

Improving Institutional Long-Term Care for Residents and Workers: The Effect of Leadership, Relationships and Work Design

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Overview

This study set out to examine how organizational factors and management practices, especially leadership and frontline supervision, contribute to positive outcomes for frontline nursing home workers, residents and nursing homes. Previous research by the Brandeis project team investigated how workplace practices can support frontline workers' relationships with supervisors, colleagues and the residents or consumers they serve in the nursing homes and other settings (Eaton, 2000, 2001; Gittell, 2002; Weinberg 2003). The current study builds on this previous work by investigating how management practices affect job commitment for frontline nursing home workers, and what greater commitment may mean for resident care.

Study Design

To capture the variety of ways that management practices may support frontline caregivers in caring for residents, the study gathered information through focus groups with certified nurse assistants (CNAs) and interviews with the licensed nurses who supervise them from two units in 18 Massachusetts nursing homes. The administrator and direct of nursing were also interviewed to gain a better understanding of the management and care philosophy in the facility.

Initial analysis of the focus groups and interviews formed the basis for design of two surveys, for CNAs and unit supervisors. The project team attempted to overcome barriers to the survey process for workers who might be uncomfortable with sharing their candid views of jobs and supervisors in a paper-and-pencil survey. The CNA survey was translated into the two major first languages for Massachusetts CNAs, Spanish and Haitian Creole, and an aural version of the survey was provided to accompany the written survey. Surveys were administered to all first- and second-shift CNAs and nurses working on the two study units in fifteen nursing homes on a survey date. A resident survey was administered to five residents or their proxies on each study unit.

Findings

Management Philosophy and the Importance of the Frontline Supervisor

Administrators' and unit supervisors' comments about their philosophy of human resources management suggested that they either trust in aides' commitment to do a good job or fail to trust in aides' work ethic. Further, in some nursing homes, aides were recognized as holding important information about the residents they cared for, while in homes, aides were seen and treated as interchangeable, employed simply to carry out care tasks. In some cases, top management expressed one of these attitudes toward CNA work while nurse supervisors on units expressed its opposite.

However, it was the frontline supervisor who was most responsible for how managerial attitudes were translated into practices relating to CNA work autonomy and participation in decisions about resident care. **This underscores the critical importance of frontline supervisors for nursing homes interested in transitioning to a “culture change” community.** More must be learned about the factors that support or impede frontline supervisors in empowering CNAs to bring their knowledge of their jobs and their residents to the daily nursing home care process.

In the focus groups, CNAs stressed that the residents themselves were the most meaningful aspect of their jobs. Often this was described in terms of family relationships and obligations (“I think of my grandmother...”). Administrators and supervisors sometimes presented a picture of the nursing home as “one big family,” as well. An analysis explored the conflicts between these views of family for CNAs.

Management Involvement and its Impact on Workers

Using the CNA survey data, the project team examined the impact of these and other job dimensions on the satisfaction and job commitment of frontline workers. Measures were developed to capture CNA perceptions of the job autonomy and the knowledge input supported by their supervisors (e.g., “Management trusts me to do a good job”; “My supervisor asks for my ideas when developing resident care plans”).

Another measure portrayed CNAs' perceptions of more basic supervisory attitudes and practices, including respectful interchanges, feedback and help with tasks as needed. Measures of the strength of the CNA's working relationships with nursing supervisors, other nursing home department staff and among unit CNAs were computed. CNA survey responses also indicated whether the CNA saw his or her job as a good one (satisfaction with job security, pay, promotion opportunities and benefits).

CNAs who felt that supervisors were calling on their knowledge of resident care and who felt they had control over their work were more likely to express a strong sense of responsibility toward the residents they cared for, and experienced more job satisfaction. But these aspects of their jobs were not significantly related to measures of burnout or of workers' intent to stay in their current jobs. Burnout and intent to stay were both significantly influenced by the CNAs' satisfaction with other dimensions of their jobs. These findings should be explored further.

Workers were significantly more likely to say they were not intending to leave their jobs when they saw pay and benefits as good, suggesting that efforts to empower frontline workers through “culture change” may not reduce turnover without simultaneous improvement in tangible job rewards.

Impact of CNA Job Commitment on Resident Satisfaction

The residents responded to the resident survey with generally high overall satisfaction, as is typical for such surveys of long-term care recipients dependent on their providers. A measure of resident quality of life was found to be associated with the strength of the coordination among CNAs on their unit and between CNAs and food service staff.

A resident’s satisfaction with his/her relationship to nursing staff was found to be significantly related to the proportion of CNAs on the resident’s unit who said they intended to stay in this job, and to the proportion of CNAs who had positive relationships with their supervisors. It was not related to the measures of CNA knowledge input and job discretion. This analysis was limited to 15 selected nursing homes, which may make the impact of CNA empowerment difficult to discern. **These results suggest that managers trying to improve resident satisfaction should support frontline workers’ commitment to staying in their jobs and their relationships to coworkers.**

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Better Jobs Better Care is directed and managed by the Institute for the Future of Aging Services (IFAS), American Association of Homes and Services for the Aging (AAHSA). For more information about Better Jobs Better Care, contact Robyn Stone at (202) 508-1206, rstone@aaahsa.org or visit www.bjbc.org.

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