A literature review and synthesis to support Connecting with People with Dementia: A knowledge translation project

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Report for ICCER

Licensed Practical Nurses (LPNs) are leaders in continuing care settings, and while Health Care Aides (HCAs) provide 80 – 90% of direct client care, positive connections between LPNs and HCAs are critical. This relationship has an influence on connections between HCAs and seniors, particularly seniors with dementia.

Bow Valley College received funding from ICCER for **A literature review and synthesis to support 'Connecting with people with dementia: A knowledge translation project'**. A cursory review of related literature was based on a search for articles less than five years old associated with communication, leadership, connectedness, inclusion and engagement. Hundreds of articles were reviewed with an inclusion/exclusion criteria, and the result was an excellent collection of literature specifically related to engagement with seniors with dementia.

Just over one hundred articles were synthesized and six themes were drawn: respect, listen, value, include, engage and reflect. This examination of the literature lead to the development of a model of research utilization and knowledge translation as well as a toolkit to be used by LPNs and HCAs in their practice. The extensive literature review facilitated a process to enhance and advance the LPN in a leadership role in all settings and to develop core materials related to connecting with people who have dementia.

<u>**Articles for Connecting with People with Dementia: A knowledge translation project**</u>

Leadership

- Anzelone, R. & McCulloch, J. (2010). The 10 worst Leadership Mistakes. *Contract.Management, 50,* 42-48: worst leadership blunders- lack of communication, failure to be a good role model and set the tone for the work environment based on their words and actions, forgetting that rewards and recognition go a long way to build morale and improve individual and team performance, failure to mentor and train subordinates by providing regular coaching and guidance, not empowering your team and not letting them make a few mistakes along the way as long as they learn from them.

- Ayoko, O. B. & Callan, V. J. (2010). Teams' reactions to conflict and teams' task and social outcomes: The moderating role of transformational and emotional leadership. European Management Journal, 28, 220-235: how one perceives, defines and interprets a conflict episode is often more critical than the substantive nature of the conflict itself = team effectiveness; employees who dealt with conflict with an open approach were positively associated with organization effectiveness as well as stronger and more co-operative relationships with other employees. Leaders influence team members' attitudes, behaviors and social processes. Transformational leaders appeal to their followers and motivate them to attain performance that is over and above expectations. Show followers more individualized consideration, inspirational motivation and intellectual stimulation. Team members will feel more motivated and strongly connected because transformational behaviors are shown by the leaders' self-confidence, enthusiasm and their awareness of the emotional needs of team members.

Appraise others' emotions and show appropriate emotions. Manage the emotions of group members. Promote vision and inspiration which will encourage team members to appraise any negative events and obstacles that occur in a positive light.

- Basford, T. E. & Offermann, L. R. (2012). Beyond leadership: The impact of co-worker relationships on employee motivation and intent to stay. Journal of Management & Organization, 18, 807-817: relationships between coworkers differ in important ways from those between supervisors and subordinates. Supervisors interact with employees from a position of hierarchical authority; coworker relationships are lateral, without the added element of formal authority. Coworkers tend to be a closer source of influence in most workers' lives than leaders, with employees generally having more frequent interactions with peers than supervisors.

- Battilana, J., Gilmartin, M., Sengul, M., Pache, A. C., & Alexander, J. A. (2010). Leadership competencies for implementing planned organizational change. The Leadership Quarterly, 21, 422-438: leaders who emphasize person-oriented behaviors would place more emphasis on communicating the need for organizational change, whereas leaders whose strengths lay in task-oriented behaviors would place less emphasis on an implementation activity.

- Braxton, E. T. (2010). HEALING THE WOUNDED ORGANIZATION: THE ROLE OF LEADERSHIP IN CREATING THE PATH TO SOCIAL JUSTICE. Tamara.Journal for.Critical.Organization Inquiry, 8, 89-118: ten critical lessons for leadership:
    - Crucial to raise awareness of problems that must be addressed to create conditions for social justice. Create environment of openness and transparency
    - Need to be seen as neither intrusive nor abandoning, encouraging people to reveal the real issues
    - Must define and manage boundaries, setting the bar
    - Create safe spaces for people to reflect on their experience and build feedback loops
    - Provide structures that enable people to talk to each other about work issues, without fear of reprisal; boundaries for communication must be established and maintained
    - Know your role and stay in it. "What is the work we came to do, and how does my behavior and the behavior of others contribute?"

- Brunetto, Y., Farr-Wharton, R., & Shacklock, K. (2012). Communication, training, well-being, and commitment across nurse generations. Nursing Outlook, 60, 7-15: build effective workplace relationships with informal communications that involve a two-way communication process. Indirect communication that involves a two-way communication process, more quickly builds effective workplace relationships between supervisors and subordinates. Indirect communication strategies refer to supervisor practices that empower employees by sharing responsibility and decision-making. Maintain open communication channels so that employees' ideas can be heard and discussed.

- Bryant, S., Moshavi, D., Lande, G., Leary, M., & Doughty, R. (2011). A PROPOSED MODEL FOR THE ROLE OF PHYSICIAN PEER MENTORING IN IMPROVING PHYSICIAN COMMUNICATION AND

PATIENT SATISFACTION. Academy of Health Care Management Journal, 7, 45-58: make sure mentoring and training is not threatening and perceived as remedial. Should be couched with other learning – such as additional training in the clinical speciality. Overcoming the initial barriers to beginning mentoring relationships may be the biggest obstacle.

- Chang, J. W., Sy, T., & Choi, J. N. (2012). Team Emotional Intelligence and Performance: Interactive Dynamics between Leaders and Members. Small Group Research, 43, 75-104: leaders with high emotional intelligence are likely to engage in both practically and emotionally supportive behaviors toward followers, which then lead these followers to act with increased effort and contribution toward the achievement of collective goals. Teams with high average member EI may achieve high performance. Pay attention to the management of emotions and be cautious in actively managing emotions when followers are already adept at handling highly emotional workplace events.

- Contratti, F., Ng, G., & Deeb, J. (2012). Interdisciplinary team training: five lessons learned. The American Journal of Nursing, 112, 47-52: perseverance is an essential quality; provide continual reinforcement in the form of positive feedback and a clear explanation of the consequences.

- Dannenberg, A. (2015). Leading by example versus leading by words in voluntary contribution experiments. Social Choice.& Welfare, 44, 71-85: leading by example has significant positive effects on cooperation while leading by words only has small effects.

- de Vries, R. E., Bakker-Pieper, A., & Oostenveld, W. (2010). Leadership = communication? The relations of leaders' communication styles with leadership styles, knowledge sharing and leadership outcomes. Journal of Business and Psychology, 25, 367-380: leadership may play a central role in inspiring and supporting knowledge sharing behaviors.

- Eberly, M. B. & Fong, C. T. (2013). Leading via the heart and mind: The roles of leader and follower emotions, attributions and interdependence. Leadership Quarterly, 24, 696-711: leaders' displays of emotions and moods influence perceptions of the leader's effectiveness and follower buy-in, attachment, commitment and performance. Leaders who feel and express positive emotions are generally perceived as more effective than leaders who feel and express negative ones. Happy or positive individuals are perceived as more likeable, attractive, competent, self-confident, moral and as less selfish. Positive emotions convey confidence, competence and positive evaluations of the leader-follower relationship; they match follower standards of effective leadership and therefore can cause sincere attributions. Leaders need to be aware how emotions connect and attribute to behaviors that follow their own emotional expressions; self-regulate their own emotions so they only ever show those emotions that followers are desired to show, feel and interpret as well.

- GANDOLFI, F. (2012). A Conceptual Discussion of Transformational Leadership and Intercultural Competence. Review of International Comparative.Management / Revista de Management Comparat.International, 13, 522-534: the method or style of communications is a very important and clearly distinguishing factor in whether a leader's massage will be adopted by

individuals. Transformational leaders have the ability to deeply influence their followers to go beyond self-interest and release their full potential for performance toward the goals of their organization. Demonstrate high levels of hope, confidence and optimism, leading followers to be hopeful, confident and optimistic. Build on one-on-one relationships and adapt to individual needs of followers. Pay a high degree of attention to specific needs of followers. Personal attention followers receive can produce higher levels of confidence, motivation and overall job satisfaction.

- Geertshuis, S. A., Morrison, R. L., & Cooper-Thomas, H. D. (2015). It's Not What You Say, It's The Way That You Say It: The Mediating Effect of Upward Influencing Communications on the Relationship Between Leader-Member Exchange and Performance Ratings. Journal of Business Communication, 52, 228-245: supervisor-subordinate relationships are often viewed as the primary and possibly most important relations in organizations; clear/open communication leads to relationships where subordinates feel committed to communicate more frequently, positively or effectively with their supervisors and this enables supervisors to recognize their performance and rate accordingly.

- Gibson, F. & Carson, Y. (2010). Life story work in practice: aiming for enduring change. Journal of Dementia Care, 18, 20-22: it is imperative leaders take time to ensure their communication skills are up to speed, especially when dealing with people from different cultures, as non-verbal skills make up over 50 percent of overall communication and vary drastically with different cultures and nationalities. Leaders must model excellent work ethic, good decision-making skills and be a role model. Leaders who possess strong people skills and who role model excellent communication skills, leadership by example and a commitment to invest the time needed into achieving goals will develop similar traits in those they lead. This is a benefit to the individuals within the department, and the organization.

- Grant, A. M. & Hartley, M. (2013). Developing the leader as coach: Insights, strategies and tips for embedding coaching skills in the workplace. Coaching: An International Journal of Theory, Research and Practice, 6, 102-115: coaching skills are a vital part of every leader's toolkit. Good leaders role model the coaching behaviors they wish others to adopt – even when under pressure.

- Havens, D. S., Vasey, J., Gittell, J. H., & Lin, W. T. (2010). Relational coordination among nurses and other providers: Impact on the quality of patient care. Journal of Nursing Management, 18, 926-937: enhancing coordination between nurses and other providers is central to quality patient care.

- Jamail, N. (2014). Cultivating the Most Desired Skills of the Future. Health Care Registration: The Newsletter.for.Health Care Registration.Professionals., 24, 3-4: learn how to be a coach to your players; identify what you want to coach; commit and implement a true practice program that requires the leader to participate. Have a proactive approach - getting involved before leaders are needed, prepares employees to win; focus on perfecting the soft skills such as

communication, personal interaction, body language, voice inflection and the transfer of positive energy.

- Julien, M., Wright, B., & Zinni, D. M. (2010). Stories from the circle: Leadership lessons learned from aboriginal leaders. The Leadership Quarterly, 21, 114-126: Aboriginal Leadership summary
    - o Spirituality was a core element of American Indian life and all leadership possessed spiritual significance
    - o Leaders demonstrate generosity, kindness and honored all living things
    - o Elders cultivated the leadership of future generations
    - o American Indian leaders were humble servants to the community. Individuals did not seek leadership. Leaders emerged from their contributions to the community and the people recognized and selected those considered most able to lead.
    - o No one person was always a leader and many were leaders at different times
    - o The community could cease to recognize leaders by simply choosing to not follow him or her
    - o American Indian leaders led by example rather than by authority or command
    - o American Indian leaders took their time when making a decision. When they gave their word on a decision it was a final, binding pledge.
    - o When tribal leaders met to deliberate on a matter, they sought understanding and consensus through mutual inquiry. There was no debate.
    - o American Indian methods of resolving social conflict were based on the concept of restitution that focused on restoring respectful personal and social relations.
- Kantabutra, S. & Saratun, M. (2011). Identifying vision realization factors at a Thai state enterprise. Management Research Review, 34, 996-1017: leaders must communicate their visions in ways that reach out to organization members, connecting with them and making them want to get involved in carrying out the visions. Must focus attention, communicate personally, demonstrate trustworthiness, display respect and take risks. Communicating the vision is an indirect predictor of improved staff satisfaction.

- Kontos, P. C., Mitchell, G. J., Mistry, B., & Ballon, B. (2010). Using drama to improve person-centred dementia care. International Journal of Older.People.Nursing, 5, 159-168: dramatized vignettes and role-plays are a powerful catalyst to 'empathetic connection' and person-centred care. Engaging practitioners 'kinaesthetically' with research evidence is strongly encouraged. Experiential learning techniques such as role-play are utilized with surprising infrequency for educational initiatives to improve person-centred dementia care.

- Kramer, M. W. & Crespy, D. A. (2011). Communicating collaborative leadership. The Leadership Quarterly, 22, 1024-1037: motivate group members to action rather than give directives and orders. Work in relationship with group members through dialogue that minimizes power differences. Empower groups with the authority and responsibility to make decisions.

- Liu, C.H. (2010). Leadership: Qualities, Skills, and Efforts. The three E's of leadership are: 1) envisioning, 2) energizing, and 3) enabling. Interbeing – Volume 4. 19-26: listen with full

attention, empathizing with people, focus on strengths, develop alternative perceptions and perspectives. Emphasize cooperation, give group credit, share similarities and be a common interest advocate. Identify common struggles and challenges; emphasize common goals that link members and build team morale by focusing on term effort. Emphasize how each person is a vital contributor, build team spirit by celebrating together and recognize the power of conveying confidence in people. Convey fresh new confidence in employees and be the person who continues to believe in a person who everyone else has given up on. Ten strategies for leaders:
- o Persuasion – make a strong case
- o Patience – with people and processes
- o Gentleness – not harshness or forcefulness; be sensitive to people's vulnerabilities
- o Teachableness – you do not have all the answers and can learn from others
- o Acceptance – withhold judgement, giving benefit of doubt when possible
- o Kindness – sensitive, caring, thoughtful
- o Openness – approachable, open door policy
- o Compassionate confrontation – allow followers to make course correction in context of concern and warmth with safety net for taking risks
- o Consistency – set of values, personal code, reflection of who you are and what you value
- o Integrity – match words and feelings with thoughts and actions to promote harmony

- Marques, J. (2013). Understanding the Strength of Gentleness: Soft-Skilled Leadership on the Rise. Journal of Business Ethics, 116, 163-171: soft skills in leadership – acting with integrity, caring for people, demonstrating ethical behavior, communicating with others, taking a long-term perspective, being open-minded, managing responsibly outside the organization. Five instinctive abilities – systemic thinking, embracing diversity and managing risk, balancing global and local perspectives, meaningful dialog and developing a new language, emotional awareness.

- Mork, R. A. M. (2010). Dementia Care Mapping in Norway - part of a national developmental program for milieu therapy in dementia care... Fourth European Nursing Congress. Journal of Clinical. Nursing, 19, 124: by strengthening the leadership skills of nursing home leaders, it may be possible to achieve and sustain improvements that are essential to promote a better a quality of life for the residents. Participation from leaders is considered crucial by staff members. Their initiatives to act in the best interests of the residents were accepted and appreciated by the leaders and they felt encouraged and supported to deliver good quality care.

- Newman, K. P. (2011). Transforming organizational culture through nursing shared governance. The Nursing Clinics of North America. 46, 45-58: transformation leadership style – staff members had a strong sense of empowerment but thought that nursing leaders should be more innovative and exert a greater influence in the organization.

- Orr, D. E. (2010). Characteristics of positive working relationships between nursing and support service employees. The Journal of Nursing Administration, 40, 129-134: the mind-set leaders approach support service employees with effects how leaders demonstrate collaborative behaviors. Internalized attitudes that leaders hold toward those with less education, lower

socioeconomic status, and with less power in organizations become apparent in their actions. The way leaders think and act becomes a self-reinforcing process.

- Underdahl, S. C., Shanock, L. R., Rogelberg, S. G., Scott, C. W., Justice, L., & Altman, D. G. (2013). Antecedents to supportive supervision: An examination of biographical data. Journal of Occupational and Organizational Psychology, 86, 288-309: supportive supervision is one way organizations can inexpensively work to build job skills, abilities and interpersonal skills of organizational members – enhance job performance, satisfaction, collaboration, organizational commitment for subordinates as well as reduced turnover intentions; supervisors need to value subordinates contributions' and care about their personal and professional needs and well-being. Intellectual openness and humility may promote learning through interaction and may contribute to development of supportive leadership skills. Less supportive supervisors were more likely to report that others see them as overbearing, arrogant, aggressive – can inhibit both learning and opportunity to learn through interactions with others. To reduce negative perceptions and implications – encourage feedback and input from subordinates, increase openness to receiving and learning from feedback. Be warm and sociable to promote learning through interaction; have humility, sociability, personal warmth, and interpersonal behavior. With strong communication skills like delegation and inviting participation of subordinates, the level of stress and burnout amongst employees is reduced. Highly supportive supervisors may be more likely to listen and communicate effectively with subordinates (need to have communication skills and trustworthiness).

- Rao, M. S. (2012). Soft leadership: Make others feel more important. Leader.to Leader., 2012, 27-32: soft leadership touches on caring, connecting and communicating with people to accomplish desired goals. Soft leaders are basically people-oriented rather than task-oriented. Empathize with others and look at the issues from a human perspective. Have compassion toward others. Make others feel important. Don't differentiate the status of others while communicating with them.

- Simmons, S. A. & Sharbrough, I. I. I. (2013). An Analysis of Leader and Subordinate Perception of Motivating Language. Journal of Leadership, Accountability.& Ethics, 10, 11-27: effective communication guides confidence of followers and this supports communication satisfaction between leader and follower. Is a strong link between a supervisor communicating competence and both employee job and communication satisfaction. Is also a significant positive association between supervisor relational leadership style and employee communication satisfaction.

- Stam, D., van Knippenberg, D., & Wisse, B. (2010). Focusing on followers: The role of regulatory focus and possible selves in visionary leadership. The Leadership Quarterly, 21, 457-468: communicating an inspiring vision is a central element of some of the most influential leadership theories of the last decades. A self-vision that focuses on followers is more likely to cause followers to create an ideal self.

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Respect

- Aka, S., RN (2013). Dance with me. Canadian-Nurse.com. 30-31: each resident deserves to be treated with love and respect. Change the focus from tasks that need to be completed to the people.

- Cowin, L. S., Eagar, S. C. (2013). Collegial relationship breakdown: A qualitative exploration of nurses in acute care settings. Collegian 20, 115-121: positive relationships amongst colleagues where communication promotes collaboration, enjoyment and respect. Patient safety is enhanced when the different team members can exchange information without fear of ridicule, contempt, or fear of their views being dismissed and ignored. Respecting the scope of practice of team members, monitoring complaints about communication from patients, staff and externals and leading by example are important qualities.

- Gandolfi, F. (2012). A Conceptual Discussion of Transformational Leadership and Intercultural Competence. Review of International Comparative.Management / Revista de Management Comparat.International, 13, 522-534: display patience in intercultural situations and be tolerant of ambiguity and uncertainty; a culturally empathetic individual as the capacity to empathize and appreciate the world as members from other cultural backgrounds do.

- Grant, A. M. & Hartley, M. (2013). Developing the leader as coach: Insights, strategies and tips for embedding coaching skills in the workplace. Coaching: An International Journal of Theory, Research and Practice, 6, 102-115: organizations function better when people know and trust each other. What can I do today to increase trust and social capital through my coaching?

- Havens, D. S., Vasey, J., Gittell, J. H., & Lin, W. T. (2010). Relational coordination among nurses and other providers: Impact on the quality of patient care. Journal of Nursing Management, 18, 926-937: mutual respect enhances coordination; encourages participants to value the contributions of others and consider the impact of their actions, reinforcing the desire to act with regard for the overall work process. Respect for work that nurses do with patients emerged as the most important predictor of quality.

- Lann-Wolcott, H., Medvene, L. J., & Williams, K. (2011). Measuring the person-centeredness of caregivers working with nursing home residents with dementia. Behavior Therapy, 42, 89-99: treating people with dementia as social beings worthy of relationships regardless of cognitive impairment; is the desire to be respected and connect with others.

- Sammut, K. (2014). Transformative learning theory and coaching: Application in practice. International Journal of Evidence Based Coaching and Mentoring, SpecIssue 8, 39-53: transformational learning depends largely on establishing meaningful and genuine relationships. By building trusting relationships learners develop confidence to deal with learning on an affective level. Authentic relationships also allow individuals to have questioning discussions, share information openly and achieve mutual and consensual understanding.

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- Shannon, D. (2010). Cultural Competency in Health Care Organizations: Why and How? Physician Executive., 36, 18-22: show respect by maintaining appropriate eye contact, following cues about personal space and greetings. Welcome the patient and introduce yourself. Inquire how he or she prefers to be addressed. Recognize and affirm patient strengths and efforts. Show empathy by conveying specific understanding of what the experience means to the patient.

- Stewart, S. (2015). Coming of Age. Attitudes toward older adult population present barriers and opportunities to improve care. Alberta RN. Volume 70 No 4. 24-26: treat patients like they are a person instead of a problem, as an individual with a family, a history and a life, who has more to offer – create a meaningful interaction with that senior. Take the time to connect with patients, ask questions and really listen to what they have to say.

- Teitelman, J., Raber, C., & Watts, J. (2010). The power of the social environment in motivating persons with dementia to engage in occupation: Qualitative findings. Physical & Occupational Therapy in Geriatrics, 28, 321-333: Kitwood's assertion is that the personhood of all individuals should be honored and respected, regardless of that person's ability level.

- Wade, P. (2014). Developing a culture of collaboration in the operating room: more than effective communication. ORNAC.Journal, 32, 16: respect is part of all positive human exchanges. In collaborative practice is it essential for all team members to recognize others' competencies as well as their contribution to patient care in order to create a respectful working environment.

Engage

- Battilana, J., Gilmartin, M., Sengul, M., Pache, A. C., & Alexander, J. A. (2010). Leadership competencies for implementing planned organizational change. The Leadership Quarterly, 21, 422-438: mobilizing refers to actions leaders undertake to gain co-workers' support for and acceptance of the enactment of new work routines.

- Brunetto, Y., Farr-Wharton, R., & Shacklock, K. (2012). Communication, training, well-being, and commitment across nurse generations. Nursing Outlook, 60, 7-15: relationships between supervisors and subordinates build when there are embedded bicommunication mechanisms so that employees are able to ask questions, make suggestions and interact in the workplace.

- Bryant, S., Moshavi, D., Lande, G., Leary, M., & Doughty, R. (2011). A proposed model for the role of physician peer mentoring in improving physician communication and patient satisfaction. Academy of Health Care Management Journal, 7, 45-58: pair members who are effective communicators with less effective ones – peer mentoring. This provides relevant 'just in time" training over a long period.

- Case, C. R. & Maner, J. K. (2014). Divide and conquer: When and why leaders undermine the cohesive fabric of their group. Journal of Personality and Social Psychology, 107, 1033-1050: when group members feel closely connected with one another, they tend to be more committed to their group's goals. Foster cooperation and cohesive, positive relationships among

group members to increase commitment to and investment in the group - enhances group well-being. Social closeness among group members promotes improved performance through increasing both cooperation and group commitment.

- Chang, J. W., Sy, T., & Choi, J. N. (2012). Team Emotional Intelligence and Performance: Interactive Dynamics between Leaders and Members. Small Group Research, 43, 75-104: members with high emotional intelligence are more adept at interpreting the emotions and behaviors of teammates. They are more capable of making necessary adjustments to correspond to interpersonal processes.

- Clayton, M. (2014). Leading bystanders. Training Journal, 34-38: the more you understand about your stakeholders, the better equipped you will be to engage with them effectively. Listen, ask, persuade, cajole, tease, induce, counter, appease, collaborate and more. Gentle persuasion often achieves more than stronger tactics ever can and is fundamentally based on liking. We know that resistance is all but inevitable. This knowledge can prevent us from properly engaging with stakeholders, as may be a fear of resistance that we will at some point encounter. Day by day, make changes to your approach to adapt it to new conditions, to the changes in perceptions and to new events.

- Contratti, F., Ng, G., & Deeb, J. (2012). Interdisciplinary team training: five lessons learned. The American Journal of Nursing, 112, 47-52: team meetings had the added bonus of creating cohesion and bonds among those working on the unit. Staff came to know each other on a more personal basis. While not originally designed for this purpose, team meetings gave staff members the opportunity to use their voices in a group setting, increase self-confidence and job satisfaction.

- Cooney, A., Hunter, A., Murphy, K., Casey, D., Devane, D., Smyth, S. et al. (2014). - Seeing me through my memories-T: A grounded theory study on using reminiscence with people with dementia living in long-_term care. Journal of Clinical. Nursing, 23, 3564-3574: provide opportunities to engage in pleasant and interesting activities that promote conversation and increase sociability, improving mood and well-being, preserving intact memories, self-identity, self-esteem and skills, promoting feelings of coherence, sense of achievements and mastery. Understand who the person with dementia was (their past) to understand what matters to them in the present. Facilitate two way communication (not always using words), increased interaction and building relationships. This develops a bond between staff and the person with dementia.

- Bakker-Pieper, A. & de Vries, R. E. (2013). The incremental validity of communication styles over personality traits for leader outcomes. Human Performance, 26, 1-19: a supportive communication style is associated with greater satisfaction and a dominant (controlling) communication style is associated with less intrinsic motivation. Knowledge sharing has been defined as the process where individuals mutually exchange their knowledge and jointly create new knowledge; the communication style of a team member is likely to have an effect on the willingness and eagerness of team members to share knowledge with each other.

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- Kantabutra, S. & Saratun, M. (2011). Identifying vision realization factors at a Thai state enterprise. Management Research Review, 34, 996-1017: motivation of staff was found to be a direct predicator of enhanced staff satisfaction. Cross-cultural research has indicated that motivation is a concept that is highly influenced by cultural values.

- Kramer, M. W. & Crespy, D. A. (2011). Communicating collaborative leadership. The Leadership Quarterly, 22, 1024-1037: topics of conversation were not critical; rather it was through these discussions that positive relationships were initiated and maintained. An effort to make small talk increased the opportunity for collaboration. By asking questions and accepting response, collaboration was reinforce. Leaders need to encourage collaboration among all members, not just with themselves.

- Orr, D. E. (2010). Characteristics of positive working relationships between nursing and support service employees. The Journal of Nursing Administration, 40, 129-134: engagement, collaboration and productivity are profoundly affected by negative relationships. Engagement is defined as the amount of emotional and intellectual commitment to the organization. Negative emotions, such as personal distrust, distress and anger, generated by dysfunctional working relationships can cause behavior to be prioritized differently thus harming organizations. Engagement, collaboration and productivity are greatly affected by the nature of workplace relationship.

- O'Sullivan, G. (2013). Ethical and effective: approaches to residential care for people with dementia. Dementia (London, England.), 12, 111-121: help staff understand that in their daily interactions with residents they have the power to develop and improve each person's sense of well-being. Get to know unique personality traits and preserve each resident's sense of identity, dignity, and self-respect.

- Read, E. A. (2014). Workplace social capital in nursing: an evolutionary concept analysis. Journal of Advanced.Nursing, 70, 997-1007: positive working relationships with others add value to nurses' practice environments contributing to better outcomes for nurses, patients and healthcare organizations. This occurs through improved communication, teamwork and access to greater information, support and resources, retention, cooperation and patient safety. Positive communication, the exchange of information, ideas, emotions, etc., is a precursor to social benefits in the workplace because it is necessary for building relationships and exchanging assets.

- Rokstad, A. M. M., +svik, J., Kirkevold, +., Selbaek, G., Saltyte Benth, J., & Engedal, K. (2013). The effect of person-centred dementia care to prevent agitation and other neuropsychiatric symptoms and enhance quality of life in nursing home patients: a 10-month randomized controlled trial. Dementia And Geriatric Cognitive.Disorders., 36, 340-353: is a link between workplace empowerment and engagement with the task. Nurses who engage positively in their work with vigour and dedication can make a difference to the quality of care by inspiring colleagues and making the work setting attractive.

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- Skaalvik, M. W., Normann, H. K., & Henriksen, N. (2010). Student experiences in learning person-centred care of patients with Alzheimer's disease as perceived by nursing students and supervising nurses. Journal of Clinical.Nursing, 19, 2639-2648: the challenge is to carry out routine care activities while providing opportunities for open interactions rather than allowing the interactions to occur as solitary acts – instrumental in maintaining person-centred care.

- Sammut, K. (2014). Transformative learning theory and coaching: Application in practice. International Journal of Evidence Based Coaching and Mentoring, SpecIssue 8, 39-53: importance of really getting to know the client quickly. Language is really critical, especially in this kind global environment. Awareness of body language is important especially when verbal language is not always present or not a preferred method of communication.

- Teitelman, J., Raber, C., & Watts, J. (2010). The power of the social environment in motivating persons with dementia to engage in occupation: Qualitative findings. Physical & Occupational Therapy in Geriatrics, 28, 321-333: because little information was available, staff could not make assumptions about Nell and had to focus directly on discerning her present interests and strengths. Much of the positive adaption appeared to be attributable to the success of the activity therapist in encouraging and reinforcing Nell's occupational engagement. In the absence of pre-existing information, was able to recognize Nell's need for social connection in activity sessions and her enjoyment of a range of activities. The therapist had been able to negotiate with Nell the activities that most interested her at this point in her life.

- van Beek, A. P. A., Wagner, C., Spreeuwenberg, P. P. M., Frijters, D. H. M., Ribbe, M. W., & Groenewegen, P. P. (2011). Communication, advice exchange and job satisfaction of nursing staff: a social network analyses of 35 long-term care units. BMC Health Services Research, 11, 140: social networks in organizations in which individuals are embedded affect behavior and are important for the sharing of information and the influence of employees.

- VanVactor, J. D. (2012). Collaborative leadership model in the management of health care. Journal of Business Research, 65, 555-561: mindfulness implies that an individual is living in a state of conscious awareness of self, others, and the environment; getting to know the unknown through other people's experience, thinking and ideas.

- Zhou, L., Wang, M., Chen, G., & Shi, J. (2012). Supervisors' upward exchange relationships and subordinate outcomes: Testing the multilevel mediation role of empowerment. Journal of Applied Psychology, 97, 668-680: through social learning processes, supervisors learn from their own exchange experience with their supervisors. Empowerment captures the extent to which team members believe they have autonomy as well as the ability to perform meaningful tasks and impact important organizational outcomes. Developing and maintaining a good relationship with one's subordinates might benefit the supervisors themselves as well.

Listen

- Braxton, E. T. (2010). HEALING THE WOUNDED ORGANIZATION: THE ROLE OF LEADERSHIP IN CREATING THE PATH TO SOCIAL JUSTICE. Tamara.Journal for.Critical.Organization Inquiry, 8, 89-

118: listen carefully and make it clear that everyone has something of value and importance to say. Validate each person's input and protect everyone's right to be heard. People need to feel listened to and heard – will then feel valued and become a more productive member of the group.

- Bryant, S., Moshavi, D., Lande, G., Leary, M., & Doughty, R. (2011). A PROPOSED MODEL FOR THE ROLE OF PHYSICIAN PEER MENTORING IN IMPROVING PHYSICIAN COMMUNICATION AND PATIENT SATISFACTION. Academy of Health Care Management Journal, 7, 45-58: to improve the flow of information and reduce conflict, listen to the patients and understand their needs and concerns, express empathy, encourage patients to take an active role in discussing options in care and negotiate differences of opinion.

- Fitzsimmons, S., Barba, B., & Stump, M. (2014). Sensory and nurturing nonpharmacological interventions for behavioral and psychological symptoms of dementia. Journal of Gerontological.Nursing, 40, 9-15: need to know the personal preferences, social history, cognitive, physical and social abilities which can be accomplished by talking with the person, his or her family and other care staff and team members. Try not to appear anxious to leave, although make it a short session, which can be accomplished by stating will come back to hear more lately. Make certain you do as you say. Possible questions to ask:

  - Did you ever travel outside the country? To where?
  - What was the first car you ever owned?
  - Do you remember your first kiss? Can you tell me about it?

- Grant, A. M. & Hartley, M. (2013). Developing the leader as coach: Insights, strategies and tips for embedding coaching skills in the workplace. Coaching: An International Journal of Theory, Research and Practice, 6, 102-115: pay attention to the way that you listen. The way we listen determines what we hear and how people perceive us. How do you listen? Are you people-focused? Do you listen for meaning, or are you typically more focused on listening for errors? Are you judgemental in your listening? Are you time-poor and get impatient when listening? What effect does your listening style have on your relationships?

- Lann-Wolcott, H., Medvene, L. J., & Williams, K. (2011). Measuring the person-centeredness of caregivers working with nursing home residents with dementia. Behavior Therapy, 42, 89-99: affective communication includes personal conversation about the resident's personal life.

- Rasmussen, H. & Hellzen, O. (2013). The meaning of long-term caregiving for patients with frontal lobe dementia. International Journal of Qualitative Studies on Health and Well-Being, 8, 19860: understand how the patient is doing, what kind of needs the patient has, to predict the patient's actions.

- Sammut, K. (2014). Transformative learning theory and coaching: Application in practice. International Journal of Evidence Based Coaching and Mentoring, SpecIssue 8, 39-53: pay attention as a coach, really listen to what they are saying, how they are saying it. There are lots

of different cues from the tone of voice, the way silence is used, the way the pitch works, the velocity. Alternative ways of listening: through body language and voice tone, such as velocity and using themselves as an instrument to model learning and development.

Reflect

- Anzelone, R. & McCulloch, J. (2010). The 10 worst Leadership Mistakes. Contract.Management, 50, 42-48: by increasing your awareness of both your real and perceived power, you increase your effectiveness.

- Battilana, J., Gilmartin, M., Sengul, M., Pache, A. C., & Alexander, J. A. (2010). Leadership competencies for implementing planned organizational change. The Leadership Quarterly, 21, 422-438: the ability to show consideration for others as well as to take into account one's own and others' emotions. Manager "engages in an ongoing process of self-reflection, and is both self-monitoring and self-regulating:" and "uses feedback to improve him/herself"

- Bish, M., Kenny, A., & Nay, R. (2013). Using participatory action research to foster nurse leadership in Australian rural hospitals. Nursing & Health Sciences, 15, 286-291: the need to have the ability to reflect on your own conduct is essential to ensure your leadership approach evolves to have the desired effect at an organizational level but also in a way that will result in professional satisfaction

- Grant, A. M. & Hartley, M. (2013). Developing the leader as coach: Insights, strategies and tips for embedding coaching skills in the workplace. Coaching: An International Journal of Theory, Research and Practice, 6, 102-115: take time to pause. When we are under stress we are less likely to be able to coach and to respond positively to others. Is important to pause every so often during the day to recharge and put emphasis on having positive interactions with others at work. Do I need to pause today and take a fresh look at my goals? To coach others, need to be good at coaching ourselves. To do so, need to be able to reflect, take stock and set gals for ourselves. What personal changes do I need to make this week? What would really make a difference to the way I work with others?

- Havens, D. S., Vasey, J., Gittell, J. H., & Lin, W. T. (2010). Relational coordination among nurses and other providers: Impact on the quality of patient care. Journal of Nursing Management, 18, 926-937: high-quality communication (frequent, timely, accurate and problem-solving) reinforced by high-quality relationships (shared goals, shared knowledge and mutual respect) enable providers to effectively coordinate work, with positive implications for quality, efficient and workforce satisfaction. Is also associated with improved resident-reported quality of life and enhanced provider satisfaction.

- KAY, D. (2013). Language and Behavior Profile as a method to be used in a coaching process. Poznan.University.of Economics.Review, 13, 107-129: ability to reflect and examine the experiences we have enables us to control our learning process and apply an understanding, whether new or not, to new situations.

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- Sammut, K. (2014). Transformative learning theory and coaching: Application in practice. International Journal of Evidence Based Coaching and Mentoring, SpecIssue 8, 39-53: much learning occurs in the time between sessions: "It can often be in the times between coaching sessions."

- Skaalvik, M. W., Normann, H. K., & Henriksen, N. (2010). Student experiences in learning person-centred care of patients with Alzheimer's disease as perceived by nursing students and supervising nurses. Journal of Clinical.Nursing, 19, 2639-2648: importance of the supervising nurses as role models was not significant for the nursing students; learning-by-doing without critical reflections seemed to be the perceived method of clinical learning. The nursing students stated that they saw professional discussions as a pathway for learning.

Value

- Basford, T. E. & Offermann, L. R. (2012). Beyond leadership: The impact of coworker relationships on employee motivation and intent to stay. Journal of Management & Organization, 18, 807-817: trust in coworkers has been shown to relate positively with organizational commitment and satisfaction with coworkers, which has been found to positively affect both job and life satisfaction. When relationships are positive, employees are more likely to find their needs met and feel motivated and committed to their organization.

- Brooker, D (2003). What is person-centred care in dementia? Reviews in Clinical Gerontology / Volume 13 / Issue 03 / August 2003 / 215-222: person-centred care is about seeing all people as valued; positively discriminates on behalf of all persons who are vulnerable. Value people with dementia and those who care for them. Treat people as individuals. Recognize the needs and perspectives of the individual.

- Bryant, S., Moshavi, D., Lande, G., Lande, G., Leary, M., Doughty, R. (2011). A proposed model for the role of physician peer mentoring in improving physician communication and patient satisifaction. Academy of Health Care Management Journal, Volume 7, Number 1, 45-58: mentors as well as the mentees benefit from the relationships, including benefits such as career attainment and success, increased knowledge and information sharing and increased loyalty to the organization. Primary outcomes for mentees have been career attainment and success.

- Cadieux, M. A., Garcia, L. J., & Patrick, J. (2013). Needs of people with dementia in long-term care: a systematic review. American Journal Of Alzheimer's.Disease And Other Dementias., 28, 723-733: a home encompasses familiarity, a centre of socialization, connectedness and affiliation, a place of retreat, a sense of autonomy, control, choice and freedom of actions. Can lead to a site for engagement in meaningful ADL, a place for expression of personal interests, values, achievements and status and a source of memories of life histories.

- Carton, A. M., Murphy, C., & Clark, J. R. (2014). A (blurry) vision of the future: How leader rhetoric about ultimate goals influences performance. Academy of Management Journal, 57, 1544-1570: a small number of values is likely to contribute to a strong culture, in which

individuals share the same general understanding of which types of actions are encouraged and which are discouraged.

- Chang, J. W., Sy, T., & Choi, J. N. (2012). Team Emotional Intelligence and Performance: Interactive Dynamics between Leaders and Members. Small Group Research, 43, 75-104: teammates with high emotional intelligence, regard one another as dependable and trustworthy, which reduces the need to closely monitor them. Decrease in monitoring and associated increase in reliability results in less need for extensive control and in improved performance. Members with high EI can understand or at least recognize the thoughts and feelings of others and respond accordingly, making them more trustworthy.

- Grant, A. M. & Hartley, M. (2013). Developing the leader as coach: Insights, strategies and tips for embedding coaching skills in the workplace. Coaching: An International Journal of Theory, Research and Practice, 6, 102-115: recognize the personal strengths of others at work. People work best when they are aware of and utilize their personal strengths in their work. Take the time to recognize and acknowledge the personal strengths of others at work.

- Julien, M., Wright, B., & Zinni, D. M. (2010). Stories from the circle: Leadership lessons learned from aboriginal leaders. The Leadership Quarterly, 21, 114-126: tall poppy syndrome is the notion that the poppy in the poppy field that grows taller than the others will be noticed, then chopped down.

- Kantabutra, S. & Saratun, M. (2011). Identifying vision realization factors at a Thai state enterprise. Management Research Review, 34, 996-1017: in situations where senior managers are seen to voluntarily let go of some of their power and control, and where employees in fact value the increased power and control they are given, empowerment is seen to be effective.

- Kolanowski, A., Fick, D., Frazer, C., & Penrod, J. (2010). It's about time: use of nonpharmacological interventions in the nursing home. Journal Of Nursing Scholarship.: An Official.Publication.Of Sigma.Theta.Tau.International Honor.Society Of Nursing / Sigma.Theta.Tau., 42, 214-222: not knowing residents makes it more difficult to care for residents. Spend time, appreciate resident's concept of time, find time to respond when the resident presents with a need.

- Kontos, P. C., Mitchell, G. J., Mistry, B., & Ballon, B. (2010). Using drama to improve person-centred dementia care. International Journal Of Older.People.Nursing, 5, 159-168: role play served as a springboard for discussion about a central learning objective of the educational intervention – care decisions should be consistent with a resident's life history, values, beliefs, past routines and activities, and preferences – and the importance of family's involvement for achieving this. In reference to the role play, some PSWs reflected on their own practice experiences involving resident preference and the subsequent insight gained….

- Kucala, D. I. A. N. (2013). The Truthiness of Trustworthiness. Chief.Learning Officer., 12, 56-59: being trusted elicits the desire to deserve that trust. Trust also breeds cohesion between

people. When trust is high, employees communicate more easily, information flows more smoothly and the likelihood that high-quality decisions will be made increases. Individuals who demonstrate trustworthiness are often honest, respectful and show integrity, humility, justice, honor and courage.

- Sammut, K. (2014). Transformative learning theory and coaching: Application in practice. International Journal of Evidence Based Coaching and Mentoring, SpecIssue 8, 39-53: coaches used words based on the needs of their clients. To gain trust… "I ensure I'm speaking to them in their language at their level."

- Wade, P. (2014). Developing a culture of collaboration in the operating room: more than effective communication. ORNAC.Journal, 32, 16: it requires time, effort, patience and positive past experiences to build trust in a team. Trust is required not only in relation to others' competency but also of one's own abilities. The belief in one's ability to succeed can increase a nurse's ability to cope with a dynamic and stressful environment and potentially lead to increased team commitment and improved collaborative practice.

- Vézina, A., Robichaud, L., Voyer, P., & Pelletier, D. (2011). Identity cues and dementia in nursing home intervention. Work (Reading., Mass.), 40, 5-14: VIPS model - *value* people with dementia, treat as *individuals*, tackle the situation *perspective* of those living with dementia, provide a *social* environment that fosters their well-being. Use of identity cues such as news about seniors' parish, family and friends, neighbour or colleagues, helps to preserve their social identity. Reinforcing the value of senior' achievements and skills contributes to their self-esteem and self-image.

Include

- Battilana, J., Gilmartin, M., Sengul, M., Pache, A. C., & Alexander, J. A. (2010). Leadership competencies for implementing planned organizational change. The Leadership Quarterly, 21, 422-438: person-orientated skills include behaviors that promote collaborative interaction among organization members, establish a supportive social climate and promote management practices that ensure fair treatment of organization members. Need the ability to show consideration for others as well as to take into account one's own and others' emotions.

- Billingsley, R. (2015). Team concepts. Working together to improve the patient experience. Nursing Management, 46, 11-13: establishing a culture of patient and family centred care allows for patients and families to become partners in planning and implementing their care, and results in better participation, compliance and satisfaction in overall outcomes.

- Chappell, N. L., Kadlec, H., & Reid, C. (2014). Change and predictors of change in social skills of nursing home residents with dementia. American Journal Of Alzheimer's.Disease And Other Dementias., 29, 23-31: basic social skills are important if the resident is to optimally engage/interact with staff and others.

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- Cleary, S., Hopper, T., & Van Soest, D. (2012). Reminiscence therapy, mealtimes and improving intake in residents with dementia. Canadian.Nursing Home., 23, 8-13: staff interactions in the form of conversation and cueing may result in an improved mealtime milieu with residents spending more time sitting at the table eating and drinking. Training in use of verbal and tactile prompts, praise statements and family-style dining result in most substantial improvement in resident participations and appropriate communication during meals.

- Cooney, A., Hunter, A., Murphy, K., Casey, D., Devane, D., Smyth, S. et al. (2014). -~Seeing me through my memories-T: A grounded theory study on using reminiscence with people with dementia living in long-_term care. Journal of Clinical.Nursing, 23, 3564-3574: connect with others – music, animals, dolls, remembering boxes stimulate conversation which leads to a sense of control. Beneficial interactions prove an opportunity to reminisce, either spontaneous or planned. See beyond the dementia.

- Ellis, M. L., Molinari, V., Dobbs, D., Smith, K., & Hyer, K. (2015). Assessing approaches and barriers to reduce antipsychotic drug use in Florida nursing homes. Aging & Mental Health, 19, 507-516: under-stimulation may lead to agitation and unrest. The movement to reduce antipsychotic meds has prompted nursing homes to engage residents more in activities. Interventions individualized to the preferences of residents with dementia have been effective in reducing behavioral symptoms. Is a common theme that increased attention and stimulation, ideally tailored to the needs of a resident, can improve a resident's condition and quality of life.

- Hutchings, D., Wells, J., Oâ, T. B., Wells, C., Alteen, A., & Cake, L. (2011). From Institution to -~Home-T: Family Perspectives on a Unique Relocation Process. Canadian.Journal on Aging, 30, 223-232: contribute to the homelike, welcoming environment through everyday interactions with residents and family members. Staff have tea with the residents and engage in everyday, routine activities including personal grooming and baking.

- Julien, M., Wright, B., & Zinni, D. M. (2010). Stories from the circle: Leadership lessons learned from aboriginal leaders. The Leadership Quarterly, 21, 114-126: Aboriginal leadership focuses on the whole community within a context of conforming with the living nature. Concept of connecting is central. Social order is to be maintained through harmony in relationships among people. Rather than create conflict, focus on accord. Cooperative behavior and the greater good of the tribes' needs override individual wants. Base actions upon decision sharing and consensus. Integrity and honesty; respect rather than popularity; non-hierarchical structures that adapt well to change and focus more on group relations and employee empowerment.

- Kantabutra, S. & Saratun, M. (2011). Identifying vision realization factors at a Thai state enterprise. Management Research Review, 34, 996-1017: leaders must communicate their visions in ways that reach out to organizational members, encouraging the heart and making them want to get involved in carrying out the vision.

- Rao, M. S. (2012). Soft leadership: Make others feel more important. Leader.to Leader., 2012, 27-32: think of contributing something to others by whatever possible means; most problems

will be resolved and people will feel better, bigger and greater. Make it a habit to spend some time daily to listen to people and empathize with them. It comforts them. It is essential to appreciate and elevate others. Learn to look at the similarities not differences. Look at strengths, not weaknesses.

- Sammut, K. (2014). Transformative learning theory and coaching: Application in practice. International Journal of Evidence Based Coaching and Mentoring, SpecIssue 8, 39-53: need to include more diversity and less individual –centric coaching models and more family or community centered perspectives.

- Vikström, S., Sandman, P. O., Stenwall, E., Boström, A. M., Saarnio, L., Kindblom, K. et al. (2015). A model for implementing guidelines for person-centered care in a nursing home setting. International Psychogeriatrics, 27, 49-59: join the residents at dinner tables – sometimes led to an immediate improvement; felt empowered to continue making suggestions for new areas for improvement. Interventions demanded additional effort, but were often experienced positively, enriching everyday life for all involved. Spending time with residents was encouraged, resulting in enriched social interaction.

Culture/Spiritual

- Mullay, S., Schofield, P., Clarke, A., & Primrose, W. (2011). Cultural diversity and dementia in Scottish care homes. British Journal of Nursing (Mark.Allen.Publishing.), 20, 716-720: people with dementia may be particularly vulnerable to loss of identity and damage to selfhood in long-stay care settings. Cultural backgrounds greatly influence how they make sense of the world around them. Consider diversity of backgrounds. It is recognized that the meaning of much behaviour can be fully understood within the context of the person's life history. Accept diversity when thinking about selfhood and person-centred care. Younger and older people from the same ethnic background may have different understandings of what might constitute culturally-appropriate care. Comprehend the social, cultural and historical context to know the person. This is much more vital for people with dementia, who often cannot relate to the world using any sociocultural template but their own.

- Odbehr, L., Kvigne, K., Hauge, S., & Danbolt, L. (2014). Nurses' and care workers' experiences of spiritual needs in residents with dementia in nursing homes: a qualitative study. BMC Nursing, 13, 1-18: spiritual needs can be connectedness to God, others, self and whatever the person values. Background and life history were vital to understand the residents' spiritual needs. Closeness and love were basic spiritual needs that were important to consider when residents struggled with low self-esteem and felt lonely. When notice a religious symbols or Bible in the room, try to support the residents according to what they understood was the resident's values and beliefs.