Nursing Home Resident, Family and Staff Satisfaction

*Critical Data to Assess Quality*

David J. Farrell, MSW, LNHA
Quality: The residents’ point of view
1985 NCCNHR study

Question to residents:

“What does high quality care mean to you?”

Answers found in open group discussions

- 457 residents speak up
- 105 nursing homes
- 15 cities
Quality: The residents’ point of view (1985 NCCNHR study)

Question: “What does high quality care mean to you?”

“Good staff” =

1. “they want to help”
2. “they are kind, nice, good to me”
3. “there are enough of them”
4. “they are polite, courteous, respectful, treat me with dignity”
5. “they are friendly, cheerful, pleasant, jolly”
6. “they are patient, they have time for me”
7. “they are patient, listen, take complaints seriously”
8. “they relate well, positively”
9. “they are well-trained, qualified, skilled, knowledgeable”
Quality of Care and Quality of Life

**Quality of Care**
Is best judged by
Experts in the field

**Quality of Life**
Is best assessed by the customer:
Resident, Family, Staff

**QIs** were invented by experts. They measure success in care-giving.

**Satisfaction surveys** capture customer’s expectations & satisfaction
Satisfaction Surveys

Percentages are People

- Voices of people
- Perception is reality
- Public relations force
Why Collect and Publically Report Satisfaction Data?

Four Main Reasons:

• The Humanistic Reason
• The Efficiency Reason
• The Marketing Reason
• The Economic Reason
Most Important Feature of Quality

According to families:
• Warm staff interaction
• Cleanliness
• Resident grooming
• No pressure sores
• Food choice
• Daily routine choice

ViTel Research, 1999
Four Drivers of Satisfaction

• Communication
• Pain management
• Personal needs
• Response to call bells

Drivers of Consumer Satisfaction

• Competency of staff
• Care (concern) of staff
• Nursing care
• Respectfulness of staff
• Nursing assistant care
• Safety of facility
• Meeting choices/preferences
VERY SATISFIED FAMILIES in 3 Groups of Nursing Homes

Tellis-Nayak, V., 2003
VERY SATISFIED FAMILIES / SURVEY DEFICIENCIES-COMPARED TO STATE AVERAGE

Tellis-Nayak, V., 2003
Quality of Life Measures

• Family member and resident satisfaction
  – Overall satisfaction
  – Recommendation to others
• Meaningful information for consumers
  – Evidence based
• Availability - limited
  – Not a widespread practice in CA
Staff Satisfaction Predicts Family Satisfaction

- Satisfied employees report:
  - Better supervision
  - Better training
  - Better work environments

- Satisfied families report:
  - Quality of life
  - Quality of care
  - Quality of service

Higher Employee Satisfaction

• Fewer resident falls
• Fewer pressure ulcers
• Fewer catheters
• Less nurse turnover and absenteeism
• Less CNA absenteeism
• Higher occupancy rates

Grant, L., et al, 2006
Power of Staff Satisfaction

Influences

• Turnover
• Relationships with co-workers, residents, and families
• Quality of care
• Regulatory compliance

Castle et al., 2007
High Turnover = Low Quality

- Physical restraints
- Catheter use
- Contractures
- Pressure ulcers
- Psychoactive drug use
- Quality-of-Care deficiencies

Castle et al., 2005
Castle, 2007
Historical Perspective

Causes of turnover in LTC:

• Research 1970s, 1980s and 1990s
  – Causes are located within the workers
• Significant evolution occurred in other industries
  – Organizational culture influence on retention and job performance
• LTC continued to focus on the worker
• Exception was Susan Eaton

Bowers, B. 2001
What a difference management makes!

Five management practices associated with low turnover, high attendance and high performance:

- High quality leadership at all levels of the organization
- Valuing staff day-to-day in policy and practice, word and deed
- High performance, high commitment HR policies
- Work systems aligned with and serving organizational goals
- Stability of staff and supplies/resources to care

Eaton, 2002
Eaton: Low Turnover Leadership’s Paradigm

“…these individuals were not fundamentally different kinds of people with different work ethics. They were, however, acting in a different organizational and human setting, being treated differently and being trusted and valued at a much higher level.”

Eaton, Phase II Final Report, 2001
Drivers of Workforce Satisfaction

• Management cares about employees
• Management listens to employees
• Help with job stress
• Fair evaluations
• Staff respect for residents
• Workplace is safe
• Supervisor cares about you as a person

MyInnerView, Inc. 2008
Institute of Medicine

• Quality of care = performance of the workforce
• Staffing levels are necessary
• Other key factors:
  – Education
  – Supervision
  – Job satisfaction
  – Turnover
  – Leadership
  – Organizational culture

Wunderlich G. S., “Improving the Quality of Long Term Care,” IOM, 2000
Structural Measure of Quality

• Staff Satisfaction
  – Overall satisfaction
  – Recommendation to others
• Evidence-based
• Availability – limited
• Recommendation – quarterly updates
Staffing Measures

• Staff turnover
  – Collected annually by OSHPD
  – Total departures/average number of staff
• Staff retention
  – Staff with one year of service/avg. number of staff
• Evidence-based
• Availability – OSHPD, cost reports
Results are Interrelated

• Implement principles of culture change
  – Enhanced leadership practices
• Employee Satisfaction
  – Low turnover, high retention, low absenteeism
• Workforce performance
• Consumer satisfaction
• Clinical outcomes
• Regulatory compliance

Grant, L. 2008
Better Policy/Better Performance

• Publically reporting workforce measures and family and residents satisfaction could be profound
• Foster sustained change and continuous improvement
  – Drive evidenced-based practices that enhance quality of care and quality of life
• Validate superior performance
Contact Information

David J. Farrell, MSW, NHA
Director of Organizational Development
dfarrell@snfmgt.com
(510) 725-7409