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# Schira and Syre: Public Law 100-203 and Nursing Home Reform

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## PUBLIC LAW 100-203 AND NURSING HOME REFORM: NURSE AIDE TRAINING, CURRICULUM DEVELOPMENT AND **MARKETING**

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Abstract: Public Law 100-203 provides that nurse aides undergo a minimum of 75 hours of education to prepare **them to** work with the elderly in **the** long-term care industry and in home health. Federal **law** suggests preparation of **new** curricula to meet the needs of this education requirement. The authors suggest **that** curricula currently available more than adequately meet the needs of this educational requirement; and it is more an issue of marketing current materials and **health** occupations education programs. This manuscript considers Public Law 100-203 Nursing Home Reform, curriculum development issues and suggestions for marketing health occupations education materials and programs.

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### Background

It is estimated that there are over 800,000 nurse aides employed in the 25,000 nursing homes and long-term care facilities in the United

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States (Sirocco, 1988). Sixteen thousand such nurse aides are employed in Iowa's health care facilities **alone** (Peterson & Richards, 1987). While these numbers are significant, the employment roles may be anticipated to increase approximately **5%** annually as the long-term care industry matures and expands.

Long-term industry maturation and expansion will occur in the areas of number of beds, size and numbers of facilities, and quality assurance requirements associated with resident care (American Hospital Association, 1987). The tens of thousands of aides that join the work force in the future **will** be required, by **law**, to undergo a minimum of **75** hours of training prior **to** providing care to residents in nursing homes and other long-term care facilities. This training requirement is in compliance with Public Law (P.L.) 100-203, Nursing Home Reform requirements.

While nurse aides are at the lowest clinical care level in nursing home and long-term care facility employment, they represent **70%** of the nursing staff (Kidder, 1987). Of all nurse aides employed in the United States in 1988, approximately **84%** were employed in the long-term care and nursing home industry while the remaining **16%** were employed in health care organizations that include home health agencies and hospitals (Peterson & Richards, 1987).

Because of the limited salaries offered to aides due to the level of tasks expected of them, requirements for nurse aide employment **are, at** best, sparse with few stipulations regarding formal education, relevant patient-care training, or experience in working with the elderly. This lack of training has led, and continues to **lead**, to **problems related to** minimum standards of resident care. It is not that nurse aides cannot

Schield and Syre: Public Law 100-203 and Nursing Home Reform  
Machuga and Syre: Public Law 100-203 and Nursing Home Reform  
curriculum and instruction. Specifically, each curriculum focuses on content and related experiences. Curriculum development represents a higher level of generalization and precedes instructional development which is planning done in support of teaching leading to learning. Instructional development considers principles of learning and ways or conditions under which learning occurs.

When planning curricula, vocational educators should be aware of appropriate content for inclusion in instruction and appropriate experiences for relating that content to students. When the planning process involves a number of teachers, such that the product **could** be useful in a variety of curricular situations, **the** planning process is referred to as curriculum development. When the planning process involves only a single teacher for a single curricular situation, it is referred **to** as instructional development (Finch & **Crunkilton**, 1984).

Traditional vocational curricula have been product (graduate) oriented. Although a major concern during the process of vocational curriculum development should be the means for each student to achieve the curricular goals, the final outcomes should be more far-reaching. Finch and **Crunkilton** (1984) state, "The ultimate success of a vocational curriculum is not measured merely through student educational achievement but through the **works** of the achievement--results that take the form of performance **in** the work world" (p. 12).

Vocational curricula should provide students opportunities to develop knowledge, attitudes, skills, and values which contribute to their ability to become employed. **The** learning environment for a vocational curriculum should not only provide for development of this knowledge and these attitudes, manipulative **skills** and values, but should

also integrate their application and use in real world settings.

Vocational curricula should be based on identified needs of particular occupations, in particular locales. Even though vocational curricula are beneficial to students, major curricular support comes from their related employment opportunities.

The development of a vocational educational curriculum cannot be adequately presented without considering other factors that have a major influence on it. These factors include the current employment situation as reflected by labor supply **and** demand data; program resources for determining the level of funding needed for personnel, facilities and equipment; and existing education programs to identify areas lacking in the current curriculum. Vocational curriculum planners **should** be able to identify occupational and personnel needs for specific occupations. When trying to assess projected supply and demand data for a specific type of worker, curriculum developers should be compelled to identify sources of employment.

The Vocational Education Acts of 1963 and 1968 and their Amendments stipulate that vocational education must be realistic and must look to opportunities for gainful employment (Finch & Crunkilton, 1984). This concept has required curriculum planners to be observant and aware of changes in personnel needs of **the health** care service industry for entry level workers.

This approach to instructional and curriculum development has enabled vocational educators to determine immediate and long-term needs and priorities for workers. When vacancies continue to exist in certain positions, one must consider the reasons. Do openings exist because there is lack of qualified people, low wages, poor working conditions, or are qualified people reluctant to accept available positions? A second

Schira and Syre: Public Law 100-203 and Nursing Home Reform  
point to consider when continual vacancies occur is requirements of the position. Are entry qualifications similar to traditional **competencies** required for the occupation, or do employers have a higher **standard** for employment performance than the established standard. A third point. to consider has to do with positions that might be needed for complementing original vacancies. These questions and issues illuminate the point that when planning for instructional and curriculum development, based on personnel and employment needs, many decisions must be reached.

The **P.L.** 100-203 Nursing Home Reform legislation points to many problems associated with entry level positions and not just problems of educating qualified personnel. Educators are advised to probe these issues in program design and implementation.

#### Nurse Aide Curriculum

Traditionally, a curriculum for training nurse aides followed the occupational and job description listed in various occupational **and/or** career guidance publications. As described in the **Health** Careers Guidebook,

Nurse aides (Hospital Attendants, Nursing Assistant, Orderly), working under the direction of the nursing and medical staff, assist in the care of patients in a health facility. They answer patients' signal **lights** or bell **calls** to determine services needed, as well as bathe, dress, and undress patients. They serve food, feed patients requiring help, and collect food trays after meals. They transport patients to treatment units in wheelchairs or assist them in walking (U.S. Government Printing Office, 1979, p. 111).

The basic curriculum has traditionally consisted of approximately 60 hours or about three weeks of training. This curriculum included concepts and skills for bathing, personal care, bedmaking, feeding

patients and serving food trays, transporting and ambulating patients, and general cleaning and housekeeping duties for patient rooms and nursing units. The basic curriculum has been taught in vocational schools, secondary schools, in hospitals, and nursing homes as part of on-the-job training, and in home nursing courses by voluntary and private agencies. The curriculum included basic concepts and skills associated with activities of **daily** living and issues of caring for elderly patients but may have inadequately provided for safe, competent. health care.

The core curriculum proposed in Nursing Home Reform legislation may, in fact, be retrogressive or a step back to short-term basic programs for nurse aides during the 1960's and 1970's. The curriculum of 75 hours includes minimum concepts related to communications and interpersonal relationships; social, emotional, and spiritual needs of elderly patients; anatomy and physiology; personal care; nutrition; infection control; admission, transfer and discharge; observation; and charting and reporting. Specifically, what basic knowledge, attitudes, and skills are needed from these conceptual areas for safe, competent care? The Nursing Home Reform legislation did not specify the **competencies** to be included in the various conceptual areas. Thus, educators **will be** required to identify these minimal **competencies**, develop the curriculum and develop instructional strategies for the 75 hour minimum requirements to prepare nurse aides to work with the elderly in long-term industry and home health care.

Health occupations education has progressed and matured since the 1960's. Health occupations educators no longer use minimal topical outlines and lists for curriculum guides, but have learned to develop total curriculum packages. For more than 15 years, **health** occupations educators have been developing and revising curricula for nurse aides to

better meet changing personnel needs of the health care and service industry. While a limited number of curricula prepare nurse aides for working in hospitals, the vast majority focus on long-term and nursing home care. Current revisions to curricula emphasize long-term care **and/or** nursing home care, and care of elderly patients. This knowledge and these attitudes and skills may be considered advanced components of basic nurse aide **competencies**. Many vocational education programs for nurse aides with long-term care and geriatric components are for three months (12 weeks) or approximately 360 hours of instruction.

These vocational education programs have identified and prioritized **competencies** needed by nurse aides for safe, competent, functioning in long-term care and nursing home situations. **Health** occupations educators and curriculum planners have evaluated programs, personnel needs, professional vacancies, and employee expectations to develop and revise curricula that provide for safe competent care.

Yet, the Nursing Home Reform Law requires a minimum curriculum that does not identify **competencies** needed for safe and competent care. The authors question why new curriculum packages should be developed when excellent packages are already available and are being used effectively. The authors encourage educators in health occupations education and vocational education to make states and agencies desiring nurse aide certification programs aware of the excellent programs currently available to them.

#### A Call for Marketing

While marketing may be considered strictly a business activity rather than one that complements education, marketing strategies nonetheless should be developed by vocational educators. **P.L.** 100-203 Nursing Home Reform legislation requires vocational educators and program

directors to inform and advise education and health industry personnel

that curricula, materials, and educational programs exist and are available for training nurse aides.

### Marketing Defined

The field of marketing is broad and complex. Marketing is an ongoing process of promoting health care solutions for health care needs of organizations, patients, and students. For educational facilities, marketing should be the process of promoting qualified vocational education programs for developing **skilled** personnel in the health care industry.

As well as being public relations and community outreach, vocational education marketing should include analysis, planning, implementation, and control of carefully formulated programs (Kotler & Clarke, 1987). These marketing programs should be designed to bring voluntary exchanges of **values** with target markets for purposes of achieving organizational objectives.

Marketing should be a deliberate process of communications manifesting itself in carefully formulated activities to achieve desired results. Conversely, marketing should not be random nor hasty actions deployed to recruit more students or announce new vocational education programs. Too often, vocational education marketing is a last administrative detail often forgotten or conducted at the last minute.

### Marketing Functions

Vocational education marketing can be accomplished through what vocational educators do. Vocational education marketing, like other program marketing, has five functions (Syre, 1988):

1. Understanding the needs and desires of current and prospective students.

2. **Schira and Syre: Public Law 100-203 and Nursing Home Reform** is satisfying vocational education programs.
3. Developing informative **and** persuasive communication flows among the educational organization, prospective students, and long-term and nursing home industry.
4. **Ensuring** that vocational educational services are provided at the right place, the right time, in the right format and at **the** best price.
5. Keeping students and nursing home employees satisfied and loyal to the program after the education (exchange) process.

These functions may be accomplished through a number of activities that include marketing plan development, public relations and advertising.

Marketing **plan** development is a process wherein vocational educators commit to preparing short-term and **long-term** realization of goals and objectives. A marketing plan is essential regardless of the educational program. Each marketing should (a) define the market and its salient attributes, (b) identify organizational problems and opportunities, (c) propose strategies to reach the community, and (d) recommend tactics for educational services delivery.

A basic marketing plan includes a minimum of (a) a summary discussion of the plan; (b) a statement detailing public relations, advertising and planned interactions with local newspapers, radio stations, health industry, and schools; (c) a plan for development of promotional materials for distribution; and (d) a budget to accomplish . the marketing activities. Marketing plans should be prepared for all programs and no vocational education program should begin operations without a plan on how the program will be communicated to prospective students and nursing home administrators and employers. Regardless of

the organization, informing the public of programs, services and activities through printed and auditory **media** seems mandatory.

Public relations differ from advertising in that public relations activities (e.g., newspaper listings **of** programs, feature articles on the programs or activities, etc.) is without costs. Advertising, in contrast, is a paid form of presentation and promotion of ideas, goods, or services identified by sponsors.

Finally, in this analysis of marketing, it is important to note that marketing is not an activity conducted by one person in the vocational education program. Marketing is a team activity and **all** persons associated with teaching or administering vocational education have a responsibility for input into the marketing of the program (**Syre, 1988**).

#### Conclusion and Recommendations

Vocational educations are challenged with new responsibilities today. These responsibilities include knowledge of the new law, **P.L. 100-203**, and of curriculum development trends in health occupations education and marketing. It is further recommended that health occupations educators work with vocational educators in development and dissemination of marketing plans **for health** occupations curricular materials.

#### References

- American Hospital Association. (1987). Hospital statistics. Chicago, IL: Author.
- Finch, C. R. & Crunkilton, J. R. (1984). Curriculum development in vocational and technical education. (2nd ed.) Boston: Allyn and Bacon, Inc.
- Kentucky Association of Health Care Facilities. (1988). Facts on long-term care: Nurse aide training. Frankfort, KY. Author.

**Schira and Syre: Public Law 100-203 and Nursing Home Reform**

- Kidder, S. (1987). Health care financing administration: Medicare and medicaid condition of participation for long-term care facilities. Federal Register 53:200.
- Kotler, P. & Clarke, R. (1987). Marketing for health care organizations. Englewood Cliffs, NJ: Prentice Hall.**
- Peterson, D. & Richards, B. (1987). Nursing personnel employment patterns in Iowa's health care facilities. Journal of Health Occupations Education 2 (2), 41-61.
- Ruffner, R. II. (1984). Handbook of publicity and public relations for nonprofit organizations. Englewood Cliffs, NJ: Prentice Hall,
- Sirocco, A. (1988). Nursing and related care homes as reported from the 1986 inventory of long-term care places. U.S. Government Advance Data, 147 (Serial No. PHS 88-1250).**
- Syre, T. R. (1988). Hospital marketing at the crossroads. Hospital Topics, 66 (2), 14-17.
- Syre, T. R., Schira, N. J., & Syre, R. E. (1988). Preliminary concerns of P.L. 100-203 and nursing home reform: Implications for nurse aide training. Journal of Health Occupations Education, 3 (1), 56-64.
- U.S. Government Printing Office. (1979). Health careers guidebook. (4th Ed.) Washington, DC: Author, pp. 108-111.**