

Certified Nursing Assistant Programs in California

A Survey of Community Colleges

Prepared by: Center for the Health Professions at the University of California, San Francisco

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Introduction

Community colleges in California play an important role in providing accessible degree and non-degree education and training programs for a range of nursing and allied health professions. Certified nursing assisting (CNA) is one such non-degree program offered in community colleges across the State. These programs contribute a significant number of CNAs to the CNA workforce each year.

There is concern among community college leaders that CNA programs will face growing difficulties recruiting an adequate number of CNA program directors and instructors due to federal and state qualifications for these roles. These qualifications require program directors and instructors to have a certain amount of direct care experience in long-term care facilities, specifically skilled nursing facilities, as licensed nurses. This presents a potential problem if registered nurses rarely provide direct patient care in these types of settings. There is anecdotal information about the impact of these requirements on the viability of CNA programs and the students they serve; however, more evidence about the experiences in staff recruitment and program administration across California community college CNA programs is needed.

The Health Workforce Initiative (HWI), a program of the Division of Workforce and Economic Development within the California Community Colleges Chancellor's Office, contracted the Center for the Health Professions at the University of California, San Francisco (UCSF) to administer a survey of CNA programs at community colleges in California. The purpose of the survey, which was administered between June and August 2014, was to gain a better understanding of the status of community college CNA programs and the potential impact of faculty and staff recruitment challenges on their ability to offer and successfully administer CNA programs. This report presents the results of the survey, highlights key findings, and offers recommendations for next steps.

Background

Role of the Certified Nursing Assistant

Certified nursing assistants perform basic patient care services directed at the safety, comfort, personal hygiene, and protection of patients, primarily in long-term care facilities. In California, over 50 % of certified nursing assistants work in nursing care facilities or community care facilities for the elderly.¹ Certified nursing assistants play a critical role in these types of

¹ State of California, Employment Development Department Occupational Profile.
<http://www.labormarketinfo.edd.ca.gov/cgi/databrowsing/occExplorerQSDetails.asp?searchCriteria=nursing+assistant&careerID=&menuChoice=&geogArea=0601000000&soccode=311012&search=Explore+Occupation> .

facilities, often serving as the principal caregivers and having the most contact with residents than any other staff member.²

Workforce Projections

As of October 1, 2014 there were 152,494 CNAs in California.³ According to the Bureau of Labor Statistics, the workforce categorized under “Nursing Assistants and Orderlies” is expected to grow by 22.5% over the next several years, faster than the average of all other occupations in the United States.⁴ This increase is due, in part, to the rapidly aging population of the United States and increasing prevalence of chronic diseases, including dementia, all of which drive the need for long-term care. The high rate of turnover among CNAs also impacts demand.⁵ While the national trend of CNA turnover in nursing facilities appears to be improving, in 2012 the turnover rate of CNAs in nursing facilities was the highest among nursing staff at 42.6%.⁶

Education and Training

All CNAs are required to complete a state-approved nursing assistant education program in which they learn the basic principles of nursing and complete supervised clinical work. In California, the Division of Licensing and Certification lists over 400 training sites in education institutions (e.g., community colleges) spanning 44 counties, and over 70 facility-based training programs across 37 counties.⁷

There is a great deal of variability among states as to the required number of training hours. The minimal federal requirement for CNAs is 75 hours but many states have established requirements beyond the federal requirements.⁸ California requires 160 hours of training (60 classroom hours and 100 clinical training hours) for CNAs.⁹

Key Regulatory Issues

Aside from regulations regarding number of training hours, there are several other federal and state standards for certified nursing assistant training programs, including those around the training and experience of CNA program directors and instructors. State and Federal

² U.S Department of Labor, Bureau of Labor Statistics Occupational Outlook Handbook. <http://www.bls.gov/ooh/healthcare/nursing-assistants.htm>

³ Personal communication with P. Vargas, California Department of Public Health, Licensing and Certification Program, October 2014.

⁴ U.S Department of Labor, Bureau of Labor Statistics Occupational Outlook Handbook. <http://www.bls.gov/ooh/healthcare/nursing-assistants.htm>.

⁵ Donoghue, C. Nursing Home Staff Turnover and Retention: An Analysis of National Level Data. *Journal of Applied Gerontology*; May 29, 2009.

⁶ American Health Care Association. American Health Care Association, 2012 Quality Report; Washington, DC. 2012.

⁷ California Department of Public Health, Education and Training – Health Professionals. Certified Nursing Aide Training Programs. <http://www.cdph.ca.gov/services/training/Documents/CNATrainingPrograms.pdf>.

⁸ Institute of Medicine. *Retooling for an Aging American, Building the Healthcare Workforce*. National Academy of Science; Washington, DC. 2008.

⁹ State of California, Title 22, Health and Safety Code, Section 1337-1338.5.

requirements state that program directors and instructors must meet one of the following qualification requirements:

1. One (1) year nursing experience as a licensed nurse **providing direct patient care in a long term care facility** in addition to one (1) year of experience planning, implementing and evaluating educational programs in nursing, or
2. Two (2) years of full time experience as a licensed nurse, at least one (1) year of which must be in the **provision of direct patient care in a nursing facility (also a long term care facility)**.¹⁰

Additional notes in the California Department of Public Health (CDPH) licensing and certification program approval guidelines provide additional specifications regarding situations that do not meet regulatory requirements including:

1. Holding administrative titles such as Director of Nurses in skilled nursing facilities.
2. Employment with registry agencies that serve long-term care facilities.
3. Hospital employment with nursing experience providing care for geriatric patients.
4. Part-time experience in long-term care.¹¹

In addition, for this specific regulation skilled nursing facilities (SNF) are the only types of settings that fit the definition of “long term care facility”.

Licensed Nurses in Skilled Nursing Facilities

According to the California Board of Registered Nursing’s 2012 Survey of Registered Nurses, 6.1% of registered nurses residing in California reported that they spent most of their work hours in skilled nursing (SNF), extended care, or rehabilitation facilities.¹² The percentage of registered nurses working specifically in SNFs is only a portion of the 6.1% total, and it is unknown what percentage are employed full-time versus part-time. The majority of nurses who reported working in these settings did not provide direct patient care. Approximately 25% of the nurses who work in skilled nursing, extended care, or rehabilitation facilities reported being staff nurses, and the remaining reported being in management positions or served in a capacity like case manager.¹³

Methods

Survey Development

A survey questionnaire was developed by the Center for the Health Professions with consultation from leaders at the Health Workforce Initiative with expertise in CNA program

¹⁰ Certified Nurse Assistant Training Federal Regulations Title 42 Code of Federal Regulations, 483.75 and 483 Subpart D. http://www.cdph.ca.gov/certlic/occupations/Documents/Title42CFR48375_483SubD.pdf.

¹¹ California Department of Public Health. Nursing Assistant Training Program Application. <http://www.cdph.ca.gov/services/training/Documents/cnatrainingpacket.pdf>.

¹² Spetz J, Keane D, Chu L, & Blash L. California Board of Registered Nursing, 2012 Survey of Registered Nurses; October, 2012. University of California, San Francisco. <http://www.rn.ca.gov/pdfs/forms/survey2012.pdf>

¹³ Ibid.

policy and administration. Broad categories of questions included CNA program structure; program director and instructor demographics, education, and work experience; recruitment and retention of program staff; and CNA student enrollment. Survey questions were structured to elicit a mix of scaled, close-ended, and open-ended responses.

The survey questionnaire was converted to a web-based format using Qualtrics®, an online survey and data collection software. The electronic version of the survey was pilot tested with individuals at community colleges who were affiliated with the Health Workforce Initiative and had a depth of knowledge about the education and training of the CNA workforce, but would not have been included in the survey sample. Pilot testing focused on question content, clarity, readability, flow, and respondent burden. The survey was revised based on their feedback. Center for the Health Professions staff conducted additional testing of the web-based survey to ensure functionality.

The survey instrument and protocol was submitted to UCSF's Committee on Human Research (CHR) for expedited review and was deemed exempt.

Process for Collecting Data

An announcement alerting the community college sample to the survey was sent via electronic-mail by the Statewide Director of the Health Workforce Initiative a week prior to the survey launch. The survey was administered via electronic-mail from a member of the Center for the Health Professions research team to 89 community colleges across California on June 18, 2014. Each community college was assigned a unique user name and 4-digit password to access the survey. Four electronic mail reminders were sent to non-respondents at 3, 6, 8, and 10 weeks post survey launch to increase the response rate. Phone call reminders were also made to non-respondents at 7 and 8 weeks post survey launch. The survey was open for a total of 11 weeks.

Community College Sample

Contact information for individuals at each community college included in the sample was provided by the Health Workforce Initiative. The survey was sent to a group of individuals (ranging from 1 to 6) at each community college who were identified as leaders (e.g., Directors, Deans) of programs, schools, or departments (e.g., Nursing, Health Occupations, Allied Health) that could potentially administer a CNA program. Each school was asked to identify the most appropriate individual from the school to complete the survey, and was encouraged to send the survey to the CNA program director to complete if he/she was working during the time period the survey was administered.

Analyses

Data were downloaded from the web-based survey software and reviewed for accuracy. Descriptive statistics were obtained for each survey question. Data obtained through open-ended questions was reviewed and categorized into main themes by the research team.

Results

Respondent Characteristics

The overall response rate was 96% (85/89). Of the schools that responded, 39% (33) indicated that their school had never offered a CNA program or at least not in a recent enough time period that would enable them to report on it. Once the status of each of the 33 schools without a CNA program was obtained, the survey was terminated and no additional information was gathered. The results presented in this report represent findings from the remaining 52 schools that indicated they currently have or once had a CNA program for which they could report on. The role of individual respondents from the 52 schools is in Table 1. A map showing the geographic location of the 52 schools can be found in Appendix A.

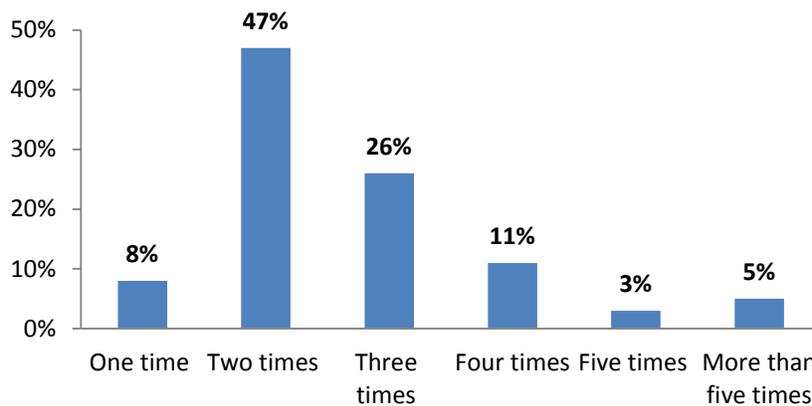
Table 1: Individual Respondent Profile

	n	%	
Current Role			
CNA Program Director	14	27%	
ADN Program Director	10	19%	
Nursing Director / Assistant Director	8	15%	
Other Director (e.g., Allied Health, Health Sciences)	8	15%	
Dean / Associate Dean	6	12%	
CNA Coordinator	2	4%	
CNA Instructor	2	4%	
Other	2	4%	
Total	52	100%	
	Range	Median	Mean
Length of Time in Current Role	6 mos. – 32 yrs.	7 yrs.	5 yrs.
Length of Time Employed at School	8 mos. – 32 yrs.	12 yrs.	10 yrs.

Characteristics of Active CNA Programs

Among the 52 schools that indicated they have offered a CNA program, 73% (38) had an active CNA program during the 2013-2014 academic year. Eighty-two percent (31) of the active programs have been active for 10 or more years. All but one currently active school indicated their program would continue to be active during the 2014-2015 academic year. A program structure that prepares students for both the CNA and Home Health Aide (HHA) certification was the predominate model employed by schools, with 74% (28) of schools reporting that their program provided preparation for both certifications as opposed to solely the CNA certification. Sixty-six percent of programs offer daytime classes only (29% offer both daytime & evening classes) and the majority of schools offer their CNA program three or fewer times a year (Figure 1)

Figure 1: Number of Times per Academic Year CNA Programs are Offered



Source: 2014 Survey of CNA Programs Conducted by UCSF, Funded by HWI.

Reasons for CNA Program Inactivity

Among the 52 respondents who indicated they have or have had an active CNA program, 27% (14) indicated the CNA program was not active during the 2013-2014 academic year. Three of the inactive programs had administered a CNA program in the last 5 years and 4 programs had been discontinued for at least 10 years. The remaining 7 schools discontinued their programs between 6 and 9 years ago.

Reasons for inactivity were varied. Four schools (29%) were unable to adequately staff the program. Two of those four schools attributed their staffing challenges to their inability to provide an adequate salary, and two others attributed it to their difficulty in identifying candidates who met state and federal requirements for CNA instructors. Two (14%) other schools noted that the program was suspended because of budget issues. Other reasons noted were lack of clinical training sites (1) and a need to rewrite the curriculum (1). The remaining programs could not provide a definitive reason for program termination.

CNA Student Enrollment & Demand

Table 2 presents data on the number of individuals who enrolled in a CNA program across the 38 programs that were active during the 2013-2014 academic year. The number of individuals who entered the program represents the number who started the program once enrolled. The number of individuals who completed the program during the 2013-2014 academic year is also included. Retention rates were high across the programs with a median completion rate of 87% (range 72% - 100%).

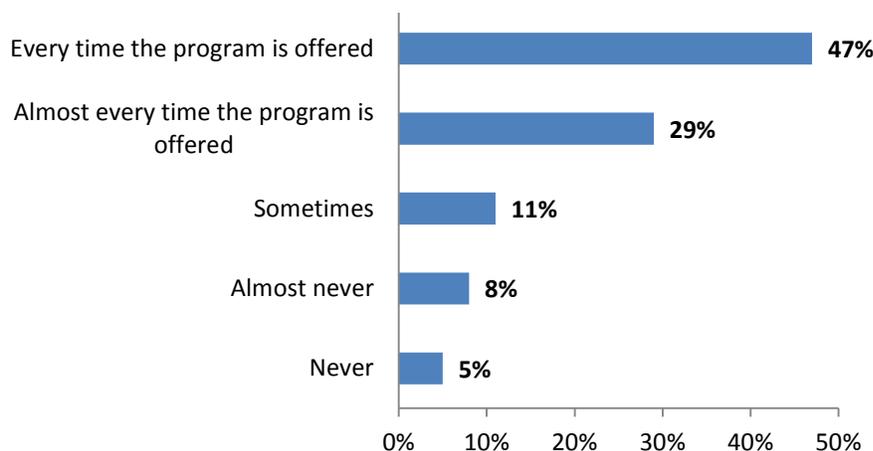
Table 2: 2013-2014 Academic Year Enrollment & Completion Numbers

	Range	Median	Mean	Total
Total Number Across Academic Year				
a. Individuals enrolled per school	22 – 300	71	92	3,386

	Range	Median	Mean	Total
b. Individuals who entered the program per school	15 – 206	67	81	2,956
c. Individuals who completed the program per school	15 – 200	58	75	2,708
Total Number Each Time Program is Offered				
a. Average # of Individuals enrolled per offering	11 - 113	30	34	
b. Average # of individuals who entered the program per offering	8 - 87	29	29	
c. Average # of Individuals who completed the program per offering	8 - 81	25	27	

There was high student demand for the program during the 2013-2014 academic year. Eighty-four percent (32) of programs indicated they turned away potential eligible students during the year, and 76% (29) stated that they have to turn potential students who meet eligibility criteria away almost every time or every time the program is offered. (Figure 2)

Figure 2: Frequency with which schools turn away eligible students



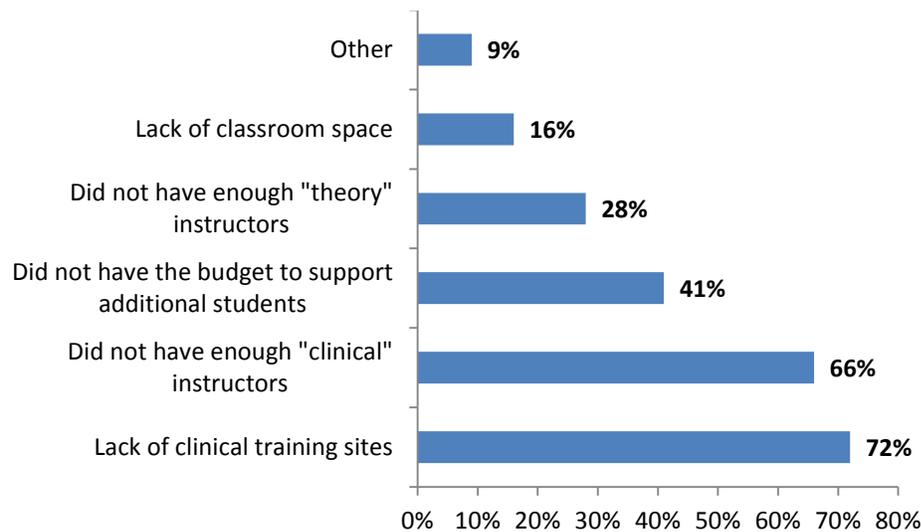
Source: 2014 Survey of CNA Programs Conducted by UCSF, Funded by HWI.

Table 3 demonstrates the total number of eligible individuals turned away during the 2013-2014 academic year, as well as the average number of individuals turned away each time the program was administered that year.

Table 3: Number of students turned away in 2013-2014 Academic Year

	Range	Median	Mean	Total
a. Number of individuals turned away during the year because program at capacity	10 – 200	58	63	1885
b. Average number of students turned away each time program is administered	3 – 100	17	24	

Reasons for having to turn away potential students varied. When asked to choose from a list all reasons schools had to turn away students, lack of clinical sites and clinical instructors were the two most frequently cited reasons. (Figure 3)

Figure 3: Reasons schools had to turn away eligible students during 2013-2014 academic year.

Source: 2014 Survey of CNA Programs Conducted by UCSF, Funded by HWI.

While the majority of active programs (68%) indicated that they anticipated enrollment to stay the same for the 2014-2015 academic year, 24% projected an increase in enrollment numbers. Reasons for this increase included being able to add additional section(s) to classes, identifying additional clinical sites, and obtaining additional grant funding.

CNA Program Staff Composition

Given that the regulations surrounding instructors and program directors were the focus of this survey effort, questions regarding the staffing of CNA programs were targeted at these two roles.

CNA Instructors

The total number of instructors per school who taught during the 2013-2014 academic year ranged from 1 to 9 with a median of 3. Respondents were asked to provide the demographic, education, and training background on each individual instructor (up to a maximum of five) at their school for the 2013-2014 academic year.

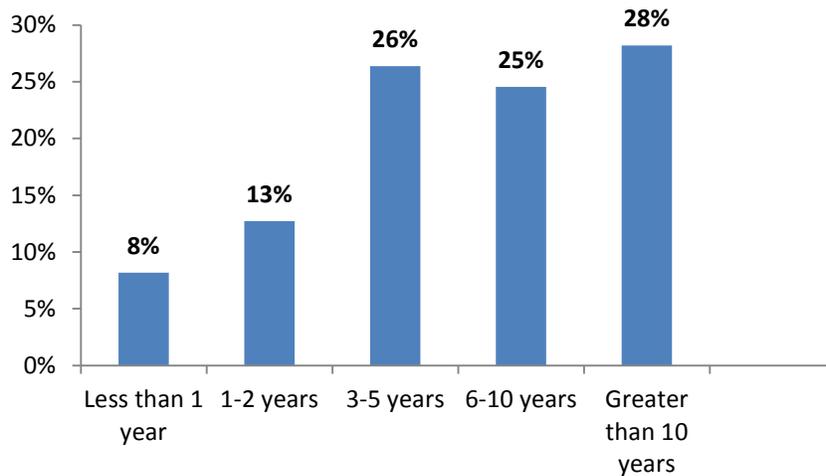
Demographics

Table 4 presents key demographic and training characteristics of the CNA instructors. The vast majority of instructors are white women in their mid to late career and have been in their roles for several years. (Figure 4) Most instructors are registered nurses, as opposed to licensed vocational nurses, and the majority had at least two years of experience as a licensed nurse, with at least one year of experience provided direct care in a long-term care facility.

Table 4: Demographic Characteristics of CNA Instructors

VARIABLE	n	%
Age (in years)		
Less than 25 years old	0	0%
25 – 34 years old	5	4%
35 – 44 years old	15	11%
45 – 54 years old	39	29%
55 - 64 years old	39	29%
65 years old or greater	9	7%
Don't know	3	2%
Missing	22	18%
Total	134	
Gender		
Male	9	7%
Female	101	75%
Missing	24	18%
Total	134	
Race/Ethnicity		
American Indian / Alaskan Native	1	1%
Asian / Pacific Islander	13	10%
Black / African American	15	11%
Hispanic / Latino	7	5%
White	77	57%
Other	2	1%
Don't know	1	1%
Missing	18	13%
Total	134	
RN or LVN		
RN	85	63%
LVN	25	19%
Missing	24	18%
Total	134	
Regulatory Requirement Met		
One (1) year experience as a licensed nurse providing direct patient care in a long term care facility* in addition to one (1) year experience planning, implementing and evaluating educational programs in nursing.	39	29%
Two years of experience as a licensed nurse, at least one of which must be in the provision of direct patient care in a nursing facility....	57	43%
Neither	6	4%
Missing	32	24%
Total	134	

Figure 4: Length of time as instructor at school



Source: 2014 Survey of CNA Programs Conducted by UCSF, Funded by HWI.

Instructor Job Characteristics & Structure

Table 5 contains information about general characteristics of the instructor position and structure of the role among schools with an active program in 2013-2014. The majority of instructors taught for other nursing or health occupations programs at the same school and about one-third taught for an additional CNA program outside of the school. Most instructors were employed on a part-time basis, and the majority of instructors worked between 10-25 hours per week when the CNA program was in session. Schools were evenly split in terms of whether their instructors provided both theory instruction and clinical instruction or whether there were different instructors for theory instruction and clinical instruction. Some schools indicated the use of their instructors in the theory and/or clinical capacity varied depending on whether instructors were part-time or full-time.

Table 5: Characteristics and Structure of Instructor Role

VARIABLE	n	%
Do any instructors teach for other nursing or health occupation programs at school?		
Yes	23	61%
No	14	37%
Missing	1	3%
Total	38	
Do any instructors teach for other CNA programs outside your school?		
Yes	12	32%
No	25	66%
Missing	1	2%
Total	38	
How do instructors usually teach the CNA program?		
The <u>same</u> instructor provides both theory instruction and clinical training	15	39%

There are <u>different</u> instructors for theory instruction and clinical training	15	39%
Other	8	21%
Total	38	
Is instructor full-time or part-time?		
Full-time	40	30%
Part-time	76	57%
Missing	18	13%
Total	134	

CNA Program Directors

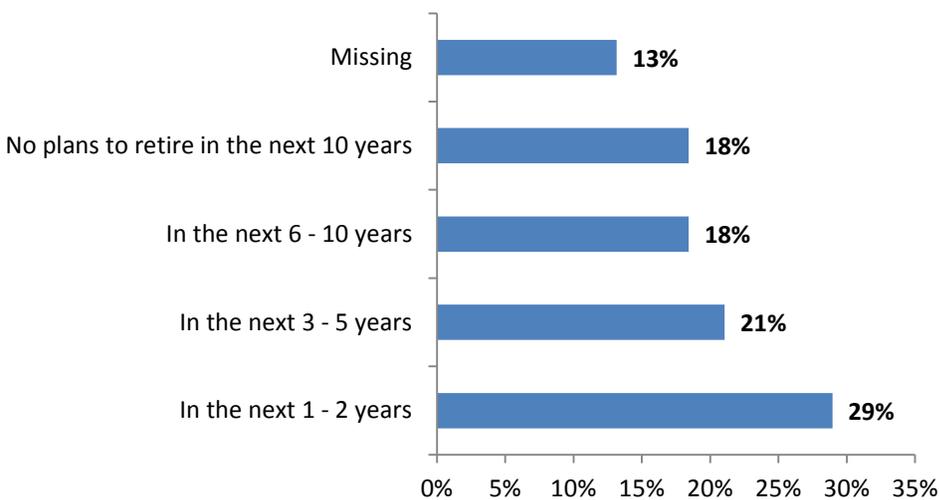
Table 6 provides the demographic and training background of the program directors from active programs. Similar to instructors, the majority of program directors are white women; however, they tend to represent a slightly older age demographic with more than 60% being 55 years of age or older and 29% expressing plans to retire from their position in the next 1 to 2 years. (Figure 5) Half of the program directors have at least a master’s degree in nursing most had been in their role for three or more years. (Figure 6) Program Directors were almost evenly split as to which regulatory requirement they met regarding the long-term care experience.

Table 6: Program Director Demographic & Training Background

VARIABLE	n	%
Age (in years)		
Less than 25 years old	0	0%
25 – 34 years old	0	0%
35 – 44 years old	4	11%
45 – 54 years old	9	24%
55 - 64 years old	18	47%
65 years old or greater	7	18%
Total	38	
Gender		
Male	1	3%
Female	37	97%
Total	38	
Race/Ethnicity		
American Indian / Alaskan Native	0	0%
Asian / Pacific Islander	2	5%
Black / African American	3	8%
Hispanic / Latino	0	0%
White	32	84%
Other	0	0%
Missing	1	3%
Total	38	
Highest Level of Nursing Degree		
Associate degree	8	21%
Bachelor degree	11	29%
Master degree	18	47%
Doctorate degree	1	3%

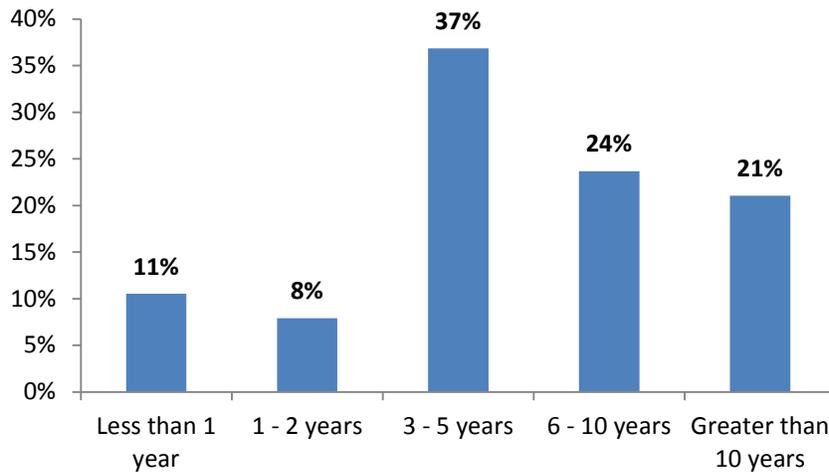
	Total	38
Highest Level of Non-Nursing Degree		
No other degree	18	47%
Associate degree	5	13%
Bachelor degree	5	13%
Master degree	6	16%
Doctorate degree	2	5%
Missing	2	5%
	Total	38
Regulatory Requirement Met		
One (1) year experience as a licensed nurse providing direct patient care in a long term care facility* in addition to one (1) year experience planning, implementing and evaluating educational programs in nursing.	18	47%
Two years of experience as a licensed nurse, at least one of which must be in the provision of direct patient care in a nursing facility.	16	42%
Neither	2	5%
Missing	2	5%
	Total	38

Figure 5: Program Director Retirement Plans



Source: 2014 Survey of CNA Programs Conducted by UCSF, Funded by HWI.

Figure 6: Length of Time in Program Director Role

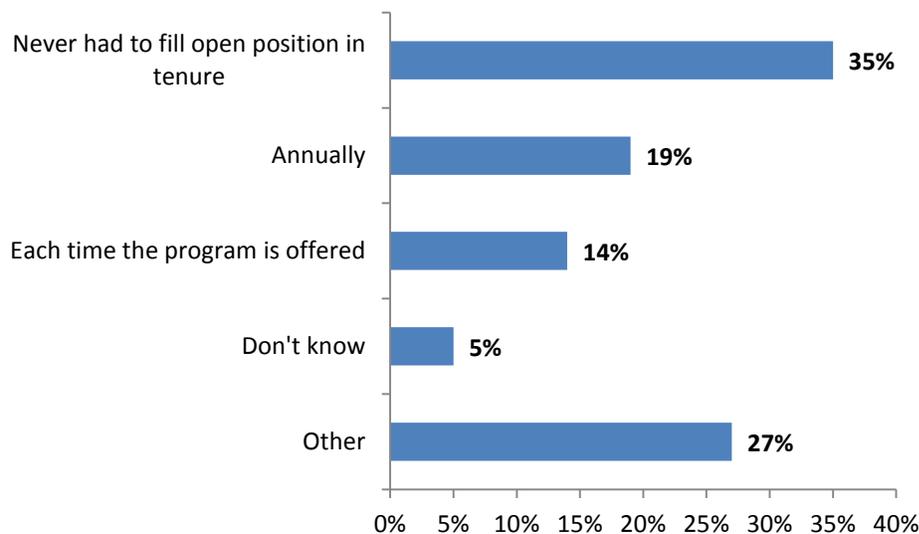


Source: 2014 Survey of CNA Programs Conducted by UCSF, Funded by HWI.

Experience Recruiting & Retaining Staff

Despite the fact that the majority of instructors have been teaching at their school for 6 or more years, 40% of schools had at least one instructor who had only been teaching there for 2 years or less. Turnover is, thus, a consideration. This is reflected in Figure 7 which shows that approximately one-third of schools generally have to recruit a new instructor annually or each time the program is offered.

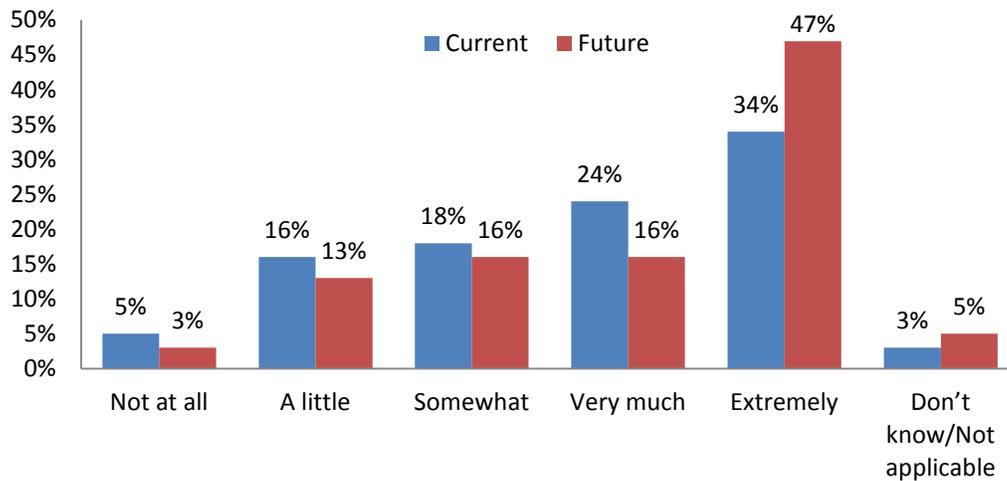
Figure 7: Frequency of Instructor Recruitment



Source: 2014 Survey of CNA Programs Conducted by UCSF, Funded by HWI.

Respondents were asked to rate the degree to which the regulatory requirements surrounding instructor experience impacted their ability to recruit their current pool of instructors as well as the impact they anticipate in the future. Figure 8 demonstrates that schools increasingly see these requirements as a barrier to recruitment efforts. Similar answers were seen from respondents who were Deans, Nursing Directors, ADN Directors and others when asked about recruiting CNA program directors. Similar to instructors, 48% of respondents perceived that regulations would have an extreme impact on their school’s ability to recruit program directors in the future, up from 24% who noted the same degree of impact on the recruitment of their current program director.

Figure 8: Degree to which Regulations Impact Instructor Recruitment

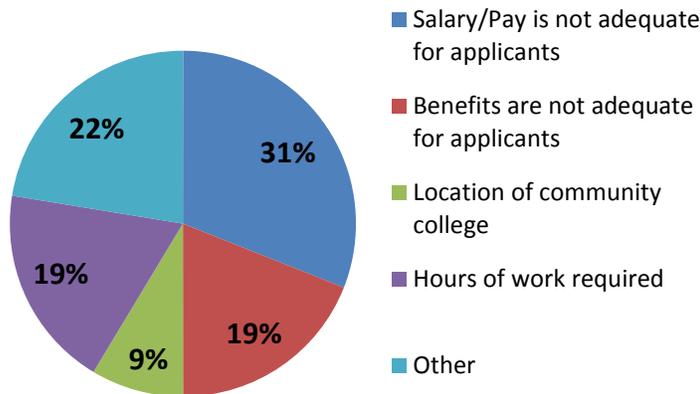


Source: 2014 Survey of CNA Programs Conducted by UCSF, Funded by HWI.

When asked about specific challenges related to the regulation requirements that schools most frequently encountered, 58% (22) of respondents indicated that applicants most often had no experience providing direct patient care in a long-term care setting and 11% (4) indicated that applicants most frequently had some experience providing direct patient care in a long-term care setting but less than two years. Another 13% (5) noted that their applicants most frequently had no experience planning, implementing, and evaluating educational programs in nursing. Sixty-five percent (24) of respondents indicated that they only seldom or sometimes have applicants with experience working in long-term care facilities but not in the provision of direct patient care; 27% (10) indicated they have applicants with experience working in long-term care facilities but not in the provision of direct patient care often or almost always.

Respondents indicated additional factors that contributed to recruitment difficulties (Figure 9), noting salary and benefits expectations as key issues. The hours of work required was also a limiting factor. This was reiterated in the “other” comments for this question; the part-time requirement was frequently noted as problematic because candidates were generally looking for full-time work.

Figure 9: Other Challenges in Instructor Recruitment

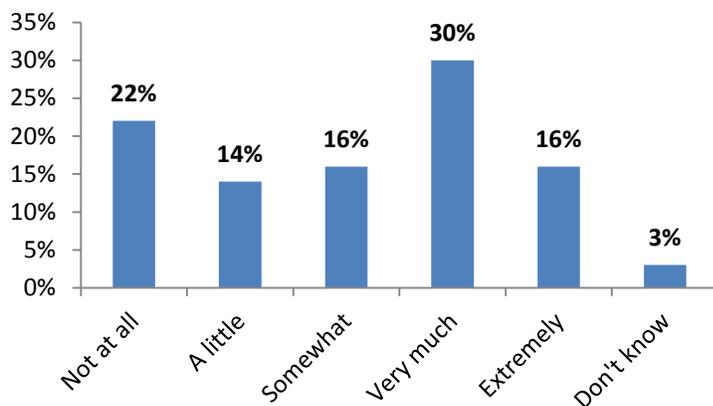


Source: 2014 Survey of CNA Programs Conducted by UCSF, Funded by HWI.

Impact of Recruitment Challenges on Students

When asked about the degree to which challenges in instructor recruitment impacted the student experience, 46% indicated the impact to be very much or extreme. (Figure 10) In open-ended response questions, many respondents again noted their inability to meet student demand was often due to the lack of clinical instruction specifically. Others commented that having fewer instructors meant that instructors did not have as much time as needed to spend on teaching elements outside of the classroom (e.g., providing office hours and additional tutoring) and thus the students suffered. Lastly, respondents reported that a dearth of instructors also had an effect on instruction continuity, which impacted the quality of students’ learning experience.

Figure 10: Impact of Recruitment Challenges on Student Enrollment



Source: 2014 Survey of CNA Programs Conducted by UCSF, Funded by HWI.

Recruitment Strategies: Current and Opportunities for Improvement

Two open-ended questions were posed to elicit specific strategies that schools used to recruit instructors and recommendations for how recruitment processes could be improved. Key themes that emerged from those two questions are summarized below.

What specific strategies have you undertaken to recruit instructors for your CNA programs?

While many schools primarily relied on traditional methods such as advertising and word of mouth to recruit instructors, establishing relationships or partnerships with local long-term care facilities was a strategy also frequently employed. These relationships ranged from something as simple as working with long-term care facilities to post job announcements and/or recommending potential candidates, to more involved partnerships including establishing agreements where long-term care facilities released personnel who were eligible to teach during a set period of time during the year when schools were offering CNA programs. Mentoring students with the intent that they would eventually become instructors and recruiting nurses who were teaching for other health programs at the school were other strategies mentioned by respondents.

What types of specific changes do you feel would make it easier to recruit CNA instructors?

When asked what specific changes would make it easier to recruit CNA instructors, the primary theme that emerged was a change to the policy regarding direct care experience in a long-term facility. Many of the respondents who made that recommendation commented specifically on expanding the direct care qualifications to include acute care experience, noting that providing direct care in an acute care facility generally consists of a consider amount of geriatric care. Additional recommendations for expanding qualifications included making an allowance for nurses who supervise CNAs and LVNs in long-term care facilities to be eligible as instructors. Others suggested providing additional training opportunities, such as a standardized course for nurses without long-term care experience but interested in teaching, that would include some clinical experience in a skilled nursing facility.

Secondarily, respondents noted the challenges of recruiting instructors because of the part-time nature of the job. Specific strategies to address this included finding ways to add additional clinical teaching hours with other nursing programs at the school, creating more full-time faculty positions, and, again, changing regulations to allow part-time faculty from other nursing programs at the school to teach CNAs.

General Comments on CNA Program Challenges & Suggestions for Improvement

At the conclusion of the survey, respondents were given the opportunity to provide additional comments as a response to the question: *Is there any other information about your CNA program (students, instructors, your role, curriculum, etc.) that you would like to share that would help inform this work?* The following key themes and suggestions emerged from the

responses, some of which reinforced sentiments made in earlier open-ended questions.

- *Finding clinical sites for training is a significant issue.* This is becoming more of an issue as programs continue to compete with local nursing programs and more nursing facilities close or restructure as the nature of long-term care changes.
Suggestions:
 - Provide incentives for clinical sites in the form of supplies, tax credits or other considerations from the California Department of Public Health (CDPH).
 - Allow the use of simulation labs to count as clinical hours such as done in RN programs.
- *Programs need enhanced communication with CDPH* in order to update or address procedures and testing requirements.
Suggestions:
 - Engage CDPH in a critical look at changing the policy around instructor requirements.
- *Community College Chancellors office and local community colleges can help improve the role of CNA program directors and instructors.*
Suggestions:
 - Increase the number of full-time positions.
 - Address union contract issues that prevent administrators from teaching.
 - Help recruit new program directors given the large number of pending retirements.
 - Formally recognizing the title of “CNA instructor”.
- *Instructor and program director requirements need to be updated* not only because they are difficult to meet but because they no longer seem valid for several reasons.
 - Most acute care nursing experience includes caring for the elderly.
 - Teaching experience should be valued higher than long-term care experience.
 - The ability to teach skills is different than providing direct patient care in a long-term care setting.
- *Students need access to more resources to be successful.*
Suggestions:
 - Provide more online resources such as the HWI CNA videos.
 - Provide access to scholarships.
 - Create more flexibility in schedule of class time.
 - Provide financial help with books and transportation.
- *Some programs are engaging in creative workarounds to address identified challenges.*
For example, one program has students take a nursing fundamentals course with the same basic content as the CNA course. Students are then able to apply for CNA certification under an equivalency method.
- *CNA program directors are looking for more networking opportunities* to share best practices, resources, and learn from one another.

Key Findings & Recommended Next Steps

Certified nursing assistants play a critical role in providing direct patient care in long-term care facilities. The demand for CNAs is expected to increase and the educational pipeline must be equipped to develop the volume and quality needed. Community colleges in California are key to providing an accessible and high caliber training experience for CNAs but are faced with several challenges in maintaining the viability of their programs. While the primary focus of this survey was on the staffing of CNA programs, other issues emerged. Several key findings from the survey results merit highlighting.

Key Findings

- 1. Community colleges currently do not have the capacity to meet CNA student demand.** The vast majority of schools turn away eligible students almost every time the program is offered or every time the program is offered. During the 2013-2014 academic year, the median number of students turned away each time the program was offered was 17. This translates to almost 2,000 students across California in one year. Lack of clinical instructors and training sites were the primary reasons schools were unable to accommodate more students.
- 2. Shortages of clinical training sites present an ongoing challenge for CNA programs.** This challenge was frequently noted throughout survey responses and is an issue seen across nursing programs. Potential solutions to this would benefit not only CNA programs but other types of nursing programs as well.
- 3. Upcoming program director retirement projections present an urgent problem.** The majority of program directors are age 55 or older and 29% anticipate retiring in the next 1 – 2 years.
- 4. While most schools have been able to retain program directors and instructors for several years, hiring needs for at least one instructor arise frequently.** Over 1/3 of schools indicated they need to recruit a new instructor annually or each time the program is offered.
- 5. Federal and state regulatory guidelines regarding program director and instructor long-term care experience are believed to increasingly impact schools' ability to recruit program directors and instructors.** This is despite the fact that almost all of the current program directors and instructors currently meet the regulatory requirements.
- 6. Aside from regulatory issues, community colleges face other challenges in recruiting personnel.** An inability to meet salary/pay expectations of candidates was noted as a challenge for almost one-third of schools. Other challenges include the inability to offer

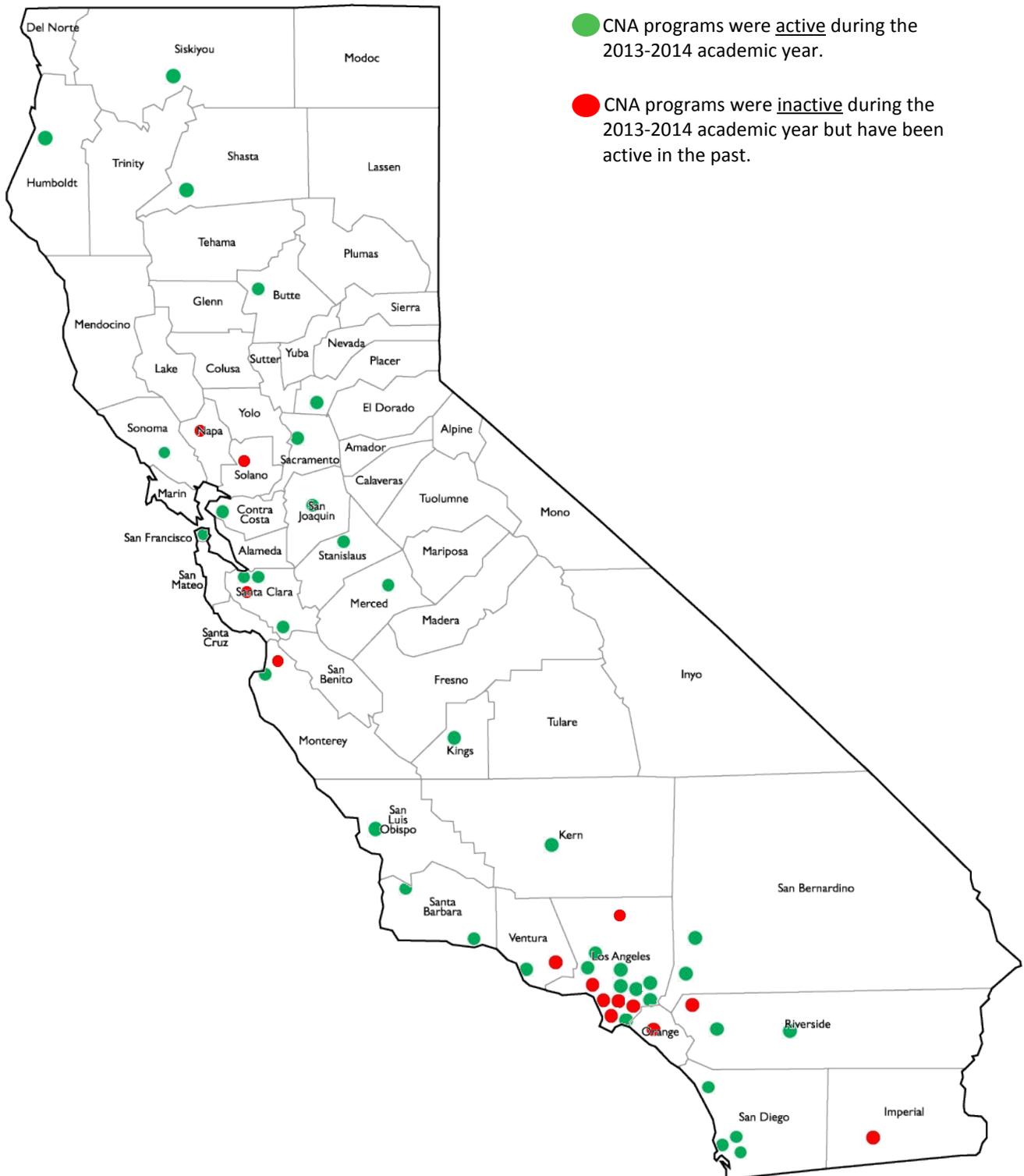
adequate benefits, hours of work required (including only being able to offer part-time work), and lack of teaching experience among candidates.

- 7. Community colleges recognize the impact of challenges in personnel recruitment on their students.** Almost half of the schools indicated the impact of recruitment challenges on student enrollment to be very much or extreme. Limited instructors also impact the quality of students' experience once they are in the program.

Recommended Next Steps

1. Identify and engage key stakeholders around survey findings, including sharing survey results.
2. Create stakeholder informed suggestions for changes in program and director requirements.
3. Engage stakeholders to develop a strategy and policy discussion about program director and instructor regulatory guidelines at state and federal level.
4. Create opportunities for community colleges to share best practice in addressing CNA program challenges as interim solutions.

Appendix A: Map of Certified Nursing Assistant Programs in Community Colleges



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