

“CNA Transitions” by Diane L. Dixon in *Caring for the Ages*, February 2005, Vol.6, No.2

One of very important component of culture change in nursing homes is staff empowerment. At homes where neighborhoods foster consistent relationship between staff and residents, front-line staff have knowledge about each resident to effectively advocate for that resident’s needs. When front line staff are involved not only in caring for residents, but are also participating as a valuable team member by contributing their knowledge for the improvement of residents’ quality of life, then CNAs become truly empowered. .

In order to strengthen CNAs empowerment, at the Loomis House in Holyoke, Massachusetts, the most qualified CNAs were promoted to become managers- “neighborhood coordinators”. The house is divided into neighborhoods composed of consistent interdisciplinary teams led by neighborhood coordinators. This promotion initially caused some concerns for the selected direct care workers. They were not confident that they can be good managers without a prior experience in that position. They also were apprehensive about whether other CNAs would accept them. They were not sure how the residents and their families would feel about their changed roles. The biggest anxiety was associated with not being sure if they could do a good job as a manager. They also shared a concern that managerial duties will decrease their time spent with the residents.

The initial anxieties and concerns were decreased by provision of education sessions. The coordinators learned how to deal with difficult residents, time management, scheduling, confidentiality, privacy issues, rehab training, sensitivity training. They were taught how to handle difficult coworkers, principles of conflict resolution and how to work with family members. All the coordinators felt that they had a great support from the top management: their Director of Nursing and administrator. The fact that they both were accessible and willing to answer questions made the transition to a new role much easier.

The neighborhood coordinators view their new role as teachers and raw models. They feel that building trust and being patient with others are very important aspects of their leadership. They state that “leadership is hard work, and we like it”. It took time for other CNAs to adjust to their peers to be on managerial positions. Since they all work together the coordinators see themselves as “cheerleaders” of their teams. One of their new tasks is responsibility for scheduling, staffing, and care planning. The coordinators also help with education to direct staff.

Bremont Nursing Home in Bremont, Texas adopted the neighborhood model three years ago. Each neighborhood is managed by a team leader selected by her peers. The fact that a leader was chosen from a team by his/her team members helped leaders to accept their new responsibilities easier. Each leader participated in three day training for team leadership to learn new skills associated with their promotion. They also studied culture

change philosophies, principles and objectives of care plans, quality of care and quality of life.

Team leaders identified that by assigning a CNA a role of a team leader everybody is involved in providing residents a high quality of care. Leadership means that issues like staffing and scheduling are resolved within a team with the primary focus on residents.

Implications: These two examples illustrate that staff empowerment is possible when senior leaders create an environment in which leadership is co-shared with front line workers. Assigning a leadership role to CNAs with appropriate training and support from the top management enhances a heightened responsibility for front line workers to provide residents top quality of care.