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Alexandra Natasha Garklavs
Minnesota State University - Mankato

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LEADERSHIP AND THE IMPLEMENTATION OF CULTURE CHANGE
IN LONG-TERM CARE

By

Alexandra Garklavs

An Alternate Plan Paper Submitted in Partial Fulfillment of the Requirements for
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ABSTRACT

In understanding the culture change movement in long-term care and the factors that either foster or impede its sustainability, it is important to consider a number of factors. Since leadership is important in any organization and has been identified as crucial in the implementation of culture change in long-term care, this alternate plan paper focuses on the leadership factors that either facilitate or impede the implementation of culture change. Included in this alternate plan paper is an brief overview of the culture change movement in long-term care, the role of leadership versus management in the long-term care environment, types of leadership, a presentation of sixteen scholarly studies focusing on the role of leadership in regards to culture change in long-term care systems, as well as a discussion about the empowerment of residents and staff of long-term care facilities, the flattening of structural hierarchies, the importance of utilizing leadership (versus management), the need for support of residents and staff during this transition, as well as the taking a holistic approach when considering the needs of residents and staff in long-term care.

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CHAPTER I

BACKGROUND

To change a culture is never easy. It not only involves a challenge to privilege and power, but also the dismantling of deep psychological resistance.

Tom Kitwood, *Dementia Reconsidered*

Six summers ago, I attended a summer session service-learning trip sponsored by my undergraduate university. Organized by my academic advisor, a group of students traveled to the rural island of Ikaria, Greece. There we would be working at the Ikarian Old Age Home (Gerokomeio tis Ikarias), learning from a group of centenarians from the island. Over the course of the few weeks we were there, we would plan and implement a variety of social activities as well as learn about the process of aging in a different culture.

What I observed at the Gerokomeio was a stark contrast from what I had experienced at long-term care facilities in Minnesota; the Elders sat on the patio each morning drinking coffee in the sun while the staff completed various chores. Meals were prepared from scratch each day and used mostly local, familiar ingredients. While a number of these residents were living in this facility (versus the traditional Greek custom of caring for one's parents at home), residents of the island and local business people provided extra necessities for these individuals, whether it be fresh baked bread or flowers to plant outside. There was a sense of responsibility and ownership felt by the community, and it was apparent.

After an additional internship at the same facility the following summer, I decided to pursue studies in Gerontology. What I had seen gave me hope for the older people here in the United States. I began my program hoping to learn more about how I could somehow implement what I had experienced into the long-term care system here in the United States. I applied for a

job as a nursing assistant at a local long-term care facility as a way to supplement my living expenses.

Eager to make a positive impact at this facility, I was soon surprised that what I encountered was not exactly what I had expected or had hoped for. I found this facility (like many others I have since visited) was organized in a way similar to that of hospitals. Schedules and routines were based on convenience, efficiency, and cost. Budgeting played an integral role on how many staff were scheduled, how much time was allocated for the completion of various tasks, and how the residents lived their daily lives. While not all aspects of life at the Gerokomeio were perfectly ideal, I felt that for the most part the care and services provided were consistent with the values and needs of the residents there. The Greek Elders were being cared for by familiar faces. They were aging in an environment that was consistent with the one they had grown up in. What was the reason for the stark contrast with American long-term care?

Uncomfortable with what I was seeing, I sat down with one of my professors. I talked to her about the environment in which I was working and in which Elders were aging. I questioned why people had to trade in their freedoms and identities upon admission to nursing homes. We talked a while about what I had seen and what I would like to see change in the long-term care system. She introduced me to the concept of culture change in long-term care. The culture change movement is action and advocacy targeting and working towards the transformation of nursing homes from lonely, isolating institutions to homes that people can call their own. As opposed to the traditional model of nursing homes, culture change homes focus on putting the residents and their caregivers in charge of making decisions based on what the residents want and what is best for them. Emphasis is on putting residents first and involving them in their experience there.

Considering all of the supporting evidence for the benefits of transitioning from a traditional, institutional model of long-term care to one that is based on the values of the culture change movement, there still remains resistance to this transition. To learn more about why this was so, I completed an Alternate Plan Paper that focused on published works that have studied this phenomenon. Despite all of the advantages for long-term care providers adopting culture change values, why was change not happening faster, or in some cases, even at all?

Since leadership is important in any organization and has been identified as crucial in the implementation of culture change in long-term care, I focused on the leadership factors that either facilitate or impede the implementation of culture change.

CHAPTER II

LITERATURE REVIEW

History of Nursing Homes

If we were to compare the nursing homes of today with the almshouses and poorhouses of the 19th century, we would see great change within this relatively short time. According to Mezey (2001):

. . . the modern nursing home differs greatly from institutions established in the mid-nineteenth century . . . by the middle of the nineteenth century, those who could not be cared for at home had few options but the almshouse (Haber, 1993). Not pleased with care in such institutions, ethnic, religious, and philanthropic organizations, and individual nurses founded ‘homes for the aged.’ These homes, which typically were quite small, persisted relatively unchanged into the mid-1900s. The present-day nursing home began to emerge with the implementation of the Hill-Burton Act in the 1950s, which encouraged the building of new and larger facilities for long-term care (p. 141).

While the elimination of poorhouses and almshouses led to the conversion of hospitals to newly-designated facilities for the aging as well as creation of new facilities for the aged, this transition did not totally transform care for the frail and aging into a model that was resident-centered and directed. Nursing homes were modeled on hospitals, and the focus was on efficiency and cost-effectiveness. Singh (2010) explains that long-term care expanded and changed significantly with the introduction of Medicare and Medicaid; these federally-funded programs provided stability in the growth of long-term care (LTC) services. As a result, the number of homes in the industry skyrocketed (Singh 2010). Homes for the aged had become uniform institutions, where people forfeited their autonomy and freedom upon admission.

Nursing homes can be places of isolation, loneliness, and boredom. While these environments might suit someone receiving short-term medical care (as is appropriate for a short-term hospital stay), they do not necessarily suit the multi-faceted needs of someone transitioning into the long-term care arena.

According to Tobin (2003):

. . . humanistic cultures refer to environments in which all elements enhance the humanity, the essential individuality, of its inhabitants. This is a daunting challenge for nursing homes because they are a type of “total institution,” which refers to living environments where residents, patients, inmates or novitiates of religious orders are handled in “batches” (Goffman, 1961). Inhabitants, that is, arise and go to bed at the same time, eat together, participate with others in organized shared activities and so forth. Whereas most total institutions handle inhabitants primarily for the purpose of resocialization, nursing homes do so for efficiency. While saving money, efficiency usually conflicts with humanistic goals (p. 54).

This model of long-term care was a very real problem. As people aged or developed health-related issues requiring assistance, they were being placed in facilities whose sole purpose was to monitor and maintain health. This model of care does not take into account the needs of the whole person for someone who will be living in the institution not for just a short stay, as with an acute illness, but perhaps for the rest of his or her life. Dr. William Thomas, a key champion for culture change in long-term care facilities, further explains,

The medical model had been in the past erroneously generalized as the overall model for facilities which care for frail elderly residents. This approach, which is adequate in hospitals, where “real life” is suspended for a short period of time for treatment, produces

life threatening conditions for residents in nursing homes, as they experience loneliness, helplessness, and boredom, which are the three plagues and major sources of suffering for the elderly (Thomas in Monkhouse 2003:344).

What Is culture change?

Gass (2004) tells his story of working as a certified nursing assistant in a long-term care facility. His account captures the emotion and feeling behind why this movement matters. After caring for his mother at the end of her life, Gass went to work as a CNA, hoping to be able to give back to others the care his mother received. As he entered into this environment, he observed much of what has led activists to demand better care for the aging population.

According to Gass,

The great pain, the gut-wrenching void of nursing-home life has little to do with old age or infection or dementia. The dominant reality in our nursing home is ubiquitous separation. Mother Theresa once commented that the most serious epidemic in America is loneliness... Everyone here is torn away from home and families. Publicly we call this “their home.” This is in fact where residents lay their heads night after night, but a nursing home is rarely where the heart resides. How many real homes are attended by uniformed gatekeepers, as this one is? How many homes operate with the same bulk-rate, sterilized, cost-effective assembly line efficiency we do? (p. 116)

The culture change movement began a little over twenty years ago. A number of innovators in long-term care were dedicated to the idea of changing the way individuals were being treated by the care system. This included the treatment of both elders as well as employees of these facilities (White 2012). These innovators recognized that something was seriously wrong with the way long-term care was designed. The medical model upon which long-term care

was designed was controlling and did not help elders thrive and live fully. According to Keane (2004), “Proponents of reform . . . [were] increasingly taking issue with the debilitating effects of the status quo, with its blind devotion to the institutional medicalization of late life and the dismissal of frail older people from the heart of our society” (p. 44).

The medical model focuses on the body, not the person inside. Thomas provides an analogy of elders being like a mighty, old oak tree. Both have deep-rooted history and stories; tearing either of these up from their roots unexpectedly can cause disastrous results. Proponents of culture change were not satisfied with a system in which elders traded in their freedom and autonomy for standardized care. Why did aging mean necessarily involve giving up the aspects of life that make it rich and meaningful? According to Redfoot, “Due to the ‘medicalization’ of contemporary long-term care, the cultural meanings of aging and disability have been increasingly defined and maintained through social structures associated with the medical professions” (Redfoot 2003:95).

Culture change aimed to shift this thought pattern. This transition in thoughts, values and action starts with simple steps. According to Singh (2010),

. . . the change is from the traditional nursing home environments and care processes driven by the sick-role model to the ones that promote client-centered care in enriched environments. Hence, culture change is the integration of the three elements of person-centered care (“clinical care, socioresidential elements of the physical environment, and overarching human factors”) along with enriching the environments in which people live. In addition, culture change requires empowerment of associates . . . administrators and department managers start treating their associates as they would want the associates to treat the elders (p. 220).

This is so important as nursing aides (and other direct care workers) are those who know residents best and have the most contact with them. According to Baker (2007), “Among nursing home staffers, these ‘direct care’ or ‘front-line’ workers have the most contact with residents. Studies estimate that aides provide 80 to 90 percent of care” (p. 63). Breaking free of the rigid rules, schedules, and culture of a “traditional” nursing home model benefit those living in the long-term care facility. It also embraces the employees, who have a major impact on the lives of the residents in their care. Deutschmann (2002) points out, “Faced with a staff turnover rate well over 50%, absenteeism, call-ins . . . criminal records, abuse violations, low morale and low job satisfaction, and negative media coverage, who would want to end up in a nursing home as a resident or an employee?” (p. 249).

Culture change is about shifting the way we view aging, those who are aging, and how we understand those responsible for caring for our older people. A necessary element is the empowerment of both elders and caretakers and a lesser focus on the administration of the facility as well as the traditional hierarchical leadership structure. Decision-making is put into the hands of those it affects most: the elders, their families, and their caretakers.

And lastly, but not least, culture change focuses on elements of living and interaction that help people thrive and engage in meaningful ways. In focusing on all of these features that add significance and meaning to elders’ lives, the culture change movement is steering the future of long-term care away from medical models of the past to environments that will not only foster these positive changes, but encourage them.

In understanding some of the elements that are incorporated into a long-term care system through a culture change perspective, Singh (2010) provides examples that embody the core values. Part of shifting the focus of power and focus of decision-making in the facility into the

hands of residents includes the recognition of importance of choice. Whether this includes basing meal offerings on residents' preferences or having residents determine the best time to bathe, decisions regarding activities of daily living as well as preferences for social activities and other care-focused activities are resident-directed as much as possible. The recognition of the resident's choice is not only acknowledged by the direct care workers, but also the management team and other staff in the facility.

Recognition of staff empowerment similarly puts decision-making into the hands of the direct care workers. Singh (2010) notes that not only are the day-to-day routines, schedules, and choices based on what the residents want, but also the atmosphere as well as traditions that turn a facility into a home. Facilities recognize residents as individuals, celebrating special occasions, highlighting these achievements; birthdays celebrate individuals, not everyone sharing a birthday month. Residents choose how they decorate their rooms or how they spend their free time. Residents have a say in how they are treated and cared for. Both residents as well as those that work closely with them are invited to participate in care conferences (Singh 2010). A core focus of the shift away from a medical model of care is putting decision-making into the hands of those it affects most: the residents.

Leadership In Long-Term Care

*A leader is best
When people barely know that he exists,
Not so good when people obey and acclaim him,
Worst when they despise him.
“Fail to honor people, they fail to honor you”;
But of a good leader, who talks little,
When his work is done, his aim fulfilled,
They will say, “We did this ourselves.”*

Lao Tzu, Chinese Taoist philosopher

Leadership is a quality that can determine the fate of any organization or team. Successful leadership can create cohesion among individuals, creating a unified team. A successful leader is able to help individuals realize and develop their strengths and talents. These skills can complement those of other team members. In essence, a successful leader has the ability to bring together a group, comprised of individuals with different backgrounds, experiences, and values, and involving and sustaining them in a unified quest for a single vision. Lack of leadership can leave individuals with a lack of direction and lack of success. When striving to accomplish culture change of long-term care, it is essential to have a leader with a clear vision. As Gilster (2005) explains,

Effective leadership is key. It is particularly critical in times of change, uncertainty, or fierce competition, all characteristic of the long-term care industry. Although an ineffective leader may have short-term success, maintaining success over a long period of time is extremely difficult, particularly in stressful, competitive climates. Arriving at a leadership position does not make one a leader. It is what the leader *does* in that position that makes a difference (p. 11).

Since leadership plays such an integral role in the implementation and sustainability of culture change in long-term care facilities, I focus this next section of my paper on key themes of

leadership in long-term care, highlighting some widely-recognized approaches. Along with highlighting these approaches to leadership, I also discuss the responsibilities of leaders as well as the impact they are capable of making.

Leadership Versus Management

In any organization that wishes to succeed, there is a need for both effective management as well as effective leadership. Despite “management” and “leadership” often being used interchangeably, the concepts are different. A manager’s goal is to carry an organization through its daily activities, ensure that goals and quotas are met as needed, and to govern employees and members of the team. Based on the organization, a manager might determine scheduling, organize employees, and provide training. In addition, it is usually the responsibility of a manager to ensure that the components and/ or employees of the organization work together to ensure that goals are achieved (Gilster et al. 2010).

While a manager might be a good candidate to help carry out plans and projects, it takes a leader to go above and beyond this point. A leader is someone who can encourage, inspire, and lead the team; they approach situations creatively, utilizing a number of methods until the goal has been reached. A leader will assess the whole situation and its components, versus focusing only on the desired end result. Additionally, a leader is someone that is able to surpass goals and will strive for continued success. Compared to a manager, who might be responsible for delegating and ensuring the completion of tasks, a leader is someone in a position to identify team members’ creativity and strengths. Allowing the team to function, each individual contributing his or her talents, a leader can help coach and mentor these individuals, so they can work and succeed effectively. While a leader might also be the manager, a leader is aware of the need to include the team and their input as well as take into consideration the strengths and

weaknesses of the players. Whereas a manager could be seen as a map or compass, intent on arriving at the final destination, a leader could be seen as the captain of the ship, helping maneuver and coach the team along the journey. According to Bennis et al. (1985), “Managers are people who do things right and leaders are people who do the right things” (p. 21).

In order for the culture of a long-term facility to change to one that embraces choices of the residents and the things that give them meaning and provide comfort, there must be strong, consistent leadership. A leader provides mentorship, and is willing to learn from, and collaborate with, the team.

With a background in nursing home administration, culture change mentoring, and education, Nancy Fox is a champion for culture change. Her experience in the field of long-term care and leadership has provided guidance to many in how to effectively create better change for elders in long-term care. Her focus, gained by experience in implementing this shift, revolves around some key themes. Five themes that I believe embody her practices and teachings include:

- Empowering elders
- Empowering staff
- Embracing an environment that fosters community, relationships, and teamwork
- Using clear and free-flowing communication
- Holding involved individuals to a high level of accountability.

These elements embrace the values of the culture change movement, as well as the leadership needed to make positive change happen. Besides focusing attention on these factors that help foster this specific environment, Fox also touches on commonly-used management techniques as well as uses of power that can hinder the community. She offers insight to ways in

which individuals can contribute to an environment that is positive for both elders as well as the staff providing care.

- **Compensatory power.** When a manager uses compensatory power, he or she is relying on being able to use some form of compensation to get what he or she wants, whether or not this benefits the whole team or long-term care community. An example of this might include offering a special incentive for those who complete a certain task in a certain manner or in a certain time. Compensation is not related to whether or not the outcome of this behavior is positive, community-strengthening, or beneficial to others. The problem with this approach is that like before-mentioned, it does not foster community-building, and can actually have the opposite effect; what should be a team activity can quickly turn into an individual completion.
- **Condign power.** When managers use condign power, they might often threaten those beneath them or use fear tactics to get their way or arrive at some specific end result. An example of this could be a manager who tells employees that if they do not cover a shift for someone who did not show up, they will get fired. Threats never work in building community; threats instill fear in subordinates (this approach to power fosters a definite top-down hierarchy) and lead to poor communication. There is not a chance for employees to grow and flourish because their focus is on avoiding negative consequences.
- **Conditioned power** occurs when someone demonstrates positive, inclusive leadership, and, as a result, they are granted power by those around them. Such as when someone becomes a leader of a group by demonstrating positive, responsible

traits, conditioned power comes after a leader has proven themselves to the group and has gained their trust. This form of power acknowledges that people want to do a good job and respond to positive (versus overbearing and punitive) treatment.

Just as certain ways of leading determine how employees work, interact and respond to the environment, different forms of leadership also produce varied results. Fox again contrasts and compares different styles of management. These descriptions are based on a long career in the long-term care sector and observing the management styles of those appointed to lead these communities (Fox 2007). These styles include:

- **Management by abdication.** In this style of management, a manager essentially relinquishes his or her power through their lack of interaction with staff and elders. By secluding themselves away from the group, they do not have a strong grasp or understanding of the situations affecting those in the facility. This lack of direction between the intended leader and the staff can be dangerous when power is “left up for grabs.”
- **Management by fear** describes an approach in management that does not see the benefit in trying new ideas or approaches, even if it could potentially improve or better a situation; focus is on a strict adherence to rules in order to avoid penalties or potential risks. This type of management does not see the creativity and willingness of the team and community to try new things. This style of management makes implementation of culture change difficult because of the intended leaders’ doubt (or lack of confidence) in the team as well as the hesitancy to try a new (non-standard) approach.

- **Management by intimidation** relies on fear, intimidation, and forceful encounters with the intended leader. Instead of consulting the community or team on new issues, or problems, a manager utilizing this approach might demand results by yelling at the group or scaring them into submission. This abusive approach most certainly does not foster inclusiveness or community, which are essential to positive, lasting change
- **P² management** is an abbreviation for of “principled and participative” management in which the leader learns, grows and changes alongside his or her community. Not afraid to take risks or try new approaches (as long as they are doing so in the best interest of the Elders and staff), this leader is innovative, involved and not willing to make mistakes (or admit that they’ve made one). This type of management approach could be considered an approach to leadership, in that this style fosters community, builds trust, and encourages empowerment—all aspects that foster the implementation and sustainability of a culture change environment.

Not only does Fox talk about making sure that she is willing to do what she is expecting the team members to do, she talks about the importance of being willing to admit when she is not right; this give-and-take not only demonstrates the power of good communication and collaboration, but it also proves to the team that she is holding herself to the same expectations she is holding team members. Fox wants those at her facility to be empowered and encourages them to take responsibility for their work. These factors, while they may seem simple, provide a foundation for a change in the culture of long-term care. Because of their role in decision-making

as well as leadership and setting the tone, the administrator in a long-term care facility holds an especially important role.

According to Gilster et al. (2010),

An administrator is the leader in long-term care and the single most powerful person in the best position to transform his/ her facility. Administrators determine the programs that are developed, what is offered to their residents, families, and staff. They are the ones that are ultimately responsible for what happens in a facility, and the ones whose license is on the line each and every day. In essence, administrators are the ones who set the tone and determine the organizational culture” (p. 231).

Not only do leaders set the tone, they work to motivate, coach and inspire. Shifting a culture can be hard work. Trying to undo what has been done for years could even seem like an insurmountable task. This is where a manager must become a leader in order to reach this goal. Once goals have been reached, leaders asks themselves, “What can I do now? What is the next step?” A leader in long-term care is not only responsible for supporting the residents and employees; a leader helps grants these individuals the opportunity to grow and become leaders, themselves. A leader working towards shifting the culture understands that to do this, they cannot rely on a traditional top-down model, as is used in an institutional model; they must be able to manage the non-negotiable tasks which they are presented, but they also must be willing to go where needed and provide support where needed. In a culture change model of care, power and leadership do not lie in a hierarchical structure; leadership is utilized in all areas—the entire living community. Leadership in a culture change model is not about wielding power or making lesser-ranking employees obey a set of guidelines, but embracing empowerment and the positive growth and involvement that comes from it.

Models of Leadership

There exist a number of models of leadership, in which the role of the leader is compared to that of those being led. In these models, there are variations on involvement of the leader (administrator), their relationship with those they are leading, and where the locus of control lies (if there is one). Every model differs in its ability to achieve a certain goal; obviously, different models may work better in varying situations. In understanding the ways in which the implementation of culture change is either supported or impeded, it is important to understand how various interactions within models of leadership function. Obviously, the goal of implementing a culture of respect and inclusion involves leading in certain ways and being able to involve all members of the team. Kantor (1983) explains the need for positive leadership that looks out for both the leader and the follower; while there are many ways of achieving a goal or success, leadership does so in a way that does not utilize bullying, fear, or control to do so. In the following sections, I explore several widely-recognized theories of leadership. In addition, I take into consideration how various approaches by leaders, including directive leadership, participative leadership, and delegative tones, affect success.

Types of Leadership

Experts in the arena of leadership have identified a number of different types of leadership; these types of leadership describe the ways in which a leader focuses himself or herself in the organization and how they interact with members of the team. Among the types of leadership identified, a handful of these relate directly to the daily activities in long-term care. Of these forms that have been identified, I will be discussing Servant Leadership, Transformational Leadership, Situational Leadership, as well as McGregor's Theory X vs. Theory Y.

Servant Leadership describes a style of leadership in which an individual strives to serve first, ensuring that all needs are met before proceeding on to their own (Greenleaf 1977). A servant leader is willing to go above and beyond, fill in where needed, and act in a number of roles. Perceptive and alert, a leader in this role wears many hats; his or her actions are dictated by where there is a need. Empathic and understanding, servant leaders are intuitive, as well as motivated by their awareness of individuals and surroundings (Gilster et al. 2010). Servant leaders provide resources, support, and guidance to those working to solve a problem or reach a goal. Understanding the unique characteristics that make us diverse, these leaders assist team members in understanding their worth and value in the team; the focus for the servant leader is on developing individuals' strengths and how these can benefit the greater community.

Transformational Leadership serves to help build up team members' natural abilities and skills. The focus is on the empowerment of those involved in whatever process, challenge, or goal is at hand. These leaders are innovative, searching for creative solutions and helping build up the strengths in employees. Using open and honest communication, transformational leaders are inspiring and energizing, personally connecting with those they are leading and coaching. They value accountability and demonstrate this themselves (Gilster et al. 2010). James MacGregor Burns explains transformational leadership, saying these kinds of leaders:

raise one another to higher levels of motivation and morality. Their purposes, which might have started out as separate but related . . . become fused . . . transforming leadership ultimately becomes moral in that it raises the level of human conduct and ethical aspiration of both the leader and the led, and thus it has a transforming effect on both (p. 20).

One positive aspect of this approach is the empowerment of staff involved; Trofino (1995) explains that many involved in various projects or initiatives do not feel that they are empowered enough to make a discernable difference, impact, or contribution. Part of putting the power back into the hands of those doing the work is giving them ownership of their work, and thus, giving them a sense of meaning to continue working towards that goal. This ownership also fosters creativity and collaboration; with this freedom to invent and create, there is less focus on using control and power to achieve goals.

CHAPTER III

METHODS

To explore more deeply the role of leaders in culture change efforts in long-term care, I conducted an in-depth literature review examining the leadership factors that have been identified to facilitate or impede the implementation of culture change. Using English language, professional scientific journals from gerontology-related disciplines, I examined literature that had been published within the last ten years. I used the following databases: Academic Search Premier, Ageline, EBSCO host, and ProQuest, The search terms I used were:

1. Nursing home OR long-term care
2. Culture change OR person-centered care OR resident-centered care OR person-directed care OR resident-directed care
3. Leadership

Sixteen articles met the criteria. I analyzed the literature in terms of themes or key dimensions of effective leadership identified in the above section on leadership. I believe these findings will be useful to those who were preparing to become long-term care administrators as they contemplate their role in shaping the nursing home of the future.

CHAPTER IV

PRESENTATION OF FINDINGS

After having read the 16 scholarly articles that met the criteria I established at the beginning of this project, I summarized each of them, focusing on the method(s) in which data were collected as well as the key points authors presented. Key points focused on the ways in which leaders helped facilitate culture change into long-term care facilities. From the culture change leadership qualities identified, I selected three from each article to highlight in a table. A brief narrative summary of each article follows the table.

Table I. Summary of Studies Reviewed.

Study	Author(s)	Title	Method	Findings
(S1)	Tyler and Parker (2010)	Nursing Home Culture, Teamwork, and Culture Change	Interviews and observations with staff and residents at nine LTC facilities.	<ol style="list-style-type: none"> 1. Leaders model desired behaviors, attitudes, and involvement. 2. Open and free-flowing communication amongst all levels of staff. 3. Mentors guide new staff through training and facility's culture.
(S2)	Bellot (2012)	Nursing Home Culture Change: What Does It Mean to Nurses?	After-hours interviews with staff from two facilities from a Wellspring Program Alliance.	<ol style="list-style-type: none"> 1. Actively solicit input and contributions from all staff. 2. Clearly outlining what implementing culture change entails. 3. Encourage staff to put idea into action.
(S3)	Caspar, O'Rourke, & Gutman (2009)	The Differential Influence of Culture Change Models on Long-Term Care Staff Empowerment and Provision of Individualized Care	Confidential interviews with 568 participants recruited from 54 LTC facilities in British Columbia.	<ol style="list-style-type: none"> 1. Carefully selecting model of culture change based on needs and dynamics of facility. 2. Encourage involvement from direct-care workers. 3. Encourage and solicit advice from direct-care workers.

(S4)	Deutschman (2005)	An Ethnographic Study of Nursing Home Culture to Define Organizational Realities of Culture Change	Three four-hour-long observations from three separate LTC facilities	<ol style="list-style-type: none"> 1. Removal of top-down, hierarchical structure. 2. Leader considers needs of residents, staff, family members, and community. 3. Effective leadership through accommodation, flexibility, and consistent behavior.
(S5)	Gibson, & Barsade	Managing Organizational Culture Change: The Case of Long-Term Care	Overview of LTC system and author recommendations based on experience.	<ol style="list-style-type: none"> 1. "Flattening" of the traditional hierarchical model. 2. Leaders should change tailor culture based on changing needs. 3. Leaders should support new values AND team members.
(S6)	Hill, Kolanowski, Milone-Nuzzo, & Yevchak (2011)	Culture Change Models and Resident Health Outcomes in Long-Term Care	11/82 articles selected for their relevance to the culture change movement.	<ol style="list-style-type: none"> 1. Empowerment structure of the environment should consider needs of frontline staff and residents. 2. Frontline staff should be given opportunity to hone leadership skills. 3. Nursing curriculums should include concepts relevant to culture change movement in their teachings.
(S7)	Koren (2010)	Person-Centered Care for Nursing Home Residents: The Culture-Change Movement	Author recommendations based on experience with culture change.	<ol style="list-style-type: none"> 1. Encouragement of resident-directed care, decision-making, etc. 2. Emphasis on close relationships. 3. Leader support for staff leadership education and empowerment.
(S8)	Lopez (2006)	Culture Change Management in Long-Term Care: A Shop-Floor View	Ethnographic study; participant observation.	<ol style="list-style-type: none"> 1. LTC facilities must focus on how to provide adequate staffing levels/ necessary resources. 2. Decision-making should be shared amongst all staff, regardless of their position. 3. Leaders should focus on problems as they arise, and not let them drift over to/ affect other areas/ issues.

(S9)	Miller, Miller, Jung, Sterns, Clark, & Mor (2010)	Nursing Home Organizational Change: The 'Culture Change' Movement as Viewed by Long-Term Care Specialists	Surveys and focus groups of professionals in LTC.	<ol style="list-style-type: none"> 1. Identify leaders' misconceptions about CC that may cause them to doubt or avoid change. 2. Leaders should work with (versus against) surveyors and regulators in creating change. 3. Leaders should model desired behaviors.
(S10)	Norton (2010)	Sustaining a Person-Centered Care Environment	ACTS Gerontological Research Institute researched North, Mid-South, and South region communities.	<ol style="list-style-type: none"> 1. Use of open, two-way communication. 2. Adequate and ongoing staff training opportunities. 3. Studying other communities that have successfully utilized CC concepts.
(S11)	Rahman, & Schnelle (2008)	The Nursing Home Culture Change Movement: Recent Past, Present, and Future Directions for Research	Critique of published research.	<ol style="list-style-type: none"> 1. Documenting strategies and guidelines in a readily-available resource. 2. Leaders should not be afraid to innovate or try new strategies. 3. Leaders should anticipate future needs so culture is relevant to needs.
(S12)	Robinson, & Rosher (2006)	Tangling with the Barriers to Culture Change	Study of a Midwestern nursing home (as well as staff and residents) implementing Eden Alternative principles.	<ol style="list-style-type: none"> 1. Giving residents and staff decision-making freedoms. 2. The leadership team should be patient, and dedicated to the culture shift. 3. Training and education should be ongoing, and available to all.
(S13)	Ronch (2003)	Leading Culture Change in Long-Term Care: A Map for the Road Ahead	Author recommendations based on experience with culture change.	<ol style="list-style-type: none"> 1. Leaders should create a "guiding coalition." 2. Leaders should focus on goals, versus present obstacles. 3. Leaders should continually consult and review the plan, to ensure the community is on track.

(S14)	Severance (2006)	Leaders' Views of Nursing Home Culture Change	Anonymous survey sent to all Illinois LTC facilities.	<ol style="list-style-type: none"> 1. Involving all levels of staff in decision-making. 2. Communicating with state agencies to overcome barriers. 3. Creatively using funds and resources to benefit the community.
(S15)	Shura, Siders, & Dannefer (2010)	Culture Change in Long-Term Care: Participatory Action Research and the Role of the Resident	Information gathered through participatory action research efforts.	<ol style="list-style-type: none"> 1. Respect and inclusion of all residents and staff, regardless of role or ability. 2. Breaking down traditional roles and barriers. 3. Leader should provide strong support and investment.
(S16)	Yeatts, & Cready (2007)	Consequences of Empowered CNA Teams in Nursing Home Settings: A Longitudinal Assessment	Information gathered through weekly meetings and through staff summaries.	<ol style="list-style-type: none"> 1. Management consults "expert" frontline workers in regards to care decisions. 2. CNAs work on self-regulating teams. 3. CNAs are involved in policy-creation.

(S1) Using observations from 20 long-term care facilities, Tyler and Parker identified four "high-teamwork" long-term care facilities and five "low-teamwork" long-term care facilities. Basing their research on these nine facilities, they conducted interviews with (and continued observations of) nursing and direct care staff.

They identified several behaviors that sustain cooperation (teamwork) in long-term care facilities. These included:

- Focusing on teamwork and cooperation as priorities when implementing culture change.
- Allowing for open and free-flowing communication among team members and other facility employees; providing feedback is essential.

- Using mentors to welcome new employees in and guide them through their training process; the mentor not only includes job training, but helps the new individual understand the way the teams interact.
- Supervisors and managers should model teamwork behaviors as leaders; this may mean adjusting attitudes, behaviors, and involvement with other team members.

(S2) Researcher Jennifer Bellot aimed to find out what culture change meant to licensed nurses, focusing on “organizational culture, work environment, and factors influencing culture change” (p. 264). In order to gather her sample group of participants, she invited all administrators from one “Alliance” of a Wellspring Program cohort group. Of nine facilities, Bellot began working with the first two that were eligible to participate. (To be eligible, licensed nurses had to be working more than 20 hours per pay period). After having selected the two facilities, interviews began, both in person, as well as over the telephone. Confidentiality was ensured through after-hours interviews.

Bellot analyzed the environmental style in the facilities, finding it could be defined as “passive/ defensive.” According to Bellot, “This cultural style places a high emphasis on approval from others, especially superiors, and avoids interpersonal conflicts. Rules, procedures, and orders are highly valued. Passive/defensive cultures are often marked by unresolved conflict, employee turnover, and low employee satisfaction” (p. 267-268). In evaluating how this type of culture affects perceptions and the implementation of culture change in long-term care facilities, Bellot makes the following suggestions for those wanting to make positive change:

- Explaining what implementing culture change means; not understanding the concept or being confused can lead to resistance or negative perceptions.
- Include everyone, regardless of position or shift assignment.

- Help demonstrate that the transition from a medical-based model to a resident-based model will not necessarily increase workload.
- Give employees a chance to put their commitment into action.

(S3) Caspar, O'Rourke, and Gutman's study sought to compare and contrast different models of culture change programs and how they rank with each other in providing empowerment to those in caregiving roles. Additionally, researchers wanted to identify any benefits afforded to caregivers under these programs. Participants in this study included registered nurses (177 RNs), licensed practical nurses (65 LPNs), and care aides (326 aides); participants were recruited from 54 long-term care facilities in British Columbia. Responses from participants were kept confidential.

In working with these direct-care workers, Caspar et al. were able to formulate several themes regarding empowerment in a culture change setting. These included:

- Different culture change programs have different levels of success (in terms of providing direct care workers with empowerment); understanding how a specific culture change model will affect nurses versus care aides is an important factor for leaders to consider when implementing change.
- It is important for direct-care workers to be able to get involved; aides with the opportunity to work closely with residents providing care reported higher levels of perceived empowerment.
- It is important to allow those with the most contact to residents to be able to help make important decisions regarding their care; in traditional settings, it is those with the highest qualifications that do so, despite the fact that they are not the ones providing the care.

(S4) Deutschman shared observations from visits to three long-term care facilities. The author visited each facility four times, each visit lasting three hours. Deutschman's goal was to examine the culture in what would be considered the normative model of a long-term care facility. By understanding the expectations of staff (as well as residents), employee interactions, as well as the perceived reasoning behind the way the facilities functioned, Deutschman could better understand what actions would need to occur in order to start a shift in the culture of the facility. Deutschman identifies a lack of commitment to the job among some of the staff (or perhaps, maturity), including commitment to the needs of the residents or the need to be accountable and responsible for attendance. Lack of commitment may stem from family issues or communication problems in the facility. Lack of commitment leads to high turnover. Deutschman also identified challenges with problem-solving skills and training that does not take into account ever-changing job demands and the need for quick thinking. Deutschman identified a top-down authority system, inflexible schedules for nursing assistants that don't take into account the realities of the demands on direct care staff, and a general authoritarian model of control.

Based on these observations, Deutschman considers how to shift the culture of one of these facilities. The shift from a hospital model of care to one that is resident-centered and embraces individual histories, needs, and preferences could not only benefit the residents of the facilities, but it would also create a more stable, consistent and supportive community for the caregivers and other staff. A major facilitating factor is well-developed leadership in which the administrator or leader of the facility is able to consider not only the needs, values, and preferences of the residents and employees, but also family and community members. Successful leadership includes involvement with all members of the team; rather than viewing leadership as

a hierarchical process, it is best to aim to create and maintain the best teams possible (Deutschman 2005). Breaking down this hierarchy means considering other aspects of the organizational model that may be outdated (and ineffective) as well (Deutschman 2005). This could include considering new ways of supporting and enriching teams that are caring for residents. This might also include reconsidering the ways in which “orders” are passed down and asking for input from residents and the nursing assistants. Effective leadership is demonstrated through the leader’s consistency, flexibility, and contribution to the workload, regardless of who the job may have been originally assigned to. Flexibility and accommodation ensures that needs of residents are maximized.

(S5) In this article, Gibson and Barsade discuss tools and strategies that can be used by leaders to navigate and manage a changing and evolving culture in a long-term care environment. They explain that more choice and a greater selection of services will be necessary to compete with other care providers. Because consumers are demanding more choice in decisions that affect their care, it is essential for leaders in long-term care to evaluate to understand the workings of their organizational culture. The authors explain that the outcome of this change, whether it strengthens or weakens an organization, depends on how they respond to this shift. In examining the leadership qualities that facilitate culture change, they suggest the following:

- The traditional hierarchical (medical) model of leadership should be “flattened,” focusing on the needs and values of residents, versus those of the administration.
- Leaders should seek to understand employees’ values and beliefs and be committed not only to changing the culture, but also to supporting the team, which then strengthens group values.

- Leaders should seek to tailor the culture based on the needs of those in the changing environment; there is no clear cut method by which a culture must be transformed. Leaders need to consider and support the multifaceted resident and employee community.

(S6) Hill et al. sought to understand how the implementation of culture change models into long-term care facilities would affect residents in long-term care facilities. In order to understand the implications associated with such programs, this group of researchers gathered 82 articles that met specific search criteria, evaluated them on their relevance to this project, and selected 11 for review. Without focusing specifically on the culture change program (i.e. Eden Alternative versus Green Houses, etc.), they found a number of psycho-social and physical benefits to residents. In order to achieve these desired results, a number of factors were pinpointed by the team. These include:

- The empowerment structure of the organization should be considered, and if necessary, modified; residents, and those who work most closely with them (i.e. know them best), should be able to help make decisions.
- Institutions that are currently based on a medical model of care should re-evaluate how they can become community-oriented organizations focusing on elders.
- Those caring for residents (or working with them on regular, close basis), such as nurses, should be given the opportunity to develop important leadership skills; this applies to staff on all shifts.
- Nursing curriculums should include training about leadership and person-centered care as part of their core concepts.

(S7) The culture change movement in nursing homes aims to transform nursing homes from “one-size-fits-all” institutions to ones that are personalized homes, dedicated not only to “quality of care”... but “quality of life” (p. 1). This shift from the hospital-style facility to one that is smaller, more personalized and more resident-centered began in an attempt to alleviate the boredom and feelings of helplessness of residents living in long-term care facilities.

Koren discusses the characteristics that can foster a change to a new culture, including:

- “Resident Direction.” In a resident-directed environment, residents are encouraged to make decisions that affect them, wherever possible.
- “Homelike atmosphere.” Culture change practices aim to eliminate alienating and isolating features in long-term care facilities. Culture change facilities work to create smaller, more intimate homes.
- “Close relationships.” In a culture change facility, emphasis is on community, and close, caring relationships between elders, staff, and family. In order to aid in this, consistent staffing assignments are encouraged.
- “Staff empowerment.” In culture change environments, staff are supported by leaders so that they can care best for residents. Staff are also encouraged to support and encourage each other in teams.
- “Collaborative decision making.” In a typical long-term care environment, a hierarchical management structure would have dictated interactions amongst workers; in a culture change environment, participation amongst all employees is supported and encouraged.

Considering all of these characteristics as well as being receptive to new and emerging ideas is an important part of leading and inspiring a team through the culture change journey.

Because of the existing and long-standing practices and standards, changing attitudes and ideas can be challenging. Because of this, a leader should be dedicated to the cause and willing to work alongside staff in this change. The process may last years, and it is this dedication that will increase the odds of this improvement being implemented.

(S8) Lopez, a professor at Ohio State University, worked as a Certified Nursing Assistant (CNA) at a long-term care facility in the Midwestern United States in order to understand how inadequate staffing impacts the care given to residents. In addition, he sought to prove that even with the implementation of culture change practices into the facility, the inadequate staffing levels and limited financial resources (reimbursement) cannot be overcome, or undone, with the implementation of culture change practices.

According to Lopez,

my detailed ethnographic study of the Heartland Community suggests that such optimistic visions are seriously flawed . . . if better staffing alone cannot guarantee better care, neither can culture-change management compensate for the fact that, at present, even good nursing homes . . . cannot afford to hire enough staff to meet basic care standards (p. 57).

Lopez asserts that if, in an attempt to compensate for inadequate staffing, providers implement culture change processes, leadership staff may refocus their attention to culture change as the reason behind poor performance of staff. He continues, explaining that it is difficult to gauge whether culture change implementation can really improve the working conditions of over-taxed front-line workers.

At the beginning of his study, he shared the managerial staff's desire to lead using transformational leadership, but there was an unwillingness to share decision-making abilities

among all those it affected; there were times when decisions were made “on behalf” of the group; while acknowledging a desire to implement culture change, this method does not follow culture change principles.

While leaders of front-line staff were conscious in helping employees learn proper practices for assisting residents, they were aware that during times of short staffing, potentially hazardous shortcuts were made (i.e. transferring residents with inadequate levels of assistance). Because of the variations in levels of staffing, care routines varied widely and could be inconsistent with what was expected by management as well as residents. Lopez said the aides’ felt they needed to “improvise” in order to stay on schedule, noting that “. . . at Heartland experienced aides managed to perform a.m. care in fifteen minutes *only through the use of prohibited shortcuts, by skipping steps, and by ignoring rules*” (p. 67, emphasis in original).

Because of shortcuts, both residents and workers suffered, whether it was through missed cares for residents, or injuries to workers. By skipping steps in order to save time, something suffered elsewhere. In talking to an upper-level manager about these time-saving techniques, Lopez says, “The notion that workers generally followed the rules but perhaps needed periodic reminders and refreshers, however, was a necessary fiction for managers like Maureen because they simply could not afford to hire enough staff to enable aides to follow the rules” (p. 71).

In short, while the implementation of culture change is beneficial to residents and staff of the facility, enhancing quality of life and interactions, it is not a “quick fix” for staffing shortages. According to Lopez, “The fundamental resource limitations within which the nursing home operated undercut the optimistic vision of culture change” (p. 71). The rules and regulations involving reimbursement for residents expect a certain amount of care to be provided, but may not provide enough funding to hire and staff adequately; workers may feel

unvalued due to high expectations, and low wages. In addition, punitive rules and inflexible attendance policies can undermine staff as individuals with unique needs and life situations. All of these factors undermined the feeling of a caring community.

(S9) Miller et al. created a survey for identified specialists and professionals in the field of long-term care. 2,577 potential respondents individuals were invited to participate. Of this number, 44.5% completed the survey in its entirety (1,147 individuals). Through an electronic survey, and later, focus groups, information regarding potential barriers to the implementation of culture change programs was collected and analyzed. Post-survey focus groups included “. . . consumer advocates, . . . provider representatives, . . . and current/ former state and federal public officials” (p. 69S).

Researchers were able to identify key themes that emerged as perceived barriers. These included senior leadership resistance, cost (perceived cost of implementing a culture change program), and regulation (perceived obstacles to implementation caused by regulatory barriers). By identifying these themes, several strategies were proposed in an effort to overcome these perceived barriers. These included:

- Identifying leaders’ misperceptions that cause them to avoid or hesitate to pursue culture change initiatives.
- Strong support, dedication to the transition to, and modeling of desired behaviors is needed from leaders.
- Perception of increased costs (or lowered profit margins) should be explored to debunk this myth.
- Surveyors and regulators should be invited to strategize ways in which their interpretation of regulations does not halt or impede implementation of culture

change practices in long-term care facilities; more education would only benefit both parties involved. Instead of being viewed as a threat, state surveyors can become partners.

(S10) Beginning in 2007, the ACTS Gerontological Research Institute (a division of ACTS Retirement Life Communities), launched a research project focusing on the ACTS culture change model (called “PCC,” or “Person-Centered Care” model). In this study, the research team evaluated PCC from North, Mid-South, and South regions. The communities were chosen based on their wide-range of care options, included independent living, assisted living, and skilled nursing. Using an assessment originally created by Rosalie Kane, the research team was able to gather information from 524 residents and 392 staff members. From their research, they were able to pinpoint factors that contribute to the implementation of culture change in a positive way.

These factors include:

- Using clear, open communication; this is a two-way system.
- Providing adequate and ongoing staff training.
- Understanding how staff workload affects employees.
- Understanding how communication and interactions are working in the current community; if changes need to be made in order to shift to a new culture, this is a possible option.
- Looking to other communities that have made the shift to a culture change facility and understanding the steps that led to their successes.

(S11) Rahman and Schnelle presented in this article a brief history of the culture change movement and a critique of the available research and resources about the subject. With new (and growing) interest and support, they argued that there needs to be more attention paid to

helping push this movement, not only in the right direction, but also towards its advancement.

They argued that while the movement is growing, the research is not; additionally, because of the relative newness of the movement, there has not been an extensive review of successes or results.

In order to ensure that the work of this movement is making a positive impact in the lives of individuals in long-term care facilities, the authors made the following suggestions:

- In order to be accessible by a wider audience, document strategies and guidelines in an easily-accessible guide. An “instruction manual” could help those in the early planning stages of planning implementation.
- Because of the relative newness of this movement, leaders should not be afraid to try new strategies, although these should be well thought out as well as planned so that residents and employees do not suffer negative consequences.
- Leaders of the culture change movement should plan future research needs so that the information available to facility leaders is available and relevant.

(S12) Long-term care facilities are slowly adopting the practices of culture change-based communities, giving back meaningful interactions, choice, and freedom to the residents they serve. While many would agree that deinstitutionalizing elders’ homes, and including all levels of staff in decision-making can be quite positive, there do exist some challenges with implementing change. Such was the case with one Midwestern nursing home studied by the authors in the early 2000s; the long-term care facility partnered with Eden Alternative-trained college faculty, who could educate them on the transformation process as well as evaluate the progress of their action. Based on their work with staff and residents, the authors were able to provide insight into obstacles with implementing culture change. Researchers worked closely

with residents, family members, and staff utilizing tools such as a family questionnaire, Geriatric Depression Scale, and interviews.. They also talked with staff about changes they had noticed.

Administrators and other facility staff had committed themselves to making changes that would benefit not only the residents, but also the staff. All staff were included in trainings. “The faculty taught more than 80 in-service sessions or ‘gatherings’ with staff on all shifts...more than 75% of the staff received 8 hours of education during a 1-year period” (p. 20). Staff formed teams and focused on environmental and social elements they were passionate about, such as spirituality, children, and pets.

The staff began to notice remarkable positive changes in residents. By consulting those who worked most with the residents (especially front-line staff), the authors were able to document positive success as a result of the culture change practices.

Despite the changes that were attributed to the work of the faculty, administrative leaders, staff, families, and most importantly, residents, a significant barrier to the facility’s progress occurred when the corporate owner replaced the entire management team with a new one, whose focus would be improvement in finances through various service changes at the facility. While the former team had been not only committed, but dedicated themselves to culture change, the new team was accepting of but not involved with its continuation. Two staff members dedicated themselves to becoming “Eden Associates,” but, because of the administrative changes, dynamics in participation and decision-making had shifted dramatically from the former model. With the loss of their dedicated leaders and because the culture change process was not deeply-embedded into the culture when the second administrative team took over, front-line staff were put in a position where their role reverted back to their former role in the top-down hierarchical method of management.

From understanding the changes that took place under the first set of leaders at this facility, it can be said that a major source of staff satisfaction was their opportunity to help participate in decision-making; not only were they valued and looked to as individuals, but their roles were valued, and this reflected in the way they were. Residents were given back the freedom to make choices and decisions that benefitted them. Taking these rights away from staff and residents totally reverted the dynamic of the facility back to its former self. Because of the new nature of the changes that had been implemented, it was difficult for staff to continue on with the new administration. With the resignation of the second administrative team and the introduction of a third, change is slowly being attempted with the guidance of specialists.

(S13) In order to best support the implementation of culture change practices, Judah Ronch suggests laying out a detailed and thoughtful plan. Because of the considerable time, effort, and resources that go into making these positive changes, a plan can not only help guide and foster the process, but prevent costly and time-consuming obstacles. According to Ronch, “Any road you take will look good if you have no idea where you are going” (p. 212).

Ronch points out that dedicated leadership plays a major role in how the change process will proceed. According to Ronch, “The leader of culture change must envision and plan for the entire process of change so that it is global, comprehensive, and sustainable” (p. 66). Leaders should be dedicated to a process that is ongoing and changing according to the needs of the residents and staff involved. Besides aiming to improve living conditions and life for elders in long-term care, a big influence on the success of implementing culture change also includes being able to incorporate the ideas, beliefs, and values of staff, family members of elders, administrative leaders within the organization, the community and others that support the organization. Because of the blending of these many individuals and their already-existing

cultures can be complicated, Ronch offers Kotter's eight-step plan. It includes the following eight suggestions:

1. "Establishing a sense of urgency" (p. 212)

Consistently communicate with involved individuals to identify key concerns.

2. "Creating a guiding coalition" (p. 212)

All individuals that will be affected by the change should be involved, regardless of prior status, role, background, etc.

3. "Developing a vision and strategy" (p. 212)

Being able to focus on the goal instead of current obstacles will help keep individuals engaged and motivated to continue.

4. "Communicating the change vision" (p. 212)

Leaders should be visibly engaged in modeling culture change practices and should be encouraging and supportive of those on the culture change journey.

5. "Empowering broad-based action" (p. 212)

Leaders should focus on encouraging new ideas and moving from a traditional environment to one that embraces the new culture.

6. "Generating short-term wins" (p. 212)

Those who make contributions to the culture should be recognized and their efforts celebrated.

7. "Consolidating gains and producing more change" (p. 212)

Leaders should encourage continued growth and can elect positive leaders to lead more successes.

8. "Anchoring new approaches in the culture" (p. 212)

Better conditions for all individuals should be visible at this point (although the journey is an ongoing process); the new culture is visible in all working aspects of the organization.

In addition to providing these suggestions in the implementation of culture change, Ronch also suggests continually consulting and reviewing the plan to ensure that the team is maintaining energy and focus.

(S14) Researcher Janet Severance sent an anonymous questionnaire to all long-term care facilities in the state of Illinois in 2005 to examine their progress on culture change. A total of 741 questionnaires were sent to facility administrators, and a total of 150 were returned.

From the responses, it was evident that respondents held an interest in culture change. Three key themes of the factors affecting the implantation of culture change (as reported by administrators) included: “choice within resident-directed care, staff empowerment, and regulations” (p. 68). From these more broad themes emerge specific suggestions that could foster the implementation of culture change:

- Involving all levels of staff in decision-making that affect them; involving residents in decisions that affect them.
- Involve staff in key decisions that will have an impact on the entire community.
- Communicating with state agencies in an effort to overcome barriers.
- Provide regular educational opportunities for staff.
- Creatively access funds and resources that can be used to better the community.

(S15) Shura et al. argued for the involvement of residents in the change process, since residents are “visionaries with expertise based on their 24/7 experience in the facility and prior life experiences” (p. 212). Gathering information from the research groups (RG) through

participatory action research (PAR), the researchers hoped to understand how to best combat the existing over-structured environment, whose main focus was caring for the physical needs of residents. They recommend RGs as an ongoing tool for facilities to create resident-directed care.

RGs are resident-led, allowing them to focus on issues of importance to them. In addition to reaffirming the residents' worth as knowledgeable, capable individuals, RGs provide opportunities for leadership amongst all interested residents, their families, as well as employees of the LTC facilities. By providing opportunities for non-administrative employees to attend RG meetings, these groups help flatten the hierarchies found in traditional models of management, Employees have the opportunity to collaborate alongside the residents to whom they provide care. By working to break down existing roles in this environment (i.e. care-receiver, caregiver, administrative staff person, etc.) and provide meaningful engagement, facilities using this type of approach are working toward an improved life for both nursing home residents as well as staff.

Suggestions given to help aid in the culture change process included:

- Respecting all residents
- Seeking out participation to help break down traditional roles
- Including all interested individuals
- Strong support and investment from leaders

(S16) Yeatts and Cready studied the effects of using culture change principles to implement empowered CNA work teams. Using “a multi-method, pretest-post-test design to examine the effects of these teams” (p. 323), the researchers documented their findings after having worked with 21 different teams in five different nursing homes located in north Texas. Once the CNA teams were established, these frontline workers were given more responsibility in decision-making as well as supervisory responsibilities. Findings were gathered through weekly

meetings with CNAs and well as summaries written by the team. Positive feedback from frontline workers resulted from administrative leaders doing the following to implement change:

- Management consulted frontline workers for advice and direction regarding decisions involving residents; because of their close contact with residents, CNAs are considered “experts.”
- CNAs worked as a team to monitor performance and behavior of team members, coming together to creatively problem-solve. Teams also worked to maintain and discuss team members’ work habits and performance.
- CNAs were consulted in implementing new policy procedures.

CHAPTER V

DISCUSSION AND DIRECTIONS FOR FUTURE RESEARCH

At the beginning of this project, I had a goal of understanding what it was that promoted or prevented the implementation of culture change into long-term care facilities. Having worked as a nurse's aide in a long-term care facility, I was familiar with some of the factors that led people to seek change. During the course of the two trips I took to the Gerokomeio tis Ikarias, I was introduced to the concept that aging could be seen not as something to be feared, but as part of the natural progression of life; instead of being shut away, elders were a respected group in society. If other cultures viewed (and faced) aging in a different way, why couldn't ours? Why was it that aging meant trading in freedom and autonomy in exchange for a regimented, impersonal, and inflexible routine?

In striving to understand how leadership is tied to the implementation (or prevention) of culture change practices in long-term care facilities, it is clear that while the steps taken to do so may vary, there are a number of key themes that emerge in the actions of successful leaders. Having studied 16 scholarly articles that met the search criteria for this research, these themes emerge again and again. These are consistent with the themes that Nancy Fox (2007) and other culture change champions have discussed as being integral to the implementation of culture change. These themes include:

- Empowerment of residents, their families, and staff
- A flattening of hierarchies, and an inclusion of all involved staff in decision-making;
- Leadership over management;
- Support for residents, their families, and those that serve residents; and,

- Emphasis on the whole person, not just the physical body; this includes residents, their families, as well as staff.

Leaders addressing these themes work to shift attention and energy from the organization to that of the residents and staff with the aim of de-institutionalizing care settings and emphasizing the importance of home, familiarity, and choice. While the addition of these changes can definitely enhance an environment, they are not the only solution for repairing a broken social institution. For these actions to be effective in improving and sustaining aging services, dedicated leadership is required; small gains can occur from the teamwork and the collaboration of staff, but it is a leader that can provide the support and resources to expand on gains and help them sustain.

While the culture change movement has made great strides in the past two decades, it is a relatively new movement. According to Robinson and Rocher (2006), “The vast majority of administrative and direct care staff value culture change but may fear the barriers they encounter” (p. 19). A dedicated leader can maintain motivation among staff and help to ease fear or uncertainty of the unknown. Part of a leader’s ability to ease this uncertainty is through the use of clear communication; no questions should be considered off-limits. Part of navigating through this journey is being able to learn together and to be willing to try new strategies and ideas, and trying again if the first attempt is unsuccessful. A leader understands the importance of involving the entire team and allowing individuals to contribute their strengths through sharing of ideas or strategies. This two-way communication allows ideas to flow freely, whether it be among team members or between staff and those on the leadership team. Allowing and encouraging this communication builds trust, an essential component in strengthening the team.

Besides promoting communication, leaders should seek out those that can benefit from mentorship; these individuals can grow and lead, themselves. Robinson and Rucher's research (2006) suggested that decision making in culture change organizations should be "closest to the residents" (p. 24). In order for a leader to gain the trust of the employees, he or she must be willing to trust those that are at the heart of the organization.

As communication between leaders and staff is important, it is equally important to build a plan and a vision. In a more normative (medical) model of care, it is commonplace for management to establish a plan and then delegate tasks that will help accomplish these goals. In a culture change environment, this type of behavior does not ensure that the needs of everyone involved are considered. Culture change leaders understand the value of having a vision, and building a plan to reach a dream. Ronch (2003) describes this as ". . . developing a common goal that is sensible to the head and appealing to the heart" (p. 73). This might mean taking risks or entering uncharted territory. Being able to do this as a team will demonstrate a leader's desire to reach the goal as a group; having the leader's encouragement in taking this path will strengthen the trust of the staff.

Lastly, it should be mentioned that a key part of a leader's role in implementing culture change in long-term care facility is fostering the whole community. This movement began because individuals working in the long-term care sector saw the plagues of living in a nursing home; people missed their routines, freedom of choice, and the familiarity of home. Pioneers wanted to bring these elements back into people's lives, but it could not be done without the involvement of everyone at the facility. Leaders could stress the importance of allowing residents to make choices based on their preferences or selecting activities they found meaningful, but these institutional changes didn't take into account the needs of those serving the residents.

When pioneers in this movement stressed the need to care for the entire community, they were recognizing the integral role that aides, nurses, and other employees played. Without these individuals, there would be no way to change the culture. So, in order to facilitate culture change for residents, leaders should make caring for staff as important of a priority. Leaders can humanize the workplace by anticipating needs of employees, approaching obstacles on an individual basis, thoroughly examining a situation before making a decision. In being able to provide the same considerations to staff as residents, a leader can demonstrate his or her commitment to the whole person, regardless of role in the institution. This is a key principle at the heart of the culture change movement.

In closing, it can be said that culture change embraces concepts we all hold near and dear: choice, familiarity, respect, meaningful interactions, and countless other privileges. By working to restructure a broken and damaging social system, leaders are ensuring that these rights are being extended to everyone, regardless of age or ability. By facilitating involvement from those working closest to elders, they are building the foundation for this change to be sustainable and influential. Most importantly, by providing leadership and guidance, leaders are working to create lasting, accessible change.

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