Fact Sheet

Factors which facilitate efficient and cost-effective nursing services: The influence of a relationship-enhancing program of care on residents, family members, and nursing staff

Factors Which Facilitate Efficient and Cost-Effective Care
Factors linked with efficient and cost-effective care include: having the right skill mix for the patient population (Doran et al., 2001; O'Brien-Pallas, Thomson, Alksnis, & Bruce, 2001; Lasenger et al., 1994; Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Aiken, Clarke, & Sloane, 2000); continuity of care (O'Brien-Pallas et al., 2001); case management (Allred et al., 1995; McKenzie, Torkelson, & Holt, 1989); use of evidence-based practice recommendations; and leadership at all levels (McNeese, 1993; Laschinger & Wong, 1999; Laschinger, Wong, McMahon, & Kaufmann, 1999).

Efficiency and Cost Effectiveness in Long-Term Care
Providing high quality, cost-effective care to geriatric populations living in long-term care facilities is a significant challenge for health care administrators. One creative way to optimize the provision of care without introducing significant changes to staffing patterns or incurring greater costs is to improve the relationship between care providers and residents and to make it more client-focused. As well, the literature suggests that meaningful care provider-resident relationships are a largely untapped resource for improving the quality of life for residents living in long-term care facilities (Bowers, Esmond, & Jacobson, 2000; Piercy, 2002; Bowers, Fibich, & Jacobson, 2001).

Establishing an Effective Care Provider-Resident Relationship
Quality nursing practice is dependent on an effective relationship between the nurse and the client. Recent health care organizational restructuring has resulted in the removal of significant contextual or organizational elements that support the manifestation of relationships. Restructuring has had many impacts such as lower number of professional nurses to patients, increasing casual and part-time nurses, and decreased support mechanisms such as nurse educators and nurse managers. These impacts have resulted in decreased patient and nurse satisfaction, emotional burnout, increased length of stay (Aiken et al., 2001), and decreased quality of care as seen in outcomes such as functional independence, pain, social function, and patient satisfaction (McGillis Hall et al., 2001).

Recent Unit Research
A study by McGilton (2001) suggests that more efficient and cost-effective care can be given to clients when the nurse has a meaningful relationship with them and focuses on the client’s care needs. The study used Winnicott’s theory (1970) on relationships not only because it characterizes the abilities that care providers require to relate effectively with their residents, but because it also includes conditions through which the care providers’ ability to relate to residents could be enhanced. According to Winnicott, the essential skills that care providers require to enhance their relationships with residents involve reliability, empathy, and continuity of care.
The primary purpose of the study was to determine the efficacy of a Relationship-Enhancing Program of Care (REPC) on the care providers’ relational care from the perspective of the residents and their family members, as well as its efficacy on care providers’ behaviours. Care providers were defined as health care aides or registered practical nurses - those persons who care for residents on a daily basis. The study was conducted on two long-term care units in the nursing home section of a large university-affiliated geriatric centre. One unit was the intervention unit while the other served as a comparison unit, but both units had similar resident characteristics and skill mix of staff.

Relationship-Enhancing Program of Care
The Relationship-Enhancing Program of Care was comprised of organizational and educational components. First, care providers were assigned to the same residents every day they worked. Second, care providers attended a four-session educational program designed to provide them with the knowledge and skills required to engage in effective relational care with residents. Care providers also developed resident profiles to learn about the needs and wishes of their residents. Third, supervisors of the care providers attended a two-hour session designed to provide them with skills to enhance their supportive capacities with care providers. Discussion groups, a monthly newsletter, and other printed materials were also used with care providers and supervisors to reinforce new concepts and approaches to care.

Results
• Residents who received care from REPC trained staff reported a significant improvement in how empathic and reliable care providers were with them after the intervention compared to residents who received the usual care.
• Family members reported that relational behaviours improved between their relative (resident) and RECP trained care providers following the intervention compared to family members whose relatives received the usual care.
• REPC trained staff demonstrated an improvement in their relational behaviours towards their assigned residents compared to those care providers who provided usual care.

Practice Recommendations
• Care providers and supervisors who work in long-term care can participate in continuing education to promote quality relationships in these environments.
• Administrators in long-term care organizations can ensure the development of standards that focus on quality staff-client relationships and take responsibility for ensuring this objective is achieved.
• Continuity of care provider models, enhancing care providers interactions, and supporting care providers in the development of relationships with residents, influences the quality of care provider-resident relationships.

References Available Upon Request

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