine if those not responding would have rated the survey knowledge statements differently than responders. If there are no systematic differences among knowledge statement ratings of responders and nonresponders, we have further evidence of the validity of the 2010 Knowledge Survey of NAs results. In the present study, nonresponders rated the knowledge statements similar to the responders, lending support for the validity of the results. See Appendix D for a full report of the nonresponder study. See Appendix F for the nonresponder survey.

# Summary

A panel of 14 RNs and one NA provided the foundation for the 2010 Knowledge Survey of NAs. The panel identified the category structure describing the types of activities performed by certified entry-level NAs. Once the list of categories was created, the panel members worked to create a list of knowledge statements needed by a certified entry-level NA. Each statement was reviewed for applicability to certified entry-level NA work and the relationship to the delivery of safe nursing care to the public. In the end, there were 228 knowledge statements. A total of four survey instruments for data collection was developed and revised based on those

knowledge statements. The surveys were mailed from February through April 2010. After the surveys were received, the nonresponder study was conducted in May 2010. The response rates for all the surveys in this study were as good as expected.

# DEMOGRAPHICS, EXPERIENCES AND WORK ENVIRONMENTS OF PARTICIPANTS

# **Demographics/Past Experiences**

Demographic information, including gender, and racial and ethnic backgrounds, are presented next, followed by descriptions of responders' work environments, including settings, shifts worked and client characteristics.

#### Gender

The majority of NA (91.1%) and NAE (96.6%) responders reported being female. See Table 1.

Table 1. Gender				
	NA %	NAE %		
Female	91.1	96.6		
Male	8.9	3.4		

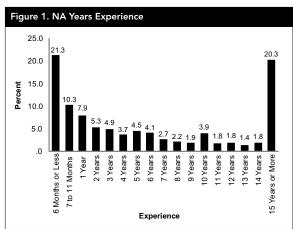
#### Race/Ethnicity

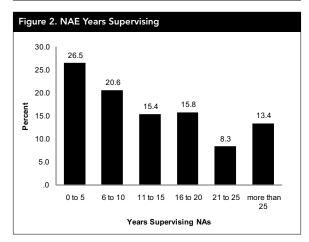
NA and NAE respondents were ethnically diverse, with 69.2% of NAs and 86.1% of NAEs reporting being White non-Hispanic. See Table 2 for racial/ethnic backgrounds.

Table 2. Race/Ethnicity					
Category	NA %	NAE %			
African-American	16.5	6.2			
Asian Indian	0.2	0.1			
Asian other	2.0	2.8			
Hispanic	7.8	2.7			
Native American	1.0	0.9			
Pacific Islander	0.6	0.4			
White non-Hispanic	69.2	86.1			
Other	2.8	0.9			

# NA Experience and NAE Supervisory Experience

Health care directors were asked to give the survey to entry-level NAs with one year or less work experience postcertification. Only 39.6% of the NA respondents fell into this category. Subsequent analyses evaluate differences in importance ratings among the Years Experience categories. See Figure 1. Less than a third of the NAEs (26.5%) indicated that they have five or less years of experience supervising NAs. See Figure 2.





# Work Setting

#### **Facilities**

The following major NA work setting types were identified: hospital/acute care facilities, nursing homes/long-term care settings and community/home health care settings. Most NAs and NAEs reported working in an extended care facility (24.3% of NAs and 19.9% of NAEs) or a medical/surgical unit within hospital and/or acute care settings (15.5% of NAs and 19.2% of NAEs). See Table 3.

In nursing homes/long-term settings, many respondents worked in the skilled care unit (42.5% of NAs and 53.8% of NAEs). See Table 4. Not many respondents indicated that they worked in community/home health care settings. The highest percentage category within this setting type was home health

Table 3. Hospital/Acute Care Setting		
Hospital/Acute Care	NA %	NAE %
Central supply	1.9	1.1
Chemical dependency unit	0.4	0.7
Emergency room	3.0	3.8
Extended care facility/rehabilitation unit	24.3	19.9
Inpatient hospice care	6.2	4.4
Intensive care unit	1.8	3.3
Intermediate care/step down unit	4.1	3.9
Labor and delivery unit	0.7	2.4
Medical/surgical unit (includes subspecialties like orthopedics, oncology, etc.)	15.5	19.2
Nursery	1.2	2.1
Operating room	0.5	0.9
Pediatric unit	0.7	2.8
Postpartum/maternity unit	0.9	2.9
Psychiatric unit	2.2	2.2
Recovery room	0.9	0.9
Other	8.9	10.4

Table 4. Nursing Home/Long-term Care				
Nursing Home/Long-Term Care	NA %	NAE %		
Assisted living facility	19.3	10.3		
Intermediate care unit	11.2	15.2		
Personal care unit	13.3	6.0		
Skilled care unit	42.5	53.8		
Sub-acute unit	5.4	6.9		
Other	5.5	5.5		

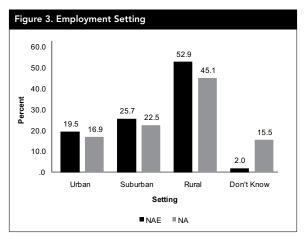
Table 5. Community/Home Health Care					
Community Home Health Care	NA %	NAE %			
Clinic/outpatient unit/ambulatory surgical care	2.9	1.1			
Home health in client's residence	14.6	10.4			
Hospice care in client's residence	6.1	4.1			
Other	5.0	2.9			

in a client's residence (14.6% of NAs and 10.4% of NAEs). See *Table 5* 

# Job Title

Respondents were also asked what best describes the job title they held. NA respondents were asked to select one NA title among several in a list and NAE respondents were asked to select all job titles they supervised. A total of 37.9% of NAs and 45.7% of NAEs selected certified nurse aide, while 35.4%

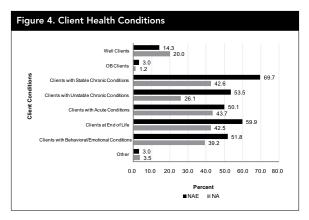
Table 6. NA Job Title		
Title	NA %	NAE %
Care partner	0.3	0.6
Certified home health aide	4.7	6.4
Certified medication aide	1.6	6.3
Certified medication technician	0.4	2.3
Certified nurse aide	37.9	45.7
Certified nursing assistant	35.4	43.0
Charge aide	0.3	0.4
Dietary aide	0.0	0.7
Home health aide	2.4	5.0
Homemaker	0.2	1.6
Medication aide	0.3	2.9
Medication tech	0.1	0.7
Nurse aide/assistant	9.6	19.0
Orderly	0.0	0.7
Patient care technician	2.4	2.2
Personal or patient care attendant	1.8	3.4
Psychiatric aide	0.4	0.7
Other	2.0	9.8



of NAs and 43.0% of NAEs identified certified nursing assistants. See Table 6.

# **Employment Setting**

As seen in Figure 3, most respondents worked in rural settings (45.1% of NAs and 52.9% of NAEs). The average number of clients seen daily by an NA was reported as 11.37 (std.err.= 6.9) for NAs and 20.33 (std.err.= 22.1) for NAEs.



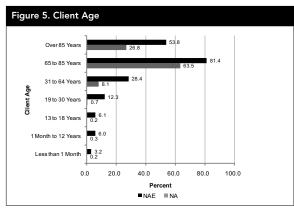


Fig	Figure 6. Hours Worked Last Shift							
	80.0	l	73.1%					
	70.0							
	60.0			51.8%				
±	50.0		12.7%					
Percent	40.0							
•	30.0			22.5%	,			
	20.0							
	10.0	0.0%0.0% 0.2% 1.8%			2.2%	0.2% 0.5%		
		Less than 1 1 to 4	5 to 8	9 to 12	13 to 16	17 or more		
			Hours	Worked				
	■NAE ■NA							

Table 7. Shifts Worked		
Work Shift	NA %	NAE %
Rotating shift	5.4	3.1
Days 8, 10, or 12 hour shift	60.2	84.6
Evenings 8, 10, or 12 hour shift	23.7	7.9
Nights 8, 10, or 12 hour shift	6.9	2.7
Other	3.7	1.7

Table 8. NAE License Held	
License	% Selected
RN	69.4
LPN/LVN	27.4
Other	2.1

# **Client Health Conditions**

NAs reported caring most frequently for clients with acute conditions (43.7%), clients with clients with stable chronic conditions (42.6%) and clients at end of life (42.5%). NAEs reported caring most frequently for stable chronic clients (69.7%), clients at end of life (59.9%) and clients with unstable chronic conditions (53.5%). The ability to give multiple answers allowed for percentages to total more than 100.0%. See Figure 4.

# **Client Ages**

The majority of NAs reported caring for adult clients aged 65 to 85 (63.5%) and adult clients aged over 85 (26.8%). NAEs reported caring for older adult clients aged 65 to 85 (81.4%) and adult clients aged over 85 (53.8%). See Figure 5. NAs were asked to provide only one answer. The NAEs, because they generally supervise multiple NAs, were given the ability to

provide multiple answers, thus allowing for percentages to total more than 100.0%.

# **Shifts and Hours Worked**

The shifts most commonly worked by NAs were days (60.2%) and evenings (23.7%). Only 5.4% of NA respondents reported working rotating shifts. A total of 84.6% of the NAE respondents worked day shifts. See Table 7. On the respondent's last shift worked, the majority of NA and NAE respondents selected working five- to eight-hour shifts (73.1% NA and 42.7% NAE) or nine- to 12-hour shifts (22.5% NA and 51.8% NAE). See Figure 6.

# NAE License, Title and Supervision

Unique questions were asked on the NAE survey about types of licenses held and position titles because NAEs hold different titles and licenses than NAs. Most NAE respondents (69.4%) had an

Table 9. NAE Title	
Position Title	NAE %
Charge Nurse	19.8
Coordinator	4.0
Director/Assistant Director	25.1
Head Nurse/Unit Manager	8.0
Inservice Educator	8.1
Staff LPN	8.6
Staff RN	10.0
Supervisor	9.6
Team Leader	1.8
Other	4.9

Table 10. Number of Entry-Level NAs Supervised	d
Number	NAE %
One	16.4
Two	17.5
Three	12.0
Four	8.4
Five	5.5
Six	5.0
Seven or more	17.6
None	17.7

Table 11. NA Educational Preparation	
Preparation	NA %
Previous work experience	34.4
High school course	10.9
Classes in nurse education program	7.1
Course from current employer	22.2
Course from previous employer	18.0
Course from community or junior college	21.8
Course from technical or vocational school	26.3
Military training	1.0
None	2.1
Other	8.5

<sup>\*</sup>Respondents could select multiple responses

RN license. See Table 8. Respondents were allowed to select all licenses that apply and 1.1% did not respond to the question. Director/assistant director (25.1%) and charge nurse (19.8%) titles were most frequently selected; a few (1.8%) selected team leader as a title. See Table 9. There was a diverse distribution of the number of certified entry-level NAs supervised by NAEs ranging from six (5.0%) to seven or more (17.6%). See Table 10.

Table 12. NA Skills in Training	
Skills Taught	NA %
Admin of oral/topical medications	12.8
Admin of insulin	5.9
Admin of oxygen	25.7
Blood glucose testing	5.5
Blood draw for lab testing	21.8
Special care for infants	6.2
Special care for elderly	31.3
Special care for psychiatric	6.5
Special care for respiratory	7.3
Other	30.4
Emergency care above CPR	6.2
Removal of peripheral catheter	9.8
Removal of indwelling catheter	3.9

<sup>\*</sup>Respondents could select multiple responses

# **Educational Preparation**

In response to a question about types of educational preparation for work as an NA, over one-third of the respondents identified previous work experience (34.4%) as the type of preparation for the role as a NA. Courses from technical or vocational school (26.3%), current employer (22.2%) and community or junior college (21.8%) were selected by a large number of NA respondents. See Table 11.

# Knowledge/Skills Included in Training

Nearly one-third of the NA respondents identified special care for elderly (31.3%) as a skill taught in their training program. Few (3.9%) selected removal of indwelling catheter and blood glucose testing (5.5%). See Table 12.

#### **Certifications Earned**

A large majority of NA respondents (87.5%) indicated that they were a certified nurse aide/certified nursing assistant. Few had additional certifications. *See Table 13.* 

# **Enrolled in Formal Nursing Programs**

Very few (7.7%) of the NA respondents indicated that they were in a formal nursing program: 12.2% have applied, but were not currently enrolled; 3.0% indicated they were in a licensed practical/vocational nurse (LPN/VN) program; 0.4% were enrolled

in an RN diploma program; 3.5% were enrolled in an RN associate program; and 1.4% were enrolled in an RN baccalaureate program. A total of 12.5% of the NAs reported having nonnursing college degrees.

Reasons provided by NA respondents for applying to a formal nursing program, but not being enrolled included currently completing prerequisite courses (3.4% of respondents seeking an LPN/VN license gave this response and 4.9% of respondents seeking an RN license gave this response) and unable to afford tuition (3.9% of respondents seeking an LPN/VN license gave this response and 2.2% of respondents seeking an RN gave this response). These figures are based on the total number of respondents. See Table 14.

# Summary

The NAs and NAEs responding to the 2010 Knowledge Survey of NAs were primarily white females with various years of experience. The majority worked day or evening shifts in skilled care units in a long-term care or nursing home facility. The responders cared mostly for clients with stable chronic conditions who were 65 years of age or older. About one-third of the respondents indicated that they received their training from previous work experience and less than 20.0% of the NA respondents indicated that they are enrolled in or are seeking enrollment in a formal nursing education program.

Table 13. Certifications Earned	
Certification	NA %
Geriatric nurse assistant (GNA)	3.1
Certified nurse assistant (CNA)	87.5
Certified medication assistant (CMA)	4.9
Certified medication technician (CMT)	1.1
CMA including insulin	1.6
CMT including insulin	1.1
None	5.6
Other	9.0

<sup>\*</sup>Respondents could select multiple responses

Table 14. Reasons for Nonenrollment		
Reason	Seeking LPN/VN %	Seeking RN %
Currently completing prerequisite	3.4	4.9
On waiting list	2.2	2.2
Unable to afford tuition	3.9	2.2
Did not meet admission requirements	0.4	0.3
Classes were full	0.6	0.5
Other	2.1	1.8

# KNOWLEDGE STATEMENT IMPORTANCE FINDINGS

Findings relative to the NA knowledge statements are presented in this section of the report. The methods used to collect and analyze knowledge statement findings and importance of the knowledge statements will be discussed.

## Overview of Methods

In the knowledge surveys for certified NAs and NAEs were asked to provide overall importance ratings on each statement. They were asked to rate the overall importance on a scale of 1 to 5. The five-point importance scale ranged from 1 being not important to 5 being critically important.

# **Knowledge Statement Characteristics**

## Reliability

Reliability indices were calculated to assess the capability of the survey to measure the activities relevant to safe and effective work of certified entry-level NAs. Cronbach's alpha coefficients were calculated on importance ratings for the NA and NAE surveys. Alpha coefficients range from zero to one; a value of 0.70 or greater is considered adequate (Cronbach, 1951). Reliability estimates were 0.99 or higher for each of the survey forms, suggesting that the

Figure 7. Average Importance Ratings by New NAs and NAEs

5
4.5
4.5
4.5
3.5
2
1.5
1
0.5
0

Knolwedge Statement Number

NAEs
New NAs

surveys were very reliable, approaching the theoretical maximum value.

#### Importance of Knowledge Statement

Responders were asked to rate the importance of each statement. Average importance ratings were calculated by averaging the total importance ratings. A total of four categories were created for this data: NAs with one year or less of experience, two to 10 years experience, more than 10 years experience and NAE respondents. When reviewing the data, an emphasis was placed on the certified entry-level NAs (one year or less) cohort and the NAE cohort.

For the certified entry-level NA cohort, statement 1, Knowledge of basic foot anatomy, had the lowest average importance rating of 3.11. Conversely, statement 213, Knowledge of signs of suspected neglect, mistreatment or abuse, had the highest average rating of 4.83. In evaluating the NAE cohort's importance ratings, statement 143, Knowledge of converting pounds to kilograms, was rated least important at 2.67, while statement 56, Knowledge of hand washing and hand hygiene techniques, had the highest average rating of 4.85. With respect to the relationship between the certified entry-level NA cohort and the NAE cohort, average importance ratings had a high correlation

(r=0.90, p<0.01). See Figure 7 and Table 15 for percent performing activity information. Appendix C contains importance ratings sorted from low to high based on the newly certified cohort.

# Summary

Responders to the 2010 Knowledge Survey of NAs found the statements listed in the survey to be representative of the knowledge needed to perform work in their work settings. In general, the importance ratings and their relative rankings given by certified entry-level NAs and NAEs were similar, supporting the validity of the results. The reliability estimates of the survey instruments were high.

.w.	· Mo	2	NA 0 to 1 yr.		Ž	NA 2 to 10 yrs.	·s.	NA	NA 11 or more yrs.	yrs.		NAE	
Knd #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
1	basic foot anatomy	209	3.11	0.07	227	3.18	0.07	197	3.36	80.0	394	2.87	0.05
2	care for dentures	213	4.12	0.05	227	4.00	0.05	196	4.03	0.05	399	4.08	0.03
3	denture removal and insertion	212	4.00	90:0	227	3.91	90:00	194	3.97	0.05	393	4.06	0.04
4	nail care procedures	209	3.68	0.07	228	3.64	90:0	193	3.76	0.07	401	3.57	0.05
2	normal versus abnormal mouth conditions	210	4.13	90:0	226	4.05	90:0	196	4.13	90'0	397	3.83	0.05
9	procedure and purpose for providing pericare	210	4.49	0.05	226	4.41	0.05	193	4.31	90.0	398	4.41	0.04
7	procedures for foot care	211	3.86	90:0	722	3.84	90.0	198	3.98	90'0	398	3.73	0.05
∞	procedures for mouth care	211	4.19	0.05	228	4.17	0.05	194	4.20	0.05	397	4.15	0.03
6	purpose for mouth care	212	4.08	90:0	227	4.11	0.05	195	4.12	90:0	399	4.05	0.04
10	purpose for nail care	209	3.79	0.07	227	3.83	90.0	195	3.83	0.07	397	3.66	0.05
11	purpose for skin care	510	4.45	0.03	427	4.46	0.03	347	4.47	0.03	819	4.52	0.02
12	obstacles that affect dressing and undress- ing clients	212	4.24	90:0	226	4.14	0.05	196	4.09	0.05	400	4.01	0.04
13	procedures for dressing and undressing clients	212	4.23	0.05	227	4.07	0.05	196	4.03	0.05	399	4.07	0.04
14	procedures for grooming	213	3.97	90:0	227	3.89	0.05	198	3.97	0.05	400	3.95	0.04
15	purposes for grooming	510	4.05	0.03	424	4.04	0.04	345	4.07	0.04	818	4.00	0.02
16	adaptive eating devices	211	4.06	90'0	526	3.98	90.0	195	4.11	90'0	398	3.81	0.04
17	dietary restrictions	213	4.57	0.05	525	4.41	0.05	195	4.47	0.05	400	4.26	0.04
18	feeding techniques	213	4.23	0.05	226	4.18	0.05	191	4.37	90.0	400	4.23	0.04
19	foods included in fluid intake	211	4.23	0.05	228	4.21	0.05	197	4.23	90:0	400	4.15	0.04
70	measuring oral fluid intake	211	4.31	0.05	227	4.22	0.05	197	4.36	0.05	401	4.19	0.04
21	methods for giving fluids by mouth	210	4.08	90.0	227	4.04	90:0	195	4.14	90:0	398	4.16	0.04
23	procedures for serving and removing meal tray	209	3.59	0.07	224	3.53	90:0	196	3.52	0.07	399	3.49	0.05
23	serving the correct meal to the correct client	211	4.59	0.04	227	4.45	0.05	195	4.46	90:0	398	4.32	0.05
24	signs and symptoms of dehydration	211	4.63	0.04	227	4.55	0.04	197	4.60	0.04	399	4.22	0.04

Knd		2	NA 0 to 1 yr.		Ž	NA 2 to 10 yrs.	·s.	NA	NA 11 or more yrs.	yrs.		NAE	
25	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
)	special diets	507	4.47	0.03	427	4.42	0.03	348	4.46	0.04	814	4.15	0.03
26	supplemental nutrition	211	4.13	90:0	226	4.09	0.05	196	4.18	90:0	400	3.85	0.04
27	the importance of serving the correct meal to client	211	4.61	0.04	226	4.52	0.05	195	4.48	90:0	400	4.30	0.04
28	the need for fluids in the body	212	4.58	0.04	228	4.44	0.05	197	4.47	0.05	400	4.18	0.04
29	the role of nutrition and hydration on skin care	210	4.25	0.05	227	4.20	0.05	197	4.29	0.05	398	3.99	0.04
30	assisting the client with toileting	210	4.40	0.05	226	4.34	0.05	195	4.26	0.05	398	4.37	0.03
31	bowel and bladder training	208	4.13	90:0	228	4.08	0.05	196	4.12	90.0	400	3.91	0.04
32	cleaning the client after elimination	209	4.55	0.04	229	4.44	0.05	196	4.38	0.04	396	4.48	0.03
33	emptying urinary drainage device	211	4.31	0.05	226	4.26	0.05	194	4.23	0.05	398	4.22	0.04
34	incontinence care	211	4.54	0.05	228	4.47	0.04	196	4.40	0.04	399	4.46	0.03
35	normal versus abnormal characteristics of urine and stool	509	4.49	0.03	427	4.46	0.03	344	4.47	0.04	813	4.23	0.03
36	normal versus abnormal ostomy output	209	4.34	0.05	227	4.24	0.05	194	4.26	90.0	399	3.92	0.05
37	ostomy types	208	4.06	90.0	226	3.91	0.05	192	3.85	0.07	397	3.43	0.05
38	purpose, types and uses of toileting equipment and devices	209	4.03	90.0	228	3.96	0.05	193	3.99	90:0	399	3.97	0.04
39	types and uses of incontinence products	210	4.07	90.0	226	3.96	0.05	193	3.85	0.05	398	3.86	0.04
40	urinary catheter types	208	4.03	0.06	229	3.90	0.06	192	3.79	0.07	399	3.47	0.05
41	client specific needs during position changes	208	4.38	0.05	227	4.28	0.05	195	4.30	0.05	399	4.32	0.04
42	comfort measures and care during the dying process	211	4.52	0.05	229	4.57	0.04	193	4.45	0.05	398	4.39	0.04
43	correct body alignment and positioning techniques	208	4.47	0.04	223	4.44	0.04	196	4.41	0.04	399	4.44	0.03
4	measures to promote rest and sleep	209	4.07	0.05	224	4.01	0.05	192	3.95	90:0	400	3.91	0.04
45	pain relief or comfort measures	208	4.31	0.05	223	4.31	0.05	194	4.30	0.05	398	4.20	0.04
46	physical comfort measures and techniques	504	4.36	0.03	424	4.31	0.03	342	4.29	0.03	812	4.22	0.02
47	reporting client symptoms of pain or discomfort	209	4.61	0.04	224	4.56	0.04	194	4.50	0.04	399	4.62	0.03

.wc	·MG	_	NA 0 to 1 yr.	٠	2	NA 2 to 10 yrs.	ķ	NA	NA 11 or more yrs.	yrs.		NAE	
Knd #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
48	the benefits of physical comfort	209	4.15	0.05	223	4.14	0.05	189	4.26	0.05	399	4.06	0.03
49	verbal and nonverbal signs and symptoms of pain or discomfort	210	4.56	0.04	221	4.46	0.04	191	4.42	0.04	399	4.37	0.03
20	airborne precautions	206	4.64	0.04	221	4.59	0.04	189	4.60	0.04	398	4.50	0.03
51	biohazardous waste	206	4.68	0.04	219	4.58	0.04	191	4.64	0.04	399	4.45	0.03
52	biohazardous waste disposal	204	4.71	0.04	220	4.58	0.04	188	4.65	0.04	399	4.46	0.04
53	contact precautions	209	4.69	0.04	222	4.60	0.04	190	4.66	0.04	398	4.60	0.03
54	disinfection techniques	205	4.64	0.04	222	4.54	0.04	191	4.54	0.04	368	4.44	0.04
22	droplet precautions	206	4.59	90.0	223	4.57	0.04	191	4.64	0.05	398	4.53	0.03
29	hand washing and hand hygiene techniques	202	4.81	0.02	422	4.75	0.02	344	4.78	0.02	819	4.85	0.01
22	standard precautions	503	4.70	0.02	421	4.67	0.03	341	4.72	0.03	820	4.78	0.02
58	the spread of infection or infection transmission	206	4.79	0.03	222	4.71	0.04	191	4.77	0.03	396	4.73	0.02
59	the types and uses of personal protective equipment	208	4.58	0.05	220	4.50	0.04	189	4.58	0.04	397	4.57	0.03
99	ambulation safety	205	4.57	0.04	220	4.49	0.04	188	4.47	0.04	398	4.53	0.03
61	basic life support procedures	203	4.54	0.05	216	4.42	0.05	184	4.48	90.0	399	4.23	0.05
62	body mechanics	199	4.45	0.04	213	4.37	0.05	186	4.43	0.04	399	4.45	0.03
63	call system devices and placement within reach	200	4.51	0.04	217	4.43	0.05	184	4.39	0.05	398	4.28	0.04
49	client positioning during mouth care	213	4.12	90.0	228	4.00	0.05	195	4.04	90.0	397	4.08	0.04
99	client risk factors for injuries	213	4.51	0.04	229	4.37	0.04	196	4.44	0.04	397	4.34	0.03
99	client-safety alarm types and uses	212	4.38	0.05	228	4.27	0.05	194	4.23	0.05	398	4.14	0.04
29	CPR/basic life support skills	212	4.71	0.04	229	4.64	0.04	197	4.64	0.05	398	4.29	0.05
89	emergency and disaster situations and responses	510	4.60	0.03	426	4.57	0.03	346	4.63	0.03	817	4.33	0.03
69	environmental dangers to the client's health and safety	212	4.54	0.05	228	4.46	0.04	193	4.52	0.04	397	4.30	0.04
70	evacuation procedures and techniques	213	4.54	0.04	229	4.46	0.04	195	4.51	0.04	397	4.24	0.04

.wc	- Modern Company of the Company of t	2	NA 0 to 1 yr.	٠	Ž	NA 2 to 10 yrs.	rs.	Ą	NA 11 or more yrs.	yrs.		NAE	
Knd #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
71	fire and disaster safety plans	213	4.53	0.04	226	4.50	0.04	193	4.53	0.04	398	4.37	0.04
72	fire prevention techniques	211	4.44	0.05	227	4.36	0.02	191	4.42	0.05	398	4.29	0.04
73	how to provide a clean, safe and neat living space	213	4.20	0.05	229	4.11	0.05	196	4.22	0.05	398	4.06	0.04
74	indications that client might be suicidal	511	4.62	0.03	429	4.62	0.03	348	4.68	0.03	816	4.38	0.03
75	lifting and transfer devices	213	4.45	0.05	228	4.35	0.05	196	4.42	0.05	395	4.42	0.03
76	methods to relieve choking and clear airway	213	4.77	0.03	229	4.71	0.03	195	4.77	0.04	396	4.69	0.03
77	methods used to identify client	213	4.45	0.05	526	4.39	0.05	195	4.55	0.05	395	4.42	0.04
78	oxygen safety and storage	212	4.33	0.05	228	4.30	0.05	195	47.44	0.05	395	4.21	0.04
79	reasons for checking client status routinely	213	4.43	0.04	227	4.35	0.05	194	4.38	0.05	395	4.32	0.04
80	reasons to identify client before care	213	4.54	0.04	228	4.43	0.05	194	4.47	0.05	397	4.47	0.03
81	recognizing and reporting signs and symptoms of client's change in condition	212	4.66	0.03	226	4.59	0.04	195	4.64	0.04	396	4.69	0.03
82	restraint complications	209	4.33	0.05	229	4.18	90.0	191	4.22	0.07	396	4.28	0.05
83	safe transfer and lifting techniques	212	4.51	0.04	227	4.47	0.04	194	4.48	0.04	396	4.56	0.03
84	safety and accident prevention measures and devices	210	4.46	0.05	226	4.32	0.04	197	4.41	0.04	397	4.43	0.03
82	safety considerations during transport	211	4.44	0.05	227	4.26	0.05	195	4.38	0.05	397	4.31	0.04
%	safety techniques during toileting	213	4.34	0.05	226	4.24	0.05	1%	4.33	0.04	396	4.40	0.03
87	self limitations and understanding when to seek assistance	212	4.42	0.05	227	4.34	0.04	195	4.34	0.04	397	4.45	0.03
88	signs and symptoms of airway obstruction	213	4.69	0.04	228	4.68	0.04	1%	4.72	0.04	397	4.77	0.02
86	signs and symptoms of feeding complications	211	4.58	0.04	227	4.56	0.04	195	4.53	0.05	394	4.52	0.04
8	strategies to safely care for angry or potentially violent clients	211	4.52	0.04	227	4.51	0.04	196	4.52	0.04	398	4.47	0.03
91	the importance of responding to client- safety alarms promptly	213	4.61	0.04	228	4.46	0.05	197	4.47	0.05	400	4.51	0.04
92	the purpose for client rounds	212	4.36	0.04	227	4.26	0.05	194	4.22	90:0	399	4.07	0.05

.wc	·MG	2	NA 0 to 1 yr.		Ž	NA 2 to 10 yrs.	ķ	NA 11	I1 or more yrs.	yrs.		NAE	
Knd #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
63	timely response to and importance of call systems	212	4.49	0.04	722	4.32	0.05	195	4.27	90:0	398	4.30	0.04
94	ambulation techniques with and without a device	213	4.29	0.05	228	4.16	0.05	195	4.28	0.04	400	4.24	0.03
95	behavior modification	211	4.01	0.06	229	4.07	0.05	195	4.07	0.05	400	3.62	0.04
96	care for client in restraints	212	4.20	0.06	229	4.20	0.05	193	4.17	90:0	399	4.03	0.05
4	care, cleaning and storage of equipment	212	4.05	0.06	226	3.92	0.05	196	3.96	90:0	399	3.69	0.04
86	client positioning techniques	212	4.28	0.05	227	4.22	0.05	197	4.20	0.05	395	4.19	0.04
66	client preparation for diagnostic test, procedure or surgery per directive	211	4.24	0.06	226	4.14	90.0	195	4.11	0.07	396	3.61	0.05
100	client transport methods and devices	212	4.19	0.05	226	4.14	0.05	195	4.02	90.0	397	3.84	0.04
101	client's personal equipment maintenance and care	212	4.01	0.06	227	3.96	0.05	193	3.94	90:0	400	3.73	0.04
102	devices used to measure client's height and weight	211	4.00	0.06	229	3.81	90.0	195	3.89	90.0	398	3.75	0.05
103	elastic stockings/anti-embolism hose application and removal techniques	513	4.07	0.03	427	4.07	0.04	347	4.11	0.04	817	4.03	0.03
104	emotional support techniques	212	4.15	0.05	227	4.15	0.05	195	4.11	0.05	400	3.88	0.04
105	environmental conditions for bathing clients	212	4.20	0.05	228	4.11	0.05	197	4.20	0.04	399	4.06	0.03
106	equipment and supplies needed for bathing	211	4.09	0.05	226	4.01	0.05	196	4.05	0.05	398	4.00	0.04
107	ostomy care procedures	212	4.23	0.06	227	4.16	0.05	195	4.02	90:0	398	3.60	0.05
108	oxygen devices and methods of delivery	211	4.26	0.06	225	4.16	0.06	195	4.08	90.0	400	3.89	0.04
109	positioning devices	210	3.97	0.06	228	3.89	0.06	195	3.99	0.05	398	3.88	0.04
110	procedure for making occupied or unoc- cupied beds	211	3.75	90.0	228	3.75	90.0	192	3.78	0.05	399	3.81	0.04
111	procedure for performing and recording pulse oximetry	210	4.19	0.06	227	4.08	90.0	191	4.13	90.0	396	3.56	90.0
112	procedures and techniques for measuring and recording intake and output	211	4.27	0.05	227	4.15	0.05	195	4.19	90:0	397	4.00	0.05

Table %	Table 15. Knowledge Importance Ratings	_	NA 0 to 1 yr.	٠	Ž	NA 2 to 10 yrs.	īs.	¥ ×	NA 11 or more yrs.	yrs.		NAE	
Kno	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
113	procedures for admission, discharge and transfer	209	3.97	90:0	225	3.74	0.07	192	3.80	0.07	397	3.43	90:00
114	procedures for different types of baths	211	3.95	90:0	228	3.93	90:0	194	3.98	0.05	399	3.90	0.04
115	observing, recording and measuring intake and output	507	4.33	0.03	427	4.24	0.04	345	4.30	0.04	818	4.08	0.03
116	range of motion precautions	209	4.18	0.03	424	4.20	0.04	345	4.22	0.04	819	4.05	0.03
117	the need to promote client independence	501	4.22	0.03	424	4.22	0.03	338	4.20	0.03	819	3.96	0.03
118	promoting client participation in group or other activities	206	3.96	0.04	426	3.91	0.04	343	3.84	0.04	818	3.55	0.03
119	promoting client participation in recreational activities	202	3.92	0.04	426	3.88	0.04	343	3.83	0.05	819	3.53	0.03
120	client's religious and cultural beliefs and practices	510	4.12	0.03	427	4.10	0.04	344	4.09	0.04	820	3.83	0.03
121	how to handle conflict	508	4.31	0.03	425	4.31	0.03	345	4.29	0.04	815	4.15	0.03
122	how to maintain dignity and privacy during care	507	4.52	0.03	426	4.50	0.03	342	4.50	0.03	815	4.50	0.02
123	reporting requirements for disputes, grievances, abuse and suspicious workplace activities	509	4.53	0.03	428	4.43	0.03	345	4.55	0.03	815	4.34	0.03
124	promoting client and family role in plan of care	508	4.22	0.03	424	4.17	0.04	344	4.24	0.04	815	3.91	0.03
125	procedures for moving a client in bed	298	4.44	0.04	201	4.34	0.05	152	4.32	0.05	418	4.28	0.03
126	procedures for obtaining and recording blood pressure	299	4.39	0.04	201	4.39	0.05	153	4.49	0.05	421	4.11	0.05
127	procedures for obtaining and recording body temperature	299	4.34	0.04	200	4.34	0.05	153	4.46	0.05	419	4.15	0.04
128	procedures for obtaining and recording pulse rate	296	4.35	0.04	200	4.37	0.05	153	4.47	0.05	421	4.14	0.04
129	procedures for obtaining and recording respiratory rate	300	4.36	0.04	201	4.33	0.05	153	4.46	0.05	418	4.15	0.04
130	procedures to measure and record client's height and weight	299	4.07	0.05	198	4.08	90:0	151	4.18	0.02	418	3.98	0.04

aow. 6	lable 15. Knowledge Importance Katings	2	NA 0 to 1 yr.	ی	Ž	NA 2 to 10 yrs.	rs.	AN	NA 11 or more yrs.	yrs.		NAE	
Knd #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
131	procedures to secure and respect client's personal belongings	299	4.26	0.04	200	4.16	0.05	152	4.27	0.05	418	3.89	0.04
132	prosthetic and orthotic device application and removal techniques	296	4.13	0.05	199	4.18	90:0	152	4.24	90:0	419	3.81	0.04
133	reality orientation therapy	293	3.67	90:0	198	3.77	90:0	145	3.81	90:0	418	3.51	0.04
134	safe transfer techniques	300	4.67	0.03	199	4.58	0.04	151	4.65	0.04	419	4.69	0.02
135	skills that promote client's sense of security	300	4.32	0.04	199	4.30	0.04	147	4.29	0.05	418	4.11	0.03
136	specimen collection types and procedures	295	4.14	0.05	199	4.23	90:0	149	4.28	90:0	417	3.72	0.05
137	techniques and devices for addressing the unique needs and behaviors of the client with cognitive impairment	599	4.22	0.04	198	4.24	0.05	152	4.35	90:0	417	4.16	0.04
138	turning, coughing and deep breathing techniques	299	3.96	0.05	201	4.05	90:0	150	4.18	0.07	420	3.61	0.05
139	types, applications and uses of restraints	296	3.77	0.07	198	3.87	0.08	150	3.85	0.10	412	3.42	0.07
140	urinary catheter care procedures	300	4.42	0.04	200	4.48	0.05	150	4.42	90:0	419	4.19	0.04
141	validation therapy	295	3.76	0.06	193	3.77	0.07	146	3.84	0.08	415	3.35	0.05
142	converting ounces to milliliters	298	3.62	0.06	199	3.64	0.08	147	3.44	0.10	419	2.89	90.0
143	converting pounds to kilograms	298	3.42	0.07	200	3.53	0.08	150	3.47	0.10	419	2.67	90.0
144	how to report and document client behavior	298	4.22	0.04	200	4.24	0.05	150	4.33	0.05	420	4.02	0.04
145	intake and output calculations	297	4.29	0.04	200	4.29	0.05	152	4.45	0.05	415	3.98	0.04
146	normal versus abnormal pulse oximetry readings	297	4.29	0.05	200	4.35	90:0	147	4.41	0.07	418	3.72	90:0
147	normal versus abnormal vital signs	296	4.45	0.04	200	4.48	0.05	149	4.56	0.05	416	4.17	0.05
148	observing and reporting behavioral changes	299	4.32	0.04	200	4.35	0.05	150	4.39	0.05	416	4.23	0.03
149	procedures for calculating and recording meal intake	299	4.16	0.04	201	4.23	0.05	150	4.22	90:0	416	3.99	0.04
150	reporting changes in client's intake and output	298	4.26	0.04	197	4.36	90:0	151	4.43	0.05	414	4.13	0.04
151	reporting changes in client's weight	296	4.17	0.04	200	4.35	0.05	152	4.46	0.05	418	4.08	0.04

.wc	Solution in the state of the st	2	NA 0 to 1 yr.		Ž	NA 2 to 10 yrs.	ý	, AN	NA 11 or more yrs.	yrs.		NAE	
Kna #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
152	reporting process for suicidal clients	297	4.49	0.04	200	4.58	0.05	152	4.65	0.05	416	4.28	0.04
153	complications due to prosthetic and orthotic device use	297	4.14	0.05	198	4.22	90:0	149	4.21	0.07	415	3.95	0.04
154	normal and abnormal color, movement and sensation of extremities	596	4.49	0.04	200	4.57	0.04	149	4.55	0.05	418	4.32	0.04
155	normal joint mobility	294	4.07	0.05	200	4.07	90:0	150	4.11	90:0	413	3.92	0.04
156	normal versus abnormal skin and nail conditions	297	4.23	0.04	197	4.28	0.05	151	4.26	0.05	411	4.11	0.04
157	normal versus abnormal skin appearance	262	4.34	0.04	196	4.34	0.05	150	4.37	0.05	417	4.26	0.03
158	pressure relieving devices and techniques	295	4.26	0.05	197	4.30	0.05	147	4.34	90:0	420	4.34	0.03
159	procedures for inspecting and providing skin care	298	4.38	0.04	199	4.40	0.04	149	4.35	0.05	421	4.44	0.03
160	purposes of skin care	299	4.38	0.04	199	4.40	0.04	149	4.36	0.05	420	4.42	0.03
161	range of motion exercises	295	4.13	0.04	197	4.22	0.04	148	4.25	0.05	420	4.00	0.04
162	risk factors for skin breakdown	296	4.55	0.04	196	4.59	0.04	150	4.58	0.05	421	4.45	0.03
163	the aging process and its effect on the body	294	4.06	0.05	197	4.04	90:0	149	4.11	0.05	420	3.91	0.04
164	adaptive devices for clients with sensory impairment	293	4.03	0.05	198	4.12	0.05	144	4.17	90:0	421	3.86	0.04
165	ambulation devices and use	292	4.27	0.04	198	4.25	0.05	149	4.23	90.0	417	4.11	0.03
166	client mobility and functional limitations	293	4.26	0.04	193	4.23	0.05	151	4.26	0.05	419	4.12	0.03
167	prosthetic and orthotic devices	294	3.93	0.05	196	3.99	90.0	147	4.03	0.07	419	3.70	0.04
168	basic emotional needs	289	4.26	0.04	194	4.22	0.05	150	4.24	0.05	421	4.05	0.03
169	behaviors related to cognitive impairments	286	4.09	0.04	192	4.18	0.05	147	4.24	0.05	419	4.06	0.03
170	client recreational activities	287	3.89	0.05	192	3.95	0.05	147	4.01	90.0	420	3.55	0.04
171	client's need for acceptance and sense of belonging	280	4.30	0.04	191	4.29	0.05	147	4.29	0.05	421	4.02	0.04
172	client's need for sense of security	275	4.35	0.04	189	4.36	0.04	146	4.37	0.05	419	4.10	0.04
173	cognitive impairments	278	4.21	0.04	188	4.14	0.05	142	4.22	0.05	420	4.01	0.03
174	meeting the needs of sensory impaired clients	299	4.23	0.04	200	4.27	0.05	151	4.28	90.0	420	4.08	0.03

.wc	lable 15. Knowledge Importance Katings	2	NA 0 to 1 yr.		Ž	NA 2 to 10 yrs.	.S.	NA.	NA 11 or more yrs.	yrs.		NAE	
Kno #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
175	personal preference considerations	297	4.04	0.04	198	4.04	0.05	152	3.91	0.07	418	3.91	0.04
176	physical and emotional benefits of bathing clients	299	4.23	0.04	199	4.25	0.04	151	4.28	0.05	421	4.09	0.03
177	sensory impairments	298	4.11	0.04	201	4.15	0.05	150	4.12	90:0	420	3.97	0.03
178	skills that promote client's feeling of acceptance and belonging	298	4.29	0.04	201	4.27	0.05	151	4.25	0.05	418	4.00	0.04
179	techniques for helping the client express emotions	298	4.12	0.04	199	4.15	0.05	151	4.15	0.05	420	3.85	0.04
180	the stages of grief	298	4.24	0.04	200	4.25	0.05	151	4.31	0.05	420	3.83	0.04
181	care for the body after death	298	4.31	0.04	200	4.23	0.05	150	4.30	90:0	419	3.82	0.04
182	cultural and personal preference considerations	296	4.08	0.04	201	4.08	0.05	152	4.13	90.0	420	3.85	0.04
183	dignity, spiritual and cultural considerations after death	299	4.28	0.04	200	4.17	90:0	151	4.27	90:0	420	3.91	0.04
184	dignity, spiritual and cultural considerations for death and dying	299	4.41	0.04	200	4.36	0.05	150	4.36	0.05	418	4.10	0.04
185	the death and dying process	298	4.40	0.04	199	4.38	0.05	151	4.36	0.05	418	4.11	0.03
186	the need to report dient's cultural/religious/spiritual preferences and needs	297	4.11	0.05	200	4.15	0.05	151	4.14	90.0	419	3.92	0.04
187	active listening skills	299	4.29	0.04	200	4.30	0.05	151	4.35	0.05	415	4.19	0.03
188	approved medical terminology	299	4.11	0.05	200	4.11	0.06	151	4.21	0.06	419	3.74	0.04
189	chain of command	295	4.25	0.04	201	4.27	0.05	150	4.34	0.05	418	4.11	0.04
190	identifying and reporting barriers to communication	298	4.16	0.04	201	4.17	0.05	150	4.21	0.05	420	4.00	0.03
191	respectful communication	297	4.38	0.03	201	4.32	0.04	152	4.38	0.04	419	4.32	0.03
192	respectful communication skills	298	4.37	0.03	200	4.32	0.05	150	4.39	0.05	417	4.31	0.03
193	shift change report	297	4.27	0.04	200	4.30	0.05	149	4.35	0.05	417	4.18	0.04
194	the need for an interpreter	295	3.75	90.0	200	3.80	0.07	151	3.75	0.08	419	3.44	0.05
195	advanced directives	293	4.03	0.05	199	3.99	90:0	147	4.14	0.07	416	3.64	0.05
1%	client grievance and dispute processes	291	4.18	0.04	201	4.15	0.05	150	4.17	90:0	418	3.72	0.05
197	client privacy and confidentiality	296	4.61	0.03	200	4.65	0.04	150	4.60	0.04	418	4.58	0.03

.wc	·Mo	Z	NA 0 to 1 yr.	٠	Ž	NA 2 to 10 yrs.	Š.	NA	NA 11 or more yrs.	yrs.		NAE	
KnA #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
198	client rights	297	4.65	0.03	200	4.67	0.03	151	4.58	0.04	418	4.53	0.03
199	client-centered care	297	4.41	0.04	201	4.36	0.04	148	4.34	0.05	419	4.30	0.03
200	client-centered environment	299	4.34	0.04	200	4.28	0.04	152	4.29	0.05	417	4.20	0.03
201	client's environmental preferences	296	4.24	0.04	200	4.18	0.05	150	4.17	90:0	417	4.08	0.03
202	how to promote client self-esteem and dignity	295	4.45	0.03	201	4.39	0.04	149	4.36	0.05	417	4.32	0.03
203	interactions to promote client dignity during meals	299	4.30	0.04	200	4.27	0.05	150	4.33	0.05	415	4.22	0.03
204	privacy, dignity, safety and comfort during linen changes	297	4.40	0.04	200	4.38	0.05	151	4.34	0.05	416	4.30	0.03
202	restraint alternatives	297	4.06	0.05	198	3.99	90.0	150	4.05	0.08	414	3.99	0.05
206	the need to explain care to client prior to procedures	298	4.41	0.04	199	4.42	0.04	152	4.40	0.05	415	4.41	0.03
207	ways to support the sexuality of the client	295	3.92	0.05	201	4.07	90.0	147	4.09	0.07	416	3.71	0.04
208	documentation guidelines	298	4.35	0.04	198	4.35	0.05	151	4.36	0.05	416	4.28	0.03
200	Health Insurance Portability and Accountability Act (HIPAA)	299	4.55	0.04	198	4.57	0.04	150	4.47	0.07	416	4.45	0.03
210	Health Insurance Portability and Accountability Act (HIPAA) violations	298	4.56	0.04	199	4.59	0.04	149	4.48	0.07	418	4.44	0.03
211	procedures to report unusual incidents	298	4.51	0.03	201	4.43	0.05	150	4.46	0.05	414	4.35	0.03
212	right and wrong conduct for nurse aides	299	4.65	0.03	201	4.56	0.04	150	4.58	0.04	416	4.61	0.03
213	signs of suspected neglect, mistreatment or abuse	299	4.83	0.02	199	4.82	0.03	151	4.89	0.03	418	4.76	0.02
214	suspicious workplace activity	299	4.53	0.04	199	4.51	0.05	152	4.56	0.05	417	4.43	0.03
215	continuing education or in-service requirements	297	4.27	0.04	198	4.19	0.05	150	4.29	90:0	417	4.11	0.04
216	following client's plan of care as assigned	298	4.56	0.03	198	4.48	0.04	151	4.46	0.05	415	4.44	0.03
217	how to identify self by name and job title	298	4.08	0.05	198	4.04	90:0	149	4.17	0.05	415	4.03	0.04
218	nurse aide role as a member of the health-care team	298	4.33	0.04	199	4.29	0.05	149	4.36	0.05	416	4.21	0.03

Table	Table 15. Knowledge Importance Ratings												
.wc		Z	NA 0 to 1 yr.	ٺ	Ž	NA 2 to 10 yrs.	ķ	NAN	NA 11 or more yrs.	yrs.		NAE	
knd #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
219	nurse aide role in reinforcement of client and family education	297	4.05	0.05	198	4.05	90:0	149	4.13	90:0	418	3.91	0.04
220	nurse aide roles and responsibilities	566	4.55	0.03	199	4.47	0.04	151	4.48	0.04	415	4.37	0.03
221	nurse aide's participation in plan of care process	299	4.35	0.04	198	4.26	0.05	150	4.31	0.05	419	4.08	0.04
222	nurse aide's role in assisting client with life transitions	299	4.29	0.04	197	4.26	0.05	152	4.26	90:0	414	3.92	0.04
223	performance improvement and cost containment programs	298	3.87	90:0	197	3.89	0.07	151	3.88	0.07	416	3.58	0.05
224	prioritizing client care	298	4.38	0.04	197	4.25	0.05	151	4.35	0.05	415	4.29	0.04
225	promoting family's role in client care	300	4.16	0.05	195	4.13	90.0	149	4.21	90'0	411	3.81	0.04
226	the nurse aide role in assisting the nurse with a dressing change	296	4.02	0.05	196	4.03	90:0	152	4.08	90.0	418	3.61	0.04
227	ways to modify nurse aide's behavior in response to the client's behavior	296	4.39	0.04	196	4.29	0.05	152	4.40	0.05	417	4.19	0.03
228	working within a team	299	4.64	0.03	198	4.55	0.05	152	4.60	0.04	414	4.55	0.03

#### **CONCLUSIONS**

The 2010 Knowledge Survey of NAs employed several methods to describe the knowledge needed by certified entry-level NAs in the U.S.: (1) document reviews; (2) entry-level NAs activity list review; (3) SMEs; and (4) a large scale survey. The reliability and validity of the survey instruments was quite good. Responders found the knowledge statements listed in the survey to be representative of the knowledge needed for a certified entry-level NA to perform their work safely and effectively.

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## APPENDIX A: 2010 KNOWLEDGE SURVEY OF NURSE AIDES METHODOLOGY EXPERTS

**Sandra Neustel**, PhD, is director of Psychometrics and Research at the National Board of Examiners in Optometry. She oversees scoring, analysis and reporting of all optometry examinations. Neustel is an expert in the field of licensure and certification testing. She has co-authored chapters in testing and measurement handbooks, including Educational Measurement: Issues and Practice and Handbook of Test Development. Prior to joining the National Board of Examiners in Optometry, Neustel was a psychometrician at the American Registry of Radiologic Technologists.

William Ellery Samuels, PhD, is director of Assessment at the College of Staten Island, The City University of New York. He has created and evaluated education programs in a wide variety of settings, including primary and secondary schools; colleges; and after-school, government, non-profit and community-based programs. In this capacity, Samuels oversees and conducts a variety of job and practice analyses. Prior to returning to academia, he served as director of Humane Education at the American Society for the Prevention of Cruelty to Animals (ASPCA).

**Cynthia Searcy**, PhD, is managing director of Assessment at the Federation of State Boards of Physical Therapy (FSBPT). She is responsible for leading all assessment-related activities supporting the National Physical Therapy Examination, including the Physical Therapist and Physical Therapist Assistant Examinations and related state-level jurisprudence examinations. With more than 10 years of experience in the testing industry, Searcy is familiar with planning and executing various job analyses and knowledge surveys. Before joining FSBPT, Searcy was senior research scientist at the American Institutes for Research in Washington, D.C.

### APPENDIX B: SUBJECT MATTER EXPERT PANEL

Area I

Participant: Anita Beaver, RN, NAC Program Director

**Employer:** Ferry County Hospital District 1

Republic, Wyo.

Beaver has been in nursing for 12 years and has been teaching nurse aides/nursing assistants (NAs) for three years. She currently supervises and teaches nursing assistants certified (NACs).

Participant: Toni Decklever, MA, RN, Trainer and Consultant

**Employer:** State of Wyoming

Cheyenne, Wyo.

Decklever has been in nursing for 26 years and has been teaching NAs for 20 years. She is currently the state coordinator for the National Nurse Aide Assessment Program (NNAAP®) testing process in Wyoming. She is also a consultant for certified nursing assistant (CNA) programs.

Participant: Ginger Pierson, MSN, RN, CCRN, CNS, Clinical Nurse Specialist

**Employer:** Hoag Memorial Hospital Presbyterian

Newport Beach, Calif.

Pierson has been in nursing for 29 years and has been teaching NAs for 19 years. She currently supervises and teaches CNAs.

Participant: Carol Whitehurst, MN, RN, Director of Education

**Employer:** Casa Dorinda

Santa Barbara, Calif.

Whitehurst has been in nursing for 29 years and has been teaching NAs for 20 years. She currently orients, trains and educates CNAs.

Area II

Participant: Carrie Claybundy, RN, Director of Nursing, Long-term Care

**Employer:** Lakewood Health Center

Baudette, Minn.

Claybundy has been in nursing for 10 years and has been teaching NAs for five years. In her current capacity, she supervises CNAs.

**Participant:** Bonnie Wendt, RN, Coordinator of Nursing Assistant Registry

**Employer:** Minnesota Health Department

St. Paul, Minn.

Wendt has been in nursing for 31 years and has been supervising NAs for five years. She currently oversees the approval of NA training and testing programs.

<u>Area III</u>

Participant: Mary Francisco, RN, DON, Quality Management Consultant

**Employer:** Sentara Life Care Corporation

Norfolk, Va.

Francisco has been in nursing for 39 years and has been teaching NAs for 15 years. She currently coordinates and oversees the education of CNAs in seven facilities.

Participant: Danielle Hull, CNA

**Employer:** Parthenon Healthcare of Crestview

Crestview, Fla.

Hull has been a CNA for less than one year. She participated in the KSA Job Analysis Meeting to provide her expertise as an entry-level CNA.

**Participant:** Christie King, RN, CNA, Staff Developer **Employer:** Parthenon Healthcare of Crestview

Crestview, Fla.

King has been in nursing for 14 years and has been teaching NAs for eight years. As staff developer, she teaches the CNA prep course.

Participant: Maxine Lindsey, RN, Executive Director

**Employer:** CNA Training Center

Jackson, Miss.

Lindsey has been in nursing for 41 years. In her current position, she is responsible for overall management of the CNA training school, in addition to providing classroom and clinical instruction.

Participant: Agnes Moore, RN, NBCT, Nurse Aide Program Manager

**Employer:** NCDPI/CTE/HOE/Nurse Aide

Raleigh, N.C.

Moore has been in nursing for 35 years and has been teaching NAs for nine years. She currently manages the NA program.

**Participant:** Anita Worrell, RN, Director of Nursing **Employer:** Cabot Nursing and Rehabilitation

Cabot, Ark.

Worrell has been in nursing for 13 years. In her current position, she manages a staff of 60 in an 89-bed facility.

Area IV

Participant: Cindy Criswell, MS, RN, Director of Nursing

**Employer:** Good Shepherd

Allentown, Pa.

Throughout her 34-year nursing career, Criswell has been supervising NAs. In her current capacity, she oversees the nursing program.

Participant: Teresa Englemann, RN, CRRN, Regional Coordinator, Nurse Aide Instructor

**Employer:** TLC Institute

Harrisburg, Pa.

Englemann has been in nursing for 40 years and has been teaching NAs for five years. She currently works as an instructor for NA programs.

# APPENDIX C: IMPORTANCE RATINGS SORTED BY LOWEST TO HIGHEST AVERAGE IMPORTANCE RATING BY THE ENTRY-LEVEL COHORT

	Арре	Appendix C. Importance Ratings Sorted E	By Lowest	to Highest	Average In	portance F	ted By Lowest to Highest Average Importance Rating By the Entry-Level Cohort	ne Entry-Lev	rel Cohort					
Monocodine of factor in a basic factor in a basic foctor matching of the basic foctor matching of the sexuality of the			2	IA 0 to 1 yr		ż	A 2 to 10 yr	.S.	NA	I1 or more	yrs.		NAE	
behave forest anatomy         289         341         007         227         318         007         150         347         008         389         287         287           converting pounds to kinglands         289         342         0.07         280         333         0.08         150         347         0.10         419         267           perconducting counces to millitiens         289         3.62         0.06         199         3.43         0.08         145         3.49         0.00         419         267           really orientation therapy         289         3.62         0.06         199         3.74         0.06         145         3.49         0.07         289         3.49         0.08         145         3.89         0.07         289         3.89         0.08         147         3.89         0.07         419         3.89         0.08         147         3.89         0.07         419         3.89         0.09         147         3.89         0.09         419         3.89         0.09         147         3.89         0.00         419         3.89         0.00         419         3.89         0.00         419         3.89         0.00         419 <t< th=""><th></th><th>Knowledge of</th><th>z</th><th>Avg.</th><th>Std. Err.</th><th>z</th><th>Avg.</th><th>Std. Err.</th><th>z</th><th>Avg.</th><th>Std. Err.</th><th>z</th><th>Avg.</th><th>Std. Err.</th></t<>		Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
converting pounds to kilograms         298         342         0.07         224         353         0.08         159         347         0.07         419         267           procedure for exhind and enclorates for serving a male and converting outcast to millitises         298         3.52         0.06         149         3.54         0.06         149         3.64         0.08         147         3.44         0.10         419         2.89           converting outcast to millitises         298         3.67         0.06         198         3.77         0.08         147         3.44         0.10         419         2.89           nall care procedures for minterpreter         299         3.69         0.07         228         3.75         0.06         198         3.77         0.06         193         3.79         0.07         4.01         3.89         0.07         4.01         3.89         0.07         4.01         3.89         0.08         192         3.79         0.09         3.89         0.07         146         3.89         0.09         3.89         0.09         3.89         0.09         3.89         0.09         4.01         3.89         0.09         4.02         3.89         0.09         4.02         3.89	-	basic foot anatomy	209	3.11	0.07	227	3.18	0.07	197	3.36	0.08	394	2.87	0.05
procedure for set sets with g and conditions of the convention delation of the convention conditions and twenty and the convention delation in the condition of the condit	143	converting pounds to kilograms	298	3.42	0.07	200	3.53	0.08	150	3.47	0.10	419	2.67	90:0
converting ouncest to millilliters         298         3.62         0.06         199         3.44         0.08         147         3.44         0.10         419         2.89           reality orientation therapy         293         3.67         0.06         198         3.77         0.06         149         3.78         0.06         418         3.51         0.06         418         3.51         0.06         418         3.51         0.06         418         3.75         0.07         418         3.51         0.07         418         3.51         0.07         418         3.51         0.07         419         3.52         0.07         418         3.75         0.07         415         3.75         0.07         419         3.75         0.07         415         3.75         0.07         416         3.84         0.07         419         3.84         0.07         416         3.84         0.07         419         3.84         0.08         419         3.84         0.08         419         3.84         0.08         419         3.84         0.08         419         3.84         0.08         419         3.84         0.09         418         3.84         0.09         418         3.84         0	22	procedures for serving and removing meal tray	209	3.59	0.07	224	3.53	90:0	196	3.52	0.07	399	3.49	0.05
reality orientation therapy         293         3.67         0.06         198         3.77         0.06         145         3.81         0.06         418         3.51           nail care procedures         209         3.48         0.07         228         3.44         0.06         193         3.76         0.07         401         3.77           portioactery before an interpreted         275         3.75         0.06         228         3.75         0.06         193         3.77         0.07         151         3.75         0.08         3.99         3.81           validation therapy         225         3.75         0.06         193         3.77         0.07         146         3.89         0.07         412         3.74           the read for an interpreted         229         3.77         0.07         198         3.87         0.06         197         3.89         0.07         412         3.44           vestraints         3.77         0.07         179         3.89         0.06         197         3.89         0.07         412         3.42           performance improvement         2.71         3.89         0.05         177         3.89         0.07         416 <td< td=""><td>142</td><td>converting ounces to milliliters</td><td>298</td><td>3.62</td><td>90.0</td><td>199</td><td>3.64</td><td>0.08</td><td>147</td><td>3.44</td><td>0.10</td><td>419</td><td>2.89</td><td>90:0</td></td<>	142	converting ounces to milliliters	298	3.62	90.0	199	3.64	0.08	147	3.44	0.10	419	2.89	90:0
nail care procedures         209         3.68         0.07         228         3.44         0.06         193         3.75         0.07         401         3.77           procedure for making occupied         211         3.75         0.06         228         3.75         0.06         192         3.78         0.06         3.89         3.77         0.07         151         3.75         0.08         419         3.81           vunocopied beat of roal interpreted         295         3.75         0.06         193         3.77         0.07         151         3.75         0.08         419         3.84           types, applications and uses of splications are smallly of splications and uses of splications are smallly of splications and uses of splications are splications are splications and uses of splications are splications are splications and use of splications and use of splications and use	133	reality orientation therapy	293	3.67	90.0	198	3.77	90.0	145	3.81	90:00	418	3.51	0.04
procedure for making occupied         211         3.75         0.06         228         3.75         0.06         192         3.78         0.05         3.78         3.78         0.06         419         3.78         0.06         419         3.89         3.81           of unoccolable deeds         23.75         0.06         200         3.80         0.07         145         3.75         0.08         419         3.84         0.08         419         3.44           validation therapy         255         3.76         0.06         193         3.77         0.07         178         3.87         0.06         150         3.83         0.07         415         3.35           upopose for nail care         207         3.77         0.07         127         3.88         0.06         196         3.89         0.07         416         3.89         0.07         417         3.89         0.07         417         4.01         0.06         3.98         0.06         197         3.89         0.06         197         3.89         0.06         417         4.01         0.07         416         3.89         0.07         416         3.89         0.07         416         3.89         0.07         416 </td <td>4</td> <td>nail care procedures</td> <td>209</td> <td>3.68</td> <td>0.07</td> <td>228</td> <td>3.64</td> <td>90.0</td> <td>193</td> <td>3.76</td> <td>0.07</td> <td>401</td> <td>3.57</td> <td>0.05</td>	4	nail care procedures	209	3.68	0.07	228	3.64	90.0	193	3.76	0.07	401	3.57	0.05
the need for an interpreter         295         3.75         0.06         3.80         0.07         151         3.75         0.08         419         3.44           validation therapy         295         3.76         0.06         193         3.77         0.07         146         3.64         0.08         415         3.35           types, applications and uses of the straints         286         3.77         0.07         122         3.83         0.06         195         3.83         0.07         412         3.42           procedures for nalizate         289         3.79         0.07         227         3.83         0.06         195         3.83         0.07         3.82         0.06         195         3.89         0.07         3.89         0.06         197         3.89         0.07         416         3.89         0.07         416         3.89         0.07         416         3.89         0.07         416         3.89         0.07         416         3.89         0.07         416         3.89         0.07         416         3.89         0.07         416         3.71           procedures for all energication in procedures for different types         287         3.99         0.05         228	110	procedure for making occupied or unoccupied beds	211	3.75	90:0	228	3.75	90:0	192	3.78	0.05	399	3.81	0.04
Vypes, applications and uses of the center of c	194	the need for an interpreter	295	3.75	90.0	200	3.80	0.07	151	3.75	0.08	419	3.44	0.05
types, applications and uses of a syllox or control of the straints         296         3.77         0.07         198         3.87         0.06         150         3.85         0.10         412         3.42           purposes for nail care         209         3.79         0.07         227         3.83         0.06         195         3.89         0.07         397         3.66           performance improvement and control of cost containment procedures for foot cast containment programs         287         3.89         0.05         192         3.89         0.07         147         4.01         0.06         3.73         3.88         0.07         416         3.58         3.73         3.88         0.05         147         4.01         0.06         420         3.58         0.05         147         4.01         0.06         420         3.58         0.05         147         4.01         0.06         420         3.58         0.05         147         4.09         0.07         416         3.58         3.71         3.71         3.72         0.05         201         4.07         0.06         147         4.09         0.07         416         3.53         3.71         3.72         0.05         1.28         0.06         147         4.03<	141	validation therapy	295	3.76	90:0	193	3.77	0.07	146	3.84	80:0	415	3.35	0.05
purpose for nail care         209         3.79         0.07         227         3.83         0.06         195         3.83         0.07         3.89         3.89         0.06         198         3.99         0.07         416         3.89         0.07         416         3.89         3.73           performance improvement and control constructional activities         287         3.87         0.06         197         3.89         0.07         151         3.88         0.07         416         3.58           cost containment programs         287         3.89         0.05         192         3.95         0.05         147         4.01         0.06         420         3.58           cost containment programs         287         3.89         0.05         192         3.95         0.05         147         4.01         0.06         420         3.58           ways to support the sexuality of elent participation in receational activities         507         3.92         0.05         201         4.07         0.06         147         4.09         0.07         416         3.51           promoting client participation in coupling and deep         294         3.95         0.06         128         3.93         0.06         140	139	types, applications and uses of restraints	296	3.77	0.07	198	3.87	0.08	150	3.85	0.10	412	3.42	0.07
performance improvement and care 211 3.86 0.06 197 3.89 0.07 151 3.88 0.06 398 3.73 3.89 cost containment programs 287 3.87 0.06 197 3.89 0.07 151 3.88 0.07 416 3.58 3.73 cost containment programs 287 3.89 0.05 192 3.95 0.05 147 4.01 0.06 420 3.55 3.71 the client participation in 507 3.92 0.04 426 3.88 0.06 147 4.09 0.07 416 3.71 3.70 promoting client types 294 3.93 0.05 196 3.99 0.06 147 4.03 0.07 4.19 3.70 3.70 procedures for different types 294 3.95 0.06 228 3.93 0.06 150 4.18 0.07 4.18 0.07 4.19 3.70 3.70 promoting client participation in 506 3.96 0.04 426 3.91 0.05 150 0.05 194 3.93 0.05 194 3.93 0.06 194 3.93 0.05 194 3.93 0.05 194 3.93 0.05 194 3.93 0.05 194 3.93 0.05 194 3.93 0.05 194 3.93 0.05 194 3.93 0.05 194 3.93 0.05 194 3.93 0.05 194 0.05 194 0.05 194 0.05 0.05 0.05 0.05 0.05 0.05 0.05 0.0	10	purpose for nail care	209	3.79	0.07	227	3.83	90:00	195	3.83	0.07	397	3.66	0.05
performance improvement and cost containment programs         298         3.87         0.06         197         3.89         0.07         151         3.88         0.07         416         3.58           client recreational activities         287         3.89         0.05         192         3.95         0.05         147         4.01         0.06         420         3.55           ways to support the sexuality of the client         295         3.92         0.05         201         4.07         0.06         147         4.09         0.07         416         3.71           promoting client participation in ecreational activities         294         3.93         0.05         176         3.99         0.06         147         4.09         0.07         419         3.70           procedures for different types         211         3.95         0.06         228         3.93         0.06         194         3.98         0.07         419         3.70           producting client participation in group or other activities         506         3.96         0.06         228         3.91         0.06         4.18         0.07         420         3.91           promoting client participation in group or other activities         209         3.97         0.	7	procedures for foot care	211	3.86	90.0	227	3.84	90.0	198	3.98	90:0	398	3.73	0.05
ways to support the sexuality of the client         287         3.89         0.05         192         3.95         0.05         147         4.01         0.06         420         3.55           ways to support the sexuality of the client         295         3.92         0.05         201         4.07         0.06         147         4.09         0.07         416         3.71           promoting client participation in recreational activities         207         3.92         0.04         4.26         3.88         0.04         343         3.83         0.05         819         3.53           prosthetic and orthotic devices         294         3.93         0.05         196         3.99         0.06         147         4.03         0.07         419         3.70           prosthetic and orthotic devices         211         3.95         0.06         228         3.98         0.06         194         3.98         0.07         419         3.70           prosthetic and orthotic devices         271         3.96         0.06         228         3.98         0.06         194         3.98         0.07         420         3.90           prosthing and deep breathing techniques         3.96         3.96         0.06         4.05	223	performance improvement and cost containment programs	298	3.87	90:0	197	3.89	0.07	151	3.88	0.07	416	3.58	0.05
ways to support the sexuality of the client         295         3.92         0.05         201         4.07         0.06         147         4.09         0.07         416         3.71           promoting client participation in recreational activities         294         3.92         0.04         426         3.88         0.04         4.03         0.05         819         3.53           prosthetic and orthotic devices         294         3.93         0.05         196         3.99         0.06         174         4.03         0.07         419         3.70           procedures for different types         211         3.95         0.06         228         3.93         0.06         194         3.98         0.05         3.99         3.90           turning, coughing and deep breathing techniques         299         3.96         0.05         201         4.05         0.06         150         4.18         0.07         420         3.61           promoting client participation in Solo         3.96         0.06         225         3.74         0.07         192         3.89         0.07         420         3.51           procedures for admission, additional client participation in Solo         3.97         0.06         225         3.74 <t< td=""><td>170</td><td>client recreational activities</td><td>287</td><td>3.89</td><td>0.05</td><td>192</td><td>3.95</td><td>0.05</td><td>147</td><td>4.01</td><td>90:0</td><td>420</td><td>3.55</td><td>0.04</td></t<>	170	client recreational activities	287	3.89	0.05	192	3.95	0.05	147	4.01	90:0	420	3.55	0.04
promoting client participation in recreational activities         507         3.92         0.04         426         3.88         0.04         343         3.83         0.05         819         3.53           procedures for different types of baths         274         3.93         0.05         194         3.98         0.07         419         3.70           turning, coughing and deep breathing techniques         299         3.96         0.05         201         4.05         0.06         150         4.18         0.07         420         3.61           promoting client participation in group or other activities         506         3.96         0.04         426         3.74         0.07         438         3.84         0.04         818         3.55           procedures for admission, discharge and transfer         209         3.97         0.06         225         3.74         0.07         192         3.80         0.07         397         3.43	207	ways to support the sexuality of the client	295	3.92	0.05	201	4.07	90.0	147	4.09	0.07	416	3.71	0.04
procedures for different types         294         3.93         0.05         196         3.99         0.06         147         4.03         0.07         419         3.70           procedures for different types of baths         211         3.95         0.06         228         3.93         0.06         194         3.98         0.05         3.90         3.90           turning, coughing and deep breathing techniques         299         3.96         0.05         201         4.05         0.06         150         4.18         0.07         420         3.61           promoting client participation in group or other activities         506         3.96         0.04         426         3.91         0.04         343         3.84         0.04         818         3.55           procedures for admission, discharge and transfer         209         3.97         0.06         225         3.74         0.07         192         3.80         0.07         397         3.43	119		507	3.92	0.04	426	3.88	0.04	343	3.83	0.05	819	3.53	0.03
procedures for different types         211         3.95         0.06         228         3.93         0.06         194         3.98         0.05         3.90         3.90           turning, coughing and deep breathing techniques         299         3.96         0.05         201         4.05         0.06         150         4.18         0.07         420         3.61           promoting client participation in group or other activities         506         3.96         0.04         426         3.91         0.04         343         3.84         0.04         818         3.55           procedures for admission, discharge and transfer         209         3.97         0.06         225         3.74         0.07         192         3.80         0.07         397         3.43	167	prosthetic and orthotic devices	294	3.93	0.05	196	3.99	90:0	147	4.03	0.07	419	3.70	0.04
turning, coughing and deep breathing techniques         299         3.96         0.05         201         4.05         0.06         150         4.18         0.07         420         3.61           promoting client participation in group or other activities         506         3.96         0.04         426         3.91         0.04         343         3.84         0.04         818         3.55           procedures for admission, discharge and transfer         209         3.97         0.06         225         3.74         0.07         192         3.80         0.07         397         3.43	114	procedures for different types of baths	211	3.95	90.0	228	3.93	90.0	194	3.98	0.05	399	3.90	0.04
promoting client participation in god 3.96 0.04 426 3.91 0.04 343 3.84 0.04 818 3.55 group or other activities procedures for admission, 209 3.97 0.06 225 3.74 0.07 192 3.80 0.07 397 3.43	138	turning, coughing and deep breathing techniques	299	3.96	0.05	201	4.05	90.0	150	4.18	0.07	420	3.61	0.05
procedures for admission, 209 3.97 0.06 225 3.74 0.07 192 3.80 0.07 3.97 3.43 discharge and transfer	118	promoting client participation in group or other activities	206	3.96	0.04	426	3.91	0.04	343	3.84	0.04	818	3.55	0.03
	113	procedures for admission, discharge and transfer	209	3.97	0.00	225	3.74	0.07	192	3.80	0.07	397	3.43	0.06

Appe	Appendix C. Importance Ratings Sorted E	By Lowest	to Highest	Average Im	portance	Rating By t	ted By Lowest to Highest Average Importance Rating By the Entry-Level Cohort	vel Cohort					
.wc			NA 0 to 1 yr.		ż	NA 2 to 10 yrs.	rs.	, AN	NA 11 or more yrs.	yrs.		NAE	
KnA #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
109	positioning devices	210	3.97	90:0	228	3.89	90:0	195	3.99	0.05	398	3.88	0.04
14	procedures for grooming	213	3.97	90:0	227	3.89	0.05	198	3.97	0.05	400	3.95	0.04
е	denture removal and insertion	212	4.00	90:0	227	3.91	90:0	194	3.97	0.05	393	4.06	0.04
102	devices used to measure client's height and weight	211	4.00	90:0	229	3.81	90:0	195	3.89	90:0	398	3.75	0.05
101	client's personal equipment maintenance and care	212	4.01	90:0	227	3.96	0.05	193	3.94	90:0	400	3.73	0.04
95	behavior modification	211	4.01	90:0	229	4.07	0.05	195	4.07	0.05	400	3.62	0.04
226	the nurse aide role in assisting the nurse with a dressing change	296	4.02	0.05	196	4.03	90:0	152	4.08	90:0	418	3.61	0.04
164	adaptive devices for clients with sensory impairment	293	4.03	0.05	198	4.12	0.02	144	4.17	90:0	421	3.86	0.04
38	purpose, types and uses of toileting equipment and devices	500	4.03	90:0	228	3.96	0.05	193	3.99	90:0	399	3.97	0.04
40	urinary catheter types	208	4.03	90:0	229	3.90	90:0	192	3.79	0.07	399	3.47	0.05
195	advanced directives	293	4.03	0.05	199	3.99	90:0	147	4.14	0.07	416	3.64	0.05
175	personal preference considerations	297	4.04	0.04	198	4.04	0.05	152	3.91	0.07	418	3.91	0.04
26	care, cleaning and storage of equipment	212	4.05	90:0	226	3.92	0.05	196	3.96	90:0	399	3.69	0.04
15	purposes for grooming	510	4.05	0.03	424	4.04	0.04	345	4.07	0.04	818	4.00	0.02
219	nurse aide role in reinforcement of client and family education	297	4.05	0.05	198	4.05	90:0	149	4.13	90.0	418	3.91	0.04
37	ostomy types	208	4.06	90.0	226	3.91	0.05	192	3.85	0.07	397	3.43	0.05
163	the aging process and its effect on the body	294	4.06	0.05	197	4.04	90:0	149	4.11	0.05	420	3.91	0.04
205	restraint alternatives	297	4.06	0.05	198	3.99	90:0	150	4.05	0.08	414	3.99	0.05
16	adaptive eating devices	211	4.06	90.0	226	3.98	90:0	195	4.11	90:0	398	3.81	0.04
130	procedures to measure and record client's height and weight	299	4.07	0.05	198	4.08	90:0	151	4.18	0.05	418	3.98	0.04
39	types and uses of incontinence products	210	4.07	90:0	226	3.96	0.05	193	3.85	0.05	398	3.86	0.04

Appe	Appendix C. Importance Ratings Sorted i	orted by Lowest to Hignest Average Importance Rating by the Entry-Level Conort  NA 0 to 1 yr.  NA 2 to 10 yrs.  NA	NA 0 to 1 yr.	Average III	portance k	Rading by the NA 2 to 10 yrs.	e Entry-Lev	NA Y	NA 11 or more yrs.	yrs.		NAE	
Kno#	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
155	normal joint mobility	294	4.07	0.05	200	4.07	90.0	150	4.11	90:0	413	3.92	0.04
44	measures to promote rest and sleep	209	4.07	0.05	224	4.01	0.05	192	3.95	90:0	400	3.91	0.04
103	elastic stockings/anti-embolism hose application and removal techniques	513	4.07	0.03	427	4.07	0.04	347	4.11	0.04	817	4.03	0.03
21	methods for giving fluids by mouth	210	4.08	90:0	227	4.04	90:0	195	4.14	90:0	398	4.16	0.04
217	how to identify self by name and job title	298	4.08	0.05	198	4.04	90:0	149	4.17	0.05	415	4.03	0.04
182	cultural and personal preference considerations	296	4.08	0.04	201	4.08	0.05	152	4.13	90:0	420	3.85	0.04
6	purpose for mouth care	212	4.08	90:0	227	4.11	0.05	195	4.12	90:0	399	4.05	0.04
106	equipment and supplies needed for bathing	211	4.09	0.05	226	4.01	0.05	196	4.05	0.05	398	4.00	0.04
169	behaviors related to cognitive impairments	286	4.09	0.04	192	4.18	0.05	147	4.24	0.05	419	4.06	0.03
186	the need to report client's cultural/religious/spiritual prefer- ences and needs	297	4.11	0.05	200	4.15	0.05	151	4.14	90:0	419	3.92	0.04
177	sensory impairments	298	4.11	0.04	201	4.15	0.05	150	4.12	90:0	420	3.97	0.03
188	approved medical terminology	299	4.11	0.05	200	4.11	90.0	151	4.21	90.0	419	3.74	0.04
2	care for dentures	213	4.12	0.05	227	4.00	0.05	196	4.03	0.05	399	4.08	0.03
179	techniques for helping the client express emotions	298	4.12	0.04	199	4.15	0.05	151	4.15	0.05	420	3.85	0.04
120	client's religious and cultural beliefs and practices	510	4.12	0.03	427	4.10	0.04	344	4.09	0.04	820	3.83	0.03
64	client positioning during mouth care	213	4.12	90:0	228	4.00	0.05	195	4.04	90.0	397	4.08	0.04
31	bowel and bladder training	208	4.13	90.0	228	4.08	0.05	196	4.12	90.0	400	3.91	0.04
26	supplemental nutrition	211	4.13	90.0	226	4.09	0.05	196	4.18	90.0	400	3.85	0.04
132	prosthetic and orthotic device application and removal techniques	296	4.13	0.05	199	4.18	0.06	152	4.24	0.00	419	3.81	0.04

Apper	Appendix C. Importance Ratings Sorted i	by Lowest	NA 0 to 1 wr	Average III	nportance	Rating by the	ted by Lowest to Highest Average Importance Kating by the Entry-Level Cohort  NA 0 00 1 20 1 20 1 20 1 20 1 20 1 20 1 2	vel Conort	lort NA 11 or more ver			4	
Know #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
161	range of motion exercises	295	4.13	0.04	197	4.22	0.04	148	4.25	0.05	420	4.00	0.04
5	normal versus abnormal mouth conditions	210	4.13	90:0	226	4.05	90:0	196	4.13	90:0	397	3.83	0.05
153	complications due to prosthetic and orthotic device use	297	4.14	0.05	198	4.22	90:0	149	4.21	0.07	415	3.95	0.04
136	specimen collection types and procedures	295	4.14	0.05	199	4.23	90:0	149	4.28	90:0	417	3.72	0.02
104	emotional support techniques	212	4.15	0.05	227	4.15	0.02	195	4.11	0.05	400	3.88	0.04
48	the benefits of physical comfort	500	4.15	0.05	223	4.14	0.05	189	4.26	0.05	399	4.06	0.03
225	promoting family's role in client care	300	4.16	0.05	195	4.13	90:0	149	4.21	90:0	411	3.81	0.04
149	procedures for calculating and recording meal intake	299	4.16	0.04	201	4.23	0.05	150	4.22	90:0	416	3.99	0.04
190	identifying and reporting barriers to communication	298	4.16	0.04	201	4.17	0.05	150	4.21	0.05	420	4.00	0.03
151	reporting changes in client's weight	296	4.17	0.04	200	4.35	0.05	152	4.46	0.05	418	4.08	0.04
196	client grievance and dispute processes	291	4.18	0.04	201	4.15	0.05	150	4.17	90:0	418	3.72	0.05
116	range of motion precautions	206	4.18	0.03	424	4.20	0.04	345	4.22	0.04	819	4.05	0.03
100	client transport methods and devices	212	4.19	0.05	226	4.14	0.05	195	4.02	0.05	397	3.84	0.04
∞	procedures for mouth care	211	4.19	0.05	228	4.17	0.05	194	4.20	0.05	397	4.15	0.03
111	procedure for performing and recording pulse oximetry	210	4.19	90.0	227	4.08	90:0	191	4.13	90.0	396	3.56	90:0
73	how to provide a clean, safe and neat living space	213	4.20	0.05	229	4.11	0.05	196	4.22	0.05	398	4.06	0.04
96	care for client in restraints	212	4.20	90.0	229	4.20	0.05	193	4.17	90.0	399	4.03	0.05
105	environmental conditions for bathing clients	212	4.20	0.05	228	4.11	0.05	197	4.20	0.04	399	4.06	0.03
173	cognitive impairments	278	4.21	0.04	188	4.14	0.05	142	4.22	0.05	420	4.01	0.03
124	promoting client and family role in plan of care	508	4.22	0.03	424	4.17	0.04	344	4.24	0.04	815	3.91	0.03

Apper	Appendix C. Importance Ratings Sorted By Lowest to Highest Average Importance Rating By the Entry-Level Cohort	By Lowest	to Highest	Average In	portance h	Rating By t	ne Entry-Lev	el Cohort					
.wc			NA 0 to 1 yr.		ż	NA 2 to 10 yrs.	īs.	AN	NA 11 or more yrs.	yrs.		NAE	
Knd #	Knowledge of	Z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
144	how to report and document client behavior	298	4.22	0.04	200	4.24	0.05	150	4.33	0.05	420	4.02	0.04
117	the need to promote client independence	501	4.22	0.03	424	4.22	0:03	338	4.20	0.03	819	3.96	0.03
137	techniques and devices for addressing the unique needs and behaviors of the client with cognitive impairment	299	4.22	0.04	198	4.24	0.05	152	4.35	90:0	417	4.16	0.04
13	procedures for dressing and undressing clients	212	4.23	0.05	227	4.07	0.05	196	4.03	0.05	399	4.07	0.04
174	meeting the needs of sensory impaired clients	299	4.23	0.04	200	4.27	0.05	151	4.28	90:0	420	4.08	0.03
107	ostomy care procedures	212	4.23	90:0	227	4.16	0.05	195	4.02	90:0	398	3.60	0.05
19	foods included in fluid intake	211	4.23	0.05	228	4.21	0.05	197	4.23	90:0	400	4.15	0.04
156	normal versus abnormal skin and nail conditions	297	4.23	0.04	197	4.28	0.05	151	4.26	0.05	411	4.11	0.04
176	physical and emotional benefits of bathing clients	299	4.23	0.04	199	4.25	0.04	151	4.28	0.05	421	4.09	0.03
18	feeding techniques	213	4.23	0.02	226	4.18	0.02	191	4.37	90:0	400	4.23	0.04
201	client's environmental preferences	296	4.24	0.04	200	4.18	0.05	150	4.17	90:0	417	4.08	0.03
66	client preparation for diagnostic test, procedure or surgery per directive	211	4.24	90:0	226	4.14	90:0	195	4.11	0.07	396	3.61	0.02
12	obstacles that affect dressing and undressing clients	212	4.24	90:0	226	4.14	0.05	196	4.09	0.05	400	4.01	0.04
180	the stages of grief	298	4.24	0.04	200	4.25	0.02	151	4.31	0.05	420	3.83	0.04
29	the role of nutrition and hydra- tion on skin care	210	4.25	0.05	227	4.20	0.05	197	4.29	0.05	398	3.99	0.04
189	chain of command	295	4.25	0.04	201	4.27	0.05	150	4.34	0.05	418	4.11	0.04
168	basic emotional needs	289	4.26	0.04	194	4.22	0.05	150	4.24	0.05	421	4.05	0.03
166	client mobility and functional limitations	293	4.26	0.04	193	4.23	0.05	151	4.26	0.05	419	4.12	0.03

Appel	Appendix C. Importance Ratings Sorted I	By Lowest	to Highest	Average In	portance	Rating By th	ted By Lowest to Highest Average Importance Rating By the Entry-Level Cohort	rel Cohort					
.wc	•		NA 0 to 1 yr.		ż	NA 2 to 10 yrs.	īs.	Y AN	NA 11 or more yrs.	yrs.		NAE	
KnA #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
108	oxygen devices and methods of delivery	211	4.26	90:0	225	4.16	90:0	195	4.08	90:0	400	3.89	0.04
158	pressure relieving devices and techniques	295	4.26	0.05	197	4.30	0.05	147	4.34	90:0	420	4.34	0.03
150	reporting changes in client's intake and output	298	4.26	0.04	197	4.36	90:0	151	4.43	0.05	414	4.13	0.04
131	procedures to secure and respect client's personal belongings	299	4.26	0.04	200	4.16	0.05	152	4.27	0.02	418	3.89	0.04
193	shift change report	297	4.27	0.04	200	4.30	0.05	149	4.35	0.05	417	4.18	0.04
215	continuing education or inservice requirements	297	4.27	0.04	198	4.19	0.05	150	4.29	90:0	417	4.11	0.04
165	ambulation devices and use	292	4.27	0.04	198	4.25	0.05	149	4.23	90:0	417	4.11	0.03
112	procedures and techniques for measuring and recording intake and output	211	4.27	0.02	727	4.15	0.02	195	4.19	90:0	397	4.00	0.05
183	dignity, spiritual and cultural considerations after death	299	4.28	0.04	200	4.17	90:0	151	4.27	90:0	420	3.91	0.04
86	client positioning techniques	212	4.28	0.05	227	4.22	0.02	197	4.20	0.02	395	4.19	0.04
146	normal versus abnormal pulse oximetry readings	297	4.29	0.05	200	4.35	90:0	147	4.41	0.07	418	3.72	90:0
187	active listening skills	299	4.29	0.04	200	4.30	0.05	151	4.35	0.05	415	4.19	0.03
145	intake and output calculations	297	4.29	0.04	200	4.29	0.05	152	4.45	0.05	415	3.98	0.04
222	nurse aide's role in assisting client with life transitions	299	4.29	0.04	197	4.26	0.05	152	4.26	90.0	414	3.92	0.04
94	ambulation techniques with and without a device	213	4.29	0.05	228	4.16	0.05	195	4.28	0.04	400	4.24	0.03
178	skills that promote client's feel- ing of acceptance and belonging	298	4.29	0.04	201	4.27	0.05	151	4.25	0.05	418	4.00	0.04
171	client's need for acceptance and sense of belonging	280	4.30	0.04	191	4.29	0.05	147	4.29	0.05	421	4.02	0.04
203	interactions to promote client dignity during meals	299	4.30	0.04	200	4.27	0.05	150	4.33	0.05	415	4.22	0.03

Apper	Appendix C. Importance Ratings Sorted By Lowest to Highest Average Importance Rating By the Entry-Level Cohort	By Lowest	to Highest	Average Im	portance R	ating By th	e Entry-Lev	rel Cohort					
.wc		2	NA 0 to 1 yr.		Ž	NA 2 to 10 yrs.	.S.	AN	NA 11 or more yrs.	yrs.		NAE	
Kna #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
121	how to handle conflict	508	4.31	0.03	425	4.31	0.03	345	4.29	0.04	815	4.15	0.03
45	pain relief or comfort measures	208	4.31	0.05	223	4.31	0.05	194	4.30	0.05	398	4.20	0.04
181	care for the body after death	298	4.31	0.04	200	4.23	0.05	150	4.30	90:0	419	3.82	0.04
20	measuring oral fluid intake	211	4.31	0.05	227	4.22	0.05	197	4.36	0.05	401	4.19	0.04
33	emptying urinary drainage device	211	4.31	0.05	226	4.26	0.05	194	4.23	0.05	398	4.22	0.04
135	skills that promote client's sense of security	300	4.32	0.04	199	4.30	0.04	147	4.29	0.05	418	4.11	0.03
148	observing and reporting behavioral changes	299	4.32	0.04	200	4.35	0.05	150	4.39	0.05	416	4.23	0.03
115	observing, recording and measuring intake and output	202	4.33	0.03	427	4.24	0.04	345	4.30	0.04	818	4.08	0.03
82	restraint complications	500	4.33	90.0	529	4.18	90:0	191	4.22	0.07	368	4.28	90.0
218	nurse aide role as a member of the healthcare team	298	4.33	0.04	199	4.29	0.05	149	4.36	0.05	416	4.21	0.03
78	oxygen safety and storage	212	4.33	0.05	228	4.30	0.05	195	4.44	0.05	395	4.21	0.04
200	client-centered environment	299	4.34	0.04	200	4.28	0.04	152	4.29	0.05	417	4.20	0.03
98	safety techniques during toileting	213	4.34	0.05	226	4.24	0.05	196	4.33	0.04	396	4.40	0.03
157	normal versus abnormal skin appearance	297	4.34	0.04	196	4.34	0.05	150	4.37	0.05	417	4.26	0.03
127	procedures for obtaining and recording body temperature	299	4.34	0.04	200	4.34	0.05	153	4.46	0.05	419	4.15	0.04
36	normal versus abnormal ostomy output	509	4.34	0.05	227	4.24	0.05	194	4.26	90:0	399	3.92	0.05
208	documentation guidelines	298	4.35	0.04	198	4.35	0.05	151	4.36	0.05	416	4.28	0.03
172	client's need for sense of security	275	4.35	0.04	189	4.36	0.04	146	4.37	0.05	419	4.10	0.04
128	procedures for obtaining and recording pulse rate	296	4.35	0.04	200	4.37	0.05	153	4.47	0.05	421	4.14	0.04
221	nurse aide's participation in plan of care process	299	4.35	0.04	198	4.26	0.05	150	4.31	0.05	419	4.08	0.04

Appe	Appendix C. Importance Ratings Sorted I	By Lowest	to Highest	Average In	nportance	Rating By th	ed By Lowest to Highest Average Importance Rating By the Entry-Level Cohort	vel Cohort					
.wc	'	_	NA 0 to 1 yr.	2	Ż	NA 2 to 10 yrs.	rs.	NA	NA 11 or more yrs.	yrs.		NAE	
Knd #	Knowledge of	Z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
46	physical comfort measures and techniques	504	4.36	0.03	424	4.31	0.03	342	4.29	0:03	812	4.22	0.02
92	the purpose for client rounds	212	4.36	0.04	227	4.26	0.05	194	4.22	90:0	399	4.07	0.05
129	procedures for obtaining and recording respiratory rate	300	4.36	0.04	201	4.33	0.05	153	4.46	0.05	418	4.15	0.04
192	respectful communication skills	298	4.37	0.03	200	4.32	0.02	150	4.39	0.02	417	4.31	0.03
41	client specific needs during position changes	208	4.38	0.05	227	4.28	0.05	195	4.30	0.05	399	4.32	0.04
224	prioritizing client care	298	4.38	0.04	197	4.25	0.05	151	4.35	0.05	415	4.29	0.04
191	respectful communication	297	4.38	0.03	201	4.32	0.04	152	4.38	0.04	419	4.32	0.03
99	client-safety alarm types and uses	212	4.38	0.05	228	4.27	0.05	194	4.23	0.05	398	4.14	0.04
159	procedures for inspecting and providing skin care	298	4.38	0.04	199	4.40	0.04	149	4.35	0.05	421	4.44	0.03
160	purposes of skin care	299	4.38	0.04	199	4.40	0.04	149	4.36	0.02	420	4.42	0.03
126	procedures for obtaining and recording blood pressure	299	4.39	0.04	201	4.39	0.05	153	4.49	0.05	421	4.11	0.05
227	ways to modify nurse aide's behavior in response to the client's behavior	296	4.39	0.04	196	4.29	0.05	152	4.40	0.05	417	4.19	0.03
204	privacy, dignity, safety and comfort during linen changes	297	4.40	0.04	200	4.38	0.05	151	4.34	0.05	416	4.30	0.03
185	the death and dying process	298	4.40	0.04	199	4.38	0.05	151	4.36	0.02	418	4.11	0.03
30	assisting the client with toileting	210	4.40	0.05	226	4.34	0.05	195	4.26	0.05	398	4.37	0.03
199	client-centered care	297	4.41	0.04	201	4.36	0.04	148	4.34	0.05	419	4.30	0.03
184	dignity, spiritual and cultural considerations for death and dying	299	4.41	0.04	200	4.36	0.05	150	4.36	0.05	418	4.10	0.04
206	the need to explain care to client prior to procedures	298	4.41	0.04	199	4.42	0.04	152	4.40	0.05	415	4.41	0.03
87	self limitations and understand- ing when to seek assistance	212	4.42	0.05	227	4.34	0.04	195	4.34	0.04	397	4.45	0.03

Appe	Appendix C. Importance Ratings Sorted E	3y Lowest	to Highest	Average In	rted By Lowest to Highest Average Importance Rating By the Entry-Level Cohort	Rating By th	າe Entry-Lev	rel Cohort					
.wc		2	NA 0 to 1 yr.		ż	NA 2 to 10 yrs.	Š.	NA 1	NA 11 or more yrs.	yrs.		NAE	
Knd #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
140	urinary catheter care procedures	300	4.42	0.04	200	4.48	0.05	150	4.42	90:0	419	4.19	0.04
79	reasons for checking client status routinely	213	4.43	0.04	227	4.35	0.05	194	4.38	0.05	395	4.32	0.04
72	fire prevention techniques	211	4.44	0.05	227	4.36	0.05	191	4.42	0.05	398	4.29	0.04
125	procedures for moving a client in bed	298	4.44	0.04	201	4.34	0.05	152	4.32	0.05	418	4.28	0.03
82	safety considerations during transport	211	4.44	0.05	227	4.26	0.05	195	4.38	0.05	397	4.31	0.04
147	normal versus abnormal vital signs	296	4.45	0.04	200	4.48	0.05	149	4.56	0.05	416	4.17	0.05
77	methods used to identify client	213	4.45	0.05	229	4.39	0.05	195	4.55	0.05	395	4.42	0.04
62	body mechanics	199	4.45	0.04	213	4.37	0.05	186	4.43	0.04	399	4.45	0.03
75	lifting and transfer devices	213	4.45	0.05	228	4.35	0.05	196	4.42	0.05	395	4.42	0.03
202	how to promote client self- esteem and dignity	295	4.45	0.03	201	4.39	0.04	149	4.36	0.05	417	4.32	0.03
11	purpose for skin care	510	4.45	0.03	427	4.46	0.03	347	4.47	0.03	819	4.52	0.02
84	safety and accident prevention measures and devices	210	4.46	0.05	226	4.32	0.04	197	4.41	0.04	397	4.43	0.03
43	correct body alignment and positioning techniques	208	4.47	0.04	223	4.44	0.04	196	4.41	0.04	399	4.44	0.03
25	special diets	207	4.47	0.03	427	4.42	0.03	348	4.46	0.04	814	4.15	0.03
93	timely response to and importance of call systems	212	4.49	0.04	227	4.32	0.05	195	4.27	90.0	398	4.30	0.04
35	normal versus abnormal characteristics of urine and stool	206	4.49	0.03	427	4.46	0.03	344	4.47	0.04	813	4.23	0.03
154	normal and abnormal color, movement and sensation of extremities	296	4.49	0.04	200	4.57	0.04	149	4.55	0.05	418	4.32	0.04
9	procedure and purpose for providing pericare	210	4.49	0.05	226	4.41	0.05	193	4.31	90.0	398	4.41	0.04
152	reporting process for suicidal clients	297	4.49	0.04	200	4.58	0.05	152	4.65	0.05	416	4.28	0.04

Appe	Appendix C. Importance Ratings Sorted E	By Lowest	ed By Lowest to Highest Average Importance Rating By the Entry-Level Cohort	Average In	portance	Rating By t	ne Entry-Lev	el Cohort					
.wc		2	NA 0 to 1 yr.		ż	NA 2 to 10 yrs.	rs.	AN	NA 11 or more yrs.	yrs.		NAE	
Knd #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
63	call system devices and place- ment within reach	200	4.51	0.04	217	4.43	0.05	184	4.39	0.05	398	4.28	0.04
211	procedures to report unusual incidents	298	4.51	0.03	201	4.43	0.05	150	4.46	0.05	414	4.35	0.03
92	client risk factors for injuries	213	4.51	0.04	229	4.37	0.04	196	4.44	0.04	397	4.34	0.03
83	safe transfer and lifting techniques	212	4.51	0.04	227	4.47	0.04	194	4.48	0.04	396	4.56	0.03
8	strategies to safely care for angry or potentially violent clients	211	4.52	0.04	227	4.51	0.04	196	4.52	0.04	398	4.47	0.03
122	how to maintain dignity and privacy during care	507	4.52	0.03	426	4.50	0.03	342	4.50	0.03	815	4.50	0.02
42	comfort measures and care during the dying process	211	4.52	0.05	229	4.57	0.04	193	4.45	0.05	398	4.39	0.04
123	reporting requirements for disputes, grievances, abuse and suspicious workplace activities	509	4.53	0.03	428	4.43	0.03	345	4.55	0.03	815	4.34	0.03
71	fire and disaster safety plans	213	4.53	0.04	226	4.50	0.04	193	4.53	0.04	398	4.37	0.04
214	suspicious workplace activity	299	4.53	0.04	199	4.51	0.05	152	4.56	0.05	417	4.43	0.03
80	reasons to identify client before care	213	4.54	0.04	228	4.43	0.05	194	4.47	0.05	397	4.47	0.03
34	incontinence care	211	4.54	0.05	228	4.47	0.04	196	4.40	0.04	399	4.46	0.03
61	basic life support procedures	203	4.54	0.05	216	4.42	0.05	184	4.48	90.0	399	4.23	0.05
69	environmental dangers to the client's health and safety	212	4.54	0.05	228	4.46	0.04	193	4.52	0.04	397	4.30	0.04
70	evacuation procedures and techniques	213	4.54	0.04	229	4.46	0.04	195	4.51	0.04	397	4.24	0.04
32	cleaning the client after elimination	209	4.55	0.04	229	4.44	0.05	196	4.38	0.04	396	4.48	0.03
209	Health Insurance Portability and Accountability Act (HIPAA)	299	4.55	0.04	198	4.57	0.04	150	4.47	0.07	416	4.45	0.03
220	nurse aide roles and responsibilities	299	4.55	0.03	199	4.47	0.04	151	4.48	0.04	415	4.37	0.03
162	risk factors for skin breakdown	296	4.55	0.04	1%	4.59	0.04	150	4.58	0.05	421	4.45	0.03

Appe	Appendix C. Importance Ratings Sorted By Lowest to Highest Average Importance Rating By the Entry-Level Cohort	By Lowest	to Highest	Average Im	portance F	tating By th	ne Entry-Lev	el Cohort					
.wc		2	NA 0 to 1 yr.		Ž	NA 2 to 10 yrs.	Š.	NA 11	11 or more yrs.	yrs.		NAE	
Knd #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
210	Health Insurance Portability and Accountability Act (HIPAA) violations	298	4.56	0.04	199	4.59	0.04	149	4.48	0.07	418	4.44	0.03
46	verbal and nonverbal signs and symptoms of pain or discomfort	210	4.56	0.04	221	4.46	0.04	191	4.42	0.04	399	4.37	0.03
216	following client's plan of care as assigned	298	4.56	0.03	198	4.48	0.04	151	4.46	0.05	415	4.44	0.03
09	ambulation safety	205	4.57	0.04	220	4.49	0.04	188	4.47	0.04	398	4.53	0.03
17	dietary restrictions	213	4.57	0.05	229	4.41	0.05	195	4.47	0.05	400	4.26	0.04
28	the need for fluids in the body	212	4.58	0.04	228	4.44	0.05	197	4.47	90:0	400	4.18	0.04
26	the types and uses of personal protective equipment	208	4.58	0.05	220	4.50	0.04	189	4.58	0.04	397	4.57	0.03
86	signs and symptoms of feeding complications	211	4.58	0.04	227	4.56	0.04	195	4.53	0.05	394	4.52	0.04
25	droplet precautions	206	4.59	0.02	223	4.57	0.04	191	4.64	0.05	398	4.53	0.03
23	serving the correct meal to the correct client	211	4.59	0.04	227	4.45	0.05	195	4.46	90:0	398	4.32	0.05
89	emergency and disaster situa- tions and responses	510	4.60	0.03	426	4.57	0.03	346	4.63	0.03	817	4.33	0.03
27	the importance of serving the correct meal to client	211	4.61	0.04	226	4.52	0.05	195	4.48	90:0	400	4.30	0.04
197	client privacy and confidentiality	296	4.61	0.03	200	4.65	0.04	150	4.60	0.04	418	4.58	0.03
91	the importance of responding to client-safety alarms promptly	213	4.61	0.04	228	4.46	0.05	197	4.47	0.05	400	4.51	0.04
47	reporting client symptoms of pain or discomfort	209	4.61	0.04	224	4.56	0.04	194	4.50	0.04	399	4.62	0.03
74	indications that client might be suicidal	511	4.62	0.03	429	4.62	0.03	348	4.68	0.03	816	4.38	0.03
24	signs and symptoms of dehydration	211	4.63	0.04	227	4.55	0.04	197	4.60	0.04	399	4.22	0.04
20	airborne precautions	206	4.64	0.04	221	4.59	0.04	189	4.60	0.04	398	4.50	0.03
228	working within a team	299	4.64	0.03	198	4.55	0.05	152	4.60	0.04	414	4.55	0.03
24	disinfection techniques	205	4.64	0.04	222	4.54	0.04	191	4.54	0.04	3%	4.44	0.04

Apper	Appendix C. Importance Ratings Sorted E	By Lowest	to Highest	ed By Lowest to Highest Average Importance Rating By the Entry-Level Cohort	portance R	Rating By th	e Entry-Lev	el Cohort					
.wc		~	NA 0 to 1 yr.	2	Ź	NA 2 to 10 yrs.	.5.	NA 1	NA 11 or more yrs.	yrs.		NAE	
knd #	Knowledge of	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.	z	Avg.	Std. Err.
212	right and wrong conduct for nurse aides	299	4.65	0:03	201	4.56	0.04	150	4.58	0.04	416	4.61	0.03
198	client rights	297	4.65	0.03	200	4.67	0.03	151	4.58	0.04	418	4.53	0.03
81	recognizing and reporting signs and symptoms of client's change in condition	212	4.66	0.03	226	4.59	0.04	195	4.64	0.04	396	4.69	0.03
134	safe transfer techniques	300	4.67	0.03	199	4.58	0.04	151	4.65	0.04	419	4.69	0.02
51	biohazardous waste	206	4.68	0.04	219	4.58	0.04	191	4.64	0.04	399	4.45	0.03
53	contact precautions	209	4.69	0.04	222	4.60	0.04	190	4.66	0.04	398	4.60	0.03
88	signs and symptoms of airway obstruction	213	4.69	0.04	228	4.68	0.04	196	4.72	0.04	397	4.77	0.05
22	standard precautions	503	4.70	0.02	421	4.67	0.03	341	4.72	0.03	820	4.78	0.02
52	biohazardous waste disposal	204	4.71	0.04	220	4.58	0.04	188	4.65	0.04	399	4.46	0.04
29	CPR/basic life support skills	212	4.71	0.04	229	4.64	0.04	197	4.64	0.05	398	4.29	0.05
76	methods to relieve choking and clear airway	213	4.77	0.03	229	4.71	0.03	195	4.77	0.04	396	4.69	0.03
58	the spread of infection or infection transmission	206	4.79	0.03	222	4.71	0.04	191	4.77	0.03	396	4.73	0.02
56	hand washing and hand hygiene techniques	507	4.81	0.02	422	4.75	0.02	344	4.78	0.02	819	4.85	0.01
213	signs of suspected neglect, mistreatment or abuse	299	4.83	0.02	199	4.82	0.03	151	4.89	0.03	418	4.76	0.02

#### APPENDIX D: 2010 NURSE AIDE KNOWLEDGE NONRESPONDER STUDY

#### Introduction

The National Council of State Boards of Nursing (NCSBN®) conducts studies to assess work environments and emerging practice changes. The goal of this study was to evaluate what knowledge components are necessary for entry-level nurse aide/nursing assistant (NA) work.

Of the 6,500 total health care directors that were sent the packet of surveys, a total of 68 surveys was returned due to incorrect addresses. The adjusted total number of surveys sent was 6,432. An additional 44 respondents were removed from the NA survey because they did not identify how long they were licensed. A total of 806 health care facilities returned NA surveys, of which 492 returned both NA surveys, resulting in 1,298 total NA surveys. A response rate of 12.5% was observed at the facility level for NAs.

For the NAE surveys mailed to the same health care settings, a total of 823 surveys was returned and there were no sample exclusion criteria, but 68 were removed due to incorrect addresses. The adjusted total number of surveys sent was 6,494. The return rate for NAE surveys was 12.7%.

In order to ensure the validity of the results, NCSBN contacted a random sample of individuals who chose not to participate in the survey to ascertain the reasons for not returning the survey and to compare a sample of activity statement ratings, as well as demographic information, against the NA survey responders. The study was also conducted to determine whether there were any systematic differences in those who responded and those who did not.

## **Background of Study**

Findings from the 2010 NA Nonresponder Study will provide possible reasons why individuals do not participate in surveys and show the differences between survey responders and those not responding to determine if they were systematically different in terms of demographics and ratings of the activity statements. This study was conducted to determine if the results for the job analysis were somehow biased.

Table D-1. Hospital/Acute Care								
Hospital/Acute Care	NA %	NAE %	Nonresponder %					
Central supply	1.9	1.1	0.0					
Chemical dependency unit	0.4	0.7	0.0					
Emergency room	3.0	3.8	0.0					
Extended care facility/ rehabilitation unit	24.3	19.9	17.4					
Inpatient hospice care	6.2	4.4	8.7					
Intensive care unit	1.8	3.3	0.0					
Intermediate care/step down unit	4.1	3.9	0.0					
Labor and delivery unit	0.7	2.4	4.3					
Medical/surgical unit (includes sub-specialties like orthopedics, oncology, etc.)	15.5	19.2	13.0					
Nursery	1.2	2.1	4.3					
Operating room	0.5	0.9	4.3					
Pediatric unit	0.7	2.8	4.3					
Postpartum/maternity unit	0.9	2.9	4.3					
Psychiatric unit	2.2	2.2	0.0					
Recovery room	0.9	0.9	4.3					
Other	8.9	10.4	13.0					

Table D-2. Nursing Home/Long-term Care							
Nursing Home/ Long-term Care	NA %	NAE %	Nonresponder %				
Assisted living facility	19.3	10.3	13.0				
Intermediate care unit	11.2	15.2	8.7				
Personal care unit	13.3	6.0	4.3				
Skilled care unit	42.5	53.8	65.2				
Sub-acute unit	5.4	6.9	8.7				
Other	5.5	5.5	8.7				

Table D-3. Community/Home Health Care								
Community home health care	NA %	NAE %	Nonresponder %					
Clinic/outpatient unit/ ambulatory surgical care	2.9	1.1	0.0					
Home health in client's residence	14.6	10.4	17.4					
Hospice care in client's residence	6.1	4.1	13.0					
Other	5.0	2.9	8.7					
Sub-acute unit	5.4	6.9	8.7					
Other	5.5	5.5	8.7					

Table	Table D-4. Importance											
×		NA 0 to 1 yr.				NAE		Nonresponder				
Know.	Knowledge of	N	Avg.	Std. Err.	N	Avg.	Std. Err.	N	Avg.	Std. Err.		
13	procedures for dressing and undressing client	212	4.23	0.05	399	4.07	0.04	22	4.36	0.19		
23	serving the correct meal to the correct client	211	4.59	0.04	398	4.32	0.05	21	4.55	0.24		
30	assisting the client with toileting	210	4.4	0.05	398	4.37	0.03	22	4.68	0.12		
98	client positioning techniques	212	4.28	0.05	395	4.19	0.04	22	4.86	0.07		
115	observing, recording and measuring intake and output	507	4.33	0.03	818	4.08	0.03	21	4.45	0.26		
166	client mobility and func- tional limitations	293	4.26	0.04	419	4.12	0.03	22	4.77	0.09		
178	skills that promote client's feeling of acceptance and belonging	298	4.29	0.04	418	4.00	0.04	22	4.50	0.17		
182	cultural and personal preference considerations	296	4.08	0.04	420	3.85	0.04	22	4.27	0.18		
122	how to maintain dignity and privacy during care	507	4.52	0.03	815	4.50	0.02	22	4.86	0.07		
216	following client's plan of care as assigned	298	4.56	0.03	415	4.44	0.03	22	4.86	0.07		

## Methodology

#### **Sample Selection**

A random sample of certified entry-level NAs who were invited, but did not respond to the 2010 Knowledge Survey of NAs, was mailed a short survey containing a few demographic questions and 10 knowledge statements.

#### **Survey Instrument and Process**

Nonresponders were mailed a short version of the survey where they were asked about their reasons for not completing the original survey. In order to facilitate the gathering of data from nonresponders, NCSBN developed a list of possible reasons why invitees may not have responded to the survey based on prior research. Possible reasons included the following: too busy, did not care, do not like/trust surveys, did not receive or other. Second, individuals were asked demographic information in order to provide background information on nonresponders, such as employment setting/specialty and length of time working as an NA or

nurse aide/assistant evaluator (NAE). In addition, nonresponders were asked to rate the importance of 10 knowledge statements that were listed in the NA job analysis survey. This survey contains the responses of 23 NAs or NAEs who participated in the nonresponder study.

## **Nonresponder Results**

#### Reasons for Not Responding

Reasons for not responding included, but were not limited to, did not receive (34.8%), too busy (26.1%) or other (39.1%). None of the nonresponders indicated did not care or do not like/trust surveys as a reason for not returning the survey.

#### Licenses/Certifications Held

Most (60.9%) held an RN license, 26.1% selected CNA, 8.7% were an LPN/VN and 8.7% selected other.

#### **Work Position**

Of the 23 responses, 36.4% indicated that their position was as an NA, 31.8% indicated that they were

an NAE, 31.8% selected other and one respondent did not answer the question.

#### **Employment Setting/Specialty**

Nonresponders were asked to provide their employment setting/specialty. The different nursing specialties/employment settings were well represented in this sample as seen in Tables D-1, D-2 and D-3. The largest percentage in nursing home/long-term care settings (65.2%) worked in a skilled care unit (the largest percentage in the original survey); in hospital/acute settings, the largest percentage (17.4%) worked in an extensive care facility/rehabilitation unit; and in community/home health settings, the largest percentage (17.4%) worked in home health in a client's residence. Few worked in all of the community settings.

#### **Importance Ratings**

In general, the importance ratings between non-responders and responders were very similar, with no activity statement's importance rating differing by more than 0.70 points. Nonresponders systematically provided higher ratings. See Table D-4 for a comparison of importance ratings between responders and nonresponders.

## **Summary**

The nonresponder study suggests that the main reasons individuals did not complete the study was because they were either too busy, did not receive the survey or for other reasons. Overall, these results provide important information on why individuals do not complete surveys. More importantly, the ratings of the knowledge statements were similar, which indicates that the results of the survey are not systematically biased. The nonresponder study provides support for the validity of the results from the 2010 Knowledge Survey of NAs.

## APPENDIX E.1: 2010 NURSE AIDE KNOWLEDGE SURVEY QUESTIONNAIRE, VERSION ONE

## ■ ■ ■ ■ N C S B N

National Council of State Boards of Nursing

National Council of State Boards of Nursing

# CERTIFIED ENTRY-LEVEL NURSE AIDE KNOWLEDGE SURVEY

This questionnaire is part of a comprehensive study of the knowledge needed by certified entry-level nurse aides/nursing assistants with less than 12 months of work experience post-certification in the United States and its jurisdictions. The study is being conducted by the National Council of State Boards of Nursing.

#### **INSTRUCTIONS**

Please read each question carefully and respond by <u>filling in the oval</u> of the response that most closely represents your answer. Most questions have several alternative answers. Choose the answer that best applies to your work and fill in the appropriate oval(s). A few questions ask you to write information. Print your answer legibly in the space provided following the question.

You will notice that many questions ask you to report what you did on your <u>last day of work</u>. It is important that we obtain information from certified entry-level nurse aides experiencing both typical and unusual workdays, so please answer questions according to what you did on your <u>last</u> day of work even if that day was not typical.

For the purpose of this study, "nurse aides" are individuals, regardless of title, assisting with the delivery of direct nursing care to "clients." The "client" is defined as an individual, individual plus family (or significant other[s]). "Clients" are the same as "residents" or "patients." In addition, "last day of work as a nurse aide" also refers to the last **shift** you worked.

Your answers will be kept confidential. Your individual responses to the questions will not be released.







Incorrect marks

- · Use a pencil.
- Do not use a pen.
- Make heavy dark marks that fill the oval completely.
- If you want to change an answer, erase completely.

1. Which of the following best describes your employment setting(s) on the last day you worked as a nurse aide?	3. Which of the following <u>best</u> describes your title in the setting(s) you marked in Question 1? (Select only ONE answer)
(Review the entire list and select ALL that apply.)  HOSPITALS or ACUTE CARE SETTINGS  Central supply Chemical dependency unit Emergency room Extended care facility/Rehabilitation unit In-patient hospice care Intensive care unit Intermediate care/Step down unit Labor and delivery unit Medical/Surgical unit (includes sub-specialties e.g., orthopedics, oncology, etc.) Nursery Operating room Pediatric unit Postpartum/Maternity unit Psychiatric unit	you marked in Question 1? (Select only ONE answer)  Care partner  Certified home health aide  Certified medication aide/assistant  Certified medication technician  Certified nurse aide  Certified nursing assistant  Charge aide/Senior aide  Dietary aide  Home health aide  Home health aide  Homemaker  Medication aide/assistant  Medication technician  Nurse aide/Nursing assistant  Orderly  Patient care technician  Personal or patient care attendant/assistant  Psychiatric aide  Other, please specify:
Recovery room Other, please specify:  NURSING HOME/LONG-TERM CARE Assisted living facility Intermediate care unit Personal care unit Skilled care unit Sub-acute unit Other, please specify:	4. How many hours per week do you work as a nurse aide in the setting(s) you marked in Question 1?  (Select only ONE answer)  1-5 hours  26-30 hours  46-50 hours  6-10 hours  31-35 hours  51-55 hours  11-15 hours  36-40 hours  60 hours or more  21-25 hours
COMMUNITY/HOME HEALTH CARE  Clinic/Outpatient unit/Ambulatory surgical care Home health in client's residence Hospice care in client's residence Other, please specify:  2. Approximately how long have you worked in the employment setting(s) you marked in Question 1?  (Select only ONE answer)	5. What shift do you usually work in the employment setting(s) you marked in Question 1? (Select only ONE answer)  Rotating shift  Days (8, 10, or 12 hour shift)  Evenings (8, 10, or 12 hour shift)  Nights (8, 10, or 12 hour shift)  Other, please specify:  6. How many hours did you work on the last shift you worked?
<ul> <li>6 months or less</li> <li>1 year</li> <li>2 years</li> <li>3 years</li> <li>4 years</li> <li>8 years</li> <li>10 years</li> <li>11 years</li> <li>4 years</li> <li>12 years</li> </ul>	Less than 1 hour 9-12 hours 1 hour-4 hours 13-16 hours 5-8 hours 17 hours or more
5 years 13 years 6 years 14 years 7 years 15 years or more	7. Which of the following best describes the ages of most of the clients to whom you provided care on the last shift you worked:  (Select only ONE answer)  Newborns (less than 1 month)  Infants/children (1 month-12 years)  Adolescents (ages 13-18)  Young adults (ages 19-30)  Middle adults (ages 31-64)  Older adults (ages 65-85)  Elder adults (over the age of 85)

## SECTION 1: WORK ENVIRONMENT (continued)

8. Which of the following best describes the condition of most of the clients to whom you provided care on the last day of work? (Select ALL that apply)  Well clients, possibly with minor illnesses  OB (maternity) clients  Clients with stable chronic conditions  Clients with unstable chronic conditions  Clients with acute conditions, including clients with medical, surgical or critical conditions  Clients at end of life  Clients with behavioral/emotional conditions  Other, please specify:  9. Which of the following best describes the employment setting(s) you marked in Question 1? (Select only ONE answer)	1 client 12 2 clients 13 3 clients 14 4 clients 15 5 clients 16 6 clients 17 7 clients 18 8 clients 19 9 clients 20 10 clients	clients	you h	ONE  21 c  22 c  23 c  24 c  25 c  26 c  27 c  28 c  29 c  30 c  clie  ave w	answe clients clients clients clients clients clients clients or mon	er)
Urban/metropolitan area		6 years			2 yea	
<ul><li>Suburban area</li></ul>		7 years			3 yea	
Rural area		8 years			4 yea	
○ I do not know		<ul><li>9 years</li><li>10 years</li></ul>			5 yea or mor	
	O 4 years	U 10 yea	15	C	or inoi	е
SECTION 2: KNOWLEDGE NEEDED						
NSTRUCTIONS: Please rate the overall importance of the ides for safe and effective work, regardless of specific wortatement.)  For each activity fill in one oval for an importance rating	rk setting. (Select one impo			er kn		
1 = Not Important 2 = Minimally Important		<b>+</b>	Minimally Important	Moderately Important	nt	Critically Important
3 = Moderately Important		rta	트	\frac{1}{2}	orta	<u>=</u>
4 = Very Important		od	ally	ate	ď	ll y
5 = Critically Important		Not Important	Minim	Moder	4 Very Important	Critica
KNOWLEDGE OF:		-	7	3	4	r.
1. basic foot anatomy		0	2	3	4	(5)
<ol> <li>care for dentures</li> <li>denture removal and insertion</li> </ol>		①	2	3	4	<u>5</u>
4. nail care procedures		0	2	3	4	(3) (3)
5. normal versus abnormal mouth conditions		0	2	3	4	5
6. procedure and purpose for providing pericare						5
7 in and an Carlotte		0	2	3	4	۳
7. procedures for foot care				3	4	5
8. procedures for mouth care		①	2			
procedures for mouth care     purpose for mouth care		1 1 1	2 2 2 2	3 3	4 4	5 5
8. procedures for mouth care 9. purpose for mouth care 10. purpose for nail care		0 0 0	<ul><li>2</li><li>2</li><li>2</li><li>2</li><li>2</li></ul>	3 3 3	4 4 4 4	5 5 5
8. procedures for mouth care 9. purpose for mouth care 10. purpose for nail care 11. purpose for skin care		0 0 0 0	2 2 2 2 2 2	3 3 3 3	4 4 4 4 4	5 5 5 5
8. procedures for mouth care 9. purpose for mouth care 10. purpose for nail care 11. purpose for skin care 12. obstacles that affect dressing and undressing client			2 2 2 2 2 2	3 3 3 3 3	4 4 4 4 4 4	5 5 5 5 5
8. procedures for mouth care 9. purpose for mouth care 10. purpose for nail care 11. purpose for skin care		0 0 0 0	2 2 2 2 2 2	3 3 3 3	4 4 4 4 4	5 5 5 5
8. procedures for mouth care 9. purpose for mouth care 10. purpose for nail care 11. purpose for skin care 12. obstacles that affect dressing and undressing client 13. procedures for dressing and undressing client		0 0 0 0 0	2 2 2 2 2 2 2 2 2	3 3 3 3 3 3	4 4 4 4 4 4 4	5 5 5 5 5 5
8. procedures for mouth care 9. purpose for mouth care 10. purpose for nail care 11. purpose for skin care 12. obstacles that affect dressing and undressing client 13. procedures for dressing and undressing client 14. procedures for grooming 15. purposes for grooming 16. adaptive eating devices			2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3	4 4 4 4 4 4 4 4	\$\begin{align*} \( \) \(
8. procedures for mouth care 9. purpose for mouth care 10. purpose for nail care 11. purpose for skin care 12. obstacles that affect dressing and undressing client 13. procedures for dressing and undressing client 14. procedures for grooming 15. purposes for grooming			2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4	3 3 3 3 3 3 3 3 3

**INSTRUCTIONS:** Please rate the overall importance of the possession of this **knowledge** by newly certified nurse

statement.)	lanc	етас	ing p	ег кг	iowie	age
For each activity fill in one oval for an importance rating using the following scale:  1 = Not Important 2 = Minimally Important 3 = Moderately Important 4 = Very Important 5 = Critically Important		ot Important	nimally Important	oderately Important	ry Important	itically Important
		0	•=	0	<u>(1)</u>	

		Sol	Min	Mod	Ver	Ç.
KN	NOWLEDGE OF:	-	7	3	4	гo
	foods included in fluid intake	1	2	3	4	3
	measuring oral fluid intake	1	2	3	4	5
	methods for giving fluids by mouth	1	2	3	4	3
	procedures for serving and removing meal tray	0	2	3	4	5
	serving the correct meal to the correct client	1	2	3	4	<u> </u>
	signs and symptoms of dehydration special diets	0	2	3	4	5
	supplemental nutrition	0	2	3	4	3
	the importance of serving the correct meal to client	1	2	3	4	5
	the need for fluids in the body	1	2	3	4	5
	the role of nutrition and hydration on skin care	1	2	3	4	5
30.	assisting the client with toileting	1	2	3	4	5
	bowel and bladder training	1	2	3	4	5
	cleaning the client after elimination	1	2	3	4	5
	emptying urinary drainage device	1	2	3	4	5
	incontinence care	0	2	3	4	3
	normal versus abnormal characteristics of urine and stool	1	2	3	4	5
	normal versus abnormal ostomy output	0	2	3	4	5
	ostomy types purpose, types and uses of toileting equipment and devices	1	2	3	4	<u> </u>
	types and uses of incontinence products	0	2	3	4	5
	urinary catheter types	1	2	3	4	3
	client specific needs during position changes	1	2	3	4	3
	comfort measures and care during the dying process	1	2	3	4	5
	correct body alignment and positioning techniques	1	2	3	4	5
	measures to promote rest and sleep	1	2	3	4	5
	pain relief or comfort measures	1	2	3	4	3
	physical comfort measures and techniques	1	2	3	4	5
	reporting client symptoms of pain or discomfort	1	2	3	4	5
	the benefits of physical comfort	0	2	3	4	3
	verbal and nonverbal signs and symptoms of pain or discomfort airborne precautions	1	2	3	4	5
	biohazardous waste	1	2	3	4	<u> </u>
	biohazardous waste disposal	0	2	3	4	3
	contact precautions	1	2	3	4	5
	disinfection techniques	1	2	3	4	5
	droplet precautions	1	2	3	4	5
	hand washing and hand hygiene techniques	1	2	3	4	5
57.	standard/universal precautions	1	2	3	4	3
	the spread of infection or infection transmission	1	2	3	4	5
	the types and uses of personal protective equipment	1	2	3	4	3
	ambulation safety	1	2	3	4	5
	basic life support procedures	0	2	3	4	3
	body mechanics	0	2	3	4	5
63.	call system devices and placement within reach	1	2	3	4	5

**INSTRUCTIONS:** Please rate the overall importance of the possession of this **knowledge** by newly certified nurse aides for safe and effective work, regardless of specific work setting. (Select one importance rating per knowledge statement.)

For each activity fill in one oval for an importance rating using the following scale:						
1 = Not Important			Ħ	an		¥
·			rta	ort		tar
2 = Minimally Important		±	bo	dμ	Ħ	ŏ
3 = Moderately Important		tar	<u>=</u>		rta	Ē
4 = Very Important		0 or	≟	te	od	<u>&gt;</u>
5 = Critically Important		Not Important	Minimally Important	Moderately Important	<u>=</u>	Critically Important
, .	-	ot	Ξ	o	ery	Æ
VNOWIEDCE OF		Z	2 M	3 M	4 Very Important	5 C
KNOWLEDGE OF:						
64. client positioning during mouth care 65. client risk factors for injuries		1	2	3	4	5
66. client-safety alarm types and uses		①	2	3	4	<b>5</b>
67. CPR/basic life support skills		0	2	3	4	5
68. emergency and disaster situations and responses		①	2	3	4	5
69. environmental dangers to the client's health and safety		①		3		
70. evacuation procedures and techniques			2	3	4	<b>5</b>
71. fire and disaster safety plans		0	2	3	4	5
72. fire prevention techniques		<u> </u>	2	3	4	5
			2	3	4	
73. how to provide a clean, safe and neat living space 74. indications that client might be suicidal		①				5
75. lifting and transfer devices		①	2	3	4	5
76. methods to relieve choking and clear airway		①	2	3	4	5
			2		4	5
77. methods used to identify client 78. oxygen safety and storage		①	2	3	4	<b>5</b>
79. reasons for checking client status routinely						
80. reasons to identify client before care		①	2	3	4	5
81. recognizing and reporting signs and symptoms of client's change in condition		①	2	3	4	<b>5</b>
82. restraint complications		0	2	3	4	5
83. safe transfer and lifting techniques		0	2	3	4	5
84. safety and accident prevention measures and devices		0	2	3	4	5
85. safety considerations during transport		0	2	3	4	5
86. safety techniques during toileting		0	2	3	4	5
87. self limitations and understanding when to seek assistance		<u> </u>	2	3	4	5
88. signs and symptoms of airway obstruction		0	2	3	4	5
89. signs and symptoms of feeding complications		<u> </u>	2	3	4	5
90. strategies to safely care for angry or potentially violent clients		<u>.</u>	2	3	4	5
91. the importance of responding to client-safety alarms promptly		0	2	3	4	<u> </u>
92. the purpose for client rounds		<u>.</u>	2	3	4	5
93. timely response to and importance of call systems		0	2	3	4	5
94. ambulation techniques with and without a device		1	2	3	4	5
95. behavior modification		<u> </u>	2	3	4	5
96. care for client in restraints		1	2	3	4	5
97. care, cleaning and storage of equipment		<u> </u>	2	3	4	3
98. client positioning techniques		1	2	3	4	5
99. client preparation for diagnostic test, procedure or surgery per directive		1	2	3	4	5
100. client transport methods and devices		<u> </u>	2	3	4	5
101. client's personal equipment maintenance and care		1	2	3	4	3
102. devices used to measure client's height and weight		1	2	3	4	5
103. elastic stockings/anti-embolism hose application and removal techniques		<u> </u>	2	3	4	3
104. emotional support techniques		<u> </u>	2	3	4	5
105. environmental conditions for bathing clients		1	2	3	4	3
106. equipment and supplies needed for bathing		1	2	3	4	5
107. ostomy care procedures		<u> </u>	2	3	4	3
108. oxygen devices and methods of delivery		1	2	3	4	5
, ,						

**INSTRUCTIONS:** Please rate the overall importance of the possession of this **knowledge** by newly certified nurse aides for safe and effective work, regardless of specific work setting. (Select one importance rating per knowledge statement.)

For each activity fill in one oval for an importance rating using the following scale:  1 = Not Important 2 = Minimally Important 3 = Moderately Important 4 = Very Important 5 = Critically Important		Minimally Important	Moderately Important	Very Important	Critically Important
KNOWLEDGE OF:	1 Not Important	2 Mii	3 Mo	4 Ve	5 Cri
109. positioning devices	1	2	3	4	(5)
110. procedure for making occupied or unoccupied beds	1	2	3	4	(5)
111. procedure for performing and recording pulse oximetry	1	2	3	4	3
112. procedures and techniques for measuring and recording intake and output	1	2	3	4	5
113. procedures for admission, discharge and transfer	1	2	3	4	(5)
114. procedures for different types of baths	1	2	3	4	3
115. observing, recording and measuring intake and output	1	2	3	4	3
116. range of motion precautions	1	2	3	4	3
117. the need to promote client independence	1	2	3	4	(5)
118. promoting client participation in group activities	1	2	3	4	(5)
119. promoting client participation in recreational activities	1	2	3	4	(5)
120. client's religious and cultural beliefs and practices	1	2	3	4	5
121. how to handle conflict	1	2	3	4	3
122. how to maintain dignity and privacy during care	1	2	3	4	3
123. reporting requirements for disputes, grievances, abuse and suspicious workplace activities	1	2	3	4	5
124. promoting client and family role in plan of care	1	2	3	4	5

## **SECTION 3: EDUCATIONAL BACKGROUND**

1. What type of preparation did you have for your current work a	as a nurse aide? (Select ALL that apply)
Previous work experience	Course offered by community or junior college
High school course	Course offered by technical or vocational school
<ul><li>Classes in a nursing education program (LPN or LVN or RN)</li></ul>	Course or training while in military service
Course offered by current employer	O None
Course offered by previous employer	Other, please specify:
Course officied by previous employer	outer, preuse speerry.
2. Besides basic nurse aide skills, which of the following areas of you marked in Question 1 of this section? (Select ALL that apply)	_
	Emergency care procedures other than basic life support or CPR
	Removal of peripheral intravenous catheter
<ul> <li>Drawing blood from veins for laboratory testing</li> <li>Blood glucose testing (finger-stick testing)</li> </ul>	Removal of indwelling urinary catheter
○ Special care required by infants and/or children → please	specify:
$\bigcirc$ Special care required by geriatric (elderly) clients $\rightarrow please$	specify:
$\bigcirc$ Special care required by psychiatric clients $\rightarrow$ please	specify:
$\bigcirc$ Special care required by respiratory clients $\rightarrow$ please	specify:
Other, please specify:	
3. Which of the following certifications have you earned? (Select	• • •
	CMT – Certified Medication Technician - including insulir
<ul> <li>CNA – Certified Nurse Aide/Nursing Assistant</li> </ul>	administration
	None
	Other, please specify:
CMA – Certified Medication Aide/Assistant - including	
insulin administration	
4. Are you currently enrolled in a formal nursing education progr	ram?
<ul> <li>Yes – ANSWER Question 4a; then SKIP to Question 6</li> <li>I have applied, but am not currently enrolled – SKIP to Question 6</li> <li>No – SKIP to Question 6</li> </ul>	estion 5
4a. If yes, in which of the following programs are you enrolle	ed? (Select ALL that apply)
○ Practical/Vocational Nursing (LPN or LVN)	Registered Nurse – bachelor's degree program
Registered Nurse – diploma program	Other, please specify:
Registered Nurse – associate degree program	Other, piease specify.
Registered : value accordate degree program	
5. If you have applied to a formal nursing education program, ple (Select ALL that apply)	ease indicate the reason(s) you are not currently enrolled?
Applied to LPN or LVN Program	Applied to RN Program
Currently completing pre-requisite courses	<ul> <li>Currently completing pre-requisite courses</li> </ul>
<ul> <li>On a waiting list for admissions</li> </ul>	On a waiting list for admissions
Unable to afford tuition	Unable to afford tuition
<ul> <li>Did not meet admission requirements</li> </ul>	<ul> <li>Did not meet admission requirements</li> </ul>
<ul> <li>Turned down because classes are full</li> </ul>	<ul> <li>Turned down because classes are full</li> </ul>
Other, please specify:	Other, please specify:
6. Do you have a non-nursing college degree?	
○ No ○ Yes, please specify:	
7	

**YEARS** 

3. Is English the first language you learned to speak?

## **SECTION 4: PERSONAL BACKGROUND**

2. Select below the answer most descriptive of your racial/ethnic background. (Select only ONE answer)

1. What is your gender?

Male

Answers to the following questions will be used to described the individuals completing this questionnaire. No individual answers will be reported.

<ul> <li>African American</li> <li>Asian Indian</li> <li>Asian other</li> <li>Hispanic</li> <li>Native American</li> <li>Pacific Islander</li> <li>White - not of Hispanic orig</li> <li>Other, please specify:</li> </ul>		1) (1) 2) (2) 3) (3) 4) (4) 5) (5) 6) (6) 7) (7) 8) (8) 9) (9)
<b>SECTION 5: COMMEN</b>	NTS	
If we need more information to cla contacted, please <i>provide your pl</i>		dy, we may call some persons. If you are willing to be
Daytime or Early Evening Phone Number with Area Code:		ents or suggestions that you have in the space below.
( ) •		enis of suggestions that you have in the space below.

After you complete this form, please return it in the enclosed postage-paid envelope.

\*Thank you for your assistance with this important study!

## APPENDIX E.2: 2010 NURSE AIDE KNOWLEDGE SURVEY QUESTIONNAIRE. **VERSION TWO**

## ■ ■ NCSBN

National Council of State Boards of Nursing

National Council of State Boards of Nursing

## **CERTIFIED ENTRY-LEVEL NURSE AIDE KNOWLEDGE SURVEY**

This questionnaire is part of a comprehensive study of the knowledge needed by certified entry-level nurse aides/ nursing assistants with less than 12 months of work experience post-certification in the United States and its jurisdictions. The study is being conducted by the National Council of State Boards of Nursing.

#### INSTRUCTIONS

Please read each question carefully and respond by filling in the oval of the response that most closely represents your answer. Most questions have several alternative answers. Choose the answer that best applies to your work and fill in the appropriate oval(s). A few questions ask you to write information. Print your answer legibly in the space provided following the question.

You will notice that many questions ask you to report what you did on your last day of work. It is important that we obtain information from certified entry-level nurse aides experiencing both typical and unusual workdays, so please answer questions according to what you did on your last day of work even if that day was not typical.

For the purpose of this study, "nurse aides" are individuals, regardless of title, assisting with the delivery of direct nursing care to "clients." The "client" is defined as an individual, individual plus family (or significant other[s]). "Clients" are the same as "residents" or "patients." In addition, "last day of work as a nurse aide" also refers to the last shift you worked.

Your answers will be kept confidential. Your individual responses to the questions will not be released.





Incorrect marks

- · Use a pencil.
- · Do not use a pen.
- · Make heavy dark marks that fill the oval completely.
- · If you want to change an answer, erase completely.



## **SECTION 1: WORK ENVIRONMENT**

NOTE: Answer all of th	ne following questions based on y	our <u>last day of work as a nurse aide</u> .							
setting(s) on the last da	g best describes your employment ay you worked as a nurse aide?	3. Which of the following <u>best</u> describes your title in the setting(s) you marked in Question 1? (Select only ONE answer)							
(Review the entire list a	and select ALL that apply.)	○ Care partner							
		○ Certified home health aide							
HOSPITALS or ACU	TE CARE SETTINGS	<ul> <li>Certified medication aide/assistant</li> </ul>							
<ul> <li>Central supply</li> </ul>		<ul> <li>Certified medication technician</li> </ul>							
<ul> <li>Chemical depende</li> </ul>	ency unit	<ul><li>Certified nurse aide</li></ul>							
<ul><li>Emergency room</li></ul>		<ul> <li>Certified nursing assistant</li> </ul>							
	lity/Rehabilitation unit	○ Charge aide/Senior aide							
<ul><li>In-patient hospice</li></ul>		Dietary aide							
Intensive care unit		Home health aide							
O Intermediate care/S	•	O Homemaker							
Labor and delivery		Medication aide/assistant							
e.g., orthopedics, o	init (includes sub-specialties	<ul><li>Medication technician</li><li>Nurse aide/Nursing assistant</li></ul>							
<ul><li>Nursery</li></ul>	oncology, etc.)	Orderly							
Operating room		Patient care technician							
Pediatric unit		Personal or patient care attendant/assistant							
<ul> <li>Postpartum/Materr</li> </ul>	nity unit	Psychiatric aide							
Psychiatric unit	,	Other, please specify:							
<ul> <li>Recovery room</li> </ul>									
Other, please spec	rify:								
		4. How many hours per week do you work as a nurse aide							
NURSING HOME/LO		in the setting(s) you marked in Question 1?							
<ul> <li>Assisted living faci</li> </ul>		(Select only ONE answer)							
Intermediate care in the ca		1-5 hours 26-30 hours 46-50 hours							
O Personal care unit		○ 6-10 hours ○ 31-35 hours ○ 51-55 hours							
Skilled care unit		11-15 hours 36-40 hours 56-60 hours							
Sub-acute unit	:£.	○ 16-20 hours ○ 41-45 hours ○ 60 hours or more							
Other, please spec		○ 21-25 hours							
COMMUNITY/HOM	E HEALTH CARE								
Clinic/Outpatient up	unit/Ambulatory surgical care	5. What shift do you usually work in the employment setting(s)							
<ul> <li>Home health in cli</li> </ul>	ient's residence	you marked in Question 1? (Select only ONE answer)							
Hospice care in cli		Rotating shift							
<ul><li>Other, please spec</li></ul>	:ify:	O Days (8, 10, or 12 hour shift)							
		Evenings (8, 10, or 12 hour shift)							
2 Annrovimately how lo	ng have you worked in the	Nights (8, 10, or 12 hour shift)							
	you marked in Question 1?	Other, please specify:							
(Select only ONE answ									
○ 6 months or less	8 years	6. How many hours did you work on the last shift you worked?							
1 year	9 years	○ Less than 1 hour ○ 9-12 hours							
2 years	10 years	1 hour-4 hours 13-16 hours							
3 years	11 years	○ 5-8 hours ○ 17 hours or more							
4 years	12 years								
5 years	☐ 13 years								
6 years	14 years	7. Which of the following best describes the ages of most of the							
7 years	○ 15 years or more	clients to whom you provided care on the last shift you worked (Select only ONE answer)							
		Newborns (less than 1 month)							
		Infants/children (1 month-12 years)							
		Adolescents (ages 13-18)							
		O Young adults (ages 19-30)							
		Older adults (ages 31-64)							
		Older adults (ages 65-85)							

T	7	~	Т	T	ገ	N	Ţ,	1:	V	V	$\boldsymbol{C}$	1	21	K	F	N	Т	V	T!	7	$\cap$	N	J	N	41	П	V	Г	(c	$\alpha$	nt.	in	ш	d
,,,	٠.								- 77	W	v	<b>4</b> N	v	V.	ш			<i>'</i>		•	•	4 6	N	M		-	N.		Ю.	OI	ш	ııı	ue	U.

8. Which of the following <u>best</u> describes the condition of <u>most</u> of the clients to whom you provided care on the <u>last day of work? (Select ALL that apply)</u>	10. To how many clients we on your last day of work	«? (Selection)	t only	ONE		er)		
<ul><li>Well clients, possibly with minor illnesses</li><li>OB (maternity) clients</li></ul>	○ 2 clients ○ 13	clients clients	C	<ul><li>22 clients</li><li>23 clients</li></ul>				
Clients with stable chronic conditions		clients		24 clients				
Clients with unstable chronic conditions		clients clients		25 clients				
<ul> <li>Clients with acute conditions, including clients with medical, surgical or critical conditions</li> </ul>	○ 6 clients ○ 17			<ul><li>26 clients</li><li>27 clients</li></ul>				
Clients at end of life		clients			clients			
Clients with behavioral/emotional conditions		clients			clients			
Other, please specify:		clients			or mo			
· · · · · · · · · · · · · · · · · · ·	10 clients			clie	nts			
9. Which of the following <u>best</u> describes the employment setting(s) you marked in Question 1? (Select only ONE answer)	11. What is the total length nurse aide? (Select only		swer)		orked			
Urban/metropolitan area		⊃ 6 year:			2 yea			
Suburban area		⊃ 7 year			3 yea			
Rural area		⊃ 8 year:			4 yea			
☐ I do not know		⊃ 9 year	5		5 yea			
	○ 4 years	⊃ 10 yea	ırs	C	r mor	е		
SECTION 2: KNOWLEDGE NEEDED								
INSTRUCTIONS: Please rate the overall importance of the aides for safe and effective work, regardless of specific workstatement.)	rk setting. (Select one impor							
For each activity fill in one oval for an importance rating	using the following scale:		ŧ	ant		+		
1 = Not Important			rta	ort		tan		
2 = Minimally Important		±	bo	μ	Ħ	, 0		
3 = Moderately Important		ţa	트	×	rta	Ξ		
4 = Very Important		ō	all y	atel	ubc	È		
5 = Critically Important		트	Minimally Important	der	, I	Critically Important		
KNOWLEDGE OF:		1 Not Important	2	3 Moderately Important	4 Very Important	rc		
1. purpose for skin care			2	3	4	<b>5</b>		
purposes for grooming     special diets		0		<u></u>				
5. special diets		1	2	3	4			
4. normal versus abnormal characteristics of urine and stool		1	2	3	4	5		
4. normal versus abnormal characteristics of urine and stool 5. physical comfort measures and techniques		① ① ①	2 2 2	3	4	<b>5</b>		
<ol> <li>normal versus abnormal characteristics of urine and stool</li> <li>physical comfort measures and techniques</li> <li>hand washing and hand hygiene techniques</li> </ol>		1	2	3	4	5		
<ul><li>5. physical comfort measures and techniques</li><li>6. hand washing and hand hygiene techniques</li><li>7. standard/universal precautions</li></ul>		1 1 1	2 2 2 2	3 3 3	4 4	5 5		
<ol> <li>physical comfort measures and techniques</li> <li>hand washing and hand hygiene techniques</li> <li>standard/universal precautions</li> <li>emergency and disaster situations and responses</li> </ol>		① ① ① ①	<ul><li>2</li><li>2</li><li>2</li><li>2</li><li>2</li></ul>	3 3 3	4 4 4 4	5 5 5		
<ol> <li>physical comfort measures and techniques</li> <li>hand washing and hand hygiene techniques</li> <li>standard/universal precautions</li> <li>emergency and disaster situations and responses</li> <li>indications that client might be suicidal</li> </ol>			2 2 2 2 2 2 2 2	3 3 3 3 3 3	4 4 4 4 4 4 4	5 5 5 5 5		
<ol> <li>physical comfort measures and techniques</li> <li>hand washing and hand hygiene techniques</li> <li>standard/universal precautions</li> <li>emergency and disaster situations and responses</li> <li>indications that client might be suicidal</li> <li>elastic stockings/anti-embolism hose application and remov</li> </ol>	'al techniques			3 3 3 3 3 3 3	4 4 4 4 4 4 4 4	\$\begin{array}{cccccccccccccccccccccccccccccccccccc		
<ol> <li>physical comfort measures and techniques</li> <li>hand washing and hand hygiene techniques</li> <li>standard/universal precautions</li> <li>emergency and disaster situations and responses</li> <li>indications that client might be suicidal</li> <li>elastic stockings/anti-embolism hose application and remov</li> <li>procedures for moving a client in bed</li> </ol>	ral techniques		2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4	\$\begin{align*} \( \begin{align*} \delta \\ \d		
<ol> <li>physical comfort measures and techniques</li> <li>hand washing and hand hygiene techniques</li> <li>standard/universal precautions</li> <li>emergency and disaster situations and responses</li> <li>indications that client might be suicidal</li> <li>elastic stockings/anti-embolism hose application and remov</li> <li>procedures for moving a client in bed</li> <li>procedures for obtaining and recording blood pressure</li> </ol>	ral techniques			3 3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4 4	\$\begin{array}{cccccccccccccccccccccccccccccccccccc		
<ol> <li>physical comfort measures and techniques</li> <li>hand washing and hand hygiene techniques</li> <li>standard/universal precautions</li> <li>emergency and disaster situations and responses</li> <li>indications that client might be suicidal</li> <li>elastic stockings/anti-embolism hose application and remov</li> <li>procedures for moving a client in bed</li> <li>procedures for obtaining and recording blood pressure</li> <li>procedures for obtaining and recording body temperature</li> </ol>	ral techniques			3 3 3 3 3 3 3 3 3 3	4 4 4 4 4 4 4 4 4 4	\$\begin{array}{cccccccccccccccccccccccccccccccccccc		
<ol> <li>physical comfort measures and techniques</li> <li>hand washing and hand hygiene techniques</li> <li>standard/universal precautions</li> <li>emergency and disaster situations and responses</li> <li>indications that client might be suicidal</li> <li>elastic stockings/anti-embolism hose application and remov</li> <li>procedures for moving a client in bed</li> <li>procedures for obtaining and recording blood pressure</li> <li>procedures for obtaining and recording body temperature</li> <li>procedures for obtaining and recording pulse rate</li> </ol>	ral techniques				4 4 4 4 4 4 4 4 4 4 4 4			
<ol> <li>physical comfort measures and techniques</li> <li>hand washing and hand hygiene techniques</li> <li>standard/universal precautions</li> <li>emergency and disaster situations and responses</li> <li>indications that client might be suicidal</li> <li>elastic stockings/anti-embolism hose application and remov</li> <li>procedures for moving a client in bed</li> <li>procedures for obtaining and recording blood pressure</li> <li>procedures for obtaining and recording body temperature</li> <li>procedures for obtaining and recording pulse rate</li> <li>procedures for obtaining and recording respiratory rate</li> </ol>					4 4 4 4 4 4 4 4 4 4 4 4 4			
<ol> <li>physical comfort measures and techniques</li> <li>hand washing and hand hygiene techniques</li> <li>standard/universal precautions</li> <li>emergency and disaster situations and responses</li> <li>indications that client might be suicidal</li> <li>elastic stockings/anti-embolism hose application and remov</li> <li>procedures for moving a client in bed</li> <li>procedures for obtaining and recording blood pressure</li> <li>procedures for obtaining and recording body temperature</li> <li>procedures for obtaining and recording pulse rate</li> <li>procedures for obtaining and recording respiratory rate</li> <li>procedures to measure and record client's height and weight</li> </ol>	nt				4 4 4 4 4 4 4 4 4 4 4 4 4			
<ol> <li>physical comfort measures and techniques</li> <li>hand washing and hand hygiene techniques</li> <li>standard/universal precautions</li> <li>emergency and disaster situations and responses</li> <li>indications that client might be suicidal</li> <li>elastic stockings/anti-embolism hose application and remov</li> <li>procedures for moving a client in bed</li> <li>procedures for obtaining and recording blood pressure</li> <li>procedures for obtaining and recording body temperature</li> <li>procedures for obtaining and recording pulse rate</li> <li>procedures for obtaining and recording respiratory rate</li> </ol>	nt gs				4 4 4 4 4 4 4 4 4 4 4 4 4			

For each activity fill in one oval for an importance rating using the following scale:

**INSTRUCTIONS:** Please rate the overall importance of the possession of this **knowledge** by newly certified nurse aides for safe and effective work, regardless of specific work setting. (Select one importance rating per knowledge statement.)

	<ul> <li>1 = Not Important</li> <li>2 = Minimally Important</li> <li>3 = Moderately Important</li> <li>4 = Very Important</li> <li>5 = Critically Important</li> </ul>	Not Important	Minimally Important	3 Moderately Importa	4 Very Important	Critically Important
<b>KNOWLEDGE OF:</b>		_	7	က	4	rv
19. reality orientation ther	rapy	1	2	3	4	5
20. safe transfer technique		1	2	3	4	5
21. skills that promote clie	ent's sense of security	1	2	3	4	(5)
22. specimen collection ty		1	2	3	4	5
23. techniques and device cognitive impairment	es for addressing the unique needs and behaviors of the client with	1	2	3	4	5
	I deep breathing techniques	1	2	3	4	5
25. types, applications and		1	2	3	4	(5)
26. urinary catheter care p		1	2	3	4	5
27. validation therapy		1	2	3	4	5
28. converting ounces to r	milliliters	1	2	3	4	5
29. converting pounds to l		1	2	3	4	5
30. how to report and doc		1	2	3	4	5
31. intake and output calc		1	2	3	4	(5)
	nal pulse oximetry readings	1	2	3	4	5
33. normal versus abnorm	nal vital signs	1	2	3	4	(5)
34. observing and reporting	ng behavioral changes	1	2	3	4	5
35. observing, recording a	and measuring intake and output	1	2	3	4	(5)
36. procedures for calcula	ating and recording meal intake	1	2	3	4	5
37. reporting changes in c	client's intake and output	1	2	3	4	(5)
38. reporting changes in c	client's weight	1	2	3	4	5
39. reporting process for s	suicidal clients	1	2	3	4	(5)
40. complications due to p	prosthetic and orthotic device use	1	2	3	4	5
41. normal and abnormal	color, movement and sensation of extremities	1	2	3	4	5
42. normal joint mobility		1	2	3	4	5
43. normal versus abnorm	nal skin and nail conditions	1	2	3	4	(5)
44. normal versus abnorm	nal skin appearance	1	2	3	4	5
45. pressure relieving devi	rices and techniques	1	2	3	4	5
46. procedures for inspect	ting and providing skin care	1	2	3	4	5
47. purposes of skin care		1	2	3	4	5
48. range of motion exerci		1	2	3	4	5
49. range of motion preca		1	2	3	4	5
<ol><li>risk factors for skin bre</li></ol>		1	2	3	4	5
51. the aging process and		1	2	3	4	5
	lients with sensory impairment	1	2	3	4	5
53. ambulation devices an		1	2	3	4	5
54. client mobility and fur		1	2	3	4	5
55. prosthetic and orthotic		1	2	3	4	5
56. the need to promote c		1	2	3	4	5
57. basic emotional needs		1	2	3	4	5
58. behaviors related to co		1	2	3	4	5
59. client recreational acti		1	2	3	4	5
	otance and sense of belonging	1	2	3	4	5
61. client's need for sense	•	0	2	3	4	5
62. cognitive impairments		1	2	3	4	5

INSTRUCTIONS: Please rate the overall importance of the possession of this knowledge by newly certified nurse aides for safe and effective work, regardless of specific work setting. (Select one importance rating per knowledge statement.)

state	nene.)					
For	each activity fill in one oval for an importance rating using the following scale:					
	1 = Not Important		゙	an		=
			Ta	5		Į a
	2 = Minimally Important	<del> </del>	6 0	ᇤ	ıt	ğ
	3 = Moderately Important	Not Important	Minimally Important	Moderately Important	4 Very Important	Critically Important
	4 = Very Important	ō	≟	te	<u>od</u>	<u>&gt;</u>
	5 = Critically Important	E	nal	ra	<u>=</u>	ا ج
	o cinically important	=	:≣	ğ	<u>~</u>	ığı
		ž	Ξ	Ž	Š	
	OWLEDGE OF:	_	7	က	4	r.
63.	meeting the needs of sensory impaired clients	1	2	3	4	5
64.	personal preference considerations	1	2	3	4	5
	physical and emotional benefits of bathing clients	1	2	3	4	5
	promoting client participation in group activities	1	2	3	4	5
	promoting client participation in recreational activities	1	2	3	4	5
	sensory impairments	1	2	3	4	5
	skills that promote client's feeling of acceptance and belonging	1	2	3	4	5
	techniques for helping the client express emotions	1	2	3	4	5
	the stages of grief	1	2	3	4	5
	care for the body after death	1	2	3	4	5
	client's religious and cultural beliefs and practices	1	2	3	4	5
	cultural and personal preference considerations	1	2	3	4	5
	dignity, spiritual and cultural considerations for a client after death	1	2	3	4	5
	dignity, spiritual and cultural considerations for a dying client	1	2	3	4	5
	the death and dying process	1	2	3	4	5
	the need to report client's cultural/religious/spiritual preferences and needs	1	2	3	4	5
	active listening skills	1	2	3	4	(5)
	approved medical terminology	1	2	3	4	5
	chain of command	1	2	3	4	5
	how to handle conflict	0	2	3	4	5
	identifying and reporting barriers to communication	1	2	3	4	5
	respectful communication	0	2	3	4	5
	respectful communication skills	1	2	3	4	5
	shift change report	0	2	3	4	5
	the need for an interpreter	1	2	3	4	5
	advanced directives	0	2	3	4	5
	client grievance and dispute processes	0	2	3	4	5
	client privacy and confidentiality	0	2	3	4	5
	client rights client-centered care	0	2	3	4	5
		0	2	3	4	5
	client-centered environment client's environmental preferences	1	2	3	4	5
	how to maintain dignity and privacy during care		2			
	how to maintain digitity and privacy during care how to promote client self-esteem and dignity	0	2	3	4	5
	interactions to promote client dignity during meals	0	2	3	4	5
	privacy, dignity, safety and comfort during linen changes	0	2	3	4	5
	restraint alternatives the need to explain care to client prior to procedures	1	2	3	4	5
	ways to support the sexuality of the client	0	2	3	4	5
	documentation guidelines	0	2	3	4	5
	Health Insurance Portability and Accountability Act (HIPAA)	0	2	3	4	5
	Health Insurance Portability and Accountability Act (HIPAA) violations	0	2	3	4	5
	procedures to report unusual incidents	1	2	3	4	5
	reporting requirements for disputes, grievances, abuse and suspicious workplace activities	0	2	3	4	5
	right and wrong conduct for nurse aides	1	2	3	4	5
	5					

For each activity fill in one oval for an importance rating using the following scale:

INSTRUCTIONS: Please rate the overall importance of the possession of this knowledge by newly certified nurse aides for safe and effective work, regardless of specific work setting. (Select one importance rating per knowledge statement.)

L'N	1 = Not Important 2 = Minimally Important 3 = Moderately Important 4 = Very Important 5 = Critically Important	1 Not Important	2 Minimally Importar	3 Moderately Import	4 Very Important	5 Critically Importan
_					_	
	signs of suspected neglect, mistreatment or abuse			3	4	5
	suspicious workplace activity	Œ		3	4	5
	continuing education or in-service requirements			3	4	5
	following client's plan of care as assigned			3	4	5
	how to identify self by name and job title			3	4	5
	nurse aide role as a member of the healthcare team			3	4	5
	nurse aide role in reinforcement of client and family education			3	4	5
	nurse aide roles and responsibilities			3	4	5
	nurse aide's participation in plan of care process			3	4	5
	nurse aide's role in assisting client with life transitions	_ (I		3	4	5
	performance improvement and cost containment programs			3	4	5
	prioritizing client care			3	4	5
	promoting client and family role in plan of care			3	4	5
	promoting family's role in client care			3	4	(5)
	the nurse aide role in assisting the nurse with a dressing change		2	3	4	5
	ways to modify nurse aide's behavior in response to the client's behavior	Œ	2	3	4	5
124.	working within a team			3	4	5

## **SECTION 3: EDUCATIONAL BACKGROUND**

1. What type of preparation did you have for your current	work as a nurse aide? (Select ALL that apply)
<ul> <li>Previous work experience</li> </ul>	<ul> <li>Course offered by community or junior college</li> </ul>
○ High school course	<ul> <li>Course offered by technical or vocational school</li> </ul>
Classes in a nursing education program (LPN or LVN or	
Course offered by current employer	○ None
<ul> <li>Course offered by previous employer</li> </ul>	Other, please specify:
2. Besides basic nurse aide skills, which of the following are you marked in Question 1 of this section? (Select ALL that	reas of knowledge/skill were included in the course(s) or classes
<ul> <li>Administration of oral and/or topical medications</li> </ul>	<ul> <li>Emergency care procedures other than basic life support</li> </ul>
O Administration of insulin	or CPR
<ul><li>Administration of oxygen</li><li>Drawing blood from veins for laboratory testing</li></ul>	<ul> <li>Removal of peripheral intravenous catheter</li> <li>Removal of indwelling urinary catheter</li> </ul>
<ul> <li>Blood glucose testing (finger-stick testing)</li> </ul>	Calletei
	please specify:
<ul> <li>Special care required by geriatric (elderly) clients →</li> </ul>	,,,
	please specify: please specify:
Other, please specify:	please specify
${\bf 3.\ Which\ of\ the\ following\ certifications\ have\ you\ earned?}$	• • •
<ul> <li>GNA – Geriatric Nurse Aide/Nursing Assistant</li> </ul>	<ul> <li>CMT – Certified Medication Technician - including insulin</li> </ul>
CNA – Certified Nurse Aide/Nursing Assistant	administration
CMA – Certified Medication Aide/Assistant	Other place marks
<ul> <li>CMT – Certified Medication Technician</li> <li>CMA – Certified Medication Aide/Assistant - including</li> </ul>	Other, please specify:
insulin administration	
4. Are you currently enrolled in a formal nursing education	n program?
○ Yes – ANSWER Question 4a; then SKIP to Question	• •
I have applied, but am not currently enrolled – <b>SKIP</b>	
○ No – SKIP to Question 6	
4a. If yes, in which of the following programs are you	enrolled? (Select ALL that apply)
Practical/Vocational Nursing (LPN or LVN)	Registered Nurse – bachelor's degree program
Registered Nurse – diploma program	Other, please specify:
Registered Nurse – associate degree program	outer, preuse speetry.
	am, please indicate the reason(s) you are not currently enrolled?
(Select ALL that apply)	
Applied to LPN or LVN Program	Applied to RN Program
Currently completing pre-requisite courses	Currently completing pre-requisite courses
<ul><li>On a waiting list for admissions</li><li>Unable to afford tuition</li></ul>	<ul><li>On a waiting list for admissions</li><li>Unable to afford tuition</li></ul>
<ul> <li>Did not meet admission requirements</li> </ul>	<ul> <li>Did not meet admission requirements</li> </ul>
Turned down because classes are full	Turned down because classes are full
Other, please specify:	Other, please specify:
6. Do you have a non-nursing college degree?	
○ No ○ Yes, please specify:	
	7

## **SECTION 4: PERSONAL BACKGROUND**

Answers to the following questions will be used to described the individuals completing this questionnaire. No individual answers will be reported.

1. What is your gender?	3. Is English the first language you learned to speak?
	○ Yes ○ No
2. Select below the answer most descriptive of your racial/ethnic background. (Select only ONE answ African American Asian Indian Asian other Hispanic Native American Pacific Islander White - not of Hispanic origin Other, please specify:	
CECTION E COMMENTE	
SECTION 5: COMMENTS	
contacted, please <i>provide your phone number be</i> Daytime or Early Evening	of this study, we may call some persons. If you are willing to be elow:  any comments or suggestions that you have in the space below.

After you complete this form, please return it in the enclosed postage-paid envelope. *Thank you for your assistance with this important study!* 

### APPENDIX E.3: 2010 NURSE AIDE EVALUATOR (NAE) KNOWLEDGE SURVEY QUESTIONNAIRE, VERSION ONE



National Council of State Boards of Nursing

National Council of State Boards of Nursing

## NURSE AIDE EVALUATOR (NAE) KNOWLEDGE SURVEY

This questionnaire is part of a comprehensive study of the knowledge needed by certified entry-level nurse aides/ nursing assistants with less than 12 months of work experience post-certification in the United States and its jurisdictions. The study is being conducted by the National Council of State Boards of Nursing.

#### **INSTRUCTIONS**

Please read each question carefully and respond by filling in the oval of the response that most closely represents your answer. Most questions have several alternative answers. Choose the answer that best applies to your work and fill in the appropriate oval(s). A few questions ask you to write in information. Print your answer legibly in the space provided following the question.

For the purpose of this study, "nurse aides" are individuals, regardless of title, assisting with the delivery of direct nursing care to clients. The "client" is defined as an individual, individual plus family (or significant other[s]). "Clients" are the same as "residents" or "patients."

Your answers will be kept confidential. Your individual responses to the questions will not be released.



Inservice Educator



Incorrect marks

- · Use a pencil.
- · Do not use a pen.
- · Make heavy dark marks that fill the oval completely.
- · If you want to change an answer, erase completely.

#### **SECTION 1: WORK ENVIRONMENT**

NOTE: If you hold more than one nursing position, please answer the following questions according to the position in which you currently supervise or evaluate care provided by nurse aides or nursing assistants.

1. What type(s) of nursing license do	you hold? (Select ALL that apply)
<ul><li>Registered nurse (RN)</li><li>Licensed practical or vocational</li><li>Other, please specify:</li></ul>	I nurse (LPN/LVN)
2. Which of the following best descril (Select the ONE title that is closest	, ·
<ul><li>Charge Nurse</li></ul>	○ Staff LPN
<ul><li>Coordinator</li></ul>	○ Staff RN
<ul> <li>Director/Assistant Director</li> </ul>	<ul><li>Supervisor</li></ul>
	O Supervisor

Version O	FOR OFFICE USE ONLY
	1

Other, please specify:

SECTION I: WORK ENVIRONMENT	(continuea)
3. Please record the number of years you have been working in your current position. Example: 8 years is represented as "08"  4. Please record the total number of years you held a position(s) requiring that you evaluate the work performed by entry-level nurse aides/nursing assistants.  5. Which of the following best describes the highest level of education you have completed? (Select only ONE answer)  Licensed practical/vocational nursing program  RN - diploma program  RN - associate program  RN - baccalaureate degree in a field other than nursing  Master's degree in field other than nursing  Master's degree in field other than nursing  Nurse practitioner program (master's or certificate)  Doctoral program  Any nursing program not in the U.S.  Other, please specify:	6. Which of the following best describes the work setting(s) in which you currently supervise and/or evaluate the work performed by nurse aides? (Review the entire list and select ALL that apply)  HOSPITALS or ACUTE CARE SETTINGS  Central supply Chemical dependency unit Emergency room Extended care facility/Rehabilitation unit In-patient hospice care Intensive care unit Intermediate care/Step down unit Labor and delivery unit Medical/Surgical unit (includes sub-specialties e.g., orthopedics, oncology, etc.) Nursery Operating room Pediatric unit Postpartum/Maternity unit Psychiatric unit Recovery room Other, please specify:  NURSING HOME/LONG-TERM CARE Assisted living facility Intermediate care unit Personal care unit Skilled care unit Sub-acute unit Other, please specify:  COMMUNITY/HOME HEALTH CARE Home health in client's residence Hospice care in client's residence Other, please specify:
7. Which of the following best describes the ages of most of the clients to whom nurse aides provided care in your work setting(s)? (Select ALL that apply)  Newborns (less than 1 month) Infants/children (1 month-12 years) Adolescents (ages 13-18) Young adults (ages 19-30) Middle adults (ages 31-64) Older adults (ages 65-85) Elder adults (over the age of 85)	8. Which of the following best describes the condition of most of the clients to whom nurse aides provide care in your work setting(s)? (Select ALL that apply)  Well clients, possibly with minor illnesses OB (maternity) clients Clients with stable chronic conditions Clients with unstable chronic conditions Clients with acute conditions, including clients with medical, surgical or critical conditions Clients at end of life Clients with behavioral/emotional conditions Other, please specify:

<ul> <li>9. What shift do you usually work? (Select only ONE answer)</li> <li>Rotating shift</li> <li>Days (8, 10, or 12 hour shift)</li> <li>Evenings (8, 10, or 12 hour shift)</li> <li>Nights (8, 10, or 12 hour shift)</li> <li>Other, please specify:</li> <li>10. How many hours did you work on your last shift/day of work? (Select only ONE answer)</li> </ul>	14. In your work setting(s), what is the average number of clients cared for daily by entry-level nurse aides?  AVERAGE NUMBER OF CLIENTS SEEN DAILY  3 3 4 4 5 3 6 6 7 7 8 8
<ul> <li>Less than 1 hour</li> <li>1 hour-4 hours</li> <li>5-8 hours</li> <li>9-12 hours</li> <li>13-16 hours</li> <li>17 hours or more</li> </ul>	15. How many entry-level nurse aides did you supervise on your last shift? (Select only ONE answer)  None 1 2
<ul> <li>11. Which of the following <u>best</u> describes the location of your employment setting(s)? (Select only ONE answer)</li> <li>Urban/metropolitan area</li> <li>Suburban area</li> <li>Rural area</li> <li>I do not know</li> </ul>	3 4 5 6 7 or more
<ul> <li>12. If you work in a community-based setting, how many beds do you have for inpatient use? (Select only ONE answer)</li> <li>Under 5 beds</li> <li>6-10 beds</li> <li>11-15 beds</li> <li>16-20 beds</li> <li>20 beds or more</li> <li>I do not know</li> <li>I do not work in a community-based setting</li> </ul>	16. Which of the following titles are used for the entry-level nurse aides that you supervise or evaluate? (Select all that apply)  Care partner Certified home health aide Certified medication aide/assistant Certified medication technician Certified nurse aide Certified nursing assistant Charge aide/Senior aide Dietary aide
13. If you work in a hospital or nursing home, how many beds do you have for inpatient use? (Select only ONE answer)  Under 50 beds  51-99 beds  100-299 beds  300-499 beds  500 beds or more  I do not know  I do not work in a hospital or nursing home	<ul> <li>Home health aide</li> <li>Homemaker</li> <li>Medication aide/assistant</li> <li>Medication technician</li> <li>Nursing assistant</li> <li>Orderly</li> <li>Patient care technician</li> <li>Personal or patient care attendant/assistant</li> <li>Psychiatric aide</li> <li>Other, please specify:</li> </ul>

#### SECTION 2: KNOWLEDGE NEEDED

**INSTRUCTIONS:** Please rate the overall importance of the possession of this **knowledge** by newly certified nurse aides for safe and effective professional practice, regardless of specific work setting. (Select one importance rating per knowledge statement.)

For each activity fill in one oval for an importance rating using the following scale: 1 = Not Important

2 = Minimally Important 3 = Moderately Important 4 = Very Important 5 = Critically Important	Not Important	Minimally Import	Moderately Impo	4 Very Important	5 Critically Importa
KNOWLEDGE OF:	Š N	2 Mi	3 Mo	l Ve	Ç
1. basic foot anatomy	1	2	3	4	5
2. care for dentures	1	2	3	4	5
3. denture removal and insertion	①	2	3	4	5
4. nail care procedures	1	2	3	4	5
5. normal versus abnormal mouth conditions	①	2	3	4	5
6. procedure and purpose for providing pericare	①	2	3	4	5
7. procedures for foot care	<b>①</b>	2	3	4	5
8. procedures for mouth care	1	2	3	4	5
9. purpose for mouth care	1	2	3	4	5
10. purpose for nail care	1	2	3	4	5
11. purpose for skin care	1	2	3	4	5
12. obstacles that affect dressing and undressing client	1	2	3	4	5
13. procedures for dressing and undressing client	1	2	3	4	5
14. procedures for grooming	1	2	3	4	5
15. purposes for grooming	1	2	3	4	(5)
16. adaptive eating devices	1	2	3	4	5
17. dietary restrictions	1	2	3	4	5
18. feeding techniques	1	2	3	4	5
19. foods included in fluid intake	1	2	3	4	5
20. measuring oral fluid intake	0	2	3	4	5
21. methods for giving fluids by mouth	1	2	3	4	5
22. procedures for serving and removing meal tray	①	2	3	4	5
23. serving the correct meal to the correct client	1	2	3	4	5
24. signs and symptoms of dehydration	①	2	3	4	5
25. special diets	1	2	3	4	5
26. supplemental nutrition	1	2	3	4	5
<ul><li>27. the importance of serving the correct meal to client</li><li>28. the need for fluids in the body</li></ul>	1	2	3	4	5 5
29. the role of nutrition and hydration on skin care	1	2	3	4	5
30. assisting the client with toileting	① ①	2	3	4	5
31. bowel and bladder training	1	2	3	4)	5
32. cleaning the client after elimination	1	2	3	4	5
33. emptying urinary drainage device	①	2	3	4	5
34. incontinence care	1	2	3	4	5
35. normal versus abnormal characteristics of urine and stool	①	2	3	4	5
36. normal versus abnormal ostomy output	1	2	3	4	5
37. ostomy types	1	2	3	4	5
38. purpose, types and uses of toileting equipment and devices	1	2	3	4	5
39. types and uses of incontinence products	1	2	3	4	5
40. urinary catheter types	1	2	3	4	5
41. client specific needs during position changes	1	2	3	4	5
42. comfort measures and care during the dying process	1	2	3	4	5
43. correct body alignment and positioning techniques	1	2	3	4	5
44. measures to promote rest and sleep	വ	2	(3)	4	(5)

45. pain relief or comfort measures

#### **SECTION 2: KNOWLEDGE NEEDED** (continued)

**INSTRUCTIONS:** Please rate the overall importance of the possession of this **knowledge** by newly certified nurse aides for safe and effective professional practice, regardless of specific work setting. (Select one importance rating per knowledge statement.)

2 Minimally Important 3 Moderately Important

☐ 1 Not Important

1

1

3

2 3

2

2

2

5 Critically Important

5

(5)

5

(5)

5

4 Very Important

For each activity fill in one oval for an importance rating using the following scale:

- 1 = Not Important
- 2 = Minimally Important
- 3 = Moderately Important
- 4 = Very Important
- 5 = Critically Important

KN	( ) \	A/I	ED	( 'E	OF:
NIN	$\mathbf{C}$	/ V L	.LV	UL	$\mathbf{O}$

physical comfort measures and techniques

79. reasons for checking client status routinely

84. safety and accident prevention measures and devices

87. self limitations and understanding when to seek assistance

90. strategies to safely care for angry or potentially violent clients

80. reasons to identify client before care

83. safe transfer and lifting techniques

86. safety techniques during toileting

85. safety considerations during transport

88. signs and symptoms of airway obstruction89. signs and symptoms of feeding complications

82. restraint complications

47.	reporting client symptoms of pain or discomfort	1	2	3	4	5
48.	the benefits of physical comfort	1	2	3	4	5
	verbal and nonverbal signs and symptoms of pain or discomfort	1	2	3	4	5
	airborne precautions	1	2	3	4	5
	biohazardous waste	1	2	3	4	5
	biohazardous waste disposal	1	2	3	4	5
	contact precautions	1	2	3	4	5
	disinfection techniques	1	2	3	4	5
	droplet precautions	1	2	3	4	5
	hand washing and hand hygiene techniques	1	2	3	4	5
	standard/universal precautions	1	2	3	4	5
	the spread of infection or infection transmission	1	2	3	4	5
	the types and uses of personal protective equipment	1	2	3	4	5
	ambulation safety	1	2	3	4	5
	basic life support procedures	1	2	3	4	5
	body mechanics	1	2	3	4	5
	call system devices and placement within reach	1	2	3	4	5
	client positioning during mouth care	1	2	3	4	5
	client risk factors for injuries	1	2	3	4	5
	client-safety alarm types and uses	1	2	3	4	5
67.	CPR/basic life support skills	1	2	3	4	5
68.	emergency and disaster situations and responses	1	2	3	4	5
69.	environmental dangers to the client's health and safety	1	2	3	4	5
70.	evacuation procedures and techniques	1	2	3	4	5
71.	fire and disaster safety plans	1	2	3	4	5
72.	fire prevention techniques	1	2	3	4	5
73.	how to provide a clean, safe and neat living space	1	2	3	4	5
74.	indications that client might be suicidal	1	2	3	4	5
75.	lifting and transfer devices	1	2	3	4	(5)
76.	methods to relieve choking and clear airway	1	2	3	4	5
77.	methods used to identify client	1	2	3	4	5
78.	oxygen safety and storage	1	2	3	4	5

5

81. recognizing and reporting signs and symptoms of client's change in condition

#### **SECTION 2: KNOWLEDGE NEEDED** (continued)

**INSTRUCTIONS:** Please rate the overall importance of the possession of this **knowledge** by newly certified nurse aides for safe and effective professional practice, regardless of specific work setting. (Select one importance rating per knowledge statement.)

For	reach activity fill in one oval for an importance rating using the following scale:  1 = Not Important 2 = Minimally Important 3 = Moderately Important	tant	Minimally Important	Moderately Important	rtant	Critically Important
	4 = Very Important 5 = Critically Important	Not Important	nimally	oderatel	4 Very Important	itically
IZ.	IOWIED CE OF				Ve	r. C
	NOWLEDGE OF:	_	2	3		
	the importance of responding to client-safety alarms promptly	1	2	3	4	5
	the purpose for client rounds	1	2	3	4	(5
	timely response to and importance of call systems ambulation techniques with and without a device	1	2	3	4	<u>5</u>
	behavior modification	1	2	3	4	5
	care for client in restraints	0	2	3	4	(5
	care, cleaning and storage of equipment	0	2	3	4	(5
	client positioning techniques	1	2	3	4	(5
	client preparation for diagnostic test, procedure or surgery per directive	1	2	3	4	(5
	client transport methods and devices	1	2	3	4	(5
	client's personal equipment maintenance and care	1	2	3	4	(5
	devices used to measure client's height and weight	1	2	3	4	5
	elastic stockings/anti-embolism hose application and removal techniques	1	2	3	4	(5
	emotional support techniques	1	2	3	4	(5
	environmental conditions for bathing clients	1	2	3	4	(5
	equipment and supplies needed for bathing	1	2	3	4	5
	ostomy care procedures	1	2	3	4	(5
	oxygen devices and methods of delivery	1	2	3	4	5
	positioning devices	1	2	3	4	(5
	procedure for making occupied or unoccupied beds	1	2	3	4	5
	procedure for performing and recording pulse oximetry	1	2	3	4	(5
	procedures and techniques for measuring and recording intake and output	1	2	3	4	3
	procedures for admission, discharge and transfer	1	2	3	4	(5
	procedures for different types of baths	1	2	3	4	(5
	observing, recording and measuring intake and output	1	2	3	4	(5
	range of motion precautions	1	2	3	4	5
	the need to promote client independence	1	2	3	4	(5
	promoting client participation in group activities	1	2	3	4	5
	promoting client participation in recreational activities	1	2	3	4	(5
	client's religious and cultural beliefs and practices	1	2	3	4	5
	how to handle conflict	1	2	3	4	(5
	how to maintain dignity and privacy during care	1	2	3	4	(5
	reporting requirements for disputes, grievances, abuse and suspicious workplace activities	1	2	3	4	(5
	promoting client and family role in plan of care	1	2	3	4	(5
	Are there any areas of knowledge needed by certified entry-level nurse aides in your work NOT listed on this survey?  No Yes (Please list activitie(s) in the space provided):					

#### SECTION 3: PERSONAL BACKGROUND

Answers to the following questions will be used to described the individuals completing this questionnaire. No individual answers will be reported.

1. What is your gender?	3. Is English the first language y	ou lear	ned to speak?
○ Male   ○ Female	○ Yes ○ No		
2. Select below the answer most descriptive of your racial/ethnic background. (Select only ONE answer)	4. What is your age in years?	00	YEARS
African American		101	
Asian Indian		22	
Asian other		33	
<ul><li>Hispanic</li></ul>		44	
<ul><li>Native American</li></ul>		55	
<ul><li>Pacific Islander</li></ul>		66	
White - not of Hispanic origin		00	
Other, please specify:		88	
		99	
	•		
SECTION 4: COMMENTS			
If we need more information to clarify the results of this sto contacted, please <i>provide your phone number below:</i>	udy, we may call some persons. If	you ar	e willing to b
Daytime or Early Evening Phone Number with Area Code:			

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2	2	2		2	2	2		2	2	2	2
3	3	3		3	3	3		3	3	3	3
4	4	4		4	4	4		4	4	4	4
(5)	(5)	(5)		(5)	(5)	(5)		(5)	<b>⑤</b>	(5)	(5)
6	6	6		6	6	6		6	6	6	6
$\bigcirc$	Ø	Ø		7	Ø	Ø		Ø	Ø	Ø	Ø
8	8	8		8	8	8		8	8	8	8
9	9	9		9	9	9		9	9	9	9

You may write any comments or suggestions that you have in the space below.							

After you complete this form, please return it in the enclosed postage-paid envelope.

Thank you for your assistance with this important study!

# APPENDIX E.4: 2010 NURSE AIDE EVALUATOR KNOWLEDGE SURVEY QUESTIONNAIRE, VERSION TWO

# 

National Council of State Boards of Nursing

National Council of State Boards of Nursing

# NURSE AIDE EVALUATOR (NAE) KNOWLEDGE SURVEY

This questionnaire is part of a comprehensive study of the knowledge needed by certified entry-level nurse aides/nursing assistants with less than 12 months of work experience post-certification in the United States and its jurisdictions. The study is being conducted by the National Council of State Boards of Nursing.

#### **INSTRUCTIONS**

Please read each question carefully and respond by <u>filling in the oval</u> of the response that most closely represents your answer. Most questions have several alternative answers. Choose the answer that best applies to your work and fill in the appropriate oval(s). A few questions ask you to write in information. Print your answer legibly in the space provided following the question.

For the purpose of this study, "nurse aides" are individuals, regardless of title, assisting with the delivery of direct nursing care to clients. The "client" is defined as an individual, individual plus family (or significant other[s]). "Clients" are the same as "residents" or "patients."

Your answers will be kept confidential. Your individual responses to the questions will not be released.

		-
Cor	rect ma	arks

Incorrect marks

- · Use a pencil.
- · Do not use a pen.
- · Make heavy dark marks that fill the oval completely.
- If you want to change an answer, erase completely.

#### **SECTION 1: WORK ENVIRONMENT**

NOTE: If you hold more than one nursing position, please answer the following questions according to the position in which you currently supervise or evaluate care provided by nurse aides or nursing assistants.

What type(s) of nursing license do y     Registered nurse (RN)     Licensed practical or vocational     Other, please specify:		
<b>2. Which of the following best describ</b> (Select the ONE title that is closest to	•	
<ul><li>Charge Nurse</li><li>Coordinator</li><li>Director/Assistant Director</li><li>Head Nurse/Unit Manager</li><li>Inservice Educator</li></ul>	<ul> <li>Staff LPN</li> <li>Staff RN</li> <li>Supervisor</li> <li>Team Leader</li> <li>Other, please specify:</li> </ul>	
00000000	FOR OFFICE USE ONLY	Version O

Jennest II Worth	EL COMO LA COLOR	(continued)
4. Please record the total number of years you held a position(s) requiring that you evaluate the work performed by entry-level nurse aides/nursing assistants.  5. Which of the following best deseducation you have completed?  Licensed practical/vocationa RN - diploma program  RN - associate program  RN - baccalaureate program  Baccalaureate degree in a file Master's degree in nursing  Master's degree in field othe Nurse practitioner program  Doctoral program	er than nursing (master's or certificate)	6. Which of the following best describes the work setting(s) in which you currently supervise and/or evaluate the work performed by nurse aides? (Review the entire list and select ALL that apply)  HOSPITALS or ACUTE CARE SETTINGS  Central supply Chemical dependency unit Emergency room Extended care facility/Rehabilitation unit In-patient hospice care Intensive care unit Intermediate care/Step down unit Labor and delivery unit Medical/Surgical unit (includes sub-specialties e.g., orthopedics, oncology, etc.) Nursery Operating room Pediatric unit Postpartum/Maternity unit Psychiatric unit Recovery room Other, please specify:  NURSING HOME/LONG-TERM CARE Assisted living facility Intermediate care unit Personal care unit Skilled care unit Sub-acute unit Other, please specify:  COMMUNITY/HOME HEALTH CARE (Clinic/Outpatient unit/Ambulatory surgical care Home health in client's residence Hospice care in client's residence
<ul><li>Any nursing program not in</li><li>Other, please specify:</li></ul>		
7. Which of the following best des the clients to whom nurse aides work setting(s)? (Select ALL that Newborns (less than 1 monto Infants/children (1 month-12 Adolescents (ages 13-18) Young adults (ages 19-30) Middle adults (ages 31-64) Older adults (ages 65-85) Elder adults (over the age of	provided care in your tapply) th) 2 years)	8. Which of the following best describes the condition of most of the clients to whom nurse aides provide care in your work setting(s)? (Select ALL that apply)  Well clients, possibly with minor illnesses OB (maternity) clients Clients with stable chronic conditions Clients with unstable chronic conditions Clients with acute conditions, including clients with medical, surgical or critical conditions Clients at end of life Clients with behavioral/emotional conditions Other, please specify:

<ul> <li>9. What shift do you usually work? (Select only ONE answer)</li> <li>Rotating shift</li> <li>Days (8, 10, or 12 hour shift)</li> <li>Evenings (8, 10, or 12 hour shift)</li> <li>Nights (8, 10, or 12 hour shift)</li> <li>Other, please specify:</li> <li>10. How many hours did you work on your last shift/day of</li> </ul>	14. In your work setting(s), what is the average number of clients cared for daily by entry-level nurse aides?  AVERAGE NUMBER OF CLIENTS SEEN DAILY  3 3 4 4 5 5 6 6 7 7
work? (Select only ONE answer)  Less than 1 hour  1 hour-4 hours  5-8 hours  9-12 hours  13-16 hours  17 hours or more	15. How many entry-level nurse aides did you supervise on your last shift? (Select only ONE answer)  None  1
11. Which of the following <u>best</u> describes the location of your employment setting(s)? (Select only ONE answer)  Urban/metropolitan area  Suburban area  Rural area  I do not know	2 3 4 5 6 7 or more
12. If you work in a community-based setting, how many beds do you have for inpatient use? (Select only ONE answer)  Under 5 beds 6-10 beds 11-15 beds 16-20 beds 20 beds or more I do not know I do not work in a community-based setting	<ul> <li>16. Which of the following titles are used for the entry-level nurse aides that you supervise or evaluate? (Select all that apply)</li> <li>Care partner</li> <li>Certified home health aide</li> <li>Certified medication aide/assistant</li> <li>Certified medication technician</li> <li>Certified nurse aide</li> <li>Certified nursing assistant</li> <li>Charge aide/Senior aide</li> <li>Dietary aide</li> </ul>
13. If you work in a hospital or nursing home, how many beds do you have for inpatient use? (Select only ONE answer)  Under 50 beds 51-99 beds 100-299 beds 300-499 beds 500 beds or more I do not know I do not work in a hospital or nursing home	<ul> <li>Home health aide</li> <li>Homemaker</li> <li>Medication aide/assistant</li> <li>Medication technician</li> <li>Nursing assistant</li> <li>Orderly</li> <li>Patient care technician</li> <li>Personal or patient care attendant/assistant</li> <li>Psychiatric aide</li> <li>Other, please specify:</li> </ul>

#### **SECTION 2: KNOWLEDGE NEEDED**

**INSTRUCTIONS:** Please rate the overall importance of the possession of this **knowledge** by newly certified nurse aides for safe and effective professional practice, regardless of specific work setting. (Select one importance rating per knowledge statement.)

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ry Important

For each activity fill in one oval for an importance rating using the following scale:

- 1 = Not Important
- 2 = Minimally Important
- 3 = Moderately Important
- 4 = Very Important
- 5 = Critically Important

		S	Ain	Mo	er/	Cri
K	NOWLEDGE OF:	_	2	3	4 Ver	5
1.	purpose for skin care	1	2	3	4	5
2.	purposes for grooming	1	2	3	4	5
3.	special diets	1	2	3	4	5
4.	normal versus abnormal characteristics of urine and stool	1	2	3	4	5
5.	physical comfort measures and techniques	1	2	3	4	5
6.	hand washing and hand hygiene techniques	1	2	3	4	5
7.	standard/universal precautions	1	2	3	4	(5)
	emergency and disaster situations and responses	1	2	3	4	5
9.	indications that client might be suicidal	1	2	3	4	5
10.	elastic stockings/anti-embolism hose application and removal techniques	1	2	3	4	5
11.	procedures for moving a client in bed	1	2	3	4	5
	procedures for obtaining and recording blood pressure	1	2	3	4	5
	procedures for obtaining and recording body temperature	1	2	3	4	5
	procedures for obtaining and recording pulse rate	1	2	3	4	5
	procedures for obtaining and recording respiratory rate	1	2	3	4	(5)
	procedures to measure and record client's height and weight	1	2	3	4	5
	procedures to secure and respect client's personal belongings	1	2	3	4	(5)
	prosthetic and orthotic device application and removal techniques	1	2	3	4	5
	reality orientation therapy	1	2	3	4	5
	safe transfer techniques	1	2	3	4	5
	skills that promote client's sense of security	1	2	3	4	5
	specimen collection types and procedures	1	2	3	4	5
23.	techniques and devices for addressing the unique needs and behaviors of the client with					
	cognitive impairment	1	2	3	4	5
	turning, coughing and deep breathing techniques	1	2	3	4	5
	types, applications and uses of restraints	1	2	3	4	5
	urinary catheter care procedures	1	2	3	4	5
	validation therapy	1	2	3	4	5
	converting ounces to milliliters	1	2	3	4	5
	converting pounds to kilograms	1	2	3	4	5
	how to report and document client behavior	1	2	3	4	5
	intake and output calculations	1	2	3	4	5
	normal versus abnormal pulse oximetry readings	1	2	3	4	5
	normal versus abnormal vital signs	1	2	3	4	5
	observing and reporting behavioral changes	1	2	3	4	5
	observing, recording and measuring intake and output	1	2	3	4	5
	procedures for calculating and recording meal intake	1	2	3	4	5
	reporting changes in client's intake and output	1	2	3	4	5
	reporting changes in client's weight	1	2	3	4	5
	reporting process for suicidal clients	1	2	3	4	5
	complications due to prosthetic and orthotic device use	1	2	3	4	5
	normal and abnormal color, movement and sensation of extremities	1	2	3	4	5
	normal joint mobility	1	2	3	4	5
	normal versus abnormal skin and nail conditions	1	2	3	4	5
44.	normal versus abnormal skin appearance	1	2	3	4	5

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#### SECTION 2: KNOWLEDGE NEEDED (continued)

For each activity fill in one oval for an importance rating using the following scale:

1 = Not Important

**INSTRUCTIONS:** Please rate the overall importance of the possession of this **knowledge** by newly certified nurse aides for safe and effective professional practice, regardless of specific work setting. (Select one importance rating per knowledge statement.)

	2 = Minimally Important 3 = Moderately Important 4 = Very Important 5 = Critically Important	Not Important	2 Minimally Import	3 Moderately Impo	4 Very Important	5 Critically Importa
K	NOWLEDGE OF:	ž	Ž	ž	, Ve	Č
	5. pressure relieving devices and techniques	1	2	3	4	(5)
	5. procedures for inspecting and providing skin care	1	2	3	4	5
	7. purposes of skin care	1	2	3	4	5
	3. range of motion exercises	①	2	3	4	5
	2. range of motion precautions	1	2	3	4	5
	). risk factors for skin breakdown	1	2	3	4	5
	I. the aging process and its effect on the body	1	2	3	4	5
	2. adaptive devices for clients with sensory impairment	1	2	3	4	5
	3. ambulation devices and use	1	2	3	4	5
54	4. client mobility and functional limitations	1	2	3	4	5
	5. prosthetic and orthotic devices	1	2	3	4	5
56	5. the need to promote client independence	1	2	3	4	5
57	7. basic emotional needs	1	2	3	4	5
58	3. behaviors related to cognitive impairments	1	2	3	4	5
59	O. client recreational activities	1	2	3	4	(5)
60	). client's need for acceptance and sense of belonging	1	2	3	4	5
61	. client's need for sense of security	1	2	3	4	(5)
	2. cognitive impairments	1	2	3	4	5
	3. meeting the needs of sensory impaired clients	1	2	3	4	5
	4. personal preference consideration	1	2	3	4	5
	5. physical and emotional benefits of bathing clients	1	2	3	4	5
	b. promoting client participation in group activities	1	2	3	4	5
	7. promoting client participation in recreational activities	1	2	3	4	5
	3. sensory impairments	1	2	3	4	5
	9. skills that promote client's feeling of acceptance and belonging	1	2	3	4	5
	0. techniques for helping the client express emotions	1	2	3	4	5
	l. the stages of grief	1	2	3	4	5
74	2. care for the body after death 3. client's religious and cultural beliefs and practices	1	2	3	4	5
		1	2	3	4	5
	cultural and personal preference considerations     dignity, spiritual and cultural considerations for a client after death	① ①	2	3	4	<u>5</u>
	5. dignity, spiritual and cultural considerations for a dying client	1	2	3	4	5
	7. the death and dying process	1	2	3	4	5
	3. the need to report client's cultural/religious/spiritual preferences and needs	1	2	3	4	5
	2. active listening skills	1	2	3	4	5
	D. approved medical terminology	1	2	3	4	5
	. chain of command	1	2	3	4	5
	2. how to handle conflict	1	2	3	4	5
	3. identifying and reporting barriers to communication	1	2	3	4	5
	respectful communication	1	2	3	4	5
	5. respectful communication skills	<u> </u>	2	3	4	5
	5. shift change report	1	2	3	4	5
	7. the need for an interpreter	1	2	3	4	(5)
	3. advanced directives	1	2	3	4	5
89	9. client grievance and dispute processes	1	2	3	4	5
	_					

#### **SECTION 2: KNOWLEDGE NEEDED** (continued)

**INSTRUCTIONS:** Please rate the overall importance of the possession of this **knowledge** by newly certified nurse aides for safe and effective professional practice, regardless of specific work setting. (Select one importance rating per knowledge statement.)

For each activity fill in one oval for an importance rating using the following scale:			<b>.</b>		
1 = Not Important		Ĭ	tan		ŧ
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4 = Very Important	ō	À	ıţel	٥	≟
5 = Critically Important	Not Important	Minimally Important	Moderately Important	4 Very Important	5 Critically Important
	5	Äi	Ϋ́O	/er	Ē
KNOWLEDGE OF:	_	2	3	4	5
90. client privacy and confidentiality	1	2	3	4	5
91. client rights	1	2	3	4	5
92. client-centered care	1	2	3	4	5
93. client-centered environment	1	2	3	4	5
94. client's environmental preferences	1	2	3	4	5
95. how to maintain dignity and privacy during care	1	2	3	4	5
96. how to promote client self-esteem and dignity	1	2	3	4	5
97. interactions to promote client dignity during meals	1	2	3	4	5
98. privacy, dignity, safety and comfort during linen changes	1	2	3	4	5
99. restraint alternatives	1	2	3	4	5
100. the need to explain care to client prior to procedures	1	2	3	4	5
101. ways to support the sexuality of the client	1	2	3	4	5
102. documentation guidelines	1	2	3	4	5
103. Health Insurance Portability and Accountability Act (HIPAA)	1	2	3	4	5
104. Health Insurance Portability and Accountability Act (HIPAA) violations	1	2	3	4	5
<ul><li>105. procedures to report unusual incidents</li><li>106. reporting requirements for disputes, grievances, abuse and suspicious workplace activities</li></ul>	1	2	3	4	5
107. right and wrong conduct for nurse aides	0	2	3	4	5 5
108. signs of suspected neglect, mistreatment or abuse	1	2	3	4	5
109. suspicious workplace activity	1	2	3	4	5
110. continuing education or in-service requirements	1	2	3	4	5
111. following client's plan of care as assigned	1	2	3	4	5
112. how to identify self by name and job title	1	2	3	4	5
113. nurse aide role as a member of the healthcare team	1	2	3	4	5
114. nurse aide role in reinforcement of client and family education	1	2	3	4	5
115. nurse aide roles and responsibilities	1	2	3	4	5
116. nurse aide's participation in plan of care process	1	2	3	4	5
117. nurse aide's role in assisting client with life transitions	1	2	3	4	5
118. performance improvement and cost containment programs	1	2	3	4	5
119. prioritizing client care	1	2	3	4	5
120. promoting client and family role in plan of care	1	2	3	4	5
121. promoting family's role in client care	1	2	3	4	5
122. the nurse aide role in assisting the nurse with a dressing change	1	2	3	4	5
123. ways to modify nurse aide's behavior in response to the client's behavior	1	2	3	4	5
124. working within a team	1	2	3	4	5
125. Are there any areas of knowledge needed by certified entry-level nurse aides in your work NOT listed on this survey?  No Yes (Please list activitie(s) in the space provided):	settin	g that	were		
6					

#### **SECTION 3: PERSONAL BACKGROUND**

Answers to the following questions will be used to described the individuals completing this questionnaire. No individual answers will be reported.

Male	gender	?				3. Is English the first language you learned to spea
	○ Fe	emale		○ Yes ○ No		
2. Select below racial/ethnic	backgro America dian her c America slander not of H	ound. in n	(Se	lec	t only	4. What is your age in years?
contacted, pleas	e inforn se <i>prov</i> ime or	natio <i>ide y</i> Early	n to ⁄ <i>our</i> Eve	cla r <i>pl</i>	arify hone g	is study, we may call some persons. If you are willing to
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<pre>①①①</pre> <pre>②②②</pre>	① ① ② ②	① ②	1	1	① ① ② ②	
① ① ① ② ② ② ③ ③ ③	① ① ② ② ③ ③	① ② ③	① ② ③	① ② ③	① ① ② ② ③ ③	
① ① ① ② ② ② ③ ③ ③ ④ ④ ④	① ① ② ② ③ ③ ④ ④	0 (1) (2) (3) (4)	① ② ③ ④	① ② ③ ④	① ① ② ② ③ ③ ④ ④	
000 222 333 444 555	1) (1) (2) (2) (3) (3) (4) (4) (4) (5) (5)	0 (1) (2) (3) (4) (4) (5) (5)	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ① ② ② ③ ③ ④ ④ ⑤ ⑤	
000 222 333 444 555 666	(1) (1) (2) (2) (3) (3) (4) (4) (4) (5) (5) (6) (6)	010000000000000000000000000000000000000	<ol> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> </ol>	① ② ③ ④ ⑤	1 1 2 2 3 3 3 4 4 4 5 5 6 6	
0 0 0 2 2 2 3 3 3 4 4 4 5 5 6 6 6 6 6 7 7 7	1) (1) (2) (2) (3) (3) (4) (4) (4) (5) (5) (6) (6) (7) (7)	010000000000000000000000000000000000000	1) 2) 3) 4) 5) 6) 7)	① 3 4 5 6 7	① ① ② ② ③ ③ ④ ④ ④ ⑤ ⑥ ⑥ ⑥ ⑦ ⑦	
000 222 333 444 555 666	(1) (1) (2) (2) (3) (3) (4) (4) (4) (5) (5) (6) (6)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 2 3 4 5 6 7 8	① ③ ④ ⑤ ⑥ ⑦ ⑧	1 1 2 2 3 3 3 4 4 4 5 5 6 6	

# APPENDIX F: 2010 NURSE AIDE KNOWLEDGE NONRESPONDER SURVEY QUESTIONNAIRE



#### National Council of State Boards of Nursing CERTIFIED ENTRY-LEVEL NURSE AIDE NURSING KNOWLEDGE SURVEY

This survey is the follow-up of a comprehensive study of the nursing knowledge needed by certified entry-level nurse aides/nursing assistants. This study is being conducted by the National Council of State Boards of Nursing (NCSBN®).

**INSTRUCTIONS:** Please read each question carefully and respond by selecting the option that most closely represents your answer. Choose the answer that **best** applies to your practice and select the appropriate response(s).

As used in this survey, the "client" can be an individual, family, or group. "Clients" are the same as "residents" or "patients." Your answers will be kept confidential and your individual responses to the questions will not be released.

Correct marks Incorrect marks	<ul> <li>Use a pencil.</li> <li>Do not use a pen.</li> <li>Make heavy dark marks that fill the oval completely.</li> <li>If you want to change an answer, erase completely.</li> </ul>
<ol> <li>You did not respond to the Entry-Level Nurse Aide Knowledge Survey in March 2010 because you:</li> </ol>	3. What best describes your position at work?  Nurse Aide/Nursing Assistant
<ul> <li>Were too busy</li> <li>Do not like/trust surveys</li> <li>Did not care</li> <li>Did not receive it</li> <li>Other (please specify):</li> </ul>	<ul><li>Nurse Aide Evaluator (skip to Question 5)</li><li>Other (please specify):</li></ul>
2. What type(s) of nursing license/certification do you hold?	4. What is the total length of time you have worked as a nurse aide? (Select ONE response)
(Select ALL that apply)	○ 6 months or less ○ 5 years ○ 11 years
Certified Nurse Aide (CNA)	7 to 11 months 6 years 12 years
<ul><li>Licensed practical or vocational nurse (LPN/LVN)</li><li>Registered Nurse (RN)</li></ul>	<ul> <li>1 year</li> <li>2 years</li> <li>3 years</li> <li>4 years</li> <li>13 years</li> <li>14 years</li> </ul>
Other (please specify):	3 years 9 years 15 years or
- Stile (please specify).	4 years 10 years more
5. Which of the following best describes your employment s select ALL that apply)	etting(s) on the last day you worked? (Review the entire list and
HOSPITALS or ACUTE CARE SETTINGS	NURSING HOME/LONG-TERM CARE
<ul><li>Central supply</li></ul>	<ul> <li>Assisted living facility</li> </ul>
Chemical dependency unit	Intermediate care unit
Emergency room	O Personal care unit
Extended care facility/Rehabilitation unit	<ul><li>Skilled care unit</li><li>Sub-acute unit</li></ul>
<ul><li>In-patient hospice care</li><li>Intensive care unit</li></ul>	Other (please specify):
Internsive care unit     Intermediate care/Step down unit	Other (picase speetry).
Labor and delivery unit	COMMUNITY/HOME HEALTH CARE
<ul> <li>Medical/Surgical unit (includes sub-specialties</li> </ul>	<ul> <li>Clinical/Outpatient unit/Ambulatory surgical care</li> </ul>
like orthopedics, oncology, etc.)	Home health in client's residence
<ul><li>Nursery</li></ul>	<ul> <li>Hospice care in client's residence</li> </ul>
Operating room	Other (please specify):
O Pediatric unit	
<ul><li>Postpartum/Maternity unit</li><li>Psychiatric unit</li></ul>	
Recovery room	
Other (please specify):	
9 77	Continue on the other side of this sheet

#### **NURSING KNOWLEDGE STATEMENTS**

This section contains ten knowledge statements that are needed by certified entry-level nurse aides. Please note that some statements may not apply to your setting. For each knowledge statement, record the importance of the statement on your last day of work.

NOTE: Inclusion of a statement on this knowledge survey does not imply that the statement is or would be needed in the CNA range of required knowledge as defined by any specific province, jurisdiction or state. You must refer to your nursing regulatory body for information about your needed knowledge.

For each activity fill  0 = Not performed  1 = Not important	in one oval for an importance rating usi  2 = Minimally important  3 = Moderately important	ng the following scale:  4 = Very important 5 = Extremely important	Performed Important	imally Important derately Important	orta	ely Important
KNOWLEDGE OF:			Not		Very	
1. procedures for dressing a	and undressing clients		<b>@</b> (T)	23	(4)	(3)
2. serving the correct meal			00	23	4	3
3. assisting the client with t	oileting		00	23	4	(3)
4. client positioning technic	ques		00	23	4	(5)
C, C	measuring intake and output		<b>0</b>	23	4	(5)
<ol><li>client mobility and funct</li></ol>				23	4	(3)
<ol><li>skills that promote client</li></ol>	's feeling of acceptance and belonging		(I)	23	4	(3)
<ol><li>cultural and personal pre</li></ol>	ference considerations		00	23	4	(5)
9. how to maintain dignity	and privacy during care		00	23	4	(3)
10. following client's plan of	care as assigned		00	23	4	(5)
						-
OMMENTS					<u> </u>	
we need additional informat	ion in order to clarify the results of this st	udy, we may call and/or e-mail s	some p	artici	par	nts.

#### C

If you would be willing to answer a few additional questions by phone or e-mail, please provide a number where you can be reached during the day or early evening and your e-mail address.

Name:				
E-Mail:				
Daytime or Early Evening Phone Number with Area Code: _	(	)	-	
You may write any comments or suggestions that you have i	in the space k	oelow.		

After you complete this form, please return it in the enclosed postage-paid envelope. Thank you for participating in this important work!

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