Transformational Leadership: Key to Creating Aging Services Organizations of Choice

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As the baby boom generation advances into retirement, the need for a new and more effective model of aging services has emerged. Consumers are questioning traditional ideas and seeking settings that actively promote resident autonomy and dignity. Transforming the institutional facilities of yesteryear into progressive "organizations of choice" thus represents one of the major challenges now confronting the aging care industry. (See *CareFully Speaking®* 2009-Issue 2, "Culture Change: Reaping the Benefits of Resident-directed Care," available at **www.cna.com**.)

This transition requires creative and engaged leaders who are willing to rethink old paradigms and practices. Such leaders have shifted from a strictly transactional style of management, based on top-down control and communication, toward a transformational model, whereby all staff members are considered potential leaders, and all jobs focus on enhancing resident safety and well-being. Transformational leaders catalyze the process of culture change by

- adopting a holistic approach to providing residential care
- viewing residents as individuals with feelings and preferences, rather than as patients to diagnose and manage
- empowering direct care workers through recognition of their abilities and knowledge
- fostering a culture of professional excellence at every level of the organization
- emphasizing employee development and growth to enhance staff competence, performance and morale, thereby increasing resident satisfaction

Transformation requires more than well-credentialed, licensed and certified professionals at the helm. It demands individuals who can influence and motivate others, and who have the vision, confidence and persistence to propel sometimes recalcitrant organizational cultures in new and challenging directions. (For an overview of key leadership characteristics, see "Defining Traits of Transformational Leaders," page 3.)

This edition of *CareFully Speaking®* examines the principles of transformational leadership and offers practical strategies for aging service organizations seeking to create a positive, resident-focused workplace.

Defining Traits of Transformational Leaders

Culture change depends upon the presence of transformational leaders committed to maximizing the human element of aging services. Various tests, such as the Myers-Briggs Personality Test and the Enneagram Personality Type Detector, have been created to help organizations identify visionary leaders within the ranks of qualified candidates. Whether used as a screening device or for self-assessment, these tools can help identify important leadership traits, some of which are indicated below:

CORE COMPETENCIES	LEADERSHIP SKILLS	PERSONAL TRAITS
Translates visual models into organizational structures	Frames issues in a holistic manner	Conveys self-confidence
Possesses strong conflict management skills	Articulates mission and goals effectively	Addresses situations proactively
Analyzes and interprets complex and ambiguous issues and situations	Encourages organizational learning	Seizes opportunities
Approaches problems in a systematic manner	Promotes open dialogue among all levels of staff	Tolerates reasonable degree of risk
Screens information for usefulness	Creates relationships based on shared values	Exhibits drive to achieve

Source: Adapted from Strategos, **http://www.strategosinc.com/leadership_transformational.htm**.

In addition to possessing inherent strengths, effective leaders model the values they are seeking to implement within the organization, and dedicate themselves to creating strong, reciprocal relationships. The following qualities and behaviors are essential to successfully leading a culture change community:

- *Familiarity.* Change-oriented leaders develop hands-on awareness of all aspects of the organization, determining their effect on residents/clients and noting areas requiring improvement.

- *Visibility.* Rather than being isolated within their offices, new-model leaders walk the floor and talk to as many individuals as possible in order to gain knowledge and strengthen bonds.

- *Forthrightness.* Leaders build trust and credibility by generously sharing information, responding promptly to queries and having an open door to staff members. They utilize regular Q&A sessions and other forums to reduce barriers between senior administrators and direct care staff, facilitating positive change.

- *Connection.* Effective leaders know the names and histories of their associates and are on conversational terms with all members of the community, producing a warmer atmosphere and more open communication.

- *Responsibility.* Leaders who take responsibility for decisions and own up to errors encourage others to focus on acting ethically, rather than maneuvering to avoid blame.

- *Dignity.* Leaders who honor the feelings and dignity of others in their language, conduct and attitude – even during moments of stress – create a foundation of respect and compassion for the organization as a whole.

Identify Opportunities for Change

The first stage of transforming an aging care setting is to identify the organization's mission, purpose and goals, and to compare its current performance with its aspirations. Representatives from management, the direct care workforce, the family council and other core areas should embark on a wide-ranging discussion of shared values and aims, current strengths and areas requiring improvement.

The following questions, among others, can help stimulate open and honest dialogue about the organization's culture, quality of care and enterprise-wide management philosophy:

- What are the demographics of the resident/client and family population, and how can the organization best satisfy customer needs?

- How do management and staff want residents/clients and families to be treated, and how frequently is this ideal realized?

- Do staff members generally feel respected by management, and how is respect and appreciation demonstrated?

- Do staff members treat residents/clients with dignity and respect on a consistent, long-term basis?

- Do staff members understand the basic ideas behind culture change, and what are their major hopes and fears regarding this shift?

- How has the organization implemented and communicated change efforts in the past, and how did residents/clients, families and staff members respond?

- Has the organization employed both transactional and transformational leadership in the past, and if so, how did the outcomes compare?

- How can leaders best inspire confidence in organizational culture change efforts?

Increasing Job Satisfaction Using Maslow's Hierarchy of Needs

SIDEBAR 2

Good working relationships, in which leaders engage with followers as whole persons rather than simply as order-takers, are at the heart of a transformed organization. When employees are encouraged to develop professionally and are valued as individuals, they can realize more of their potential and bring more of themselves to their jobs.

Psychologist Abraham Maslow's "Hierarchy of Needs" is a scale of self-actualization, extending from lower-level physical requirements to higher stages of personal growth and development. The following chart shows how managers and executives can help boost staff performance, morale and loyalty by incorporating Maslow's hierarchy into employee relations:

GROWTH NEEDS	METHOD OF FULFILLMENT
Self-transcendence	Promote spiritual fulfillment and meaning by cultivating an ethical, compassionate culture and atmosphere.
Self-actualization	Provide opportunities to solve problems and apply creativity at work.
DEFICIENCY NEEDS	**METHOD OF FULFILLMENT**
Ego needs	Recognize achievement, encourage input and respect independent thinking.
Social needs	Foster a collegial atmosphere and non-punitive management style.
Security needs	Establish some degree of job security and sense of belonging.
Physical needs	Offer a competitive wage and healthy working conditions.

State the Case for Change

After the initial analysis is complete, the core group should draft a "platform of change" designed to inform staff members of the new organizational direction and encourage participation in the culture change process. The following aspirations should be articulated:

Humane working conditions. By failing to acknowledge the full range of employee needs, organizations may weaken their own recruitment and retention efforts, thus jeopardizing continuity and quality of care. Transformational leaders understand that competitive wages and benefits, job security, recognition programs, positive reinforcement, flexibility and basic managerial courtesy are essential to maintaining a stable, loyal and motivated workforce. (See "Increasing Job Satisfaction Using Maslow's Hierarchy of Needs," page 4.)

Empowered employees. Culture change begins with the realization that most people enjoy their work only when given the opportunity to exercise some degree of responsibility and self-direction. However, at many aging care organizations, obedience is valued over initiative and personnel issues are often resolved in a punitive manner, resulting in rapid turnover and a fearful atmosphere. Transformational leadership involves re-examining supervisory methods and attitudes in order to enable staff members to fully utilize their abilities, intelligence and training.

Innovative job design. As not all lifestyles can accommodate traditional 7-to-3, 3-to-11 and 11-to-7 work shifts, rigid scheduling practices on behalf of short-term efficiency may result in long-term stress, absenteeism and turnover. Organizations can reduce staffing shortages and bolster morale by honoring requests for consistent assignments, allowing staff to accommodate one another through self-scheduling and shift trade-offs, and modifying job descriptions and schedules when necessary.

Supportive human resources policies. Transformed organizations support and retain employees by offering ongoing skills training, career development opportunities and realistic performance reviews that recognize and reward individual achievement. Supported by strong leadership, an organization can minimize the routine and repetitive aspects of paraprofessional jobs by adopting human resources policies emphasizing growth, teamwork and autonomy.

Shared decision-making. Under a conventional *command-and-control* management style, workers may be held accountable for problems caused by systems they had no part in implementing. Within a transformed setting, decisions about care are made at the point of service, and direct care workers are given authority commensurate with their capabilities and responsibilities. The commitment to a *serve-and-support* style of leadership starts with an extended orientation period and comprehensive training on organizational values and goals, problem-solving methods and interpersonal communication.

Team approach to care. As aging service organizations move toward a resident-centered concept of care emphasizing personal choice, variation and spontaneity, paraprofessionals must be fully integrated into the care team. Policies should ensure that direct care personnel are involved in all stages of care, including resident interviews, minimum data set collection, care planning, shift reports and unit meetings. Increased interaction with providers and collaboration across shifts and departments can improve both staff retention levels and clinical outcomes.

Within a transformed setting, direct care workers are given authority commensurate with their capabilities and responsibilities.

Shed Old Ways of Thinking

The hectic pace, frequent interruptions and high staff turnover found in traditional nursing homes encouraged a "crisis" management style, in which subordinates were often viewed as interchangeable order-takers. By contrast, transformational leadership aims at developing the talents and strengths of all team members by treating them as partners in a relationship based on common values, mutual trust and two-way communication. The following sets of opposing statements illustrate some of the key differences between old and new leadership models:

Transactional Environment		Transformed Environment
Cost- and convenience-driven	vs.	Resident-driven
Pure efficiency/profitability motive	vs.	Humanity as major motivator
Revolving leadership	vs.	Stable leadership
Staff divided between order-takers and order-givers	vs.	Everyone a leader within their area of expertise
A few individuals in control	vs.	Decentralized, point-of-service care
Regimented care and treatment	vs.	Individualized care
Blind obedience	vs.	Staff empowerment
Control (provider's way)	vs.	Flexibility (resident's way)
Overworked, irritable staff	vs.	Friendly, helpful staff
Sterile, institutional spaces	vs.	Attractive, inviting, well-maintained environment
Arbitrary policy changes without explanation	vs.	Consistent, well-communicated execution of policy
Strict adherence to traditional job descriptions	vs.	Creative job design
Limited time and effort spent on staff training and orientation	vs.	Newly hired staff supported by and integrated into organization
Staff input seen as unwanted intrusion in care planning process	vs.	Meaningful involvement of staff in care planning process
Punitive, inflexible human resources policies	vs.	Attention paid to employees' personal needs and goals
Expectation that staff conceal emotions when residents die or a personal crisis affects them	vs.	Honoring emotions, including grief, of personnel and residents

Define Quality by Resident/Client Expectations

Consumers are looking for secure settings designed to promote an active, stimulating life in their post-retirement years. Many ideas have been proposed to assist aging service organizations in meeting changing demands, including the Holistic Approach to Transformational Change (HATCH) model.[1]

1 The HATCH model, developed by Quality Partners™ of Rhode Island, includes six inter-related topic domains related to individual, organizational, community and systems changes. For information, visit **http://www.riqualitypartners.org**.

HATCH and other operating models define quality of care based upon resident/client expectations, rather than external standards. Quality indicators include

- resident privacy and dignity, as expressed both behaviorally and environmentally

- individual choices in daily life, such as bedtime and waking time, recreational activities and periods, bathing options, meal selection and range of services provided

- homelike settings that promote hospitality and community as an antidote to institutional impersonality

- social acceptance without judgment or pressure

The proliferation of options, however, carries the risk of conflict between established standards of care and the goal of self-determination. Reconciling resident/client safety and autonomy represents a significant issue for organizations dedicated to change, requiring a high degree of creativity and communication. Leaders can help forestall potential problems by establishing minimum universal requirements for all settings across the aging spectrum in the following areas:

- hiring practices and credentialing verification

- resident/client admission procedures

- care/service planning

- quality standards

Culture change starts with a commitment to develop and utilize the talents and strengths of all members of the organization.

Consider Environmental and Technological Modifications

Physical redesign is an important factor in organizational transformation. Leaders of change-oriented aging care settings should proactively pursue environmental and technological improvements aimed at permitting residents/clients to remain active and to live more healthy, productive and socially connected lives. These concepts include

- campus-like settings with theaters, wellness spas, and retail and service centers

- "green" design, with an emphasis on safe and pleasant outdoor spaces, natural lighting, restful garden paths and water features

- health technologies conducive to less restrictive living, including wireless emergency alarm pendants and non-intrusive health monitoring devices

- rooms organized into distinct "neighborhoods," promoting a greater sense of community, privacy and control among residents

- den-like staff areas with concealed work spaces in place of large central nursing stations

Culture change is an ongoing process that starts with a commitment to develop and utilize the talents and strengths of all members of the organization. Success depends on the commitment and vision of leaders, who must earn the trust of employees and inspire them to move beyond old habits in order to embrace new possibilities. Transformation also requires continuous self-assessment. The screening tool on page 8 contains a list of questions designed to help organizations continue to satisfy evolving resident expectations by creating a safe, dignified and nurturing environment.

A Screening Tool for Transformational Readiness

ASSESSMENT QUESTIONS	Y/N	WHERE IS ELEMENT PRESENT IN ORGANIZA- TIONAL POLICIES/ PROCEDURES?	WHERE IS ELEMENT PRESENT IN SYSTEMS, CLINICAL PRACTICES AND/OR ENVIRON- MENT?	COMMENTS
OPERATIONAL				
Does the organization's stated mission reflect a commitment to establish and nurture constructive relationships among leadership, staff, residents/clients and families?				
Does the mission articulate values and goals shared by all members of the organization?				
Does the mission underscore the value of continuing education and the importance of sharing ideas universally?				
Are care systems aligned with organizational goals?				
Do policies and systems foster a collaborative approach to care across departments and units?				
Are programs in place to welcome new staff, residents/clients and families?				
Does the organization have a functioning family council to encourage open and productive relationships with families and significant others?				
Does the organization develop partnerships with consultants, state agencies and professional associations that advance culture change principles?				
HUMAN RESOURCES				
Are performance expectations high but fair?				
Do policies have some degree of flexibility and acknowledge employees' differing needs and situations?				
Are career development and continuing education programs made available to encourage staff growth and empowerment?				
Are staff members offered opportunities to develop leadership skills?				
Are staff recognition and award programs in place to honor exceptional performance?				
Are peer groups organized to provide social support for staff members?				
Does the human resources department pursue community out- reach opportunities, where staff members can speak about and advocate on behalf of aging care?				

ASSESSMENT QUESTIONS	Y/N	WHERE IS ELEMENT PRESENT IN ORGANIZA-TIONAL POLICIES/ PROCEDURES?	WHERE IS ELEMENT PRESENT IN SYSTEMS, CLINICAL PRACTICES AND/OR ENVIRON-MENT?	COMMENTS
ADMINISTRATIVE				
Do policies and procedures place residents/clients at the center of the community?				
Does the organization have sufficient staff and resources to provide safe care to residents/clients?				
Do newly hired paraprofessional staff members undergo a comprehensive orientation on such topics as problem-solving skills and interpersonal communication?				
Following mandatory orientation, are new hires given a period of peer-mentoring?				
Do scheduling practices take into account the needs and interests of staff and residents/clients?				
Are direct caregivers consistently assigned to the same residents/clients?				
Is care provided by self-governed teams?				
Are care teams encouraged to make decisions in a non-hierarchical fashion?				
Are supervisors and members of the leadership team routinely present in the care setting?				
Do policies promote the exchange of frequent and constructive feedback between supervisors and caregivers?				
Are in-service training sessions offered to staff on a regular basis?				
Do review processes seek to identify and eliminate unnecessary work?				
CLINICAL				
Are residents cared for in a holistic manner?				
Are the resources necessary to provide humane care readily accessible to staff?				
Does the organization encourage creative and individualized care/service planning?				
Are families included in care/service planning conferences?				
Are care/service plans written in the "I" format? (e.g., "I prefer physical therapy on Monday and Wednesday afternoons.")				
Do direct care workers routinely support and validate the choices made by residents/clients?				
Do caregivers respect the lifelong daily routines of residents/clients?				
Do clinical policies discourage use of chemical and physical restraints?				
Do staff and residents/clients participate in meaningful rituals and celebrations?				
Is community mourning permitted and encouraged?				

ASSESSMENT QUESTIONS	Y/N	*WHERE IS ELEMENT PRESENT IN ORGANIZA-TIONAL POLICIES/ PROCEDURES?*	*WHERE IS ELEMENT PRESENT IN SYSTEMS, CLINICAL PRACTICES AND/OR ENVIRON-MENT?*	COMMENTS
ENVIRONMENTAL				
Is adequate attention paid to lighting, access and safety issues?				
Are personal spaces free of unwanted intrusions?				
Are residents/clients made to feel safe and secure in their rooms and common areas?				
Do living spaces reflect resident/client preferences and personalities?				
Do the facility's physical layout, furnishings and décor promote a sense of community?				
Are common spaces "de-institutionalized" through creative use of lighting, materials and design?				
Does natural landscaping add beauty and comfort to the facility?				
Is the facility designed to be welcoming to visitors?				

Resources

Organizations and Programs:

- Action Pact, Inc., at **http://www.culturechangenow.com/**
- American Association of Homes and Services for the Aging (AAHSA®), at **http://www.aahsa.org/**
- American College of Health Care Administrators (ACHCA), at **http://achca.org/joomla/**
- Better Jobs Better Care (BJBC), at **http://www.bjbc.org/tools.asp**
- Center for Excellence in Assisted Living (CEAL), at **http://www.theceal.org/**
- Direct Care Alliance, Inc. (DCA), at **http://www.directcarealliance.org/**
- The Eden Alternative®, at **http://www.edenalt.org/**

- The Green House® Project, at **http://www.ncbcapital impact.org/default.aspx?id=146**
- Institute for the Future of Aging Services (IFAS), the applied research arm of AAHSA, at **http://www.aahsa.org/ifas.aspx**
- National Citizens' Coalition for Nursing Home Reform (NCCNHR), at **http://www.nccnhr.org/**
- Paraprofessional Healthcare Institute (PHI), at **http://phinational.org/**
- Vital Aging Network (VAN), at **http://www.vital-aging-network.org/**

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Tools:

- *Almost Home: Changing Aging in America*, an on-topic documentary shown on Public Television. DVD available at **http://www.almosthomedoc.org/.**

- "CMS Artifacts of Culture Change," an assessment tool from the Centers for Medicare and Medicaid Services designed to gauge an organization's degree of culture change. Available at **http://www.aahsa.org/section.aspx?fid=1028&id=586.**

- *Culture Change Now!*, a periodical published by Action Pact, Inc. Issues available at **http://www.culturechangenow.com/mag-ish2.html.**

- "Effective Leadership in Long Term Care," a position paper from the American College of Health Care Administrators. Available at **http://achca.org/content/pdf/ACHCA_Leadership_Need_and_Opportunity_Paper_Dana-Olson.pdf.**

- "Individualized Care Pilot for Nursing Homes," a toolbox of resources developed by Quality Partners of Rhode Island aimed at helping nursing homes achieve resident-centered care. Available at **http://www.health.ri.gov/nursinghomes/individualizedcarepilot/.**

- National Clearinghouse on the Direct Care Workforce, an online library of materials. Available at **http://www.directcareclearinghouse.org/index.jsp.**

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