

## Consistent Assignment: Cultivating Caring Relationships

“The staff,” replied Mrs. Arthur, when asked what was most important to her regarding the care that her husband receives. “The staff,” Clarissa Bourne confidently answered the same. Clarissa Bourne, known to everyone as Mama Bourne, recently moved into the long-term care wing of the Center for Nursing and Rehabilitation (CNR) “Pleasantville” neighborhood. CNR’s residents and family members alike put the role of staff at the top of the list when asked to rank the most important elements of nursing home quality of care.

“The most important thing I see here is the respect you see in all the staff, the patience they have with us.”

“They like him,” said Mrs. Arthur of the nurse aides. “They come in and talk to him.”

Relationships are at the heart of long-term care. Studies repeatedly confirm that residents and family members value the quality of their relationships to caregivers over other aspects of care (Eaton 2000; Bowers, Fibich, & Jacobson 2001). And CNAs repeatedly voice that their bonds with consumers keep them committed to their jobs (Castle 2007, Bowers 2003). Higher job satisfaction and lower turnover rates in turn improve quality of care and lower costs associated with recruiting and training new staff (Eaton 2000; Seavey 2004; Farrell & Dawson 2007). Yet many nursing facilities still use a staff assignment model which rotates CNAs and disrupts continuity of care.

By contrast, consistent assignment, a staffing model in which residents are cared for by the same group of caregivers day in and day out, increases resident and family satisfaction. Research has also found that, in many cases, consistent staff assignments positively impact clinical outcomes.

CNAs provide an estimated 70 to 80 percent of hands-on care for residents living in nursing homes. With consistent assignment, caregivers are more familiar with residents’ rhythms and needs, picking up on any changes in condition, mood, or behavior early on. Studies have shown that residents living in consistent assignment nursing homes have markedly fewer incidences of pressure ulcers, show increases in mobility, and have higher ratings for personal appearance and cleanliness (Campbell 1985; Burgio, et al. 2004; NCDCW).

Consistently assigned staff are also more in tune with the personal needs of residents. Take the Arthurs: Regular conversations with the aides that support her husband have assured Mrs. Arthur that any concerns she may have are addressed by CNAs from one day to the next. Studies and focus groups confirm

that family members are concerned that staff really *know* residents—their histories, their abilities, and their wants (Rasin & Kautz 2007; Egan 2007; Lescoe-Long & Long 1998). They want to trust caregivers and to know who to go to with questions or difficulties. These goals can be achieved when staff, through a consistent assignment model, develop deep one-on-one relationships with both residents and family members.

### **Making the Consistent Assignment Change**

Implementing consistent assignment using an inclusive process can help all staff understand and feel invested in the change. Here are a few steps recommended by PHI, an organization dedicated to creating quality care through quality jobs:

1. Form a cross-functional team to explore and champion the concept of consistent assignment. This team should cut across the hierarchy and departments within the organization, ensuring adequate representation of direct-care staff from each shift.
2. Once this team has learned substantially about the concept of consistent assignment and has explored the causes of existing staffing challenges, they can hold learning sessions with staff, residents and families to open discussions and increase the awareness of the benefits of consistent assignment. These learning sessions are also an important time to welcome concerns from staff and residents that will be important for the cross functional design to address if the change is to be successful.
3. Convene a meeting of the direct-care staff within a given neighborhood or unit. At this meeting, discuss which residents and staff are likely to make the best partners together. Consider which workers and residents feel the greatest connection with each other; residents' natural daily rhythms (avoiding, for instance, having one aide responsible for several residents that all wake up the same time); residents which may need the support of more than one aide; specific requests from residents or families for particular workers; residents that are adverse to, or show prejudice against, a particular constituency (sex, race, or otherwise), and an equitable distribution of residents with more involved or complex care needs. Staff and residents should have significant voice in how the assignments are formed.
4. Decide with the team of caregivers how frequently they would like to meet and review the implementation process. More frequent meetings at the start of the process will be particularly helpful.
5. Ensure the cross functional team designs a process to measure the impact of consistent assignment.

6. Based on your own assessment tool, compare baseline data with future data collections. MDS assessments, internal survey tools, and feedback from employees, residents, and families can help you track quality care outcomes, relationships between staff and residents, staff time spent with residents, job satisfaction, staff turnover, and resident levels of depression and pain.
7. Empower staff to make adjustments in the process as needed.
8. Celebrate! Create opportunities to give voice to the stories that will emerge as relationships grow between workers and residents.

For more information on building relationship-centered skills in your organization, go to

[www.phinational.org/training](http://www.phinational.org/training).

Notes:

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Lescoe-Long, M. & Long, M. (1998). Identifying behavior change intervention points to improve staff retention in nursing homes. Kansas Association of Homes and Services for the Aging.

National Clearinghouse on the Direct Care Workforce (NCDCW). Schoellkopf Health Center: Consistent scheduling.

[http://www.directcareclearinghouse.org/practices/r\\_pp\\_det.jsp?res\\_id=50310](http://www.directcareclearinghouse.org/practices/r_pp_det.jsp?res_id=50310).

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Seavey, D. (2004) The cost of frontline turnover in long-term care. Better Jobs Better Care.

CREDITS: This article was written by Hadas Thier, PHI Web Content Manager, 2007