Decentralized Management Styles Lead to Staff Empowerment

By Judy Miller & Jalane White
Objectives:

1. Identify the differences between centralized and decentralized management.
2. How decentralized management is consistent with staff empowerment
3. Provide tools that are related to staff empowerment through self-directed work teams for staff hiring and longitudinal and lateral career progression.
What’s the diff?

- **Centralized:** A management structure that relies on one individual to make decisions and provide direction.

- **Decentralized:** Daily operations and decision-making is delegated to individuals in the organization. The employees are empowered by having more autonomy to make their own decisions. This makes better use of their knowledge and experience.
Centralization and Decentralization
How is decentralized management consistent with staff empowerment?

- Let’s take a step back and look at the big picture of changing the culture to a person centered approach for the individuals in our care.

- The FOUR PILLARS

- Choice
- Staff Empowerment
- Home
- Meaningful Life
Staff are empowered to see that resident decisions are carried out

- **Meals**
  - Food Preferences

- **Sleep**
  - Natural Body Rhythms

- **Activities**
  - Meaningful & Purposeful

- **Daily Routine**
  - Bathing, etc.
Staff empowerment

- Self directed work teams
- Consistent assignment
- Career opportunities
- Universal workers
- Hiring practices
- Conflict resolution
- Accountability
- Self Scheduling
Our house – Our home
Meaningful Life
Why should we be concerned about management styles?

Studies show that authoritative management styles are “stumbling blocks” and are difficult to overcome in improving practices to achieve better outcomes. (Wunderlich & Kohler)

Research suggests that management practices that change how people relate to one another, such as communication and decision making, result in better outcomes. (McDaniel & Driebe)
Decentralized management facilitates true resident choice

Carmen Bowman

Right to refuse (F tag 155)
Self Determination (F 242)

All decisions belong to the person!

Our code of ethics should be to support the resident in their decisions.
What does self directed mean?

- Self-directed work teams represent an approach to organizational design that goes beyond quality circles or ad hoc problem-solving teams. These teams are natural work groups that work together to perform a function or produce a product or service. They not only do the work but also take on the management of that work -- functions formerly performed by supervisors and managers. This allows managers to teach, coach, develop and facilitate rather than simply direct and control.

- Ron Williams
Some advantages of adopting the self-directed work team model are:

- Greater employee responsibility and accountability
- Greater sense of accomplishment and satisfaction among employees
- Greater freedom for team innovation
- More effective use of individual team members' skills
- Greater "ownership" of project results by team members who have a stake in the project's outcome
- Greater empowerment, which leads to higher employee morale

*copyright@2011, Business.com  (This is not just a long term care concept)*
Examples:

**Traditional**
- Administrator
- DON
- Supervisory nurse
- Shift charge nurse
- CNA (add to that an assortment of specialists such as Housekeepers, Activity Directors, Social Services, Food Service, etc.)

**In this model there was small regard for knowledge of the resident**

**Decentralized and empowered**
- Resident
- Self Directed work team which includes the direct care staff & support staff
- DON and Administrator – Mentors & coaches
Collaboration = Empowerment
Even purchasing practices can change......
Who’s the boss?

- (Leaving the dictatorship behind)

Resident
Empowerment in the care plan
A carpet story
Studies
Wired!
Fitting the pieces together

Artifacts of Culture Change

Other things to measure....
Business is easy.. Until you people get involved

It’s our fault if the wrong people are hired.
The wake up call
What are Old People For?
By William H. Thomas
2004

- Aging:
  - Requires life
  - Is natural
  - Is gradual
  - Requires maturity
Dr. Thomas Promotes Change

- Aging is not about decline
- Loneliness, Helplessness, & Boredom are killing our elders
- Leadership ≠ Control
- Good Managers ≠ Good leaders
- Caregiver vs. Task-doer

*Wake up call for organizational change!*
Organizational Leadership Model

Hierarchy Leadership Design

- Admin/DON
- Department Heads
- Charge Nurse
- Direct care caregivers
- Residents
Horizontal Organizational Design

- Five Principles
  - Organize around workflow processes rather than task
  - Flatten Hierarchy and use teams to lead
  - Appoint team leaders to manage internal process
  - Let driver and customer contact drive performance
  - Provide required expertise from outside the team as required
Leadership Style Theories

- Traits
- Behavioral
- Situational
  - Path-Goal
- Full-Range Model
  - Transformational Leadership
Changing Organizational Framework

- **Why use self-managed work teams**
  - Theoretically researched and proven method to foster change
  - Allows the hierarchy roles to exist
  - The teams integrate across structural boundaries
  - A structure to staff empowerment
Keys to Successful Transformation

- Employees need to know the organization’s mission and vision
- Leadership style change in current supervisors
- Open communication from management to teams.
- Management have a tolerance for trial and error.
- Trust must exist within teams and management
- Education for team leader and team members
Developing Teams

- Teams should be 4 to 15 members in size

- Identify purpose of the team-
  - Advice and Project

- Identify key players, those providing direct contact with residents.
  (nursing, activities, dietary, housekeeping, maintenance, social service, rehab)

- Select teams members by neighborhood and expertise.
Characteristics of a Team Leader

- Is a fellow worker and friend, not a supervisor.
- Leads by example, not by giving directions.
- Is a servant, not a master.
- Is a peacemaker, not a warrior.
- Is a coordinator, not an order giver.
- Is a facilitator, not an individual decision maker.
- Is a communication link, not a communication owner.

(Armstrong, 2005)
Team Leader Qualifications

- Not a licensed or professional nurse
- Is selected by the neighborhood.
- Sets example thorough one’s behavior, personal values, energy, and actions
- Good communication skills
- Supports facilities philosophy and policies
Training for Team Leaders

- Monthly in house training which includes:
  - Ability to recognize and understand leadership styles and attributes.
  - The expectations of them as a leader in our organization.
  - How to develop a meeting agenda.
  - Tools on how to lead a meetings.

- Training off campus at least two times per year which could include peer groups, tours, lectures, conferences.
Team Building Resources

- Champions of Care  
  by Laverne Norton, Action Pact, Inc

- Pioneering Change Guide Book of Education Modules  
  by KSU, to Promote Excellence Alternatives in Kansas (PEAK)

- Living and Working in Harmony, Training Guide for Self-led Teams  
  by LaVerne Norton, MSW

- Empowerment Takes More Than a Minute  
  by Ken Blanchard
Empowerment through Education

- Career ladder
  - Set up your own program based on education needs

- Registered Apprenticeship Program
  - Earn a Health Support Specialist Certification
  - Nationally recognized program
  - Earn progressively increasing wage while you learn
  - Get credit for on the job learning.

Website for info:  [www.kansasapprenticeship.org](http://www.kansasapprenticeship.org)
Carefronting - Conflict Resolution

- One-on-one in a non-confrontational manner
- Never carefront when you're angry
- If conflicts involve more than one person or a team, seek counsel
- You can carefront your supervisor
- If there are power issues you may need a mediator
- Avoid triangulating
Usage of Learning Circle

- Resident and employee decision making.
- Conflict resolution within employees-
  - Within shifts, between shifts, between departments
- Staff and resident problem solving
The Learning Circle

- Use the learning circle format
  - Everyone has an opportunity to speak
  - Reduces chances that someone will try to take over
  - Easy for new leaders to use
  - Helps rid the home of hierarchy and dictatorships

(Handout)
Team Hiring

- All open positions are posted minimum of three days
- Interview team consist of 4-6 team members, including an elder
- Use learning circle
- Same team members interview all candidates using same questions
- Use ballot method or consensus for selection

(Handout)
Support -VS- Accountability

- Can leaders be both?
- Skills needed for being **Supportive** by holding people **Accountable**
  - Active Listening
  - Self Management
  - Presenting the Problem
  - Self Awareness
Accountability vs. Disciplinary

- Identify the issue of concern
- Explain the action has on residents and other staff
- Discussion between supervisor and employee
- Written plan to correct the issue
Consistent Staffing

- Assignments same caregivers with residents
- Blending roles
  - Housekeeping/dietary
  - Social services/activities
- Universal workers
- Thinking outside the box –
- Hiring for neighborhood, not shift
Self Scheduling

☐ Neighborhoods
- Fill out their desired schedule and a staffing coordinator reviews to make sure the staffing levels are correct.
- Request off are due in by the 15th of the month

☐ Households
- They are independent from motherhood for staffing
- A team member does the main schedule staffing for the household.
- They cover their own call-offs
- Household leaders and Clinical coordinator take care of day to day issues and give direction to the team member doing the schedule.
Reduction in call offs per month

Number of

2007 2008 2009 2010 2011

68. 49.4 35. 35 29.
Reduction in call offs per 100 scheduled shifts per neighborhood

- Ivy Grove: 35.0
- Cottonwood: 38.0
- Heritage Inn: 48.4
- Plaza: 30.0
- Tradition Homes: 18.3
Nursing Department Turnover Per Year

- 136%
- 31%

Percent

Year

Remove the institutional landmarks
If Disney ran your home
Reducing hierarchy

Events that are totally driven by staff:

Todd Burpo, author of “Heaven is For Real” visits Harvest House
White Board Advice

Are you ready for change?

- You miss 100% of shots you do not take!
Shattering the old paradigms
Self directed work teams......

- Questions and answers

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The Learning Circle

Developed and promoted by Action Pact, Inc. to accomplish dramatic culture change.

Participants: Participants may include workers, residents, family, and community members of any combination thereof. The ideal number of circle participants is 10-15. If more than 20 are involved, consider suggesting that everyone limit their responses to a sentence or two.

Goal: To develop common ground and mutual respect among the diversity of the nursing home residents, direct care givers, families, management, different departments, and professions.

Rules for the Learning Circle:

Everyone sits in a circle without tables or other obstructions blocking their view of one another.

One person is the facilitator to pose the question or issue. (The question and facilitator may have been determined ahead of time by the team/individual planning the circle. If a universally negative response to a question is predicted, consider shaping the question into two parts. For example: "Share one thing that worries you and one thing that excites you about...")

Be aware that emotional topics can be overwhelming in large circles. If the facilitator believes a question will elicit strong feelings of sadness, depression, grief, or anger, limit the number of participants to 8-10 and keep them apprised of the time allotted for the circle so they may adjust themselves emotionally. Keep the time per person fairly short (30 seconds is good.) Remember you will be opening it up for discussion immediately after, and it does not take too long to share the feeling. The interpretation or the reasons why would, in this circumstance, be better in general discussion so that people may support, motivate, placate, and cheer as needed.

The facilitator poses the question or issue and asks for a volunteer. A volunteer in the circle responds with his/her thoughts on the chosen topic. The person sitting to the right or left or the first respondent goes next, followed one by one around the circle until everyone has spoken on the subject without interruption.

No cross Talk. The facilitator should have made this rule clear at the beginning so that they do not need to interrupt often to enforce the rule of no talking across the circle. (Involuntary laughter and simple words of empathy should not be quelled. But others may not add their thoughts or opinions on an issue until it is their turn to speak.)

One may choose to pass rather than to speak when their time comes. But after everyone else in the circle has had their turn, the facilitator goes back to those who passed and allows each another opportunity to respond. Of course no one is forced to speak, but there is the expectation that they will. Usually they do respond with gentle encouragement from the facilitator. The facilitator may need to prompt the talkative to hold their tongue.

Open general discussion on the topic after everyone has had a chance to speak.
While on the surface, the Learning Circle is simply a common sense technique for organizing meetings; there are subtle, underlying forces (of sharing, respect, and broadening one's perspective) at work that yield astounding results.

2001 Action Pact, Inc.
One-on-one is usually the best way to handle a disagreement or difficulty. Go directly to the person involved and try to work it out.

When the conflict affects more than one person it is wise to seek counsel form the nurse manager prior to this one-on-one meeting. It is not acceptable to process the disagreement with other co-workers (this includes family co-workers)

If the disagreement is with your nurse manager, go directly to them and discuss it. If you resolve it, fine. If you do not reach a satisfactory outcome, you and your nurse manager may seek advice of the ADON, DON.

There may be situations where a nurse manager would accompany an individual who needs to carefront another individual. This might happen where there are perceived power issues on a previous history that would limit the potential for a good outcome. Never carefront a person for the first time in a group setting.

There may be situations where it is preferable for the nurse manager to do the initial one-on-one carefront with a co-worker. This might happen when the difficulty really involves the entire neighborhood as much or more than it involves the individual employee raising the concern.

Carefronting works best after a time of thoughtfulness. Hasty and poorly thought-through encounters can make manners worse. Never try to carefront when your anger level is high. Wait to calm down before attempting to carefront.

Avoid triangulating-talking to others about someone in order to avoid talking to them or in hopes that the third party will become involved and do what you should do yourself or to leverage the situation to your advantage.

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Any employee who does not carry out his/her duties in keeping with the rules, standards, policies and person centered care of Pleasant View Home will be subject to disciplinary measures, also known as accountability actions. The procedure is as follows:

1st Incident: Employee will be given a written accountability warning and a copy of the worksheet will be placed in the personnel file.

2nd Incident: Employee will be given written accountability warning, and a copy of the worksheet will be placed in the personnel file.

3rd Incident: Employee will receive a written accountability warning and can be dismissed.

The accountability worksheet will be used for the written warnings. The employee, along with the individual(s) originating the accountability worksheet will examine the issue, determine how the behavior affects the residents, the organization, other caregivers/staff, and discuss the action to resolve the matter and note the specific plan to correct the issues. The employee shall be asked to sign and date the accountability worksheet.

The following is a list of incidents that may result in immediate dismissal, or an accountability action. In these cases the department director or Administrator may dismiss the employee without warning:
- Taking advantage of a resident, or evidence of abuse.
- Sleeping on the job.
- Drunkenness, drug use, violence, and inappropriate behavior.
- Misrepresentation of information.
- Destruction of property.
- Failure to report an accident within 24 hours.
- Theft of Pleasant View Home property or resident property.
- Sharing confidential information.
- Insubordination. (Not complying with the request of a supervisor.)
- Unauthorized leaving of work.

The following are some incidents which call for accountability action:
- Failure to show up for work without giving proper notice.
- Chronically calls in sick.
- Inappropriate language at work.
- Poor job performance or unwillingness to cooperate.
- Laziness or sitting around while on duty.
- Inappropriate dress.
- Not following grievance procedure to resolve problems.
- Not following procedure of facility for taking breaks and meal breaks.
- Sexual harassment.
- Failing to respond to an emergency or drill.
- Carelessness and/or disregard for safety.
Current on all educational requirements. Current on all documentation in employee file including TB skin test requirements, current license/certification, etc.

The lists above are not inclusive of matters that call for accountability action, but are guidelines. It is not necessary for the accountability problems to be related in order for an employee to be dismissed.

Pleasant View Home will oppose any claims for unemployment compensation made by an employee who is dismissed for cause and will make available to the Employment Security Division all information regarding the dismissal.
Accountability Work Sheet

Name ______________________ Position _______________ Date ______________

Department ______________________ Shift ______________________

1. Issue of concern:

2. Explain the effect the action has on residents, other care givers or other staff:

3. Discussion:

4. The plan to correct this issue:

5. I participated in this discussion and understand the concern.

________________________________________________________________________
Employee Signature ___________________________ Date ____________

________________________________________________________________________
Supervisor signature ___________________________ Date ____________

________________________________________________________________________
Administrator signature ___________________________ Date ____________

First Accountability Date: ____________
Second Accountability Date: ____________
Third Accountability Date: ____________

Type of Action: ___Suspension ___Job Probation ___Termination ___Other
DIETARY PERSONEL

POSITIVE ATTITUDE
Give us an example when you had a difficult time getting along with another co-worker. What made it difficult and how did you handle the situation?

Describe a situation when everything seemed to go wrong. What did you do?

What type of people do you prefer to be around? What type do you tend to avoid?

Look for:
Enthusiasm/smiling
Visibly happy/cheerful
Has nothing negative to say
Positive responses

Compassion
Tell me about a situation when you were treated badly by someone. How did you react and what did you do?

How do you think you would respond if an angry family member approached you?

What do you think the positives and negatives of serving the elderly could be?

Look for:
Empathy and Sympathy
Kindness/warmth
Consideration of others feelings
Ability to show affection for residents
Patience
Caring

Reliability
Tell us about a time when one or more co-workers did not show for a scheduled shift? What did you do?
Give us an example of a time when a situation had gotten out of control and you had to take charge.

Describe a situation when you saw a co-worker do something inappropriate. What did you do?

What will your last supervisor tell us about your attendance.

Look for:
Good attendance
Dedication
Works well with minimal supervision
Sense of responsibility
Dependability
Good work ethic
Willingness to fill in

Conscientious
Give an example of when you chose a “right” decision even though there was another, perhaps, easier one available.

At the end of you shift, you have completed all your work, but it isn’t time to clock out.... what have you done in the past?

One of the residents is offering you money for your kind treatment and is very insistent you take it. You don’t want to hurt her feelings. What do you do?

Look for:
High moral standards
Ethics
Attention to detail
Values and principles that guide behavior
Persistence/tenacity
Considers the impact of behavior
Honesty
**Desire to serve**  
Tell us the most unselfish thing you have ever done.

In your opinion, what are the characteristics of a good nursing home employee?

*Look for:*
  - Unselfishness
  - Willingness to care for others
  - Passion and excitement for the job motivation
  - History of caring for others

**Initiative**  
Describe a situation where you made a suggestion and it was put into action.

What have you done in past situations to make a job or task more effective or challenging?

What would you do if given instructions to complete a task, but you did not fully understand and there was no one to ask?

*Look for:*
  - Self starter
  - Self directed
  - Does more than expected
  - Willingness to do what needs to be done

**General**  
Do you have food production experience?

Are you a quick learner?

Why did you leave your last job?

How many times did you miss work at your last job?

How would your co-workers describe you?

What areas could you improve in?
Why do you feel you are the best person for this position?

What kind of work experiences or relationships have you had with the elderly?

Where do you see yourself in 3-5 years?

**Basic skills**
Do you have any cooking experience?

Can you read and follow a recipe?

Are you able to follow verbal instructions?
Self Scheduling

Pleasant View Home
Inman, KS

Neighborhoods
Fill out their desired schedule and a staffing coordinator reviews to make sure the staffing levels are correct. Request off are due in by the 15th of the month

Households
They are independent from motherhood for staffing
A team member does the main schedule staffing for the household.
The cover their own call-offs
Household leaders and Clinical coordinator take care of day to day issues and give direction to the team member doing the schedule.

Nurse Schedule Coordinator
Review staff schedules from neighborhoods and households for accuracy and efficient use of labor hours
Complete master schedule
Receive requests for schedule changes and coordinate replacement staff
Input day sheets and complete FTE sheets