The impending wave of aging boomers heightens long-standing concerns for the quality and cost of nursing home care. As industry and policy leaders continue efforts to remedy substandard nursing home care delivery practices, development of a well-prepared and adequately supported workforce of directors of nursing (DONs) is essential to ensuring the industry’s readiness for the aging wave population. Directors of nursing are in pivotal positions to influence nursing home quality and costs; however, research demonstrating the extent of this influence—actual and potential—is lacking, and industry leaders have collectively failed to address the current or future capacity of this workforce. A long history of inattention to the DON position, coupled with low expectations for the competencies and requisite educational preparation, has potentially compromised the capacity of DONs to promote and sustain high-quality, cost-effective nursing home care. The purpose of this article is to provide a comprehensive overview and discussion of the current and potential capacity of DONs to lead the delivery of high-quality, cost-effective nursing home care from industry, educational and professional development, healthcare policy, and organizational contexts. Proposed strategies and recommendations to enhance and promote the future capacity of DONs are also presented. Key words: nurse administrators, nurse education, nurse managers, nursing home
the capacity of this workforce to promote and sustain high-quality, cost-effective nursing home care.

An Institute of Medicine (IOM) report on improving quality in long-term care identified nursing management and leadership as a central factor in the provision of high-quality care, especially in light of residents’ complex nursing needs. An earlier IOM report raised concern about the lack of appropriate educational preparation for DONs, given the complex nature of nursing home organizations and the required skill set and judgment needed to lead and manage nursing services. Nursing home researchers have echoed the opinions of these IOM experts, endorsing the importance of nursing leadership and management practices to support quality nursing care delivery practices and the need for DONs’ education in leadership and management. Unfortunately, regulatory bodies, nursing academia, gerontological nurse experts, and nursing home corporate and local administrations have collectively failed to formally recognize—or respond to—the link between nursing home quality and the DON position. The purpose of this article is to provide a comprehensive overview and discussion of the current and potential capacity of DONs to lead the delivery of high-quality, cost-effective, nursing home care from industry, educational and professional development, healthcare policy, and organizational contexts. Proposed strategies and recommendations to enhance and promote the future capacity of DONs are also presented. Since few studies examine the DON position or role effectiveness, the discussion that follows is based on the research evidence available and the opinions of experts in industry, government, and academia.

INDUSTRY-LEVEL CONTEXT

Culture-change movements, alternative options for long-term care services, regulatory/enforcement systems, revenue/reimbursement structures, and long-standing staff turnover provide unique clinical and administrative challenges for the DON charged with leading high-quality, cost-effective care in these settings. Each of these industry forces, alone, warrant in-depth discussion that is beyond the scope of this article; our brief mention of these forces serves solely as backdrop for comprehending the complexity, breadth, and depth of demands placed on the DON position.

At the forefront, dramatic increases in long-term care options for home- and community-based, aging-in-place services have resulted in older adults choosing services and settings that either replace or postpone transitions to nursing homes. Consequently, the emerging profile of nursing home residents reflects our most vulnerable older persons (ie, the oldest, with fewest resources and most chronic conditions), challenging management teams’ strategic efforts to maximize revenue sources from a mix of Medicaid, Medicare, and private pay sources. In response, nursing home services have expanded, from the traditional focus on long stay to a range of service options, including intense, short-term care for rehabilitation and convalescence, following hospitalization; and specialty services, such as dementia care in special units, ventilator assistance, postsurgical orthopedics, respite care, and end of life/hospice.

Amidst these market forces, culture-change movements, such as the Pioneer Network, are gaining momentum, prompting shifts from traditional institutional nursing home models of care to residential and social models that emphasize person-directed care. Heavy regulation and human resources challenges relating to staff education/training and high turnover add additional layers of complexity to these work environments. Widespread turnover rates include 41% for RNs, 50% for licensed practical/vocational nurses, 66% for unlicensed caregivers, and 38% for DONs, although turnover among DONs has been reported to be as high as 147%. Given the overriding impact of regulation and enforcement systems on nursing home care, in-depth
discussion of this topic follows under a separate section.

Each of the industry forces mentioned in this section places unique demands on nursing management personnel; when combined, the expanded breadth and depth of role requirements for current DONs are staggering and well beyond the forces confronted by DON predecessors of the past. Identification of these role demands is essential to developing a profile of DON position requirements and competencies needed to maximize role capacity.

EDUCATION AND PROFESSIONAL DEVELOPMENT CONTEXT

Advanced educational and professional development programs are available for RNs seeking leadership and management/administrative positions; however, widespread utilization of these opportunities is not reflected in nursing home DON demographics. According to 2004 National Nursing Home Survey data, education levels of DONs were as follows: 56% held an associate degree or diploma in nursing, 30% a baccalaureate degree in nursing, 5% a master’s degree in nursing; and 13% held a nonnursing bachelor’s or master’s degree.20 Approximately one-third of DONs held some type of certification, with 12% holding certification in nursing administration in long-term care.20 Less than half of the more than 16 000 DONs belong to 1 of 3 national nursing organizations that support the professional development of nursing home DONs, including the American Association of Nurse Assessment Coordinators, National Association Directors of Nursing Administration/LTC, and the American Association for Long Term Care Nursing (AALTCN).21

The available data suggest that many DONs rely on their nursing education as a foundation for developing the competencies needed for this management and administrative position. Notwithstanding the fundamental nursing debate regarding associate degree versus baccalaureate degree for RN entry to practice, nursing programs, in general, focus primarily on clinical competencies, with little regard for the leadership and management knowledge, skills, and abilities needed for nurses to prepare for management and administrative positions. The high turnover among DONs may, in fact, be indicative of the stressors and burdens placed on a workforce that is ill prepared to execute expected roles and responsibilities.

There have been no studies exploring the need for enhanced DON role preparedness or the link between nursing education and outcomes. However, there is evidence that the experience and tenure of DONs are associated with better resident outcomes22 and high turnover of DONs impacts staff’s perceptions of positive communication and teamwork.23 There is also some evidence of the need for DONs to have formal preparation in human resources management,6,7 and limited training of nurse leaders was identified as a barrier to implementation of quality improvement programs.8

Barriers to DONs attaining advanced education and professional development for this nursing leadership and management position are complex and likely stem from a combination of academic, policy, organizational, and professional nursing factors. At one time, finding accessible programs for RNs to advance their education to a baccalaureate level was a problem5; however, today there are numerous RN to BSN programs, including many online programs. For the majority of our nation’s nursing homes—as Medicare/Medicaid-certified facilities—RN licensure is the only requirement for a DON, suggesting RN licensure at an associate degree level “qualifies” a nurse for this critical nursing management/administrative position.

Unlike the professional development opportunities that exist for nurse managers in acute care sectors and some of the larger nursing home chains, there is a dearth of in-house leadership and management training programs afforded to DONs working in many of our nation’s nursing homes. This nursing home-acute care system gap in professional development support is heightened
when considering that hospitals generally employ baccalaureate-prepared nurses for management positions, and discussions continue regarding the need to raise requirements to a master’s degree.24 The nurse administrators of Magnet-designated hospitals held a minimum of a master’s degree and at least 1 of their degrees was in nursing (BSN or MS).25 National-level certifications are available from 3 professional nursing organizations for DONs interested in substantiating their professional development as a nurse administrator: National Association Directors of Nursing Administration/LTC,26 American Association of Nurse Assessment Coordinators,27 and American Nurses Credentialing Center.28 National Association Directors of Nursing Administration/LTC and American Association of Nurse Assessment Coordinators are specific to nursing administration in long-term care facilities, whereas the American Nurses Credentialing Center addresses nursing administration across all settings in which nurses practice. The American Nurses Credentialing Center certification is available only to baccalaureate-prepared RNs; thus, most DONs employed in nursing homes are not eligible for this offering.

In addition to certifications, a variety of independent, regional, and national professional development opportunities are available to DONs in long-term care; however, barriers to DON participation in these opportunities include limited organizational resources (ie, time and money) to attend these programs. Furthermore, while some programs focus specifically on the DON role (such as offerings from University of Washington Continuing Nursing Education29) and nursing leadership to support the care of older adults (such as the STTI Geriatric Nursing Leadership Academy30), the report, Scanning the Field: Nursing Leadership in Long-Term Care, found that “most programs focus on basic supervisory skills.”31(p4)

In recent years, federal agencies and foundations have responded to gaps in nurses’ preparation for geriatric nursing leadership positions, with offerings from the following: the Health Resources and Service Administration Comprehensive Geriatric Education Program grants, focused on nursing leadership and the DON role in nursing homes; and funding initiatives from regional and national foundations (eg, Commonwealth Fund; Robert Wood Johnson Foundation; John A. Hartford Foundation Building Geriatric Nursing Capacity), focused on advancing geriatric nursing practice, education, research, and leadership.

Professional nursing contributions to developing the capacity of the DON position in long-term care settings began 25 years ago with the American Nurses Foundation (ANF) initiative to improve the quality of nursing home care by strengthening the professional practice of DONs in these settings.32 Almost 20 years later, other professional nursing resources emerged to offer guidance for understanding of the scope of the DON role and role requirements, although, to date, a consensus among leaders in the nursing home industry does not exist. DON competencies specific to long-term care have been published by the Long Term Care Professional Leadership Council (LTCPLC)33 and the American Health Care Association’s (AHCA’s) Radiating Excellence program,34 and most recently by the AALTCN.35 More generic, the American Nurses Association’s (ANA’s) recently revised Scope and Standards for Nurse Administrators proposes responsibilities and qualifications for nurse executives and nurse managers, with broad application across healthcare settings, including nursing homes.36 Highlights from each of initiatives are summarized in the following text, with more specific details regarding the competency categories listed in Table 1.

Most recently, the AALTCN practice committee developed a position description and related core competencies for the director of nursing/nurse executive.35 Major responsibilities of DONs were categorized as (1) administrative (eg, creates system, processes, and programs to achieve the mission, goals, and strategic plan for the nursing organization); (2) clinical (eg, ensures evidence-based assessments and interventions are utilized);
Table 1. Summary of responsibilities and qualifications of directors of nursing from 5 national initiatives/organizations

<table>
<thead>
<tr>
<th>American Nurses Foundation</th>
<th>American Health Care Association</th>
<th>Long Term Care Scope and American Professional Leadership Council</th>
<th>ANA Standards for Nurse Administrators</th>
<th>American Association for Long Term Care Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational management</td>
<td>Leader</td>
<td>Coordinating and executing nursing services and monitoring and evaluating the outcomes of nursing care</td>
<td>Develops, maintains, and evaluates: Resident and staff data collection systems and processes to support the practice of nursing and the delivery of resident care</td>
<td>Administrative</td>
</tr>
<tr>
<td>Human resources management</td>
<td>Performance improvement catalyst</td>
<td>Providing nursing oversight</td>
<td>An environment that empowers and supports the professional nurse in the analysis of assessment data and in decisions to determine relevant problems and diagnoses</td>
<td>Clinical</td>
</tr>
<tr>
<td>Nursing/health services management</td>
<td>Interpersonal communication facilitator</td>
<td>Defining the scope of nursing services</td>
<td>Information system and processes that promote desired resident-defined professional and organizational outcomes</td>
<td>Education</td>
</tr>
<tr>
<td>Professional nursing and long-term care leadership</td>
<td>Human resources developer</td>
<td>Ensuring nursing accountability</td>
<td>Organizational systems to facilitate planning for the delivery of care</td>
<td>Staff care</td>
</tr>
<tr>
<td></td>
<td>Resource and finance manager</td>
<td>Quality care assessment and improvement</td>
<td>Organizational systems that support implementation of plans and delivery of care across the continuum</td>
<td>Public relations</td>
</tr>
<tr>
<td></td>
<td>Standards and compliance expert resource</td>
<td>Clinical</td>
<td>Evaluates the plan and its progress in relation to attainment of outcomes</td>
<td>Core competencies: problem solve; conduct root-cause analysis; collect, analyze, and manage data; establish benchmarks; organize and lead meetings; prioritize; prepare and present reports; teach; develop, monitor, and analyze the department’s budget</td>
</tr>
<tr>
<td>Customer service advocate</td>
<td>Administration</td>
<td>Systematically evaluates quality and effectiveness of nursing practice and nursing services administration</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(continues)
Table 1. Summary of responsibilities and qualifications of directors of nursing from 5 national initiatives/organizations (Continued)

<table>
<thead>
<tr>
<th>American Nurses Foundation</th>
<th>American Health Care Association</th>
<th>Long Term Care Professional Leadership Council</th>
<th>ANA Scope and Standards for Nurse Administrators</th>
<th>American Association for Long Term Care Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and nursing oversight</td>
<td>Evaluates personal performance based on professional practice standards, relevant statutes, rules, regulations, and organizational criteria</td>
<td>Maintains and demonstrates current knowledge in the administration of healthcare organizations to advance nursing practice and the provision of quality healthcare services</td>
<td>Accountable for providing a professional environment</td>
<td>BSN required; MSN preferred: certification as a director of nursing or nursing executive/administrator in long-term care</td>
</tr>
<tr>
<td>Recommended qualifications</td>
<td>None provided</td>
<td>None provided</td>
<td>Bachelor’s degree and master’s degree with a major in nursing; doctoral degree in a relevant field (recommended); certification in nursing administration</td>
<td></td>
</tr>
<tr>
<td>1982: baccalaureate in nursing; 1992: master’s degree in nursing administration; desired: experience in nursing practice, middle-management, and long-term care nursing; certification in nursing administration for long-term care</td>
<td>None provided</td>
<td>None provided</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(3) education (eg, ensures ongoing competency of nursing staff); (4) staff care (eg, empowers staff members to utilize skills fully and grow in their roles); and (5) public relations (eg, promotes a positive image of long-term care nursing). Nine core competencies specific for DONs are identified (Table 1).

The LTCPLC, composed of a multidisciplinary task force representing nursing home administrators, directors of nursing, and pharmacists, published The Essential Core Functions for DONs, including detailed descriptions of the responsibilities, knowledge, and skills required for RNs serving in the DON position.33 Core DON functions are organized around 5 principles: (1) knowledge and expertise in care of geriatric and other long-term care residents; (2) experience and skills in leadership, development of nursing systems, management of nursing personnel, coordination of nursing services with other disciplines, basic technology, and quality assurance processes; (3) knowledge of state and federal regulations; (4) development of professional relationships inside and outside the organization; and (5) continuing professional development. Sample responsibilities include oversight of all direct care nursing staff, development of rules for conduct of nursing staff, and holding nursing staff accountable for care delivery. Other responsibilities include evaluation of prospective admissions and conduct of clinical rounds on nursing units. Sample knowledge and skills include basic nursing and geriatric knowledge and application in the long-term care setting. Desired leadership and management skills include communication skills, team building, conflict management, problem solving and critical thinking, and role modeling. Knowledge of the long-term care financial environment and monitoring of the nursing department’s financial performance are also identified.

The AHCA Competencies for Senior Nurse Leaders in LTC: Vision Statement identifies similar competencies, but qualitative differences are evident. This document sets a bar for leadership quality at a higher level, with its opening statement describing “the exceptional nurse leader in long term care.” The AHCA competencies emphasize leadership qualities and skills in addition to management competencies. For example, the LTCPLC states that the DON attends the organization’s quality improvement meetings and participates routinely in ongoing efforts to improve nursing care quality.39 In comparison, the AHCA states that the DON models quality improvement for staff, identifies improvement opportunities, examines problems in relation to systems rather than individuals, uses data to solve problems, gives and accepts feedback on performance, and celebrates successes.37(pp7–8)

Although written 25 years ago, the Professional Practice for Nurse Administrators/Directors of Nursing in Long-term Care Facilities (Phase I) was a very forward-looking view of the DON in the nursing home setting and is organized into 4 categories of competencies: organization management, human resources management in nursing, nursing/health service management, and professional nursing and long-term care leadership. Many individual competencies are the same or similar to those identified by the LTCPLC, the AALTCN, and the AHCA, but there are key differences in scope and level of expertise. The ANF competencies describe an executive and leader for the larger organization in addition to the nursing department. The role is marked by integration into high-level facility operations and leadership, and respect for the knowledge and abilities brought to the organization by the DON are evident in her or his participation in decision making about wages, human resources decisions, policy development, and other areas.

While not specific to long-term care, the ANA Scope and Standards for Nurse Administrators addresses nurse administrators in all care settings. The document notes that the nurse executive “participates in the leadership of the healthcare organization as a full member of the executive team,”6(p6) including strategic planning for the organization and
The Role of the Director of Nursing in Nursing Homes

The responsibilities for the nurse executive are listed as 14 standards of practice and professional performance, with accompanying criteria for each standard. These standards and criteria emphasize the leadership and accountability of the DON and the knowledge base for nurse administrator practice such as data management, organizational behavior and development, professional practice environment, strategic visioning and planning, and systems for patient safety. The ANF and ANA competencies specify that the DON have, at a minimum, a bachelor's degree and a master's degree with a major in nursing, and certification in nursing administration. The AALTCN competencies specify that the DON have a bachelor's degree in nursing and a master's degree preferred along with certification as a DON or nurse executive/administrator in long-term care. The education and qualifications of DONs were not addressed as part of the AHCA and LTCPLC competencies.

While there have been efforts over the past 25 years to specify competencies and qualifications for DONs in nursing homes, there have been no large-scale consensus efforts from professional nursing organizations, nursing academia, or the nursing home industry to apply these competencies and qualifications to policy/regulation, position descriptions, education curricula, or national certification. This is evident from the current profile of DONs in nursing homes. A review of DON position descriptions available on the Internet and the long-term care clinical literature emphasize daily management functions rather than leadership and providing strategic direction for nursing within the organization. A lack of consensus regarding the scope of the DON position is evidenced in the literature. Ballard's study of DON roles found that DONs believed that the most important factors to their effectiveness were gaining support from the nursing home administrator and having human management skills. In comparison, the nursing home administrator in that same study noted that the DON's human management skills, and knowledge about governmental and accrediting agencies were the most important factors for DON effectiveness. Arojan and colleagues identified disparate reports of DON roles in human resources management, professional nursing, and leadership, based on DON management tenure, age, and continuing nursing education. Mueller identified variations in DON leadership and management of financial resources because “over a third of DONs were minimally or not involved in activities that establish or determine direction and resources to administer the nursing department.”

POLICY AND REGULATION

Most nursing home DONs are employed in Medicaid- and/or Medicare-certified facilities, thus falling under the regulatory realm of the Centers for Medicare & Medicaid Services (CMS) and—in tandem with state Medicaid agencies—the public funding mechanisms that provide more than half of the revenues for nursing home care. Tellis-Nayak and Duss surveyed DONs in Virginia and found that leading causes of DON frustration were the state survey process and long-term care regulations.

Overarching discussions and debates regarding the effectiveness of current regulatory and funding systems have linkages to the DON role and capacity to ensure delivery of high-quality, cost-effective nursing home care. On one side of the discussion, CMS surveyor guidelines serve as a resource for enhancing the DON capacity to lead and manage evidence-based practice and quality care because many CMS guidelines contain clinical content that is consistent with published professional clinical guidelines and nursing home best practices. Alternatively, it can be argued that nursing home regulation—as an external quality control measure—has contributed to tendencies of DONs to rely on regulation and survey experiences for their primary resources and clinical frameworks, creating inherent barriers to a DON’s capacity to
professionally self-regulate and develop effective internal quality controls. In such cases, DONs may be professionally isolated and have limited awareness of the plethora of professional resources that can support their capacity to organize and oversee care delivery practices that comply with nursing home regulations, including Web-based resources, gerontological nursing journals, and published clinical practice guidelines. DONs' focus on regulation and the survey process may be in response to what many industry leaders refer to as an overly prescriptive regulatory system that incorporates a punitive and subjective regulatory environment. Alternatively, DONs' focus on regulation and survey may be a reflection of their inadequate educational preparation and experience to effectively and efficiently navigate regulations and the survey process.

Maintaining implementation of regulatory requirements over time, whether perceived as compliance or continuous quality improvement, is challenging for DONs. The mandated, minimum regulatory requirement for the DON position—RN licensure—has ramifications for the overall quality of nursing practice in nursing homes and competent implementation of the DON role, demonstrating why state and federal nursing home regulations are commonly referred to as providing the "floor" or most basic of standards to be maintained. Although the DON is typically responsible organizationally for providing sufficient nursing staff and quality services, he or she may serve as a charge nurse when the facility has an average daily occupancy of 60 or fewer residents.\(^42\),\(^43\) Clearly, the federal health policy related to DON qualifications has had profound ramifications on the overall quality of nursing practice in nursing homes and competent implementation of the DON role.

**ORGANIZATIONAL CONTEXT**

As leaders in the nursing home industry, academia, practice, and policy grapple with establishing consensus for the scope of the DON position and the requisite education, training, and/or certifications needed to enact this role, the DON's job is commonly referenced as "impossible" or "the most difficult" in the nursing home setting. Approximately 48% of DONs in a Virginia study reported that they would not recommend the DON position to other RNs and approximately 60% recently considered quitting their job.\(^44\) Factors contributing to these reports may include the organization's DON job design, the scope of DON roles and responsibilities, and the organization's hiring practices and professional development opportunities. To start, recruiting for a DON position can be problematic within a context of the larger healthcare employment arena because competition is steep for RNs with administrative, leadership, and management competencies. Higher RN wages in other healthcare settings\(^45\) place nursing homes in unfavorable positions to attract the most qualified applicants. Coupled with the stigma of these long-term care settings, the pool of qualified and interested candidates is further diminished.

Fundamental elements of DON job designs, scope of roles and responsibilities, and resources to hire adequate numbers of professional nursing staff may also contribute to the undesirability of this position. For example, while many management positions involve 7-day/week responsibility, staffing in the nursing home may warrant little release time for the DON, unless the organization also employs an assistant DON with RN licensure. In facilities that employ greater numbers of licensed practical/vocational nurses, the DON is often the only RN in the facility, adding an expanded scope to the DON's clinical role. Furthermore, in settings with 60 or fewer residents, DONs commonly extend beyond their own direct responsibilities by fulfilling charge/staff nursing roles to ensure adequate nursing care coverage.

Given a limited pool of qualified and interested DON position applicants, RNs are often hired for these critical nurse administrator/manager positions without the requisite educational preparation and
experience in management and administration needed to meet the demands of this job. These hiring practices impact the organization’s person-job fit, defined as (1) the match between [the DON’s] competencies, (ie, knowledge, skills, and abilities) and the job requirements (ie, needs and associated demands), and (2) the match between [DON] job requirements, job characteristics, and the [DON’s] personal job-related preferences and needs for employment. Imbalanced job-person fit has implications for the organization, the DON, the staff working under and with the DON, and the quality of care delivery. Reports of DON role ambiguity, role conflict, role inconsistency, and/or inadequate role training highlight a critical need for tailored organizational interventions that attend to gaps in person-job fit. Organization-sponsored professional development opportunities focused on leadership and management education provide a fundamental mechanism for addressing the competency aspect of person-job fit. A CMS report identified, “Strong leadership among ... [DONs] as well as unit supervisors was critical but frequently absent, in part because no training was provided for supervisory roles in nursing facilities.” The IOM recommended that “nursing facilities place greater weight on educational preparation in the employment of new directors of nursing.” Most recently, the Institute for the Future of Aging Services issued a long-term care workforce report acknowledging the need for greater leadership and management training in nursing homes and providing recommendations for potential initiatives to address this need.

RECOMMENDATIONS

This article provides a provocative perspective of factors that challenge the current and future capacity of DONs to function effectively in a role that is pivotal to ensuring high-quality, cost-effective nursing home care. While there have been numerous strategies to improve nursing home care in the United States (eg, regulations, quality report cards, national campaigns), attention to the DON position—as a key strategy—to support the delivery of high-quality, cost-effective care has been sorely neglected. This article highlights the need for a coordinated national agenda for research and educational and policy-level support for widespread advancements in the requisite training and education needed to enhance DON knowledge, skills, and abilities for this critical nursing leadership position. If we are to adequately prepare DONs and the nursing home industry for the aging wave population, professional nursing organizations, nursing academia, the nursing home industry, long-term care policy makers, nursing home organizations, and consumer advocates must be collectively engaged in promoting and supporting this national agenda as a priority.

As a basis for academic, professional, and policy-level directions, research is needed to systematically identify evidence-based roles, responsibilities, and the related essential competencies and qualifications needed to maximize the capacity of the DON position, based on the unique needs and demands of the nursing home industry. Research studies are also needed to better understand the organizational factors that promote and support DON role performance (ie, job designs, infrastructure, resources, etc) and the clinical and cost-effectiveness of enhanced DON leadership, management, and administrative practices.

Evidence-based roles, responsibilities, competencies, and qualifications will inform directions for (1) nursing home policy that sets standards for DON qualifications (ie, education, experience, certification, etc) and (2) educational curricula that supports nursing students' development of the leadership, administration, and management competencies needed to meet the organizational and clinical challenges inherent in these settings. Master's and doctoral nursing programs, in particular, will benefit from this research because preparation for nursing management and administration positions is most
congruent with course work at these levels. The findings can also provide evidence-based support for continued federal funding of Health Resources and Service Administration nursing leadership educational programs, and initiatives from foundations such as the Robert Wood Johnson Foundation, The Commonwealth Fund, and the John A. Hartford Foundation.

Since Lodges’ seminal work in 1985, little progress has been made to ensure the development of a well-prepared and supported workforce of DONs in our nation’s nursing homes. As long as clinical education in an associate degree program and RN licensure are considered sufficient qualifications to lead and manage a nursing department, aspirations for and definitions of excellence reach only as high as the individual DON’s knowledge and abilities can take them. With the aging baby boomers, there is heightened urgency to enhance the capacity of our nursing management. We cannot afford to wait another 25 years.

REFERENCES


35. American Association for Long Term Care Nursing. Position Descriptions and Related Core Competencies for Long-Term Care Nursing Positions in a Nursing Home. Cincinnati, OH: American Association for Long Term Care Nursing; 2009.