A Comparison of Social Service Workers' and the Public's Views of Nursing Home Characteristics

Lucinda Lee Roff
University of Alabama

Recommended Citation

A COMPARISON OF SOCIAL SERVICE WORKERS' AND THE PUBLIC'S
VIEWS OF NURSING HOME CHARACTERISTICS*

Lucinda Lee Roff, Ph.D.

School of Social Work
The University of Alabama

ABSTRACT

Using the determinant attribute model, this study examined
and compared the criteria which 277 social service workers and 842
members of a general population would employ in selecting a
nursing home. The results suggested substantial differences
between the two groups in selection criteria. Implications of
these results and of the use of the determinant attribute model as
an aid to practice are discussed.

Among the roles performed by social service personnel in
hospitals and those employed in community programs for the aged is
providing consultation to older persons and their families about
nursing home selection. Goldstucker, et al. (1974) suggest that
the typical pattern leading to nursing home placement is for
physician and family to conclude that nursing home placement is
the most appropriate way to provide needed care. Families tend to
decide which nursing home will be used (Goldstucker, et al. 1974),
and thus their consultation with a social service worker is likely
to involve discussion about how to choose the most appropriate
home for the potential resident from among those which are
available. While there is a growing literature concerning the
initial decision to seek a nursing home placement (Korcher and

Linden, 1975; Miller, et al., 1975; Townsend, 1965), little is known about the process which results in the selection of a particular nursing home. Nevertheless, there is evidence suggesting that satisfactory outcomes of social service intervention concerning long term care of older persons are dependent upon workers' and families' achieving agreement about the goals of their interaction (Berkman and Rehr, 1975). The purpose of this study was thus to explore how persons likely to be involved in a nursing home decision for a relative differ from social service workers in their perceptions of the most influential nursing home characteristics affecting a placement decision. A secondary purpose was to suggest a procedure which might improve communication among family members and social service personnel in the nursing home choice process.

THE FAMILY SEARCH PROCESS

Both the popular and professional literatures suggest that persons seeking a nursing home placement for an older relative should approach the selection process in a careful, critical manner (Nassau, 1975; Silverstone and Hyman, 1976). It is highly recommended that family (and older person, if possible) obtain reliable information about nursing homes in their area and tour those facilities which seem most appropriate for the potential resident (NRTA, 1978; Silverstone and Hyman, 1976). A number of guides to nursing home selection note characteristics which should be observed, evaluated, and compared as nursing home tours are made (Kart, et al, 1978; NRTA,1978).

There is reason to believe, however, that many families do not approach the search for a nursing home in the thorough, critical fashion recommended. In a study of nursing homes conducted in Michigan, York and Caslyn (1977) found that 51% of families had not visited the home their relative was placed in prior to placement, and only 31% had visited three or more homes before making a decision. Goldstucker, et al. (1974) report similiar findings. Only 44% of their sample of relatives of nursing home residents had toured the home their family member entered before that home was chosen.

Social service personnel whom families consult about nursing home placements have the opportunity to improve the quality of nursing home choice by stressing to families the importance of critical comparison. For the worker and family to approach this process in a cooperative manner, however, it would seem essential that comparison of specific nursing homes be preceded by their achieving agreement about the criteria to guide the final decision. This study attempted to identify the similarities and differences in the selection criteria with which both parties enter the search process.

GENERAL PUBLIC - SOCIAL SERVICE WORKER DIFFERENCES

There is only limited, and somewhat conflicting, empirical
evidence to suggest the characteristics which are most influential
to families in selecting a nursing home. York and Caslyn (1977)
report that availability of a bed and location were the only
criteria used by a majority of their respondents. Considerably
less influential were quality of staff, quality of physical care,
quality of activity program, cleanliness, and cost. Goldstucker,
et al. (1974) reported the most influential factors in relatives'
choices were reputation, type of care, friendliness of staff and
cleanliness, followed in importance by resident-family
communication, administrative procedures, activities, and food.
Linn and Gurel (1969) also found quality of food to be highly
significant in family assessments of the quality of nursing home
care.

A review of the literature revealed no parallel studies
suggesting social service workers' orientations toward nursing
home choice. There are several reasons to suggest, however, that
the criteria workers would employ in assessing nursing homes would
differ from those used by the general population.

Information Sources
Social service workers in the field of aging are likely to
have access to different sources of information about nursing
homes than are members of the general public. Their work with
elderly persons brings them into contact with several nursing
homes, and they thus have the opportunity to folow a larger number
of persons through the course of an institutional placement than
do members of the general public. Such contact is likely it
sensitize them to characteristics of nursing homes which are most
and least likely to contribute to quality resident care.
Professional workers are also likely to discuss nursing homes with
colleagues. Colleagues serve as an additional source of
information about nursing home conditions and practices which is
typically unavailable to members of the general population.
Finally, one would expect workers to be more likely to have been
exposed to education and professional literature related to
nursing home standards and to indicators of quality care.

By contrast, the typical general population member is likely
to have more limited sources of information about nursing homes.
Bailey (1971) characterizes the typical health care consumer as
uninformed about health care services in general, and McCoy (1971)
speaks of consumer ignorance of nursing home services in
particular. Typical consumers' knowledge about nursing homes is
likely to be based on information provided by the mass media and

on that derived from personal expeience with a limited number of friends or relatives who have been placed in a nursing home. Mass media coverage of nursing homes tends to deal with explicitly negative situations such as those publicized by the Senate Special Committee on Aging (Subcommittee on Long-Term Care, 1974), and may thus provide little guidance about about factors promoting quality care. Since families' previous personal experience is likely to be limited to a small number of homes, their knowledge of nursing home variability may be similarly limited.

Value Orientations

The criteria used by social service workers and by the public may also differ because the two groups view nursing home care from different value perspectives. Social service workers' professional education might well result in their developing values not widely shared by members of the general population. Since professional social work education and values stress the importance of individualization of clients and of providing persons with opportunities to realize their fullest potentials, such values may lead workers to place more emphasis on characteristics of nursing homes which promote these goals than would general population members. Having experienced professional training themselves, workers may also value the contributions of professionals (e.g., nurses, physical therapists, and recreation therapists) to nursing home care and thus would look to the presence and qualifications of such professionals in a nursing home as indicators of quality care. Such views might not generally be shared by general population members who are less likely to be aware of how the training and roles of such persons influence resident care.

What little is known about families' value preferences concerning nursing home care (Goldstucker, et al., 1974; York and Caslyn, 1977) suggests that families' own convenience and the views of their peers influence assessments of nursing homes. In addition, they appear to be particularly concerned that the nursing homes they select meet their own standards in basic areas about which they feel able to make judgements (food, cleanliness, building safety). Thus, one might expect differences in the two groups' crieteria for nursing home selection on the basis of their different information bases and value orientations.

METHODS OF STUDY

The Determinant Attribute Model

This study employed the determinant attribute model from the field of marketing (Myers and Alpert, 1968) to identify the degree to which a selected set of nursing home characteristics were influential to members of each group as they approached the selection of a nursing home. This model suggests that the

characteristics of a product or service which will emerge as most influential in a consumer decision are those which the decision maker perceives to be most important and those along which he/she believes there to be the greatest variability among the potential choices. The relationship between the importance and variability dimensions is conceptualized as multiplicative. This formulation is consistent with the expectancy value model in which the "expected value" of a decision is a product of the value to be gained and the probability of attaining the value by making that decision (Zaltman and Burger, 1975). Alpert (1971), in an experimental study comparing the determinant attribute methodology used in this study with other ways of identifying influential characteristics, suggests that this method is the most efficient in identifying factors predicting final choice. The model appears to have direct relevance for decision making in general and has been used to identify influential characteristics for hospital selection (Seaton and Vogel, 1979).

Measurement

Each group of respondents was first presented with a list of 27 characteristics of nursing homes (see Table 1 for exact wording of the items). The characteristics were selected on the basis of a content analysis of nursing home characteristics included in nursing home selection guides (e.g., Beverley, 1976; Kart, et al., 1978; NRTA, 1978). Respondents were asked to indicate on a Likert-type scale ranging from 1 (extremely important) to 7 (not important at all) the degree to which that characteristic would be important to them in selecting a nursing home for an older person. Respondents were then asked to indicate the degree to which they believed there were differences among nursing homes in terms of these same characteristics (1 = a great deal of differences among homes; 7 = all nursing homes are about the same). For the second assessment, characteristics were presented in a different order to minimize potential response set.

In the analysis phase, the importance score and the difference score on each characteristic for each respondent were multiplied to obtain an estimate of how influential the characteristic would be. The resulting score could range from 1 (characteristic very important, and nursing homes were perceived to differ greatly on the characteristic) to 49 (characteristic not important, and there were no perceived differences among nursing homes on the characteristic). Such a score is referred to hereinafter as a determinant attribute score.

Respondent Characteristics

Data for the general population were gathered from 842 non-institutionalized Alabama residents who were at least 45 years of age, using a quota sample with a drop off questionnaire method.

The minimum age of 45 was selected under the assumption that persons 45+ either had already or would be likely in the near future to assist in placing a relative in a nursing home. The sample was divided equally between males and females. Respondents ranged in age from 45 to 89, with the median age being 54.5 years. Approximately one sixth (15.8%) of the respondents were non-white. Almost three fourths (74.3%) were married, and over 40% had at least one living parent. The median number of years of school completed was 12.4 (20.7% had less than a high school education), and the median family income was approximately $20,000 (19.1% had family incomes of less than $10,000). Approximately one fifth (18.6%) reported living in rural areas, while 43.6% and 37.8% indicated they lived in small towns and cities, respectively.

Members of this group reported a relatively high level of contact with nursing homes. Nearly all (91.9%) had visited a nursing home at least once in their lives, and 37.1% were regularly visiting someone in a nursing home at the time of the study. Nearly half (49.5%) of the respondents had at one time had at least one close family member living in a nursing home, and 23.6% reported having been actively involved in the selection of a nursing home for at least one such relative.

The target population for the comparison group was social service workers residing in Alabama who were considered likely to work with older persons and their families concerning nursing home placements. A mail questionnaire was sent to all members of the Alabama Society of Hospital Social Workers, the adult services supervisor of each county department of public welfare, and to all Alabama residents who had requested that their name be placed on the mailing list of The University of Alabama's Center for the Study of Aging. This latter list is composed primarily of social service personnel working in community programs for the aged. The response rate for the comparison group was 74.5%, yielding a final sample of 277.

Respondents in this group were predominantly white (87.7%) and female (79.3%). Their median age was 39.8 years, and they had completed a mean 16.9 years of school. Respondents spent a mean of 28.2 hours per week working with older persons or programs for them. Nearly two thirds (64.1%) had assisted in a nursing home placement in the last year, and the mean number of times they had provided such assistance was 9.5 times. Over two thirds (67.5%) rated themselves well qualified to assist families in selecting nursing homes, and 69.0% said they were quite familiar with three or more nursing homes.

FINDINGS

Identification and Comparison of Determinant Attributes
      To determine if there were overall differences between family
members and social service workers in their determinant attribute
scores for the 27 characteristics, a Hoetelling T-squared was
computed. The results of this omnibus test indicated that the two
groups differed in their perceptions of which nursing home
characteristics would be most influential in a selection decision
(T-squared = 13.57, d.f. = 27,858, alpha less than .001, eta
squared = .30). This finding of overall differences suggested
that t-tests of differences between means for each characteristic
were appropriate.

      There were statistically significant differences in mean
determinant attribute scores for 20 of the 27 characteristics (see
Table 1). The general population was more likely to hold quality
of care, nurses' care, reputation, food quality, qualifications of
staff, aide care, price, staff relationship with family, policy
toward personal belongings, and characteristics of other residents
as more determinant than were the social service workers. Social
service personnel, on the other hand, were more likely to hold
atmosphere, provisions for the handicapped, special services,
state licensure, Medicaid policy, Medicare policy, quality of
recreation program, appearance, visiting policy, and policy toward
alcohol as more determinant than were members of the general
population. These findings suggested that the general population
and social service personnel would approach the nursing home
selection process from quite different perspectives, with the
general population being more influenced by characteristics
related to basic resident care and the social service personnel
oriented more toward specialized services and structural
dimensions.

      While the analysis presented thus far suggested differences
in magnitude and direction of determinant attribute scores, it
would have been possible for the ordering of the determinant
attributes for the two groups to have been similar. If this were
the case, it would suggest that both groups would use much the
same selection criteria in approaching nursing home choice. If,
however, there were differences in the way the two groups ordered
the attributes from most to least determinant, one might
anticipate initial difficulties in communication between the two
parties in a cooperative selection process. A comparison of the
rank orders of the determinant attributes for the two groups
revealed only a moderate correlation (Spearman's rho = .54). This
finding further suggested that the two groups might compare and
evaluate nursing homes in different ways.

Table 1. Ranking of and Mean Determinant Attribute Scores for the General
Population and Social Service Workers on 27 Nursing Home Characterisitics

Attribute	General Population Rank	Social Service Rank	General Population Mean	Social Service Mean
Quality of Care	1	5	3.75	5.25*
Nurses' Care	2	15	4.06	6.17*
Reputation	3	12	4.10	5.84*
Cleanliness	4	1	4.23	4.19
Food Quality	5	9	4.76	5.58*
Building Safety	6	6	5.04	5.29
Qualifications of Staff	7	13	5.10	5.96*
Atmosphere	8	2	5.28	4.35*
Aide Care	9	18	5.31	6.52*
Location	10	16	5.49	6.28
Price	11	20	6.08	7.54*
Special Services (special diets, therapies)	12	4	6.57	4.28*
Provisions for Handicapped Residents	13	3	6.89	4.55*
Staff Relationship with Family	14	21	7.14	8.67*
Rehabilitation Emphasis	15	17	7.40	6.50
Policy toward Personal Belongings (clothing, furniture)	16	25	8.03	9.93*
Licensed by State	17	7	8.06	5.47*
Visiting Policy	18	19	8.29	6.78*
Quality of Recreation Program	19	11	8.30	5.77*
Appearance of Building & Grounds	20	14	8.39	5.97*
Arrangements for Religious Services	21	23	8.94	9.56
Availability of Private Rooms	22	24	9.13	9.71
Medicare Policy	23	10	9.17	5.64*
Medicaid Policy	24	8	9.40	5.52*
Length of Waiting List	25	22	9.54	9.07
Characteristics of Other Residents	26	27	10.23	13.08*
Policy toward Alcohol	27	26	12.89	10.91*

*Difference between means statistically significant, alpha < .05.

Yet another way of comparing the two groups is to identify for each the attributes which would be most determinant. Since marketing literature indicates that decision makers attend to at most 11 characteristics when selecting a product or service (Engel, et al., 1978), it is noteworthy that only 5 characteristics (cleanliness, atmosphere, building safety, quality of care, and food quality) ranked among the 11 most determinant attributes for both groups (see Figure 1). Following the model employed here, these 5 characteristics would be critical to members of both groups.

The general population is likely to be more heavily influenced by characteristics of personnel (nurses' care, aide care, qualifications of staff) and by location, price, and reputation. These factors would figure less significantly in social service workers' assessments, with price being the characteristic among these to which workers would give the least attention. Social service workers are likely to pay considerably more attention to special services, programs, and facilities, and to participation in Medicare and Medicaid. This latter finding may be explained by the fact that social service workers frequently help make arrangements for resident coverage by these programs. While state licensure ranks 7th as a determinant attribute for workers, it ranks only 17th for the general population, suggesting that this is not a characteristic to which the general population would give much attention.

Comparison of Perceptions of Importance and Variability

As noted previously, determinant attribute scores are computed as the product of respondents' perceptions of importance and differentiation. While importance ratings reflect value preferences, differentiation ratings are based on knowledge and experience. Stategies to modify determinant attributes would thus be dependent upon determination of whether value preferences or knowledge based assessments of variability are more critical in accounting for determinant attribute scores. The remainder to this section focuses on comparing importance and variability scores for the two groups.

There were overall differences between the general population and social service workers both in their assessments of importance and variability (Hoetelling T-squared for importance = 11.8, d.f. = 27,858, alpha less than .001, and for variability, T-squared = 36.64, d.f. = 27,858, alpha less than .001). It should be noted, however, that eta squared for importance was .23 and for differentiation .53, suggesting greater separation between the two groups in their ratings of differentiation than of importance. Further, when the rank order correlations for importance and for

Figure 1. Nursing Home Characteristics Ranked among the Top Eleven Determinant
Attributes for General Population and Social Service Workers

Rank among Top Eleven for Both Groups	Rank among Top Eleven for General Population Only	Rank among Top Eleven for Social Service Workers Only
Cleanliness	Nurses' Care	Provisions for Handicapped
Atmosphere	Reputation	Special Services
Building Safety	Qualifications of Staff	Licensed by State
Quality of Care	Aide Care	Medicaid Policy
Food Quality	Location	Medicare Policy
	Price	Quality of Recreation Program

variability were compared, there was considerably more similarity between the two groups on rankings of characteristics perceived important (Spearman's rho = .90) than on rankings of characteristics on which variability was perceived (Spearman's rho = .49). This further suggests that perceptions of variability were more critical than perceptions of importance in accounting for differences between the two groups in determinant attributes.

All of the nursing home characteristics presented were perceived to be at least somewhat important by members of both groups (see Table 2). Items ranking highest in importance for both groups were concerned primarily with basic resident care, while those ranking lowest tended to relate to amenities of nursing home life. These findings suggest considerable similarity between the two groups in perceptions about which nursing home characteristics are important.

When the two groups' perceptions of variability among nursing homes were compared, a somewhat different pattern emerged (see Table 3). Of the 27 characteristics considered, there were 20 statistically significant differences in perceptions of variability. General population members saw more variability in terms of reputation, location, atmosphere, staff qualifications, building safety, length of waiting list, and provisions for the handicapped. Social service workers perceived nursing homes to be more variable on financial dimensions and on a number of factors affecting the psychosocial life of residents. The rankings suggest that the general population sees greatest variability in terms of reputation, location, and a number of resident care dimensions. Social service workers, on the other hand, perceived greatest variability in staff relationship with family, Medicare policy, quality of care, and policy toward personal belongings.

IMPLICATIONS

Direct Practice
        The data presented in this study suggest a number of concerns for direct practice with the elderly and their families. The finding that there were considerable differences in the attributes most critical to families and to social service workers in evaluating nursing homes suggests that social service personnel may not be as helpful as they could be to families who approach them for assistance. In practice situations, the potential for considerable misunderstanding exists unless differences between family and worker are identified and discussed. Family members may leave a social service consultation wondering why the worker advised them to pay particular attention to certain nursing home characteristics in evaluating potential homes, and social service workers may be puzzled with families' concern about

Table 2. Ranking of and Mean Importance Scores for the General Population and Social Service Workers on 27 Nursing Home Characterisitics

Attribute	General Population Rank	Social Service Rank	General Population Mean	Social Service Mean
Quality of Care	1	1	1.25	1.09*
Nurses' Care	2	2	1.32	1.31
Cleanliness	3	3	1.34	1.44
Building Safety	4	7	1.40	1.54*
Aide Care	5	5	1.50	1.47
Qualifications of Staff	6	6	1.51	1.50
Reputation	7	8.5	1.54	1.56
Food Quality	8	16	1.56	1.82*
Atmosphere	9	11	1.62	1.66
Licensed by State	10	4	1.71	1.46
Location	11	12	1.78	1.70
Special Services (special diets, therapies)	12	8.5	1.81	1.56*
Provisions for Handicapped Residents	13	10	1.87	1.60*
Price	14	18	1.93	1.87
Visiting Policy	15	22	1.99	2.17*
Medicare Policy	16	14.5	2.00	1.76*
Staff Relationship with Family	17	17	2.04	1.82*
Medicaid Policy	18	13	2.06	1.72*
Policy toward Personal Belongings (clothing, furniture)	19	14.5	2.09	1.76*
Rehabilitation Emphasis	20.5	19	2.13	1.91*
Arrangements for Religious Services	20.5	23	2.13	2.33
Quality of Recreation Program	22	21	2.33	2.09*
Appearance of Building and Grounds	23	25	2.38	2.43
Availability of Private Rooms	24	27	2.46	3.27*
Length of Waiting List	25	24	2.63	2.39*
Characteristics of Other Residents	26	26	2.69	3.02*
Policy toward Alcohol	27	20	2.90	1.96*

*Difference between means statistically significant, alpha < .05.

Table 3. Ranking of and Mean Variability Scores for the General Population and Social Service Workers on 27 Nursing Home Characterisitics

Attribute	General Population Rank	Social Service Rank	General Population Mean	Social Service Mean
Reputation	1	7	2.57	2.91*
Location	2	17	2.86	3.61*
Quality of Care	3	3	2.87	2.67
Food Quality	4	21	2.93	4.04*
Nurses' Care	5	11	2.97	3.12
Cleanliness	6	12	3.04	3.29
Atmosphere	7	16	3.06	3.55*
Price	8	5	3.10	2.87*
Qualifications of Staff	9	27	3.19	4.85*
Staff Relationship with Family	10.5	1	3.21	2.39*
Appearance of Building and Grounds	10.5	24	3.21	4.55*
Rehabilitation Emphasis	12	20	3.26	3.85*
Quality of Recreation Program	13	6	3.33	2.90*
Aide Care	14	18	3.35	3.65
Building Safety	15	26	3.37	4.84*
Special Services (special diets, therapies)	16	13	3.39	3.35
Length of Waiting List	17	22	3.46	4.17*
Availability of Private Rooms	18.5	15	3.48	3.54
Provisions for Handicapped Residents	18.5	25	3.48	4.61*
Policy toward Personal Belongings (clothings, furniture)	20	4	3.54	2.73*
Characteristics of Other Residents	21	8	3.63	2.98*
Arrangements for Religious Services	22	14	3.85	3.47*
Visiting Policy	23	10	3.91	3.10*
Policy toward Alcohol	24	19	4.12	3.73*
Medicaid Policy	25	9	4.22	3.09*
Medicare Policy	26	2	4.27	2.50*
Licensed by State	27	23	4.37	4.19

*Difference between means statistically signficant, alpha < .05.

characteristics which they perceive should be of little salience. Such misunderstanding can be avoided if clients and worker engage in full discussion about the needs of the potential resident with reference to their values about the importance of nursing home characteristics and the extent of variability which exists among the nursing homes under consideration.

The methodology employed here sugests a strategy which workers might use to help simplify their communication with families concerning the nursing home choice process. Using a brief instrument similar to the one used for this study, workers might identify their own nursing home determinant attributes for the locality in which they work. Such an exercise would highlight those characteristics which, in general, they would hold critical in a selection process. Clients seeking guidance in nursing home selection could also be asked to rate nursing home characteristics in terms of importance and variability dimensions. This process could help the worker learn quickly which characterisitics clients think are most and least important and the degree to which clients believe there is variability among the potential choices in terms of those characteristics. (This process might also reveal differences of opinion among family members, with which the worker may need to deal.) With this information in hand, the worker might suggest reasons why she/he believes more or less importance should be attached to particular characteristics in each specific case (e.g., the potential resident could benefit from special therapies, and thus the availability of these should figure prominently in a selection decision). The worker might also be in a position to provide information about nursing home variability on the basis of previous experience (e.g., "all nursing homes in this city accept Medicaid, so you needn't concern youself with that in making a choice").

This process should result in families' planfully establishing for themselves (with worker input) the characteristics to which they will pay most attention when they assess specific nursing homes. Such a procedure may be more realistic and less cumbersome than those suggested in nursing home guides (NRTA, 19788; Kart, et al., 1978) which propose that decision makers attempt to evaluate and compare a number of nursing homes with respect to more than 100 criteria. The procedure suggested here has the advantages of being efficient, of having the potential to reveal areas of disagreement among family members, and of raising issues around which the worker can provide information, professional opinions, and clarification. In addition, it prevents the worker from proceeding with the assumption that the client may share her/his orientations toward nursing home selection when this is not the case.

-108-

Professional and Consumer Education

The data presented here may also suggest directions for both consumer and professional education about long term care. Although it has been difficult for long term care experts to predict high quality nursing home care from nursing home characteristics (see Kart and Manard, 1976; Linn, 1974; and Winn and McCaffree, 1976 for examples of such efforts), there is some reason to believe that those with considerable experience in long term care would view the importance and variability of nursing home characteristics differently than did either group of respondents to this study. The USDHEW guide to nursing home selection (reproduced in Kart, et al., 1978), for example, indicates that under no circumstances should a nursing home be considered if it is not licensed by the state, yet state licensure ranks fourth in importance by social service workers and 10th by general population members. Butler and Lewis (1977) suggest that rehabilitation programs, provisions for religious services, and the opportunity to retain personal possessions should figure prominently in nursing home selection, yet these characteristics were not particularly determinant for members of either group. While Beverley (1976) indicates that in cases where special services (diets, therapy) are indicated, these should be critical attributes in the selection process, general population members rank these as only 12th in determinance. Similarly, Winn and McCaffree (1976) found length of waiting list to be positively correlated with nursing home effectiveness, yet this characteristic ranks very low among the determinant attributes for both groups. Comparison of results of this study with perceptions of "experts" in long term care suggests that both general population members and social service professionals might benefit from knowledge about characteristics of nursing homes which seem to be most highly associated with quality care.

The determinant attribute model employed here, however, suggests that simply changing values about what is important to consider in nursing home selection would not necessarily improve the quality of nursing home choice. When variability exists among nursing homes along valued characteristics, it is important that decision makers be able to perceive such variability in order to make the best choice. At least two studies indicate that nursing homes vary widely across important dimensions (Kosberg & Tobin, 1972; Gottesman and Bourestom, 1974). Unfortunately, it may be difficult for family decision makers to assess variability among nursing homes in the short time that is often available between the decision to institutionalize and the actual placement choice. Social service workers who have frequent personal contact with nursing homes may be in a better position to make such assessments, particularly if they are well informed about how to identify variability on characteristics which are frequently hard

-109-

to assess (aide care, staff relationship with family). This
further suggests that social service workers might most
appropriately be involved in the compilation of the local nursing
home guides proposed by Horn and Griesel (1977).

REFERENCES

Alpert, M.I.
1971   "Identification of determinant attributes: A comparison
          of methods." Journal of Marketing Research 8:184-191.
Bailey, R.M.
1971   "Why we need to plan." in M. Arnold, L.V. Blankenship,
          and J. Hess. Administering Health Systems.   Chicago:
          Aldine-Atherton.
Berkman, B. and H. Rehr
1975   "Elderly patients and their families: Factors related
          to satisfaction with hospital social services.
          Gerontologist 15:524-528.
Beverley, E.V.
1976   "Helping your patient choose and adjust to a nursing
          home." Geriatrics 31:115-126.
Butler, R.N. and M.I. Lewis
1977   Aging and Mental Health: Positive Psychosocial
          Approaches. St. Louis: C.V. Mosby.
Engel, J.F., R.D. Blackwell, and D.T. Kollat.
1978   Consumer Behavior. Hinsdale, Illinois: Dryden.
Goldstucker, J.L. D.L. Bellenger, and F.D. Miller
1974   "A case study of the buying participant in the purchase
          of nursing home services." Journal of Long Term Care
          Administration 2:5-19.
Gottesman, L.E. and N.C. Bourestom
1974   "Why nursing homes do what they do." Gerontologist
          14:501-506.
Horn, L. and E. Griesel
1977   Nursing Homes: A Citizen's Action Guide. Boston:
          Beacon Press.
Kart, C.S. and B.B. Manard
1976   "Quality of care in old age institutions."
          Gerontologist 16:250-256.
Kart, C.S., E.S. Metress, and J.F. Metress
1978   Aging and Health: Biologic and Social Perspectives
          Menlo Park, CA: Addison-Wesley.
Korcher, C.J. and L.L. Linden
1975   "Family rejection of the aged and nursing home
          home utilization." International Journal of Aging and
          Human Development 5:231-244.

Kosberg, J.I. and S.S. Tobin
1972   "Variability among nursing homes." Gerontologist
        12:214-219.
Linn, M.W.
1974   "Predicting quality of patient care in nursing homes."
        Gerontologist 14:225-227.
Linn, M.W. and L. Gurel
1969   "Wives' attitudes toward nursing homes." Journal of
        Gerontology 24:368-372.
McCoy, L.
1971   "The nursing home as a public utility." Journal of
        Economic Issues 5:67-76.
Miller, M.B., H. Bernstein, and H. Sharkey
1975   "Family extrusion of the aged patient: Family
        homeostasis and sexual conflict. Gerontologist
        15:291-296.
Myers, J.H. and M.I. Alpert
1968   "Determinant buying attitudes: Meaning and
        measurement." Journal of Marketing 32:13-20.
Nassau, J.B.
1975   Choosing a Nursing Home. New York: Funk and Wagnalls.
NRTA Informative and Protective Services Committee
1978   Selecting a Nursing Home. Washington, D.C.: National
        Retired Teachers Association.
Seaton, B. and R. Vogel
1978   "An attitudinal evaluation of hospitals: A determinant
        attribute and market segmentation study." Journal of
        the Academy of Marketing Science 6:39-51.
Silverstone, B. and H.K. Hyman
1976   You and Your Aging Parent. New York: Pantheon.
Townsend, P.
1965   "The effects of family structure on the likelihood of
        admission to an institution in old age: The application
        of a general theory." in E. Shanas and G.F. Streib
        (eds.), Social Structure and the Family. Englewood
        Cliffs, NJ: Prentice-Hall.
Subcommittee on Long-Term Care, U.S. Senate Special Committee on
      Aging
1974   Nursing Home Care in the Untitd States: Failure in
        Public Policy. Washington, D.C.: U.S. Senate.
Winn. S. and K.M. McCaffree
1976   "Characteristics of nursing homes perceived to be
        effective and efficient." 16:415-419.
York, J. and Caslyn, R.
1977   "Family involvement in nursing homes." Gerontologist
        17:500-505.
Zaltman, G. and P. Burger
1975   Marketing Research: Fundamentals and Dynamics.
        Hinsdale, IL: Dryden.