The Art of Responsive Leadership

Leading Through Relationship Building

Sienna Caspar, PhD, CTRS

Sienna.caspar@uleth.ca

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- In collaboration with:

Overview of the Day

1. Introductions
2. Describing the evidence behind the practice
3. Share key learnings from the research
4. Discuss nuts and bolts of implementing care team huddles
5. Create a leadership vision statement
6. Learn and develop five key leadership skills
   a. Mindfulness
   b. Self-Compassion
   c. Open-ended inquiry
   d. Reflections
   e. Collaboration through autonomy supportive statements and actions
7. Learn and practice the Responsive Leadership Cycle
8. Close with gratitude

WELCOME!

You probably have a few questions…

- Who is Sienna Caspar?
- What am I going to get out of this?

Who is Sienna Caspar?

- Professional
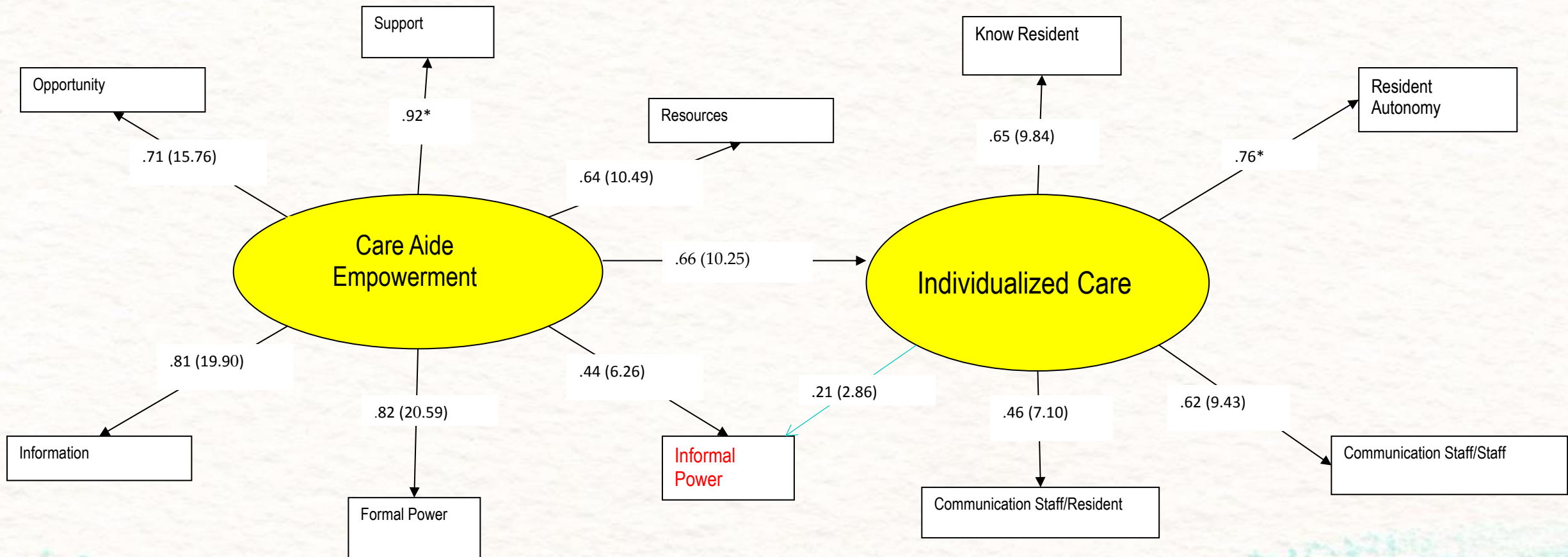
- Researcher

- Family caregiver

Sienna's Burning Question

- *Why is person-centred care so hard to consistently implement in LTC facilities?*

- I believed the answer might be found through studying the organizational systems in long-term care facilities.

MA in Gerontology: SFU

- Explore the relationship between long-term care (LTC) staffs' access to empowerment structures and their perceived ability to provide person-centred individualized care.

- The 568 Participants from 41 LTC facilities (across 3 health authorities) were divided into two groups:

  - 242 RNs (n=177) and LPNs (n=65)

  - 326 care aides

What I found....

Opportunity — .71 (15.76) — Care Aide Empowerment
Support — .92* — Care Aide Empowerment
Resources — .64 (10.49) — Care Aide Empowerment
Information — .81 (19.90) — Care Aide Empowerment
Formal Power — .82 (20.59) — Care Aide Empowerment
Informal Power — .44 (6.26) — Care Aide Empowerment

Care Aide Empowerment — .66 (10.25) — Individualized Care

Informal Power — .21 (2.86) — Individualized Care

Individualized Care — .65 (9.84) — Know Resident
Individualized Care — .76* — Resident Autonomy
Individualized Care — .62 (9.43) — Communication Staff/Staff
Individualized Care — .46 (7.10) — Communication Staff/Resident

PhD in Interdisciplinary Studies: UBC

Comprehensive Exam

- Realist review of 87 interventions designed to change practice in long-term care facilities.

- What works, in what circumstances, and why?
  – Predisposing, Enabling, and Reinforcing Factors

Categorization of Intervention Factors

- Predisposing factors:
  - Creating a shared vision
  - Disseminating information
    - lectures, written information, group work, didactic training, experiential learning, video presentations, role-playing, or computerized learning

- Enabling factors:
  - Conditions and resources developed to enable the implementation of new skills
    - modified work schedules, practice opportunities, changes to policy or treatment guidelines, development of new care plans, or access to appropriate resources

- Reinforcing factors:
  - Mechanisms that reinforce the implementation of new skills or practices
    - providing cues or reminders, improved peer support, timely and appropriate feedback, timely and consistent follow-up, and rewards and recognition

Results: Intervention Type

- Educational interventions are largely ineffective in producing change in care practices in LTC settings.

– The majority (58%) of the studies (n = 51) did not include any enabling factors within their interventions.

- New information is presented to staff members with no strategies in place to support the transfer of new knowledge into practice.

– Presence of reinforcing factors seems to be significantly related to the effectiveness of the intervention

Doctoral Research

- ## My Method….Institutional Ethnography

- You can understand organizational systems by studying institutional texts within the organizations.

  – Institutional Texts:
    - Documents upon which we gather, store, and share information.
      – Policies, procedures, assessments, care plans

- ## My Standpoint….

- The everyday, every shift experiences of the care aides.
    - Front-line, hands-on care providers

What I did…..

- Three long-term care facilities:
  - Similar in size and admission policy (150 residents with complex care needs)
  - Represented three different ownership statuses (private for profit, private not-for-profit, and public not-for-profit)

- Naturalistic Observation (104 hours)
  - Shadowed health care aides: days, evenings, nights

- In-depth Interviews (76)
  - "360°" interviews

- Textual Analysis (100+)

  - *Focussed on how resident-care information is accessed and shared within the care teams*

What I found....

- In long-term care facilities there seems to be a fence with two sides....

- On one side of the fence the work is "textually mediated".
  - "If it's not documented it didn't happen!"

- On the other side of the fence the work is "socially mediated".
  - Very little of the knowledge, information and intimacies of the work gets documented

What I learned: Assessments, Care Plans and Care Conferences
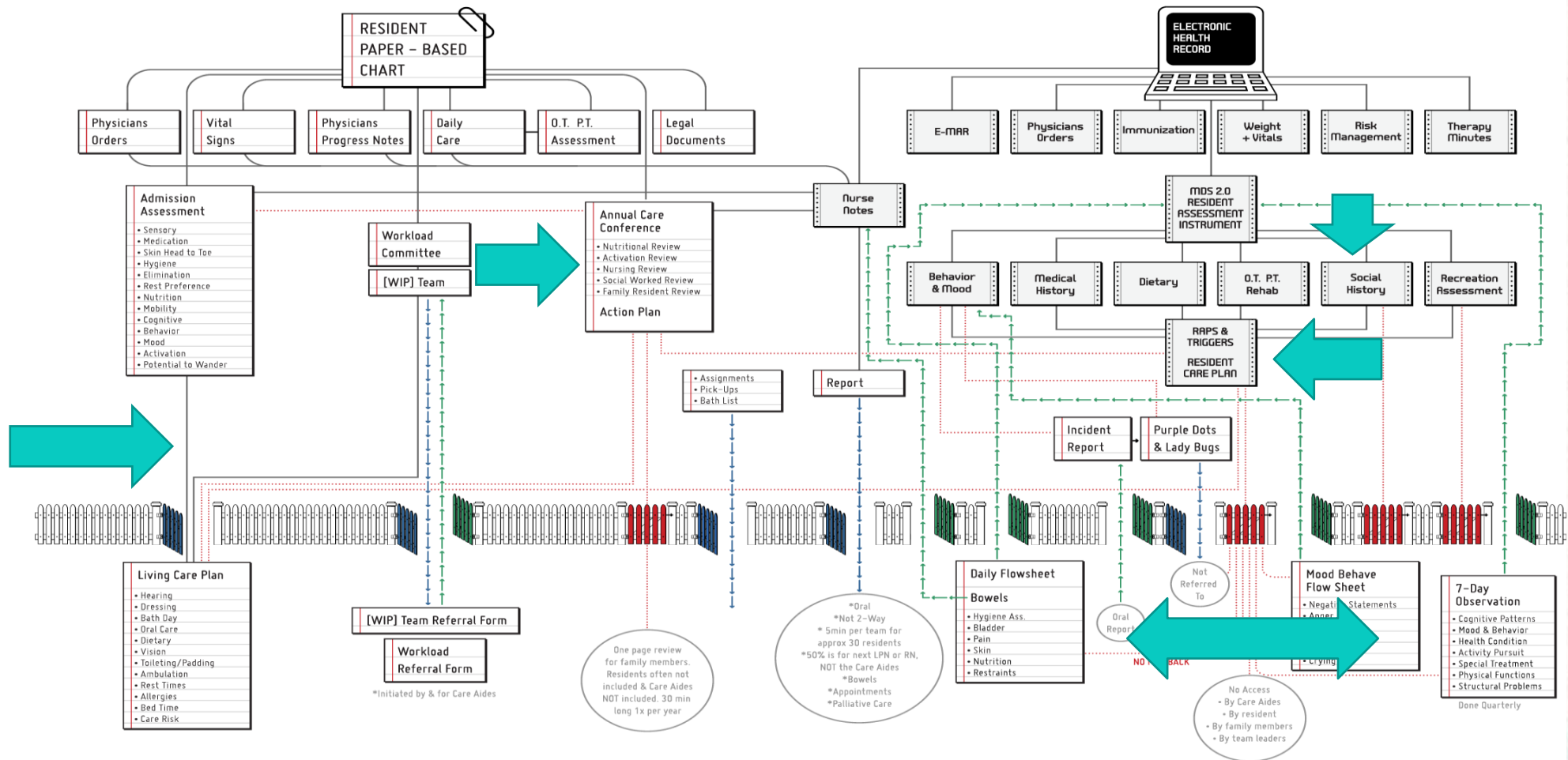
What I learned….

- Although they provided 80% of direct care, health care aides lacked practical access to the institutional texts that contained important information **relevant to the residents' care needs and preferences.**

- **Manager [09]**: *So, some RNs will allow them, some facilities will allow them [the health care aides] to read histories. Many facilities say it's not their right to read a chart. So, therefore, they're terrified to go and to get them so that they can know more about the residents that they're getting into the personal space of. And, even if they actually can go read them, they don't have time.*

What I learned....

- The institutional texts, which were developed specifically to organize and prescribe residents' care, exerted little, if any, influence on the care aides' daily care practices.

- **RCA [06]**: *You just get used to going in blind.*

What I learned....

- The only two institutional texts that the care aides had practical access to that were regularly and systematically updated were the bowel lists and the bath lists.

- **RCA [01]**: *We don't have the responsibility of the RNs and the LPNs and the pills and all that stuff, but I think our job is equally important. And lots of people don't know that, because they just think that we're professional ass-wipers. Really, that's not near what it is.*

What I learned.....

- Health care aides turn to their personal beliefs and values combined with their experiential knowledge when making daily care decisions.

- Individualized care information obtained through working directly with the residents is stored in their minds (and hearts).

- It is primarily shared orally
 - Usually on the fly or on their own time

What I learned...

- The health care aides' process of orally sharing information was largely dependent upon the quality of their working **relationships** with one another and especially with management.

- **RCA [12]**: *If two of the girls don't like each other, one great tip that one had that could save us all time and injury doesn't get shared.*

What I learned...

- Health care aides also lacked practical access to their team leaders and supervisors.

- There was not a clearly defined time for two-way, open communication.
  - On the fly
  - While passing meds
  - Little to no feedback or follow-up
  - Giving up and staying silent
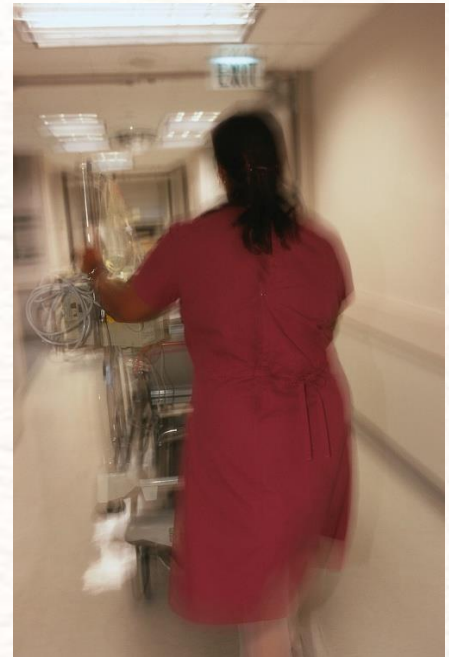
# A word about LTC managers and team leaders.....

The amount of time they are currently required to spend responding to tasks associated to regulatory compliance is likely triple that of years gone by.
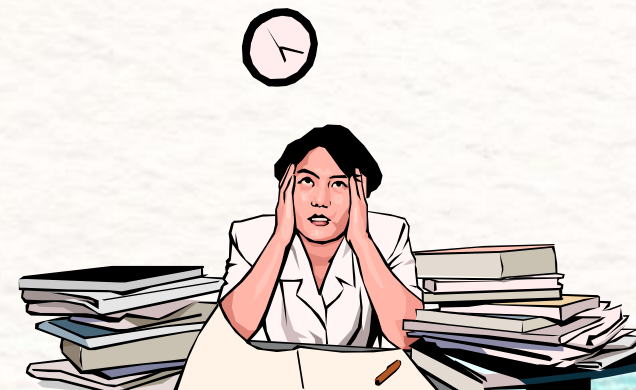
To whom are you responding?

- There is a significant cost to primarily responding to external demands....

  – It decreases the likelihood that leaders are asking the ever important question, "How can I help you do your job?"

Conclusions.....
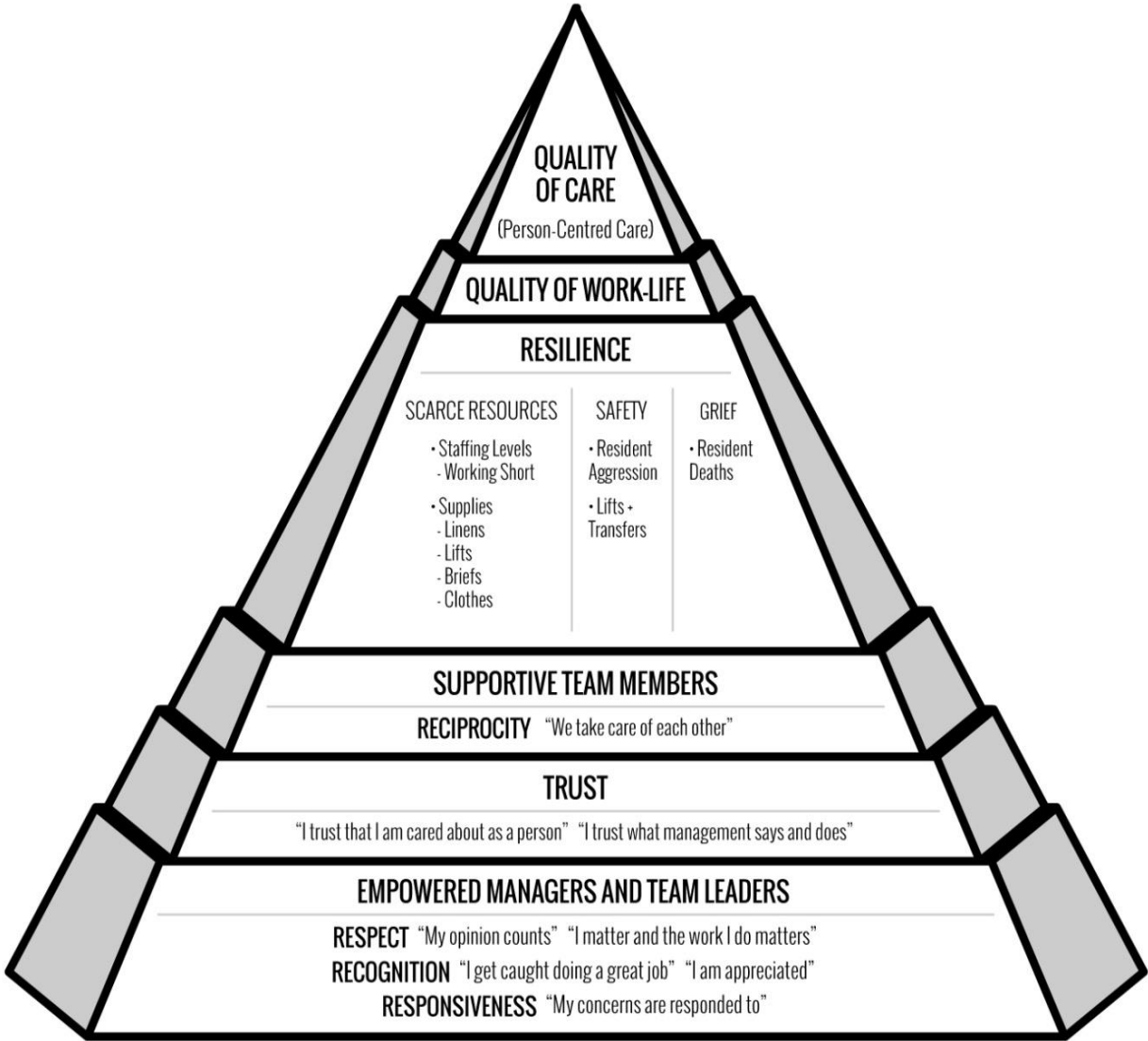
Caspar's Pyramid for Person-Centred Care

My Conclusion....

- Care teams need to talk!

- Daily care team huddles may be the best way to ensure this happens consistently.

What we learned from the Responsive Leadership Intervention study

- A formal system implemented to support oral information exchange within and between members of care teams in LTC facilities.

- Three components:
  - A one-day workshop focused on responsive leadership including:
    - Timely follow-up
    - Support for autonomy
    - Noncontrolling positive feedback
    - Acknowledging the other's perspective
  - Implementing care-team huddles into the daily care practice
  - A team-leader support system

Research Objective

- Determine team leaders' adherence to the recommended leadership strategies presented in the responsive leadership intervention

- Explore the influence of the responsive leadership intervention on
  - HCAs' perceptions of supportive leadership practices
    - *The Supportive Supervisory Scale (SSS)* (McGilton, 2010).
  - HCAs' self-determination
    - *Intrinsic Need Satisfaction (INS scale)* (Broeck et al., 2010).
  - HCAs' perceived ability to provide individualized care
    - *Individualized Care Instrument* (Chappell, Reid & Gish, 2007).

Methods

- Adherence to the intervention was assessed by observing Team leader-HCA interactions during the care-team huddles

  - Monitored the number of responsive leadership strategies team leaders used.

- HCA outcomes were assessed using interviews and survey data.

Participants and Data Collection

- Four facilities
  - Two Intervention facilities (22 team leaders, 56 HCAs)
  - Two Control facilities (74 HCAs)

- Four points of data collection
  - Baseline
  - 1-month post intervention
  - 3-months post intervention
  - 6-months post intervention

Feedback from the leadership workshop

- Overall, how useful did you find this workshop? **4.80 out of 5**
  - *"I know so much more about what leadership actually translates to in the workplace and I've been introduced to very learnable skills to assist with a leadership role."*

- I would recommend this workshop to others. **4.96 out of 5**
  - *"I believe that all nurses, students, employees, employers, etc. that are part of a team will gain so much from this workshop. This can only benefit EVERYONE."*

Findings:1-month post intervention

Intervention groups showed increases in Individualized Care and Supervisory Support at 1-month post-intervention.

There was a substantial main effect for time, Wilks' Lambda = 0.60, $F(12, 47) = 2.6$, $p<.01$, partial eta squared 0.40.

No changes were observed in Self Determination.

What the HCAs said about Care Team Huddles

- *Better communication! No one really shared or talked about what we were charting but now we are talking to one another and sharing important information we didn't always hear before.*

- *We rarely received feedback from RN/LPN's about charting but now because we are doing huddles most shifts we hear back about our questions or concerns.*

- *Definitely improving problem solving. We had one resident that was expressing very difficult behaviors and after a huddle discussion we came up with a better way to approach the resident which worked much better.*

Findings: 3 months post intervention

- At 3-months post-intervention, the intervention group retained 32% of the greater increase in individualized care, and 47% of the greater increase in supportive supervision

Estimated Marginal Means of ICCommSS
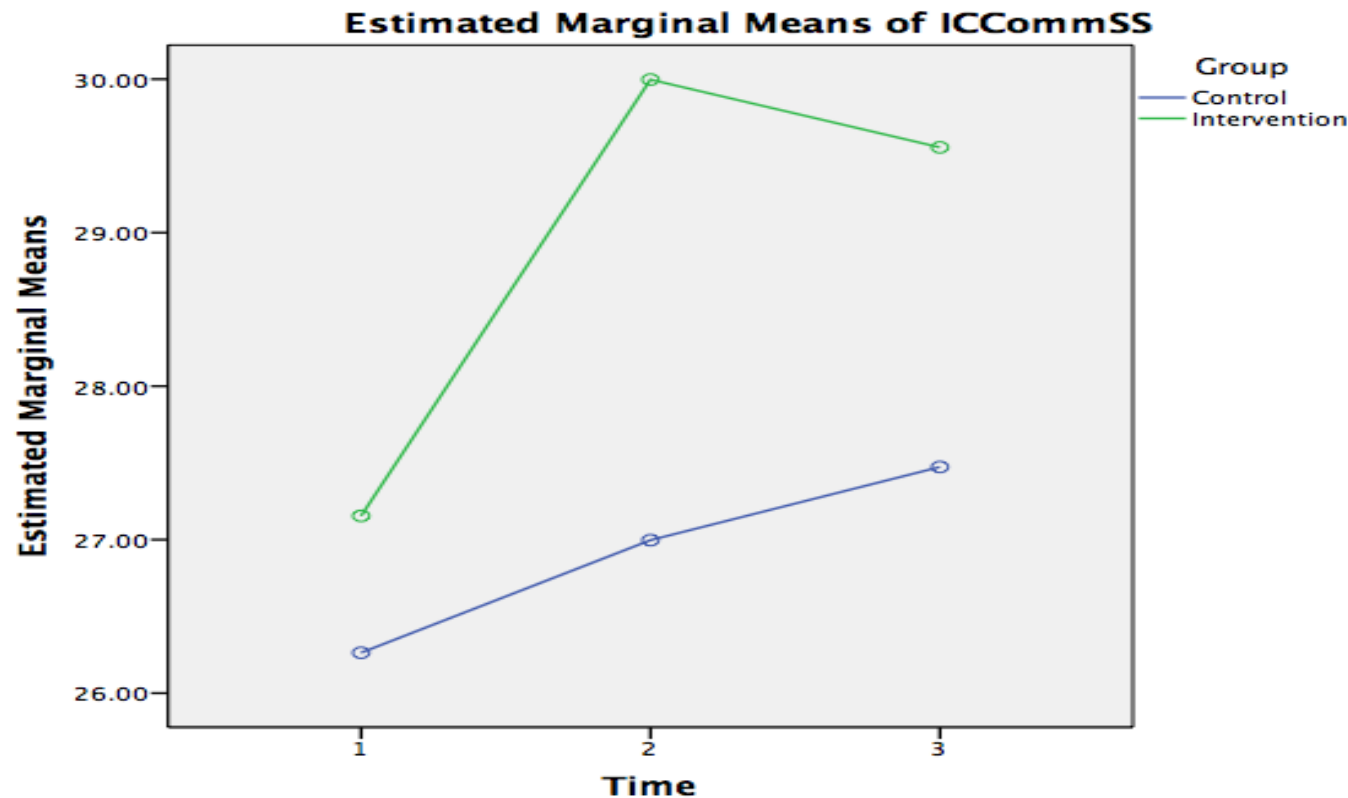
Findings at 6 months

- At 6-months post-intervention, the intervention group retained 26% of the greater increase in Individualized Care, and 36% of the greater increase in Supervisory Support.

- The most significant changes occurred when participant's measures of Supervisory Support at baseline were below average.

Conclusion

- We know it works and we hope that your facility may be able to achieve the same (or even better) outcomes!

What am I recommending?

- Implement daily care team huddles
  - To enable the health care aides to share what they know with you and with each other.
  - To enable the health care aides to voice their concerns.
  - To collaborate together to create proactive solutions that work.
  - To express gratitude and celebrate your team's successes.

Daily Care Team Huddle

- It is a short (5 to 15 minute) meeting conducted mid way through your shift.

- Purpose is for information sharing and problem solving. It is a time to think out loud, share ideas, and figure out solutions as a team.

- It brings together those care providers who are closest to the situation to shape the solution to problems or concerns.

What is the difference between a care team huddle and report?

Report

- Aim is providing resident-care information and direction
- Team leader does most of the talking
- Care aides do most of the listening
- Information primarily flows in one direction
- Content is driven by team leader

Team Huddle

- Aim is sharing resident-care information and collaboration
- Care aides do most of the talking
- Team leader does most of the listening
- Information flows in all directions
- Content is driven by care aides

Implementing Daily Care Team Huddles: Engaging the HCAs in the process

- Meet with the care aides in small groups and ask them to list both strengths and weaknesses of communication, supervision/leadership, and collaborative decision making is on the unit and in the facility.

- Describe the Responsive Leadership Intervention and list the purpose, goals, and outcomes of the program.

- Tell them what you are asking of them….to participate in daily care team huddles.

Implementing Daily Care Team Huddles: Engaging the HCAs in the process

- Ask them **four important questions**:
  - Describe the perfect huddle?
  - What needs to occur in order for you to feel that attending huddles are worth your time and effort?
  - What time is the best time for huddles to occur during your shift?
  - Where is the best location for the huddles to occur?

- Based on the answers to these questions, create a "huddle vision statement" that will be posted on the unit and should be incorporated into the leadership training.

- Tell the care aides that you will be returning to the unit/facility and will use the huddle vision statement to assess how the huddles are going. You will be finding out from them whether or not all items in the vision are being achieved.

Goals

During our huddles:

1. Everyone shows up consistently and actively participates

2. Everyone feels heard and listened too

3. Everyone feels safe to voice concerns and express opinions

Vision: *Our daily care-team huddles will result in:*

- Opportunities to share information and tips about residents that will help us do our jobs more successfully and safely

- Opportunities to actively participate in decision-making processes involving resident care (e.g. changes in medication)

- Excellent communication within the care team

- Problem solving together to find solutions for concerns (we're not just coming together to complain)

- Consistent follow-up by team leaders and managers to concerns brought forward by the care-team

- Positive and helpful teamwork

- Improved care

- Recognition and appreciation for the important contribution that _EVERY_ member makes to the care-team

What we learned about sustainability of the care team huddles

- Despite the original positive outcomes, huddles stopped consistently occurring

- Process evaluation:
  - Staff working short
    - When they most need strong team work and communication
  - Fidelity of intervention was largely dependent upon the individual team leaders
    - Questions of dose or lack of reinforcing factors/support?
  - Reinforcing factors likely most influential in determining whether or not huddles occurred—especially over time
    - Management support—leading by example, in-house champions
    - Prioritizing huddles in the same way we do documentation-- documentation does NOT ensure communication
  - Time is more complex now

What will you get out of this?

- By the end of today's workshop you will learn (and be able to put into practice!) the necessary skills required to lead productive and effective care team huddles.

- We believe this will help you to....
  - Develop cohesive teams that trust
  - Increase effective communication within the team
  - Improve your ability to care for the residents
  - Improve your day-to-day experiences at work

Each of these skills will enable you to effectively create and lead GREAT teams!

Break out time!

Best experience of a leader?

- Share an example of a leader, supervisor, or mentor you've had that had a **positive** impact on you.

- Share an example of a leader or supervisor you've had that wasn't helpful to you.

- What did you notice about these relationships?

To be an effective leader you MUST connect!

"I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship."

– Brene Brown

The Gifts of Imperfection

Creating a Leadership Vision

1. Answer the question: "Who do I *want* to be as a leader?" (not who I *don't* want to be)
   * *"I am" is stronger than "I am not."*

2. What you feel you are always dominates what you feel you would like to be. Therefore, write the vision as a state "that is" rather than a state "that is not."
   * *"I am compassionate" is a stronger feeling than "I will be compassionate."*

   -Wayne Dyer

Break out time!

Creating your vision statement

1. Focus on a leader/mentor who has been positive in your life.

2. Write out at least 3-4 goals you have as a leader

3. Think about the person you need to be to achieve these goals.

4. Write your leadership vision down as if it is already happening, "I am…"

   • Make it concise and specific: 2-3 sentences

Creating a Leadership Vision

EXAMPLE:

Goals:

1. To be viewed as an honest and trustworthy leader by following-up with what I say I'm going to do.

2. To be fully present by listening with an open mind and asking open-ended questions.

3. To help people find their own answers

4. To be a compassionate and grateful leader who ensures that every team member feels seen, heard, valued, and appreciated.

Vision Statement

I follow-up with what I say I'm going to do. I listen with an open mind and ask open-ended questions to help people find their own answers. I look for the best in every team member and thank them for the work they do.

Five Key Leadership Skills

1. Mindfulness
   – Enabling your insights and intuition to assist you
2. Self-Compassion
3. Open-ended Inquiry
   – Thought provoking questions
4. Reflection
   – Connecting others to their own insights/thoughts
5. Collaboration through Autonomy Supportive Statements and Actions

Mindfulness: Where is your attention?

What is mindfulness?

- The non-judgmental awareness of what is happening in the present moment
  - Pause long enough to allow the present moment to sink in and to feel it
  - Awareness of self and of other's feelings and body experience

- It is ensuring that you are not on automatic pilot and instead you are truly paying attention and present to what is happening right here…right now…in this moment.

- What distracts you from fully paying attention to another?

Mindfulness Meditation

How Self-Compassionate are You?

Please answer the following questions:

• Think about a time when a close friend felt that they had really "messed up" and were really frustrated with themselves.

– How did you respond to your friend in this situation?

• Now think about a time when you felt frustrated with yourself or were struggling.

– How do you typically respond to *yourself* in these situations?

• Did you notice a difference? If so, ask yourself why.

Why not try treating yourself like a good friend and see what happens?

Engage in Self-Compassion

Self Compassion is treating oneself with kindness, recognizing one's shared humanity, and being mindful when considering negative aspects of oneself.

-Kristin Neff

Self-Compassion: Stop Beating Yourself Up and Leave Insecurity Behind

- Mindfulness

- Self-kindness
  - Do you treat yourself as well as you treat your friends and family?

- Sense of common humanity
  - Just like you…

The art of asking GREAT questions

- Closed-ended questions can be answered with a short, precise and factual response…often it is a one word answer. "Yes" "No"

- Closed-ended questions do not produce openings for connection, insight, or collaboration.

Open-ended Questions

- Open-ended questions begin with words such as: *what, why, how, & describe*.

- Open-ended questions support continued conversation, connection, and collaboration.

- Open–ended questions:
  – ask the respondent to *think* and reflect.
  – encourage the respondent to give you *opinions* and *feelings*.
  – hand control of the conversation to the *respondent*.

Open or Closed?

- What is the best part of your job?

- Do you like your job?

- Is your supervisor supportive of you?

- How does your supervisor make you feel supported?

- Why did you become a nurse?

1. **Breathe and be here now!**
2. **Be self-compassionate**

Your Turn!

*If the leader asks a closed-ended question you MUST answer with ONLY a one-word answer.

- In pairs of two
  - One will be the leader and the other will be the team member.

- Begin the discussion with this question:

Tell me about something that you would like to see done differently at work

- Following this, you can ONLY ask open-ended questions

- You each have 5 minutes

Reflections: Discovering the Art of Active Listening!

- **Simple**: Repeating back exactly what the person said. Might sound like 'parroting back.' You use the person's words/language so they can hear themselves.

- *So that I think is the worst part of the job, that I don't feel valued by management, but when you see the difference you can make with a resident, that is where the value comes in. Sorry. [begins to cry].*

- *"The worst part of the job is that you don't feel valued by management, but when you see the difference you can make with a resident, that is when you feel valued."*

Reflections: Discovering the Art of Active Listening!

Empathy*: Reflect back from a 'heart-place' what you hear the person sharing. Show you hear the facts *and* feelings of the story/example they are sharing.

So that I think is the worst part of the job, that I don't feel valued by management, but when you see the difference you can make with a resident, that is where the value comes in. Sorry. [begins to cry].

"You feel upset because your need to feel valued by management is not being met."

*All reflections come from a place of empathy; a non-judgmental acceptance of where the person is coming from. However, some reflections are purely empathetic in nature as described above.

Getting to the heart of the problem

PEOPLE DON'T CARE WHAT YOU KNOW UNTIL THEY KNOW THAT YOU CARE!

What Empathy is Not

- Pity
- Sympathy

- Empathy is nonjudgmentally naming or acknowledging another's feelings and needs as their own!

Empathy Reflections:

You feel…because your need for…is being met

You feel…because your need for…is not being met

Example:

You feel engaged and excited because your need to be valued and appreciated by management is being met.

1. **Breathe and be here now!**
2. **Be self-compassionate**

Your Turn

You each have 5 minutes

Listen and be PRESENT

- In pairs of two
  - One will be the leader and the other will be the team member.

- Begin the discussion with this question:

Tell me about something that occurred at work or at home that you were either really excited about or really frustrated by.

- Following this, you can ONLY use reflections and open ended questions during the conversation

Responsive Leadership for Improved Self-Determination

- We support the development of self-determination of our staff when:

  - We listen to understand and name feelings and needs

  - We help them to focus the problem and co-create a solution

  - We help to build their intrinsic motivation & self-responsibility

  - We express gratitude by highlighting and celebrating their strengths

  - We respond to and follow-up to their concerns

Responsive Leadership for Self-Determination Cycle

- **Engaging** - engaging includes expressing empathy and reinforcing the person's autonomy (i.e., freedom-of-choice).
  - TOOLS: *Mindfulness,* ***Active listening and reflections****, Self-compassion*

- **Focusing** - includes asking clarification questions regarding the person's reasons for wanting a change.
  - TOOLS: *Mindfulness,* ***Open ended questions****, Self-compassion*

- **Planning** - involves collaboration and a commitment to an action plan that promotes self-determination.
  - TOOLS: *Mindfulness, Open ended questions, and a* ***Commitment to action***

    - Adapted from Motivational Interviewing *(Miller & Rollnick, 2012)*

Responsive Leadership for Self-Determination Cycle:

1. Set and state your intention

2. Breathe and be here now

3. Ask an opening question

4. Listen, Reflect and ask Open-ended Questions
   - Repeat as necessary!

5. Collaborate for Solutions

6. Commit to Action

7. Affirm the team member's strengths!

8. Be self-compassionate

Important Questions for Collaboration and Self Determination

Clarify the Focus

- What outcome would you like to have?
- What will happen if this doesn't occur?
- If that outcome were to succeed what would it look like?

Collaborate for Success

- What has worked before?
- What haven't you tried?
- What might get in the way?

Planning with Clear Action

- How can you overcome these barriers?
- What resources do you need?
- What are the next steps to accomplish this?
- What are you and I going to commit to?

Putting it all together

For Each Team Huddle

1. If possible, notify/remind the care aides 5-10 min before the huddle is set to begin (announcement, page). If that is not possible, give a reminder at report.

2. Mindfulness : Be Here Now

3. Review your vision statement and set your intention for the huddle

4. Start on time! Honour the team members who arrive on time by beginning with whoever shows up. Others can participate as they arrive.

5. In one sentence, describe the purpose of the huddles—this is your introduction to the meeting. Restate this purpose for anyone who is new to your huddles.

6. Follow-up on items/concerns brought forward during the previous huddle…get notes if it wasn't you!
   - Use the KISS method: Keep it simple! AND celebrate successes!

For Each Team Huddle

7. Go through the list of residents…naming each one. Provide the health care aides an opportunity to express concerns, ask questions, or share information.

8. If a concern is brought forward, engage in the Responsive Leadership Cycle: **Listen, Reflect, and Ask Open-Ended Questions (repeat as necessary), Collaborate for Solutions, Commit to Action**

9. Before closing, ask the open ended question: *Is there anything else you'd like to talk about?*

10. If a concern is brought forward engage in the Responsive Leadership Cycle: **Listen, Reflect and Ask Open-Ended Questions (repeat as necessary), Collaborate for Solutions, Commit to Action**

11. Close the meeting with gratitude and celebrate successes

12. Engage in Self-compassion

Treat Employees Like They Make A Difference And They Will

-Jim Goodnight

Gratitude......

Thank you!!