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***Regular Reads** is a supplement of **mosAIC**, the Agency for Integrated Care's publication for the Community Care sector. Filled with information such as programmes, good practices, book and journal summaries as well as stories from the sector, **mosAIC** is available free for Community Care staff. For more information, visit <http://www.aic.sg/mosaic>



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mosAIC's Regular Reads aims to give relevant, useful information to Community Care partners for the improvement of their operations. This section features journal articles that highlight latest research findings as well as good, evidence-based and innovative practices. While the articles aim to keep Community Care partners informed of current developments in the sector, the views and opinions expressed or implied do not necessarily reflect those of AIC, its directors or editorial staff.

» Pay, conditions and care quality in residential, nursing and domiciliary services

Residential, nursing and domiciliary care service workers tend to do demanding work for low pay, and social care services are being delivered in an increasingly challenging environment while expectations about service quality, care workers' skills and attributes are increasing. In this regard, this report seeks to ascertain if there is a relationship between pay and conditions for these workers and the quality of care they provide. No conclusive evidence exists to show that increased salary will lead to improved care quality. However, it is found that it is important that staff feel valued; have chances for career progression; and are given managerial support and proportional human resource management. It is also found that there is a need to address the low social standing of care workers and motivate them, and that it is important to retain employees in this sector.

Carr, S. (2014, April). Pay, conditions and care quality in residential, nursing and domiciliary services. Joseph Rowntree Foundation. Retrieved July 4, 2014.

Search for the full-text article at www.jrf.org.uk

» Is excessive paperwork in care homes undermining care for older people?

This report explores whether the burden placed upon British care home staff to produce paperwork is having a positive or detrimental effect on the quality of care. It uses desk-based review of paperwork, interviews, focus groups and observations with care home staff, residents and carers to look at: the function of paperwork and who decides it; how paperwork is used in care homes; whether paperwork contributes to what residents value; and the implications on the quality of care residents receive. The study found that residents, rather than being the beneficiaries, were at the mercy of regulatory regimes. Paperwork had an adverse effect on leadership, value of care, vocation, co-operation and professional autonomy. It concludes with short-term and long-term recommendations to streamline paperwork.

Warmington, J., Afridi, A., & Foreman, W. (2014, February). Is excessive paperwork in care homes undermining care for older people? Joseph Rowntree Foundation. Retrieved 1 April 2015.

Search for the full-text article at www.jrf.org.uk

» Responding to culture: Beyond cultural competence training

This report highlights that the disparities in health and healthcare delivery can be reduced if healthcare providers and systems were more aware of their patients' cultural background and responsive to those unique needs. This report describes a systematic approach to make healthcare organisations more knowledgeable and responsive to cultural issues – beyond cultural competence training. It looks at why culture matters and how to address it. It details strategies for considering culture: gather information that helps one learn about patients' culture; build interventions and workflows on patients' culturally-based values, preferences and perceptions; choose images and language that resonate with the target population while creating patient education materials; and sustain organisations' efforts to culturally tailor care.

Voss-DeMeester, R., et. al. (2014). Responding to culture: Beyond cultural competence training. Robert Wood Johnson Foundation. Retrieved 1 April 2015.

Search for the full-text article at www.rwjf.org

» Adult care homes sector: Focus on Enforcement review

This document discusses the views of adult home care providers with regard to the regulation of the sector. Among the points raised were that while no significant challenges were mounted against the current regulations, concerns were raised by the sector about enforcement of regulations and how commissioning roles are exercised. Providers also spoke of a lack of coordination between the Care Quality Commission and commissioners of places in homes contributing to burdens imposed on providers. Besides, the sector feels that current pass/fail approach to assessing and reporting compliance has serious limitations.

Adult care homes sector: Focus on Enforcement review. (2013, October 15). Department of Business, Innovation and Skills & Department of Health. Retrieved January 2, 2014.

Search for the full-text article at www.gov.uk

» Long-term care services in the United States: 2013 overview

This report presents the results of the first wave of the National Study of Long-Term Care Providers (NSLTCP). It provides a national picture of providers and users of long-term care services in the United States. It provides information on the supply, organisational characteristics, staffing and services offered by providers of long-term care services. It details the demographic, health and functional composition of users of these services such as nursing home residents, residential care community residents, patients of home health agencies and hospice, and participants of adult day services centres. It found that in 2012, about 58,500 long-term care services providers served about eight million people in the United States. Provider sectors differed in ownership, size, nursing staffing levels, use of social workers and services offered. Users of long-term care services varied in their demographics, health characteristics and functional status.

Harris-Kojetin, L., Sengupta, M., Park-Lee, E., & Valverde, R. (2013, December). Long-term care services in the United States: 2013 overview. National Center for Health Statistics. Retrieved January 2, 2014.

Search for the full-text article at www.cdc.gov

» Recruiting to reduce turnover in LTC

Employee turnover rate in the healthcare sector is very high. This could be due to the stressful nature of the job or ample opportunities available within the sector due to the chronic labour shortage. This article discusses successful recruiting and selection strategy. The process of recruiting involves recognising that some recruiting sources deliver employees with higher retention rates than others; analysing different recruiting sources for retention; and using realistic job previews during recruitment. The two proven ways for improving the selection process are behavioural assessments and structured interviews. The second part of the article "Recruiting, retention and onboarding" provides strategies to ensure that the chosen employee stays.

Morgeson, F. (2013, November 6). Recruiting to reduce turnover in LTC. McKnight's. Retrieved January 2, 2014.

Search for the full-text article at www.mcknights.com

» 5 keys to finding and retaining resident-centered employees

This article provides long-term care organisations with five key insights on cultivating a team or relationship-focused employees: select candidates who value service and relationships; create a culture that gives employees permission to develop relationships; hold managers accountable for inspiring employees; realise the power of public recognition; and assess relationship-building skills via performance evaluations and resident satisfaction surveys. It highlights that organisations that identify employees who are self-motivated and who have design systems and processes to keep employees in touch with the workplace are more likely to hire and retain employees who are engaged with residents.

McNeil, R. (2013, August 20). 5 keys to finding and retaining resident-centered employees. Long-Term Living Magazine. Retrieved October 2, 2013.

Search for the full-text article at www.ltlmagazine.com

» The future of county nursing homes in New York State

This report examines the future of New York State county nursing homes based on the consequences of previous decisions to shift nursing homes from the public to the private sector. It does not include homes in New York City. It found that county homes are losing market share to non-public homes, particularly to for-profit providers. While planning the future of county nursing homes, leaders must do due diligence that includes ways of reducing internal costs, enhancing revenues, and weighing the potential conditions for selling homes. The government should consider the following variables: number of other nursing homes in the country; surplus or shortage of nursing home beds; projection of the future aged population; and availability of long-term care services other than nursing homes to country residents, among others.

Pryor, D., & Rosenberg, E. (2013, August). The future of county nursing homes in New York State. Center for Governmental Research. Retrieved October 2, 2013.

Search for the full-text article at <http://reports.cgr.org>

» Pathways to progress in planning for long-term care

This research examines the reasons why Americans aged 40 and older plan too little and too late for their long-term care needs as they grow older. It analyses individual planning behaviour based on age; confidence in finding information; socioeconomic status; retirement; avoidance; experience with long-term care; parents of minor children; health status; likelihood of needing long-term care; and other predictors. It looks at perceived extent of planning, confidence in finding ageing information, predictors of avoidance, experience providing long-term care and group differences in concerns about ageing. It found that Americans underestimate their long-term care needs and take few steps to prepare for it.

Pathways to progress in planning for long-term care. (2013, August). Langer Research Associates. Retrieved October 2, 2013.

Search for the full-text article at www.thescanfoundation.org/publications

» Delivering better services for people with long-term conditions: Building the house of care

This report describes a co-ordinated service delivery model, 'house of care', that aims to deliver proactive, holistic and patient-centred care for people with long-term conditions. It draws from case studies across England. It makes recommendations on how key stakeholders like the NHS and the Department of Health can work together to develop a



coherent approach at the national and local level to care planning for people with long-term conditions and fund the development of technology to support planning and information sharing.

Coulter, A., Roberts, S., & Dixon, A. (2013, October 2). Delivering better services for people with long-term conditions: Building the house of care. The King's Fund. Retrieved October 7, 2013.

Search for the full-text article at www.kingsfund.org.uk

» Showcasing aged-care nursing

The New Zealand population is ageing rapidly. It is estimated that by the late 2020s, the number of older people will be more than the youth and children populations. In addition, one million New Zealanders are expected to live beyond the age of 65. It has impacted the healthcare sector as more demand is placed on services and supports for a variety of chronic conditions, such as cardiovascular diseases, stroke and dementia. Thus, the workloads of the nation's hospitals, general practices and rest home facilities will increase. In this regard, nurses are taking on leadership roles and a strong nursing workforce is recognised as the key to high-quality healthcare for older people in the future. An important workforce could be built and maintained through collaboration between district health boards and aged care providers in the community. This publication shows some of the new initiatives underway.

Showcasing aged-care nursing. (2013, September). Ministry of Health, New Zealand. Retrieved October 2, 2013.

Search for the full-text article at www.health.govt.nz

» Better practice guide to complaint handling in aged care services

This booklet provides guidance on creating an effective resolution-focused complaint system in aged care services or ways to enhance the existing process. It encourages a positive, blame-free culture around complaint handling by presenting how complaints help to improve the quality of aged care services in Australia. It lists the various stages of complaint handling: acknowledgement; assessment and assigning priority; planning; investigation; response; and follow up. It also documents complaint handling policies and procedures; the need for effective communication skills; making complaints accessible; continuous improvement to improve service quality; and the legal rights and obligations for service providers and care recipients.

Better practice guide to complaint handling in aged care services. (2013, June). Department of Health and Ageing, Australian Government. Retrieved August 22, 2013.

Search for the full-text article at www.health.gov.au

» Improving the financial accountability of nursing facilities

Nursing facility expenditures have increased over time but so have their profit margins. The United States Government is the primary source of funds. However, profit margins that come at the expense of direct care services will have an adverse impact on the quality of care. The authors contend that these facilities have problems meeting federal quality standards and that low nurse staffing levels are associated with many quality problems. This report looks at nursing facility financing, expenditures and profit margins in California. It also explores two financial policy options designed to control nursing facility costs and improve financial accountability while promoting expenditures on services likely to improve care quality: reimbursement by cost category; and a standard medical loss ratio (MLR).

Harrington, C., Ross, L., Mukamel D., & Rosenau P. (2013, June). Improving the financial accountability of nursing facilities. The Henry J. Kaiser Family Foundation. Retrieved August 22, 2013.

Search for the full-text article at <http://kff.org>

» Medicare hospice: Use of general inpatient care

Hospice care is intended to be short-term. It is also the second-most expensive type of care. In the United States, hospice general inpatient care (GIP) is provided either in Medicare-certified hospice inpatient unit, a hospital, or a skilled nursing facility (SNF). However, concerns have been raised regarding the possibility of abuse of the GIP system, such as billing for services not provided or long lengths of stay. This study analyses the claims data to identify care GIP recipients in 2011, the number of days they were cared for and the setting where they received the care. It ascertained that the system was abused and called for a review to prevent such abuses and called on the Centers for Medicare and Medicaid Services (CMS) to put in place quality measures regarding the ability of hospices to provide all hospice services.

Medicare hospice: Use of general inpatient care. (2013, May 5). Office of the Inspector General, U.S. Department of Health and Human Services. Retrieved August 22, 2013.

Search for the full-text article at <http://oig.hhs.gov>

» A leadership resource for patient and family engagement strategies

This resource seeks to provide hospital and health system leaders with concrete, practical steps grounded on evidence-based research to improve patient and family engagements in their respective healthcare institutions. This can be achieved by: assessing how well the organisation is doing; identifying processes and systems to support patient engagement; ensuring staff obtain training to use these systems and processes effectively; intervening to overcome specific obstacles that may emerge; and monitoring progress towards achieving goals set for patient and family engagement. This report also discusses: how patient and family engagement directly affects hospitals; leadership action steps; the development of a clear vision for fully engaging patients and families; determining improvement opportunities and prioritising and planning how the vision can be achieved. Barriers to patient engagement implementation are also outlined.

A leadership resource for patient and family engagement strategies. (2013, July). Health Research and Educational Trust. Retrieved August 22, 2013.

Search for the full-text article at www.hpoe.org

» Care Update – Issue 2: March 2013

This update provides an overview of the performance of care services in England from April to December 2012. It finds that the health and social care sector are struggling to care adequately for those with dementia. People with dementia living in care homes are more likely than those without dementia to go into hospital with avoidable conditions such as urinary infections, dehydration and pressure sores. The system also faces the challenge of integrating care across hospitals and care homes. While care homes showed improvement in training and supervision of care workers, assessing the needs of their residents, delivering personalised care and support, and detecting and preventing abuse, the progress needs to be much quicker. There was no real change in the number of nursing homes registered but the number of nursing home beds increased by 1.4 per cent.



Care Update – Issue 2: March 2013. (2013, March). Care Quality Commission. Retrieved May 2, 2013.

Search for the full-text article at www.cqc.org.uk

» Premium-only aged residential care facilities and stand-down provisions for mixed facilities: Discussion document

This document discusses whether aged residential care facilities in New Zealand should be allowed to be “premium-only”. “Premium-only” facilities, where residents pay an additional fee, will encourage greater private sector investment in aged residential care facilities. It will provide residents with a choice of facilities and give providers greater freedom to design and operate their facilities. However, this needs to be balanced with sufficient standard rooms within the facility to give prospective residents a real choice of facility without necessarily having to pay extra. This document seeks the views of those involved in the industry as consumers and providers.

Premium-only aged residential care facilities and stand-down provisions for mixed facilities: Discussion document. (2012, December 11). Ministry of Health, New Zealand. Retrieved May 7, 2013.

Search for the full-text article at www.health.govt.nz

» Small changes have big impact on LTC residents’ sense of control, autonomy

This article addresses two areas of care – scheduling and training – that can be modified to give more control and autonomy to nursing home residents and help them cope with stressors, reduce depression and anxiety, and increase their satisfaction with care. It encourages increased flexibility with daily schedules where residents can arrange their days to meet their preferences such as time of rehab, dining and shower. It suggests that staff should be trained in customer service techniques to respond to requests in a pleasant and accommodating manner.

Barbera, E. (2013, March 25). Small changes have big impact on LTC residents’ sense of control, autonomy. Long-term Living Magazine. Retrieved May 2, 2013.

Search for the full-text article at www.ltlmagazine.com

» Clarifying designs

This article examines the recent progress made in design and elements that have led to improvements in housing and care for Alzheimer and dementia residents and for staff who care for them. New designs not only provide living spaces for residents but are challenged to comfort, calm, engage and create a sense of home for residents. The spaces created have a modern and eclectic feel with subtle floor patterns, bolder colours and details in ceilings, millwork and mouldings. Functionality of spaces has improved and larger common areas are being designed to engage all residents.

Surico, D. (2013, May 1). Clarifying designs. McKnight’s. Retrieved May 2, 2013.

Search for the full-text article at www.mcknights.com



» Effects of person-centered care on residents and staff in aged-care facilities: A systematic review

The institutional model of care has been replaced in several residential aged care facilities to one that accepts person-centred care as a guiding standard of practice. This research provides a systematic review that evaluates the impact of person-centred interventions on aged care residents and nursing staff. Person-centred interventions are multifactorial, comprising of elements of environmental enhancement; opportunities for social stimulation and interaction; leadership and management changes; staffing models focused on staff empowerment; and assigning residents to the same care staff and an individualised philosophy of care. The complexity of the interventions and range of outcomes examined makes it difficult to form accurate conclusions about the impact of person-centred care interventions adopted and implemented in aged care facilities.

Brownie, S., & Nancarrow, S. (2013, January 3). Effects of person-centered care on residents and staff in aged-care facilities: A systematic review. *Clinical Interventions in Aging*, 8: 1-10. Retrieved March 11, 2013.

Search for the full-text article at www.dovepress.com

» A new tool for rapid geriatric assessment in the elderly

This research aims to assess the design, application, validity and reliability of a new tool for rapid geriatric assessment in the elderly. It measured activities of daily living scores using a new tool compared with a well-known tool in a population study of 90 elderly subjects in four long-term care departments of a governmental geriatric centre. Results showed that there was a good correlation between the two tools as demonstrated by the correlation curve. The new tool for rapid geriatric assessment was able to evaluate the same and additional parameters measured by traditional tests and did so in much less time with equivalent validity and reliability.

Barel, M. (2012, November). A new tool for rapid geriatric assessment in the elderly. *Israeli Medical Association Journal*. Retrieved January 2, 2013.

Search for the full-text article at www.ima.org.il/imag

» Case management the panacea for aged care?

This study seeks to evaluate the influence of case management on family member or other care-giver involvement in residential aged care settings, staff-family relationships and family satisfaction with residential care. A controlled before and after study involving pre and post intervention testing and comparison between intervention and control groups was conducted. The Family Involvement Questionnaire and the Family Perception of Care Tool was used pre and post intervention to determine the level of family involvement and their perception of care provided. Although there were no statistically significant results due to the sample size, there were positive changes at the intervention site. The study concludes that case management is a potentially suitable model of care in the aged care setting.

Ervin, K., Finlayson, S., & Tan, E. (2012, September-November). Case management the panacea for aged care? *Australian Journal of Advanced Nursing*. Retrieved November 6, 2012.

Search for the full-text article at www.ajan.com.au

» My home life: Promoting quality of life in care homes

This paper holds that positive relationships in care homes enable staff to listen to older people, gain insights into individual needs and facilitate greater voice, choice and control. Older people need to be seen as individuals and given a “voice” to express who they are and what they want. Equally, there needs to be more than one way of doing things or “choice”, especially in situations of collective living. Older people also need to have “control” over what is the right option for them. To enable older people in care homes to have voice, choice and control, interpersonal relationships need to be good between older people, their relatives and staff in the care home, and between the care home and the local community and wider health and social care system.

Owen, T., et. al. (2012, October). My home life: Promoting quality of life in care homes. Joseph Rowntree Foundation. Retrieved November 6, 2012.

Search for the full-text article at www.jrf.org.uk

» Care home sweet home: Care home of the future

This ‘Futures’ report looks at the challenges and trends residential care homes will face in the next 20 years and how they will need to change to respond to the changing world. It explores issues such as changes in the workforce, resident care, technology and environment and suggests potential responses. It encourages looking at policy and practice initiatives that focus on recruitment and retention of care home staff, engaging communities, implementation of new technology, finding sustainable funding models for care, creating an informed care consumer, protecting vulnerable adults, sustainability of the environment and tackling societal ageism.

Mason, M. (2012, July 18). Care home sweet home: Care home of the future. International Longevity Centre – UK. Retrieved September 7, 2012.

Search for the full-text article at www.ilcuk.org.uk

Read a complete summary of this article in mosAIC. (<http://www.aic.sg/mosaic/mar2013/#/14>)

» Job satisfaction of Australian nurses and midwives: A descriptive research study

This paper describes the development and implementation of a questionnaire to provide information and insight into sources of stress for Australian nurses and midwives, and their impact on job satisfaction. The five main subscales used for the questionnaire were work environment, psychosocial effects of stress, job satisfaction, exhaustion, and pressure and motivation. Questionnaire returns found that the majority (96 per cent) of nurses and midwives were moderately or highly satisfied with their work and the major contributory factors for their job satisfaction were the enjoyment of the work and perceiving themselves as well-suited to it. The questionnaire also found that experiencing moderate amounts of work-related stress did not diminish job satisfaction. This finding is important because it challenges the existing belief that stress may be a cause of job dissatisfaction.

Skinner, V., Madison, J., & Humphries, J. H. (2012, July). Job satisfaction of Australian nurses and midwives: A descriptive research study. Australian Journal of Advanced Nursing. 29(4). Retrieved September 7, 2012.

Search for the full-text article at www.ajan.com.au

» Newfoundland and Labrador: 80/20 staffing model pilot in a long-term care facility

This paper describes a project in Canada that set out to increase capacity for registered nurse leadership, training and support and to enhance the profile of long-term care (LTC) as a place to work. The project implemented an 80/20 staffing model, which allowed nurse participants to spend 20 per cent of their paid time pursuing a professional development activity instead of providing direct patient care, at a long-term care facility in Canada. The positive outcomes from the project suggest that staffing plans such as the 80/20 model are an effective means to improve work life in the LTC setting. However, the 80/20 model is not perceived to be sustainable from a financial and human resource perspective. Alternative models being explored include an 85/15 or a 90/10 format that could be offered to a limited number of nurses.

Stuckless, T., & Power, M. (2012, July). Newfoundland and Labrador: 80/20 staffing model pilot in a long-term care facility. *Canadian Journal of Nursing Leadership*. 25(Sp): 45-40. Retrieved September 7, 2012.

Search for the full-text article at www.longwoods.com

» What is case management in palliative care? An expert panel study

This paper provides insights into the aims and characteristics of case management in palliative care in the Netherlands. The expert panel reviewing this issue was made up of 76 healthcare professionals, researchers and policy makers. Case management is a heterogeneous concept of care that consists of assessment, planning, implementing, coordinating, monitoring and evaluating the options and services required to meet the clients' health and service needs. The panel agreed on nine out of the 10 aims of case management. There was disagreement on the characteristics of case management that included hands-on nursing care by the case manager, target group of case management, performance of other tasks besides case management and accessibility of the case manager. Case management in palliative care varies in implementation choices.

Plas, A., et. al. (2012, June 18). What is case management in palliative care? An expert panel study. *BMC Health Services Research*. Retrieved July 6, 2012.

Search for the full text article at www.biomedcentral.com

» Improving service quality in long-term care hospitals: National evaluation on long-term care hospitals and employees perception of quality dimensions

The National Evaluation on Appropriateness of Long-Term Care Hospital Inpatient Admissions was implemented in 2008 in Korea to improve quality of care by motivating long-term care hospitals to voluntarily improve service quality and protect consumers on the right to know the performance of hospitals by publicising results. An annual evaluation of quality of the structure, process and outcomes of care provided has since been carried out. To improve quality, it is important to understand the relationship between organisational factors and employees' perceptions. This study surveyed 298 hospital employees in 18 long-term care hospitals to investigate predictors of specific dimensions of service quality perceived by hospital employees in long-term care hospitals in Korea. Job satisfaction and degree of consent on national evaluation criteria were the most significant predictors of employee-perceived service quality.



Kim, J., & Han, W. (2012, June). Improving service quality in long-term care hospitals: National evaluation on long-term care hospitals and employees perceptions of quality dimensions. *Osong Public Health and Research Perspectives*. 3(2): 94-99. Retrieved July 6, 2012.

Search for the full text article at www.kcdc-phrp.org

» **Job satisfaction among health professionals of Home Hospice for Children of Lodz Region**

This report studies the job satisfaction of the team working in Home Hospice for Children of Lodz Region in Poland. The questionnaire administered covered evaluation of self-abilities; evaluation of job responsibility; relationships within the team; relationships with patients and their families; work organisation and social conditions and general work evaluation. The study found that the staff experienced highest satisfaction in their relationship with patients and their families and lowest satisfaction in their relationship within the team and general work evaluation.

Korzeniewska-Eksterowicz, A., et. al. (2010). Job satisfaction among health professionals of Home Hospice for Children of Lodz Region. *Advances in Palliative Medicine*. 9(3): 67-72. Retrieved April 7, 2011.

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