

# 2022 IDAHO CNA WORKFORCE

Historical Supply, Education, and Employment Demand Data

Report Completed by the

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Presentation for

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## HISTORICAL EVOLUTION

1. Historically, nursing aides have been used to provide nursing care since hospitals opened in about around 1900.
2. Originally they were called Practical Nurses until the large RN shortage in the 1948-1950s. To mitigate the RN shortage PNs took a 6-week course and were then licensed and LPNs with a scope of practice that included tasks and skills done by RNs, but no medication administration, no injections, no intravenous, no blood draws.
3. Still a need for basic tasks, so the NA role did not change. The NA role as an “on-the-job” training with no formal standards.
4. Federal government began to implement standards in the 1980s and it became necessary for government agencies to maintain a roster of people who were nurse aids.
5. Nurse Aide Evolution:
  1. National standards were set
  2. Nurse Aide competencies were identified as important and a national test was established resulting in the CNA
  3. Boards of Nursing were given the responsibility to maintain the roster of who was a CNA but no regulation supported what they could do and not do
  4. Boards of Nursing began to include in the Nurse Practice Act rules language that indicated the scop of “unlicensed assistive personnel”
  5. Regulation of Certified Nurse Aides is problematic for nursing regulation and not consistent between states.

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# HISTORICAL CNA REGULATORY ISSUES

- **Lack of formal regulation posed these issues**
  - **No requirement or funding to support maintaining an inventory**
  - **No notification or personal update information after the initial notice**
  - **No fees charged to support staff to monitor them, so RN license fees supported the program**
  - **No authority to discipline or remove from practice**
  - **No criteria of who can employ and use and under what circumstances, and what level of supervision and by whom**

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## FEDERAL NA DEFINITION TITLE 42/CHAPTER IV/SUB-CHAPTER G/PART 483

A nurse aide is any individual providing nursing or nursing-related services to residents in a facility. This term may also include an individual who provides these services through an agency or under a contract with the facility, but is not a licensed health professional, a registered dietitian, or someone who volunteers to provide such services without pay. Nurse aides do not include those individuals who furnish services to residents only as paid feeding assistants as defined in [§ 488.301 of this chapter](#).

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## AREAS WITH A LACK OF CLARITY

1. Home care aide without a licensed nurse present
  - a. Issues of doing assessments
  - b. Assist with taking medications (routine vs. PRN)
  - c. Dressing changes and to what extent is allowed, sterile or not
  - d. Gastrostomy tube feedings
  - e. Answering medical questions and providing explanations to pts, families, others
2. Other issues
  - a. Access to medications and controlled substances
  - b. Abuse complaints
  - c. Theft

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## WORKFORCE ISSUES

1. Not a mobile workforce, so local recruitment is the most common option
2. Local training programs are sporadic
3. High turn-over due to hard work with obese and difficult patients
4. Salary not competitive with other sectors for unskilled workers
5. No well-defined career path. Being a CNA does not lead to becoming a RN in today's market

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For comments, questions or clarification, feel free to contact me.

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**THANK YOU**