



RESEARCH BRIEF

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Report of Findings from the 2019–2020 Nurse Aide Job Analysis and Knowledge, Skill and Ability Study



Report of Findings from the 2019–2020 Nurse Aide Job Analysis and Knowledge, Skill and Ability Study

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

Mission Statement

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EXECUTIVE SUMMARY

Background of Study

The National Council of State Boards of Nursing (NCSBN®) is responsible for empowering and supporting nursing regulators, including but not limited to the boards of nursing in the U.S. and its member board territories, in their mandate to protect the public. Care provided by nurse aides/nursing assistants (NAs) (defined for this study as individuals, regardless of title, who assist with the delivery of direct nursing care to clients/patients/residents) directly impacts client safety and influences the quality of care provided by licensed nurses. As nursing practice changes, activities performed by NAs may change, and consequently, the knowledge, skills and abilities required to perform those activities may change as well. Job analysis provides a means of identifying these changes.

Methodology

A number of steps are necessary to perform an analysis of the work performed by entry-level NAs (defined as having 12 months or less of postcertification experience). A modified DACUM approach to job analysis was implemented to analyze the NA position at the entry level. The 2019–2020 NA Job Analysis and Knowledge, Skill and Ability (KSA) Study used several methods to describe the work of entry-level NAs in the U.S.: (1) document reviews; (2) expert input of registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and entry-level NAs on the development of activity statements and KSA statements; (3) expert input of certified NAs via three separate task force panels; and (4) internal nurse expert content review.

In accordance with a modified DACUM approach, subject matter experts (SMEs) were incorporated throughout all phases of the job analysis process (Norton & Moser, 2008). Participants in the 2019–2020 NA Job Analysis and KSA Study felt confident that the final lists of 115 activity statements and 183 KSA statements

resulting from this study are representative of the work performed by entry-level NAs across their work settings.

Demographics, Experiences and Work Environments of Participants

Overall, 41 SMEs (nine from the October 2019 Job Analysis Panel and 32 from February 2020 CNA Task Force) participated in the study. The October 2019 panel included SMEs representing eight unique jurisdictions and consisted of experts who worked with and/or supervised the work of NAs within 12 months of postcertification, were educators of precertification NA students, or were entry-level NAs themselves. Due to the entry-level nature of the position studied, SMEs representing the aforementioned backgrounds and degrees of experience were included throughout the process to further support the job analysis results and allow the study to focus on defining the work of entry-level NAs.

For this study, a table-top analysis method was utilized in place of a traditional survey due to uncontrollable factors including contact information, needed for surveying entry-level NAs, being unobtainable for privacy reasons.

Three separate task force panels composed of NAs assisted with the development of the activity statements and KSA statements. The final task force panel was also responsible for linking the activity and knowledge statements and for recommending the test specification for the National Nurse Aide Assessment Program (NNAAP) certification examination. Each of the three task force panels consisted of at least 10 SMEs that: (1) represented the major work and practice settings where NAs are employed; (2) were ethnically diverse; (3) held varied years of work experience; and (4) represented all four NCSBN geographic areas of NCSBN constituents.

Conclusion

The 2019–2020 NA Job Analysis and KSA Study used several methods to describe the work of certified entry-level NAs in the U.S. The implementation of a modified DACUM job analysis methodology allowed NCSBN to target the study to investigate the work of entry-level NAs. Based on this evidence, the findings of this study can be used to evaluate and support the NNAAP examination content outline.

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 periodic performance of job analysis studies assists NCSBN in evaluating the validity of the test plan that guides content distribution of the certification examination. Furthermore, job analysis studies have long been recognized by measurement and testing professions as important sources of validity evidence for licensure examinations (AERA, APA, & NCME, 2014). Because the U.S. health care industry is rapidly changing, job analysis studies are traditionally conducted approximately every five years. The previous nurse aide job analysis study was conducted in 2014.

The secondary purpose of this study is to identify the essential knowledge needed by entry-level nurse aides (NAs) (defined as having 12 months or less of postcertification experience). These knowledge statements will help test developers of the National Nurse Aide Assessment Program (NNAAP®) better understand the knowledge necessary to perform NA activities safely and effectively. The results will also help item writers and reviewers with test development activities related to the NNAAP examination.

This combined job analysis and knowledge, skill and ability study is the latest in a series of studies of NA professionals performed by NCSBN. Results of this study can be used to assist education programs with having a better understanding of the knowledge requirements relevant to safe and effective work of entry-level NAs.

Methodology

A number of steps are necessary to perform an analysis of the work of entry-level NAs. This section provides a description of the methodology used to conduct the 2019–2020 NA Job Analysis and KSA Study. In accordance with a modified DACUM approach to job analysis, subject matter experts (SMEs) were incorporated throughout all phases of the job analysis process (Norton & Moser, 2008). Descriptions of data collection procedures, SME panel processes and task verification procedures are provided below.

Data Collection

Preliminary Interviews with Nurse Aide Leaders

In order to collect information about trends in nursing practice and health care related to the work performed by entry-level NAs, a variety of leaders in the NA profession were interviewed regarding their opinions. The interviews were conducted via questionnaire in which respondents were asked open-ended questions related to the practice of entry-level NAs. The results were reviewed by NCSBN nursing staff, identifying information was removed to provide anonymity, and a summary was compiled, noting any themes or trends. This information was then presented to SMEs during the October 2019 Job Analysis Panel for consideration when developing activity statements.

Occupation Assessment

In addition to the interviews with NA leaders, NCSBN reviewed information from the U.S. Department of Labor's Occupational Information Network, the U.S. Bureau of Labor Statistics' Occupational Outlook Handbook, research literature collected through broad searches, and previous NCSBN NA job analysis and KSA study reports (O*NET Online, 2013; O*NET Online, 2019; BLS Online, 2019; NCSBN, 2009; NCSBN, 2010; NCSBN, 2015).

Utilizing O*NET data generated in the form of summary reports that describe the work performed by NAs, NCSBN performed a side-by-side comparison of the

results from 2019 and 2014, respectively. Through this occupation assessment comparison, NCSBN found that no changes were reported to nearly all occupation-specific descriptors including tasks, knowledge, skills, abilities, work activities, work context or work styles of NAs. Minor changes were reported in two occupation-specific descriptors including technology skills and tools used (e.g., updated computer software and laptop computers). After analyzing the results of the side-by-side comparison, a summary was presented to SMEs during the October 2019 Job Analysis Panel for consideration when developing activity statements.

SMEs

Four panels of SMEs were assembled to assist with the 2019–2020 NA Job Analysis and KSA Study. Traditional DACUM methodology relies on a panel of expert workers to define job tasks (Norton & Moser, 2008). For this study, a modified DACUM approach to job analysis was implemented in which SMEs consisted of experts who worked with and/or supervised the work of entry-level NAs, were educators of precertification NA students or were certified entry-level NAs themselves. Due to the entry-level nature of the position studied and time constraints, it was decided that the job analysis results would be strengthened by the participation of panels composed of SMEs possessing various expert backgrounds, rather than time spent trying to identify specific “expert” NAs out of a very limited, and likely subjectively defined, population of such individuals.

October 2019 Job Analysis Panel

Panel Member Selection

On Oct. 9–10, 2019, a panel of SMEs assembled in Chicago to assist with developing activity statements that describe the work of entry-level NAs. To encourage participation, NCSBN distributed email communication to all 20 jurisdictions using the NNAAP certification examination at the time the study was conducted.

To ensure that SMEs on the panel were appropriate and familiar with the work performed by entry-level

NAs, jurisdictions were asked to nominate registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) who were responsible for supervising entry-level NAs and were employed in various practice settings (e.g., nursing home, long-term care, home health, hospital).

To ensure nominees met the requirements for participation and to promote the selection of a diverse group of SMEs, nominees were asked to complete a volunteer application for NCSBN staff to review. Nurses who were responsible for supervising entry-level NAs and employed in one of three major work settings identified in the previous job analysis study were invited for participation on the panel. Panel members were then carefully selected to ensure the SMEs represented would be familiar with job descriptions, orientation and training materials, performance evaluations and education materials from their work settings.

A panel of nine SMEs consisting of seven RNs, one LPN/VN and one entry-level certified nurse aide (CNA) performed several tasks crucial to the success of the job analysis study. The SMEs worked with and/or supervised the work of NAs who had 12 months or less of postcertification experience, were educators of precertification NA students or were entry-level NAs themselves. Panel members also represented all four NCSBN geographic areas of the U.S. jurisdictions and the major work settings where NAs are employed. See Appendix A for a list of SMEs.

Activity Statement Development

During the panel, the SMEs performed several tasks crucial to the success of the job analysis study. SMEs were oriented to the job analysis process and presented with a summary of the background research performed by NCSBN including the NA leader interviews and occupation assessment.

Panelists then participated in a group discussion which confirmed that the information collected from NA leaders and the results of the data comparison were valid, remained current and that the trends previously

identified accurately depicted the practice of entry-level NAs. Using the information presented, as well as their own expert knowledge of entry-level NA work, SMEs also participated in a group discussion to identify trends in entry-level NA work since the previous job analysis conducted in 2014, in an effort to consider changes to the NA position.

The list of activity statements resulting from the *2014 Nurse Aide Job Analysis and Knowledge, Skill and Ability Study* was used as the basis for the development of the new activity statements (NCSBN, 2015). SMEs reviewed the test plan category structure used to describe the activities performed by entry-level NAs at the time of the study. Discussion ensued regarding the applicability of each activity statement to entry-level NA work and the relationship to the delivery of safe nursing care to the public.

Out of the 113 activity statements from the 2014 job analysis study, 32 activity statements underwent minor modifications, such as the addition or deletion of accompanying examples, a change in terminology or generalization of the statement for applicability across jurisdictions; one activity statement was added under the safety/emergency category. SMEs felt confident that the revised statements provided an accurate representation of the activities performed by entry-level NAs and finalized the list for a total of 114 activity statements.

February 2020 CNA Task Force Panels

Planning

Due to various constraints, primarily stemming from concerns with privacy and confidentiality, contact information needed for surveying entry-level NAs was unobtainable. Consequently, a table-top job analysis approach was utilized in place of a traditional survey method.

To complete this next phase of the job analysis study, NCSBN partnered with a research firm to conduct three separate focus groups at the NCSBN offices in

Chicago. NCSBN was responsible for recruiting the SMEs represented on the panel in accordance with the stratification plan recommended by the research firm. The research firm was responsible for facilitating the meetings and producing the resulting outcome documents (test specification, activity statement list, KSA statement list, and linkage of activity and KSA statements).

Several key decisions were made during the planning stage to ensure that the resulting test specification would accurately depict the practice of entry-level NAs. First, there would be three separate focus groups composed of 10–12 SMEs each. Second, the SMEs represented in each group would consist of certified nurse aides/nursing assistants (CNAs) that were at least 18 years of age and employed in one of three major employment settings identified in the previous NCSBN job analysis study of NAs. Third, a quasi-stratified sampling method would be applied for selecting the appropriate sample of SMEs in order to establish a threshold of content validity.

Stratification Sampling

Ultimately, the task force was responsible for developing three outcome documents: (1) the resulting test specification that guides the content distribution of the NNAAP exam; (2) the final list of activity and knowledge statements that describe the work of entry-level NAs; and (3) the linkage of each activity statement with at least one knowledge statement. To ensure that these outcome documents could be used for future NNAAP examination development, it was crucial that each panel was composed of SMEs that accurately represented a sample of the population of NAs across the U.S.

Per the recommendation of the research firm, a quasi-stratified sampling method was utilized to determine the final list of SMEs on each of the task force panels. To establish a threshold of content validity, the inclusion criteria would consist of CNAs employed in various practice settings, who held varied years of experience and represented the four NCSBN geographic regions.

This method ensured that the resulting outcome documents accurately portrayed the work of entry-level NAs across the U.S.

One key challenge was the absence of demographic and employment data on the nurse aide profession solely. This was attributed to the U.S. Bureau of Labor and Statistics combining NAs, home health aides and psychiatric aides into one aggregate group. Subsequently, per the research firm's recommendation, NCSBN utilized a stratification method based on the results of the previous job analysis conducted in 2014 for selecting SMEs to participate on the task force panels.

The stratification of the final list of SMEs on each of the task force panels was an important component of the job analysis study. To achieve this, the research firm and NCSBN agreed that the following demographics would be considered: practice setting, years of experience, job title and NCSBN geographic region.

Another key challenge was the unavailability of contact information of NAs across the U.S. to invite to the panel. To encourage participation on the task force, NCSBN distributed email communication to: (1) all 20 jurisdictions using the NNAAP examination; (2) NA registry contacts for both client and nonclient jurisdictions; and (3) NCSBN exam development volunteer nurses who work with NAs in a supervisory role, were NA educators or both. The email communication requested nominations and outlined the requirements for participation on the panels. To further promote participation, the aforementioned recipients were permitted to share the email communication with colleagues that would be appropriate for providing nominations.

To ensure that SMEs on the three separate panels were an appropriate representation of the CNA population across the U.S. and to ensure that panelists were familiar with the work performed by entry-level NAs, the email communication distributed included the following criteria requirements for participation:

- Certified nurse aide/nursing assistant (CNA)
- At least 18 years old
- Currently employed in one of the following employment settings: nursing home/long-term care, hospital/acute care, community/home health care

NCSBN then distributed a survey questionnaire via email to all the nominated CNAs in order to collect demographic and employment information. The questions on the survey were used to verify that the nominees met the criteria for participation and provided a means for NCSBN to collect the information needed for selecting the appropriate SMEs on each of the three task force panels. The nominated CNAs were asked to provide information about their employment setting, job title, duration of current position, average age group of clients, total length of employment as a CNA, jurisdiction of employment, gender and racial/ethnic background.

The data were then compiled and CNAs that met the criteria requirements were invited for participation on the task force. The final list of members of the task force was carefully selected in accordance with the stratification plan recommended by the research firm. By strictly adhering to the stratification plan, NCSBN is confident that the SMEs represented on each of the three separate task force panels were an appropriate sample of the NA population in the U.S. Therefore, the outcome documents developed by the task force can be considered valid and reliable and could be used for future NNAAP examination development.

Panel Work

During the week of Feb. 24–28, 2020, three separate panels entitled the task force committee assembled in Chicago to assist with the next phase of the job analysis study. The first group, CNA Task Force #1, convened Feb. 24–25, 2020 and consisted of 10 SMEs. The second group, CNA Task Force #2, convened Feb. 26–27, 2020 and consisted of 10 SMEs. The third group, CNA Task Force #3, convened Feb. 28, 2020 and consisted of 12 SMEs. On each of the three separate task force panels, SMEs represented the major work and practice settings

where NAs are employed, were ethnically diverse, held varied years of work experience and represented all four NCSBN geographic areas of NCSBN constituents.

During the panels, SMEs performed several tasks crucial to the success of the job analysis study. SMEs were oriented to the job analysis process and presented with a summary of the work completed in preparation to each respective panel. The list of activity statements resulting from the *2014 Nurse Aide Job Analysis and Knowledge, Skill and Ability Study* was used as the basis for the development of the new activity statements (NCSBN, 2015). SMEs of the CNA Task Force reviewed and discussed the list of 114 activities performed by entry-level NAs that resulted from the October 2019 Job Analysis Panel. Each activity was carefully reviewed for applicability to entry-level NA work and the delivery of safe nursing care to the public. After undergoing minor modifications (i.e., the addition or deletion of accompanying examples, a change in terminology or generalization of the statement to apply across jurisdictions, the removal of a few activity statements for redundancy and the addition of a few new activity statements), SMEs finalized a list of 115 activity statements.

SMEs also reviewed and updated the list of KSA statements that define each activity statement and are required of entry-level NAs. The list of KSA statements resulting from the *2014 Nurse Aide Job Analysis and Knowledge, Skill and Ability Study* was used as the basis for this phase of the job analysis study (NCSBN, 2015). Each knowledge statement was carefully reviewed for applicability to entry-level NA work and delivery of safe nursing care to the public. A final list of 183 KSA statements resulted following the panel.

The final task force panel was responsible for ensuring each activity statement was linked with at least one knowledge statement and for updating the NNAAP Test Plan specifications. For the linkage, SMEs reviewed the list of knowledge statements and assigned each to the most appropriate activity statement. *The 2016 National Nurse Aide Assessment Program (NNAAP®) Written*

(Oral) Examination Content Outline was used as the basis for updating the NNAAP Test Plan specification. SMEs were individually asked to assign a weight to each content domain followed by a group discussion that resulted in a final recommended weight to each content domain.

After examining the activity and knowledge statements, SMEs determined that it was appropriate to rename the Restorative Skills category to Self-Care/Independence since it reflected nurse aide practice more accurately. Similarly, SMEs determined that the category Prevention, initially under Restorative Skills should be moved to the Safety and Prevention category since it also reflected NA practice more accurately. An internal nurse expert then internally reviewed the recommendation before finalizing the updates to the test specification.

Internal Content Review

In the final phase of the study and as an additional layer of verification, an internal nurse expert reviewed all proposed changes to activity and KSA statements, reviewed linkage of KSA statements to activity statements, and recommended updates to the test specification to ensure that they were content valid and an accurate depiction of the work performed by entry-level NAs. Following the nurse expert review, the final list of 115 activity statements and 183 KSA statements, including the linkage of KSA statements to activity statements, as well as updates to the test specification, were confirmed. See Appendix B for a final list of activity statements and Appendix C for a final list of KSA statements.

Summary

Participants in the 2019–2020 NA Job Analysis and KSA Study felt confident that the resulting activity and KSA statements accurately depict the work performed by entry-level NAs in their work settings. Utilizing a modified DACUM approach as the methodology for the job analysis study, NCSBN was able to analyze the work of entry-level NAs across the U.S. An initial panel of SMEs, who primarily worked with and/or supervised the work of entry-level NAs, developed the list of activities used to describe the NA job. Subsequently, three separate task force panels composed of CNAs performed a table-top job analysis. A quasi-stratification approach was used to ensure that the SMEs responsible for the outcome documents (test specification, activity statement list, KSA statement list, and linkage of activity and KSA statements) were: (1) familiar with the work of entry-level NAs across major work settings; and (2) were an appropriate representation of the NA population across the U.S. By utilizing the methodologies described above, NCSBN was able to establish a threshold of content validity, and therefore, the resulting outcome documents can be utilized for future NNAAP examination development.

Conclusion

The 2019–2020 NA Job Analysis and KSA Study used several methods to describe the work of entry-level NAs in the U.S.: (1) document reviews; (2) the expert input of RNs, LPN/VNs, and entry-level NAs on the development of activity statements and KSA statements; (3) the expert input of CNAs via three separate task force panels; and (4) internal nurse expert content review. The implementation of a modified DACUM job analysis methodology allowed NCSBN to target the study to investigate the work of entry-level NAs. Based on this evidence, the findings of this study can be used to evaluate and support the test specification for the NNAAP certification examination.

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APPENDIX A: DEMOGRAPHICS, EXPERIENCES AND PRACTICE ENVIRONMENTS OF PARTICIPANTS

Area	Jurisdiction	Practice Setting	Credential	Years' Experience	Gender	Ethnicity
I	Alaska	Nursing Home/Long-term Care - Assisted living facility	CNA	Less than 12 months	Female	White - Not of Hispanic Origin
I	Alaska	Nursing Home/Long-term Care - Intermediate care unit	CNA	Less than 12 months	Female	White - Not of Hispanic Origin
I	Alaska	Nursing Home/Long-term Care - Sub-acute unit	CNA	Less than 12 months	Female	White - Not of Hispanic Origin
I	Colorado	Community/Home Health Care Setting - Any setting	CNA	Less than 12 months	Female	White - Not of Hispanic Origin
I	Colorado	Hospital or Acute Care Setting - Any setting	CNA	3 years	Female	White - Not of Hispanic Origin
I	Colorado	Nursing Home/Long-term Care - Assisted living facility	CNA	1 year	Female	Other
I	Colorado	Other (specify)	RN	20+ years	Female	White (non-Hispanic)
I	Idaho	Nursing Home/Long-term Care - Assisted living facility	CNA	10 years	Female	Hispanic
I	Idaho	Nursing Home/Long-term Care - Skilled care unit	CNA	Less than 12 months	Female	White - Not of Hispanic Origin
I	Idaho	Nursing Home/Long-term Care - Skilled care unit	CNA	2 years	Female	White - Not of Hispanic Origin
I	Washington	Long-term care - rehabilitation; Ambulatory care, physician office or clinics; Home health (including hospice, visiting nurses associations); Long-term care - nursing home	LPN/VN	20+ years	Female	White (non-Hispanic)
I	Wyoming	Hospital or Acute Care Setting - Any setting	CNA	9 years	Female	Hispanic
I	Wyoming	Nursing Home/Long-term Care - Skilled care unit	CNA	15 years or more	Female	White - Not of Hispanic Origin
II	Minnesota	Long-term care - rehabilitation; Ambulatory care, physician office or clinics; Long-term care - nursing home; Long-term care - residential	RN	10-19 years	Female	White (non-Hispanic)
II	Minnesota	Nursing Home/Long-term Care - Assisted living facility	CNA	3 years	Female	White - Not of Hispanic Origin
II	Minnesota	Nursing Home/Long-term Care - Intermediate care unit	CNA	1 year	Female	White - Not of Hispanic Origin
II	Minnesota	Nursing Home/Long-term Care - Skilled care unit	CNA	15 years or more	Female	White - Not of Hispanic Origin
III	Georgia	Long-term care - rehabilitation; Long-term care - nursing home	RN	20+ years	Female	White (non-Hispanic)
III	Georgia	Long-term care - rehabilitation; Long-term care - nursing home; Long-term care - residential	CNA	Less than 2 years	Female	White (non-Hispanic)
III	Georgia	Nursing Home/Long-term Care - Assisted living facility	CNA	15 years or more	Female	White - Not of Hispanic Origin
III	Georgia	Nursing Home/Long-term Care - Skilled care unit	CNA	15 years or more	Female	White - Not of Hispanic Origin

Area	Jurisdiction	Practice Setting	Credential	Years' Experience	Gender	Ethnicity
III	Mississippi	Nursing Home/Long-term Care - Skilled care unit	CNA	Less than 12 months	Female	African American
III	Mississippi	Nursing Home/Long-term Care - Skilled care unit	CNA	Less than 12 months	Female	White - Not of Hispanic Origin
III	North Carolina	Nursing Home/Long-term Care - Skilled care unit	CNA	15 years or more	Female	White - Not of Hispanic Origin
III	Texas	Acute care - all critical care; Long-term care - nursing home	RN	20+ years	Female	White (non-Hispanic)
III	Texas	Hospital or Acute Care Setting - Any setting	CNA	Less than 12 months	Female	Asian Other
III	Virginia	Community/Home Health Care Setting - Any setting	CNA	15 years or more	Female	African American
III	Virginia	Nursing Home/Long-term Care - Assisted living facility	CNA	2 years	Male	White - Not of Hispanic Origin
III	Virginia	Other (specify); Public Health/ Occupational health; Long-term care - nursing home	RN	10-19 years	Female	Native American; White (non-Hispanic)
IV	New Hampshire	Community/Home Health Care Setting - Any setting	CNA	8 years	Female	White - Not of Hispanic Origin
IV	New Hampshire	Community/Home Health Care Setting - Any setting	CNA	15 years or more	Female	White - Not of Hispanic Origin
IV	New Hampshire	Nursing Home/Long-term Care - Personal care unit	CNA	3 years	Female	White - Not of Hispanic Origin
IV	New Jersey	Nursing Home/Long-term Care - Sub-acute unit	CNA	6 years	Female	African American
IV	Pennsylvania	Hospital or Acute Care Setting - Any setting	CNA	10 years	Female	African American
IV	Pennsylvania	Long-term care - nursing home	RN	20+ years	Female	White (non-Hispanic)
IV	Pennsylvania	Nursing Home/Long-term Care - Assisted living facility	CNA	8 years	Female	African American
IV	Pennsylvania	Nursing Home/Long-term Care - Skilled care unit	CNA	Less than 12 months	Female	White - Not of Hispanic Origin
IV	Rhode Island	Other (specify)	RN	6-9 years	Female	White (non-Hispanic)
IV	Vermont	Hospital or Acute Care Setting - Any setting	CNA	4 years	Female	White - Not of Hispanic Origin
IV	Vermont	Hospital or Acute Care Setting - Any setting	CNA	12 years	Female	White - Not of Hispanic Origin
IV	Vermont	Hospital or Acute Care Setting - Any setting	CNA	15 years or more	Female	White - Not of Hispanic Origin

APPENDIX B: NA ACTIVITY STATEMENTS

A. Activities of Daily Living
1. Hygiene, Dressing and Grooming
Provide shower/bath including hair (e.g., partial, whirlpool, bed bath)
Assist with grooming needs (e.g., shaving, hair care, cosmetics)
Provide face and hand care (e.g., wash cloth)
Provide foot care (e.g., washing and lotion)
Provide pericare
Provide oral/denture care (conscious, unconscious)
Provide nail care
Assist client with dressing and undressing clothes
2. Nutrition and Hydration
Prepare client for meal
Assist with meal set-up and cleanup
Verify client receives diet according to the nursing care plan
Verify special diets (e.g., nothing by mouth [NPO], low sodium, pureed, diabetic, thickened liquids, fluid restriction)
Provide assistance with meals to dependent client
Assist with supplemental nutrition (e.g., calorie supplement)
Provide client with nutritional and hydrational needs (e.g., drinks, snacks)
3. Elimination
Provide incontinence care
Provide for toileting needs (e.g., bedpan, bedside commode, toilet)
4. Rest/Sleep/Comfort
Assist client with proper body alignment and positioning
Provide physical comfort measures (e.g., back rub, therapeutic touch, oils, music)
Manage physical environment (e.g., noise, light, temperature, organization)
Assist client with turning, coughing and deep breathing
B. Basic Nursing Skills
1. Infection Control
Maintain a clean and organized environment
Follow infection control guidelines (e.g., Standard and Transmission-based precautions, handwashing, personal protective equipment [PPE])
Dispose of biohazardous waste properly
2. Safety/Prevention/Emergency
Respond to all client safety alarms and client verbal communication about safety (e.g., bed/chair alarms, concentrate alarms, call light, doors)
Verify client before providing service/care
Use devices and equipment properly (e.g., report malfunctions)
Use proper body mechanics

Legend

Content Category

Content Subcategory

Activity Statement

Follow safety procedures (e.g., bed in adequate position, bed in low position, wheels locked, call light within reach)
Follow falling procedures
Clear foreign-body airway obstruction (FBAO)
Follow oxygen safety guidelines (e.g., no smoking, storage, transportation)
Assist with emergency procedures (e.g., codes)
Respond to actual/potential emergency or disaster situations per protocol
Prevent and provide protection from injuries (e.g., seizure precautions, aspiration precautions, fall precautions)
Clean, dispose, and store equipment properly
Assist client to ambulate with or without an assistive/adaptive device (e.g., cane, walker, crutches)
Perform passive or active assisted range of motion exercises
Check client status routinely during shift
Provide preventive skin care (e.g., observing for breakdown, use of specialty mattresses/devices, float heels, elbow protectors, repositioning)
3. Technical Procedures
Assist and monitor restraints/restraint alternatives according to nursing care plan
Apply and remove compression (anti-embolism) stockings
Assist with wound dressing change
Provide postmortem care
Observe client for color, movement, temperature and sensation
Make bed (e.g., occupied, unoccupied)
Provide care for the client with a sensory impairment (e.g., hearing, vision, speech)
Provide client specific care (e.g., gastrostomy tube, joint replacement, chronic conditions)
Empty and measure collections (e.g., ostomies, drains, and devices)
Provide urinary catheter and ostomy care
Transport client (e.g., off unit or to another setting)
Observe and report reactions (e.g., allergies, rashes, emotional)
Transfer client using assistive devices (e.g., gait/transfer belts, mechanical lifts, sliding boards)
4. Data Collection and Reporting
Assist with collecting, transporting, storing, and labelling of stool, urine or sputum specimens
Measure and record client's weight and/or height (e.g., standing, lying)
Measure and record intake and output (e.g., amount/percentage of meal and fluid intake)
Report signs and symptoms of pain
Recognize and report signs and symptoms of changes in client's condition
Take and record client's vital signs (VS) including manual measurements (e.g., pulse oximetry, blood pressure)
C. Self-Care/Independence
Provide individualized care based on client's preference and schedule
Assist client in bowel and/or bladder training
Allow time for client to complete task
Assist client with recreational activities

Legend
Content Category
Content Subcategory
Activity Statement

Assist client with the application, removal, and maintenance of personal equipment including prosthetic and orthotic devices (e.g., splints, dentures)
Educate and encourage the client and/or assigned caregiver to contribute to and follow care plan
Encourage client to be independent
D. Emotional and Mental Health Needs
Assist and encourage client to participate in groups and other activities
Identify behaviors and implement strategies commonly related to a client with cognitive impairment (e.g., dementia)
Participate in client's behavior modification plan
Enhance client self-esteem (e.g., encouragement)
Establish client dignity (e.g., privacy, address client by preferred title and name)
Ensure client's feeling of security and safety
Provide a client-centered environment (physical, developmental, and social)
Provide comfort and care for dying client and caregivers
Assist client and/or caregiver(s) with issues related to death and dying
Provide emotional support
Provide client assistance in resolving grievances and disputes
Implement strategies to care for a client who is angry or potentially violent
Recognize and report signs that client might be a danger to themselves or others (e.g., depressed, suicidal, self-harm)
Use reality orientation (e.g., time, place, person)
Use validation therapy (e.g., avoid dismissiveness/marginalization)
E. Spiritual and Cultural Needs
Recognize and report client's cultural/religious/spiritual/other preferences and needs (e.g., food, clergy)
Respect client's religious and cultural beliefs and practices
F. Communication
Identify and report barriers to communication (e.g., dementia, dysphasia, language, need for interpreter)
Observe and report behavioral changes
Reinforce client and assigned caregiver education
Use active listening skills (e.g., verbal and nonverbal)
Use approved medical terminology in written and verbal communication
Use professional and concise communication (e.g., "thank you," "please," "addressing a client by name")
Document or report information accurately
G. Client Rights
Follow client's care plan
Adhere privacy and confidentiality regulations (e.g., Health Insurance Portability and Accountability Act [HIPAA])
Identify self to client by name and job title
Provide explanation of care to client
Respect and maintain security of client's personal belongings

Legend
Content Category
Content Subcategory
Activity Statement

Respect client's personal choices, including advanced directives
Promote client's right to be in a restraint-free environment
Respect and report client's right to refuse care
Advocate for client's rights
H. Legal and Ethical Behavior
Promote and maintain client's right to be free of abuse, neglect, and financial and other exploitations
Provide client care in an ethical and professional manner
Report unusual incidents involving clients, visitors or any persons on site (e.g., errors, injuries, falls, abuse)
Ensure a secure emotional and physical environment
Collaborate with health professionals to avoid client abandonment
I. Member of the Health Care Team
Use identified channels/chain of command to voice questions, concerns, suggestions or complaints
Suggest additions or needed changes to client's care plan to health care team
Accept and complete authorized duties (e.g., time management)
Assist with admission, discharge and transfer
Ask for help when needed
Assist and collaborate with co-workers
Attend and participate in staff education
Participate and communicate with interdisciplinary team (e.g., time management, accommodate to health care team members communication)
Participate in performance improvement and cost containment
Promote well-being of nurse aide
Identify and address caregiver burnout

Legend
Content Category
Content Subcategory
Activity Statement

APPENDIX C: NA KSA STATEMENTS

NA KSA Statements	
KSA #	KSA Statement
1	Active listening skills
2	Admission, discharge and transfer procedures
3	Advanced directives (e.g., DNR, DNI)
4	Alternative methods of communication
5	Alternatives and types of restraints
6	Anatomy and physiology
7	Anatomy-specific procedures for providing incontinence care
8	Anatomy-specific procedures for providing pericare
9	Application and removal procedures of compression stockings (anti-embolism hose)
10	Approved abbreviations
11	Aspiration precautions
12	Assistive devices and equipment (e.g., eating devices)
13	Authorized duties
14	Available resources
15	Barriers to communication
16	Basic mathematical conversions (e.g., metric to imperial)
17	Behavior modification techniques
18	Behaviors associated with cognitive impairment
19	Biohazardous waste
20	Biohazardous waste disposal procedures
21	Body mechanics
22	Bowel and bladder training
23	Chain of command
24	Client and/or assigned caregiver's role as a member of the care team
25	Client comfort measures
26	Client identification procedures
27	Client positioning/body alignment
28	Client preferences
29	Client privacy and confidentiality
30	Client reactions (e.g., allergies, rashes, emotional)
31	Client rights (privacy, refuse care)
32	Client safety checks
33	Client specific care
34	Client's developmental stages
35	Client's level of independence/dependence

NA KSA Statements	
KSA #	KSA Statement
36	Client's personal belongings (e.g., inventory, labeling, placement)
37	Client's plan of care
38	Conflict resolution techniques
39	Cost containment programs
40	Crisis prevention techniques
41	Cultural/religious/spiritual/other considerations
42	Disinfection techniques
43	Documentation systems
44	Dying process
45	Emergency assistance for client (e.g., choking, falling)
46	Emergency equipment
47	Emergency or disaster situations
48	Emotional support techniques
49	Environmental triggers
50	Environmental triggers affecting communication
51	Equipment disposal procedures (e.g., sharps disposal)
52	Equipment malfunction procedures (e.g., lock out/tag out)
53	Equipment usage, function, cleaning, and maintenance
54	Explaining procedure (e.g., simple language)
55	Face and hand hygiene techniques
56	Grieving process
57	HIPAA (e.g., social media, use of personal cellular devices)
58	Identification procedures of nurse aide
59	Indications for equipment use for client
60	Infection control guidelines
61	Infection transmission
62	Isolation precautions and procedures
63	Legal and ethical considerations
64	Linen handling procedures
65	Maslow's hierarchy of needs
66	Medical terminology
67	Methods of observation
68	Nonverbal communication skills
69	Normal and abnormal hair/scalp appearance
70	Normal and abnormal mouth appearance
71	Normal and abnormal nail appearance
72	Normal and abnormal skin appearance
73	Normal range for vital signs (e.g., pulse oximetry)

NA KSA Statements	
KSA #	KSA Statement
74	Nurse aide role within the nursing process
75	OBRA
76	Observing and reporting changes in conditions and behaviors
77	Oxygen safety procedures (e.g., smoking, transport, storage, usage)
78	Performance improvement (e.g., continued education)
79	Procedure for collecting and labeling specimens
80	Procedure for denture care
81	Procedure for disposing of used incontinence products
82	Procedure for documenting and reporting
83	Procedure for initiating and participating in an emergency response
84	Procedure for meal set-up and cleanup
85	Procedure for oral care
86	Procedure for postmortem care
87	Procedure for preparing client for meals
88	Procedure for providing and receiving shift reports
89	Procedure for providing client nutrition (e.g., supplementary drinks, diabetic snacks)
90	Procedure for providing fluids
91	Procedure for reporting incidents and behaviors
92	Procedure for resolving grievances and disputes
93	Procedure for taking vital signs
94	Procedure for thickening liquids at various consistencies
95	Procedure for transporting client
96	Procedure for turning, coughing and deep breathing
97	Procedure for use of assistive devices
98	Procedure to assist with ambulation
99	Procedure to clear a foreign body airway obstruction
100	Procedure to confirm dietary information
101	Procedure to maintain and empty urinary drainage system
102	Procedure to measure client's weight and/or height
103	Procedure to measure intake and output
104	Procedure to perform range of motion exercises (e.g., passive, active)
105	Procedures for assisting meals for dependent clients
106	Procedures for bed making (e.g., occupied/unoccupied)
107	Procedures for disinfection of equipment
108	Procedures for dressing and undressing clothing
109	Procedures for estimating and recording meal intake
110	Procedures for face and hand care

NA KSA Statements	
KSA #	KSA Statement
111	Procedures for foot care
112	Procedures for grooming
113	Procedures for nail care
114	Procedures for ostomy care
115	Procedures for preventing the spread of infection (e.g., PPE)
116	Procedures for providing physical comfort measures
117	Procedures for showering/bathing (e.g., hair washing, partial, whirlpool, bath)
118	Procedures for transporting and transferring clients
119	Procedures for voicing questions, concerns, suggestions or complaints
120	Procedures to apply, remove, care, and maintain prosthetic and orthotic devices
121	Procedures to provide preventative skin care
122	Procedures to provide urinary catheter care
123	Professional and ethical behavior
124	Professional boundaries
125	Purpose and limitations of reality orientation
126	Purpose and limitations of validation therapy
127	Purposes of client safety alarms
128	Reality orientation techniques
129	Redirection techniques
130	Relationship building techniques
131	Reporting and documenting techniques (e.g., abnormal findings, client conditions, discrepancies)
132	Response procedures for actual/potential emergency situations
133	Restraint usage
134	Risk factors for skin breakdown
135	Role of hospice and palliative care
136	Roles of members of the health care team
137	Safe emotional environment
138	Safe food handling techniques
139	Safe physical environment
140	Safe transfer techniques
141	Safety and security procedures
142	Safety precautions and procedures (e.g., seizure precautions, aspiration precautions, fall precautions)
143	Signs and symptoms of abuse (e.g., emotional, physical, financial)
144	Signs and symptoms of dehydration
145	Signs and symptoms of edema
146	Signs and symptoms of emotional distress
147	Signs and symptoms of foreign-body airway obstruction
148	Signs and symptoms of hypoglycemia and hyperglycemia

NA KSA Statements	
KSA #	KSA Statement
149	Signs and symptoms of pain (e.g., Wong-Baker FACES® Pain Rating Scale, throbbing, dull, sharp, verbal, and nonverbal)
150	Special dietary requirements and restrictions
151	Specialty bed equipment
152	Specimen storage and transport procedures
153	Stress management techniques
154	Swallowing precautions
155	Teamwork
156	Techniques for observing client (e.g., color, movement, temperature, and sensation)
157	Techniques of nurse aide stress management (e.g., caregiver burnout)
158	Techniques to promote feelings of acceptance, self esteem, and dignity
159	Temperature safety (e.g., food, beverage, water, room)
160	Therapeutic touch
161	Time management skills
162	Toileting equipment
163	Toileting procedures
164	Transferring devices
165	Types of abuse, neglect, and financial and other exploitation
166	Types of cognitive impairment
167	Types of compression stockings (anti-embolism hose)
168	Types of intake and output (e.g., food amount, fluid amount, nutritional supplement)
169	Types of ostomies
170	Types of sensory impairments
171	Types of specimens
172	Types of surgical drains and tubes
173	Types of urinary catheters
174	Use of grooming equipment
175	Use of incontinence care products
176	Use of positioning devices
177	Use, care and storage of personal equipment
178	Validation therapy techniques
179	Verbal communication skills
180	Waste disposal procedures
181	Ways to promote participation in activities (e.g., recreational)
182	Wound dressing change techniques
183	Written communication skills



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