

## Implementing and Empowering Nurse Aide Teams

Yeatts, D. E., Cready, C., Ray, B., DeWitt, A., & Queen, C. (2004). Self-managed work teams in nursing homes: Implementing and empowering nurse aide teams. *The Gerontologist*, 44, (2), 256-261.

Research in manufacturing organizations show self-managed work teams (SMWT) can be an effective way of reducing turnover and absenteeism and of improving job satisfaction, decision making and performance. It is not entirely clear yet whether the same results will be found in nursing homes but the data collection from this study should shed some light in these areas. The qualitative data from an earlier pilot and this study show a number of positive outcomes such as “improved interpersonal relationships leading to better coordination of resident care, discussions of absenteeism and tardiness leading to more awareness of these, and increased information sharing that has led to improved understanding of nursing home policies.”

This article describes the process the authors are using to study self-managed nurse aide teams in nursing homes, the steps necessary to implement the teams, and the management strategies employed. Qualitative and quantitative analyses data are being collected and will be reported 12 months after team implementation. Ten facilities were selected, five for the study and five for comparison.

The process being employed for developing SMWTs for nurse aides in the 5 facilities being studied include:

1. Management staff’s introduction to the concept of CNA SMWTs  
This first step is crucial because management needs to know the benefits, costs and implementation requirements in order to make the decision to change to SMWTs. They also need to be educated on how management will need to interact with the teams.
2. Assess nursing home management staff to determine their desire to have CNA teams  
This assessment will determine how much interest management has in making CNA teams a reality. CNA teams cannot be successful unless managers want them to be successful. The major cost of SMWTs is the time managers must take to provide information, feedback, and work with the teams.
3. Provide orientation for the management regarding how SMWTs work, their advantages, and their costs  
This will take two or three sessions with the same group of managers. The sessions detail information on how management must interact with teams and the importance of allowing the team time to develop and implement their own solutions (unless there would be serious detriment to residents). Managers provide providing information to teams and reward the teams when successful. During these meetings decisions are made on how many teams, who the members will be and to identify some issues the SMWTs can influence.
4. Identify several managers to take on the role of “Team Contacts”  
Team contacts are the managers to whom the CNA teams go for assistance when they need help or to whom teams give weekly reports (e.g. when team meets weekly to review skin care, pain management, weight loss, etc. These findings will be reported to the manager who is the “team contact”).
5. Provide detailed orientation for the nurses regarding how SMWTs work, their advantages and their costs  
This will take several sessions and will cover the same information given to the senior managers. In some cases nurses may take the role of “team contact” so they need to be well versed in the techniques of supporting teams that make their own decisions.

6. Orient the CNAs to the concept of SMWTs  
All staff will be included in the meeting/s held to educate CNAs about SMWTs. It was cautioned that unrealistic expectations, such as exaggerating the decision-making authority of teams, may cause teams to become disillusioned when decision-making authority is not as broad as described.
7. CNA teams begin holding weekly meetings  
Typically 30-minute weekly sit-down meetings are held at a time that is generally slower. All CNAs on duty attend and call lights are attended by nurses. Meetings focus on what needs to be covered with everyone getting the change to share their views. Notes are taken and shared with the team contact. Prior to the first meeting a team coordinator (or leader) should be designated to chair the meetings.
8. CNA teams receive interpersonal skills training and training on the procedures to follow for making good decisions  
Good interpersonal skills should be defined (including the importance of listening, the fact that no idea is a bad idea, importance of no one dominating discussion and importance of showing respect to all members even if they differ in opinions) during the first team meeting. Another area for education is decision making. Training is typically provided by a team facilitator who is not threatening to the team members as well as the knowledge for the trainings. Interpersonal skills training is best provided as on-the-job training.
9. Participation of team facilitator  
During the training phase the team facilitator will attend all team meetings but once trained, the facilitator attends only every other week then slowly reduces visits as the team develops. This helps the team begin to function independently rather than to become dependent on the facilitator.

**IMPLICATIONS FOR PRACTICE:** Using the steps outlined in this article can help homes who are planning to establish front-line staff teams. Helpful hints, as well as, a number of possible stumbling blocks are included to caution those entertaining the move to work teams. Galichia Center on Aging staff will report outcomes when Yeatts, et al make them available.