Abstract

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Anderson, Ruth PhD, RN, FAAN
Professor (tenure)
Chair, Doctoral Program

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Abstract: DESCRIPTION: (provided by applicant) Despite widespread concern about poor quality of care in US nursing homes (NHs) and numerous efforts to improve, serious problems persist. Interestingly, we have knowledge needed to improve, such as best practice guidelines, total quality management, and regulation. However, none of these efforts have yet led to broad-based improvement. Problems in adapting any knowledge in a systemized way in a NH, points directly to the need for effective nursing management practices (NMPs). Research shows that NMPs that change how people relate to one another, such as communication, participation in decision making, interactions among diverse individuals, and relationship-oriented leadership, result in better outcomes in NHs. Prior research, however, provides little insight into how these practices actually work, making use difficult. This study will describe and explain how relationship patterns and NIMPs lead to behaviors that result in high quality or poor quality outcomes. This study will provide new understanding about how NMPs work and how they are applied in practice, thus extending our knowledge about how to use them effectively. This 4.5 year study will explore relationship patterns and NIMPs that enable NHs to attain high quality resident outcomes. Specific aims are to, in selected NHs: 1) describe relationship patterns; 2) explore staffs and managers' understanding of relationship patterns and NMPs in use; 3) compare relationship patterns and NMPs between homes with high-quality and poor-quality resident outcomes; and 4) develop a model of the relationship patterns and NMPs that foster better outcomes. Eight comparative case studies will be conducted in two phases, formative and replication. Hypotheses about the relationship patterns and NMPs associated with quality outcomes will be generated in the formative cases and tested in the replication cases. The replication case studies strengthen the validity of the study results. For comparisons and to assure that both confirming and disconfirming evidence can be obtained, known-groups will be used; both the formative and replication case studies will include two high quality and two low quality NHs. Quality is measured by MDS QIs and the REAL measure of residents' perceptions of quality of life. Methods will include network analysis, observation, interviews, and analysis of documents and records. Insights gained will provide knowledge for a new generation of interventions to improve NH care.