

Nursing Home “Culture Change” and Person-Centered Care

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Prepared for:
Brandeis University Lifespan Initiative on Healthy
Aging
April 2009

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What is Culture Change/PCC?

- “Make long-term care less about the care tasks and more about caring for people and the relationships between people.” (Wiener and Ronch, Culture Change in LTC. 2002)
- Following this simple concept requires major changes in professional practices and the operations of nursing homes



Typical Problems with Nursing Home Care

- Quality of care vs. quality of life
- Factory model of piecework production
- Hierarchical departments
- Alienated frontline workers (CNAs)
- High turnover
- Patients as products (baths, toilets, meals)
- In unionized homes: a legacy of conflict

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The SEIU1199 - Continuing Care Leadership Coalition Initiative

Promote Person-Centered Care in 40 non-profit NYC nursing homes:

- ◆ Support residents' preferences about timing and modes of sleep, dining, bathing.
- ◆ Engage frontline workers in adapting and implementing PCC
- ◆ Promote less hierarchy and more teamwork

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Study Methods

- **Research partnership between Brandeis, 1199SEIU, the CCLC (management), and the Commonwealth Fund.**
- **Qualitative interviews with workers and managers in two nursing homes.**

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Study Questions

- **What are the Labor-Management Partnership's (LMP's) essential elements for achieving PCC?**
- **How does training work?**
- **How can PCC be sustained, expanded, and replicated?**

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What are the LMP's Essential Elements?

1. Management and union work together
2. Management creates “communities” within nursing homes
3. Union supports PCC
4. The results: Worker engagement and transformation of resident care

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How was training conducted?

- Macro learning: City-wide conferences of management/professional/Front Line Worker teams
- Group training: Day-long, off-unit, topical sessions (e.g., customer service, palliative care) followed by week-long on-unit tests (5+ cycles)
- On-site extensions: Implement and integrate learning and expand to other staff

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Macro learning

“One of the things they did at the QCC conference that really mattered to CNAs (was) they flipped the organizational chart so that residents were on top, then CNAs, and then at the bottom was management....When brought this chart (back to the facility) and showed it, there was crazy applause. It was really a big deal.” (A CNA shop steward)

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Management leadership

“It’s because it came from the top that it will or even can work. If it came from CNAs, nurses, social workers, etc, it would never work.” (social worker)

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Management and Labor Work Together

(I work) “to create a safe space which is promoted and protected by my top leadership and management top leadership. So if I have a concern, my concern will be looked at because there's a relationship that people really take seriously and people are willing to fight to protect.” (A union organizer)

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Management supports community autonomy vs. departments

“If the housekeeper sits down to have coffee with a resident, you can't have a supervisor come in and say, 'that corner's not clean.' ... We can't give lip service to this.”
(Administrator)

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Union support of PCC

- Turn around a legacy of conflict
- Maintain traditional protections while relaxing job descriptions to allow working outside of roles

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Legacy of Conflict

It's hard to get away from labor management conflict....back to old school.... I keep thinking, 'this is not big stuff, so can't we get positive?' ... Is it that the organizer feels he has to assert himself in front of the members? (Manager)

(Some) workers complain - 'I wouldn't have gotten CNA training if I knew I was going to be cleaning tables' 'the union is selling us out.' (Organizer)

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Relaxing job descriptions

A lot of our members (are) frustrated because they are very lost in the process.... Job descriptions are getting in the middle, the contract is intertwining - now seniority is a big issue.... One or two or three people (are) saying, "I tell you it's more with less, I tell you it's more with less." And I just feel like ... the rope (is) fraying at the end. (Organizer)

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The Results

With few exceptions, front line workers:

- Embraced PCC concepts (“it’s all about the residents”)
- Welcomed job expansions (“just do it”)
- Voiced opinions and took initiative
- Collaborated across job titles and hierarchies

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Front Line Workers embrace PCC

“A lot of natural leaders set examples and took the lead.... This helped people to understand - Hey, it's OK to care.... See - its all about no separation, no longer a them and us - residents and workers.” (CNA shop steward)

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Front Line Workers welcome job expansions

“The supervisor knows it's part of my job to work with residents. If they need help, I need to stop my work and help the resident first. (Q: Are there things you should not help with?): A: Anything I do I feel better to do it.” (Housekeeper)

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Voice for Front Line Workers

“If you have a problem, you can feel free to go to your charge nurse, your community coordinator, the DON or even the administration, and they’ll listen. Other places are not like that.” (CNA)

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New Relationships with Residents and Families

(Before PCC) “I would not even talk with residents. Now they relate to us – we talk more, some recognition, smiling – look into their eyes.... I feel that they know me.... I benefit – I make someone’s day.” (Male Housekeeper)

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Summing Up: Pessimistic view

- **Creating and maintaining Person-Centered Care is still a struggle even in these two model homes.**
- **How far along are the other 38?**

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Summing Up: Optimistic view

- **The participants - especially front line workers - like and value all that they've done**
- **They have a model to share learning**
- **It's not cheap, but you cannot do this on the cheap and succeed**
- **“It's all about the residents”**

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