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Supporting Nursing Home Staff Through Person-Centered Care Practices

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resident empowerment. Culture change initiatives have been associated with fewer health-related deficiency citations and better psychosocial outcomes. Knowledge management, defined as the process of creating or locating knowledge, and managing the dissemination of knowledge within and between organizations, has been shown to be associated with the adoption of innovations such as culture change initiatives. This study examines the relationship between knowledge management activities of high Medicaid census (70% or higher) nursing homes (NHs) and the adoption of culture change initiatives. This study used facility survey data from approximately 324 nursing home administrators (30% response rate) from 2017- 2018, merged with data from LTCFocus, Area Health Resource File, and Medicare Cost Reports. Binary logistic regression models revealed that the probability of adopting a culture change initiative was 0.12 higher for facilities reporting a one-unit higher level of knowledge management activities. Additional interaction analysis revealed that knowledge management activities were associated with a greater likelihood of adopting a culture change initiative for NHs where the director had been in his/her position fewer years. Similarly, higher levels of overall knowledge management activities were significantly associated with greater adoption of culture change initiatives at intermediate levels of nurse retention. Results suggest that knowledge management activities may help high Medicaid NHs acquire and mobilize informational resources in ways that can support the adoption of patient-centered initiatives. These activities may be particularly effective in nursing homes with leadership and nursing staff instability.

THE NATURE OF PEER WORKPLACE INCIVILITY AND BULLYING AMONG RESIDENTIAL CARE AIDES IN LONG-TERM CARE

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Residential care aides (RCAs; unregulated workers also known as certified nursing assistants or personal care assistants) provide much of the hands-on care in long-term residential care (LTRC). While many RCAs report being exposed to violent or aggressive acts from residents, we know little about their exposure to incivility and bullying from their colleagues. This is a significant knowledge gap as increased workplace incivility and bullying is associated with specific gender-dominated fields, hierarchical and stressful work environments, and low job autonomy, all of which characterize LTRC. Drawing on data from a critical ethnography examining workplace incivility and bullying among RCAs in a rural, not-for-profit care home, this presentation explores the types of incivility and bullying encountered by RCAs, and the contextual factors impacting their experiences with such behaviors. To date, more than 50 hours of participant observation, and 20 in-depth interviews with RCAs, licensed practical nurses, support staff, and management have been conducted. Findings illustrate the pervasiveness of incivility; while bullying acts (repeated, hostile behaviors intended to

undermine, humiliate or injure) were rare, incivility (low-intensity acts with an ambiguous intent to harm) was an almost daily occurrence. Commonly-occurring behaviors included ignoring and refusing co-worker's requests for help, social exclusion, acting impatient with, blaming and criticizing co-workers, and insisting on getting one's own way. Chronic staffing shortages, staffing arrangements, and workload issues exacerbated RCAs' experiences. Findings provide an important first step in understanding the nature of workplace incivility and bullying in LTRC.

THE RELATIONSHIP BETWEEN ORGANIZATIONAL CULTURE AND FINANCIAL PERFORMANCE AMONG HIGH-MEDICAID NURSING HOMES

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This study examines the relationship between organizational culture and financial performance of high Medicaid census (70% or higher) nursing homes (NHs). Based on the Competing Values Framework, there are four types of organizational culture: clan culture (friendly working environment); adhocracy culture (dynamic/creative working environment); market culture (results-based organization); and hierarchy culture (formalized/structured work environment). This study used facility survey data from approximately 324 nursing home administrators (30% response rate) from 2017- 2018, merged with secondary data from LTCFocus, Area Health Resource File, and Medicare Cost Reports. The dependent variable consisted of the operating margin, while the independent variable comprised type of organizational culture. Control variables were organizational (ownership, chain affiliation, size, occupancy rate, and payer mix), and county-level factors (Medicare Advantage penetration, income, education, unemployment rate, poverty, and competition). Multivariable regression was used to model the relationship between organizational culture type and financial performance. Regression results show that compared to a market culture, a hierarchy culture was associated with an 11.8 % lower operating margin, a clan culture with a 10.6% lower operating margin, and a non-dominant culture with 11.4% lower operating margin. Organizational culture is associated with financial performance among high Medicaid facilities, with market cultures outperforming other organizational cultures. Given increasing competition in the nursing home market and declining resources for high Medicaid nursing homes, facilities with a more external orientation and focus on results may be able to perform better financially. Future research should examine the effect of organizational culture on quality of care.

SUPPORTING NURSING HOME STAFF THROUGH PERSON-CENTERED CARE PRACTICES

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Policies and practices have increasingly focused on person-centered care (PCC) to improve quality of life for long-term care residents and staff. Adequate staffing has been a consistent barrier to implementing and sustaining PCC practices. The purpose of this paper is to explore the association between job satisfaction and PCC practices. This research was conducted in a stratified random sample of 33 Oregon nursing homes which were representative in terms of quality, profit/nonprofit ownership, and urban/rural location. Data were collected from 415 staff who completed the staff assessment of person-directed care, direct care worker job satisfaction scale, turnover intention, and organizational belongingness. Consistent with other research, job satisfaction is significantly and negatively correlated with turnover intention ($r=-.66$) and positively associated with belongingness ($r=.66$). It is also significantly correlated with scales related to five PCC practices: personhood, autonomy, knowing the person, individualized care, and relationships. Regression analyses examined how these five aspects of PCC practices were associated with 1) job satisfaction and 2) number of deficiencies. Perceptions of practices to support autonomy, personhood, and relationships were associated with higher ratings of job satisfaction among staff. In general, those reporting these practices were in place at least half of the time or with at least half of the residents, showed significantly greater positive associations with job satisfaction ($p<.05$). Only lower staff reports of autonomy practices were associated with higher deficiencies ($p<.05$). Findings from this research suggest that supporting PCC practices benefit staff through increased job satisfaction and potentially reduced turnover.

EVACUATING OR SHELTERING IN PLACE DURING A DISASTER: HOW ASSISTED LIVING ADMINISTRATORS MAKE THE DECISION

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The decision to evacuate or shelter in place during a natural disaster such as a hurricane is complicated and poses risks to long-term care residents. While research has documented the difficulty of the evacuation decision for nursing home administrators, little is known about how assisted living residence (ALR) administrators make this decision. This is a concern given the physical and cognitive impairment level of many ALR residents, the increasing number of ALRs in the U.S., and the frequency of natural disasters. The purpose of this paper was to explore the factors that influenced whether assisted living administrators evacuated their ALRs for Hurricane Irma, a large hurricane that made landfall on Florida's Southwest coast in September, 2017. This qualitative study used semi-structured interviews and focus groups with ALR owners or administrative staff (N=60) with questions including how they prepared for Hurricane Irma, their experiences during the hurricane, including whether they evacuated or sheltered in place, and lessons learned.

The sample includes small (< 25 beds) and large ALRs in the multiple Florida counties affected by the hurricane. A content analysis approach was used. Atlas.ti version 7 was used for initial and axial coding. Prevalent themes included "emergency management planning", "logistics", "pressure", "storm characteristics," and "staffing". The results of this study have implications for long-term care policy and training, potentially leading to changes in how ALR leaders prepare for and respond to disasters to improve the safety of residents.

ORGANIZATION OF WORK AND DECISION-MAKING OF PROFESSIONALS WORKING IN NURSING HOMES IN CATALONIA (SPAIN)

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The long term care environment demands specific requirements of the staff, namely that they provide a holistic approach to care. Providing holistic care leads to complex decision-making processes which go beyond just finding a solution to a specific health problem. It requires that staff are able to respond to the diverse needs expressed by the residents and which, in many cases, are only identified through the relationship that professionals have with them. However, this relationship that staff establishes with the resident often leads to burden for these professionals. The researchers sought to identify characteristics of the nursing homes that lead to positive outcomes for staff. The study involves collecting questionnaires (n=132) and conducting semi structured interviews (n=35) in 9 Catalan nursing homes with number of staff, utilizing a quantitative questionnaire and semi-structured interviews. Practices in organisations that led to positive outcomes for staff included coordinated care that includes processes of support for staff, effective communication and decision making practices, clear responsibilities for staff, and utilization of care plans. Effective long term care practices can favour both patient care and professional practice in residences for elderly.

A CASE STUDY: THE INVISIBLE LABOR OF CULTURALLY SENSITIVE CARE

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Nursing homes are increasingly becoming more racially/ethnically diverse yet racial disparities in resident's quality of life and quality of care continue to persist. One reason for these disparities is lack of culturally-sensitive care and racial/ethnic similarity between residents and staff. This study examines a case of a high proportion minority nursing home with racially/ethnically diverse staff to understand how shared culture among direct care staff and residents may influence care delivery. We used three months of