

experiences, abilities, preferences and dignity at the forefront. One component of a federally-funded study of 23 nursing homes in Nova Scotia, Canada, focused on how to enhance the quality of life in nursing homes from the perspective of the family members and friends of the residents. Quantitative results clearly showed that from their perspective, homelikeness is associated with higher resident quality of life. We will present qualitative results to provide further insights into how to foster homelikeness within the nursing home environment. We thematically analyzed data collected from family members and friends of nursing home residents through 1) open-ended survey questions from 397 family members and friends, and 2) focus groups with 20 family members and friends who participated in the survey. Analysis of open-ended survey questions resulted in identifying key features that either strengthen or limit homelikeness in nursing homes. Analysis of the focus group data resulted in further identifying how homelikeness can be fostered in three key ways: care provided and relationships (e.g. staffing models that allow for individualized care), public spaces (e.g. the effective use of public spaces to support relationships), and private spaces (e.g. personalization). Our results provide evidence to nursing home decision makers about how to improve resident quality of life through creating a homelike environment.

PROMISES AND PERILS OF PERMANENT RESIDENT ASSIGNMENT IN RESIDENTIAL CARE FACILITIES

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Purpose: Permanent resident assignment (PRA) is the practice of assigning resident care aides (RCAs) to care for the same residents every shift they work. It has been touted as “the magic bullet” of culture change in residential care facilities (RCFs) and is considered by many to be essential to person-centred care. The purpose of this study was to explore how staff assignment practices affect the care giving experience from the perspectives of RCAs, residents, and family members.

Methods: We conducted an institutional ethnography to explore the social organization of care in RCFs. The study was set in three RCFs: one with consistent PRA; one with PRA in one area of the facility and six week staffing rotations in another area of the facility; and one that had recently switched from PRA to three month staffing rotations. Data included 104 hours of naturalistic observation and 76 in-depth interviews.

Results: The RCAs and residents described the primary benefit of PRA as being able to “get to know” each other well. Family members indicated that it assisted them in knowing who to go to when they had questions or concerns. However, RCAs also indicated that PRA had a negative impact on team work and diminished the exchange of individualized resident-care information amongst the care staff.

Implications: Management initiatives are needed to ensure that the implementation of PRA does not result in the unintended consequence of diminishing staff members’ experience of teamwork or their ability and willingness to exchange pertinent, individualized resident-care information.

DETECTING IMPROPER TRANSFER TECHNIQUES TO REDUCE CAREGIVER INJURIES

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Background: Home health aides (HHAs) often suffer injuries as a result of improperly lifting and transferring patients from one location to another. The objective of this pilot study was to find innovative solutions to prevent work-related injuries among this population.

Methods: This was a cross-sectional study. Seven HHAs were recruited and given a questionnaire about their work experiences and history of injuries. A trained physical therapist was consulted to determine what improper lifting techniques and body mechanics would lead to work-related injuries. Next, motion sensors were attached to the seven HHAs while they performed patient transfers. The extent to which home health aides followed correct procedures was assessed using the motion capture data. The lifting technique and body mechanics ratings were both analyzed with multivariate linear and logistic regression models while controlling covariates in the model.

Results: Obesity was associated with a worse body mechanics score ($p < 0.0001$), while fear of injury was associated with better body mechanics ($p < 0.0001$). Generalized estimating equations identified that twisting the spine during transfers (OR = 6.3; 95% CI: 1.09–36.7) and not using a wide support base when lifting from supine to sitting (OR= 6.0, 95% CI: 2.03–17.7) were both associated with improper lifting technique and body mechanics.

Conclusions: This study identified two modifiable risk factors (obesity and lacking a fear of injury) and two individual transfer items that are associated with improper transfer techniques and body mechanics. A larger study subjects with multiple sites is underway.

SESSION 3355 (SYMPOSIUM)

AGING IN PLACE—THE VILLAGE MODEL AND ITS IMPACT ON OLDER ADULTS’ QUALITY OF LIFE

Chair: S. Hou, *University of Central Florida College of Health & Public Affairs, Orlando, Florida*

Co-Chair: N. Galucia, *Village to Village Network, St Louis, Missouri*

Discussant: A.E. Scharlach, *University of California, Berkeley, California*

This symposium introduces the growing popularity of the Village model. Villages are a new, consumer directed organization that aim to promote aging in place through a combination of social engagement, member-to-member support, and collective bargaining for services. These membership organizations are expanding rapidly in the US due to the increased cognizance of the benefits of aging in community and avoiding institutionalization. A representative from the Village to Village Network will join the symposium and provide an overview of the history and current state of this unique social movement. Researchers from the University of California will give an overview of Village organizational characteristics