

Help sheet no. 27

Introducing change within residential facilities

The structure of an organisation will impact on the satisfaction of staff and the quality of resident care. Many studies considering quality of life for people in residential care focus on perceptions of control in decision making. This control can be from the staff members' perspective or residents' perspective.

What staff value

It is important to have a clear understanding of what is important to staff in a residential setting. Without this it would be difficult to improve staff satisfaction and outcomes for residents. Atchison (1998), in a US study, found that staff valued:

- personal growth and development
- job security
- job challenge
- fair treatment and respect.

Other areas identified as being important to staff include discussion, sharing information and ideas, reflecting on practice and jointly deciding on action.

A question of control

When considering staff satisfaction the issue of control will inevitably arise. What do staff consider an ideal level of control in decision making and at what point does higher staff control reduce resident control? A study by Kruzich (1995) found a positive relationship between the head nurse's perception of control over decision making with nursing assistants' perception of control. The more control the head nurse believed she had, the greater the control the assistants believed they had. It is important to develop an optimal balance of control over decision making between different staff positions and residents.

What residents value

The structure of an organisation will usually determine the level of control a resident has in day-to-day activities. To provide quality care it is important to determine what residents place value on and what decisions they want to have control over. A study by Kane et al. (1997) found that residents attached most importance to having control over:

- bed times
- rising times
- meals
- room mates
- care routines
- use of money and telephone
- trips away from the facility
- initiating physician contact.

Responses of nursing assistants from the same nursing homes found that they believed residents would place greater value on visitors and formal activities. It will be difficult for staff to effectively promote residents' level of control if they do not have a clear understanding of what each resident values most.

Effective ways to introduce change

With a clear understanding of what staff and residents value, change can be more effectively introduced into a facility. The need for change is often linked to a problem. Explore the problem by asking questions and looking beneath the surface:

- Why has the problem arisen?
- What do staff believe the problem is?
- How many different solutions are there?
- Which solutions do staff believe to be most appropriate?
- What do staff perceive as the practical implications for a particular solution?
- How will these changes impact on staff?
- Which solutions provide the best outcomes for residents?

It is, therefore, necessary to involve staff in the process so that they can own the solutions and understand why change needs to occur. Staff may offer suggestions and limitations that management have not considered. Nazarko (1997) explains that staff have several options when faced with change:

- accept the change
- reject it
- ignore it
- or
- rebel.

Accepting change is obviously the most effective. When accepting change, staff can either comply, identify or internalise the changes. The likely outcomes of each approach are outlined:

- With **compliance** comes a certain degree of coercion and acceptance because staff believe they have to. Nazarko explains that coercion requires managers to enforce change and carry out checks. When staff are performing tasks through compliance, they will generally revert to the old methods when the person enforcing the task is absent.
- **Identification** requires that the manager has charisma so staff will follow their orders. This method also has problems as it is usually the manager that staff believe in and not necessarily the changes they are introducing.
- When staff **internalise** new practice, the changes become long lasting. Staff can own these changes and understand why they need to occur. When this happens, staff will tend to actively promote and perform the necessary changes.

Change can be threatening and frightening and can imply to staff that what they did before was not appropriate or good enough. Helping staff internalise changes by involving them in the decision making can benefit the staff, the residential care facility and the residents.

References

- Atchison, J.H. (1998). Perceived job satisfaction factors of nursing assistants employed in midwest nursing homes. *Geriatric Nursing*, Vol. 19(3): 135-138.
- Kane, R.A, Caplan, A.L, Urv-Wong, E.K, Freeman, I.C, Aroskar, M.A, Finch, M. (1997). Everyday matters in the lives of nursing home residents: Wish for and perception of choice and control, *JAGS*, Vol. 45 (9): 1086-1093.
- Kruzich, J.M. (1995) Empowering organizational contexts: Patterns and predictors of perceived decision-making influence among staff in nursing homes, *The Gerontologist*, Vol.35 (2): 207-216.
- Nazarko, L. (1997). A few home truths, *Nursing Times*, Vol. 93 (39).