

Nurses Mull Culture Change Role

Group Calls For Training In Core Competencies

Culture change in nursing facilities is a very good thing, but nurses need to be educated about its principles and practices in order to model it for other direct care workers in long term care, according to a recent issue paper from the Hartford Institute for Geriatric Nursing at the New York University College of Nursing.

Because culture change challenges nurses' traditional notions of accountability for the clinical care of residents, the concept creates dilemmas for nurses, especially when caregiving is distributed among nursing and non-nursing staff and decisions are being made at residents' bedsides without nurses' input.

Nurses play an essential role in helping to lead culture change efforts and should serve as role models to other care providers. Learning core competencies is a step in this direction.

"Core competencies for nurses in

a resident-directed environment, and articulation of the essential role nurses play in helping to lead culture change efforts, are necessary," the paper says.

The authors point out that the professional nursing associations representing nurses who work in nursing facilities have not had either leadership or significant participatory roles in developing a vision for the role of nurses in the evolving culture change initiative.

"It is, therefore, no wonder that nurses feel ill prepared and uncomfortable when asked to lead initiatives in resident-directed care," they say.

A list of recommendations and suggestions for competencies stems from an interdisciplinary meeting of experts in culture change and gerontological nursing convened last year by the Hartford Institute, the Coalition for Geriatric Nursing Organizations, and the Pioneer Network.

The paper, titled "Nurses' Involvement in Nursing Home Culture Change: Overcoming Barriers, Advancing Opportunities," will be used to promote discussion of nursing competencies, nursing facility culture change, and resident-directed outcomes.

In addition to the development of competencies, the paper recommends the following: Conduct a comprehensive review of culture change content in prelicensure nursing programs; disseminate existing tools and resources on culture change and nursing's role in culture change to academic nursing programs, including strategies for incorporating this content into the curriculum; create new tools and resources based on the competencies for nurses in nursing facilities; and identify research priorities for examining the role of nurses in nursing facility culture change.

—Meg LaPorte

Highly Satisfied Residents Recommend Communities

Residents who are highly satisfied with their communities are almost four times more likely to recommend that a friend move in, and these highly satisfied residents are increasingly important for maintaining high occupancy levels, according to a 2009 *Seniors Housing & Care Journal* prize-winning article.

While the data pertain to residents who had moved into independent living within the prior six months, ProMatura Group's Margaret Wylde, the article's lead author, says the findings have a direct correlation to assisted living.

"In our analyses of satisfaction surveys of assisted living residents,

the results consistently show that the attributes of the community that have the greatest impact on the residents' satisfaction with their life in the community and the quality of the community overall are: the quality of their daily life (what they do each day), their relationships with the personnel and other residents, their sense of control, and the degree to which they feel at home."

"The only scores that have any meaning are the 'very satisfied' and those that are less than satisfied," Wylde says.

"If a community is intent on providing the best quality of life, service, care,

and community, they would focus on how they can improve."

The *Seniors Housing & Care* article, "Satisfied Residents Won't Recommend Your Community, But Very Satisfied Residents Will," examines the attributes related to residents' willingness to recommend communities to their friends.

The answers to survey questions were used to measure the satisfaction levels of residents on physical and nonphysical aspects of the community. Physical attributes are factors such as the appearance of a building; the size of a resident's unit; and the availability of a fitness center, chapel, and library. ➤

Questions on the nonphysical attributes of the community were used to explore resident satisfaction levels related to factors such as housekeeping services; menu choices; social, educational, and entertainment opportunities; and a sense of belonging.

Data were collected between June and October 2008, from 1,042 independent living residents at 291 different communities throughout the United States. The co-authors and researchers are Edie Smith, senior vice president and director of research at the ProMatura Group; David Schless, president of the American Seniors Housing Association (ASHA); and Rachele Bernstecker, ASHA's vice president of government affairs.

"The importance of residents [and] their family and friends advocating a community is paramount to success. Satisfied is not sufficient," the article says. "A community must have very satisfied residents to create advocates. People who are highly satisfied will recommend their community to their friends and advocate the community as a place to live."

Additional findings of the study are:

- As the age of the community increased, a significantly greater proportion of the new residents learned about the community from a resident living at the community, and fewer learned about it from advertising or direct mail marketing.
- Very satisfied residents are about

four times (74 percent) more likely to recommend the community to a friend than residents who are just satisfied (19 percent).

■ Nonphysical attributes have a significantly greater impact on satisfaction of residents than physical attributes.

■ High satisfaction is related to five factors in the community: quality of daily life (cultural, musical, arts/crafts, entertainment, and social activities); dining flexibility (quality of food, variety of menu items, services, and times available for dining); quality of personnel; personal control (privacy and sense of safety and security); and comfort (ease of making friends and sense that the residence is their home).

—Lisa Gelhaus

Employer Mandate Looms

Insurance Provisions May Cost Facilities

Many nursing facilities would meet the standard for employer-mandated health insurance coverage in at least one of the major versions of health care reform legislation under consideration on Capitol Hill, according to a recent survey conducted by the Washington, D.C., law firm Greenburg Traurig for the American Health Care Association.

Results of the survey were based on responses from nearly 30 companies and facilities of varying size. Participants were asked how many employees they had, what health coverage they offered, and the amount they paid toward the employee premium. Responses were then compared with the mandates in House and Senate reform bills.

A total of five major health reform bills on Capitol Hill include fees or other penalties for employers who fail to offer an affordable health plan. Most also specify a level of contribution to the employee premium.

Only five out of 27 facilities surveyed met the mandate established in three House bills. A higher portion, 15 respondents, offered coverage that met the requirements of the Senate plan

'The Senate Finance plan has no explicit mandate.'

passed by the Health, Education, Labor, and Pensions (HELP) Committee. The Senate Finance plan has no explicit mandate but includes an affordability threshold that could be a sticking point for some providers.

The House reform bill would require employers to contribute 72.5 percent of the individual premium and 65 percent of the family premium for full-time workers, as well as a proportionate percentage for part-time staff. Failing this,

employers would have to pay a penalty equal to 8 percent of their total payroll.

In the Senate, the HELP bill would require employers to fund 60 percent of the individual premium for all workers, or pay a fee of \$750 for every full-time employee and \$375 for each part-timer. The cost to employees could not exceed 12.5 percent of their adjusted gross income.

The Senate Finance Committee bill would require employers to pay a fee for any employee who sought and was deemed eligible for government subsidies to purchase coverage through an insurance exchange.

Facility employees would be eligible for assistance if they had no workplace coverage or if the cost of coverage exceeded 10 percent of their adjusted gross income. The penalty fee would be equal to the average national tax credit, or \$400 times the number of full-time employees.

—Lynn Wagner