



Leadership Activities

Case Study: *Ms. B, the administrator at ABC Care Home, recognized that change based on her beliefs alone would fail. Because of this she wanted each of her staff members to recognize the part they played in the success or failure of the organization. She wanted them to know that their ideas and opinions were valued and sought after. She knew all this but she was unsure about how to communicate it.*



Personal Activity:

1. How might you handle this situation with your own leadership style?

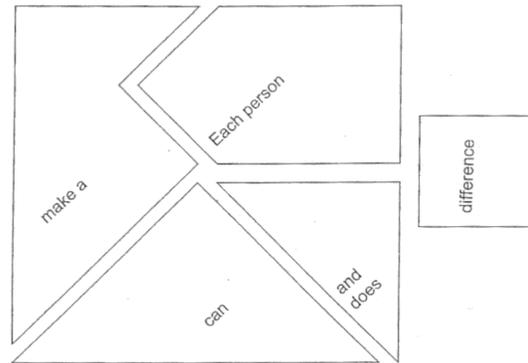
2. How could Ms. B. allow her staff to feel that they could also create the vision for the organization?

3. Ms. B. wanted all of her staff to feel like leaders. How could she do that?



Group Activity:

(borrowed from “Train Station” activities at the Pioneer Network Conference, 2002) The five pieces below, which are now one large and one small square, can all be combined into one large square. When you solve the puzzle (find puzzle in Appendix I), you will understand the key message. Work together!



See appendix 1

This is a highly adaptable idea that makes a good opening for training to get everyone’s creative juices flowing. You can use any message, and any set of shapes. We advise you to put the puzzle together first, and then write the message with one or two words on each piece so that the final message is clear (no upside down words). The angle of the words also provides clues to solving the puzzle. Then cut the pieces up and put them in an envelope—one envelope for each four or five participants.

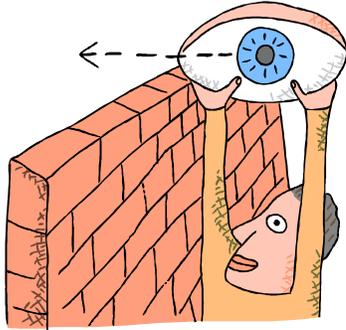


Web Sites:

This puzzle was found on Internet site: http://puzzle.dse.nl/logical/index_us.html Look for others there.



Creating a Vision



Culture changes are led by “visionary” leaders. The need for these changes appears to be motivated by very different reasons. Here are some that we have found:

- having had parents spend time in a nursing home
- having known people who have personally benefitted from reform in care provided for people with developmental disabilities
- a struggling financial situation
- inability to attract and retain good employees

Once a leader is motivated to change the organization, this reaction must be passed on to others within the organization. This can be done through a “visioning” processes. At Minneapolis Good Samaritan, administrator Dana Rice asked her full staff to imagine what the nursing home would have to be like if they were going to move into it. When the process of change was personalized in this manner it made it easier for the staff to accept and to implement change.

Some organizations may feel that they are too large or that the need to change is too immediate to use full staff participation in the planning process. In this case we have seen much of the

planning done at the upper management levels and then communicated to staff for feedback. This is the stage when some advance planning and careful consideration of the subgroups and their wishes may prevent future problems. Ownership for all staff members can be very important.

This issue has been addressed in the culture change literature by Harris and Ogbanna (2002). They found that culture change initiatives frequently have different results than those expected by the leadership and they have proposed eight different “unintended consequences” of culture change:

1) Ritualization of culture change: In this circumstance, organization leaders may choose to do a “managed evolution,” adding changes in increments. If this is done annually it appears to be the “program of the month or year” rather than a philosophy.

Solution: Leaders will need to use lots of communication to keep the philosophy central to the staff’s intentions.

2) Hijacked process: Sometimes when the initial change idea is passed along to other staff members for implementation, it gets waylaid, subverted, or camouflaged so that the original goals go unfulfilled. This may occur when leaders pass the ideas on for implementation by caregivers thinking that they have adequately communicated the goals of the changes.

Solution: To prevent hijacking, leaders may need to stay involved as mentors for several months until new behaviors have been adequately modeled.



3) Cultural erosion: In the short term, behaviors in the new culture may have changed but over time there is likely to be a reversion to the old ways of providing care. This is caused when new staff who are not trained in the new methods are hired or may be caused by a failure to reinforce behaviors with continuing education and recognition by supervisors.

Solution: Obviously, the way to combat these problems is to work at developing a stable workforce and by allotting time and money for staff development.

4) Cultural Reinvention: This is seen when old ways of providing care are merely given new names. This sometimes happens in homes that believe they have been providing “resident-centered” care all along and they cannot recognize the differences that the new model suggests so they continue as usual.

Solution: This problem may be averted by the use of leaders as mentors, demonstrating the differences in what has always been and what it could be.

5) Ivory Tower Culture Change: In nursing homes experiencing revolutionary changes, because of the perceived need to move quickly, many of the policies and procedures for the new culture are designed by leadership rather than by or with the front-line who would be using them. Without this expertise, many of the changes may not be practical and will have to be changed again once it is evident that they are not working.

Solution: The solution to this problem is to actively recruit and demonstrate value for the opinions of the staff that will be implementing the changes.

6) Inattention to symbolism: In this case, small actions and decisions, which are inconsistent with the espoused values of the culture, take on symbolic meaning and are disseminated through informal channels of communication. This can be a small thing like a promise made to staff that is not kept.

Solution: It may be critical that an organization that hopes to promote the rights of resident autonomy and control should devote equal amounts of energy to promoting the autonomy and control for the staff.

7) Uncontrolled and Uncoordinated Efforts: This almost always happens when the lines of communication are not clearly defined and/or used. For instance, e-mail may be identified as the primary source of communication, but if staff members are not comfortable using it, there will be breakdowns.

Solution: An organization will need to experiment to find the ways that work best for group communication. One nursing home does 20 minute learning experiences standing in the hallways for staff. This is long enough to be exposed to new ideas but not too long for staff to lose interest.

Being aware of possible consequences of change processes may avert potential problems.



8) Behavioral Compliance: Most of what may appear on the surface to be culture change may merely be behavioral compliance. Staff members may commit to changing their work behaviors but not necessarily to accepting the new culture philosophy.

Solution: If behaviors are maintained over a long period of time they may become acculturated but some organizations do not commit enough time to this endeavor.



Mission Statements

It is clear from this study of unexpected consequences of culture change that the vision and organization message needs to be very clear. **Writing vision, mission and value statements should be the first goals of the organizational change.**



Web site:

There are many fine resources on line. The following definitions for mission, values and vision are paraphrased from the National Arts Endowment web site at [//arts.endow.gov/pub/Lessons/Lessons/A/DAMS.HTML](http://arts.endow.gov/pub/Lessons/Lessons/A/DAMS.HTML)

MISSION is the reason your organization exists. When the original founders started the organization they had certain intentions that they felt the organization could meet. These intentions must be reexamined and refreshed from time to time if the organization is to remain dynamic.

VALUES are displayed by everything you do as a group, not only in the outreach materials and programs that leave the organization, but in how you operate. One group may value access so that when they plan programs, they think about how to remove barriers and obstacles to encourage the widest possible participation. Another group may value performance goals so that when they assign budget priorities, quality indicators are considered above all others. Articulating values provides everyone with guiding lights, ways of choosing among competing priorities and guidelines about how people will work cooperatively together.

VISION is what keeps everyone moving even when the going gets tough. Vision is the most powerful motivator of the organization. If it's vivid, real, and meaningful enough, people can do astounding things to bring it to realization. If the vision is lacking there is no amount of resources that can get people to work together to be productive, creative and vital.

(Paraphrased from (National Arts Endowment
[//arts.endow.gov/pub/Lessons/Lessons/A/DAMS.HTML](http://arts.endow.gov/pub/Lessons/Lessons/A/DAMS.HTML))



Mission Statement Activities



Web site:

This activity for writing a mission statement is from:

<http://www.squarewheels.com/scottswriting/mission.html>

Here is a list of potential key words that can be selected for use in any mission statement and/or statement of principles and values:

- | | | |
|--------------|-------------|---------------|
| best | most | dedicated |
| consistently | outstanding | value |
| low | helpful | relationships |
| price | service | dependable |
| dedication | commitment | 100% effort |
| treatment | adaptable | security |
| trust | people | personal |
| growth | profit | responsive |
| strategies | support | principles |
| beliefs | competent | sincerity |
| efficient | honesty | performance |
| longevity | develop | loyal |
| family | friendly | excellent |



Personal Activity:

Circle the words in the preceding list that you would like to use in a mission statement. Write a personal mission statement:

The following are examples of mission statements like those you might find on nursing home organization web sites:

....the best care at the best price

....dedicated to promoting optimal care for the frail elderly of the ABC community

.....providing optimal quality of life for persons who need our help

.....providing excellent service and care for an excellent quality of life for the frail elderly

....providing shelter and support through resident-centered care.

Which ones would you like to see changed? Why? How?





Group Activity:

Update your mission statement. (This activity was borrowed from the train station activities at the Pioneer network Conference in Chicago, 2002.) It was meant to help staff members recognize that culture change and transformation are not destinations but journeys, always works-in-progress.



Where do we go from here?

Divide into groups of 3-6 people. Give each group a sheet from a flip chart and a set of felt markers. Then have each group draw some sort of vehicle (anything from a wagon to a space ship) that illustrates these six elements:

- ◆ Where are we going (what is our vision?)
- ◆ Who is in the vehicle? (Who are the people on the journey with us?)

- ◆ Where is the ignition? (What will get us started?)
- ◆ What luggage (new knowledge) are we taking with us?
- ◆ What are we leaving behind? (The exhaust)
- ◆ What are we using for fuel? (What will provide the ongoing motivation?)

Ask each group to explain their vehicle and these six elements (plus any bonus features they are proud of). You will be amazed by the diverse creativity this exercise generates. It is also a team-building energizer and an upbeat way to end a meeting.

Rewrite the mission statement for your organization to reflect your new vision.

Old statement:

New statement:



Developing a plan

The goals and objectives that help to fulfill the vision and mission of the organization comprise steps for the organizational plan sometimes called a strategic plan. There are many resources that will guide you through this process and we have listed some of them here. **One thing that we would like to emphasize is that goals and objectives need to be measurable (who does what has been clearly defined and a deadline for completion has been given).**

Planning Resources



Books:

KAHSA sells a strategic planning manual entitled “Community Services: Transforming the Circle of Care.” See resources at their website at www.kahsa.org



Web Site:

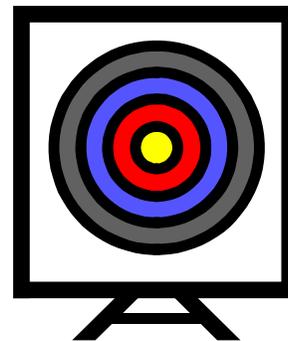
This Website has more resources www.managementhelp.org

Planning Activities

Case Study: *At Sunnyview Heights staff members at an in-service meeting were asked to write goals so that their teams could be more effective. The following goals were written:*

1. *Help others when needed.*
2. *Have positive attitudes and communicate with other shifts better.*
3. *Spend time talking with residents and assist nursing staff in getting people to meals.*
4. *Be dependable, caring, and flexible.*
5. *Be willing to help others in your department and to fill in when others can't work.*

Following the meeting “bull’s eye” targets were posted on the bulletin board with each of these labeled goals. Staff members were to mark the target whenever these goals were fulfilled. Several weeks later, very few marks had been placed on the target.



Why?



How could these goals have been written so staff members would know when they had hit the target?



Answer:

A measurable goal may have read: “By Friday, January 3rd, each member of the housekeeping team will have helped a staff member in dietary or nursing at least three times with duties that are outside their written housekeeping job description.”



Personal Activity:

Write a personal goal for yourself. It may be related to physical health, spiritual well-being, or about relationships.



Group Activity:

Take the other examples given in the case study and make them into measurable objectives.

Help others when needed.

Have positive attitudes and communicate with other shifts better.

Spend time talking with residents and assist nursing staff in getting people to meals.

Be dependable, caring, and flexible.

Be willing to help others in your department and to fill in when others can't work.



Education

Education and training have been identified as critical to improving the quality of care for older adults and to solving current and projected staffing crises in long term care. Higher turnover rates have been related to inadequate orientation and training, lack of knowledge about the job, failure to develop critical problem-solving, decision-making, and communication skills, and lack of recognition.



Orientation process:

An Iowa Caregiver's Association Report (1999) demonstrated that turnover is greatest among employees in their first three months demonstrating that the organization's first impressions are critical to the retention of the employee. Education and training that is tailored to meet the needs of the new employee offer a strategy for linking workers to each other and facilitating the "fit" of workers in an organization.

The orientation period is a time when the organization can promote the application of skills learned in training to the reality of the nursing home environment. Nurse aides that were questioned about why they quit within the first few weeks of employment stated that there had been very little discussion of how to integrate tasks, how to respond to multiple

simultaneous demands and what to let go of when there was not enough time to complete their work (Bowers, & Becker, 1992). These researchers have suggested that orientation programs include open discussions about how to organize the work. Mentorship might also be a good strategy to keep employees. New workers could be matched with those that have mastered multi-tasking.

On-going education:

There are several areas that need to be considered when designing training programs: how do our employees learn best? How can we best accommodate employee needs with training? What information needs to be taught?

Many in-service training classes are taught in a lecture format but many students learn better with experiential or group learning experiences, like role playing or discussions. There is a need to provide imaginative and adaptable ways of delivering course content (Bye, 1988). Another problem to be considered is the timing for the training. Employees must believe that the training will provide them with more benefits than the activities they would be doing if they weren't at training. For many nursing home employees, training takes time away from family members or other work and there must be some incentive for the employee to attend the class.

One nursing home provides "20-minute" training on the floor for staff. These training programs may eliminate the need to create entertaining formats or to fight scheduling problems.



Education Activities

Case Study: Sunny was a newly certified nurse aide. She had taken the training because she felt that the flexible nursing home scheduling she had been promised would be ideal as she was pursuing her bachelor’s degree at a local university. It also would give her the opportunity to work with the older people that she knew she could really love. Because her enthusiasm was so readily apparent to the supervisor who interviewed her she was hired immediately. There were three no-shows on the day Sunny started working and the charge nurse on her floor shouted at her as she raced down the hall “there’s no time for orientation. I need you to take room 212 to the bathroom now!” Sunny failed to show for work the third day of her employment and was never seen again. Answer the following questions:

1. How could the loss of this employee have been prevented?

2. What are some strategies that your nursing home might consider to make the first few days of employment less stressful?

3. What types of personal skills should be developed to handle the rigors of caregiving?



Personal Activity: Go to the following web-site and take the self-test to discover your best learning style. Compare it to the type of training and education that is currently being offered for staff members in your facility. Have differing learning styles been taken into consideration?
www.ldpride.net/learning_style.html



Group Activity: For this activity you will use staff input to examine the critical retention period of the first three weeks of employment. Divide the staff into teams of three or four. Provide each team with large sheets of paper and pens or markers. Have the teams record the most difficult or scariest experience or the experience they felt least prepared for. Also list any other problem areas such as staff relationships, inflexible hours or rules. A prompt such as “was there ever a time in the first week of work that you thought you might quit?” might get discussion started. What made you feel that way? As an entire group go over the lists. Allow plenty of time so people can tell stories.



Go back to the teams with this assignment: Create a new list of things that could have prevented this rough start to your employment. What things did the organization do well to make you stay? Review the lists again as an entire group. The findings from this activity can be used to develop an orientation program which is one of the projects listed later in the module.

Education Resources



Books:

Cohn, M., Smyer, M., & Horgas, A. (1994). *The ABC's of Behavior Change: Skills for Working with Behavior Problems in Nursing Homes*. State College, PA: Venture Publishing.

Cervantes et al., (1995). *The Paraprofessional in Home Health and Long-Term Care: Training Modules for Working with Older Adults*. Baltimore: Health Professions Press.

Anderson, G, Beaver, K., & Culliton, K. (Eds.). (1996). *The Long-Term Care Assistant Training Manual (2nd ed.)*. Baltimore: Health Professions Press.

Implementation

There are no guidelines for what one should or shouldn't do to create a culture change in a nursing home environment. The Pioneer Network, a group of culture change advocates, has created a list of objectives that may be beneficial in generating ideas for directions to pursue. (See table page 30)

Some of the more frequently used changes include: building renovation to create neighborhoods, changes in dining, development of work teams, and the commitment to consistent staffing. The focus for each change is to create a better quality of life for residents. The reasons for these changes must be thoroughly understood by staff and supported and reinforced by administration. Many adults learn best from modeling and organization leaders will be expected to serve as mentors and models for staff.

Some of the following observations have been made about implementing culture change:

1) Residents think of their "rooms" as their home once they move to a nursing home while many staff think of common places as the essence of home (Kiyota, 2001). If the focus of the organization is on creating more home-like environments, perhaps resident rooms are the first areas which should be addressed.

2) Many residents find eating their most pleasurable experience in the nursing home. Significant changes in dining have created significant changes in resident satisfaction. A number of homes have gone to buffet dining, reporting cost savings through reduction in plate waste



and use of supplements. Others have tried four-meal dining plans which permit residents to sleep in and staff members to take morning routines at a more leisurely pace.

3) Rosalie Kane, et al, (2003), has found in her study of resident quality of life that activities have a significant impact. Traditional activity programs are appropriate for a small number of residents. More varied activities offered more frequently as well as tailored individual activity plans should be incorporated. All nursing home residents should be provided stimulating cognitive activities - not just those with a dementia diagnosis.

4) Some administrators have reported that they believe no permanent changes can be made without consistent staffing. Agency health care providers cannot provide resident-centered care when they are not in the building enough to get to know the residents. Many facilities are addressing this issue first before proceeding to other care concerns.

5) It seems clear that encouraging staff to develop decision-making and leadership abilities increases their likelihood of remaining on the job and for getting the best information possible about resident needs. The implementation of work-teams has been successful in empowering staff members and making them feel good about their work.

6) Planning, education, and implementation phases of culture change may need to be coordinated through persons from outside of the organization. This outside help may be paid consultants but may also come from local universities, K-State Research and Extension, or

government agencies like Kansas Department on Aging or Kansas Department of Health and Environment.

Implementation Resources



Books:

Becker-Reems, E. (1994). *Self-Managed Work Teams in Health Care Organizations*. American Publishing. One of the few resources specific to teams in health care organizations.

Institute of Medicine (2001). *Improving the Quality of Long-Term Care*. Washington, D.C.: National Academy Press. This book reports on the state of long-term care at present and includes information about culture change reforms.

Lustbader, W. (2001). *The pioneer challenge: A radical change in the culture of nursing homes*. In L. Noelker, & Z. Harel (Eds.), *Linking Quality of Long Term Care and Quality of Life*. New York: Springer Publishing Company.



Web Sites:

Culture Change Now, created by ActionPac, has pictures and stories about facilities committed to culture change. www.culturechangenow.com

Pioneer Network. This is the web site for the founders of long-term care culture change. www.pioneernetwork.net



PIONEER & PEAK OBJECTIVES	
RETURN THE LOCUS OF CONTROL TO RESIDENTS	
◆	Assist residents in determining their own daily schedules
◆	Restore choices about eating
◆	Provide options for keeping clean
◆	Support continence for as long as possible
◆	Promote all remaining capacities for self-care and mobility
❖	Promote quality end-of-life care
ENHANCE FRONT LINE STAFF'S CAPACITY TO BE RESPONSIVE	
◆	Commit to consistent staffing
◆	Develop self-managed work teams
◆	Eliminate middle layers of management
◆	Implement cross training for all staff levels
◆	Involve nursing assistants in care planning and care conferences
◆	Enable nursing assistants to set their own schedules
❖	Modify recruitment and hiring procedures
◆	Develop pro-active relationships with surveyors
ESTABLISH A HOME	
◆	Promote a sense of community
◆	Include family members in decision making
◆	Re-design institutional structures
◆	Create a holistic environment
◆	Include family members in decision making
ENHANCE COMMUNITY INVOLVEMENT	
❖	Strengthen formalized volunteer programs
❖	Provide intergenerational programs
❖	Provide opportunities for residents to participate in community activities

- ◆ Adapted from original Pioneer Network objectives
- ❖ Additional objectives added for PEAK



Projects

The following list may generate ideas for a project you may wish to implement in your home. Some projects are more appropriate for organizations just beginning the process of change while others may be activities that will help those who have already started change to reassess their progress. Some of the suggested projects are continuations of activities described within the text of this module. Each will be followed by suggestions for assessment and evaluation that will provide the information about successful or unsuccessful implementation. (For more in-depth review of assessment and evaluation refer to the accompanying module)

1. **Visioning:** Have the staff fill out a “worksheet” on which the following question is written: “What would you like to see changed in the facility if your mom were to move here tomorrow?” Provide two columns for answers. In one, have the staff write changes that would not require training or many resources, in other words, things that might be done easily in a few days. In the other column, have staff “dream” about things that they would like to see done if the budget were unlimited. Collect the papers and then select items that could be incorporated into a strategic plan. If possible make this activity part of an in-service session where all of the

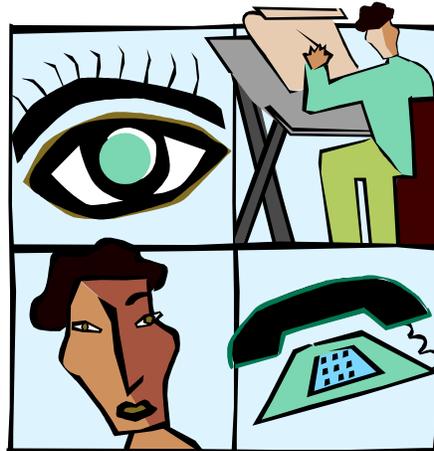
items can be listed and full staff can “vote” or prioritize goals. Making some of these changes immediately and recognizing staff for the suggestions will give staff a sense of ownership and will reduce resistance to further change.

Assessment and evaluation: This activity is more appropriate for process evaluation than outcomes evaluation. With process evaluation you will want to answer questions such as: how many

staff members actually completed the assignment? How many items were incorporated into the organization’s strategic plan? How many items were actually implemented? An example of an outcome would be to gauge the staff satisfaction or a change in the level of absenteeism with the completion of the activity. Did it make them feel involved and valued? A

longer-term evaluation might assess how the activity affected residents. Did it generate new care practices that raised the quality of life? It is important to recognize the success of implementation or even the efforts put forth toward change.

2. **Strategic Planning Process:** If the board or organization leaders have not reviewed the strategic plan to evaluate how it reflects culture change, you may want to do this now. The vision of the future should be significantly





affected by a culture change philosophy. If you are wanting to address a strategic plan you may want to access a consultant to help with the process. This person will help with evaluation but you should also understand that the goals and objectives set within the plan are the tools necessary for evaluation. If written properly, they will give clear guidelines as to the success or failure of your implementation. Resource: KAHSAs strategic planning guidebook: *Community Services: Transforming the Circle of Care*.

3. What do residents want? If the purpose of your culture change is to improve the quality of life for residents, you will need to find out from the residents what it is that they want. It is possible to do empathy training for staff members so they can begin to feel what it might be like to be older and have a sense for what is needed, but it is also important to get the resident's viewpoint. Suggestions for this project would be to conduct focus groups, similar to resident councils, to try to gather information from residents. One nursing home we know about does a "Daily Pleasure" inventory upon admission. This form is meant to draw information from residents and their families about daily rituals and habits. This information can be used to help design individualized care routines. A third method is suggested through a form of satisfaction survey that measures the difference between what residents want and what they get. This is called a discrepancy measure and you can read more about it from Levy-Storms et al., (2003).

Assessment and evaluation: The ability to meet resident desires can be assessed and evaluated through satisfaction surveys. You will want to make sure that

the instrument measures the values that you wished to affect like resident autonomy and choice. The R.E.A.L. instrument (see references) is said to be able to do this. You may wish to develop your own survey for a non-scientific but still valuable analysis.

4. Orientation and continuing education: The ability to maintain significant culture change is reliant on the ability to educate and reinforce new



culture change behaviors. For this project you will want some of your staff to develop a staff orientation process that reflects the organization's culture change philosophy. The principles of resident-centered care are not emphasized in nursing and nurse aide curricula so new people coming into the organization will inevitably be unfamiliar with culture change practices. You may want to include matching the new staff person with a mentor who can model and provide support in your orientation process. In addition, practical ideas for continuing education and reinforcement of culture change must be developed. Many educational offerings are not delivered in the manner that many staff members may best learn. Creative applications like on-line learning, role modeling, and apprenticeship should be offered.

Assessment and evaluation: Orientation and training should link directly to staff



turnover. Most of the staff members who leave an organization do so in the first three weeks (Iowa Caregivers, 1996). Reasons given include not having a clear understanding of what the job would be like before people were thrust into the job. A good orientation and mentoring program should increase staff retention.

5. Rewrite employee and resident materials: Rewrite employee and resident materials: Job descriptions and handbooks should be rewritten to reflect new organization philosophies. Some organizations have prepared job descriptions to be used as staff evaluation tools. There are some resources available on-line for this type of project, however, most of the available job descriptions will be standard in nature and not have a culture change focus. Plan to develop an interdisciplinary team approach for this process, allowing time for creative brainstorming sessions. This process should happen only after mission and vision statements and a full staff participatory effort in creating the future for the organization. It may be a good idea to start with asking the staff to develop the job description because they are the most likely to have a clear idea of the skills necessary for the work. As an example of how this process might look, we'll use the certified nurse aide position. When extensive staff education in the goals of culture change have been completed, ask groups of aides to develop lists of tasks that they complete on a regular basis. Ask them also to be specific about the things they do or could be doing if the culture change model envisioned for the organization was implemented. These lists are then taken to the interdisciplinary team for refinement. Developing job descriptions in this manner allows greater staff participation and a higher likelihood of

ownership and acceptance. It also helps to avoid the "ivory tower" problem that occurs when persons who do not perform certain tasks write descriptions about how the work should be done.

Assessment and evaluation: If the job descriptions are used as evaluation tools there should be a direct correlation with the Quality Improvement process.

A word from the PEAK-ED staff:

This educational piece is not meant to be the authority on culture change. If we've learned one thing it is that the accumulated wisdom behind the force for changing the culture of long-term care is much bigger than we could ever begin to present. What we hope we've been able to do for you is to provide you with some background information that will help you start in your exploration of the endless possibilities for the future of this profession as well as the future of frail elders here in the United States. James Belasco, in his book *Soaring with the Phoenix*, said that most organizations fail because they are focused on incremental improvements of the present, not a revolutionary creation of the future. We hope that the thoughts and activities in this module will help you break through the inertia of the present---good but not necessarily great homes for the aged--and lead you to a new vision for the future.

We want to know what is working for you. So please take the time to try to do the assessment and evaluation pieces of the project you select and tell us how it went. Email us at gdoll@ksu.edu.



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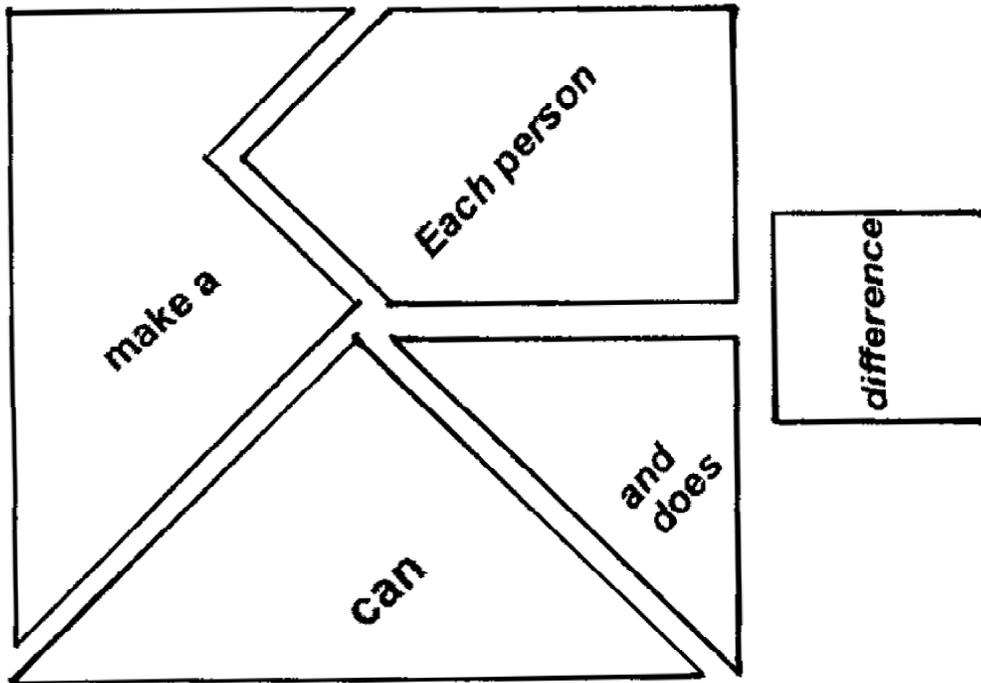
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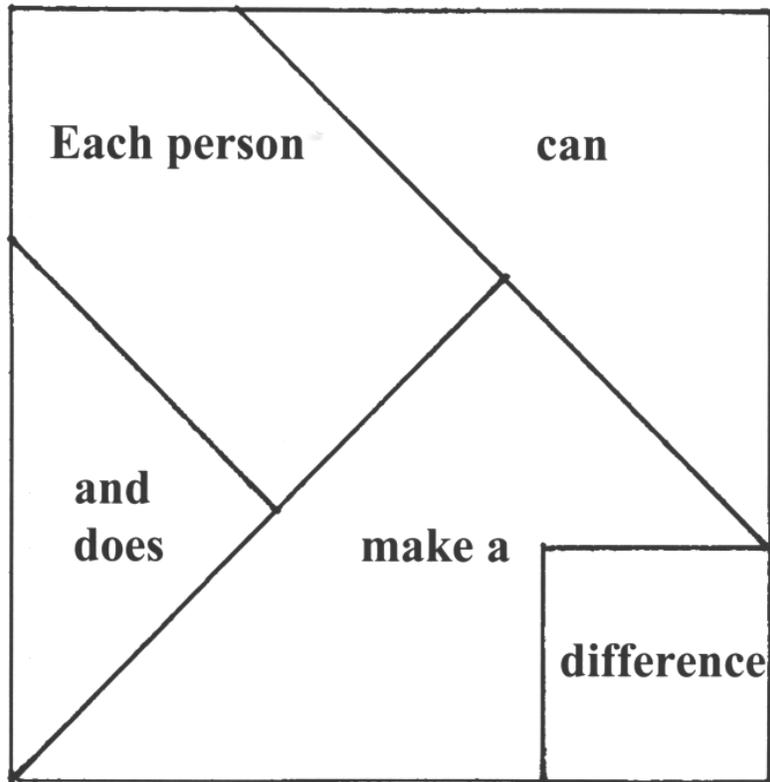
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APPENDIX 1
Puzzle from page 18



SOLUTION →→→





Post-test

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



Pretest and Post-test Answers

1. C
2. D
3. B
4. A
5. D
6. D
7. D
8. B
9. A
10. A