

Transformational Leadership/Nursing Home Management Styles

All long-term care homes employ an identifiable style of staff leadership - an imperative in all health-care environments. Some of these styles of leadership include 'authoritarian' or 'autocratic,' 'laissez-faire,' 'transactional,' 'democratic,' and 'affiliative.' A more recent style, called 'transformational leadership' occurs when a leader works with front-line staff to identify needed change, creating a vision to guide the change through staff inspiration, and executing the change in tandem with committed members of the team. Recently, St. Peter's Residence at Chedoke in Hamilton, Ontario, a large long-term care home, implemented a 'transformational leadership' approach to resident care. This journey is described in detail, along with the basic characteristics of Transformational Leadership.



Transformational Leadership at point of care: Approaches and outcomes in a long-term care setting

By Bahar Karimi, R.N., M.N., M.H.sc. (HA) Janine Mills, R.N., M.H.M., Elaine Calvert, R.N., G.N.C.(C), and Markie Ryckman, M.Sc.O.T.

St. Peter's Residence at Chedoke is a 210 bed, non-profit long-term care home located in Hamilton, Ontario, and is a part of Thrive Group,⁽ⁱ⁾ a non-profit, umbrella service organization.

In 2013, inspired by our organization's mission, vision, values, stakeholder population, and long history of collaborative approaches, St. Peter's Residence at Chedoke submitted an application to become a *Best*

Practice Spotlight Organization (BPSO) - and our journey with the Registered Nurses' Association of Ontario (RNAO) began.

BPSO designation

The commitment of St. Peter's Residence to support the provision of quality care through evidence-based practices resulted in a successful bid to become a member of the first LTC BPSO cohort.

The RNAO's commitment to provide implementation support throughout the three year BPSO candidacy period was instrumental in supporting ongoing evaluation of our approaches and outcomes.

As a health service provider, St. Peter's Residence, like many other long-term care homes, experiences the challenges associated with limited resources and the demands of a dynamic healthcare sector.

Members of the Steering Committee and the Mentorship Team

Back row - left to right: Markie Ryckman, Jennifer Walker, Cindy Chovance, Janine Mills, Shawna Booker, Nicole Dalton, Shawna Morrison, Bahar Karimi. **Front row - left to right:** Shelley Meilleur, Barbara Almas, Renee Guder, Joanne de Gooyer.



Careful considerations were given when the decision was made to enter into the candidacy process for BPSO designation.

Based on the priorities of the home, six RNAO Best Practice Guidelines (BPGs) were chosen for implementation through consultation with the leadership team and front-line staff. The overall goal of this endeavour was to improve both resident experience and resident outcomes.

In addition, other identified goals were to enhance the following:

- Current clinical and non-clinical programs.
- Empowerment of point-of-care nursing staff.
- Overall staff engagement in evidence-based practice.
- Interdisciplinary collaboration.
- Sustainability of change.

In order to create a strong foundation to meet these objectives, the organization began with implementation of the Healthy Work Environment Best Practice Guideline titled, *Developing and Sustaining Nursing Leadership*.

Transformational Leadership approaches

This Best Practice Guideline focuses on Transformational Leadership approaches. This foundational work ensured that future implementations of BPGs would be supported throughout the candidacy period - and well into the future.

Implementation of RNAO BPGs is best accomplished with a working knowledge of the **Knowledge-to-Action cycle**.⁽ⁱⁱ⁾

The RNAO BPGs are designed to provide knowledge through recommendations and supporting evidence that can be considered within a local context.

Leadership at point-of-care

This article highlights specific strategies and outcomes associated with implementation of the five *Transformational Leadership* practice recommendations for point-of-care leaders:⁽ⁱⁱⁱ⁾

1. Building relationships and trust.
2. Empowering others.
3. Contributing to an environment that supports knowledge integration.
4. Leading, supporting, sustaining change.

* Gap analysis

In management theory, 'gap analysis' involves the comparison of actual performance with potential or desired performance. If a long-term care facility, for example, does not make the best use of its resources, especially human resources, or if it forgoes the introduction of better technology, it may well perform below its potential.

5. Balancing complexities of the system and managing competing priorities.

Our initial phase of the *Knowledge-to-Action Cycle* led to inter-disciplinary participation and the completion of a gap analysis.* Using regularly scheduled nursing practice meeting times, Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Formal Nurse Leaders completed the *Developing and Sustaining Nursing Leadership Tips and Tools Survey* (with supporting information found in the *RNAO Point-of-Care Leadership Tips and Tools for Nurses*).^(iv)

Transformational Leadership practice recommendations

The survey provided individual nurses with an opportunity to assess their knowledge and comfort with the five *Transformational Leadership Practice Recommendations*. Survey findings highlighted gaps in all areas of Transformational Leadership within the team, and identified our nurses' desire for increased involvement in decision-making within the organization.

1. Building relationships and trust

The evidence highlights that having trusting relationships in the workplace increases job satisfaction and job performance, and decreases both burnout and absenteeism.^(v)

Relationships have always been part of the recipe for success at St. Peter's Residence; hence, there was a strong foundation upon which to develop relationships when starting this work.

Positive attributes among the team prior to the implementation of Best Practice Guidelines (BPGs) included respectful interpersonal relationships, a commitment to continuous learning, a desire to meet legislated requirements, commitments to standards of practice, and strong followership behaviours.

The overall efforts of the organization supported building relationships and trust

for the entire leadership team. Formal leaders within the organization were given opportunities to attend leadership sessions that focused on the *Thrive Groups' Leadership Profile*.^(vi) This profile identifies the key attributes of Thrive Group leaders as being results-driven individuals who are authentic, inspirational and effective in their communication abilities.

In order to build stronger relationships and 'role model the attributes' of leadership, formal leaders worked courageously in showing vulnerabilities, self-reflecting and embracing change. Nurses were also supported with opportunities to enhance working relationships through leadership in nursing practice meetings and other committee work.

Evidence of positive outcomes related to building trusting relationships through Transformational Leadership strategies is apparent throughout the nursing department at St. Peter's. One example includes a strong interest of point-of-care nurse leaders in co-leading initiatives and committees with formal leaders. Another is our recent *'Great Places to Work'*[®] designation as a result of a survey completed by our employees - which could not have been possible without strong trusting relationships.

2. Empowering others

As the *Developing & Sustaining Nursing Leadership Best Practice Guidelines* state, "empowerment occurs over time, has been linked to trust, and is thought to occur when an organization sincerely engages its staff with mutual interest and intention to promote growth."^(vii) As we went about building upon and enhancing the trusting relationship between formal leaders and point-of-care staff, creating an empowering environment became a priority.

"The implementation of subsequent BPGs focused on clinical practice (referred to as clinical guidelines) provided a starting point for point-of-care nurses and other team members at St. Peter's to become ac-

tively involved in leading practice and culture change." Support in many forms was provided to those willing to take on new responsibilities; support ranged from help with basic computer skills to reviewing required clinical programs.

Evidence of this 'growing empowerment' has been identified in many different ways. The interest in becoming an *RNAO Best Practice Champion*[®] grew far beyond the initial target group of nurses. Participation levels continue to be high in our quality improvement committees and in the organization's events and activities.

The uptake of the "Thriving with Excellence" employee recognition program by point-of-care staff and the leadership team also supports the culture of collaborative evidence-based practice. Staff openly discuss feeling supported, empowered, engaged and valued based on the successes and improvements they are contributing to.

3. Contributing to an environment that supports knowledge integration

Formal nurse leaders "... can create an environment that supports leadership development by providing access to leadership education...", and "Nurse leaders are also responsible for creating opportunities for point-of-care nurses to learn about nursing research and implement practices that are research based."^(viii) Creating the right environment and opportunities was a focus and strategy for implementing both the leadership guideline as well as the clinical guidelines.

As mentioned, the implementation of the clinical guidelines provided opportunities for the nurses to demonstrate leadership skills while supporting clinical practice changes. The point-of-care nurses took on many of the aspects required to implement practice change based on research such as leading meetings, collecting data, conducting audits, providing feedback, revising policies and reviewing programs.

In addition to clinical practice change, another outcome was the development of the 'mentorship program'. This was a nurse-initiated and nurse-led program that was identified as a priority by the nurses.

This 'mentorship program' served as a pilot project and the introduction to an

organization-wide 'mentorship program'. The program facilitated the building of relationships between mentors and those being mentored, while sharing information regarding organizational culture and expected practices.

A process for ongoing communication continues after on-boarding and throughout transitions to new or unfamiliar areas of care. The mentors also contributed to their self-identified initiatives such as standardization of the units, orientation checklists, representation on the quality improvement committees, and assisting with audit and feedback processes.

4. and 5. Leading, supporting and sustaining change while . . . balancing the complexities of the system and managing competing priorities

"Vision successfully becomes change when nurse leaders engage staff by creating structures and opportunities that gets them involved in all aspects of the change process."^(ix) Providing support and resources so point-of-care staff can engage in decision-making and leadership of their teams has become an ongoing practice. Some of the initial examples include the changes to nursing practice meetings and the development of a mentorship program.

Historically, nursing practice meetings were organized and led by formal nursing leaders. The empowerment strategies led to RNs and RPNs assuming leadership of nursing practice meetings with the support of the leadership team. This new process not only empowered the staff, it enhanced their confidence and leadership skills, while facilitating discussions on topics that are important to the staff. It is in these meetings that the nurses plan, discuss and evaluate changes related to their practices.

"Communicating the rationale for an action, securing the necessary resources and monitoring the effects of a decision are part of the leader's role."^(x) Competing priorities are common in LTC and can impact on residents, the organization and participation in system level change.

Maintaining high-functioning teams and strong communication allows us to keep the resident at the centre of decision-making when navigating priorities and resources.

Evaluation

Evaluation of implementation strategies occurred through the measurement of qualitative and quantitative indicators collected prior, during and following selected changes. The overwhelming response and continued interest in committee participation and the mentorship program has played a significant role in sustainability of these transformational leadership practices. As a result, we consider the sustainability of change to be our most important outcome.

The establishment of the *clinical practice committees* has led to a culture of evidence-based practice, a key outcome in ensuring that nurses turn to the evidence when participating in decision-making. Implementation of additional BPGs during our *Best Practice Spotlight Organization* candidacy provided new opportunities to evaluate the effectiveness of implementation strategies and change ideas.

As staff continue to demonstrate evidence-based leadership behaviours, the organization continues to highlight the contributions and accomplishments of the staff in internal and external forums.

Conclusion

In conclusion, the team at St. Peter's Residence at Chedoke, Thrive Group, successfully implemented one of the Healthy Work Environment Best Practice Guidelines, Developing and Sustaining Nursing Leadership, as a foundation to support the future implementation of other BPGs.

Implementing this BPG provided us with guidance to put infrastructures into place and facilitate point-of-care staff involvement with decision-making and leading change. Providing point-of-care staff with opportunities to participate in the creation of change initiatives and decision-making processes was a strategy that we used to gain trust and commitment to the overall strategic directions of the organization.

Furthermore, developing many grass root leaders was essential for the implementation of multiple BPGs required as part of our Best Practice Spotlight Organization candidacy with the Registered Nurses' Association of Ontario. By providing our point-of-care staff with support, resources, tools and holding them accountable for leading and sustaining change, they are

now more engaged and committed than ever before. They contribute to the culture of excellence in quality service provision to our residents every day.

Citations/Sources

- (i) For more information on the Thrive Group: <<http://www.thrivegroup.ca/>>.
- (ii) Toolkit: Implementation of Best Practice Guidelines, RNAO; 2nd Edition; September, 2012; diagram, page 12. Retrieved from: <http://rnao.ca/sites/rnao-ca/files/RNAO_ToolKit_2012_rev4_FA.pdf>.
- (iii) Point-of-Care Leadership Tips and Tools for Nurses, (2014). RNAO. Retrieved from: <http://rnao.ca/sites/rnao-ca/files/POC_16.5_x_8.5_WEB_0.pdf>.
- (iv) Point-of-Care Leadership Tips and Tools for Nurses, (2014). Registered Nurses' Association of Ontario. Retrieved from: <<http://rnao.ca/bpg/resources/tips-and-tools-nurses-developing-and-sustaining-nursing-leadership>>.
- (v) Developing and Sustaining Nursing Lead-

ership Best Practice Guideline - Second Edition, (2013). Registered Nurses' Association of Ontario. Retrieved from: <<http://rnao.ca/bpg/guidelines/developing-and-sustaining-nursing-leadership>>.

(vi) Thrive Group, (2014). Leadership Profile: Four Key Attributes for Success. Unpublished internal document.

(vii) Developing and Sustaining Nursing Leadership Best Practice Guideline, - Second Edition, (July, 2013); page 37. Registered Nurses' Association of Ontario. Retrieved from: <<http://rnao.ca/bpg/guidelines/developing-and-sustaining-nursing-leadership>>.

(viii) Developing and Sustaining Nursing Leadership Best Practice Guideline - Second Edition, (2013); page 43. Registered Nurses' Association of Ontario. Retrieved from: <<http://rnao.ca/bpg/guidelines/developing-and-sustaining-nursing-leadership>>.

(ix) Developing and Sustaining Nursing Leadership Best Practice Guideline - Second Edition, (2013); p. 48. Registered Nurses' Association of

Ontario. Retrieved from: <<http://rnao.ca/bpg/guidelines/developing-and-sustaining-nursing-leadership>>.

(x) Developing and Sustaining Nursing Leadership Best Practice Guideline - Second Edition, (2013); p. 54. Registered Nurses' Association of Ontario. See: <<http://rnao.ca/bpg/guidelines/developing-and-sustaining-nursing-leadership>>.

About the authors

- Bahar Karimi, R.N., M.N., M.H.sc. (HA), CHE, is the Director of Resident Services at St. Peter's Residence and the RNAO BPSO Liaison.
- Janine Mills, R.N., M.H.M., is the Director of Care at St. Peter's Residence and a member of the BPSO Steering Committee.
- Elaine Calvert, R.N., G.N.C.(c), is the Director of Quality and Clinical Practices at Thrive Group.
- Markie Ryckman, O.T., M.Sc.O.T., is the Occupational Therapist and member of the BPSO Steering Committee.

Antipsychotics shown to drastically increase mortality risk in those with Alzheimer's

Antipsychotic drug use is associated with a 60% increased risk of mortality among persons with Alzheimer's, shows a recent study from the University of Eastern Finland. The risk was highest at the beginning of drug use and remained increased in extended use.

Mortality risk increased

The use of two or more antipsychotic drugs concomitantly was associated with almost two times higher risk of mortality than monotherapy. Results were published in the *Journal of Alzheimer's Disease*

The study compared the risk of mortality between the most commonly used antipsychotic drugs. Haloperidol was associated with highest risk of mortality, and the use of higher doses of haloperidol and risperidone were associated with an increased risk of mortality compared with low-dose risperidone use.

Finish study

The association of antipsychotic drug use with mortality was investigated in the *Finnish Nationwide MEDALZ Study* which included community-dwelling persons di-

"The study confirms current recommendations that antipsychotic drugs should be used only for the most difficult and extreme behavioural symptoms of dementia . . ."

agnosed with Alzheimer's disease between 2005 and 2011.

"Of 57,755 persons, 27% started antipsychotic drug use during the follow-up. The register-based study was restricted to persons who did not use antipsychotics during the year preceding the start of follow-up, did not have history of a psychiatric disorder, and did not have active cancer at the start of follow-up.

Warnings a decade ago

The results of this study are in line with many previous studies. The first warnings of an increased risk of mortality among antipsychotic users were made available over 10 years ago.

This current study provides new knowledge on the risk of mortality during long-term use and during concomitant use of two or more antipsychotic drugs.

Limited duration

The study confirms current recommendations that antipsychotic drugs should be used only for the most difficult and extreme behavioural symptoms of dementia, such as agitation and aggression, and the duration of use should be limited. Furthermore, the lowest effective doses are recommended, and concomitant use of two or more antipsychotics should be avoided.

(See also page 26)

Reference

- Marjaana Koponen, Heidi Taipale, Piia Lavikainen, Antti Tanskanen, Jari Tiihonen, Anna-Maija Tolppanen, Riitta Aho-nen, Sirpa Hartikainen, "Risk of mortality associated with antipsychotic monotherapy and polypharmacy among community-dwelling persons with Alzheimer's disease", *Journal of Alzheimer's Disease*. Published online: December 5, 2016. DOI: <10.3233/JAD-160671>.

Copyright of Canadian Nursing Home is the property of Health Media Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.