

# Training Nursing Home Administrators

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THE TRAINING of nursing home administrators and staff is recognized as an essential component of programs for improving the care of patients in such institutions. Although inspection and regulation have proved of great value, a considerable area of nursing home operation remains outside the scope of legislation. Various nursing home associations and Federal, State, and local agencies have developed training courses and materials (1), and the National Conference on Nursing Homes has recommended development of training programs (2). In Missouri, the St. Louis County Health Department has conducted a training program for administrators of these homes.

A description of the training project has been published (3). We present here a brief review of some pertinent general aspects with a summary of the program's development.

In reviewing the St. Louis program, we do not attempt to evaluate degree of success in achieving the ultimate product, that is, the improvement of services to residents. It would be difficult to separate the effects of a formal training program from those of other activities, such as official inspection, which also influence patient care in nursing homes. Also, there were major legislative and regulatory changes during the course of the program.

There are 57 nursing homes in St. Louis County providing 2,500 beds. One of the

homes, operated by a church, is not included in the analysis. In comparison with nursing homes throughout the Nation, those in St. Louis County are reasonably typical. Data on the age distribution of residents, and their medical and nursing service needs, as well as financial support, show that the county is in the median range for the United States.

When the department developed an intensified inspection program in 1954, it quickly became clear that the nursing home administrator's education or experience usually did not include medical or other professional training. It was also clear that other information on operation of a physical plant and administrative techniques, such as cost accounting, might be discussed profitably in an educational program. Certainly, the administrator needs many skills which he has little opportunity to develop except by unguided experience. It seemed desirable therefore to develop a series of educational meetings with the primary purpose of instructing nursing home administrators.

## Educational Meetings

To help plan the educational meetings, a policy committee was formed with representation from two independent nursing home associations and from homes not participating in either association. Also on the committee were medical, nursing, and sanitation personnel of the health department. Topics for the programs were selected by the committee, which recommended that 2-hour sessions be held in the afternoon once a month. Seventeen meetings were held, the first in June 1956, and the last in January 1958.

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The educational material at the meetings was presented by members of the health department or other qualified persons, such as the county fire marshal and the director of welfare. The lecture presentation was followed by a period of discussion from the floor.

Attendance at the meetings was voluntary but was encouraged by the health department, and by the nursing home members of the policy committee through telephone calls and announcements at nursing home association meetings. The audience was somewhat reserved initially, but as the meetings progressed there was more open discussion. In the beginning there was very little interaction between the administrators, but, after a few meetings, a friendly relaxed attitude developed. Frequently, informal discussions continued after the 2-hour program was completed.

Table 1 presents a summary review of the topics discussed at the meetings and the number of administrators attending. Of the total number of 73 administrators representing 56 homes, all but 12 attended at least one session. Two of the three sessions with more than 50 percent of administrators attending followed immediately after the disastrous nursing home fire in Warrenton, Mo., in February 1957.

Some tendency for attendance to drop can be seen, and, for this and other reasons, it seemed desirable to undertake a critical review of the program. All administrators, without reference to their attendance at the sessions, were in-

## Definitions

The following definitions of the categories of domiciliary, practical nurse, and professional nurse homes have been established by Missouri State legislation. These categories correspond generally with those of residential, personal care, and nursing care as defined for use in the 1958 National Conference on Nursing Homes and Homes for the Aged. Domiciliary homes are essentially for care of residents with little or no infirmity. The practical nurse category may accept residents requiring considerable medical and nursing supervision. The professional nurse category may accept residents requiring considerable medical and nursing supervision.

The "administrator" in this discussion is a person with principal administrative responsibility in the institution, usually as owner or co-owner but in some instances as a full-time, salaried executive. For nonproprietary institutions, which tend to have a more complex structure of administration, the definition of administrator is less clearcut.

interviewed with a questionnaire approved by the training committee to obtain their opinions regarding the training program.

A major purpose of the questionnaire was to review the educational background and experience of the administrators to determine if any relation existed between education and accept-

**Table 1. Attendance of the nursing home administrators and topics of the meetings of the St. Louis County Nursing Home Institute**

Date of meeting	General topic	Number administrators in attendance	Percent in attendance	Date of meeting	General topic	Number administrators in attendance	Percent in attendance
6/56-----	Introduction-----	28	37.8	5/57-----	Nursing-----	31	41.9
7/56-----	Sanitation-----	36	48.6	6/57-----	Medical care and bookkeeping.	22	29.7
8/56-----	Sanitation-----	32	43.2	9/57-----	Nursing-----	38	51.4
9/56-----	Sanitation and nutrition.	28	37.8	10/57-----	Personnel management and nursing.	26	35.1
10/56-----	Sanitation and nutrition.	30	40.5	11/57-----	Bookkeeping and legal matters.	26	35.1
11/56-----	Sanitation and fire safety.	22	29.7	12/57-----	Rehabilitation and social service.	28	37.8
12/56-----	Nutrition-----	29	39.2	1/58-----	Public assistance and recreation.	21	28.4
1/57-----	Proposed legislation--	28	37.8				
3/57-----	Legislation-----	41	55.4				
4/57-----	Fire safety-----	40	54.1				

**Table 2. Selected characteristics of nursing homes as related to representation at the educational meetings**

Nursing home classification	Number of homes represented	Total beds	Average number of beds	Percent of meetings at which represented	Percent represented in at least one meeting
Proprietary -----	47	1, 672	35. 6	51. 8	91
Domiciliary -----	4	53	13. 3	61. 8	100
Practical -----	33	1, 063	32. 2	51. 5	93
Professional -----	10	556	55. 6	48. 8	80
Nonproprietary -----	9	742	82. 4	17. 2	75
Domiciliary -----	2	234	117. 0	8. 8	50
Practical -----	3	256	85. 3	35. 5	100
Professional -----	4	252	63. 0	7. 4	75

ance of formal training activities. In addition, special emphasis was given to investigation of the relationship between the type of home and acceptance of lecture-and-discussion-type training. Interviews were conducted by experienced interviewers, and data obtained were verified when possible by official health department records.

Table 2 provides information regarding selected characteristics of nursing homes together with information regarding attendance at the series of meetings and demonstrates the marked relationship of attendance to ownership and to size of home. Attendance data were also appraised by age and sex of the administrator but no major relationships were seen.

Administrators who attended least often were those from the largest institutions and from the institutions of charitable or church sponsorship. All but two administrators of the nonproprietary institutions attended at least one meeting

but thereafter came to only 2.9 meetings, whereas administrators of proprietary institutions, on the average, attended 7.5 meetings.

Table 3 provides a review of the education and previous work experience of administrators using the same nursing home categories as table 2. As expected, administrators of the larger and the nonproprietary institutions tended to have more educational background and were more likely to have had training in one of the professions related to medicine. These data show that the St. Louis County program, on the average, was best received by the administrator with the least education and whose previous work experience was not likely to have been in one of the professions related to medicine.

The educational data are pertinent also in considering programs to raise nursing home standards. Only approximately half of the nursing home operators have completed high school. Professional personnel in public health

**Table 3. Education and previous experience of nursing home administrators**

Type of operation	Number of administrators	Number with work experience in—			Percent with medical experience	Education	
		Medical and health fields	Nursing homes	Nonrelated fields		Mean years of school completed	Range in years
Proprietary -----	64	13	21	30	20. 3	12. 4	8-21
Domiciliary -----	4	0	1	3	0	10. 5	8-13
Practical -----	41	6	17	18	14. 6	11. 9	8-21
Professional -----	19	7	3	9	36. 8	13. 7	10-18
Nonproprietary -----	9	4	0	5	44. 4	15. 4	12-21
Domiciliary -----	2	0	0	2	0	14. 0	12-16
Practical -----	3	2	0	1	67. 0	14. 0	12-16
Professional -----	4	2	0	2	50. 0	18. 3	15-21
Total -----	73	17	21	35	23. 3	12. 8	8-21

responsible for the development of training programs may well consider that a high school education is hardly adequate educational background for operation of nursing homes. It must be recognized, however, that as a group, nursing home administrators are much better educated than the general population. In 1950 the median number of school years completed by persons 25 years and older in Missouri was 8.0. For St. Louis County for the same age group, the median school years completed was 10.3, and it is noteworthy that St. Louis County was among the 5 highest of the 114 counties in the State. The educational background data reported here are consistent with that reported by Lewis (1) who gives 10.7 as the median number of school years completed for the nursing home personnel attending the Saginaw County program.

Certainly these data regarding educational background clearly confirm the need for development of training programs to improve the knowledge and skills of these groups of administrators. It is further worthy of emphasis that a perfect attendance record at the St. Louis County program would have provided 34 hours of education in 18 months. But even a perfect record could only be expected to provide a very small part of the educational training which would be appropriate.

Table 4 reviews the administrators' evaluation of the program. Information regarding the program was obtained from all administrators without regard to their attendance record. As expected, administrators attending few sessions believed there was less benefit than those who attended many.

In so reporting, it may well be that the administrator is reporting accurately. The data presented indicate clearly that the largest institutions operated by the best trained personnel participated least, and this may well be the result of the lack of appropriateness of the training sessions for this group of administrators. It is probable that the committee planning the program was more representative of the typical proprietary institution and their recommendations may have led to a program best suited to this group of nursing homes.

Evidence that those who attended least often were not antagonistic to training activities is shown by the fact that more than two-thirds believed such courses were desirable and were willing to allow employees time off with pay to attend them. The large majority were in favor of developing training activities for specific personnel such as practical nurses and cooks. There is then little doubt that administrators are favorably disposed to training.

Information was also sought as to the administrators' opinion on sponsorship of training. All but 8 of the 56 homes recommended health department sponsorship or health department co-sponsorship with the State health department or nursing home association.

### Discussion

The major interest of the material presented is, we believe, in the demonstration of the need for the differentiation of program to meet the differing backgrounds and needs of trainees. When the program was first planned it was expected that the acceptance of training would

**Table 4. Administrators' evaluation and recommendations regarding training**

Number of sessions attended	Number of administrators	Benefited from meetings			Training course for specific personnel		Will allow employees time off		
		Yes	No or no comment	Percent benefited	Yes	No or no comment	Yes	No or no comment	Percent favorable
0-4.....	22	12	10	54. 5	16	6	18	4	81. 8
5-11.....	19	16	3	84. 2	12	7	15	4	78. 9
12-17.....	15	11	4	73. 3	14	1	13	2	86. 7
Total.....	56	39	17	69. 6	42	14	46	10	82. 1

depend most on personality characteristics of the individual administrator, and that if educational background influenced attendance at all, the highest attendance would be found in the group with the most education. It was further expected that programs could be developed to promote a free interchange of experience and opinion of the type seen in professional round-table discussions so that all administrators would share their knowledge and skills. In retrospect, however, it is obvious that it would be an unusual program which would be profitable for the administrator of a 10-bed domiciliary home and would be appropriate as well for the administrator of a 150-bed facility similar in most respects to a hospital. The dilemma also lies in preparing a course appropriate for persons with less than high school education and for those with formal professional training beyond college.

Furthermore, consideration must be given not only to education and professional training of the trainee but also to the selection of the most appropriate setting, class size, and educational technique. The type of program reported here is desirable in providing factual information to large groups regarding such matters as interpretation of fire regulations and basic nutrition topics for which a straightforward factual account of the usual lecture form are possible. In this context it should also be recognized that the members of the official inspection team also do or should conduct an educational program. The type of training activity reported by Hackley is an example of still another educational technique. It is one which may be particularly well suited to development of rehabilitation services. (See pp. 989-994.)

From many points of view the series of 17 meetings may be considered a success. Certainly, response for a series of voluntary meetings of 40 percent of the total potential audience is exceptionally high. A fortunate aspect of the program was its location within a single county. However, the report of the Saginaw County program indicates that administrators are willing to come from considerable distances and at considerable inconvenience for educational activities developed to improve nursing home facilities and services.

From another point of view the program was

successful in that attendance was highest among those with least education and least professional experience. It would appear then that the group in greatest need was most affected. This nursing home training program is in contrast to other public education activities in which it is more usual for response to be best among the better educated in the community.

The sessions also contributed directly to a better recognition by administrators of problems common to all nursing homes and thus contributed to an increased awareness of their professional responsibilities. This, we believe, is especially important for those in proprietary nursing homes, some of whom still have a tendency to conceive of the home primarily as a commercial venture. Whatever the commercial aspects of nursing home operation, recognition by the administrators that nursing homes provide residents and the community an essential service meriting the highest professional standards may well be a prerequisite for development of the most desirable standards of patient care.

### Summary

The health department of St. Louis County, Mo., conducted a training program for personnel of nursing homes as a means of improving patient care in these institutions. Fifty-six nursing homes participated in a series of 17 educational meetings, which were planned by a policy committee made up of nursing home representatives, and held once a month during the period, June 1956 through January 1958. The response in attendance was 40 percent of the total potential audience.

Questionnaires submitted to participants revealed that only about half of the administrators had completed high school. Their level of education, however, was above that of the general population in the State and the county. The program was best received by those with the least education who were not likely to have had experience in professions related to medicine.

Analysis of the project indicated that to achieve the best participation and support the program planners should take into account the education and experience of the trainees as well as their needs. The types of institution repre-

sented and the kind of patients they serve should also be considered in planning the program.

#### REFERENCES

- (1) Lewis, R. E.: Saginaw's training courses for nursing home staffs. Pub. Health Rep. 73: 819-823, September 1958.
- (2) U.S. Public Health Service: Report of the 1958 National Conference on Nursing Homes and Homes for the Aged. PHS Pub. No. 625. Washington, D.C., U.S. Government Printing Office, 1958, 85 pp.
- (3) Domke, H. R.: Improving patient care in nursing homes. Pub. Health Rep. 73: 46-49, January 1958.

## Reports on Radioactivity Levels

During the first half of 1959, the levels of strontium-90 in the Nation's major water courses, sampled weekly at 51 stations, were substantially below the levels set by the National Committee on Radiation Protection and Measurements as permissible for lifetime exposure of the general population.

The data are part of the information gathered on stream pollution by the national water quality network operated by the Public Health Service. This network includes 17 major rivers. Eventually, the study may provide precise measurements of the major forms of water pollution, including plankton, and the general chemical, physical, and bacteriological characteristics of the main rivers and streams.

The present network, operated in cooperation with State and local governments, universities, and industry, is expected to expand to 75 stations in the coming year and eventually to 250.

Reports on the levels of radioactivity in milk collected during July 1959 from 11 sampling stations across the country show that both the monthly levels and longer-term averages

for all radionuclides analyzed in samples from all stations remained below the levels which the national committee considers permissible for lifetime exposure of the general population.

The levels of radioactivity continued to fluctuate. The strontium-90 count decreased in July at all but 2 of the 11 stations. The Fargo, N.D.-Moorehead, Minn., area station showed a strontium-90 content of 22.1 micro-microcuries per liter, as compared with 20.6 micromicrocuries per liter in June. In the St. Louis area the strontium count was 17.6 micro-microcuries as compared with 11.2 micro-microcuries per liter in June and 34.6 micro-microcuries in May.

Milk was selected for study for specific nuclides in food because it is the most practical sample and is produced throughout the year in all sections of the country.

Both the network for measuring water quality and that for milk sampling are part of the Service's broad program for the measurement of radioactivity in air, water, and food.