NURSING HOME ADMINISTRATOR SURVEY
REPORT OF FINDINGS

**Iowa
Better Jobs
Better Care**

Building a Strong Long-Term Care Workforce

October 2004

IOWA BETTER JOBS BETTER CARE (BJBC) COALITION

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Funded through a 3 ½ -year, $1.4 million grant from the Robert Wood Johnson Foundation and the Atlantic Philanthropies, The Iowa Better Jobs Better Care Coalition is a group of long-term care providers, workers, consumers, and policy makers that is working to reduce turnover among Iowa's direct care workers.   The members of the Iowa BJBC Coalition as of September 2004 are:

Iowa CareGivers Association, Lead Agency
AARP Iowa
Aging Resources of Central Iowa
Alzheimer's Association, Greater Iowa Chapter
Center for Healthy Communities
Des Moines Area Community College
Direct Care Worker Advisory Council
Generations, Incorporated
Iowa Association of Area Agencies on Aging
Iowa Association of Homes and Services for the Aging
Iowa Commission on the Status of Women

Iowa Department of Elder Affairs
Iowa Department of Human Services, Bureau of Protective Services
Iowa Department of Inspections and Appeals, Health Facilities Division
Iowa Department of Public Health
Mid-Iowa Health Foundation
Northwest Iowa Community College
Office of the Long Term Care Ombudsman
Older Iowans Legislature
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Founded in 1992, the **mission** of the Iowa CareGivers Association is "to enhance the quality of care through dedication to the direct care worker and all caregivers." To accomplish its mission, ICA fosters partnerships between and among workers, advocates, providers, consumers, policy makers, labor, educators, and others committed to quality care. ICA has three main **goals**: 1) increase access to quality care for those who need it, 2) increase the number of caregivers, and 3) enhance quality of care. ICA's focus is on four core **mission-driven activities**: 1) advocacy, 2) public awareness, 3) education, and 4) research and innovation.

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INTRODUCTION

Background

- This study is conducted under the auspices of the Iowa Better Jobs Better Care (BJBC) Coalition through a 3-½ year, $1.4 million grant sponsored by the Robert Wood Johnson Foundation and Atlantic Philanthropies.
- The Iowa BJBC Coalition is a group of long-term care providers, workers, consumers, and policy makers that is working to reduce turnover among Iowa's direct care workers*.
- The Iowa CareGivers Association (ICA) is the lead agency for the BJBC Coalition.
- This study builds on ICA's *Certified Nursing Assistant (CNA) Recruitment and Retention Pilot Project* of 1998 and ICA's *2000 Study of Supervisors of CNAs*.
- The findings of this *Nursing Home Administrator Study*, the 2000 *Supervisor Study*, and the 1998 *CNA Recruitment and Retention Study* are combined in a *Synthesis Report* that is available on the Iowa CareGivers Association website at www.iowacaregivers.org or by contacting the Iowa CareGivers Association at 515-241-8697 or iowacga@aol.com.

*Direct care workers are Certified Nursing Assistants (CNAs), Nursing Assistants, Home Care Workers, and Personal Attendants who work in nursing homes, home care agencies, hospices, and hospitals.

Purpose of this study

- The purpose of this study is to determine what types of information, tools, or skill-building opportunities nursing home administrators would find helpful in their efforts to recruit and retain direct care workers.

Format of this report

The report comprises the following sections:
- Research methodology
- Findings
- Conclusions and specific actionable recommendations

The questionnaire

- The questionnaire is available on the ICA website at www.iowacaregivers.org or by contacting the Iowa CareGivers Association at 515-241-8697 or iowacga@aol.com.

Volunteered responses to open-ended questions

- Volunteered responses to open-ended survey questions are also available on the ICA website at www.iowacaregivers.org or by contacting the Iowa CareGivers Association at 515-241-8697 or iowacga@aol.com.

METHODOLOGY

The sample
- The survey was mailed June 10, 2004 to all 615 names on the Iowa Department of Public Health, Bureau of Professional Licensure list of licensed nursing home administrators.
- Returns were collected until July 10, 2004.
- Of the 615 surveys mailed, 3 were returned as undeliverable. Of the 612 delivered surveys, 172 were completed and returned, a 28% response rate.
- The first question asked if the respondent is currently working as a nursing home administrator. Thirty-nine respondents indicted they are not currently working as nursing home administrators. These individuals answered only the demographic questions, and they are not included in the rest of the report.
- The sample for the full report is therefore 133.

Data analysis
- Frequencies have been calculated for all the questions on the survey.
- Special cross tabulations have been done for several factors that may be related to the development of targeted interventions.
- Statistically significant relationships among the variables have been identified. Those that appear to be key to the development of interventions are reported in the findings section.
- Statistically significant differences are those that are large enough not to be attributable to chance. When differences are not significant, the responses may be considered a "statistical tie."
- The maximum standard error range at the 95% confidence level for this sample of 133 respondents is $\pm$ 8.5%.

Data presentation
- Statistics in the tables may sum to more than 100% due to multiple answers.
- Percentages may occasionally total more or less than 100% because of rounding.

FINDINGS: DEMOGRAPHICS

Currently working as administrator	Yes	77%
	No	23%
Job responsibilities	Administrator only	82%
	Administrator and DON	5%
	Administrator and other	8%
	Other	5%
Directly supervise CNAs	Yes	61%
	No	39%
Years in current position	Less than 1 year	13%
	More than 1 year, but fewer than 3 years	22%
	3 - 5 years	23%
	6 - 10 years	20%
	11 - 20 years	14%
	More than 20 years	8%
Now or ever a CNA yourself	Yes	11%
	No	64%
	Was once, certification expired	21%
	No answer	4%

FINDINGS: DEMOGRAPHICS, continued

Age	21-30	5%
	31-40	12%
	41-50	36%
	51-60	33%
	61-70	9%
	Over 70	2%
	No answer	4%
Highest level post-secondary education	2-year degree	24%
	4-year degree	40%
	Master's degree or higher	30%
	No answer	6%
Major	Health care administration	34%
	Business/business administration	25%
	Nursing	9%
	Social/family services	6%
	Education	4%
	Psychology	4%
	Health field other than nursing or administration	3%
	History	1%
	Biology	1%
	Grandfathered in	1%
	Other	4%
	No answer	7%

FINDINGS: DEMOGRAPHICS, continued

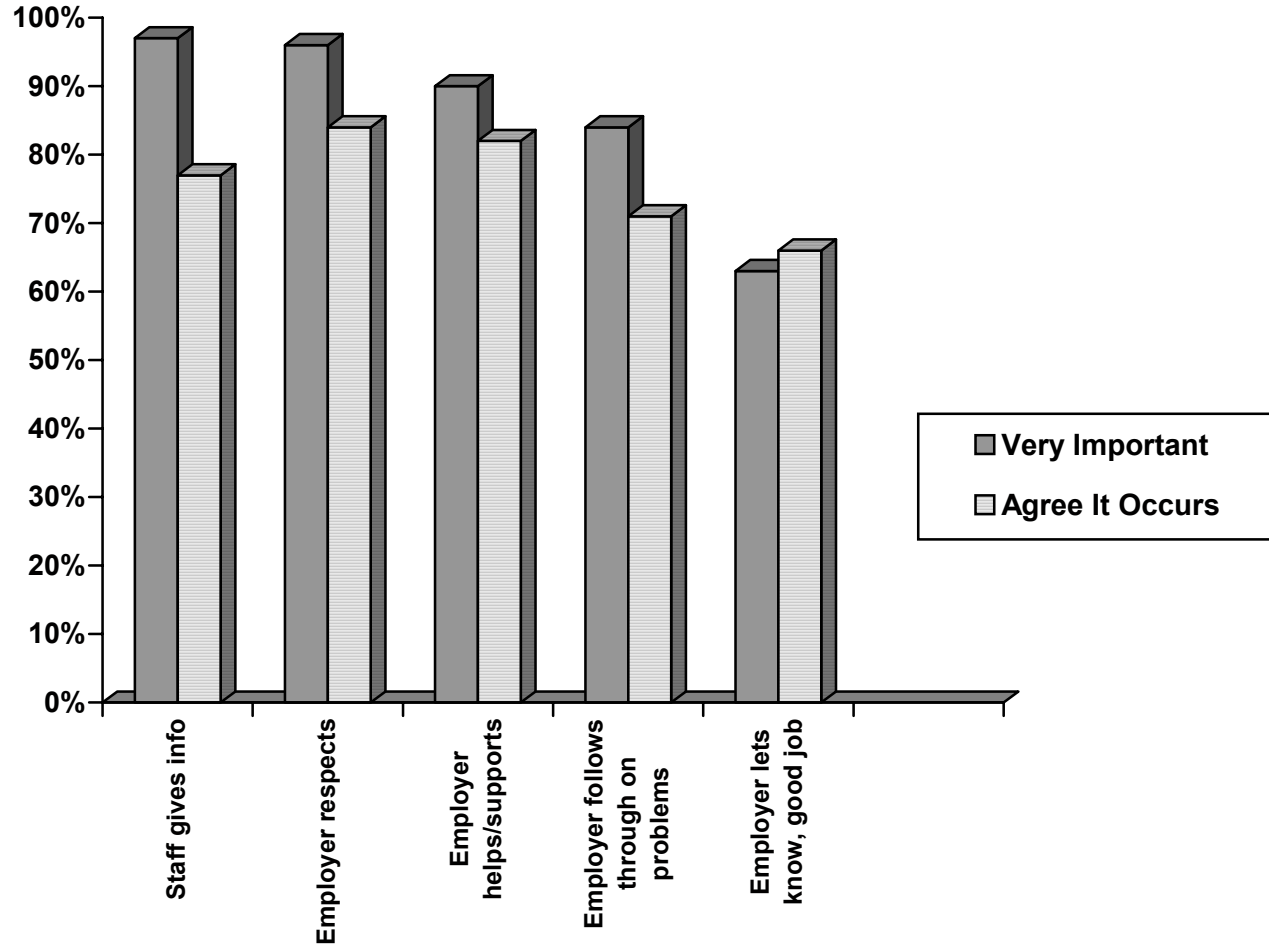|		
Facility's number of beds	1-50	23%
	51-75	34%
	76-125	27%
	126 or more	16%
Rural or urban facility	Rural	55%
	Urban	27%
	No answer	17%
For- profit or not-for-profit facility	For-profit	31%
	Not-for-profit	42%
	No answer	26%
Facility unionized	Yes	5%
	No	83%
	No answer	12%
If so, which union	AFCSME	3%
	SEIU	1%
	Teamsters	1%
	Other	1%

FINDINGS: FACTORS RELATED TO ADMINISTRATOR JOB SATISFACTION

Administrators in this study were asked to assess the following five factors as to their importance in making the administrator's current job satisfying. Administrators were then asked whether that particular factor is present on their current job. The "Gap" column on the far right is the difference between the percentage of administrators indicating the factor is "very important" to their job satisfaction and the percentage of those who indicate that the factor is present on their current job.

	It is very important	Agree currently have it	Gap
The staff I supervise giving me the information I need to handle situations effectively	97%	77%	20
The person/board/corporation I am employed by:			
treating me with respect	96%	84%	12
helping and supporting me when I need it	90%	82%	8
following through on problems	84%	71%	13
letting me know when I'm doing a good job	63%	66%	-3

The bar graph on the following page illustrates the gaps between the factor's importance and its presence on the administrator's current job.

GAPS IN ADMINISTRATOR JOB SATISFACTION

Legend:
- Very Important
- Agree It Occurs

Categories:
- Staff gives info
- Employer respects
- Employer helps/supports
- Employer follows through on problems
- Employer lets know, good job

FINDINGS: FACTORS RELATED TO ADMINISTRATOR JOB SATISFACTION, continued

Further analysis of the five factors potentially related to job satisfaction indicates that the following administrators are **least likely** to agree with the statement, "The person/board/corporation I am employed by treats me with respect."

- Administrators in the age ranges 41 to 50 (73% agree)

- In addition, administrators in that same age range (41 to 50) are also the least likely to agree with the statement, "The person/board/corporation I am employed by helps and supports me when I need it." (71% agree)
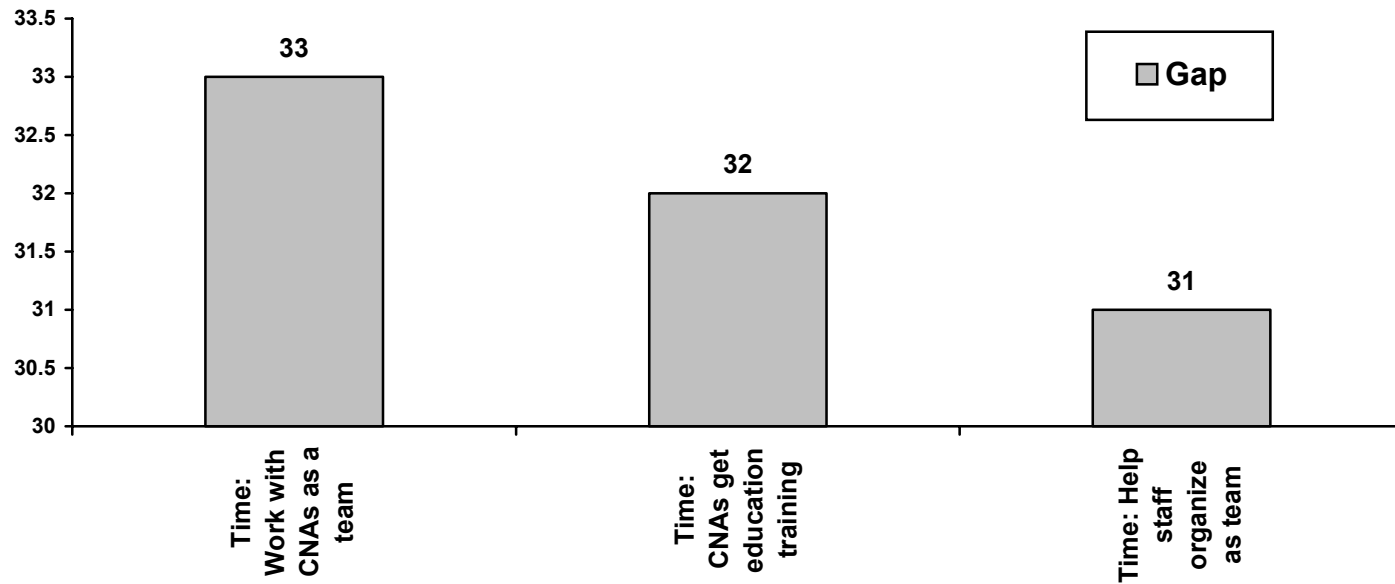
FINDINGS: FACTORS AFFECTING ADMINISTRATORS' RELATIONSHIPS WITH CNAS

Administrators were asked to evaluate the following eight factors as to their importance for anyone who works where CNAs are part of the workforce. For each factor, administrators were then asked whether they personally have the time, skill/knowledge, and authority to implement that factor. Responses of less than 75% are highlighted in bold.

	It is very important	I have time	I have skill/ knowledge	I have authority
Treating CNAs with respect	100%	93%	98%	99%
Letting CNAs know when they are doing a good job	99%	86%	93%	98%
Making certain CNAs get the education/training they need to do the job better	96%	**64%**	87%	92%
Valuing CNAs' ideas regarding resident/patient care	96%	92%	92%	97%
Working with CNAs as a team	83%	**50%**	83%	91%
Helping the staff organize their work as a team	82%	**51%**	82%	94%
Assuring CNAs contribute their ideas to care plans	75%	**62%**	87%	89%
Making it possible for CNAs to care for the same residents/patients each day	**35%**	**54%**	81%	87%

FINDINGS: LARGEST GAPS IN FACTORS AFFECTING ADMINISTRATORS' RELATIONSHIPS WITH CNAS

The chart on the previous page shows factors that may affect administrators' relationships with CNAs. Administrators were asked to indicate whether each factor is important and then whether they have the time, skill/knowledge, and authority to perform it. Comparing a factor's importance rating to its rating on time, skill/knowledge, and authority suggests where the largest gaps may be. The graph below depicts these largest gaps:
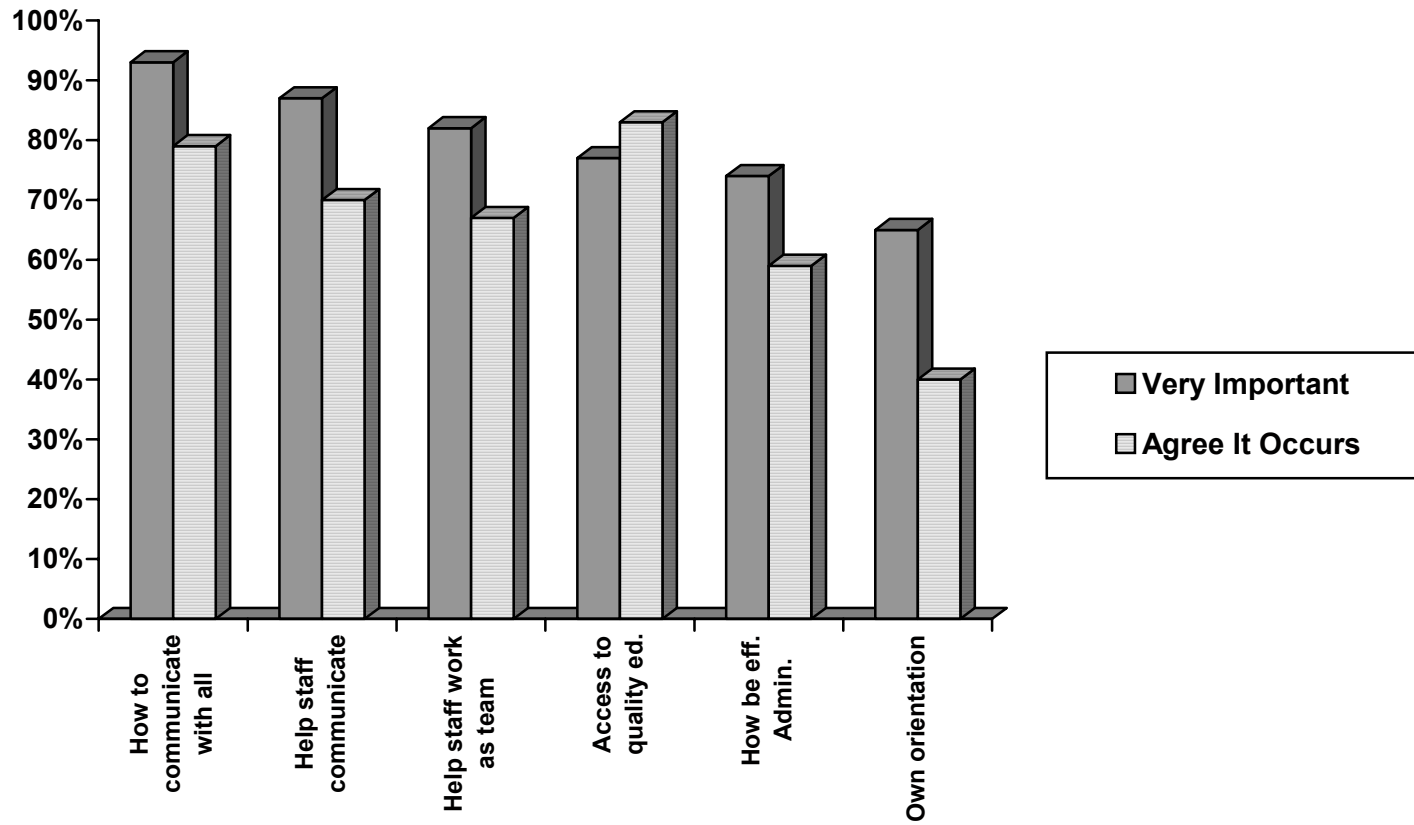
FINDINGS: ADMINISTRATORS' EDUCATION AND TRAINING

Administrators were asked to rate the following factors related to their own education. First, they rated the factor's importance in helping them perform their current job, then they indicated whether that factor is present on their current job.

	It is very important	Agree currently have it	Gap
Training and education in how to communicate more effectively with all staff, including CNAs	93%	79%	14
Training and education in how to help staff, including CNAs, communicate more effectively with one another	87%	70%	17
Training and education in how to help staff, including CNAs, work together as a team	82%	67%	15
Having access to quality education programs	77%	83%	-6
Training and education in how to be a more effective administrator	74%	59%	15
Orientation when starting your current job on how to perform your specific job duties	65%	40%	25

The graph on the following page illustrates administrators' perceived educational gaps.

ADMINISTRATORS' PERCEIVED GAPS
IN THEIR OWN
EDUCATION AND TRAINING

FINDINGS: ADMINISTRATORS' EDUCATION AND TRAINING RELATED TO LEVEL OF POST-SECONDARY EDUCATION

Further analysis of the data indicates that the level of post-secondary education the administrator has appears to be related to the gap between the administrator's rating of the importance of certain educational factors and the presence of the factor on her/his current job.

	GAP BETWEEN IMPORTANCE RATING AND PRESENCE OF FACTOR ON CURRENT JOB		
	2 year degree	4 year degree	Master's degree or higher
I get all the training and education I need in how to communicate more effectively with all staff, including CNAs	29	8	6
I get all the training and education I need in how to help staff, including CNAs, communicate more effectively with one another	32	18	-3
I get all the training and education I need in how to help staff, including CNAs, work together as a team.	34	12	-6
I get all the training and education I need to be a more effective administrator	43	12	-16

FINDINGS: ADMINISTRATORS' EDUCATION AND TRAINING, OTHER RELATED FACTORS

Administrators who indicate < 90% of CNAs conduct selves as professionals

Administrator's suggestions for improving supervision

Administrators who indicated that less than 90% of CNAs conduct themselves as professionals are **less likely** than administrators who responded that 90% or more of CNAs conduct themselves as professionals to agree that:

- Helping staff including CNAs work together as a team is part of their own job as a nursing home administrator. (55% agree)
- Administrators were asked to respond to the following: "In separate Iowa CareGivers Association surveys, CNAs and supervisors of CNAs indicated that their relationship with their supervisors is key to their job satisfaction. What, if anything, could be done to help you assist supervisors to better supervise CNAs?"
- Responses to this open-ended question can be categorized as follows:

Suggestions	% Mentioning
• Offer supervisory/leadership training, courses for staff	26%
• Orientation/training/education: better, ongoing	14%
• Teamwork: team-building, exercises, information; work side-by-side with CNAs	13%
• More free time (for observation, training, assessment, etc.)	12%
• Communications: listen to/value/make time for CNAs (open-door policy)	10%
• More money/funding (for education/training, staffing, etc.)	6%
• Over-regulation: eliminate, less time spent on "paperwork"	5%
• Provide regular/positive feedback, recognize value	5%
• Require supervisors to understand, experience first-hand the job of CNAs	5%
• Foster mutual respect	4%
• Hire more staff; recruit willing supervisors	4%
• Institute teacher/mentor/1-on-1 program	3%
• Empower, encourage, support supervisors; instill responsibility; grant autonomy	3%
• Incentives/rewards: acknowledge good work performance	2%
• Develop position specifically to oversee/assist CNAs	2%

- Employee satisfaction: improve, decrease turnover   2%
- Policy: sound, adequate explanation, consistent enforcement   2%
- Provide CNAs with more autonomy, greater accountability   2%
- Proper work environment, workloads   2%
- Foster balance of work and personal life   1%
- Competitive salary/benefits   1%
- Other   2%
- No answer   25%

FINDINGS: IDEAL CNA

Administrators were asked to describe the ideal professional CNA. Responses to this open-ended question can be categorized as follows:

The ideal professional CNA:	% Mentioning
• Personal attributes/interpersonal skills: kind, caring, compassionate, considerate, loving, patient, gentle, empathetic, understanding, warm, friendly, mature, sense of humor, honest, trustworthy	54%
• Work ethic/work habits: reliable, dependable, loyal, conscientious, hard working, efficient, dedicated, follows through, responsible, detail oriented, organized, independent worker, self-motivated, problem-solver, does not complain, follows policies and procedures, etc.	49%
• Focused on residents: attentive/dedicated to their needs, resident advocate, values/appreciates the elderly	35%
• Team player: cooperative, works well/gets along with others (staff, residents, families)	23%
• Positive attitude/outlook: good self-esteem, confident, takes pride in job, etc.	22%
• Respectful, polite, treats others with dignity	20%
• Attendance: as scheduled, on-time, call if no-show, call if resigning	17%
• Open to change/new ideas, adaptable, flexible	12%
• Knowledgeable, good technical skills	11%
• Willing to learn, improve, update skills	11%
• Communication skills: effective, accurate, appropriate	10%
• Appearance: appropriately attired, clean, groomed, etc.	5%
• Professional behavior: no gossip, shouting, foul language, etc.	5%
• Safety-oriented	3%
• Personal issues/life: stable, kept separate from work, do not discuss	3%
• Good emotional, mental, physical health	2%
• Other	2%
• No answer	18%

FINDINGS: PERCENT OF CNAS WHO CONDUCT THEMSELVES AS PROFESSIONALS

Overall finding   Administrators were asked to indicate what percent of CNAs they currently supervise conduct themselves as professionals. The responses are presented below.

% of CNAs	Perceived by administrators to conduct themselves as professionals
0 - 74%	28%
75 - 89%	32%
90 - 95%	23%
96 - 100%	17%

FINDINGS: KEY DIFFERENCES BETWEEN ADMINISTRATORS REGARDING PERCENT OF CNAS WHO CONDUCT THEMSELVES AS PROFESSIONALS

Further analysis of the data indicates that there are significant differences between administrators who report that 90 – 100% of the CNAs they supervise conduct themselves as professionals and administrators who perceive professionalism on the part of only 0 –89% of their CNAs. These are the key differences:

Administrators who:	Perceive 90 –100% CNAs as professional	Perceive 0 – 89% CNAs as professional
Have time to make certain CNAs have all the education/training they need	81%	53%
Get all the education/training they need to help staff work as a team	85%	55%
Agree that staff members treat CNAs with respect	87%	65%

FINDINGS: PERCEPTIONS OF CNAs' WORK ENVIRONMENT

Administrators were asked for their perception of several aspects of the work environment for CNAs in their workforce.

Aspect of work environment	Agree with statement
Staff members treat the CNAs in my facility's workforce with respect	74%
The families of residents/patients treat the CNAs in my facility's workforce with respect	72%
The CNAs in my facility's workforce are fairly paid	71%
Residents/patients treat the CNAs in my facility's workforce with respect	69%
The CNAs in my facility's workforce had high quality training prior to coming to work at my facility.	35%

FINDINGS: SIGNIFICANT DIFFERENCES AMONG ADMINISTRATORS RELATED TO PERCEPTIONS OF CNAs' WORK ENVIRONMENT

- Administrators whose **tenure** on their current job is 10 or more years are **less likely** than those with shorter job tenure to agree that residents/patients treat the CNAs in their facility's workforce with respect. (59% agree)

- Administrators who perceive fewer than 75% of the CNAs in their facilities conduct themselves as professionals are **less likely** to agree that staff members treat the CNAs in their facility's workforce with respect. (54% agree)

CONCLUSIONS AND RECOMMENDATIONS

- These entities are responsible for implementing the recommendations in this report as part of the Iowa Better Jobs Better Care project:
  - o Iowa Better Jobs Better Care (BJBC) Coalition
  - o Iowa BJBC Demonstration Sites
  - o Direct Care Worker Advisory Council
  - o Iowa CareGivers Association
- Some potential Iowa BJBC Coalition partners in the implementation of the recommendations are listed below, however, this list should not be considered exhaustive because the Iowa BJBC Coalition seeks participation from all interested individuals and entities.
  - o Consumer advocate groups
  - o Quality improvement organizations
  - o Policy makers
  - o Education providers
  - o Professional associations
  - o Provider associations
  - o Service providers
  - o State governmental entities

Conclusion 1	- Most administrators indicate that staff giving them the information they need to handle situations effectively is very important. Approximately one-fourth of administrators indicate this does not currently happen.

Recommendation 1A	- Further investigate with administrators the 1) type of information administrators want to receive from staff, 2) from which staff they want to receive it, and 3) the accessibility that staff have to the administrator.
	- This information (and information identified in other recommendations in this report) can be obtained from sources such as, but not limited to:
	   o Electronic focus groups with administrators.
	   o Administrators at the Iowa BJBC Demonstration Sites.

Recommendation 1B	• Utilize the information obtained in Recommendation 1A to:
	    o Modify current nursing home administrator curricula and create new educational offerings that include the information about administrator-staff communication.
	    o Solicit ideas from nursing home administrators about additional applications for the new information, particularly about how administrators can become more accessible to staff, including CNAs.

Conclusion 2	• More than half of administrators indicate that less than 90% of CNAs in their facility conduct themselves as professionals. • Page 16 of this report lists the qualities administrators believe the ideal professional CNA possesses. Note that most of the ideal professional qualities identified by administrators are personal qualities rather than skills.
Recommendation 2A	• Consider adding qualities of the ideal professional CNA to CNA job descriptions and then assuring that hiring practices reflect employment of CNAs with these qualities.
Recommendation 2B	• Identify ways to assure that CNAs get the education, training, and workplace support they need to develop ideal professional CNA qualities both in the workplace and in the broader community.
Recommendation 2C	• Expand current and develop new ways of educating CNAs about 1) how they are perceived by administrators and 2) qualities they need to exhibit to be perceived as professional.

Conclusion 3	• Approximately two-thirds of administrators agree that residents/patients treat the CNAs in their facility's workforce with respect. (This conclusion and its recommendation also relate to Conclusion/Recommendations 2 in that if residents/patients treat CNAs with respect, ideal professional CNA qualities will likely be reinforced.)
Recommendation 3A	• Identify and implement ways to educate residents and their families about the value of the work provided by CNAs and how to treat CNAs with respect. (This education of residents and their families will, in turn, positively influence perceptions in the broader community of the work done by CNAs.)
Recommendation 3B	• Inform nursing home administrators of this conclusion and find ways to encourage them to model positive interaction with CNAs with the understanding that this modeled behavior will be reflected in the behavior of residents and families toward CNAs and in the behavior of staff toward one another.
Recommendation 3C	• Encourage nursing home administrators to promote educational offerings for CNAs that will enhance CNAs' ability to communicate more effectively with residents/patients and their families.
Conclusion 4	• Only about one-third of administrators agree that the CNAs in their facility had high quality training prior to coming to work in their facility.
Recommendation 4A	• Determine 1) what "high quality training" means to administrators, 2) what specific CNA skills and competencies are perceived as lacking, 3) how quality is assessed, e.g. does the administrator assess it directly or do supervisors assess it and pass on their impressions to the administrator, and 4) how consumer input is obtained.
Recommendation 4B	• Once the information in Recommendation 4A has been obtained, focus time and financial resources on assuring that CNAs receive what nursing home administrators define as high quality training.

Recommendation 4C	• Consider this conclusion in developing Iowa BJBC Coalition consensus about 1) the required number of hours and content of basic CNA training, 2) whether individuals should be allowed to challenge the basic CNA test without taking the training, and 3) CNA continuing education standards.

Conclusion 5	• Most administrators indicate that the person/board/corporation to which they report treating them with respect is very important, and nearly one-fifth of administrators find this respect is lacking on their current job. • Most administrators indicate that the person/board/corporation to which they report following through on problems is very important, yet more than one-fourth find this follow-through is lacking on their current job. • Less than half of administrators indicate they were given an orientation when they started their current job on how to perform their specific job duties, while nearly two-thirds indicate this orientation is very important.
Recommendation 5A	• Gather more in-depth information from administrators about these issues and the perceptions behind them.
Recommendation 5B	• Encourage administrators to conduct a self-assessment to determine if their values are congruent with the values of the organization for which they work. • If administrators' values are not congruent with the organization and administrators are not getting what they need to do their job well, encourage administrators to advocate for what they need to do their job well, just as CNAs are being encouraged to advocate for what they need to be professional and do their jobs well. • Also, it would likely be beneficial for administrators to assist CNAs and other staff to conduct a values assessment and to encourage staff to advocate for what they need to do their job well.
Recommendation 5C	• Determine if nursing home administrators see a need for a professional nursing home administrator association that can address issues such as those in Conclusion 5.

Recommendation 5D	• Determine if there are educational sessions specifically offered for long term care board members at provider association conferences. • If so, consider developing and presenting the board/corporation-related findings at these sessions and relating the findings to information about the scope of responsibility of long term care boards.
Recommendation 5E	• Encourage nursing home boards to spend some educational time at a board meeting discussing the board/corporation-related findings.
Conclusion 6	• The *Synthesis Report of the Nursing Home Administrator, Supervisor, and CNA Studies* does identify differing perceptions among these three groups on some of the factors listed in Conclusion 5.
Recommendation 6	• See the *Synthesis Report* for recommendations. • This report is available on the Iowa CareGivers Association website at www.iowacaregivers.org or by contacting the Iowa CareGivers Association at 515-241-8697 or iowacga@aol.com.
Conclusion 7	Perceived lack of time is an issue for administrators regarding: • Making certain CNAs get the education/training they need to do the job better • Working with CNAs as a team • Helping staff organize their work as a team • Assuring CNAs contribute their ideas to care plans
Recommendation 7A	• Further explore nursing home administrators' perceived lack of time regarding these issues. • Determine how nursing home administrators form these perceptions e.g. is it their own perception or does it come from other staff, for example, the Director of Nursing.
Recommendation 7B	• Using a "best practice" approach, identify nursing homes that are excelling at the four

factors identified in Conclusion 7.

- Make this best practice information available to nursing home administrators.

Recommendation 7C

- Identify ways to incorporate these activities into the daily nursing home routine so that they do not take extra time.

Conclusion 8

- Both perceived low importance and perceived lack of time are issues for administrators regarding making it possible for CNAs to care for the same residents/patients each day.

Recommendation 8A

- Further investigate with administrators the importance and time factors regarding this issue.

Recommendation 8B

- Gather consumer input on the perceived value of consistent staffing.

Recommendation 8C

- Develop interventions based on the information obtained in Recommendations 8A-B and considering Recommendations 7B-C.

Conclusion 9

- The *Synthesis Report of the Nursing Home Administrator, Supervisor, and CNA Studies* identifies differing perceptions among these three groups regarding issues cited in Conclusion 8.

Recommendation 9

- See the *Synthesis Report* for recommendations.
- This report is available on the Iowa CareGivers Association website at www.iowacaregivers.org or by contacting the Iowa CareGivers Association at 515-241-8697 or iowacga@aol.com.

Conclusion 10

Administrators indicate that their highest priority educational interests are:

- How to communicate with all staff, including CNAs
- How to help staff, including CNAs communicate more effectively with one another
- How to help staff, including CNAs work together as a team

Recommendation 10A

- Find out from administrators 1) how they are currently performing these communication-related activities, 2) ideally how they would like to perform these activities, and 3) how they would like their education and training to address these ideal communication-related activities.

Recommendation 10B

- Based on the information obtained in Recommendation 10A, revise current and develop new educational opportunities for administrators.

Recommendation 10C

- Determine from administrators whether they see a need for a professional nursing home administrator association that would address these high-priority educational interests.