

# Flexibility as a Management Principle in Dementia Care: The Adards Example

Jiska Cohen-Mansfield, PhD, ABPP,<sup>1</sup> and Allan Bester, RN<sup>2</sup>

**Purpose:** Flexibility is an essential ingredient of person-centered care. We illustrate the potential impact of flexibility by portraying a nursing home that uses flexibility in its approach to residents and staff members. **Designs and Methods:** The paper describes the management strategies, principles, and environmental features used by the Adards nursing home in Australia. **Results:** Adards' flexibility in daily work and task scheduling promotes both resident and staff autonomy, which in turn allows for higher staffing levels, lower staff turnover, and more typical life experiences for residents than is found in many long-term-care facilities in the United States. **Implications:** The article provides an example and a basis for future discussion on this topic, with the hope that it will prompt other institutions to expand the level of flexibility in their policies and procedures.

**Key Words:** *Daily scheduling, Nursing home, Person-centered care, Staffing levels, Workplace flexibility*

Flexibility is an essential ingredient of person-centered care. Person-centered care attempts to adapt care to the needs, preserved abilities, personality, habits, preferences, and cognitive, sensory, and physical limitations of the person with dementia. In order to do so, caregivers have to adapt schedules, decision-making processes, and environments to the needs of the person with dementia, thus requiring a great degree of flexibility. This was exemplified in a survey of certified nursing assistants who were asked to describe practices that enabled the implementation of individualized care in nursing homes (Curry, Porter, Michalski, & Gruman, 2000). One of the main experiences reported to

contribute to individualized care was flexibility in daily scheduling. Other contributing factors involved inter-staff relations and rules, such as receiving assistance from supervisors in managing residents with difficult behaviors, participation in care planning, and the ability to try new approaches to care.

Flexibility is therefore an important ingredient, not only in the care process of residents, but also in the administration of staff members in nursing homes. In a study of job satisfaction among Australian long-term-care staff members, participants emphasized the importance of workplace flexibility in their decisions to work in long-term care (Moyle, Skinner, Rowe, & Gork, 2003). Similarly, in another study, Proenca and Shewchuk (1997a) found that work flexibility was an important contributor to attracting staff members to nursing home jobs. Work flexibility was especially favored by high-tenure nurses (Proenca & Shewchuk, 1997b), suggesting that flexibility may be useful in decreasing turnover and therefore in avoiding the costs associated with frequent hiring and training. In this article, we attempt to demonstrate the benefits and issues encountered in the practice of flexibility in resident care and in staff policies and practice, using the example of one specialized nursing home.

Adards is a small nursing home in Tasmania, Australia, with 36 beds designated for individuals with dementia and behavior problems. Containing four 9-bed units around a centralized room, it operates as four separate buildings during the day and one unit at night. The architectural design allows closing each unit off during the daytime and opening access to the center at night to allow for lower staffing during the night shift. Residents who tend to wander at night tend to go to the well-lit center area, where they are welcome to relax, wander, or interact with the nighttime staff members. Each unit includes a living room, a dining room, a kitchen, and nine bedrooms, each with a toilet and shower area. Each unit is surrounded by an outdoor garden to which residents have free access and in which they can walk in paths that lead them back to the unit.

The perspective that guided the flexibility in management principles at Adards focuses first on fostering an atmosphere that is appropriate for providing

We thank Dr. John Tooth for helping to make this article possible. Address correspondence to Jiska Cohen-Mansfield, PhD, ABPP, Director, Research Institute on Aging, Hebrew Home of Greater Washington, 6121 Montrose Road, Rockville, MD 20852. E-mail: cohen-mansfield@hebrew-home.org

<sup>1</sup>Department of Health Care Sciences and of Prevention and Community Health, George Washington University Medical Center and School of Public Health, Washington, DC.

<sup>2</sup>Adards Nursing Home, Warrane, Tasmania, Australia.

the best care for individuals with dementia. This atmosphere includes an unrushed pace and a contented social ambiance. It therefore requires sufficient staffing levels at the hours of greatest need of assistance, and a thorough understanding of the experience of the staff member. For example, the usual staff member has to get up at 5 a.m. in order to be at the nursing home at 7 a.m. and get residents dressed and ready for breakfast. When they serve breakfast, nursing staff are themselves hungry and in need of refreshment. However, in most nursing homes, taking food would be considered stealing the residents' food. Encouraging staff members to eat with the residents addresses this issue, and it also makes mealtime more homelike and social for residents. The nursing staff members also need to be treated with respect and care in order for them to be able to provide respect and kindness to residents. The model's impact on residents and staff is summarized in Figure 1.

Flexibility is a central management principle in working with both residents and staff members. Flexibility in regard to residents is manifested in their ability to control the time they get up, eat, go outdoors, and go to sleep. Therefore, different residents eat, get dressed, and are active at different times of the day. Specific activities that are common to people who live in the outside community are available to these residents, such as feeding hens in a chicken coop, playing with a pet dog on the unit, tending a raised garden, washing a disabled car, and waiting at a bus stop. There are also windows from which residents can view ongoing activities on the adjacent street.

Before we describe the specific staffing procedures of Adards, we provide some background here. The front-line staff in Australia are called extended care assistants (ECAs) rather than nursing assistants. Typically, ECAs have a high school education and receive on-the-job training, though training is not mandatory. The commonwealth government subsidizes the training in the following manner. The training company visits the nursing home and assigns ECAs for training. It then applies to the commonwealth government for a grant that covers the cost of training. The training includes very little classroom work. The trainer comes in and observes care, so the training is competency based. The training is adjusted to the ECA's pace, and normally continues for 2 to 3 years. The trainer will observe and model care in some cases, but for those aspects of care that require privacy, like showering a person, training is mostly accomplished through report and discussion. Unlike the larger cities in Australia that have a greater ethnic diversity, Tasmania has a majority of Caucasians, and that is reflected in nursing home staff members. Therefore, though there is no discrimination against minorities, staff members at Adards include 6% minorities.

The ECA's primary tasks revolve around activities of daily living (e.g., dressing, feeding, showering, or other bathing). ECAs are not allowed to dispense medications or perform complex nursing duties, but they are allowed to do minor dressings. Unlike those in most nursing homes in Australia, Adards' ECAs also

Model of Impact of Flexible Management

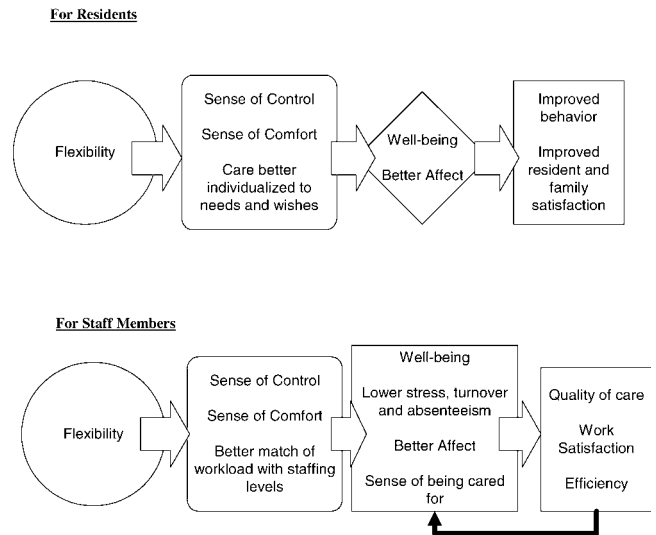


Figure 1. Model of Impact of Flexible Management.

are involved in other activities, such as doing laundry, assisting in the kitchen, mopping the floor, and performing other social or household activities. Medication is administered by a registered nurse (RN) or by an enrolled nurse (one who completes 2 full years of nursing school vs the 3 years required of an RN). By law there must be an RN on duty 24 hr/day to supervise the ECAs.

Flexibility related to staff members includes encouragement of staff members to eat meals with residents, talk with them, spend time walking with them, or engage in other activities with them. Staff members are welcome to bring children or spouses when it is convenient, such as when a child finishes school earlier than usual or has a day off. The director of nursing summarized his philosophy about the role of staff members in the following way: "if, when I come into the unit in the morning I see all the beds made, and the residents all dressed, I am concerned. But, if I see that not everything has been done, and that staff members are eating breakfast and joking with the residents, I know everything is fine."

Family members also are encouraged to have lunch or tea with the residents and staff members, contributing to the homelike atmosphere and adding social activities to the home. Although when Adards opened, family members were charged for meals, that policy was changed, and for the past 7 years they have not been charged, because of the benefits of such family meals and the costs involved in charging. Communal meals also benefit the relationship between staff members and family members.

Staffing schedules also involve a high degree of flexibility, which stems from a philosophy that assumes that (a) shorter schedules allow the administration to tailor the staffing levels to residents needs, (b) shorter schedules are likely to limit burden and burnout among staff and allow them to enjoy the positive aspects of the job, (c) having a flexible schedule allows Adards to more easily fit its needs with the needs of staff members

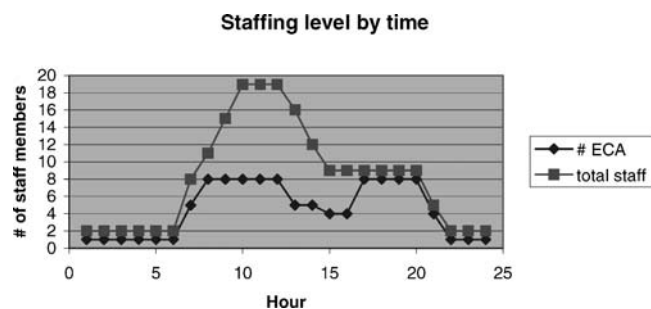


Figure 2. Staffing Level at Adards by Time of Day for ECAs and for Total Number of Staff Members (including RNs, Administration, Cooks, Cleaning Staff Members, and Therapy Staff Members).

who have specific wishes or obligations with family and leisure activities, and (d) a shorter and more flexible schedule allows Adards to attract employees who are either retired or otherwise do not have to work for a living, but use this as an opportunity to both contribute to society and earn some extra income. Schedule flexibility is available on several different levels (e.g., number of hours worked per shift; number of hours worked per week), especially for direct care staff members, the ECAs. Each day there are six ECAs who work an 8-hr shift, three who work 7-hr shifts, three who work 6-hr shifts, and four who work 4-hr shifts. This means that 16 ECAs are working 12.9 full-time equivalent shifts, and they have their choice of shift length, which ranges between 4 and 8 hr. In order to best accommodate these varying shifts and the changing needs of residents, the largest number of ECAs are available between 8 a.m. and 1 p.m. for morning care, breakfast, and lunch, and between 4:30 p.m. and 8:30 p.m. for dinner and evening care. The number of ECAs available per hour and the total number of staff members for each hour are presented in Figure 2. The staffing pattern has been designed to meet the needs of residents, so that there are higher staffing levels at those hours when there is greater need for assistance. This staffing schedule is constant and does not change with specific resident fluctuations, except that one unit may loan a staff member to another if there is a particular problem on a specific day.

Although each ECA has a permanent assignment to one of the buildings, there is considerable rotation. Any staff member, an ECA, a cleaner, a cook, or an RN can replace a fellow staff member of the same qualifications. All that is required is that a form be filled for a change of shift that is agreed upon by both staff

members. This is very common at Adards, so that on any given day, there may be one or two staff members who changed their work schedule in order to go to a function, watch their children because they have no babysitter, or go on a longer vacation. This results in and is enabled by staff rotation, so that every staff member is familiar with all 36 residents. Additionally, as mentioned, rotation occurs when one of the units encounters a major problem, such as an especially difficult behavior of one of the residents, and a staff member may be moved from regular duties to a unit in need of additional support.

In Table 1, we compare staffing levels at Adards with minimum standards and median levels in the United States. We measure staffing levels in staff hours per resident days. We take the comparison data from Harrington (2005). The median staffing levels across states represent information based on 12,209 U.S. nursing homes surveyed in 1999. The minimum standards are based on a 100-bed nursing home. The U.S. Centers for Medicare and Medicaid Services studied staffing levels in nursing homes and, on that basis, made recommendations for minimum levels in 2001 (as cited in Harrington).

An additional aspect of staffing flexibility is the number of shifts a staff member works per week. An analysis of the number of hours ECAs worked during 1 week revealed that the number of working hours per ECA ranged from 8 to 34, with a mean of 22 and a median of 21. The distribution of hours for the 31 ECAs is displayed in Figure 3. This wide range of weekly schedules stands in contrast to the usual 40-hr week. For ECAs, the work schedule at Adards typically includes a 3-day work period followed by a 3-day off period.

This type of schedule tends to appeal to women who are married with young children. These women often want to reenter the work force but not in a full-time position, because they still have considerable home and family responsibilities. However, a part-time position in a rotating roster with a flexible schedule is often very suitable for them. The majority of staff members fit this profile. In a staff of 80, there are five men, two of whom are RNs and three of whom are ECAs. The age group of 35 to 45 years is the modal group, and most staff members are married (there are only two or three divorced or single mothers).

The lower-than-full-time work schedule is facilitated by the fact that, in Australia, caregivers are paid extra for working weekends, afternoons, and public holidays—called penalty rates. This allows a part-time worker to

Table 1. Comparison of Staffing Levels Per Resident Hour at Adards to U.S. Minimum Standards and Median Levels

HRPD	Adards	U.S. Average Minimum Standards*	U.S. Median Across States*	CMS Proposed Requirements*	Schnelle's Simulation Model for Optimal Care*
Licensed nursing staff	0.78	0.41	1.13	1.3	Not available
Nursing assistants	3	No standards available	2.02	2.8	2.9
Total staff	3.78	2.32	3.16	4.1	Not available

Notes: HRPD = hours per day; CMS = Center for Medicare and Medicaid Services.

\*From Harrington (2005).

earn a salary that may be equivalent to that of another full-time occupation. Specifically, ECAs earn about AUS \$15/hr (equivalent to US \$11.50/hr). Other rates apply for Saturdays (when they receive 150% of the rate), Sundays and public holidays (when they receive double the rate), and for night duty and after 6 p.m., during which time rates are 15% over the usual rate.

The management model is similar to using self-directed work teams (Yeatts, Cready, Ray, DeWitt, & Queen, 2004). The four ECA teams are completely responsible for all care during the day and make management decisions regarding their work, but there is also one RN who floats around the four teams. This RN does not belong to any team, and her role is supervising, helping, and giving medication. All staff members are interlinked by means of a mobile phone service, through which the ECAs can reach the RN in case a resident may not feel well or when the ECA requires assistance.

The use of flexibility as a management strategy at Adards can therefore be summarized as occurring on three levels: care practices for residents, schedules of staff members, and attitudes toward staff members. The staff schedules operate on four main principles. The principles are intended to reduce staff burnout and maximize job satisfaction. These principles are as follows: (a) Shifts are often shorter than 8 hr, with a variety of options regarding length of shift; (b) weekly schedules are shorter than 40 hr with an average of around 22; (c) ECAs can exchange shifts with each other at their convenience; and (d) caregivers generally work a roster of 3 days on duty and then 3 days off duty. A fifth principle, (e) number of direct care workers is maximized between 8 a.m. and 1 p.m. and between 4:30 p.m. and 8:30 p.m., utilizes the short shifts to maximize the benefits to residents so that staffing levels are directly related to residents' needs at different times of day, and are not bound by 8-hr shifts.

The flexibility and part-time assignments also impact turnover, staff recruitment, absenteeism, and sick leave. Since the facility opened in 1991, the average tenure of staff members is 7.2 years, and the average turnover rate for those years has been 10%. Although the comparison rates vary by source, they are generally estimated to be above 50% (Castle, 2005), or in some cases above 100% (Anderson, Corazzini, & McDaniel, 2004). By working shorter shifts and having a roster of 3 days on duty then 3 days off duty, burden is decreased, and staff members feel they have sufficient time to provide their own families with quality family time, all of which account for a lack of turnover. Recruitment has been particularly easy with this model, so that Adards has never advertised for an ECA after the initial hiring when the facility opened. Word of mouth has always been sufficient for recruitment, as there are always people waiting for such jobs. Absenteeism has not been a problem at Adards because of a combination of three policies: (a) the policy that allows changing shifts among staff members enables staff members to arrange for a replacement if they choose not to come to work for any reason; (b) the 3-day-on, 3-day-off schedule policy results in a large

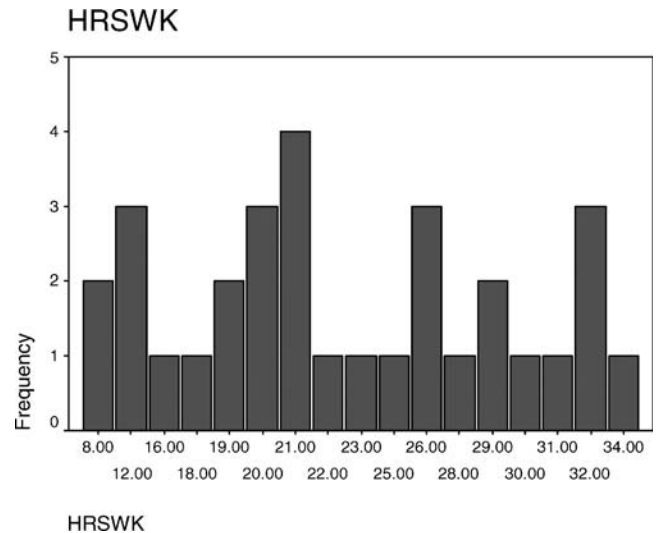


Figure 3. Number of Hours ECAs at Adards Work Per Week (HRSWK).

availability of staff members, given that they work only half of the available workdays; and (c) the policy that allows staff members to bring their children to the nursing home decreases the problems surrounding school holidays. Sick leave is also low at 0.6%, which compares with about 7% at a local government nursing home, where staff members work 12-hr shifts.

Nursing personnel staffing levels at Adards are higher than both minimum standards and median levels in the United States. This is partly because those levels have been recognized as insufficient in the United States, and partly because ECAs at Adards also perform nonnursing duties, such as laundry. Additionally, there are no role boundaries; that is, every team member has to do everything, so that residents are not left unattended because a nurse is not available. Similarly, there are no cooks or cleaning staff members on the evening shift, requiring other staff members to be flexible regarding their specific role duties. Nancarrow (2004) demonstrated how role flexibility can maximize limited staffing resources. Adards' administration believes that it is not the higher staffing levels that make Adards unique, but the distribution of those hours during the day, and the flexibility this offers in terms of staff shifts and staff weekly schedules described herein.

The flexibility in attitudes both toward staff members and toward staff schedules allows Adards a greater choice in getting staff members that are most suitable for a caring role. The main criterion for hiring is a caring personality that enjoys older adults and can communicate with them. These characteristics are considered essential for providing quality care. Furthermore, the presence of multiple staff members, staff members' children, and pets all join to provide positive stimuli to residents and a sense of normal life experiences.

Structural and systematic methods to improve long-term-care management, environment, staffing levels, and resident quality of life are needed, and Adards provides an example and a basis for future discussion.

Although it is difficult to predict whether the model as a whole could work in the United States, elements of the model can surely be applied. In terms of available workforce, according to the Bureau of Labor Statistics, 58% of married women work outside the home, as compared with 75% of married men (U.S. Department of Labor, 2005); the difference is probably due to a combination of caring for small children, women who choose not to reenter the labor force, and those who have difficulty doing so because of the inflexibility of the work system. However, the size of the latter group is difficult to gauge. Other elements, such as self-scheduling and self-managed work teams, are starting to appear in various health care facilities.

The flexible management practices demonstrated at Adards fit well with the new business management paradigms. Whereas the old paradigm stressed hierarchy and centralization of control, formal rules, and strict separation of private life from work, the new model allows self-organization, more complexity, and more responsiveness and respect for the worker (Jenner, 1994; McNamara, 1999; Sugarman, 1994). Within these developments, nursing home administrators in facilities in the United States and around the world should consider the various kinds of flexibility in their management strategies in order to improve person-centered care as well as maximize staff and resident well-being.

## References

Anderson, R. A., Corazzini, K. N., & McDaniel, R. R., Jr. (2004). Complexity science and the dynamics of climate and communication: Reducing nursing home turnover. *The Gerontologist, 44*, 378–388.

- Castle, N. G. (2005). Turnover begets turnover. *The Gerontologist, 45*, 186–195.
- Curry, L., Porter, M., Michalski, M., & Gruman, C. (2000). Individualized care: Perceptions of certified nurse's aides. *Journal of Gerontological Nursing, 26*, 45–51; quiz 52–53.
- Harrington, C. (2005). Nurse staffing in nursing homes in the United States: Part II. *Journal of Gerontological Nursing, 31*, 9–15.
- Jenner, R. A. (1994). Changing patterns of power, chaotic dynamics and the emergence of a post-modern organizational paradigm. *Journal of Organizational Change Management, 7*, 8–21.
- McNamara, C. (1999). Brief overview of contemporary theories in management. Authenticity Consulting, LLC. Retrieved September 18, 2005, from <http://management.about.com/gi/dynamic/offsite.htm?zi=1/XJ&sdn=management&zu=http%3A%2F%2Fwww.managementhelp.org%2Fmgmnt%2Fcontemporary.htm>
- Moyle, W., Skinner, J., Rowe, G., & Gork, C. (2003). Views of job satisfaction and dissatisfaction in Australian long-term care. *Journal of Clinical Nursing, 12*, 168–176.
- Nancarrow, S. (2004). Dynamic role boundaries in intermediate care services. *Journal of Interprofessional Care, 18*, 141–151.
- Proenca, E. J., & Shewchuk, R. M. (1997). Attracting RNs to nursing homes: Nurses' work experience and perceived importance of organization and job attributes. *Best Practices and Benchmarking in Healthcare, 2*, 265–273.
- Proenca, E. J., & Shewchuk, R. M. (1997). Organizational tenure and the perceived importance of retention factors in nursing homes. *Health Care Management Review, 22*, 65–73.
- Sugarman, B. (1994). Learning, working, managing, sharing: The new paradigm of the "learning organization." Lesley College. Retrieved September 21, 2005, from <http://www.Lesley.edu/journals/jppp/2/sugarman.html>
- U.S. Department of Labor, Bureau of Labor Statistics. (2005). Title here. Retrieved September 18, 2005, from <http://www.bls.gov/cps/wlf-table4-2005.pdf>
- 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*, 256–261.

Received July 28, 2005

Accepted November 8, 2005

Decision Editor: Nancy Morrow-Howell, PhD