CALIFORNIA STATE UNIVERSITY, NORTHridge

NURSING HOME ADMINISTRATOR
"LICENSURE AND EDUCATION"

A thesis submitted in partial satisfaction of the requirements for the degree of Master of Science in Health Statistics

by

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The thesis of Thomas Erdosi is approved.

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ABSTRACT

NURSING HOME ADMINISTRATOR
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Thomas Erdosi
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This is an historical review and an analysis of Public Law 90-248, which when enacted in 1968, required the personal licensure of nursing home administrators across the country.

This paper also briefly summarizes what is already known about the existing manpower and educational resources in the long-term health care field, and presents some components of a proposed research agenda intended both to stimulate thought and to suggest possible research directions in the area of long-term health care administration.

However, the major thrust of this thesis is the suggestion that proof of the achievement of the outcomes intended by the law - the improved professionalization of
the administrator, his increased effectiveness in his position and the resultant improved quality of patient care in the facility - can best be achieved through an intensive examination of one of its outputs: education.

While there are many complexities in any in-depth review of the total educational process of this profession, it is strongly recommended that an in-depth study be done in the following areas:

1. the examination process for the field,

2. the type of educational programs available to the long-term care administrator, and

3. the background and experience of the administrator/student himself.
Chapter I

LEGISLATION AND ITS RESULTS IN ADMINISTRATOR LICENSURE

On January 2, 1968, the 1967 Social Security Amendments were enacted (PL 90-248). Contained within those amendments were section 1908A, which mandated that if states participating in the Medicaid Program (Title XIX) wished to continue to receive federal funds, they were obligated to have a program for licensing nursing home administrators by July 1, 1970. In order to better understand the impact of the law in terms of its immediate effect (outputs) and its long-range impact (outcomes) as they relate to nursing homes and nursing home administrators, a brief discussion is necessary.

The term output refers to those changes and activities in long-term care which occurred during and subsequent to the enactment of the legislation, the existence of which can be directly or partially attributed to the law itself. Examples of such outputs would be the development of state licensing boards, examinations, educational programs, and changes in the professional organization.

Outcome, on the other hand, refers to what the law itself, and its outputs, have actually accomplished in the
improvements in care of nursing home patients, and the effectiveness of administrators.

1968: THE PERIOD OF LEGISLATION - AN HISTORICAL BACKGROUND

The first major output, and the most temporary, resulting from section 1908A of the 1967 Social Security Amendments was the National Advisory Council on Nursing Home Administration. Comprised of nine individuals, broadly representing the health industry, the Council began a series of public hearings in September, 1968 to act as an advisory committee to the federal government on educational matters, including a Model Licensure Law for administrators.

It was during these hearings that the deep splits over how the law should be implemented and, more important, who would control the emerging field of nursing home administration were revealed. It was also during these hearings, and the developing battles at the state and federal governmental levels regarding licensure laws, that the second output of section 1908A became apparent - the strengthened role and importance of the nursing home professional organizations, especially the American Nursing Home Association and the American College of Nursing Home Administrators.
At the first hearings in Atlantic City on September 18, 1968, testimony was received from not only the American Nursing Home Association and the American College of Nursing Home Administrators, but also from the American Association of Homes for the Aging, the American Hospital Association, the American College of Hospital Administrators, other professional organizations, and a variety of state and local officials. While the specific arguments as they were presented are beyond the scope of the discussion, the points of debate were generally:

(a) whether the law could really upgrade the profession and insure quality, (b) how rigorous should the licensing criteria be, and (c) who should control the licensing process. In general, the nursing home field pleaded for somewhat minimal educational criteria, possible internships, credit for experience and peer control.¹

¹To provide a guide for state legislatures which met infrequently, the National Advisory Council on Nursing Home Administration accelerated the publication date of their model law from July 1969 to January 1969.² As proposed, the model state law was generally a sound rebuff to


²"Plan to License Nursing Home Administrators is Criticized at Hearing", Modern Hospital, January, 1969, p. 29.
the nursing home forces. The model law called for a nine man board of whom only four were to be administrators, one representative of the public at large, and four individuals "selected from other professions and institutions concerned with the care of aged and infirm patients."  

The defeat was even more dramatic in education. Not only were minimal educational requirements not recommended, but the reverse occurred. Greater educational requirements were, in fact, demanded. If the model law had been adopted by a state, all administrators by July 1, 1970 would have needed a high school degree plus completion of an approved course of study in nursing home administration; by 1975, two years of college study; by 1980, a Bachelor of Arts degree; and after 1988, a master's degree. In addition, continuing education would have been required for licensure renewal. Finally, four years of experience would have counted for only one year beyond high school education, and inexperienced applicants would have had to serve a one year internship unless possessing a master's degree.  

It must be recognized that the model law was only a

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3Leahmae McCoy, "Licensing of Nursing Home Administrators", Medical Care, March/April, 1971, p. 128.

suggestion. Although the Medical Services Administration of the Social and Rehabilitation Service had the power to issue and enforce regulations, it never did so. This provided the opportunity for the fight for control to be carried to the state level.5

The issue of control of the licensure boards was resolved after a long period of lobbying and infighting by Mary Switzer, then head of the Health, Education, and Welfare Social and Rehabilitation Service. She clarified the issue by defining the term "representative" and what it meant in the law. She stated that "would not object to a state board consisting of a majority of members representative of one group...." This simple statement allowed nursing home lobbyists to insure that in many states their profession controlled the board.6

In addition to the National Advisory Council on Nursing Home Administration suggested legislation, the major nursing home associations also provided their own model laws. The laws were usually more favorable to the

5 "Progress Report on Nursing Home Administrator Licensing under Section 1908A of the Social Security Act".

nursing home profession, although they did differ con-
siderably among themselves. More important, however, was
that where the National Advisory Council legislation
generally lacked support from groups at the state level,
nursing home associations had natural lobbyists from the
state organizations who would mount some, if not consider-
able, influence with the legislators. When the general
urgency of enacting legislation, and its relative com-
plexity is added to the above, it becomes apparent why the
National Advisory Council's model law was almost doomed
to failure before it began.7

The National Advisory Council continued its
activities until December 31, 1970 and issued a set of
suggested regulations for licensure boards.8 The Council's
activities, however, were for the most part overshadowed
and negated by the activities of the nursing home associa-
tions. These associations, in turn, profited from this
turbulent period by becoming stronger, more important to
the individual administrator and the homes, and becoming

7"Progress Report on Nursing Home Administrator
Licensing under Section 1908A of the Social Security Act", pp. 4, 1-6, 13.

8"Advisory Council Completes Model Regulations for
Licensure of Nursing Home Administrators", Modern Nursing
viable political forces. Thus, while these associations did not result directly from the law, their present status and composition is undeniably an output of section 1908A.

The output area of education presents a situation which is even more complex and less understandable, in overall terms, than the confusing state of affairs in state licensure and regulations for nursing home administrators. Education of administrators was one of the prime areas of deficiency identified prior to the law's enactment. It was also a major reason for the law, an area specifically mentioned in the law, and an area funded by the law. The educational opportunities available for administrators have geometrically increased in the past few years. These opportunities have been in four primary areas.

1. educational programs to prepare waivered nursing home administrators to take the licensure exam in their state,

2. continuing educational offerings which helps qualify administrators for re-registration as required by many states,

3. establishing college level programs and determining curricula for those entering the field, and

4. developing procedures for those required to serve "internship" periods prior to licensure.

Because section 1908A provided for funding of state educational programs to help qualify existing administrators
for licensure, the United States Department of Health, Education and Welfare and the Social and Rehabilitation Service issued regulations on February 28, 1970 which applied to the four primary areas listed on the preceding page.  

Essentially, under section 1908A, the state agency was obligated to sponsor 100 hours of classroom instruction, and would have 75 percent of educational costs reimbursed. In order to provide the programs, the state would be limited to contracts with universities or colleges. Professional societies were not unilaterally eligible for funds.

The regulations also recommended additional areas of study in order, "to provide a basis for future licensure reciprocity between states, and to provide that the content of examinations and programs of training and instruction contain sufficient amounts of appropriate information relating to the proper and efficient administration of nursing homes."  

Nine specific areas with subcategories, were outlined which covered essentially the areas which were to be examined by the Professional

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10 Ibid., p. 3969
Examination Service examination. In 1974, 1,458 administrators took these courses in California that were sponsored by the California Association of Health Facilities.\textsuperscript{11} As far as can be determined, about 25 universities in 22 states offered the 100 hour classroom course.

The second category of educational programs, continuing education for re-registration, is probably an outgrowth of the preparatory time-oriented sessions. Continuing education programs are in the form of institutes and meetings, and are sponsored by both universities and the nursing home professional organizations.

Probably the most active of the national organizations in the area of continuing education is the Association of University Programs in Health Administration. Through seven interrelated W.K. Kellogg Foundation grants, the Association of University Programs in Health Administration and six regional university based centers provided for the "development of geographically accessible continuing education opportunities in the field of

\textsuperscript{11}\textit{Irene Bowerman, Executive Director, Los Angeles County Region of California Association of Health Facilities, 1974.}
long-term care administration."^{12}

Other Association of University Programs in Health Administration activities in continuing education have included a proposal for developing 12 continuing education models for nursing home administrators,^{13} equivalency examinations, and independent study requirements for long-term care administrators.

Activity directed toward providing education and an entry mechanism for those who wish to enter the field, is almost entirely academically based. Existent and proposed programs, presently in public and private universities, colleges, junior colleges, and vocational schools and the degrees they offer range from certificates to master's degrees. It is difficult to ascertain how many generalized programs and their specific curricula exist today. Here again, the Association of University Programs in Health Administration activities in continuing education have included a proposal for developing 12 continuing education models for nursing home administrators, equivalency examinations, and independent study requirements for long-term care administrators.

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^{12}Michael Stotts, "Rationale for a Regional Concept in Long Term Care Administrator Education" (Washington, D.C.: Association of University Programs in Health Administration, November 17, 1971).

Programs in Health Administration has begun to provide some leadership through proposing to make order out of the present chaos.

In 1972, the Association of University Programs in Health Administration conducted and published one of the first surveys of programs available in long-term care administration in an attempt to provide "... an overview of education and training for long-term care administrators at all levels of collegiate instruction, certificate and degree, as well as various forms of continuing education." The survey covered 36 graduate programs in hospital administration and 54 programs dealing with the educational history and the training of administrators involved in long-term care facilities. While the above survey is an invaluable attempt of trying to become aware of the educational programs available, it is probably outdated since it is projected that the number of undergraduate programs in hospitals and/or health services administration will number 200 in the near future (of which 60 are now in operation or formal development).  


15 Benjamin Latt, “Training Needs and Resources for Long Term Care Facilities Administrators”, (Rockville, Maryland: DHPEW, Division of Long Term Care Services, October 25, 1972) p. 2.
The Association of University Programs in Health Administration has continued to be active in the development of educational programs. They are currently discussing the possibilities of expanding the Accrediting Commission on Graduate Education in Hospital Administration to include undergraduate programs, and general courses for the nursing home administrator.16 For the first time the Association of University Programs in Health Administration has also offered associate membership status to all undergraduate programs thereby giving them a focal point for activity and maturation. Finally, the Association of University Programs in Health Administration has sponsored and will soon publish a document entitled "Long-Term Care: Opportunity and Challenge, A Syllabus for Programs in Hospital and Health Care Administration."17

It should be recognized that several other organizations and colleges have also made contributions to the development and sponsoring of educational programs. The American Association of Junior Colleges and the National Health Council are two such groups.

Internship, an area of educational opportunity, is difficult to discuss because of the lack of available


17 Iatt, "Training Needs", pp. 2-5.
literature. Since some states do require an internship period (usually one year) for new entrants into the field, it is certain that programs will be developed. Due to the peculiarities of each state's requirements, in all probability, they will have to be state controlled and sponsored.

The foregoing discussion clearly indicates that education is one of the most diverse and complex areas of output resulting from section 1908A.

Two concepts must be kept in mind in relation to outputs. The first is that while the outputs exist, and can be described, they are not static. Just as education is obviously evolving, so too are the other output areas. For example, in the area of licensure, several problems and rulings have recently occurred which may force state laws to be considerably altered. On March 29, 1972, Health, Education and Welfare issued a regulation stating that "groups such as nursing home administration operators and investors, and professionals such as physicians or nurses, may not fill a majority of the seats on the state nursing home licensure boards."18 The American College of Nursing Home Administrators has led a fight against the

preceding regulation in order to maintain peer review in those states where they won the fight originally.19

The problem of reciprocity may also force some changes in licensure laws. Due to the individuality of state laws, many administrators are unable to move freely from state to state. This presents a serious problem for both proprietary and non-profit organizations which have homes in several states.

The second concept is that the outputs are simply - outputs. They are those which have been formulated and developed because of the enactment of section 1908A. Outputs do not signify that the legislation has been a success. The simple existence of licensure boards, educational programs, examinations, etc. does not mean that administrators are better or that the objective of the law has been or will be accomplished. What must be done is to discuss what the law and its outputs have actually meant in changing long term to mean better quality nursing care.

EDUCATIONAL PLANNING FOR LONG-TERM CARE ADMINISTRATION

Since 1934 when the first graduate program in

hospital administration was inaugurated at the University of Chicago, the vast majority of graduates in hospital and health administration have gravitated toward the acute care sector of the health field, leaving the chronic care field without a significant group of professionally trained administrators.

The primary reasons for the relative neglect of the long-term care field by the health administrator are not difficult to understand. Within the health care sector, the providers of acute care not only capture the majority of the health dollar, but traditionally enjoy a favored status with the media and the consumer. Institutions providing acute care are surrounded by an aura of scientific accomplishment and glamour. By the very nature of their internal organization and the patient population to whom they minister, long-term care institutions are accorded meager recognition. This less than salutary image, commonly underscored by a pervasive negative attitude toward the elderly, undoubtedly affects aspirations of health administration students and other health professionals, including physicians and nurses.

In addition to an image problem, the long-term care sector of the health industry is adversely affected in its bid for administrative talent by the absence of a clear national policy to finance desirable long-term care
services. Chronic disease facilities are too frequently utilized as society's dumping grounds for individuals with illnesses that we choose to regard indifferently. Many patients in these facilities are institutionalized anyway, because of the lack of adequate alternatives. While some attempts have been made by the federal government to evolve meaningful policy regarding long-term care, one still cannot clearly discern where the long-term care sector of the health industry is headed or in what directions it ought to move.

These factors have a definite impact on the manpower problems confronting long-term care institutions.

Before suggesting directions for educational planning, one should note that surrounding an occupation with the cloak of academic respectability and with a formal academic credential can entail many risks. Many students assume that the existence of numerous academic programs is a promising indicator that sufficient and appropriate positions will be available at the end of the educational experience. The administrative job competition now present in the acute care sector of the health industry is ample evidence that frequently the reverse may be true.

There are many unknowns surrounding the question of long-term care administration education which must be
confronted, researched, and discussed prior to embarking upon the many major ventures in the area of long-term care education. Included in such a list would be questions such as:

1. Who are the current administrators of long-term care facilities?
2. What are their backgrounds?
3. How did they enter the field?
4. What related factors motivated their entering into this field?
5. How many administrators will be required over the next decades?
6. Are the necessary educational programs available to train the desired manpower?
7. Does the long-term care field need especially trained health care administrators or just well-trained managers?
8. If special training is required, what is the appropriate scholastic level?

The passage of Public Law 90-248 requiring state programs for licensure of administrators of nursing home facilities has introduced an additional factor that must be considered in educational planning efforts. Ultimately, licensing requirements inevitably lead to the establishment of higher educational and experience prerequisites as complements to or substitutes for the licensure examination.20

20The National Advisory Council required, as part of Public Law 90-248, a study of the problems of licensure and the establishment of guidelines for the states.
A survey of administrators of nursing homes was undertaken by the National Center for Health Statistics, Division of Health Resources Statistics, during June/August of 1969. The study was designed to identify only one administrator in each facility, that individual being the top administrator. Eighteen thousand three hundred and ninety (18,390) administrators were surveyed, and the following characteristics were reported: a median age of 53.2 years; approximately half of the administrators were self-employed; a median experience level as an administrator in a health related facility of 8.0 years, and a median experience level as administrator in the current facility of 5.3 years; 23 percent were registered nurses, with nurse administrators predominating in smaller and proprietary institutions; 79 percent had completed at least high school, 28 percent had completed an associate or baccalaureate degree college program; 65 percent had never taken a course in nursing home administration; and administration was not the sole preoccupation of administrators (many also reported performing clerical, kitchen and dietary, housekeeping and nursing functions). 21

Although the National Center for Health Statistics' survey did not include any information that would permit one to generalize about what current administrators did prior to entering the health field, and why they chose their present career, studies by Dolson, Levey and Lee shed some light on this area.

Dolson, based on a survey of 200 representative nursing home administrators of which 60 percent were male and 40 percent were female, reported that 30 percent of the male administrators surveyed had previously been managers of other enterprises, but only two percent of female administrators had a management background. Nursing was the previous occupational area reported by the majority of the female administrators. When administrators were queried about their reasons for choosing an administrative career in nursing homes, the reasons most often mentioned were: enjoyment derived from working with older people, previous experience in the health field, or they had been recruited or assigned to nursing homes.22 Similar findings were reported by Lee, based on her study of 138 administrators of nursing home facilities located in upstate New York.23 Levey, in a 1969 survey of


23Lee, Administrators of New York, Chapter 8.
administrators of 173 nursing home facilities in Massachusetts, reported 48 percent of the administrators indicated previous employment in the field of business, 30 percent listed previous employment in the nursing field, and three present in the practice of medicine. No homogeneous occupational background was noted for the remaining 19 percent. Twenty eight (28) percent of the administrators surveyed reported that they were employed on a part-time basis only.\textsuperscript{24} In a majority of cases, this was due to the fact that they were responsible for more than one facility.

Dolson, Levey, and Lee gathered salary data as part of their studies. They reported a median yearly salary range of $10,000 to $15,000.\textsuperscript{25} A 1968 survey of 500 nursing home administrators, reported in Modern Nursing Home, noted a similar median income range for male administrators but a lower median income range, $5,000 to $10,000, for female administrators. The Modern Nursing Home and Lee's studies noted a positive relationship between salary levels and facility size, educational back-

\textsuperscript{24}Levey, Nursing Homes in Massachusetts, p. V-14.

ground, and proprietary control, respectively. Liberal fringe benefits, including payment in whole or in part for pension plans, life insurance, and annuities; provision of housing, meals and automobiles; expenses paid to state and national meetings, professional conferences and educational seminars; paid sick leave; major medical insurance; and in some cases, an annual bonus, were also noted.

CHARACTERISTICS OF EXISTING PROGRAMS IN LONG-TERM CARE ADMINISTRATION EDUCATION

Educational programs directed specifically at current and potential administrators of long-term care facilities can be grouped into three categories: continuing education, associate and baccalaureate degree programs, and postgraduate degree programs.

The Association of University Programs in Health Administration published a report entitled Long-Term Care Administrator Education: A Status Report of Educational Activity in Colleges and Universities, 1971-1972 cataloging the activities of 54 college or university affiliated


programs that are primarily of a continuing education nature. The duration and content of the courses offered in each program differs, although the focus of most programs reflect existing or potential nursing home licensing requirements. In some cases, academic credit is granted for those courses which can be applied toward an associate or baccalaureate degree at the host institution. In addition to university based or affiliated programs, many state departments of health and/or associations sponsor continuing education opportunities on a permanent or ad hoc basis.

Although many administrators of long-term care facilities hold baccalaureate degrees, there are an insignificant number of college or university programs offering specialized degrees in long-term care administration. There are at least 20 undergraduate programs in health administration and quite a few more are on the drawing boards. However, no assembled data is available on the proportion or absolute number of graduates currently employed or contemplating employment in long-term care institutions.


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ASSESSMENT OF THE CURRENT KNOWLEDGE BASE

It is by no means an understatement to say that our knowledge base of the manpower and labor market characteristics of administrators of non-acute care hospitals is virtually non-existent. The same applies to administrators of non-institutional programs geared to the needs of chronically ill patients.

Manpower studies of the nursing home administrator focus only on the top administrative officer. The existing manpower and educational resource profiles are incomplete. While age, sex, educational and salary profiles have been studied there is still a void with regard to specific career channels and patterns of professional development. Furthermore, there is hardly any agreement on how many additional administrators are or will be needed in the long-term care field, and what would be an appropriate education preparation for them. University administrators believe by and large that programs of continuing education, characterized as either brief forays into special problem areas, or preparatory courses for licensing examinations are far less beneficial than a formal educational effort focused on basic background material and special problem areas. This philosophy, plus the recognition that this occupational group's learning experiences are not yet formalized, has put the long-term care
administrator outside the cloak of professional respectability for the time being. This undoubtedly underlies the support, given subsequent to the enactment of Medicare by both the American College of Nursing Home Administrators and the American Nursing Home Association, for the position that long-term care administrators ought to possess a master's degree by 1985. Practicing administrators, it seems, do not wholly support this position. Many still favor the route of continuing education. It would appear likely that they question the relevance of rigorous academic courses to their day-to-day problems, the ability of full-time faculty to understand the real world, and the need for full-time studies which preclude concurrent employment.

A RESEARCH AGENDA

The elements of the research agenda proposed here can be divided into two phases: (1) identification of the reference population at which the research vehicles would be directed, and (2) specification of appropriate research questions and techniques.

The problems in identification of the study population are complex and revolve around two interrelated considerations. First, there must be an attempt to define which enterprises should be considered as the focus of the
research effort. Second, those individuals who would be classified as administrators must be determined.

Defining the institutions to be included in the long-term care field appears to be relatively simple. The list would include chronic disease hospitals, nursing homes, and non-institutional programs providing services utilized by persons with chronic illnesses.

An issue worth researching is the attractiveness of the long-term care administration profession from an economic perspective. Is a management career in the long-term care health field as financially rewarding as a similar career in the acute care sector or in industry in general? Are the net returns in long-term care administration conducive to attracting management oriented people possessing the desired administrative skills? While the financial attractiveness of a profession might not be the only factor influencing a career choice, it is an important one. Information on this point might enhance recruitment. Studies of this type exist for other professional areas in the health field. The study methodology can easily be applied to the long-term care administration field.  

Estimating the demand and supply sides of the long-term care administration labor market, gives rise to serious problems. These problems, however, cannot be avoided if useful projections for any labor market are needed. It is useful and necessary to project changes in demand stemming from a change in the number and types of institutions employing administrators and changes in the level of demand by institutions. Similar projections are required for supply, but with respect to current and future supplier.

The difficulties associated with accurately perceiving future changes are immense. The character of any national health insurance package that may be enacted, changes in institutional reimbursement by third-parties, and general labor market conditions are largely unknown. These problems notwithstanding, serious attempts, must be made to chart and predict the future course of the long-term care industry based on existing facts and probability estimates of future developments. While these predictions may be crude and speculative, they at least establish a benchmark for discussion and analysis, including rational attempts at educational planning. While a little information can be dangerous, no information can be disastrous.

A final element in the proposed agenda is the question of the educational background of a prospective
long-term care administrator and the appropriate scholastic environment for imparting this knowledge base. There is fairly broad agreement on what an administrator of any long-term care institution should know:

1. administrative theory and practice,
2. management tools, and
3. medical care principles.

THE DEVELOPMENT OF LICENSURE EXAMINATIONS

An additional activity of the federal government in nursing home administrator licensure was in sponsoring the development of an examination which could be used by states for licensure. Developed by the Professional Examination Service on a contract from the Community Health Service, the test was in part the result of testimony provided to the National Advisory Council on Nursing Home Administration. Its advisory council, however, was totally composed of membership selected by the American Nursing Home Association, the American College of Nursing Home Administrators, and the American Association of Homes for the Aging.

30 "Models Licensing Exam Nears Completion", Nursing Homes, April, 1969, pp. 8-9.

The examination developed by the Professional Examination Service contained 150 objective questions divided into seven areas - administrative processes; social gerontology; patient care; governmental and legislative aspects; community resources and relationships; physical environment; and basic terminology. It was made available to all states in late 1969 and was extensively tested for reliability before and during its first years of operations.32

This, and other tests which were developed by various organizations, represents a significant output area from section 1908A. While they were not as controversial as other outputs and not adopted by all states in any uniform way, they provided for the first time a nationally utilized measure by which administrators could be evaluated.

STATE LAWS AND LICENSURE MECHANISMS

A fourth output was the individual state laws and the resulting bureaucracies necessary to support and

32 "PES Outlines Subjects That Will Be Covered in Licensure Examinations", Modern Nursing Home, May/June 1969, pp. 142-143; McCoy, "Licensing", p. 128; Taffe, "Report on Statistical Analysis of Form II of the Nursing Home Administration Examination and Summary of Responses to Background Survey of Fifteen Hundred Candidates".

28
enforce those processes. Due to the intense pressures that local nursing home associations exerted on the state level, the state licensure requirements, as of July 1971, were extremely divergent across the United States. This was true not only of the licensure law itself, but also of the state licensure authority, the board composition, and the licensure characteristics.

While some notable exceptions are evident, it does seem that overall the nursing home field succeeded in implementing peer review and limiting educational requirements. In the process, however, a mass confusion has arisen regarding requirements for nursing home administrators thus affecting the types of educational programs which should or could be developed. In addition, there has been confusion over the suitability of the Professional Examination Service examination. Therefore, the multiple licensure outputs which resulted from section 1908A, while possibly upgrading the requirements for this particular field, have also provided a disorganized, confusing, and contradictory array of legislation which is supposed to insure the quality of care in the nursing home industry.
ASSESSMENT OF OUTCOMES

Section 1908A was enacted in order to upgrade the quality of nursing homes and the care they provided to their patients. The goal was better care through better administrators. It is necessary to recognize that both the expectation of the above outcome, and the mechanism by which it was to be accomplished, were based on a series of interrelated assumptions such as:

1. administration determines the quality of care that will be provided by an organization,
2. the better the administration, the better the quality of care,
3. administration is determined and controlled by the administrator (not by the owner),
4. minimum standards for administrators will insure that we have better administrators, and
5. the most important factor in fulfilling standards and developing better administrators is education.

These assumptions are generally accepted, although for the most part they are unproven and untested. While minimum standards were felt to be necessary, the lack of clarity as to who should determine them led to the power struggle between the national and state governments and professional organizations. In the same way, the lack of agreement as to what these standards should be, led to the proliferation of dissimilar laws at the state level.
Finally, the lack of agreement by authorities as to what administrators should know has led to the current variety of educational programs and testing mechanisms.

The difficulty in assessing outcomes is difficult. The basic assumption that administrators control and affect a facility and the type of services it provides is largely untested. It cannot be assured that the administrator is the only force affecting the quality of long-term care as many other factors may be operating as well; such as: nursing home regulations and changes in health care, health care delivery, housing, income, social services available, family structures, etc. must also be assumed to have some impact on the quality of care provided and what "quality" is expected to exist. Also, the rapidly changing nature of the entire field of long-term care makes assumptions very difficult to evaluate in terms of only one of several aspects in the social environment.

PROBLEMS OF MEASUREMENT

While testing of the validity of the above basic assumptions is not impossible, it too presents tremendous difficulties. Among these are the lack of definitions, conceptual models rather than isolated organizational structures, non-standardization, and cost-benefits. It is highly improbable that definitive conclusions will be
reached in the near future as to what the interrelationship is between the administrator, the administration, the organization, and the quality of care. Furthermore, it is also highly doubtful if research with the above implications, especially if they run counter to society's common assumptions, will be accepted.

These difficulties, however, should not prevent an evaluation of the outcomes of section 1908A. In fact, the task is made considerably less complicated if a majority accepts the basic assumptions leading to the belief that the administrator affects the organization, and its quality. One can then deal with an attempt to answer the question - if the outputs of section 1908A have made any impact on the administrator. If it has, and we conclude that we now have better administrators, we can, on the basis of our assumptions, conclude that better care is likely to be provided to the consumers of long-term care.

If the series of foregoing assumptions is accepted, the final task becomes determining how the outputs of section 1908A have affected and will affect nursing home administrators - what is the outcome of these outputs? Do administrators have more knowledge, higher status, different attitudes, etc.? In attempting to answer this question it is felt that education is the primary mechanism by which the outcome can be evaluated.
Education is selected for a variety of reasons.

First, it was the one area identified by a number of individuals before the law, during its formulation, and following its enactment as the key to administrator upgrading. Second, it is the output area which has witnessed the most diverse activity. It is also an area in which intense activity can be expected in relation to section 1908A. While the other output areas are certainly static, licensure laws and boards will probably stabilize in the next few years. The National Advisory Council has been disbanded, and the testing mechanisms have been standardized. Professional organizations present a different situation. They may stabilize, regress or progress in their power and influence. Since they are however, at the same time, involved in education and partially the result of other activity in the field, it is felt that they can best be somewhat controlled. It must be recognized that the intent of focusing on education is not to ignore the impact of other output areas on administrators, but rather to control for them and focus on the one area the law emphasized.

A final reason for dealing primarily with education is that it is the area most in need of determining the interrelationship between activity and consequences. With the vast proliferation of programs predicted for the
future and the continuing controversy as to what should be taught, the field of long-term care education is desperately in need of knowledge as to what are the best or better ways of providing education to administrators. Without such knowledge, efforts can only continue to be diverse and divergent in their success.

METHODOLOGY

In order to evaluate the outcomes of educational programs, three prerequisites are necessary. First, the development of a reliable instrument is needed in order to measure the outcomes. This requires some agreement not only on what knowledge and attitudes should be tested, but what knowledge should be accumulated by administrators from experience as well as educational programs. Probably the best known and validated instruments which now exist are the Professional Examination Service and North Texas State Examinations, as well as the Licensing Examination developed by the National Association of Boards of Examiners for Nursing Home Administrators, and some examinations developed by individual states.\(^{33}\)

Whether these exams should be utilized as they now exist, or modified, is a question which should be examined.

This is a critical area for activity since it, in effect, becomes the desired outcome from educational programs. Upon its appropriateness will rest its meaningfulness in determining if in fact "better" administrators are really resulting from the requirements of section 1908A.

Second, complete and accurate knowledge of educational programs available to long-term care administrators is also necessary. This information must include who is sponsoring the program (university, professional association, state government, etc.), how it is organized (continuing, independent, residential, etc.), who is teaching (background, qualifications, etc.), what is being taught (curriculum), the teaching methods (experience, lecture, seminar, etc.), and the type of reward offered (certificate or degree required for state licensure, etc.). Such knowledge provides critical variables, which when measured against a standard, can indicate the effectiveness of the various types of educational endeavors.

It is also necessary that knowledge, as well as demographic characteristics (age, sex, background, etc.), of all entrants into programs be known. It is hoped that data on the critical differences of administrators will be obtained between the time of entry into and completion of a course. Since this difference is the outcome, success or failure depends on the accuracy and completeness of all
the available information. If the data is not obtained, the information is incomplete thus making an analysis difficult.

Having knowledge of the three prerequisites, an intensive study of the educational programs accomplished can be undertaken. The other output areas of licensure requirements, professional associations, etc. can be controlled for or included as independent or dependent variables. However, they must be accounted for.

Finally, the proposed study would be a massive and expensive undertaking. Because of its scope, it would probably be necessary to make selected, small studies on various areas such as continuing education - despite the unclear lines between categories of programs. The key to success, however, is not whether one or many studies are done but whether the long-term care industry wants it done, and would use it. If the above two requirements are present then it would be possible, despite the many complications and obstacles discussed, to relate changes in the legislation and what results in terms of better nursing care have occurred.
Chapter 2
RESULTS OF CONTINUING EDUCATION SURVEY

INTRODUCTION

On February 15, 1975, a questionnaire was mailed to a random sample of California licensed nursing home administrators. Every sixth name selected from the membership list of the licensed nursing home administrators of California was sent a questionnaire. Of the 418 sent out, 142 or 34% were returned and tabulated.

The following table reflects the breakdown, by position, of the survey returned.

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaried Administrator</td>
<td>68</td>
<td>43%</td>
</tr>
<tr>
<td>Owner-Administrator</td>
<td>59</td>
<td>42%</td>
</tr>
<tr>
<td>Assistant Administrator</td>
<td>9</td>
<td>6%</td>
</tr>
<tr>
<td>Other (consultant, etc.)</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Director of Nurses</td>
<td>2</td>
<td>1%</td>
</tr>
</tbody>
</table>

The surveys were tabulated in crossbreaks in order to reflect differences between position - educational level and in some cases, experience.

ATTITUDE TOWARD CONTINUING EDUCATION

The overwhelming majority (87%) of licensed administrators consider themselves part of an emerging
profession or as a professional person. This attitude was manifested in several ways throughout the survey. For example, 98 or 69% regard continuing education as a means of learning new ideas, skills or techniques with a goal of improving or up-grading patient care and keeping current on skills and concepts already learned.

Additional evidence can also be found in the response to the question calling for an opinion or view of continuing education as a means of "Advancing the Professionalization of Nursing Home Administration" - 61%.

EVALUATION OF COMPLETED COURSES

The subject matter presented in courses already completed was considered to be both relevant to nursing home administration (51%) and well balanced (28%). There was a significant number (23%) who felt the subject matter was too theoretical. There was, however, an indication that courses which are entirely, "how to", are of less importance to those administrators with a higher level of education and more important to owner-administrator.

The highest quality of courses resulted from, "joint sponsorship - university/association" (35%). College sponsored courses were also rated high in quality.
SUMMARY

Based on the data secured from the continuing education survey, the following may be concluded:

1. Administrators are most often employed by independent owners or corporations (salaried rather than owners).

2. Nearly all administrators consider themselves as part of an emerging profession, i.e., professional.

3. The majority of administrators have been in the field eight to eleven years, a definite commitment to the field.

4. A substantial number of administrators have completed 60 units or more of college level course work (65%).

5. Course instructors more often than not, are knowledgeable about the day-to-day problems of administering a nursing home.

6. Courses which have been approved by the Board and completed are relevant and well balanced (79%).

7. A combination of applied ("how to") and theoretical courses are preferred (71%).

8. Courses sponsored by a college or jointly with an association are of the highest quality (35%).

9. Continuing education is viewed as a means of keeping current on skills and concepts already known and a means of learning new ideas, skills or techniques with a goal of providing better patient care and advancing the professionalization of nursing home administrators (90%).

10. Continuing education courses are generally viewed as informative and applicable to skilled nursing facilities (61%).
11. Continuing education is overwhelmingly viewed as a means of providing better patient care and advancing the professionalization of nursing home administration.
Chapter 3
CONCLUSION AND SUMMARY

The foregoing discussion has attempted to deal with several basic concepts. The first is that simply because a law is enacted there is no guarantee that it will be implemented in a manner which will fulfill its original intent. Section 1908A is not unique in its legislative history, although it is in intent, of being based on assumptions and altered in its projected form and thrust through the actions of special interest groups. Its lack of clarity in its legislation, its bureaucratic manipulations and its dispersion of its responsibility is apparent. The outputs, while in part resulting in nursing home administrator licensure, have also had other effects which may significantly impede, if not prevent, the upgrading of administrator quality and consequently nursing home care.

The second concept is that even if the law had been implemented in total accord with the original intent, the mere existence of outputs is inadequate to claim success. This is true when the legislation is based upon assumptions and the outputs have been as divergent as found in our discussion of section 1908A. The only mechanism which seems to be available to measure the success of the law against its intent is therefore not a list of outputs, but
rather an evaluation of what changes have actually resulted from the law - the outcome.

It is unfortunate that most ex post facto discussions of both federal and state legislation generally measure success by outputs, if not by inputs. While this is understandable in light of the tremendous difficulties involved in undertaking outcome measurement, it is a major deficit in attempting to improve facets of the health care system. Until we are able to judge adequately the "success" or "failure" of, and test the assumptions behind the legislation, we are limited to an array of divergent, incomplete, and often contradictory regulations. Outcomes supply the mechanism needed to develop a coherent, effective, and complete body of legislation which purges that which is ineffective or damaging and builds upon that which contributes to the stated goals of our total health and human services system. Since 1908A deals with a new area of activity on the federal level - mandating licensure of health personnel who were not previously licensed, it would seem a highly appropriate area to which outcome measures should be applied.

The third concept deals with educational planning for long-term care administration. While the Association of University Programs in Health Administration will be working to improve the long-term care course content...
within academic programs at all levels, it will also be exerting additional efforts to interest present health care administration students in long-term care through the promotion of internship or residency experiences in long-term care facilities. The Association of University Programs in Health Administration will also attempt to implement an educational program that will provide both a quality education practicum to the student and a participation in the education process to the practitioner.

The Association of University Programs in Health Administration activities has been valuable over the past several years in promoting education for the emerging specialty of long-term care administration. Working closely with the American College of Nursing Home Administrators and with colleges and universities throughout the country, the Association of University Programs in Health Administration hopes that these joint efforts will contribute to improved education for the field of long-term care administration as well as improved professionalization of the long-term care administrator.

Any attempt to assess the effectiveness of the licensing laws at this time would be premature. The apparent intent of the federal legislation was improvement of patient care and safety. The achievement of these goals may be beyond the power of any licensing boards.
The volatile structure of the nursing home industry and the heavy dependence on welfare financing present severe limitations.

Despite federal legislation, it is apparent that wide variations between the states will continue. Giving professional status to the nursing home administrators does not assure upgrading of service or broad economic perspective as to the most efficient use of health care resources. Perhaps the greatest danger of the present laws is the implication of professional status with granting of licenses.

Education is felt by many people to be the one area in section 1903A of Public Law 90-248, that provides a mechanism by which the long range impacts of the law itself can be evaluated.

Education is selected to be the measurement criteria for long range impacts of Public Law 90-248 for a variety of reasons. First, it was the one area identified by a number of individuals before the law, during its formulation and following its enactment as the key to administrator upgrading. Secondly, it is the area which has witnessed the most diverse activity in terms of what and how educational programs should be presented and where in the future the most intensive activity can be expected in relation to section 1903A.
The final reason for dealing primarily with education is that it is an area that has two distinct certifying mechanisms: measurement and assessment of an individual's competence to administratively perform in the long-term care area. The most universally known measurement of an administrator's competence to administer a long-term care facility is the Professional Examination Service (PES) licensing examination. With the multitude of programs being planned and predicted for the future and the continuing controversy as to what should be taught, who should teach, and how it should be taught, the field of long-term care education is desperately in need of knowledge as to what are the best ways of providing education to administrators. Without such knowledge, efforts can only continue to be in disarray.

"Administrators Favor Licensure Program". *Modern Nursing Home*, July/August, 1969, pp. 4-6.


Stotrs, Michael J. "Accreditation in Long-Term Care Administration." Long-Term Care Administration, Winter, 1973, pp. 37-47.

APPENDIX A

CONTINUING EDUCATION SURVEY
APPENDIX A
CONTINUING EDUCATION SURVEY

1. Which of the following most accurately describes your present position? (check one).
   - a. owner-administrator  42%
   - b. salaried administrator  48%
   - c. assistant administrator  6%
   - d. dir. of nurs.  1%
   - e. other(specify)  5%

2. Do you consider yourself part of (check the one which most accurately describes how you regard yourself).
   - a. an emerging profession (professional)  87%
   - b. a trade or industry (businessman)  10%
   - c. other (specify)  3%

3. Approximately how many years until you plan to retire?
   Median - 13 years
   Range - 0 to 50 years

4. How many years have you been a Nursing Home Administrator?
   - a. 0 - 1  2%
   - b. 2 - 4  13%
   - c. 5 - 7  13%
   - d. 8 - 11  26%
   - e. 12 - 15  21%
   - f. 15 plus  22%

5. Which of the options below best describes your present educational level?
   - a. hold Master's Degree (area of concentration)  15%
   - b. hold Bachelor's Degree (area of concentration)  29%
   - c. completed 60 semester units or more  26%
   - d. completed 30-59 semester units  6%
   - e. completed 15-29 semester units  11%
   - f. other (specify)  15%

6. Do you intend to renew your Nursing Home Administrators license July 1, 1976?
   - a. yes  123
   - b. no  4
7. How many classroom hours of Approved Continuing Education have you completed since passing the licensure examination?

- b. non-college sponsored—Median=57hrs. Range 0-200hrs.

8. How many classroom or seminar hours of education did you complete during the year of


9. Have the instructors of Board Approved Courses in general been knowledgeable about the day-to-day problems of administering a nursing home?

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<tbody>
<tr>
<td>3</td>
<td>a. never</td>
<td>2%</td>
<td></td>
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<tr>
<td>2</td>
<td>b. seldom</td>
<td>20%</td>
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<tr>
<td>6</td>
<td>c. usually</td>
<td>50%</td>
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<tr>
<td>2</td>
<td>d. almost always</td>
<td>18%</td>
<td></td>
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<tr>
<td>6</td>
<td>e. always</td>
<td>4%</td>
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10. Was the subject matter presented in courses you have completed (check one or more).

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<tbody>
<tr>
<td>32</td>
<td>a. too theoretical</td>
<td>23%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>b. too technical</td>
<td>27%</td>
<td></td>
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<tr>
<td>72</td>
<td>c. relevant to Nursing Home Administration</td>
<td>51%</td>
<td></td>
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<tr>
<td>40</td>
<td>d. well balanced</td>
<td>28%</td>
<td></td>
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<tr>
<td>4</td>
<td>e. other</td>
<td>3%</td>
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11. In which subject areas have you already completed a course or courses? (Check only those areas in which the major portion of the course related to one of the subject areas listed below. Check one or more).

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<tbody>
<tr>
<td>101</td>
<td>a. Applicable standards of environment, health and safety.</td>
<td></td>
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<tr>
<td>91</td>
<td>b. Local health and safety requirements.</td>
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<td></td>
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<tr>
<td>114</td>
<td>c. General administration.</td>
<td></td>
<td></td>
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<tr>
<td>96</td>
<td>d. Psychology of patient care.</td>
<td></td>
<td></td>
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<tr>
<td>57</td>
<td>e. Principles of medical care.</td>
<td></td>
<td></td>
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<tr>
<td>74</td>
<td>f. Personal and social care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>g. Therapeutic and supportive care and services in long-term care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95</td>
<td>h. Departmental organization and management.</td>
<td></td>
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<td></td>
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<tr>
<td>60</td>
<td>i. Community interrelationships.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>96</td>
<td>j. Issues and concepts relating to aging and gerontology.</td>
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</table>
12. What types of courses do you prefer?

34 a. how to or applied courses 24%
10 b. theoretical or conceptual 5%
10 c. combination of applied and theory 71%
10 d. other (specify) 6%

13. In which of the following areas would you like to take courses during the 1976-1978 licensure period? (check one or more).

34 a. Applicable standards of environment, health and safety. 24%
24 b. Local health and safety requirements. 27%
24 c. General administration. 24%
36 d. Psychology of patient care 25%
24 e. Principles of medical care 22%
17 f. Personal and social care. 17%
27 g. Therapeutic and supportive care and services in long-term care. 33%
26 h. Departmental organization and management 26%
41 i. Issues and concepts relating to aging and gerontology. 41%
25 j. Community interrelationships. 25%

14. In your opinion who has offered the highest quality courses (the most informative and applicable)?

24 a. college/university - on-campus 33%
24 b. college/university - extension 28%
50 c. joint sponsorship (university/association) 35%
28 d. association sponsored courses 28%
10 e. quality not related to sponsorship 10%
6 f. other (specify) 6%

15. As the result of the courses you have taken since becoming licensed, has patient care in your facility?

35 a. improved considerably 35%
39 b. improved slightly 39%
20 c. remained the same 20%

16. Do you regard continuing education as (check one).

16 a. keeping current about skills and concepts you already know. 16%
16 b. a means of learning new ideas, skills or techniques with a goal of improving or upgrading patient care. 86%
11 c. other (specify) 11%
17. In your opinion do you view continuing education as a means of

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>2</td>
<td>a. becoming less restricted and regulated by government agencies.</td>
<td>6%</td>
</tr>
<tr>
<td>6</td>
<td>b. improving reimbursement rates.</td>
<td>4%</td>
</tr>
<tr>
<td>30</td>
<td>c. creating a better public image for nursing homes.</td>
<td>21%</td>
</tr>
<tr>
<td>36</td>
<td>d. providing better patient care.</td>
<td>61%</td>
</tr>
<tr>
<td>67</td>
<td>e. advancing the professionalization of nursing home administration.</td>
<td>61%</td>
</tr>
<tr>
<td>20</td>
<td>f. other (specify)</td>
<td>14%</td>
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</tbody>
</table>

Your name is not required and all responses will remain confidential.