

# Providers Nurture Staff Growth



Joanne Kaldy

*Building leadership from the ground up can prove enormously advantageous for all involved.*

Moving up the ladder is the dream of many long term care employees. For example, there are certified nurse assistants (CNAs) who want to be nurses, nurses who want to be supervisors, directors of nursing (DONs) and social workers who want to be administrators. Making this dream a reality calls for an individual's commitment and initiative. But it also requires the facility to identify and nurture leaders at all levels.

Building leadership means investing time and money, but the rewards for everyone involved are innumerable. The aspiring leaders get the jobs of their dreams and the skills to do them well. They also serve as role models for others who want to advance their careers. The facility gets quality staff, reduced turnover, strong supervisors, and satisfied residents and family members.

Deciding who to involve in leadership development doesn't have to

involve detailed analyses or assessments. "I believe in throwing a wide net," says Quint Studer, founder of the Studer Group, an outcomes-based health care consulting firm in Gulf Breeze, Fla. "You have to involve supervisors, but front-line staff and others also can benefit. And you never know where a strong leader will come from," he adds.

"You don't need to have a formal title to be an effective leader," says Steve Lindsey, chief executive officer (CEO) of Garden Spot Village, a non-profit continuing care retirement community in New Holland, Pa.

"Increasingly, we see that we have leaders at all levels."

Observing staff during inservices is an excellent way to recognize leaders among caregiving staff, says Peggy Powell, director of workforce strategies, Paraprofessional Healthcare Institute, a nonprofit organization committed to strengthening the direct-care workforce within long term care in Bronx, N.Y. "You can see who



stands out, captivates attention, and cares about the organization and his or her patients and co-workers,” she says.

It is important to train supervisors to watch for leadership in these types of situations, Powell says. “People who care about building leadership need to be constantly looking for leadership in others and think about how to bring these people into formal leadership development activities.”

### **Strong Leadership Training Needed**

Training is essential for leaders and potential leaders, says Studer. “When you look at the top places to work, leaders get several hours of training every week. In long term care, they get

virtually none because management thinks it’s expensive, but what’s expensive is turnover,” he says. He believes in evidence-based leadership.

“There is evidence that certain skills make for strong leaders. These include how to hire and fire, basic communication skills, how to run a good meeting, and financial management knowledge. Training has to be specific, not expensive,” Studer says.

“We’ve developed a leadership module as part of our regular education experience,” says Lindsey. “By providing staff education on leadership, we help people recognize that leadership goes beyond formal titles. We also provide an inventory so that staff can

get a sense of where their leadership skills and strengths are and how they can use them.” The result has been an amazing transformation of people, Lindsey adds. He gives the example of one young woman who was a cook but had a passion for educating others.

“We enabled her to begin teaching people informally in small groups and circles,” he says. “It gave her a chance to grow and develop. As a result, she has gone back to school and has a whole new perspective on life and what the possibilities are.”

Specific leadership training calls for explicit goals. “Leadership training should be developed in a way that achieves desired outcomes for the

organization,” Studer says. “You have to talk up front about why you are doing the training and how it will help you meet organizational outcomes. Then you can go back and measure return on investment [ROI] on an ongoing basis.”

Measuring ROI isn’t that difficult, Studer suggests. “If you are providing better services to residents, you should [achieve] lower staff turnover rates, better volume, fewer lawsuits, and lower legal expenses,” he says.

### Rallying The Troops

As with any culture change efforts, leadership development requires buy-in from all levels. “A commitment to building leadership doesn’t truly permeate the way it needs to when there isn’t a cheerleader,” says Powell. “One thing that works is when people with passion deliver the message. Everyone needs to get involved to get people mobilized.”

One important way to gain buy-in on an ongoing basis is to share the impact of leadership development. “We have to measure employee satisfaction and turnover data,” says Studer. “Sometimes you just have to put it all on paper. You have to be willing to sit down and put a dollar amount to staff turnover and lawsuits. When you realize how much money you can save if you reduce turnover 10 percent, training looks a lot more cost effective.”

It sometimes is difficult to get buy-in from management because people are insecure about their own positions, says Julian Rich, president and CEO at Penacook Place Nursing Home in Haverhill, Mass. “These individuals need to realize that culture change is dependent on involvement and leadership from people at all levels.” By explaining to managers how leadership training among their staff actually will make their jobs easier and improve quality and the bottom line at the facility, “you downplay their own fears and insecurities and focus on something positive that they can appreciate.”

## Leadership Growth Case Studies

Does leadership training really work? Hundreds of examples from the field say that it does. Here are just a few true stories.

■ A woman was a cook in an independent living café for a large continuing care retirement community. She had worked in food service for years and had never worked in skilled nursing. However, through a self-directed education process, she learned about the skilled nursing environment and expressed an interest in learning more. Facility leaders encouraged her interest and talked to her about a household coordinator position. The organization provided her with necessary management skills, and her own cooking and homemaking talents were an excellent match for the position. “She has a heart for people and a passion to serve that have made her a star,” says an administrator at her community.

■ A social worker at a large seniors community loved her job. In fact, she had never wanted to be anything else. So when her bosses told her she would be a great administrator, she was hesitant to do anything about it. However, they listened to her fears—that she didn’t know enough about finances and that she didn’t want to lose touch with her residents. The facility leaders assured her that an

administrator’s job was 75 percent people skills and that she would continue to enjoy many of the interactions she had as a social worker. When the administrator went on maternity leave, she asked the social worker to serve as interim administrator. She agreed, and the organization spent several weeks training her, mentoring her, and providing her with leadership and business training. When she started her interim position, she loved it from day one. When the administrator ultimately left, the former

social worker was more than happy to accept the position full time. She stepped in easily, and her experience with the company and staff made for a smooth transition.

■ Some facilities look at CNAs and see shining stars. One such organization took some of these heavenly lights and put them in charge of a special club for assisted living residents who had some memory impairments but weren’t ready for the special Alzheimer’s unit. The new group leaders received training in recreation and activities and ways to socialize with and support residents. “These caregivers take great pride in the fact that they are now coordinators and in the deep connection and involvement they have with these residents,” said the administrator.

Involving people in a hands-on way helps encourage and cement buy-in, says Lindsey. “We involved people in developing programs. As they begin to grasp the vision and understand how it changes lives, they get really excited.”

Helping staff to understand the value of leadership is essential to get-

ting their buy-in and participation. “Direct care workers often don’t want what we think they want,” says MariaElena Del Valle, training specialist at the Paraprofessional Healthcare Institute. “Leadership often isn’t a topic they’re excited about. Instead, they really want to be respected in the



**At Garden Spot Village, staff are taught that leadership goes beyond formal titles.**

field, so we need to help them understand how leadership development will help facilitate this.”

### **Internal, External Training Choices**

Leadership development can take many forms, says LaVrene Norton, executive leader of Action Pact in Milwaukee. It can be self-designed and self-directed, it can come from outside experts, or it can be a combination of the two. Norton’s company conducts a series of leadership training sessions—maybe a day long—over a year’s time on a monthly basis. The company keeps the training groups small, with no more than 25 to 30 people.

“We help participants see that leadership does not just involve management and that the learning process is something they can generate in themselves and others,” says Norton. “We take them through a whole series of areas where they work together, and we help enable people to relate to residents in a more patient-centered-care fashion.” These activities involve work on real-life issues such as working with resident teams to redesign the dining room or learning new ways to hold meetings.

“We also will do other kinds of lead-

ership experiences where we help people begin to direct their own growth” and figure out how they can handle leadership development on their own, she says.

This training involves small groups, each of which addresses a specific competency. For example, one group will study conflict management, first by researching the issue—reading books and articles and discussing the topic with one another—then begin talking about specific conflict resolution skills and how they can help others learn them. The end result varies from group to group.

For example, the conflict team may develop a conflict procedure or plan a conflict management inservice program. “The key elements of all groups are the same. The participants are learning and growing and passing these skills on to others,” says Norton.

### **Home-Grown Training Initiatives**

Inservice programs are one good place to start building leaders among caregiving staff, says Powell. For example, “during an inservice about transferring from beds, we won’t just talk about or demonstrate the technique,” she says. “We talk about what clients are feeling,

how to respect them, and how to make them comfortable. Leadership [goes beyond] the task.”

In addition to inservices, meetings and other opportunities to participate in decision making can help build leadership among caregivers.

Powell suggests, “Have them be part of a quality assurance or similar committee. Be sure to invite two or more [caregivers]—they may feel more comfortable in such a group if they are with a friend or peer. You can use their input to model and demonstrate the kind of caregiving practices you want to perpetuate.”

One of the easiest and most popular means of building leadership from the ground up in long term care facilities is to give staff opportunities to mentor new hires and subordinates.

“You can have a position that says senior aides are able to teach and model best practices of organizations. They can assist in orientations and help identify and address barriers to keeping employees,” says Powell.

Some companies are going online. “We started nurturing our medication aides by providing monthly online training that includes leadership skills,” says Sandi Flores, RN, head of Community Education, a provider of assisted living and residential care education in San Marcos, Calif.

“We found that when we give them leadership skills, retention rates just soar,” she says. “You can take this to the bank. I say, ‘Give me a little money for staff training, and I can save you thousands on staff turnover.’”

### **Career Paths, Other Strategies**

A career path for its personal care assistants (PCAs) has proven successful at the George M. Leader Institute, a training organization in Hershey, Pa. “It is modeled on the idea of career paths for professional nurses,” says Director Delinda Kanaskie, RN. “It’s perfect for caregivers who want to advance their careers but don’t necessarily want to be managers.”

## Sending Leaders Back To School

The program starts with a three-month orientation period, during which caregivers take classes about dealing with dementia, assisting people who need physical assistance, and related topics. If they complete all the requirements by the end of this period, caregivers become a PCA 1 and get a monetary bonus. They then can go on to become a PCA 2, which requires additional training and a minimum of nine months employment at the facility. At the completion of this phase, caregivers get a pay raise, a certificate of achievement, and formal in-house recognition.

At level PCA 3, caregivers become certified care associates. “These are specially selected people,” says Kanaskie. “They have to demonstrate exceptional performance, express interest in customer performance, and demonstrate leadership skills.”

Candidates at this phase must interview facility leaders and complete a project—something that improves resident care or makes life easier for staff. Past projects have included organizing a resident choir and leading group validation services for patients with dementia.

“This program enables motivated caregivers to become highly competent—if not experts—in their role. They feel good about their ability to do their jobs. They put extra work into it, and we recognize their efforts,” Kanaskie says.

Involving staff in problem solving is another valuable means of building leaders in-house. “We had an employee who came to us as a caregiver. He had a poor command of English and was extremely shy. He was building close relationships with residents but had problems communicating with his peers,” says Debbie Cavallo, corporate director of dementia care at Senior Resource Group, a family of seniors communities in San Diego. His supervisor put him in charge of an activities group in which he would read Ann Landers’ column aloud to residents.

There is a lot that facilities can do on their own to identify, support, and train leaders.

For example, going back to school is important for leaders, especially those who want to move up the career ladder. Therefore, many facilities offer scholarship or tuition assistance programs. This may involve nursing school for CNAs, master’s business training for administrators, and business or management training for DONs and other nurses.

Of course, these opportunities are limited, so it is important to choose recipients carefully. Candidates should have the interest, drive, and passion to put the time and energy into returning to school. At the same time, both the facility and the staff member should have an understanding of what the education will bring to the organization. Will the DON become an administrator? Will the CNA have a position on the nursing staff? Will the dietary aide become a kitchen manager? Goals and expectations should be communicated clearly. If the person is expected to stay with the facility for a set time period in return for the tuition assistance, this should be stated in writing up front.

It is easy to identify leaders early on—they pay attention to details,

according to Sandi Flores, RN, head of Community Education, San Marcos, Calif. For example, she says, “You watch for caregivers who have ideas and aren’t afraid to make suggestions—such as saying this care plan could be a little better if we did this or that. You also look for people who are eager to coach and help their co-workers,” she says. “When these people vocalize their desires to grow, we support it.”

The first step is helping these individuals see that going back to school and becoming a nurse is a real possibility, says Flores. “Next, we reschedule their work hours to give them more flexibility to attend classes. And, of course, we offer tuition reimbursement.” However, she emphasizes that the financial support doesn’t mean anything without the emotional support and encouragement of their supervisors and colleagues. “When they reach their goals, we make a big deal about it. This inspires others to believe that they can do it as well.”

While facilities can provide such opportunities on their own, Flores notes that organizations increasingly are partnering with universities and colleges to enable staff to pursue educational opportunities and to encourage students to pursue careers in long term care.

He stumbled over words, but the residents loved him and would applaud when he was finished.

“After a few months, he was much more fluent and confident. He became a memory care coordinator. Six years later, he is still here and loves his job,” she says.

Putting promising caregivers in

charge of programs is an excellent means of nurturing leaders, says Cavallo. “We created a program called ‘The Club’ for residents who are having some memory problems but are not yet ready for our full memory care program. Our ‘Club’ coordinators typically are shining stars from among our caregivers,” she says. These individuals

receive special training and learn how to be leaders. According to Cavallo, “The program is a big hit. Residents and families love it, and it helps us keep residents in assisted living longer. The coordinators love the chance to take on this new responsibility, and they love the responsibility of caring for these special-needs residents.”

### **Rounding Role Lets Leaders Shine**

Those in charge—administrators, medical directors, and DONs—can help build leadership simply by going on rounds with staff. According to Studer, “First, you make personal connections with staff by asking specific questions that demonstrate knowledge about and interest in their lives. Second, be positive. Instead of inquiring about problems, ask, ‘Tell me about what is going well today.’ Third, ask if there is anyone—staff, residents, or family members—who should be recognized.” This helps build a positive culture and make staff feel as if management is on their side.

Next, says Studer, team leaders should look at what works well and what can be done to make things work better. Then, ensure that staff have the necessary tools and equipment to make improvements.

“Rounding helps reduce staff turnover,” says Studer. “We did research about what employees want in the long term care work environment, and the biggest complaints were that they don’t like their boss, systems don’t work well, they don’t have the tools they need to do a good job, and they don’t get recognized for their work. Done properly, rounding addresses all of these concerns, and that is why it actually can bring turnover down to under 15 percent.”

### **Assisted Living Gets On Board**

Silverado Senior Living, an assisted living community specializing in care for residents with Alzheimer’s and other dementia in San Juan Capistrano, Calif., takes leadership seriously. “When we identify employees who demonstrate strong leadership potential, they are nominated to attend our 12-month-long leadership program,” says nurse practitioner Ann Ellett, Silverado’s health services vice president. This involves attendance at a monthly meeting where various aspects of leadership are discussed and guest speakers come in to address leadership topics.

Anyone can be nominated to participate in this program. For example, Ellett says, several social workers have gone through it and gone on to become great administrators. “It cuts across departments and disciplines,” she says. “We are able to promote from within and find the best people to fill position openings. And we benefit from the creativity and passion the program nurtures.”

Overall, the program facilitates better communication, a

stronger understanding of company goals, and a successful network of managers and mentors, Ellett says.

The program involves a curriculum that addresses business and leadership strategies. Participants must make a one-year commitment that involves attendance at classes, completion of homework assignments, development of a plan to meet professional goals, and completion of a project specific to their areas, designed to solve an existing problem or to improve a process. For example, one participant saw that nurses weren't effectively communicating residents' change of clinical condition to other departments. So she analyzed the path of communication between departments and identified where they were breaking down, then developed a process to improve communication.

Such a leadership program can be implemented at most facilities, Ellett suggests, and it doesn't have to come with a big price tag. "Many speakers can come from within the company. But managers can use their contacts in the community and academic and professional worlds to bring in outside experts at minimal cost. We purchase some books for participants, but we also encourage them to seek out additional materials on their own," she says, noting that the benefits far outweigh any expenses.

### **A Curriculum Of Their Own**

With a few resources and some initiative, facilities can develop their own leadership training curriculum. Tiffany Redden at the Idaho Falls Group Home, a company with facilities for individuals with developmental disabilities in Idaho, has done just that.

"We recently have begun to start writing a leadership curriculum. We plan to use it a few times each year and eventually expand on that," she says. The program addresses topics in the core areas of integrity, initiative, good judgment, and teamwork. The curriculum is designed for people in management positions and those identified as potential managers and informal leaders.

The curriculum is very hands-on, says Redden. "It's part lecture, part group discussion. It's very interactive." She adds that the program is integrated into staff meetings. Otherwise, she says, "It's nearly impossible to get 19 people in one room at the same time."

In addition to the curriculum, the organization has "fun meetings" throughout the year that are designed to promote teamwork and leadership through activities such as relay races. These, says Redden, are designed to build on the leadership curriculum.

Not only is its self-developed curriculum more cost-effective than an outside program, it also is more personalized, says Redden. "We wanted to be able to use actual examples of things to do—and not to do—from our company. We felt that it would address our needs



**Nancy Bennett at Terrace Grove Assisted Living leads a resident session.**

better if we designed it ourselves.”

If facilities feel that they don't have the time or expertise, there are many national sources of leadership develop-

ment and training. According to Timothy Dressman, executive director of St. Leonard, a Catholic-sponsored seniors living community in Center-ville, Ohio, “We pay membership fees for professional organizations and encourage staff to pursue certification for personal and professional growth. This is a way of saying that you are investing in them, appreciate them, and value them for what they bring to your organization.”

According to Sara Sinclair, CEO of Sunshine Terrace Foundation, a health care organization providing rehabilitation, assisted living, and adult day care in Logan, Utah, one national program—Radiating Excellence—has helped her develop leadership skills among her nursing staff. Originated by the American Health Care Association, this is a self-assessment program to help DONs and assistant DONs determine their leadership competencies and styles and to put a leadership plan into action.

“This program brings to nurses’ attention that they are leaders and looked to as such by others. Nurses aren’t trained in school as leaders. If you provide training to nurture their leadership abilities, you are miles ahead of most,” says Sinclair.

Elsewhere, a Vermont-based pilot

program called Creating a Respectful Work Environment is designed to build leadership and promote teamwork through workshops, mentoring, and other activities. Staff meet in groups to talk about how each of them defines respect, and they work together to create a definition. They then decide what kinds of training and education programs they need—from effective communication to confronting a co-worker in a positive way.

“All of this is part of building leadership from the ground up,” says Paraprofessional’s Del Valle. She adds, “It provides room for staff to bring their ideas forth about improving work and taking the lead on solutions. Through these kinds of activities, we find that a lot of people who don’t normally say a word end up taking the lead. This is where leadership is born.”

Elsewhere, the Paraprofessional group offers a coaching/supervision model that facilities can implement via a train-the-trainer program. The curriculum—which is available free online at [www.paraprofessional.org](http://www.paraprofessional.org)—“really focuses on the individual and his or her communication skills,” says Joe Angolelli, director of networking and development at the Pioneer Network in Pittsburgh. He adds, “It encourages them to listen to what direct care staff are saying in problem situations and not to follow old patterns of blame and hierarchal management. The coaching approach lets participants arrive at solutions and take ownership of them.”

### **Leaping Into Leadership**

The Mather Lifeways Institute’s LEAP Program is among the best known national initiatives to promote leadership in health care settings. LEAP—which stands for Learn, Empower, Achieve, and Produce—is a comprehensive workforce development program designed to empower staff, increase retention, and promote staff-resident relationships via train-the-trainer workshops.

The main reason people come to

LEAP, says Joni Gatz-Bauman, LEAP program manager, is to “retain a good long term care workforce.”

Why do facilities like LEAP?

According to feedback trainers have received, facilities love that the tools are well organized and that they can use them whenever and however they need them. “The interactive sessions where people have to role play actually show hidden talents among staff that they didn’t realize they had. It helps people find their strengths and lets them excel at what they are good at,” Gatz-Bauman says.

One such role-playing session activity has nurses play residents. “They have to wear a wet adult diaper for a couple of hours, and they sit in their bed or room without food. They get a real sense of what it is like to be dependent on others for all of your needs and desires,” she notes.

Interestingly, the biggest surprise participants get from LEAP is leadership. “Many people don’t believe they are ready to be leaders. But they go through this program and realize that they are,” Gatz-Bauman says. Through a train-the-trainer component of LEAP, facilities not only have the opportunity to bring the program to more of their staff, they also can identify staff to become leaders.

### Why Bother?

“The benefits of building leadership from the ground up are real,” says Sinclair. “If you don’t have leaders, your costs will be triple. With strong leaders and ongoing leadership training and support, you are more attractive to employees. Recruitment is easier, retention is better, and customer satisfaction goes up. These benefits far outweigh any financial investment in leadership training.”

Besides, she adds, “you don’t have to spend a fortune” to have a successful leadership development program. “You don’t have to send your whole team to New York for the weekend. Training can be done in-house and by knowl-

edgeable people who are right there.”

It is important not to overlook the personal benefits of leadership development to individual staff members, Sinclair emphasizes. Once they see the value and benefits of being a skilled leader, people can envision career success and take greater pride in their work. They have an improved ability to do their jobs well and to please others—staff, residents, and family members—around them. “They have a better sense of control and are happier in their jobs,” Sinclair says.

Lonnie Bisbano, owner/administrator of Orchard View Manor, a nursing and rehabilitation center in East Providence, R.I., says that “you don’t have to be a rocket scientist to realize that if you instill good quality leadership and management, you will have less turnover, better care, better surveys, better daily operations, higher

morale, less cost, more profit, and more satisfied families and residents.”

The greatest myth about leadership is that there’s a glass ceiling, that decisions by formal leaders are always best and always right, Cavallo says.

“If we encircle staff, involve them in decision making, make them part of problem solving, and nurture their leadership skills, amazing things happen. They discover that they have skills and gifts that they never realized they had. They sometimes believe the myth that they can’t do these things. But the truth is that they can do much to make our facilities wonderful places [in which] to work and live. We need to help them see this truth. When this happens, we all win.” ■

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