

Pioneering Change

**Guide Book of
Education Modules**



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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Center on Aging
Kansas State University
103 Leisure Hall
Manhattan, KS 66506-3501
785-532-5945
gerontology@ksu.edu

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PIONEERING CHANGE

Education Modules
for Changing the Culture of Care in Nursing Homes
as a part of the
PEAK Initiative



prepared by
Lyn Norris-Baker, Ph.D.
Gayle Doll, Ph.D.
Linda Gray, M. S.
Pamela Evans
Joan Kahl, L.A.C.H.A.

With contributions from other members of
PEAK-ED: The PEAK Education Initiative

published by
Galichia Center on Aging, Kansas State University
Kansas Department on Aging

PEAK-ED web site: <http://www.ksu.edu/peak>



K A N S A S

PAMELA JOHNSON-BETTS, SECRETARY

DEPARTMENT ON AGING

KATHLEEN SEBELIUS, GOVERNOR

FROM THE SECRETARY OF AGING

At the Kansas Department on Aging, we created the PEAK (Promoting Excellent Alternatives in Kansas) Nursing Homes program to encourage continued change and to recognize the many ways in which Kansas nursing homes are changing the ways they provide care to our seniors. Viewing care delivery through the eyes of the residents who receive it allows providers to think differently about how we provide long-term residential care, and to create new approaches. The diversity of Kansas and our many nursing homes means there are a wide variety of different strategies possible. The goal of every change, however, is always to improve the quality of the lives of the people who live and work in our nursing homes.

I thank the following who are helping to promote PEAK: Kansas State University, state agencies/offices, nursing homes, their associations, consumer associations, award sponsors, the media, elected state and local officials, and the residents of the many homes visited.

This guide book is designed to assist nursing home personnel to make changes that will ultimately result in higher quality of care and quality of life for residents. We encourage you to take advantage of this resource.

Sincerely,

Pamela Johnson-Betts
Secretary of Aging

NEW ENGLAND BUILDING, 503 S. KANSAS AVENUE, TOPEKA, KS 66603-3404

Voice 785-296-4986

Fax 785-296-0256

<http://www.agingkansas.org/kdoal/>

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THE GALICHIA CENTER ON AGING KANSAS STATE UNIVERSITY

Through teaching, research, outreach, and service, the *Galichia Center on Aging* at Kansas State University strives to provide a focus on aging issues that orients the talents of the faculty and resources of the University towards identifying and addressing the challenges and opportunities of an aging society. The Center coordinates and develops educational and training programs in aging, conducts gerontological research, and engages in outreach activities to serve older Kansans and those who provide services to them. The Galichia Center on Aging has the responsibility for working with the long-term care profession, advocates, and state government to develop the educational resources for long-term care organizations as part of the Promoting Excellent Alternatives in Kansas (PEAK) initiative.

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This module was supported by the Kansas Department on Aging (KDOA) and the Kansas Department of Social and Rehabilitation Services through a Title XIX contract and through matching funds provided through Kansas State University. Additional matching funds were provided through the Kansas Association of Homes and Services for the Aging, the Kansas Health Care Association, and the personal time volunteered by the following long-term care professionals: Steve Shields, Linda Bump, Monte Coffman, Jim Klausman, Carla Lehman, Sharon McCabe, Dana Rice, Evelyn Walters, and Rodney Whittington, Jr.

This module is the second phase of the educational component of the PEAK initiative. It is intended to promote culture change in Kansas nursing homes through the teaching of concepts of changed care environments and the promotion of the philosophies upon which these concepts are based. The modules for this guide will be released in installments, giving homes the opportunity to work through the materials and implement projects and strategies based on the concepts presented. This work has been made possible by the many nursing homes visited through PEAK site visits that have helped to inform the authors of the many opportunities for change. The authors wish to express their appreciation to all who made this project possible, especially the many individuals who contributed to and reviewed the content of the modules. The names of these advisory group members and faculty consultants are listed on the following page. In addition, the authors would like to thank Pamela Evans and Emi Kiyota of the Galichia Center on Aging, who provided administrative and technical support for the project.

KANSAS STATE UNIVERSITY PROJECT STAFF

Lyn Norris-Baker, Ph.D.

Principal Investigator

Gayle Doll, Ph.D.

Project Coordinator

Linda Gray, M.S.

Research Associate

Joan Kahl, L.A.C.H.A.

Extension Assistant

Pam Evans

Administrative Officer

Emi Kiyota, M. Arch.

Web Master

FACULTY CONSULTANTS

Sally Bailey, M.F.A., M.S.W.

Speech Communications, Theater, & Dance

Nancy Gyurcsik, Ph.D.

Kinesiology &

Office of Community Health

Mary Higgins, Ph.D., RD, LD, CDE.

Human Nutrition & Nutrition Specialist,

K-State Research and Extension

Migette Kaup, M. Arch.

Apparel, Textiles, & Interior Design

Valentina Remig, Ph.D., RD, FADA.

Human Nutrition

Rick J. Scheidt, Ph.D.

School of

Family Studies & Human Services

Susanne Siepl-Coates, M. Arch.

Architecture

Candice Shoemaker, Ph.D.

Horticulture, Forestry, & Recreation

Resources

PEAK EDUCATIONAL DEVELOPMENT ADVISORY COMMITTEE

Deanne Bacco

Kansas Advocates for Better Care

Linda Bump

*Meadowlark Hills Retirement Community
Manhattan*

Monte Coffman

Windsor Place, Coffeyville

Phyllis Kelly

Kansas Adult Care Executives

Jim Klausman

Midwest Health Services, Topeka

Carla Lehman

The Cedars, McPherson

Patricia Maben

Kansas Dept. On Aging

Sharon McCabe

Kansas Masonic Home, Wichita

Linda Mowbray

Kansas Health Care Association

Joe E. Dobson

*Regional Office of the State Long-Term Care
Ombudsman*

Dana Rice

Minneapolis Good Samaritan Center

Loretta Seidl

*Kansas Association of
Homes & Services for the Aging*

Steve Shields

*Meadowlark Hills Retirement Community
Manhattan*

Evelyn Walters

Cornerstone Village, Pittsburg

Rodney Whittington, Jr.

Wheatridge Park Care Center, Liberal

KDOA REPRESENTATIVES

Elaine Schwartz

Patsy Samson

Dave Halferty

Bill McDaniel

Sam Alvey

Pioneering Change

**Culture Change
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How to Use the Modules

This educational material has been created for the nursing home administrator who is focusing on changing the culture of his/her organization. As the PEAK-Ed staff have visited sites around the state they have seen varying stages of progress. Some innovators are forging ahead, creating their own road maps, while others remain more cautious, waiting for the outcomes of these change endeavors and for best practice information. This material has been written, recognizing the uniqueness of each organization. We have developed this material to be project-based so that it will potentially provide the motivation and the results that will “jump-start” culture change in your facility.

We encourage the administrator or administrative team to go through these materials first. There are some individual activities that should be completed and questions to be answered, either individually or as a small group. The initial review of the materials should take no more than a few of hours. Also included in the module are group activities that can be used to develop concepts and projects with the staff in your organization. We have also developed a power point presentation for each of the modules that can be used in staff training sessions. This power point presentation is available on request from the Galichia Center on Aging, Kansas State University, 785-532-5945 or gerontology@ksu.edu.

At the end of each module, except for Measuring Change, you will find a list of potential projects. Some of these projects are more appropriate for beginners in the culture change process while others may be considered review or appropriate for organizations that are more advanced in the change process. Most of them are fairly simple, requiring few resources in terms of money or man hours. Each encourages you to consider assessing the need to change prior to your project and then measurement of the effects of the project on the culture of your organization. It is important that you read the Measuring Change module before you begin any of the projects that have been listed. It is likely that these project ideas will spark ideas of your own. The creative process, when it comes from full staff involvement can be a very exciting thing for your organization. By all means, come up with your own ideas. The PEAK-Ed staff is here to provide technical assistance or to match you with another organization that is doing similar work.

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Galichia Center on Aging
Kansas State University
203 Fairchild Hall
Manhattan, KS 66506-1102
785-532-5945
gerontology@ksu.edu
www.ksu.edu/gerontology



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Course Objectives:

1. To become familiar with the characteristics of traditional and culture change nursing home models.
2. To understand various processes of organizational change and be able to select a process most appropriate for their own organization's needs.
3. To be exposed to assessment and evaluation techniques and be able to apply appropriate measures for a culture change project.





Pretest

The pre- and post-tests included with this module are optional. The questions provide information about the materials to be covered and can be used for learning self-evaluation. At some future date, these tests may be used as a part of a continuing education requirement.

1. Which of the following best describes nursing home culture change?
 - A. the process of reducing residents cultural background influence so that they can more easily integrate into the nursing home community
 - B. remodeling the facility
 - C. changing the model of care from one called “traditional” and characterized by the type of care one might receive in a hospital to a type of care that allows residents and staff more freedom in decision-making as well as changes in the physical environment of the home
 - D. all of the above

2. Which of the following is not a typical method of culture change seen in nursing homes?
 - A. evolution
 - B. revolution
 - C. managed evolution
 - D. down-sizing

3. A type of nursing home care that addresses loneliness, helplessness, and boredom is...
 - A. person-centered care
 - B. the Eden Alternative
 - C. regenerative care
 - D. the traditional model

4. When administrators address the needs of staff members so that they can more easily meet the needs of the residents it is seen as one way of expressing:
 - A. servant leadership
 - B. the traditional model of care
 - C. the Eden Alternative
 - D. all of the above

5. Objectives must be clear and ...
 - A. state who will do what
 - B. measurable
 - C. give a deadline for completion
 - D. all of the above



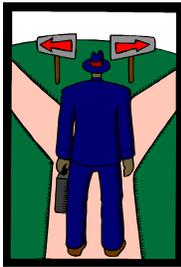
6. A nursing home that has made only those changes required by new regulations over the years is involved in...
- A. revolutionary change
 - B. managed evolution
 - C. espionage
 - D. evolutionary change
7. When culture change is delayed because the policies and procedures for that change are written solely by administration rather than with the input of the staff that will be implementing them it is called...
- A. a hijacked process
 - B. a cultural reinvention
 - C. inattention to symbolism
 - D. Ivory Tower Culture Change
8. The traditional model of nursing home care is designed after...
- A. the way our grandmothers gave care
 - B. the hospital model
 - C. a college dormitory
 - D. the poor house
9. When a nursing home changes staff policies, becomes more resident-centered by allowing residents to make many more decisions on their own, while at the same time making many structural changes like creating neighborhoods, they can be said to be making
- A. revolutionary changes
 - B. evolutionary changes
 - C. managed evolution changes
 - D. none of the above
10. Culture change is..
- A. different in every facility
 - B. easy to accomplish
 - C. not worth the effort
 - D. a passing fad

Answers found on page 39



Overview of Culture Change Processes

This material is meant to provide background information about the process of culture change in the nursing home profession, provoke discussion about the necessity to change the way care is provided, and promote the ability for nursing home organizations to envision new models appropriate for their needs by providing examples of change. The information is presented in what is intended to be an unbiased structure: explaining methods that have been undertaken and permitting readers to select the approaches that match their own situations.

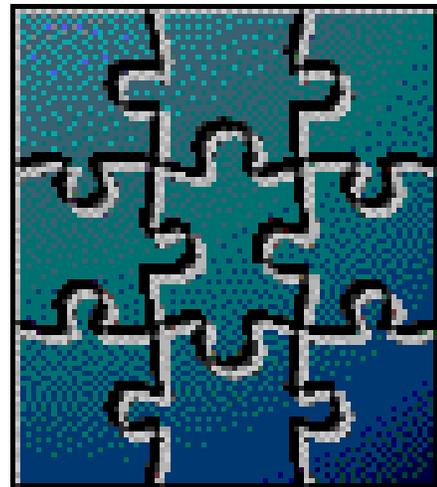


Research reveals that many of the older adult population state that they would choose death over life in a nursing home (Mattimore et al., 1997). This is not a new situation. Nursing home residency has been seen as a last resort for most people for many years, yet there has been little conscious effort to reform this type of long-term care. Until recently, despite occasional allegations of abuse that may unfairly tarnish all nursing homes, facilities have remained at full capacity and have seen no need to make changes. Now alternative long-term care choices are more readily available to older people and a competitive environment has been created. In addition, many innovators of change have called attention to the fact that the way we have provided care for

older adults is a reflection of an ageist society.

Whatever the reason, pressures are increasing for all nursing homes to address the possibility of changing environments within their homes for both the people who live and the people who work there. Because of these pressures we are seeing all kinds of change within nursing facilities. Some are tiny steps like a change in a dining policy to allow residents to sleep until they awaken later in the morning. Some are giant steps that may entail major building renovations and organizational restructuring.

Throughout the educational modules it will be repeated again and again that these steps in and of themselves do not represent culture change. They can be seen as strategies or pieces of the culture change puzzle.





Definitions of Culture Change



Culture has been described as a multi-level phenomenon that represents the shared symbolically constructed

assumptions, values and artifacts of a particular organizational context (Mohan, 1993, p. 17). Within nursing homes this change is generally conceived as a change from the “traditional model”, with its emphasis on medical diagnosis and care, to a model that recognizes equally with medical needs, the residents’ social and psychological needs. The changed model has been manifested in a number of ways. The following is a partial list of culture change care models:

- ◆ **The Eden Alternative.** Designed to overcome the ‘three plagues’ of nursing home residents: loneliness, helplessness, and boredom, the Eden Alternative is intended to create a “holistic environment.” Typical notable elements include animals, plants and children but organizational changes are incorporated as well. Bill Thomas, the creator of the model, believes that people need to give care as well as receive it to feel valuable. Eden currently is the only model that provides training and certification. (www.edenalt.com)
- ◆ **Person-Centered Care.** Residents’ are treated with unconditional positive regard and are considered the best judges of whether or not their needs are being met. Lee Fabiano (1999), a pioneer in person centered care, believes that the resident and his/her family should be guaranteed:

(a) consistency in caregiver’s approach and expectations (b) continuity of past life patterns and preferences, (c) respect for personal values and beliefs, (d) involvement in decision-making, and (e) support in decreasing or eliminating those things that impede quality of life.

(www.bethanygrp.org/rosehaven/personcenteredcare)

- ◆ **Regenerative Care.** This model views aging as another stage of life and respects individual needs. A regenerative nursing home allows residents more control over their lives and includes a management philosophy of: (a) continued personal growth, (b) learning with aging, and (c) community focus. (www.live-oak.net) or (www.culturechangenow.com/stories/liveoak)
- ◆ **Resident-Directed Care.** Providence Mount St. Vincent in Seattle decided to change their model of care in 1991 and titled it “resident-directed care” to capture the vision they had of a “community directed by the residents.” Change included developing and providing more choice and control for the residents. Middle levels of management were eliminated and aging in place was supported. (www.providence.org/Long_Term_Care/Mount_St_Vincent)

See the Pioneer Network or Culture Change Now Web sites for additional information. www.culturechangenow.com & www.PioneerNetwork.net.



Examples of Change Processes

It would seem that there are three different ways that nursing homes attempt to change their culture.

Evolution: Evolution is what happens naturally with any nursing home, or any organization, for that matter. As employees leave and new people and new ideas arrive, the culture shifts subtly. Sometimes it may be regulations that force slight changes upon the existing environment. When a staff member who worked in a traditional nursing home was asked what had changed in the last ten years, she stated that the changes were seen in the reduction of the use of restraints and medications. These could be described as evolutionary changes.

Revolution: A revolutionary change suggests that many changes are made all



at once. These changes may address physical structures, organizational hierarchies, and social environments at the same time. Typically, revolutionary change has occurred within Continuing Care Retirement Communities. It remains unclear whether these facilities are more successful with adopting change because of additional

resources that may be available to them or because they are more likely to be innovative.

Some of the most successful revolutionary change efforts occur because of a crisis. Frequently there has been a change in management, a buy-out, or some sort of disaster. In this type of an atmosphere everyone recognizes that change is needed. This recognition of a problem is less likely to occur in a facility where the census remains high and surveys are consistently good to excellent. Sometimes leaders can develop a sense of urgency by pointing out potential problems like marketing pressures due to the baby boom generation. Some change leaders have been able to portray current models of care as being opposed to the basic civil rights of older persons. Successful change leaders demonstrate a commitment to the organization and its values.

Managed evolution: Managed evolution occurs in the facilities where a careful plan has been set into place with incremental steps to be completed on the way to a culture change. These steps may include strategic planning, leadership development, orientation and continuous education, redesign of organizational structure, renovation or new physical structures, and changes in the social structure of the environment. It is not likely that culture will change by addressing one of these areas alone and there is some evidence that change may fail if the steps to reach a new culture are set up in such a way as to appear to be the “change of the month.”

Many of the nursing homes are in the midst of managed evolution. While most are committed to full-scale, all-inclusive culture change, many do not have the



resources that are necessary to do it all at once. Not only are the financial resources necessary for training and physical renovations but an enormous amount of time and energy on the part of all staff members must be committed to the effort.

Commitment appears to be the operational word in the question of “what makes one nursing home better than another.” Research shows that higher quality nursing homes that operated at lower than average costs used very different strategies to meet cost and quality goals. What they all shared was a commitment to quality and cost control (Phillips, 2002).

“Different processes and structures may generate the same basic result, when a common commitment underlies these processes and structures. But the same processes and structures may generate different results when supported by different leadership commitments or organizational cultures” (Phillips, 2002, p. 155).

This means that definitive culture change objectives will be difficult to describe alone because the measure of the leadership commitment to the change process must also be added to the equation. It makes no difference how wonderful the plan for culture change if there is no commitment to it.

A second important word in the success of culture change is trust. Nursing home organizations should not attempt to change unless administrators, staff and residents know they can trust each other.



Many of the steps taken through managed evolution will be outlined within this module. They include:

- ◆ Leadership
- ◆ Creating a vision
- ◆ Developing a plan
- ◆ Education
- ◆ Implementation and projects
- ◆ Assessment and evaluation of projects

A goal for the PEAK-ED project is to help nursing home personnel learn to evaluate their own needs and outcomes so that other organizations can learn from them.



Outcomes

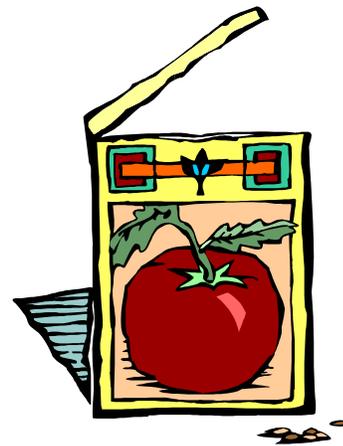
Culture change outcomes research is limited but promising and reveals the possibility for resident improvements in the following areas: reduction in the use of antidepressants, reduction in decubitus ulcers, decrease in bedfast residents, decrease in use of restraints, reduction in incident reports, and increases in resident activity and interaction levels. Facilities have seen cost savings in reduced food waste and incontinence products, and in less absenteeism and turnover of staff.

Anecdotal evidence abounds when nursing homes are asked to report the benefits of changing the culture of care. Staff members state that residents are getting out into the community more frequently, that residents appear to be more engaged or that fewer are observed sleeping in their chairs. Some express a belief that family members visit more frequently within culture change homes. There are always stories of benefits for individual residents.

- ◆ Herb expressed a desire to run a gift shop and a display case was installed from which he sells homemade items.



- ◆ Alice listens to her favorite music every afternoon as she enjoys her favorite ice cream sandwiches which she selects herself from the neighborhood's refrigerator.
- ◆ Doris had worked the night shift before she needed the security of living in the nursing home. Staff recognized her lifetime habits and allow her to stay up at night and sleep during the day if she desires.
- ◆ Several residents experience great pleasure from tending tomato plants in the facility courtyard.



Anecdotal evidence is important for providing uplifting stories for staff and families. They make great human interest stories and should be actively spread throughout the facility as well as the broader community. However, it may be necessary to collect data regarding the effect of culture change on the financial picture of the nursing home as well as the way it can affect surveys and staff and resident well-being. A goal for the PEAK-ED project is to help nursing home organizations to learn to measure their own outcomes so that other facilities can learn from them.



Culture Change Activities

Case Study: *ABC Care Home was seen within the community and the regulatory system as a “good” nursing home. The home seldom had deficiencies, staff turnover rates were under 20%, the beds were full, and judging from satisfaction surveys, residents and family members were happy with care. Ms. B, the administrator, had been hearing about culture change at association meetings and she began to talk to her board and staff about making changes in the organization. These suggestions were met with a great deal of resistance. Board members and staff wanted to know why she wanted to fix something that wasn't broken.*

Discussion: This is a scenario that is being played out in many homes. Change is much more difficult when there is no crisis or “broken pieces” to fix. Answer the following questions:

1. Should ABC Care Home change the way they provide care?

2. What reasons could be given that would justify these changes?

3. Can you think of a way to reduce the resistance in these groups?

(These questions could also be discussed in a group setting).



Group Activity:

Before beginning this activity with staff, administrators must be committed first to educate the staff about possible changes and second to carry out several of the top choices so that staff feel like they have a role in change. This empowerment will reduce resistance to change.

The test some individuals use to evaluate nursing homes is to determine if employees would feel comfortable living there. Sometimes, personalization can help staff members examine the work they do from another perspective.

Hang three large sheets of paper on the wall in a staff meeting.

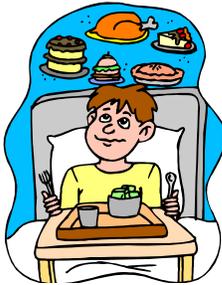


Ask: “Who would feel comfortable having your mother live in the home?”

The first sheet is for the staff who say “yes, they would feel comfortable having their mother in the home.” Fill the page with reasons why. These are the **strengths** that can be built upon.



The second and third sheets are for the things that would need to be changed within the nursing home before the other staff members would feel comfortable moving a parent there.



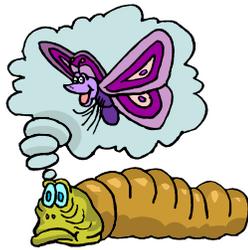
The second sheet is for the **small changes** that could easily be done without a lot of money or policy changes.

On the second and third sheets, staff members order the items by their favorite suggestions.

Some thought should be given to whether the ideas are reasonable to achieve and what the possible outcomes might be.

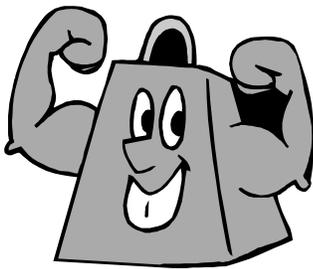


The third sheet is for the **dreaming-big stuff** like private rooms, a swimming pool or bringing a pet to the nursing home.



List here the choices selected by your organization:

The next step is to have the staff help prioritize items on each of the three sheets.



Strengths: On the first page have staff arrange the items in numeric order by the things that they believe are the very best about the

organization and then brainstorm ways that they can become even better, or perhaps ways that these strengths can be marketed.

This activity has been expanded for one of the projects at the end of the module.



Elements of Change

Leadership

From the PEAK study of Kansas nursing homes, leadership is addressed in two different ways. First, it is used in the traditional manner of considering administrators and department heads as leaders and second, some of the culture change innovators call upon leadership development within all staff members. This is so that staff members will feel more able to make good decisions for and with residents. It would be impossible for us to create a leadership curriculum for an area this broad. There are already innumerable courses and training programs available for this purpose and we have provided some suggestions for your use. Some basic information is provided here.

Using an example of a dining change it is possible to see that leaders with organizations practicing different types of change will approach the change process differently.

Evolutionary change. Most facilities are dealing with evolutionary change. This type of change requires leadership that is aware of external and internal pressures and has the skills to maintain a stable environment. It is likely that dining changes would not be initiated within this type of an organization. The fears of losing money with dining changes like buffet dining have been proven to be unfounded but facilities changing through evolution tend to not rock the boat unless a regulatory policy or very strong resident/family dissatisfaction demand change.

Managed evolution and revolution: The other two types of change, managed evolution and revolution, require additional leadership skills or characteristics. These leaders must be



able to see the “big picture,” guide and motivate staff, understand how to leverage resources for change, and be current with

environmental and professional issues that may affect the long-term care profession. With managed evolution, it is likely that leadership would require a study and carefully designed plan before implementing a dining operation change. It may be added to a strategic planning effort and implemented incrementally, maybe with one neighborhood at a time or with one meal at a time.

Revolution: In the PEAK study of culture change it would appear that leaders of revolutionary change require an additional element, passionate and single-minded determination. These leaders appear to be willing to “upset the apple cart” to make change happen. Deal and Kennedy (1992) suggest that revolutionary change can only occur when a crisis event takes place within the organization. This may be new leadership, mergers, or financial loss. When none of these factors are present, leaders must demonstrate dramatic reason(s) for change. Some of the culture change innovators have done this by presenting the current type of care as not acceptable to Baby Boomers.



Adining policy in an organization in revolutionary change may be precipitated by a structural design change. Many changes may be occurring all at one time and it will be important for leadership to consider the impact of multiple changes on residents and staff.



Servant Leadership: Several nursing home administrators in Kansas have developed an appreciation for the work of Robert Greenleaf. He describes the difference between the person who is a leader first and a servant later and a person who chooses to serve first and then, through conscious choice aspires to lead.

It is not difficult to see the application of this philosophy for nursing home organizations, nor is it difficult to imagine the types of benefits manifested for staff and residents. For instance, at Windsor Place in Coffeyville, \$700,000 in employee advances have been paid out and repaid in the last several years. In this time period Windsor has sustained a loss of around \$10,000, a loss they are willing to take because of the benefits

earned from a staff who feel valued. In addition, administrators in this organization know that if the staff members are stressed with financial problems their care provision will be affected.

Maslow (1998), in his hierarchy of needs hypothesis, speculated that persons who cannot meet their basic needs of food, water, and shelter cannot be expected to be able to administer to other's needs. The good servant leader recognizes the basic needs of staff (especially staff who may have problematic home-lives) and attends to them.

Servant Leadership

The difference manifests itself in the care taken by the servant-first to make sure that other people's highest priority needs are being served. The best test, and difficult to administer, is: do those served grow as persons; do they, *while being served*, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? *And*, what is the effect on the least privileged in society; will he benefit, or at least, will he not be further deprived?

(Greenleaf, 1991, p. 7)



The following essay from Monte Coffman, Windsor Place, provides a good example of Servant Leadership philosophy:

A king was walking down a road when he saw an old man digging in the dirt. Curious, he asked the man what he was doing. "I'm planting fruit trees," was the old man's reply. The king laughed and said "Old man, you are crazy. Look at this soil, it is terrible! It will never grow trees." The old man was not discouraged. "I believe that this ground can grow trees that will bear fruit. If not in my time, then my children will benefit." "You are an old fool," said the king, "but if those trees do grow and bear fruit, bring some of your crop to me and I will give you a reward."



Years went by. The trees grew and bore fruit. The old man gathered his first crop and went to see the king. The king, remembering the old man and his promise said, "your faith has been rewarded, old man. You may have any treasure from my kingdom. What do you wish?"

The old man thought for a moment and then smiled and said, "Just more seeds, sir, so my children may learn my valuable lesson."

Paraphrased from a story from: Belasco, J. & Stead, J. (1999). *Soaring with the Phoenix: Renewing the Vision, Reviving the Spirit, and Re-Creating the Success of Your Company*.

I love this story. It is so applicable to leadership and people's growth when someone believes in their capacity to grow.

The old man discerned the potential in planting fruit trees and the possibility of an abundant harvest in time. He was not dissuaded by laughter and ridicule. He knew what he saw. He clung to the convictions of his insights. He toiled and worked quietly, patiently for years. Growth and development of the trees occurred slowly and consistently under the attention and care of the old man.

In due time, a harvest was gathered and shared with the emperor. When offered a reward of treasures, the old man chose more seeds. The old man wanted to continue his work of care and nurturing. He wanted to continue to grow trees which would bear fruit.

Similarly, our work as leaders is to discern the potential and possibility in each applicant and new employee. Then, with attention and care, provide opportunities and an environment for individual growth and fruit-bearing.

The work of the leader is to continually assess the needs of each employee since growth is never uniform. Each individual employee, like each tree, must be cared for at the point of its current development.

This is how we are attempting to (1) "un- become" a nursing home, and (2) provide a meaningful work experience for employees which will lead to a satisfying living experience for residents. This is all quite consistent with our mission statement, "Recognizing that all life is precious, we will diligently serve the needs of each who enter here in a dignified manner." (Coffman, M. [2003] *The Road We Travel*. . . *The Windsor Place Town Crier*, XII [1], 2)



Resources for Leaders



Books:

Blanchard, K. & Johnson, S. (1983). *The One Minute Manager*. New York: Berkley Books.

Blanchard, K.; Zigarmi, P.; & Zigarmi, D. (1985). *Leadership and the one minute manager: Increasing effectiveness through situational leadership*. New York: Morrow.

Greenleaf, R. (1991). *The Servant as Leader*. Indianapolis: The Robert K. Greenleaf Center.

Hackman, J.R. (2002) *Leading Teams: Setting the Stage for Great Performances*. Boston: Harvard Business School Press

Holman, R. & Holman, L. (1998). *Lessons in Leadership from Your Neighborhood*. Louisville: V.G. Reed & Sons.

Kouzes, J. & Posner, B. (2000). *The Five Practices of Exemplary Leadership: When Leaders are their Best*. New York: Jossey-Bass/Pfeiffer.

Scholtes, P. (1998). *The Leader's Handbook: Making Things Happen, Getting Things Done*. New York: McGraw-Hill.

Spears, L.C. (1995). *Reflections on Leadership*. New York: Wiley & Sons.

Spears, L. C. & Lawrence, M. (Eds). (2002). *Focus on Leadership: Servant Leadership for the Twenty-First Century*. New York: Wiley & Sons.



Web Sites:

Leadership and Community Capacity Building: An Inventory and analysis of Curricula and Tools
www.ncrcrd.iastate.edu/pubs/flora/leadership.htm

Kansas Health Foundation Leadership:
www.kansashealth.org/grants/grantee_highlight_details.jsp?article_ID=45

Overview of Leadership:
www.mapnp.org/library/ldrship/ldrship.htm

Concept of Leadership:
www.nwlink.com/~donclark/leader/leadcon.html



Training Program:

Kansas State Research and Extension agents throughout the state have been trained as facilitators for the Leadership Excellence and Dynamic Solutions (LEADS) program. The LEADS curriculum can be ordered through the K-State Publications Web site or downloaded in units. You may contact your local extension agent about providing **free** training. The LEADS homepage can be accessed at the following address:
www.oznet.ksu.edu/leads/welcome.asp



The curriculum includes:

1. Personal leadership skills
2. Interpersonal leadership skills
3. Group organizational leadership skills
4. Community/public policy leadership skills



Directory of Kansas Leadership Programs:

For a full directory of contacts and basic leadership programs, including state and community-based programs, classes and events, collegiate programs, and youth organizations see this web site:

www.oznet.ksu.edu/ksleadership/

Board Members as Leaders

Board responsibilities tend to vary from organization to organization but most all are intended to be advisory rather than managerial. In this capacity board members may exert a great deal of leadership. They may see their role as supportive of the ideas that the organization administration brings to them or they may take a more assertive role and suggest changes to the board and administration. There are many good resources for organizations to use in creating manuals and educational materials for the support of the board. Some of these are on the internet. Others can be accessed through association affiliation. Some are listed on this page.

One of the roles that board members may or may not play is in fund-raising. Organizational culture change requires a great deal of resources, some of them financial, others in the time that persons can contribute to the effort. If the board has not had an active role in these capacities, a change may need to be made here before the organizational change process is addressed.

Resources for Boards



Web Sites:

www.managementhelp.org/topics.htm.

This site is great for all kinds of leadership and management information.

www.mapnp.org/library/boards/boards.htm

A useful web site with dozens of links.

www.zimmerman-lehman.com/capital.htm

This web site has an essay on working with boards on capital fund raising projects.



Videos:

A Public Trust in Private Hands: Understanding the Work of Nonprofit Boards is a thirteen minute video available through KAHSa for members only.



The TEN COMMITMENTS of Leadership

1. **SEARCH** out challenging opportunities to change, grow, innovate and improve.
2. **EXPERIMENT**, take risks, and learn from the accompanying mistakes.
3. **ENVISION** an uplifting and ennobling future.
4. **ENLIST** others in a common vision by appealing to their values, interests, hopes, and dreams.
5. **FOSTER** collaboration by promoting cooperative goals and building trust.
6. **STRENGTHEN** people by giving power away, providing choice, developing competence, delegating critical tasks, and offering visible support.
7. **SET** the example by behaving in ways that are consistent with shared values.
8. **ACHIEVE** small wins that promote consistent progress and build commitment.
9. **RECOGNIZE** individual contributions to the success of every project.
10. **CELEBRATE** team accomplishments regularly.

(Used with permission from: Jossey-Bass Inc., Publishers, *The Leadership Challenge*, James M. Kouzes, Barry Z. Posner. From *The Five Practices of Exemplary Leadership*.)