Leadership Focus: Building Teams in Long-Term Care

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Study Questions

- What are the leadership behaviors of nursing staff at all levels in nursing homes?
- How do these behaviors contribute to work environment and resident care outcomes?
Leadership – Common Approach in Nursing Homes

Planning, Organizing, Controlling
Leadership: Complexity Science View

- Interaction
- Connection
- Diversity
- Self-organization
- Emergence
Self Organization

- Naturally occurring system property
- Arises through relationship patterns
- Works for or against goals
Guiding Conceptual Model

- **Nursing Mgmt Practices**
- **System Control Parameters**
  - Rate of new information flow
  - Number & intensity of interconnections between agents
  - Cognitive diversity among agents
  - Power differentials
- **Emergent Properties**
  - Self-Organization
  - Behaviors for Quality Outcomes

Alter
Leadership is Emergent

• Any person
• Any level of organization
• Any time

Leadership is an Activity— not a Role
Teams may be Emergent

- People come together when need arises
- Who is interacting to accomplish certain tasks?
- Formal—assigned or Informal
Design:

- Comparative, multiple-case study design
- Six months in each nursing home
- Large interdisciplinary team involved in all aspects of study to provide checks and balances
Data Collection Methods

• Direct observation with informal interview
• Shadowing
• Depth interviews
• Document review
Sample: N=2
Nursing Homes in North Carolina

“Sweet Dell”
- Non-profit, religious-affiliation
- Suburban
- 100-130 beds
- Lower % Medicaid

Individual participants
- NHA, DON, 1 RN QA, 2 RN Supervisors, 2 MDS
- 17 LPNs & RNs
- 36 NAs
- 44 Non-nursing staff
- 71 Residents

“Safe Harbor”
- For-profit, chain
- Urban
- 185-210 beds
- Higher % Medicaid

Individual participants
- NHA, DON, ADON, 2 RN Supervisors, 2 MDS
- 20 LPNs & RNs
- 37 NAs
- 55 Non-nursing staff
- 91 Residents
Data Analysis

• All researchers read all field notes, interviews and documents

• All data were coded by at least two coders

• Open coding, sorting into leadership categories and subcategories
  – Second pass through data using text search for each actor to be certain we captured all instances of leadership

• Coded data were analyzed for the four system parameters using matrixes
## Data Matrixes to Summarize Patterns of Leadership

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Sweet Dell DON

- DON barrier to information flow at times
- Strong reliance on nursing chain of command
- One-way communication of new policies

Field note: DON talks to the group and raises her voice, "This is your job and you will be held accountable. I have preached and preached about this. ... You need to tell your friends and co-workers about this. Call them together and let them know we are looking.

Dana CNA: I always follow through with the chain of command here and I think that is really good.
Sweet Dell
DON

Nature of Connections

• Approachable
• Listens empathetically
• Tries to please all

Wendy CNA: It is almost like [DON] is afraid to do what she needs to do. I know you [may] want to be everybody's friend, well let's face it you can't be …. especially when you are in management. …Most people are not going to like you, they are going to like you even less if you don't have any kind of backbone and [do] not stand up.

MDS nurse: The DON is very good at listening – and being empathetic.
Sweet Dell
DON

Cognitive Diversity

• Not fostered by DON
Sweet Dell DON

Power Differentials

• DON not using power of position
• Perceived as weak
• Doesn’t hold people accountable

HR: The CNAs' morale has continued to go up ... they like DON a lot. The most complaint I hear is that she doesn't hold people accountable. [CNAs] get tired of people callin' in. Cause it abuses them. And, they wish she'd deal with this or she'd deal with that.

DON: I've always been kinda like a follower.... But I've done a lot of growing in the last two years.
DON Leadership Behaviors

Safe Harbor
Safe Harbor DON

- DON role in information flow limited
- Frequently absent
- Seen as a barrier by staff

Field note: Her next issue was to tell people that staff have to stop telling families things they don't need to know. "That's for nurses to do." She said that ... people should not be talking to families about staffing.
Safe Harbor
DON

Nature of Connections

• Distorted self-perception
• Few connections
• Frequently absent

DON: I have a luxury. Everyone here is my age or a little bit younger so I kinda fit in with my staff which I pride myself on. That is a benefit for me.

CNA: There is nobody to talk to, because it is whatever the DON wants that day. You know, she is not here to help anyway.
Safe Harbor DON

Cognitive Diversity

Not fostered by DON
Safe Harbor
DON

Power Differentials

• Distorted self-view
• Abuse of power

DON: I want my nurses to be go-getters. I want them to take charge of their assignment. .... [imitates nurses voice] 'I did not know I could do that.' [laughs] ..I try to empower them....

Field note: Two nurses went up to the meeting and then came back down. SharonNURS said, "Can you believe how immature she is. She [DON] locked us out! That is just so immature."
## DON Summary

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Nurse Supervisor Leadership Behaviors

Sweet Dell
Nurse Sup RN: so mine and MD’s communication is wonderful.. I’m not as wonderful about getting that relayed to the floor staff, ... ... I try, but you know you always miss something.

• Key information link to medical staff
• Inconsistent information exchange with nursing staff
Sweet Dell NURSESUP

Nature of Connections

- Well connected
- Viewed as caring & trustworthy
- Doesn’t consistently use connection for resident information flow

Nurse Sup RN: [Staff] will come and talk to me in a minute and that makes me feel good. And … I get to go around and talk to the doctors and the nurse practitioner. I feel like I have a heads up on care all the way around.

Donna CNA: ... like the Nurse Sup RN for instance. She will put her heart into helping you. She does not mind getting her hands dirty.
Nurse Sup RN: But I think before we even decide these kinds of things you ought to sit down with your CNAs and go, 'You know we want to work on [a new rehab program], can you tell me who you think would be a great candidate …? … You know, what do you think we can do to help this person [get better]?
Nurse Sup RN: I feel like I have been able to change some things....[For example,] everything was behind on Wednesdays. ... I was told point blank [to] write [nurses] up if it is not done. ... So I ended up with write ups like this [shows me a stack of paper]. I … thought well maybe we can fix this. What is the point in upsetting the staff? … [So] I split up everything on different days. ... I have had an unbelievable difference in the work being done.

DonnaCNA: We always go to the Nurse Sup RN, straight to her and she always resolves it.
Nurse Supervisor Leadership Behaviors

Safe Harbor
Nurse Sup RN: I think when you can train, when you can change a person's thinking you can change the way they feel about things, but that is a hard job.

SandyNP - …Um…they have a new day supervisor who is going to be really good and she provides us with some information [about the residents].
Safe Harbor
NURSESUP

Nature of Connections

Multiple connections with staff – pitches in

DIRSW: Nurse Sup RN is an excellent player to bring in to help out. And she WILL get in there and help with the CNAs. Um, ..., pullin' somebody up or something, she'll jump right in there and help.
Safe Harbor NURSESUP

Cognitive Diversity

Advocates for nurse leaders to jointly develop philosophy

Nurse Sup RN: I don't see that the three of us are doing things together. I think things could be done. I don't know all of the strategies... We all come from different backgrounds in nursing... we never set down and pull together what points and philosophy we have. ..we need to pull those things and go out on the floor and work that.
Field note with Nurse Sup RN: [I] would help if Lord forbid they would let me.” She said she took a cart one day and the DON took her off it. Told her that there were more important things for her to do like look for 'holes.'
# Nurse Supervisor Summary

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LPN (Nurses)
Leadership Behaviors

Sweet Dell
Sweet Dell NURSES (LPNs)

New Information Flow

Not fostered
DonnaCNA: Oh, well [nurses] here are so caring. Jane LPN,.. [if] we are short handed and we have blood pressures, temperatures and weights that day, she said don't worry about it. I will get that for you... Jack LPN, he is always helping us lift... Just call him and he will help lift and put them in the bed.
DonnaCNA: But she [nurse] was tellin' us one night—… ‘Some of these residents, we're all they have. They have nobody else. Just us. And when you're in there, just do the best you can for them. Because, they got nobody else to do it.’

CNA: Some of them, have family that come visit 'em, oh, maybe once a month, holiday or somethin' and we all they have, you know.’ I like them, I like what I do…’ [sniffs]
Sweet Dell NURSES

Field note: DonnaCNA walks up to [Jack LPN] and says, "I am really glad that you gave us that teamwork talk yesterday." He says, "Yeah? Well I hope it works." She says, "I think that things are already better."

Power Differentials

- Some LPNs facilitated teamwork
- Counseling CNAs
LPN (Nurses) Leadership Behaviors

Safe Harbor
SandyNP: ... [The LPNs] really know [the patients] and can even give me the heads up before they get really sick, you know they pick up really early - this one is not acting right, go check on them, that kind of thing.

- Information exchange directly with medical staff and other providers
Joe LPN … I can call anyone anywhere in the building to come and work for me and they will. I got that from paying attention to them and listening to them and remembering what is going on in people's lives and asking them how it is going." He says that by building these kinds of relationships, he can build up people to work with.

• Foster teamwork especially when short staffed
SandyNP: The regional nurse liaison lady came and she tried to think of things we could do for [a resident]. I have had the psychiatrist to look at her medicines and see if we can do anything with that I couldn’t think to do. Try to get her away from anything that might be contributing to her falls. The nurses have tried to come up with things we can do.

• Coordinate multidisciplinary input for decisions about resident care
CarlCNA: Not only will they fire you but they will make sure that you don't work anywhere else. …they send this stuff into Raleigh even if it is not true … You know, … a lot of good CNAs are going out the door because of stupid stuff.
# Summary of Nurses

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## Summary Across Levels

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What do we know now that we did not know before?

- Leadership emerges at all levels through interactions among staff.
- Leadership behaviors are widely distributed—contributions were made by people at all levels.
What do we know now that we did not know before?

• We saw behaviors that we would not otherwise have seen (e.g., power of pitching-in).
• Captured insights into how staff actually interact to get the work done.
• If we have better ways to understand the experience, we have better ways to solve issues.
Building on Emerging Leadership

Questions for Practice

• What interactive leadership behaviors have you observed in your nursing staff? RNs? LPN? CNA?

• What can nurse managers do to build on these observed interactive leadership behaviors?
Building on Emerging Leadership

Questions for Future Research

• How do we improve leadership behaviors at the DON level?
• What interventions will build on the “sparks” of leadership found, particularly at the LPN levels?
New Theory: Adaptive Leadership

**Eastern White Pine**
*Pinus strobus*

Pine cones carry the seeds of pine trees that squirrels and chipmunks will strip out to eat and sometimes accidentally plant!
New Theory: Adaptive Leadership
How to guide teams

• Technical Challenges
  – Problem and solution are clear

• Technical Leadership
  – Expertise—knowledge of solutions (medications, staffing schedules etc)
New Theory: Adaptive Leadership
How to guide teams

• Adaptive Challenges
  – Recognizing problem and how to fix it requires learning
  – Fixing it requires adaptation and change

• Adaptive Leadership
  – About learning
  – Supporting adaptation and change