



Front-line staff work has elements that are very demanding, and all applicants might not be willing to meet those demands. To create meaningful relationships, it is important to choose people who are applying both from practical need and, more importantly for your purposes, an eagerness to serve the residents of your home. After initial open-ended questions, you might gradually become more specific as the interview progresses, tailoring the interview to focus on the requirements of the position. Thorough reference and



background checks may help screen out unsuitable candidates. For more on structuring your interview and the

various types of background checks to consider see Allen, 2003.

Not all applicant pools are going to produce ideal candidates when there are vacancies in any given organization. Because of this, it may prove beneficial to occasionally hire exceptional applicants even when you have no current openings.

When a person who is right for the organization applies for a job at Windsor Place in Coffeyville, he or she is hired

even if an open position does not currently exist. Temporary positions can be created for the person until the right position opens up. This philosophy has also been adopted by Doug Frihart at St. Joseph's Village in Manhattan. Even though there may not be any openings at the time, hires are occasionally made when an applicant exemplifies the qualities and values of the organization.



Once a suitable cadre of front-line staff are hired, how can they be retained?

Retaining and Maintaining Staff: Staff Contentment and Quality of Care

Turnover is a constant issue in long term care. Research on long term care facilities in Kansas, California, and Wisconsin suggests five key factors influence turnover.

1. Motivational, high quality leadership and management that provide positive feedback and encouragement.
2. Leadership that consistently values and respects nursing staff (including direct care providers) and residents through a supportive internal work culture.
3. Positive human resource support,



both in wages and benefits as well as in developing skills, flexibility, scheduling, career ladders, etc.

4. A thoughtful, ongoing work culture that motivates while supporting and encouraging effective changes.

5. Adequate staffing ratios to allow for quality care. (Eaton, 2001).

Let's assume qualified staff have been hired. Establishing mentor programs is one way of strengthening staff performance and creating a system whereby staff have access to competent role models. Elderwood Affiliates based in New York established mentoring programs in its affiliates. CNAs with exemplary employment and service records were eligible to be mentors for incoming staff. Riverwood Health Care Center, an affiliate who adopted the program, reported that the program reduced turnover across the board and helped to establish and reinforce a working environment that employees did not want to leave (Hoban, 2001).

Involving staff in planning care and providing ongoing training in a variety of formats are important components of facilitating change (Lindeman et al, 2003). It can also help reinforce their sense of value. Research has uncovered correlations between management's failure to acknowledge the importance of staff's professional observations while on the job as a factor in turnover (Noelker and Ejaz, 2001). Encouraging staff feedback and rewarding staff-

generated improvement are two possible avenues for improving job satisfaction.

Self-Scheduling

Allowing CNAs to develop their own schedules is a relatively easy way to alleviate the possible work/private life tensions they feel. It fosters a perception that they are trusted and valued by directly involving them in the management process and, by extension, cuts employee turnover. Although permanent resident assignments after scheduling are the ideal, some staff may benefit from a change of scenery in order to keep an evolutionary and challenging feel to their work schedule. First hand interviews with front-line workers have suggested that rotations every four to six months would be the ideal (Weiner and Ronch, 2003).

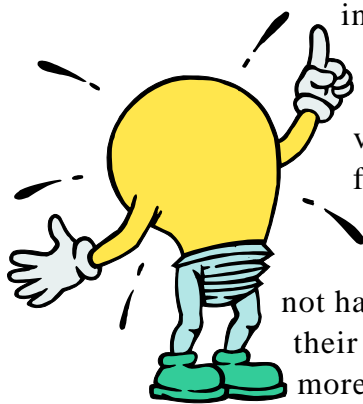
Being creative with staffing may also be helpful. When staff are allowed to think "out of the box" about staff scheduling, they may be able to develop alternative shifts that make it more flexible and convenient. This, in turn, makes them more likely to stay on the job.

At Meadowlark Hills' Collins House, staffing is in four hour blocks of time and they use a staggered pattern, meaning that not everyone starts their shift at the same time. This was done in response to groups of staff arriving early and waking residents in their search for something to do. The staff have found



that staggered scheduling is beneficial for meeting the needs of the residents and has increased flexibility for staff.

It is important to try to recognize the potential psychological benefit for staff of directly involving them in the overall planning of scheduling and other day to day operations of the organization. With flexibility and confidence can come



increased participation. Staff may provide valuable feedback from their hands-on experience that management might not have discovered on their own. Naturally, the more connected the staff feel with the

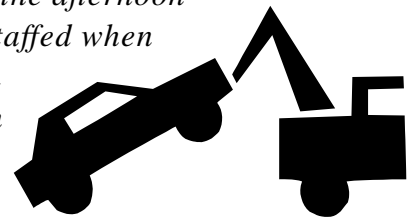
organization, the more proactive they will become in offering suggestions and information geared toward better resident service. Accepting the idea of CNAs gaining greater control over their own scheduling requires administrators to shape their interactions with staff from a position of respect born from empathy. This approach can be more effectively practiced by better understanding staff cultural differences. We will examine staff culture in more detail later. Let's first look at an example of how fixed schedules can increase staff stress levels and lead to problems.

Flexible Scheduling Activity: The Pros and Cons

Try this activity as a brainstorming session with people responsible for management and scheduling, including CNAs and any others who may be shifted into self scheduling. Read the case study aloud and then answer the questions following it.

Case Study: I only have two hands

Cathy is a single parent and works as a CNA at Golden Homes Community Center. She is scheduled to work six hour shifts every Thursday. It's late in the year and a number of staff have been sick. Because staffing numbers are already at a minimum, illness has led to a number of shifts with skeleton crews. Cathy is the only CNA on duty one Thursday afternoon. The previous week she had left the afternoon shift short staffed when she'd gotten a flat tire on the way to work. She receives



word from the school that her daughter is not feeling well and wants to come home. Cathy is torn about what to do. She believes the administration was upset about her late arrival the previous week, but she doesn't know anyone who can pick up her daughter and tend to her needs. Cathy doesn't feel like her position is very important to her boss. It seems more important that someone,



anyone, just be there to fill in the gaps. She's afraid she may be fired if she leaves and begins to consider walking off the job.

1) What factors are influencing Cathy's thought processes and actions as she contemplates leaving her job?

2) What are some flexible approaches to staff scheduling that might improve the situation in the example above?

3) If Cathy walks off the job, is she being irresponsible? Please explain your answer(s).

4) What are the potential drawbacks of flexible staff scheduling?

5) What steps could be taken to guard against possible problems with flexible scheduling?





Administration and Staff: A Mandate for Change through Role Modeling, Commitment and Understanding

*“Example is not the main thing
influencing others. It is the only
thing.”*

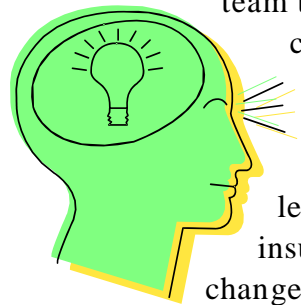
~Albert Schweitzer

As discussed above, successful implementation of permanent staffing is a key component of culture change. Ensuring that staff feel valued within an organization is a charge of administration. An improvement in staff perceptions is one possible result of effective leadership through role modeling. Leadership should become familiar with the cultural components that comprise the whole of their long term care home in order to effectively prepare and involve staff and residents in the implementation of culture change. Combining the aforementioned innovations with the eventual reassignment (or dramatic reduction) of mid-level management will move the culture change concept into practice. Strategies for embracing change in hierarchical structures will be discussed in more detail later in this section.

As noted above, role modeling is one avenue for improving job performance

and employee retention. Effective role modeling is equally important for administration when promoting culture change. Turnover is seldom seen as beneficial in front-line staff, and the same belief should hold true for administrators, directors of nursing and other leadership members.

The culture change process can stall or fail when part or all of the administrative



team that envisioned the change chooses to leave. Some have tried to quantify the time necessary for a leader to stay in place to insure that deep culture change will be sustainable over time. A commitment of

at least seven to ten years is sometimes stated. Currently the average tenure for nursing home administrators in Kansas is just over three years. (The 2002 turnover rate was 30%). However, the exit of an administrator does not necessarily have to spell a retreat from culture change. Culture change is, after all, an organization-wide phenomenon. Although it is critically important for administrators to share in a commitment to culture change, that commitment should ideally be practiced throughout a care home. When a new administrator is chosen, care can be taken to bring in someone who will best support the trajectory and goals of the home's culture change program.



Beyond the impact that leadership tenure may have on culture development, a leadership team that is not committed to the organization over the long term may foster feelings of instability and fear in the front-line staff. Staff members may experience insecurity wondering how a change in leadership will affect their job, hours, assignments, relationships and status. Encouragement from members of the leadership team and peers, recognition of effort and accomplishment, a career ladder or opportunity for advancement system, and stability in other areas of work may relieve fears and encourage the staff members to stay with the organization through the changes (Gipson, G., 1999). If culture change is properly supported by interim leadership and a clear commitment to change is communicated at all levels, feelings of insecurity among staff can be minimized.



For instance, a mentor program among staff may require a period of trial and error as administration develops methods for selecting suitable mentors for incoming staff. Culture change requires a balance that isn't rushed but, at the same time, resists the lure of stasis. What works and what doesn't needs to be shared and evaluated throughout a facility. In this way, even if key administration leaves, the rest of the organization will know how to proceed and what to look for in new leadership.

In order for culture change strategies to be effective they must be coupled with building a sense of value. In order to hire, train, and maintain a cadre of capable and genuinely effective front-line staff, they must feel their work is valued by the organization. Staff should feel valued for the individual personalities and contributions they bring to the floor. Flattening hierarchy can alleviate staff perceptions of being 'on the bottom.' Combining a flattened hierarchy with an improved understanding by management and administration of the backgrounds, values, and interests of staff can go a long way toward infusing positive meaning into leadership's relationships with staff. Let's look more closely at flattening hierarchy and then at developing a more empathetic administrative outlook toward staff.

Logically pacing culture change is important. Sometimes new methods of operation must be adopted slowly. Other times improvements can be initiated more rapidly (Weiner & Ronch, 2003).





Flattening Organizational Hierarchy

“Outside of national armies, few people inhabit organizations that are as rigidly compartmentalized and uniformly hierarchical as the American nursing home . . . The slope of the skilled nursing facility’s organizational pyramid is steep and the people at the bottom tend very much to stay at the bottom. Careful observers have noted how these organizations socialize staff and residents in ways that encourage them to accept the ‘chain of command’ as an unavoidable fact of life.” (Weiner & Ronch, 2003, p. 150).



In order to retain an increased number of long term front-line employees, administrators and supervisors must be willing to evaluate their perceptions of an organization’s authority structure in order to make relational and physical changes where needed. Flattening management hierarchy is one method of restructuring. The more hierarchical the “chain of command” the more front-line staff will perceive themselves as the bottom of a pyramid.



Overcoming or alleviating that perception could greatly improve a given facility’s working culture. Thinking about and promoting the idea of a care home as an interconnected web or network of caregivers and residents is one way of changing psychological perceptions of hierarchy.



Removing managerial layers does not necessarily mean that people will lose their jobs. It means that jobs will be realigned to better match the new philosophy of care. It is a way of encouraging front-line staff to be in partnership with leadership in the decision-making process. Management and staff need not fear a loss of employment; they simply need to be willing to learn new things and accept structural changes.

In a typical hierarchy, decisions must go through a chain of command. When that happens decisions are usually made far from the residents who will be affected.



Case Study: Happy Birthday?

Mrs. Smith has told her care assistant that she would like to go shopping for a gift for her granddaughter. The care assistant reports the request to the charge nurse.



Requests such as these are rare in this particular home, so the charge nurse passes the information on to the director of nursing. The director of nursing recognizes this as an issue for the transportation director who determines if there is a van and driver available. Unfortunately, the whole process has taken so long that the granddaughter's birthday has come and gone without a present from her grandmother.

The idea behind flattening hierarchy is to give the aide closest to Mrs. Smith the information, skills and resources to determine how to best fulfill the request. Ideally Mrs. Smith and her aide could have been off to the mall within the hour.



This process becomes easier when neighborhood teams are formed. These teams share the decision-making duties. Leadership support is crucial for the

success of unit teams. While the team has primary responsibility for monitoring its own performance, it can count on leadership for coaching and other help whenever it is needed by the neighborhood. Leadership continues to monitor team performance, but it steps back allowing the team members to realize that the completion and quality of their work is up to them.

Strategies for Implementing Teams

When Schowalter Villa in Hesston decided to enhance the staffing in its neighborhood communities a layer of management was removed. Three positions in nurse management were discarded, and members of the nursing team were transformed into Community Directors. One served each of the neighborhoods. Additional CNA and CMA positions were added and the staffing ratio increased from 3.79 to 3.99.

Another method for removing hierarchy is to reduce the number of departments. At Meadowlark Hills, many of the once centralized services were moved into the households. Each house has its own social worker and activities person (called a life enhancement coach). Therapy workers come to the household. Dietary and housekeeping services have merged, and all staff are trained to provide the necessary help for the residents.



Managing Realignment

Diane Dixon explains that misalignment occurs when staff cannot accept new assumptions, beliefs, and values. Staff empowerment is likely to be threatening to a nurse manager who is not accustomed to sharing power with nursing assistants. Likewise, nursing assistants may sometimes have trouble accepting power and they may not be willing to make decisions (Weiner and Ronch, 2003).

One strategy for implementing culture change is to develop decision-making teams for each neighborhood within a given home. Typically, these teams are made up of the people that live and work within each of the units. These teams still need occasional guidance from leadership. Care needs to be taken to support and encourage individual staff chosen to lead to ensure that self-guided teams are effective and efficient. An organization may face various challenges during realignment including some of the following difficulties:

- ❖ Persons selected for these positions may be chosen for their leadership skills. When they have taken over leadership, however, there is the possibility that a staff member



might become dictatorial. Potential leaders need to be effectively trained to ensure they remain respectful and supportive of the team, even as they lead it.

- ❖ Persons selected as leaders have discovered that they have had to give up the more casual relationships with their peers to become one of the “management team.” If support and incentives are not offered, front-line staff leaders may decide to step down or leave. Incentives could be in-house recognitions (for instance an



employee or leader of the month plaque), ongoing and genuine reminders of the value and importance of their work to the home, or a small raise or bonus.

- ❖ Family members will be slow to transfer their questions and expectations to the front-line staff, preferring instead to appeal to “higher authorities.” While this is a situation that will probably always be an issue with some residents’ families, an efficient, competent staff will be visible to visiting families. As the relational bonds between staff and families grow, so too will their willingness to communicate their praise, suggestions and concerns to staff.



Case Study: We've always done it this way

Nurse Jane had been with the Sunny Valley Nursing Home for twenty-two years. She had been a charge nurse for the past decade and had planned to retire in the next few years. Her administrator had recently been attending conferences and meetings and doing a lot of reading related to nursing home culture change. Jane felt comfortable with the things she was hearing about resident-centered care as she had always been an advocate of resident choice and autonomy, but she was struggling a little with the notion that front-line staff would be making more decisions related to their day to day activities. It was her experience that most of these persons were not capable of making tough decisions, and she was concerned that the quality of care would diminish.

She shared her concern with Eloise, another charge nurse, "How can we trust that the CNAs will make good decisions when they can't even be responsible enough to show up to work when they are supposed to? The Administrator doesn't know what she's doing. Mark my words: in three months we'll be back to doing it the way we've always done it."



Personal Reflection:

What factors may have shaped Jane's perceptions of front-line staff?

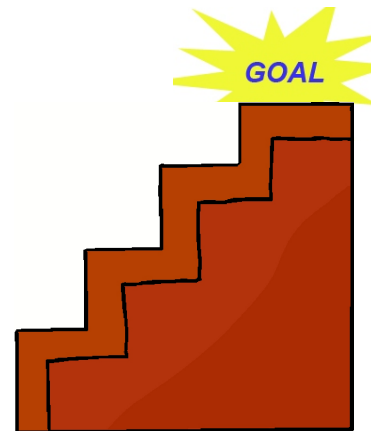
What can be done to help Jane and her co-workers be supportive of the changes involving empowering front-line staff to make resident care decisions?

What steps in the change process could be developed to help Jane feel like she had an important role to play in it?



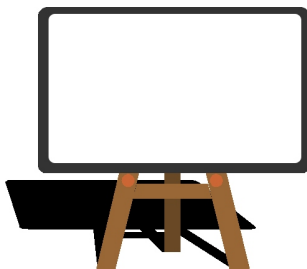
What skills might Jane need to reduce her need to control staff and learn to empower them?

the process. It is not necessary to immediately achieve the ideal situation. It is important to identify small steps that can be taken toward a desired outcome.



Group Activity

With a group of staff, take some time to brainstorm the process of flattening hierarchies in your organization. You



might want to use a presentation easel or posterboard so everyone can view the results as they develop. First develop a flow

chart of the “chain of command” in your facility. Imagine a scenario such as the one in which Mrs. Smith wanted to go shopping for her granddaughter’s birthday. Discuss how long it would take to make such an excursion happen in your organization. One of the concepts of culture change is to create a spontaneous environment for residents. Requests should be honored as easily (or nearly as easily) as they are in the person’s own home. If this is not possible in your organization, discuss ways to improve

Then brainstorm strategies for reducing the resistance to flattened hierarchies and departments. (Examples might include: working with local nursing schools to develop nurse leadership training programs, improved orientation for nursing within your organization, clearly written job descriptions, etc.)





“Being Green”

A methodology for understanding the professional and emotional needs of front-line staff and filling those needs through administrative understanding and organizational empowerment

Let’s face it, CNAs aren’t getting financially rich working in the field of extended care. Research has demonstrated that low pay is a primary factor determining lack of CNA job satisfaction (Noelker and Ejaz, 2001). However, giving front-line staff other sources for enrichment can reduce turnover, fuel interest in their duties, and maintain their loyalty to the organization and the people under their care. Some staff may look at their position as a stepping stone to a promotion, as an internship that is part of their larger educational goals, or as their primary source of employment and financial viability. For all of these, indeed for most employees in almost any field, the extent to which they feel valued is a key component in their positive contributions as employees. Their sense of value will also contribute significantly to whether or not they stay with an organization for an extended period of time. One avenue for instilling value is through empowerment. Empowerment is embraced (by administration) through empathy, and empathy comes from a better understanding of those whom you intend to empower.



Consider these words as sung by the immortal Kermit the Frog:

*It's not that easy bein' green
Having to spend each day the color of
the leaves
When I think it could be nicer being red
or yellow or gold
Or something much more colorful like
that*

*It's not easy bein' green
It seems you blend in with so many other
ordinary things
And people tend to pass you over 'cause
you're
Not standing out like flashy sparkles in
the water
Or stars in the sky*

*But green's the color of Spring
And green can be cool and friendly-like
And green can be big like an ocean
Or important like a mountain
Or tall like a tree*

*When green is all there is to be
It could make you wonder why
But why wonder, why wonder?
I am green and it'll do fine
It's beautiful!
And I think it's what I want to be
(Raposo, 1970).*



Empowerment is about making front-line staff proud of who they are, dedicated to what they do, and loyal to the organization and people they serve. Empowerment is a key step toward making it easy to be green.

Because of their often low rates of pay, CNAs may be living at or near what is classified as the poverty level in the United States.



Every paycheck might be spent as soon as it is received, often on bills or food. CNAs may be supporting children, and they may or may not have the assistance of a spouse in the support of those children. The combination of low wages and heavy responsibilities can take a toll. Research on CNA job satisfaction found approximately 1/3 of the participants had the symptoms of clinical depression (Noelker and Ejaz, 2001). Providing effective, empathic leadership for staff whose life experiences may be consistently very different from those of administration is an important step in meaningfully incorporating lasting culture change in long term care.

Remember the list of residents' relational needs outlined at the opening of the module? Ruby K. Payne has developed a model for understanding poverty that contains a similar list. According to Payne, people in poverty get by through a lack of certain resources that others in

financially wealthier classes often take for granted.

Payne's model of critical resources includes:

- ✓ **Financial resources** - self explanatory
- ✓ **Emotional resources** - ability to control emotions, stamina, stability
- ✓ **Mental resources** - having ability and skills (readings, writing, computing) to deal with daily life.
- ✓ **Spiritual resources** - believing in divine purpose (as opposed to fate, lack of control)
- ✓ **Physical resources** - being physically able, healthy
- ✓ **Support systems** - having friends, family, and back-up resources
- ✓ **Healthy relationships/role models** - especially relevant to children, having access to role models, nurturing adults
- ✓ **Knowledge of hidden skills** - knowing the unspoken cues and habits of a group (Payne, 1998).

This model represents a list of items that, although critical for maintaining one's position in other socioeconomic groupings, people in poverty often live without. This model, like the earlier relational model, is not one size fits all. Obviously there are extremely wealthy individuals who are not spiritual, just as there are impoverished individuals who have valuable role models. However, the extent to which the resources in the list above are lacking from individuals' lives



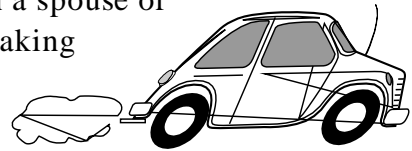
can determine the depth of poverty they find themselves in.

Payne's model is especially important for our purposes because she considers emotional resources, often tied directly to the accessibility of competent role models, as the most important resource a person living in poverty can retain. Through emotional stability and support, a person can grow a self-preserving drive for increased knowledge, persistence through times of instability, and greater control over life choices (Payne, 1998). This concept has ramifications for long term care facilities.

Front-line staff who may be living paycheck to paycheck can experience wrenching economic and emotional strains in their lives suddenly due to something as simple as a vehicle breakdown. If a long term care facility maintains a relatively inflexible scheduling system, amendable, short-term tragedies in the lives of staff have the potential to become professionally catastrophic events. An easily remedied situation for someone with financial stability might force some staff to leave their jobs (or possibly face termination) because of outside circumstances they cannot control.



This possibility adds importance to the earlier discussion of staff scheduling. Allowing CNAs to schedule their work around their personal responsibilities (sharing a vehicle with a spouse or roommate, taking children to a babysitter or picking them up from school, occasionally attending a training seminar or taking a course) will send front-line staff the message that they are valued. Letting staff adjust schedules in response to unforeseen emergencies lets them know the organization cares about their well being.



Respecting the lives of staff outside of work is an important component in improving their overall performance and emotional well being. This doesn't mean an organization should allow flagrant abuse of schedules or scheduling procedures, but hiring genuinely interested staff and respecting their needs will often prevent scheduling abuses.

A long term care facility is an interconnected environment. Unhappy or unappreciated front-line staff are the care home's face when interacting with residents and their families. Their perception of their own value within the organization will influence their interactions with others during work hours. Additionally, the opinions and perceptions staff inevitably relay to acquaintances outside of the home can also influence the larger community's



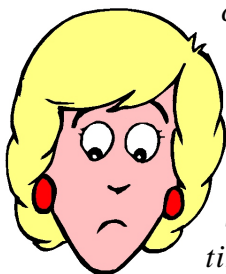
perceptions of an establishment. Improving job satisfaction can provide dividends in the form of increased community support.

Case study: Holding a short leash

Greg had been the administrator of Goldenbough Estates for nearly three years. He was tired of all the turnover. Two more staff had quit the previous week and one of his nurses fired a CNA outright for calling in sick for a shift again. He didn't understand it.



The number of sick days was unacceptable as far as he was concerned. When he got sick he went to the doctor, got some antibiotics, and went back to work. Some staff seemed to constantly be sniffing and sneezing, and inevitably they'd miss a few days of work. They never seemed much better when they came back. Summertime was crazy. There were a couple of staff who



constantly seemed to have family issues that took them away from their employment. One of them, Gwen, seemed to spend more time frowning at her feet than smiling at the home's residents. Frankly he wasn't particularly sad when Gwen up and quit the previous

week. However Ruth, the other employee who followed Gwen out the door, had been more reliable. Greg wondered why Ruth's head nurse hadn't done something to convince her to stay. Greg prepared to draw up an overhaul of scheduling and attendance. He was going to put a stop to the foolishness once and for all, and if current staff wouldn't abide by the new rules, he would find some who would.



1) What are Greg's assumptions about staff and staff behavior?

2) How might Greg's judgements about staff contribute to his staffing woes?



3) What might be some of the factors affecting staff attendance?

4) How might necessary motivators (like the need to take time off to care for a sick child) be better supported by the facility?

5) What are some constructive ways of limiting possible scheduling abuses by some staff?

Conclusion

Hiring, training, and maintaining effective permanent and consistent staff is a hallmark of effective culture change. Coupling positive staffing procedures with proactive leadership and flattened hierarchy can nurture an improved sense of community in long term care. With these critical structural changes as a starting point, new and renewed relationships may be developed throughout the organization. The ideal end result is a supportive network of management, residents, and staff working together to improve the quality of work and quality of life for everyone in the facility.



Projects

The following list may generate ideas for a project you may wish to start in your home. Some projects are more appropriate for organizations just beginning the process of change while others may be activities that will help those who have already started change to reassess their progress. Some of the suggested projects are continuations of activities described in this module. Each will be followed by suggestions for assessment and evaluation that will provide information about successful or unsuccessful implementation. (For more in-depth review of assessment and evaluation, refer to the Measuring Change module.)

1. Replacing agency staff: With a leadership team (either already in place or created just for this project) brainstorm the effects that ending reliance on agency staff would have on the organization, permanent staff and residents. Everyone in the organization must recognize the urgency of this change and be supportive of it as the change to permanent staffing will inevitably be disruptive and difficult. Persons critical to the planning may be those responsible for recruiting and hiring staff, staff supervisors, co-workers who may serve as mentors or leaders, and persons who are responsible for

planning work schedules. Develop a plan including the number of new staff that need to be hired to replace agency staff, the staff that will commit to working extra hours during the transition time, and a date after which agency staff will no longer be used. One of the strategies that may be implemented to get commitment from staff is to determine the amount of money that can be saved by not using a temporary agency and to put that money back into staff development. A peer recruitment program may help when trying to develop a permanent working staff.



Assessment and evaluation: This is clearly a financial outcome—one that should be fairly easy to assess. Prior to the change, calculate the number of agency employees and the difference in their salaries from that of permanent organization staff. During the transition you may have to pay some over-time hours but when staffing stabilizes you should be able to calculate savings. You should be able to see a difference in staff turnover as well. Likewise, resident



satisfaction should improve.

2. Consistent Staffing: The plan for changing to consistent staff is similar to that of ending reliance on agency staff. Consistent staffing means committing to having the same staff work with the same residents permanently. This sounds relatively easy but becomes more complicated when staff call-in or turnover frequently in a work environment that is unstable. It may be helpful to start the process with a pilot group. If you already have a neighborhood model and one of the groups seems more committed than some of the others, provide resources and support to this group. Find the best and most committed staff and develop preliminary goals at the outset.

Assessment and evaluation: You may measure staff and resident satisfaction, staff turnover, and/or clinical outcomes. After a year of permanent and consistent staffing for this neighborhood, evaluate the same outcomes, and you should be able to show improvements in all areas because of the relationships that will develop between the staff, residents and family members. Once you have the proof that consistent staffing works for the staff as well as the residents you can more easily implement it in the other households or neighborhoods.

3. Self-scheduling: Judging from the number of homes that say they have

tried self-scheduling and gave up on it, this may be one of the most difficult culture change practices to implement. One aspect that makes self-scheduling difficult to implement is that front-line staff do not always want to be empowered. Like the residents they serve, they can begin to believe that they are incapable of making decisions when most are regularly made for them by supervisors.

When the decision is made to go to self-scheduling, the staff must be given the support necessary to make this transition. They need to be trained in what staffing patterns must be considered. Again, it may be wise to try this with one or two neighborhoods first. Select the staff that are most likely to be able to make these types of decisions, provide them with support staff (someone who has done scheduling before), and be prepared to reward the groups that handle this responsibility well. It would be wise to seek out organizations that have been able to implement this strategy and send staff to learn from their staff members. The Cedars in McPherson and Meadowlark Hills in Manhattan have been using self-scheduling for many years. Most important, be committed to sticking with this strategy even though staff may not seem to want the responsibility. It will pay off in the long run in a more loyal and committed staff.

Assessment and Evaluation: In Collins House, a special care household at



Meadowlark Hills, the outcome of self-scheduling has meant that residents can sleep in as long as they like because of staggered staff arrival at work. The result has been that residents are exhibiting fewer disruptive behaviors. While this is one outcome that could be measured, others include increased staff and resident satisfaction and reduced staff turnover rates.

reinforced and rewarded for their work.

Assessment and evaluation: As the old saying goes, “Two heads are better than one.” Teams work because they allow differing perspectives and solutions to problems. Therefore, effective teams should affect any number of outcomes from staff turnover and retention to resident satisfaction.

4. Team Building: The PEAK-Ed staff have found that many organizations have not been very proactive about team building. They have assembled staff members into groups, called them teams, and expected them to develop on their own. Team building takes a lot of effort and support. We recommend that organizations look to the many



well-designed programs that exist (such as Meadowlark Hills in Manhattan, Kansas) for guidance in how to build trust among co-workers. Organization leaders need to take time to learn about techniques and be committed to supplying the resources for this process. Universities and Research and Extension groups may be able to provide free consultation and advice in team development and implementation. Once teams have been developed, the work is not done. Teams need to constantly be



Post-test

The pre- and post-tests included with this module are optional. The questions provide information about the materials to be covered and can be used for learning self-evaluation. At some future date, these tests may be used as a part of a continuing education requirement.

1. Which of the following is a culture change strategy for fostering meaningful relationships between staff and residents?
 - A. Keeping a cadre of experienced, rotating staff to expose residents to a variety of people who administer to their physical needs over the course of the day.
 - B. Ensuring that mid-management keeps a fixed schedule for front-line staff working the same shifts at expected times and, thus, gives residents consistent exposure to the same people at the same times.
 - C. Limiting front-line staff and hiring more professional nurses in order to improve medicinal care of residents.
 - D. Allowing staff greater self-governance in an effort to improve their outlook and, by extension, invigorate their interactions with residents.

2. When interviewing for a front-line staff position, which of the following responses by job applicants might *best* illustrate their suitability to a long term care facility that had adopted culture change strategies?
 - A. "I'm a people person."
 - B. "I enjoy taking care of things. I was the kind of kid who would bandage a bird's wing and try to nurse it back to health."
 - C. "I want to give back. Contributing to my community is important to me. The residents here are part of my community."
 - D. "I really need a job right now and this is one of the first ones I've applied to. I've always thought health care was an interesting field; this is a great opportunity to learn it."

3. Which of the following groupings most closely reflect culture change models?
 - A. Professional medical care, competent mid-management, staff empowerment
 - B. Staff self-scheduling, flattening hierarchy, increased supervisory positions among nurses
 - C. Centralized nursing stations, managed scheduling, agency staff
 - D. Flattening hierarchy, proactive administration, staff empowerment

4. Which of the following is a culture change strategy for reducing staff turnover?
 - A. Fixed schedules closely monitored by management
 - B. Allowing staff to develop their own schedules
 - C. Hiring additional RN supervisors
 - D. A and C

5. In order to more effectively lead in a culture change environment, administration could:
 - A. Encourage the perception of the organization as an interconnected network.
 - B. Only allow personal meetings with upper level management in most instances. Staff need to observe the rules of the command structure in order to better respect their place in it. Exceptions can be made for staff emergencies or for whistle blowing.



- C. Fire all of mid-management.
 - D. Bring in numerous plants and assign staff to water them daily. This not only will beautify the facility; it will give the less motivated staff members an additional responsibility to keep them busy.
6. Staff cultural backgrounds and expectations are:
- A. Only a marginal concern because the only responsibility of the organization is resident comfort.
 - B. Often influenced by conditions outside of work and important to understand when developing a healthy work climate.
 - C. Often overdramatized by staff and used as an emotional weapon to manipulate management in an effort to increase leniency.
 - D. Critical to understand when hiring additional RNs in order to better design staff schedules and enforce the rules.
7. Culture change in long term care is dependent on:
- A. Developing meaningful relationships at all levels of an organization.
 - B. Administration supporting staff/resident relationships but staying out of them.
 - C. Increasing the amount of time residents spend sleeping instead of staff waking them.
 - D. Mid-management empowerment in order to better enforce policy. Staff who won't play ball must be replaced.
8. Encouraging staff empowerment is:
- A. Tricky business. Too much power and staff will always take unfair advantage of their freedoms.
 - B. The opposite of positive change in long term care. Mid-management must take the reins of culture change and staff will follow their lead.
 - C. A key component of culture change in long term care.
 - D. Important but not as important as hiring additional competent, efficient managers.
9. Role modeling is important because:
- A. A lot of staff are vain and when they see someone important doing something they want to do it and look important.
 - B. It lets staff see that administration is willing to lead by example.
 - C. It held a lot of sway in traditional nursing home care and is an important part of nursing home history. However, new culture change studies suggest a return to structured boundaries between staff and management is the ideal.
 - D. All of the above.
10. Understanding poverty can
- A. Help administration get a handle on why some staff are lazy.
 - B. Fuel support in administration for buying more plants. Plants give staff additional care responsibilities and encourage them to apply themselves.
 - C. Encourage nursing home administrators to stay longer in a leadership position that is secure and not risk their future in a new place.
 - D. Help administration better understand staff culture and more effectively interact with staff.

Answers can be found on page 38



Pretest and Post-test Answers

1. D
2. C
3. D
4. B
5. A
6. B
7. A
8. C
9. B
10. D



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Additional Resources

Resources from Paraprofessional Healthcare Institute (PHI):
<http://www.paraprofessional.org/Sections/resources.htm#cchg>
(Most PHI resources are downloadable).



Finding and Keeping Direct Care Staff

By the Catholic Health Association and the Paraprofessional Healthcare Institute. Catholic Health Association, 2003. This guide provides employers with immediate, concrete suggestions on how to find and keep direct-care staff, suggests long-term strategies for addressing direct-care workforce shortages, and includes a resource guide to human service and government agencies that can provide support to employers and employees.

Why Workforce Development Should Be Part of the Long-Term Care Quality Debate

By Robyn Stone, Steven Dawson, and Mary Harahan. American Association of Homes and Services for the Aging, October 2003. The authors argue that the quality of long-term care (i.e., resident clinical and quality of life outcomes) is significantly influenced by the quality of direct-care jobs. The authors review research in this area, identify barriers to integrating a workforce perspective into long-term care quality assessments, and propose research activities that would further explicate the link between workforce development and resident outcomes.

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