

Leadership in Long-Term Care

**Dr. Katherine McGilton¹, Dr. Barbara Bowers²,
Barbara McKenzie-Green³, Veronique Boscart¹**

**1: Toronto Rehabilitation Institute, 2: University of Wisconsin-Madison,
3: Australian Catholic University**

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Problem Identification

- Lack of knowledge about effective management strategies for improving nursing home quality of care (Binstock & Spector, 1997; Baumann, et al. 2001).
- An effective leader has a positive impact on staff satisfaction and retention (Anderson et al., 2003).
- Effective staff-supervisory relationships may influence the quality of care delivered by staff to their clients (Thomas, 1994; Kovach, & Krejci, 1998).
- Research has focused on the director of care level (Anderson et al., 2004).

Supervisors

- Attributes of supportive supervisors include: being reliable, empathic and able to build connections with unregulated staff (McGilton et al., 2004).
- Supportive supervisors influenced the job satisfaction and job stress of unregulated staff (McGilton et al., 2007).

Supervisors

- Incongruence between NHA, DOCs, and supervisors' view of the functions and role characteristics of supervisors in LTC
(McGilton, et al., 2004; McKenzie-Green, 2004).
- Supervisors flourished in environments where administrators supported them to enact their authority and involved them in decision-making (McKenzie-Green, 2004).

Supervisors

- The lack of role clarity and inability to enact their authority could have a major effect on retaining nurse supervisors in LTC and, ultimately, on the quality of care for clients living there.

Purpose of the Study

The purpose of the proposed study was to develop an understanding of the nature and enactment of the supervisors' role in LTC, as perceived by the supervisors.

Research Objectives

- To delineate the functions and responsibilities ascribed by the supervisors to the supervisors' role in LTC.
- To identify individual and organizational characteristics that influence the enactment and effectiveness of the supervisors' role.

Study Design

- Descriptive study in 8 Ontario facilities.
- Each DOC and NHA of the selected facilities was interviewed
- 2 supervisors per facility were interviewed

Data Collection

- Individual in-person interviews were semi-structured
- The interviews enhanced exploration of topics that might come up during previous interviews (Creswell, 1994).
- An interview protocol was developed (Krueger, 1998).

Data Analysis

- All data was transcribed verbatim and a qualitative thematic analysis was conducted (Miles & Huberman, 1995).
- NUD*IST
- Data from the interviews from the DOC and the NHA, and the supervisors were analyzed separately.
- The analysis was based on reduction and interpretation (Marshall & Rossman, 1989).

RESULTS

Demographic Data: Sites

Facility	Location	Size Number of Beds	For Profit/Not for Profit	Number of RNs	Number of RPNs	Number of PSW/HCAs	Leadership Training Provided
A	Large Urban	202	Profit	27	21	88	Y
B	Large Urban	218	Profit	17	11	97	N
C	Small urban	120	Not for profit	9	20	43	N
D	Large urban	128	Not for profit	16	19	77	N
E	Profit	69	Rural	7	5	40	N
F	Profit	95	Rural	4	5	62	N
G	Not for profit	152	Small urban	10	12	98	Y
H	Not for profit	83	Rural	11	4	50	N

Supervisors characteristics (n=16)

- Female (n=13), Male (n= 1)
- Full-time (n=12)
- Mean age = 46.29 (SD 13.23) years
- Highest level of education:
 - Diploma in Nursing (n=11)
 - BSc in Nursing (n=3)
- Average work experience:
 - Health care: 20.14 (SD 11.33) years.
 - In the LTC facility: 6.54 (SD 5.29) years
 - LTC settings in general: 9.96 (SD 6.98) years

4 categories reflecting the supervisors' role in LTC were derived

1. Following through on routine tasks;
2. Being in the moment;
3. Filling in gaps of work not done;
4. Supporting unregulated care workers through coaching and mentoring.

1. Following through on tasks

- Astonishing list of tasks, unorganized days, unpredictable events, and chaos.
- Attend in-services, meetings,...
- Care of residents, medication, treatments, report, care plans,...
- Deal with doctors, pharmacy, acute care,...
- Family care, care conferences,...

2. Being in the moment

- Supervisors can not plan the day and set goals, because of unexpected things.
- Unpredictable events, and chaos.
- Stressful and never-ending role.

3. Filling in gaps of work not done

- Several ‘duties’ that did not belong to the role of the supervisor (i.e. moping floors, faxing documents, switchboard duties....)
- Administrative tasks, building supervisor....

4. Supporting unregulated care workers

- Supervise staff and floor, ...
- Organize staff rotations and replacements,...
- Inform staff about resident situation,...
- Ensure coordination of care is given properly,...
- Investigate why changes in care or treatments aren't done,...
- Assess what is going wrong or what should be changing,...

What do staff expect from supervisor?

- ‘Day-plan’ with goals to be accomplished
- Staff looks to the supervisor for ‘leadership’: telling them what to do, solving problems, prioritizing tasks, dealing with complaints and issues, enhancing quality of care, new knowledge and education
- Provide communication and information

Outcomes of an effective supervisor

- Main outcomes of the supervising role as resident and care related (providing care, dealing with family, care plans,...)
- Direct link to what the supervisor does and how patient care is delivered
- Supervisors do not describe specific functions and responsibilities such as ‘leader’, ‘supervisor effectiveness’, or ‘unit functioning’.

Outcomes of an effective supervisor

- Use personality traits to illustrate how they achieve their outcomes. (“I am an optimist, a hard worker, I never leave without finishing my tasks”)

Individual characteristics that influence supervisors' role

- “You have to be an RN”.
- Knowing the resident personally
- Experience in LTC
- Knowledge to deal with families
- Practical ‘know-how’ or administrative responsibilities

Organizational characteristics that influence the supervisors' role

Unit Level

- Emergencies (i.e. falls)
- Interruptions (i.e. complaints, extra assignments for staff, questions from staff, dealing with families, rescheduling shifts, being a receptionist, 'everything and everybody interferes')
- Family requests

Organizational characteristics that influence the supervisors' role

Organizational Level

- Time, resources, documentation.
- Dealing with the workload: supervisors focus first on the tasks and when there is some time left, they'll work on the supervision component of their role.
- Working together with unregulated staff.

Organizational characteristics that influence the supervisors' role

Role of the DOC or NHA

- Extremely important that they recognize the supervisor's role and appreciate it when things are done on time.
- DOC/NHA support is described as resolving issues that supervisors can't deal with, being there to listen, going over a problem together, staying in touch with supervisors.

Conclusion

- Complex role of the RN supervisor in long-term care
- Need to reprioritize moment to moment to get through the day
- ‘Against all odds’: How do nurse supervisors in LTC environments manage to get through their day?

Implications of Findings

- Redesign the RN supervisor role in LTC
- How is it possible for the RN supervisor to get through the day?
- How many RN supervisors are required on the unit at any given time?



THE END