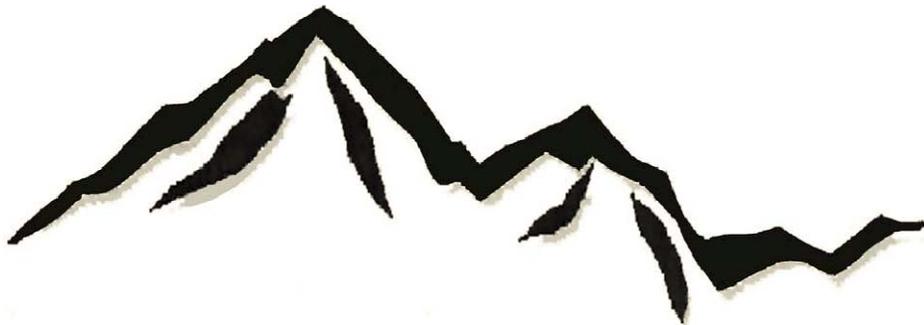


Pioneering Change

**New Leadership in a New
Model of Care
Education Module**



to

Promote **E**xcellent **A**lternatives in **K**ansas
Nursing Homes

ABOUT THIS MODULE

This educational module is intended for use by nursing homes who wish to promote more social, non-traditional models of long-term care. The intent of this module is to assist organizations in implementing progressive, innovative approaches to care that should make a significant difference in the quality of care and the quality of life for those living and working in long-term care environments.

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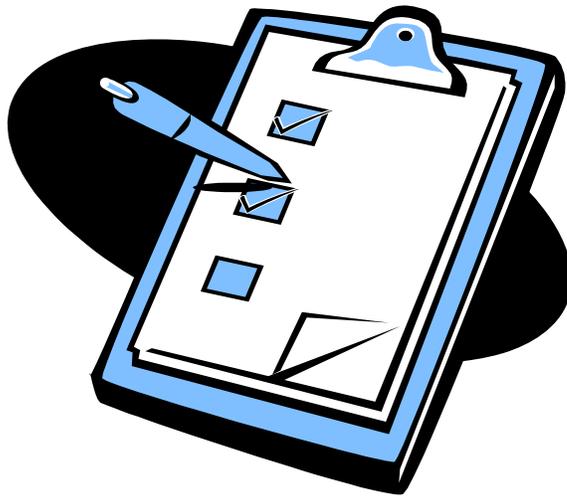
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Course Objectives:

1. Understand the essence of a leadership style that reflects culture change principles and values.
2. Understand the basic challenges of a new leadership style.
3. Strengthen the focus on improving residents' quality of life and care.
4. Learn from successful leaders what constitutes a new leadership style.





New Leadership in a New Model of Care

Introduction

You may wonder if there is anything that has not already been said about leadership. However, changing the culture of a traditional nursing home into a social model of care requires a deeper understanding of one of the biggest challenges in the long-term care industry, namely leadership. The

subject of leadership is not often studied empirically, particularly in the context of nursing homes. The long-term care industry presents a



multifaceted work environment where leadership is fundamental for the provision of safe care to residents (Scott-Cawiezelli, Schenkman, Moore, Vojir, Connolly, Pratt & Palmer, 2004) and a high quality of life. The purpose of this module is to provide relevant information from research studies and shared experiences as well as the insights of nursing staff that have successfully acquired novel leadership skills and consequently strengthened culture change in their organizations.

Culture change (the movement from a medical model to person-centered care) necessitates radical change in leadership affecting licensed nurses and certified nurse aides (CNAs). It appears that one of the biggest barriers in transforming a more traditional nursing home into a person-centered model is the transformation of nurses whose leadership skills and styles need to undergo changes as well. Culture

change focuses on providing individualized care to meet the unique needs of residents who are regaining control of their lives, routines and schedules. This new focus revises the role of direct care staff. Staff members learn how to lead a team and how to make independent decisions affecting residents' quality of life and care. Staff empowerment is the hallmark of successful implementation of culture change, the component that drastically alters the leadership style of the top administration positions as well. Radical change in the provision of care to residents brings all departments together; this inclusion of all levels of staff members within each nursing home leads to examining their work in relation to other workers' responsibilities. The development of a new leadership style becomes a critical factor in determining the success of culture change.

Leadership and management are two different concepts that must be clarified. Gilster (2005) distinguishes a manager from a leader. A manager focuses primarily on the day-to-day issues. A leader pays attention to procedures, quality of life and care for residents as well as staff performance. However, in addition to monitoring all aspects of an organization, a leader also identifies directions for the organization, the vision, and the plan as to how to achieve





the identified goals. Gilster's (2005) characterization of leadership is defined "as the art of influencing and engaging colleagues to serve collaboratively toward a shared vision" (p.17). Shields and Norton (2006) add that "leadership is about character, not position" (p. 98). It is imperative to learn what makes a leader in a culture change environment a successful one, as culture change cannot be implemented and sustained without strong leadership.

Fundamental Leadership Elements

Bellot (2007) investigated nursing home organizational culture, work environment and culture change from the perspectives of licensed nurses as a topic of her dissertation. Her conclusion was that nurses believed they worked in "a task-oriented, rules-bound environment with high work pressure that encouraged conformity and discouraged innovation" (p. 122). Principles of culture change caused confusion and conflict



between roles and the expectations of the licensed nurse when they started to engage in the process. Quite likely their resistance to change was nothing more than a manifestation of the confusion and conflict they experienced. Licensed nurses' difficulty in incorporating the change may be caused by their long tradition of task-oriented roles that is contrasted with resident-centered values. Bellot suggested defining clear roles and assembling a support system for the nurse. These two critical elements are necessary for



success with culture change implementation.

So, what constitutes a good and effective nurse manager and/or team leader who has introduced and/or implemented the person-centered model of care and has successfully engaged other staff members in the transformation of the organization?

Many research studies indicate the following qualities: leading by example, empowering and involving staff/direct care staff transition, and championing change/nurse leadership.

Leading by Example

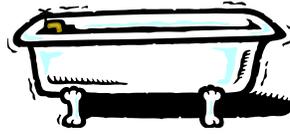
The success of any change program, including introducing and implementing changes related to culture change, is heavily dependent on the leader's attitude towards a new direction. The attitude of a leader is identified as the single most important factor in adopting new ways of health care services delivery. If a nurse manager does not stand firmly by the changes, the changes will not happen (Fedoruk & Pincombe, 2000 as cited by Rushmer, Kelly, Lough, Wilkinson & Davies, 2004). Only through leading by example, demonstrating values and following them, as well as assisting staff members with innovative practice, will the effectiveness of a leader be validated (Deutschman, 2001, as cited by Fedoruk et al., 2004).

Case Study: Leading by Example

One director of nursing stated that one of her most transformative moments was when she saw her administrator, with his



suit pant legs rolled up, giving residents baths when the bath aide called in sick.



1. Can you give an example when either you inspired another worker by leading by example or when you were inspired by a co-worker/supervisor's conduct?

2. Why is following someone's example more effective than the best explained instructions?

Empowering and Involving Staff: Direct Care Staff Transitions

A leader who is able to involve and empower other staff members effectively encourages staff toward changes, as they become willing participants of the process. When all staff are included in planning, discussing, criticizing and deciding strategies and ways to make changes, the support for change is more likely to be achieved (Jowett & Wellens, 2000, as cited by Rushmer et al., 2004). Holleran (2008) adds that employees should not only be

encouraged to grow and develop new skills but also need to hold themselves accountable. The



success of staff empowerment and accountability is strongly linked to managers at all levels who are willing to give up their traditional controlling roles and share decision making by decentralizing structures (Guidi, 1995 & Porter-O'Grady, 1991 as cited by Lashinger & Wong, 1999). To be accountable staff must be competent (be able to do their job) and have the authority to make decisions that are based on their professional knowledge and judgment (Horstfall, 1996, as cited by Lashinger & Wong, 1999). When staff believe that they can access support, resources, and information to do their job they are more likely to feel more accountable for people they take care of and feel more effective in their work (Lashinger & Wong, 1999).



Staff empowerment is a very important component of culture change in nursing homes. At homes where neighborhoods foster consistent relationships between staff and residents, front-line staff have knowledge about each resident in order to effectively advocate for that resident's needs. When front-line staff are involved not only in caring for residents, but are also participating as valuable team members by contributing their knowledge for the improvement of residents' quality of life, then CNAs become truly empowered.

Staff empowerment leads to successful self-managed work teams. Team members are responsible for planning and scheduling



assignments, monitoring team performance, and making decisions related to their ability to perform tasks. The empowerment gives direct care staff a new sense of pride and motivation to continue to improve residents' quality of life and care (Dixon, 2005).

Anxieties Related To a New Role

In order to strengthen CNAs' empowerment at the Loomis House in Holyoke, Massachusetts, the most qualified CNAs were promoted to become managers or "neighborhood coordinators". The house was divided into neighborhoods composed of consistently assigned interdisciplinary teams led by neighborhood coordinators. This promotion initially caused some concerns for the selected direct care workers. They were not confident that they could be good managers without prior experience in that position. They were also apprehensive about whether other CNAs would accept them. They were not sure how the residents and their families would feel about their changed roles. The biggest anxiety was associated with being unsure as to whether they could do a good job as managers. They also shared concerns that managerial duties would decrease time spent with the residents.

The initial anxieties and concerns were decreased by providing educational sessions. The coordinators learned how to deal with difficult residents, time management, scheduling, confidentiality, privacy issues, rehabilitation, and received sensitivity training. They were taught how to handle difficult coworkers, the



principles of conflict resolution and how to work with family members. All the coordinators felt that they had great support from top management: their Director of Nursing (DON) and administrator. The fact that both of these individuals were accessible and willing to answer questions made the transition to a new role much easier.



The neighborhood coordinators view themselves as teachers and role models. They feel that building trust and being patient with others are very important aspects of their leadership. They state that "leadership is hard work, and we like it." It took time for other CNAs to adjust to their peers being in managerial positions. Since they all work together the coordinators see themselves as "cheerleaders" for their teams. One of their new tasks is the added responsibility of scheduling staffing and care planning. The coordinators also help with education for direct staff (Dixon, 2005).



Successful Strategies to Build New Skills

Bremond Nursing Home in Bremond, Texas adopted the neighborhood model a few years ago. Each neighborhood is managed by a team leader selected by her peers. The fact that a leader was chosen from a team by his/her team members helped leaders more readily accept their new responsibilities. Each leader participated in a three day team



leadership training to learn new skills associated with their promotion. They also studied culture change philosophies, principles and objectives of care plans, quality of care, and quality of life. Team leaders noted that by assigning a CNA the role of team leader, everybody is involved in providing residents a high quality of care. Leadership means that issues like staffing and scheduling are resolved within a team with the primary focus on residents.

These two examples illustrate that staff empowerment is possible when senior leaders create an environment in which leadership is co-shared with front line



workers. Assigning a leadership role to CNAs with appropriate training and support from the top management creates a

heightened responsibility for front-line workers to provide residents the best quality of care (Dixon, 2005). Moreover, it is gratifying to observe staff grow and develop new skills (Gilster, 2005).

Activity #1

1. List the steps needed in your organization to develop and implement a team leader.

2. What tips would you suggest, related to the strength of the leadership of direct care staff, that might help sustain the change?

Championing Change: Nurse Leadership in the Person-Centered Model of Care

A leader who assesses the organization’s readiness for change and its resistance to new ideas is more ready for challenges associated with introducing new innovations. By involving others in the transformation process, staff motivation for accepting new initiatives is more secure. The process starts with strategic planning that may prevent mistakes associated with the introduction of change (Bowers, Nolet, Roberts, & Esmond, 2007).

In person-centered care, nurse leadership style should reflect more transformational and facilitative style and move away from a ”command and control” style. This type of leadership promotes more participation by staff, enhancing creative problem solving, flexibility and speed of response. Effective nurses tend to role-model behaviors that result in positive conduct and attitudes of team members. However, many nurses cite overload, role conflict and lack of time as difficulties that come along with their position. A person-centered model of care provides more holistic care as its focus is on increasing residents’ satisfaction with their care and quality of life. This approach may reduce anxiety among nurses, as the model promotes team-work among staff.





Study results are consistent in showing a better relationship between staff, residents and their family members. These relationships are built on “mutual trust, understanding and sharing collective knowledge” (McCormack & McCance, 2006, p. 473). The person-centered model of care explicitly demonstrates the need for nurses “to move beyond a focus on technical competence, and necessitate for nurses to engage in authentic humanistic caring practices that embrace all forms of knowing and acting to promote choice and partnership in care decision-making”



(McCormack & McCance, 2006, p. 478). The demands of everyday nursing practice may work against this attitude (McCormack & McCance, 2006). Studies show that

many nurses are excluded from culture change processes due to administrators’ emphasis on regulatory compliance (Scalzi, Evans, Barstow & Hostvedt, 2006).

Case Study: A New Dog

Katie, a DON at the Flint Hills nursing home, met with Jon, the president of the Resident Council. Jon informed Katie that the residents had expressed a wish to have a dog in their home. Katie’s first instinct as a nurse with 27 years of experience was to discourage the residents from the idea. She foresaw problems such as concerns related to hygiene, occasional disruption due to a dog’s unexpected presence in residents’ rooms, barking, the daily chores associated with taking care of a pet, some residents’ pet allergies, etc. However, she knew that this

was not her decision to make. At the next team meeting, she brought up the residents’ desire for a dog. The team’s approach to a new challenge proved to be very

constructive. They listed potential problems with having a dog at home and brainstormed solutions for each concern. The team distributed



responsibilities such as bathing the dog, taking him/her for walks, annual shots, vet’s appointments, etc. among themselves. Many of Katie’s initial concerns diminished, as feasible solutions were presented by the team members. The final decision related to what type of a dog the home should get would be decided by the residents.

1. Can you relate to a similar challenge at your home? Please describe your challenge(s).

2. How has the problem been resolved?

3. Has direct care staff been involved in the problem solving? If yes, please describe their involvement.



4. Have you achieved a successful result to your problem? If yes, what has contributed to its success?

- reality of the day-to-day challenges of staff?
4. How do you help team leaders and direct care staff become effective leaders?
 5. How do you demonstrate effective communication with staff?
 6. What are (were) your biggest challenges and how have you overcome them?
 7. What advice would you give to a DON in a nursing home that has just started implementing culture change?



Best Practice

Several nursing homes were recognized by the Kansas Department on Aging for their successes in transforming traditional nursing homes to a more person-centered model of care. These homes received the Promoting Excellent Alternatives in Kansas (PEAK) Award, the highest state recognition for successes with culture change. The following questions were posed to DONs and team leaders from Kansas homes that were identified as champions in the implementation of culture change:

1. What is the basic difference between nurse leadership in a traditional nursing home versus a non-traditional home?
2. How have you learned to be an effective leader in the new model of care? What resources have you used to gain a new perspective and new skills?
3. What mechanisms do you use to validate and assure that you truly understand the perceptions and

The answers to these questions give insight into both the struggles and the successful strategies used in the execution of the new model of care. These invaluable best practice accounts may help others become more effective and stronger leaders in their organizations and/or assist them in overcoming barriers during the process of transforming leadership styles.

I. What is the basic difference between nurse leadership in a traditional nursing home versus a non-traditional home?



Pat Maben, a former DON at Meadowlark Hills in Manhattan and also a former Director of the Long-Term Care Division of the Kansas Department on Aging, stated that the basic difference is that a DON in the person-centered model of care has to work collaboratively with many people. In a traditional nursing home a DON “runs the show.” Almost all decisions are



made by a DON who only occasionally consults with the administration. A DON writes procedures and regulations, does all



kinds of management tasks, decides who is hired and who is fired, and is in charge of in-services. All of these responsibilities give the DON a powerful position and control in the organization. In the new model, Pat had less control. She

exercised her authority to veto decisions that were not contributing to the best care for residents. However, all nurses worked with Pat and collaborated with their teams. In a nutshell, the entire system was decentralized. Decentralization can easily lead to the development of different systems with a different system for each team. However, it is important to develop a uniform system for the entire nursing home when dealing with elements related to regulations and safety. This uniformity would not have been successful without the collaborative effort of all staff members. For example, all Meadowlark nursing staff worked together on standardizing medication administration. In some ways, being a DON in a decentralized system is easier for a nurse manager, as it removes her/him from day-to-day issues. When issues became crisis level however, Pat instantly got involved in solving the problem.

Lamar Bender, Registered Nurse from Showalter Villa in Hesston, discovered how to work with teams and to be a good leader and team member by working on breaking down barriers between departments. In collaborating with other staff members she

learned “about keeping a group going with an idea” in order to achieve a successful outcome.



Judy Miller, DON at Pleasant View Home in Inman, views her task as helping others develop leadership skills. She sees the need for growing leaders among direct care staff as one of the key differences between a traditional nursing home and the person-centered model of care. The process of nurturing new leaders has taught Judy that it is almost necessary for new leaders to make mistakes, as they help them become stronger leaders. In a traditional nursing home mistakes are not included in the learning process because the focus is not on empowering all staff members.



Activity #2

1. List characteristics of a traditional nurse and of a nurse in the person-centered model of care.
2. What pros and cons as well as challenges do you see with these two leadership styles?



II. How have you learned to be an effective leader in a new model of care? What resources have you used to gain a new perspective and new skills?

Lamar believes that listening to and seriously considering input from all involved in making decisions contributes to the effectiveness and strength of being a leader. Judy agrees with the philosophy of leadership stated by Nancy Fox, a former Eden Alternative Director.

“Leaders should challenge the process, inspire the vision, enable others to act, model the way, and encourage the heart.” This message has become a daily mantra for Judy and helps her be an effective leader.

Pat Maben, in spite of her long 48-year career as a nurse, does not hesitate to state that she still learns a lot from many outstanding books. They have taught her how to work with self-directed teams, showed her tools for discussion when situations are in need of de-escalation and helped her control emotions in tough circumstances. Because of these books, she has become more skilled in relating to people, improved the performance of staff, and helped them be successful in making decisions. She shares these resources with

employees to help them with problem solving skills. Pat adds that she will never stop reading new books because each one inspires her with fresh ideas and/or strengthens her leadership effectiveness (books are listed in the appendix).



Jerri Rieck, CNA/CMA Mentor at Meadowlark, states that she has learned what it is to be a good leader from other leaders and her own practices. She feels she is an effective leader when she teaches a staff member through hands on experience and later sees the results of her work in that person. She believes that leading by example is what constitutes a strong leader.

Jacci Riley, Household Coordinator at Meadowlark, believes that without her own enthusiasm related to conquering challenging tasks, her team would not be eager and willing to work on problems. The more enthused she is, the more engaged her team is. This is when she can say that her leadership style is effective.



Activity #3

1. Are there other elements of effective leadership that you think are fundamental?

2. Have you been a leader in the past? What has worked for you to be successful in working with children and/or adults?



3. What particular skills have you wanted to strengthen or develop and why?

4. What resources would you recommend? (Books, journals, websites, etc.)

5. What mechanisms do you use to validate and ensure that you truly understand the perceptions and reality of the day-to-day challenges of staff?

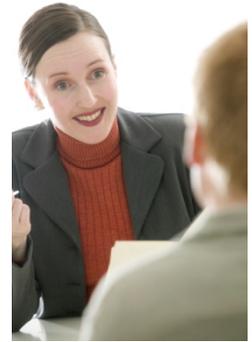
III. What mechanisms do you use to validate and assure that you truly understand the perceptions and reality of the staff’s day-to-day challenges?



Climbing an organization’s ladder from the lowest rung has proven to be a good path for Jacci in understanding the members of her team. She started as a housekeeper

before becoming a team leader. By recognizing that each member is as important as the other and by being open to criticism she feels genuinely connected to all team members. Jacci and the team have

worked together on improving the team’s work. This approach helps Jacci be one of the team and not just its leader.



Pat does not hesitate to work a shift as a nurse from time to time. She tries to walk around to households and talk to people rather than emailing them. She believes that face to face communication is more effective than emails. Pat is a strong advocate of collecting information first, analyzing facts and then drawing an appropriate conclusion. Face to face contact gives her this opportunity and also prevents her from making incorrect assumptions. Working together on solutions that improve the functioning of the home brings people closer. Almost inevitably problems are not caused by staff but by incorrect systems and inappropriate or inadequate information. Exploring and discussing the best solutions with staff is a great tool for understanding staff perceptions and realities.

Codi Thurness, Household Coordinator at Meadowlark, learned this lesson the hard way. When she became the coordinator, she started “bossing her team members around.” When she found out that her approach was ineffective, she asked each team member to confront her and critique her leadership skills. The outcome of this process is that the entire team is now involved in decision making. Through discussing problems and looking for the best answers Codi





knows her staff, their strengths and weaknesses, and how they view the reality of running the household and assisting residents. Lamar validates this notion saying that by involving others in projects a shared mission is created. Working together not only gives her insight into staff attitudes, but also gives her a chance to show them that she values their input.

Case Study: A Demanding Resident

Julia, a day shift aide at the Cornfields Nursing Home, is assigned to work with eight residents. One of the residents, Mrs. Nells, is particularly looking for Julia's attention today. Julia tries to meet the resident's needs but no matter how hard she tries, Mrs. Nells is dissatisfied with the assistance she gets. Julia feels helpless in dealing with Mrs. Nells' unending requests



and demands. Mrs. Nells gets increasingly angry with Julia. She curses at her, throws objects at her and finally spits at her. Julia is close to breaking down and in order to compose herself, she excuses herself and walks to a nurses' office. Katie, the nurse, interrupts Julia and

does not allow her to list all the insults Julia has suffered from her residents. She orders Julia to go back to the resident's room and try harder in meeting her needs. Julia is upset with Katie's attitude toward her concerns. She feels that Katie and other nurses do not understand CNAs' work, what they encounter with residents, and how underappreciated they feel for the job they perform. She believes that Katie and other

nurses have an easy job and do not care for CNAs.

1. Why does Julia believe that a nurse does not understand her position and concerns?

2. Why does Julia perceive a nurse's responsibilities as "an easy job"?

3. How can staff members from these two different positions better understand each other's perspectives?

IV. How do you help team leaders and direct care staff become effective leaders?

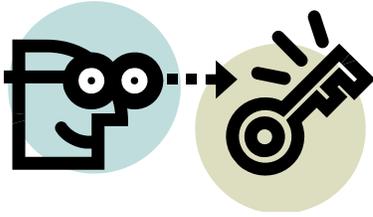
Jacci captured the spirit of this question by stating that she "lead(s) by example. I don't ask anyone to do something that I wouldn't do myself."

According to Pat, the biggest obstacle to culture change is staff turnover. Culture change is very intense and requires a lot of education. Everyone is passionately engaged in transforming the home into the person-centered model of care. With an ongoing influx of new staff members it is easy to lose some of this passion. Codi explains that



“getting people to see your vision and understand it takes a lot of time and energy to get people to your side. The concept of

culture change needs to be continually reinforced. When they believe that this is right they become effective leaders.”



V. How do you demonstrate effective communication with staff?



As stated before, Pat rarely uses her computer as a means of communication with staff. She tries to meet with teams once per week. In addition, she spends some time with each coordinator on a weekly

basis. Her goal is to see what is going on in each unit and offer her assistance if needed. Lamar strives to be a good listener. Jacci suggests affirming to staff that they have been heard. Jalane White, Pleasant View administrator in Inman, recommends communication with staff via a learning circle process. This assures that all the staff are heard and their opinions considered in discussions related to residents and their household organization.

Activity #4

1. What is your preferred style of communication with staff and why?

2. Have you received any training on communication improvement? If yes, how has it helped you become a better communicator?

3. Do you use a learning circle in your organization? If yes, how does it work for you and the team?

VI. What are (were) your biggest challenges and how have you overcome them?

The biggest challenge for Pat related to culture change is inconsistent staffing. This can be caused by either staff leaving a facility or inconsistent staff assignment. The outcome of consistent staff assignment is development of strong relationships with residents. A strong bond results in a better sense of accountability for staff

which makes them more willing to do something extra like volunteering for uncovered shifts. This attitude helps overcome challenges related to staff turnover. Lamar thinks that getting nursing staff to see the value of other departments is the biggest problem. Nursing staff tend to perceive themselves “as the most important department in a nursing facility.” This can lead to an attitude which





devalues other departments within the home and reinforces barriers to building teams. Jerri has come up with a good solution for changing this attitude. When staff are put in the positions of other staff members, “they are forced to see things from a different perspective.”

Activity #5

1. What are the biggest challenges in your home and why?

2. Do you have any workable solutions for these challenges?

3. Could you give an example of a recent challenge and tell how you or others have solved it?



VII. What advice would you give to a DON in a nursing home that has just started implementing culture change?

Jacci suggests having “broad shoulders.” It is important not to take things personally. Pat strongly recommends immersing yourself in culture change by attending excellent courses like those offered by Norton



(www.culturechangenow.com) and visiting homes that have implemented culture change. People in culture change communities have a passion to help others in their journeys to successfully implement the new model of care. This passion makes them excellent teachers. Lamar adds that it is important to remember that leadership is rewarding and challenging at the same time. Leaders should invest time in studying how to move people in a particular direction while gathering the input of others. This approach prevents leaders from abusing the power of their positions.

Summary

Bellot (2007) recommends educating all nurses about the reasons for working on culture change and constantly reminding them about the positive outcomes for both residents and staff members. There is too often a gap in understanding the need for change between those who initiate the change (typically administration) and those who work on implementing the change. Sometimes the change initiators are driven by external motives such as quality ratings, whereas staff response to the change may be due to internal pressure, such as an expectation to follow new rules. These



discrepancies are disruptive to the implementation of new ideas and confusing to new role expectations and leadership approaches. “The conflict between the stated contractual and legal requirements of nursing staff and the expectations imposed by culture change further the potential for role conflict” (p.111). Misunderstandings regarding roles are not conducive to effective leadership.

The new approach to resident care necessitates clear communication and attention in providing resources for a deeper understanding about culture change and the transformations necessary to sustain the change. In a decentralized leadership approach decisions are in the hands of



residents and their caregivers who, as stakeholders, have equally valued voices.

Through commitment to the development of meaningful relationships

between elders and direct care staff, the growth of even frail elders is possible. The growth of people taking care of vulnerable older adults is the direct result of the strong bond with residents (Singh, 2005).



The person-centered model of care suggests lifelong learning that helps nursing home staff express their values, develop practical knowledge, and take risks. Nurses and nursing staff need to continue embracing a holistic approach toward residents’ care through ongoing communication with each other, with residents, and their families (McCormack & McCance, 2006).

Leadership is a skill that becomes stronger with experience, team-work, communication, and commitment to the continual improvement of residents’ quality of life and care.

RECOMMENDED RESOURCES

Bolton, R. (1979). *People skills: how to assert yourself, listen to others, and resolve conflicts*. New York City, NY: Simon & Schuster.

Fisher K. (2000). *Leading self-directed work teams: a guide to developing leadership skill*. New York City, NY: McGraw-Hill Co.

Lencion, P. (2004). *Death by meeting: a leadership fable... about solving the most painful problems in business*. San Francisco, CA.

Patterson, K., Granny, J., McMillan, R., Switzler, A. & Covey, S. (2002). *Crucial conversation: tools to talking when stakes are high*. New York, NY: McGraw-Hill Co.



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