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Opinions and Expectations of Nursing Home Administrators

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From a comparative analysis of 214 nursing homes in the Chicago area, it was found that the nursing home field is composed of institutions with great variations in treatment resources available to the residents (Kosberg and Tobin, 1972). While the determination of organizational correlates to the extent of treatment resources was the major objective of the study, an exploration of the attitudes of a sample of nursing home administrators was undertaken in an effort to learn of possible relationships between attitudes and the characteristics of facilities.

There is a commonly-held assumption that not only the academic background of an administrator is related to the orientation and characteristics of the institution, but that the attitudes of the administrator are also of prime importance. That is, administrators with positive opinions of the client group will have better facilities than those with negative opinions. Similarly, administrators with low expectations of their clients' chances for improvement will provide less in way of care and services than administrators with higher expectations. Such conclusions have been reached by those interested in organizational theory or service provision, such as Etzioni (1964), Linn (1966), Terman (1965), Scott (1955), Kostick (1964), and Gottesman (1970).

It was the purpose of this exploratory endeavor to learn whether there were differences in the attitudes and opinions of administrators representing polar types of proprietary nursing homes and, if so, whether these attitudes might begin to explain the characteristics (i.e., extent of treatment resources) of the nursing homes. What was sought from this limited study were areas for further detailed analysis.

**PROCEDURES USED AND SAMPLE DESCRIPTION**

Random samples were taken from polar types of proprietary nursing homes analyzed in the study. It had been found that nursing homes rich in treatment resources were (1) large, (2) expensive and (3) cared for private or Medicare-paying residents. Nursing homes sparse in treatment

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resources were (1) small, (2) inexpensive and (3) cared for welfare recipients. Five administrators were interviewed who represented nursing homes, measured to be rich in resources, which were (1) large ($M = 119$ beds), (2) expensive ($M = $531 per month for a semi-private room), and (3) caring for non-welfare recipients ($M = 80\%$ private and 15\% Medicare). In contrast, five administrators were randomly selected and interviewed from all nursing homes measured to be sparse in resources, which were (1) small ($M = 39$ beds), (2) inexpensive ($M = $250 per month for a semi-private room), and (3) only accepting welfare aid recipients. In addition, interviews were conducted with two administrators, randomly chosen from all administrators of facilities that were measured to be rich in resources, large, expensive, but caring for a sizable percentage of welfare aid recipients.

The administrators from large, expensive facilities caring for nonwelfare recipients will be called the RR Group (for resource rich facilities). The administrators of small and inexpensive nursing homes with welfare recipients will be referred to as the RS Group (for resource sparse homes).

For the RS nursing home administrators all but one had a high school education; all had been administrators for over three years at the home; and three of the five administrators were sole owners, one was salaried by the owner, and one was the president of the corporation which owned the home. With the exception of one administrator who was a clergyman and had previous experience in an institution for children, these administrators did not believe that they had any special training for their present positions as administrators. Of these five, two were men. All three female administrators were trained as nursing aides.

As for the RR nursing home administrators, one had completed high school, two had a bachelor's degree, one had a master's degree in business administration, and one was a lawyer with a background in economics. Three of the five administrators had come to the present nursing home within the past three years. Two of the administrators were salaried by the owners and the other three were all members of corporations which owned the homes. One administrator did not believe that he had any special training for his position, while the others all referred to seminars, courses, and previous employment providing them with special training and experience for their present positions. All five RR administrators were men.

Question areas were determined by three factors generated from the independent variables related to the extent of treatment resources found in the larger study, plus the additional area of perceived goals. The opinions and attitudes of the two groups of administrators were learned from in-depth interviews conducted by this writer. Assurance was given to each administrator that his or her name was picked at random, that the name of the administrator and institution would remain strictly anonymous, and that the interviewer was neither a representative of an agency nor a reporter in search of an expose. Every effort was made to relieve apprehensions and fears which would preclude complete candor on the part of the interviewees.
The following represents the consolidation of the administrators' responses. Occasionally direct quotations will be used as illustrations.

**RESPONSES FROM ADMINISTRATORS**

**Organizational System.** As could have been expected, each group of administrators stressed the importance of the size of their homes to the care which was provided, and minimized the disadvantages. The RR Group pointed out that their homes were profitable, efficient, and had the financial income to afford salaries of professional staff, services, and the equipment which was required of nursing homes. Only a large home could have sufficient cash inflow to afford improvements in care and upgrading the physical features of the home. The RS Group of administrators felt that the size of their homes was advantageous to the care of their residents. They believed that they were able to give personal and effective care to the residents, and that their institutions resembled (or were) a family or home, and that the needs and problems of each resident was known to them and under constant surveillance. "We are like a family here." "I am the father and the residents are my children." "If a resident isn't eating as usual, I know about it and find out the reason why."

Both groups of administrators believed that nursing home licensing requirements were useful, effective, and not stronger than good care demanded. The RS Group was generally in agreement in believing that the nursing home industry could not police its own and that there was a continuing need and role for federal, state, and local governments. There was some disagreement between the RR Group, as two administrators believed that there was enough governmental control over these private enterprises.

The RR Group saw the utility of nursing home associations and organizations, and belonged to them. Reasons given referred to the need for a unified lobbying voice ("There is strength in numbers.") and the dissemination of information and knowledge from these groups. The RS Group did not belong to such associations and organizations, and administrators felt that they could not afford to, and did not want to. They saw few, if any, advantages to be gained from memberships in nursing home associations.

**Social Service System.** The referral process was different between these two types of nursing homes. The need to maintain a reputation was very necessary for the RR nursing homes, as their potential residents (whose relatives played an active part in the referral process) "shopped around" for a nursing home. Residents in the RS nursing homes were on public aid and did not have the ability and "luxury" to indicate preferences following visits to several facilities, as did the more affluent group.

The process by which the decision was made for placement in a nursing home differed between the two types of nursing homes. For the RR homes, the family and physician were seen to play a role, while for those homes caring only for welfare recipients the existence of a bed in a home was believed to be the major (and only) criterion by which decisions were made. For this latter group, a reciprocal relationship was seen with
welfare departments. "We call them (the welfare department) when we have a vacant bed and they call us when they have a person who needs a nursing home."

Responses to the question of who must be satisfied varied considerably between the two groups of administrators. Generally, the RR Group believed that they had to satisfy (in one way or another) the families of the residents. This was not the case for the other group of administrators, who indicated that they had to satisfy public welfare requirements and public welfare workers. However, both groups of administrators admitted that both welfare workers and family members were unsatisfactory means for ensuring that good care would be provided. "Welfare workers are mainly concerned with making certain their records are correct." "The families look and smell, and are either satisfied or dissatisfied."

The RR Group felt that the high rates for care reflected (and resulted from providing) good quality food, high staffing ratios, and many services and programs. Homes caring for welfare recipients were seen as being "locked" into the welfare system and that it would be impossible to add resources to their homes without concomitant increases in assistance from public welfare. "If they want improvements, they ought to pay us so we can."

Health Service System. Both groups of nursing home administrators saw their institutions, to some extent, as being within the community medical care system and an extension of the hospital. The RR Group believed their institutions were substitutes for hospitals, for nursing home care was less expensive. The RS Group felt that they were caring for elderly persons who could no longer care for themselves, and as the residents were poor they had no alternatives. "Where else would they go? Who would care for them?"

The two groups were unanimous in their opinions that the nursing homes of the future would be large and complex. The RR Group saw an increasing need for public support of residents within nursing homes, as nursing care was increasingly expensive and few aged (or their families) could continue to privately pay for nursing home care.

Both groups of administrators believed that their homes were the final permanent location for the elderly residents, but for different reasons. The RR Group believed that the reason was due to the inability or lack of desire on the part of the family to provide care, while the other group of administrators felt that there were no other alternatives for their residents.

Goals. Neither group of administrators stressed rehabilitation for residents as a major goal for the institutionalized population. Administrators of RR homes implied that the admitting physician provides rehabilitation goals for each resident, but there was a feeling that an active program of rehabilitation is useless for the majority of residents, and that the best that could be done for the elderly is to keep them clean, comfortable, and provide for their medical and psychological needs. The
goals for care stated by the RS Group were more basic and included adequate food, cleanliness, happiness, and tender loving care.

When asked what could be considered as the major goal for their nursing homes, the RR Group stressed the need to maintain, or enhance, the reputation of their home (through the provision of good care and service). There was a failure to mention "profit" as the major goal of the organization. The responses by the RS Group can all be summed up by the term "survival." They did not believe they could operate any more effectively or efficiently than they were at present. "Rates stay the same, expenses go up, and requirements are increased." "We're being squeezed out of business."

Both groups of administrators felt that the societal goals for nursing homes were basically custodial. That is, they believed that they were relieving the family and society of the responsibility of caring for the elderly.

Deviant Cases. Several nursing homes were measured as large, expensive and rich in resources; yet, with sizable proportions of public aid recipients. It was hoped that useful information might be gained, by interviewing two administrators from such homes, in answer to the question of how these two homes were able to provide treatment resources with the number of welfare aid recipients they had (25% and 55%). Recall, the RS Group claimed they could not provide better care or more resources because of low Welfare reimbursement rates.

In both homes public aid recipients (for the great part) were residents for whom private funds had run out. One of the administrators pointed out that he just "didn't have the heart" to send the residents away after private funds had dried up, and so public aid payments were sought. It appeared that whether or not the residents were on welfare in these two homes, families were still interested and visited frequently. Therefore, it seems as though the figures on welfare recipients in nursing homes actually include two distinct groups; those who had always been on welfare in the nursing home and those who had become welfare recipients only after private funds ran out.

Two additional points of interest were learned. The first is that it is economically more desirable to seek welfare for former private paying residents than to attempt to fill all the beds with private residents. That is, full occupancy is the major goal and is more desirable than partial occupancy by only private residents. Finally, both the administrators indicated that while public aid rates were below costs, the revenue from private funds made up for this difference and allowed for both profit and good care.

ANALYSIS OF RESPONSES

The validity of information provided in any interview can be held in suspect, but often what is not said by the interviewee can be as important as what is articulated. In this regard, the relative failure of administrators to acknowledge any deleterious effects of large or small size indicates a certain lack of understanding about the relationship
between size of an organization and impact on the institutionalized population. Further, the satisfaction with present licensing requirements might also indicate an orientation toward the needs of the organization rather than the needs of the residents. This is supplemented by the attitudes of the RR Group that nursing home associations and organizations are valuable as advocates for the industry and enhance the status of the member homes.

An answer to the question of "who do you have to satisfy?" determines the major focus for an organization. Given this, the RS Group indicated that welfare workers had to be convinced that homes were meeting standards (although, at a most superficial level). The RR Group of administrators believed that they were catering to the families of residents (or to residents who were able to tell their relatives about their treatment in the institution). But whether discussing welfare workers or family members, both groups were seen by administrators to be unknowledgeable consumers. The lack of importance given to the role of physicians is interesting to note, for these are nursing care facilities and greater involvement might have been expected.

While nursing home administrators saw their facilities as extensions of hospitals, they believed that their residents would seldom - if ever - be rehabilitated or restored to the point of being discharged to a non-institutional setting. There was a tendency to "write off" the possibilities of any restorative efforts for the population served, and though their public relations literature referred to therapeutic staff and equipment and active programs of rehabilitation, it can be concluded that these references were for the sake of rhetoric (that is, business) rather than the residents.

Both groups of administrators saw their institutions as the final permanent dwellings for residents. Such opinions, coupled with scepticism toward the rehabilitation potential of the elderly, reinforces a custodial orientation for care and treatment. The administrators believed they were relieving others of the responsibility of caring for ill and elderly persons.

AREAS FOR FURTHER INQUIRY

It appears that proprietary institutions for the aged remain basically the same in their goals and care provided. However, the nursing home field is becoming composed of larger facilities charging higher rates for care. The industry will continue being its own advocate; yet, there are few - if any - advocates for the institutionalized population and their families.

The consumers of institutions are unknowledgeable and cannot discriminate between a good and bad facility. Too often it will be the rates charged, geographical proximity to family, or convenience for the resident's physician which will determine the nursing home to which an elderly person will go; not the characteristics of the facility or the level of nursing care provided.

There is a need for improved standards, training for administrators
and staff, and education of the general population and - especially - the consumers of nursing homes. Furthermore, if nursing homes are to be truly components within a community health care system, there is greater need for the interaction with and intervention by representatives of medical and nursing professions with these facilities.

Further research is needed into the relationship between attitudes of administrators and the characteristics of their facilities. Do characteristics conform to the attitudes and expectations of administrators? Or do the attitudes conform to what exists, perhaps as rationalizations, and might what exist be determined by the attitudes of others (i.e., owners, reimbursing groups, licensing organizations, etc.)?

The responses of those nursing home administrators interviewed tend to indicate that a different system exists for the residents in polar types of nursing homes. In those homes with private or Medicare residents, not only do the administrators claim that higher rates are necessary for the level and extent of care provided, but families and residents have retained the important consumer prerogative of selecting between alternatives. This results in the need of the institution to maintain a reputation by providing some semblance of good care and treatment. As these are proprietary facilities, the successful competition with other nursing homes is of paramount importance. It is believed that a basic method of upgrading these nursing homes is by making it good for business to provide good care.

From the attitudes of administrators caring for welfare aid recipients it was learned that they see little surveillance or control over their facilities. Residents in these homes (and their families) cannot afford alternate arrangements and administrators claim that low welfare reimbursement rates preclude the upgrading of care and extent of resources. This view is hardly new, and Penchansky and Taubenhaus (1965) have indicated that small nursing homes face "interlocking barriers" which are outside the control of the administrators, who care for welfare recipients with fixed systems of reimbursement. Nonetheless, the needs for advocates for the aged in these homes and for consumer protection are great.

Although this was but a limited exploratory study of the attitudes of nursing home administrators, hopefully it might serve as an antecedent effort for further research in the area. Given the limited number of interviews, the differences between and similarities within the two groups which were found in the attitudes and opinions of administrators is especially meaningful. Presently, we can only speculate as to the relationship between attitudes of this group and the characteristics of their facilities. But that the characteristics of the facilities and attitudes of administrators persist generally unchanged is a challenge for further exploration. That the institutionalized aged remain dependent upon these characteristics and attitudes necessitates urgent attention.

REFERENCES


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In an urban environment the individual is unable to function independent of other people. To fill even basic needs for food, shelter, and clothing, he must successfully become a part of the social system. To assist people in obtaining these, programs have developed in the areas of employment, housing, health, and welfare as well as other areas related to man’s life in an urban environment. The provision of these programs does not automatically insure that needs will be met. The individual still must make a positive response before a service can be delivered. A review of the literature shows that little is known about the factors which determine whether a person in need of assistance will use an agency designed to provide that service. This article attempts to narrow that gap by exploring several factors which possibly influence use of a social service agency.