Title:
Person-Centered Care and Leadership in Long-Term Care

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Session Title:
Leadership Posters Session 2

Keywords:
Leadership, Long-term care and Person-centered care

References:


Abstract Summary:
A person-centered care leader with a dedicated workforce will transform the long-term care industry. By inspiring the workforce to provide the best quality care enhances the lives of the older adults. Leaders’ role-modeling and providing ongoing support for staff have been identified as crucial for keeping the PCC philosophy alive.

Learning Activity:

<table>
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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>The learner will be able to understand the leadership framework, SERVICE (S-service, E-education, R-respect, V-vision, I-inclusion, C-communication and E-enrichment), which may provide guidance when initiating PCC culture change.</td>
<td>Leadership Framework-SERVICE and PCC Implementation</td>
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<td>The learner will be able to examine the significant role of leadership in the implementation of Person-Centered Care in long-term care settings.</td>
<td>Role of leadership in long-term care (LTC) and Leadership challenges in LTC</td>
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Abstract Text:
Background: The increasing elderly population creates concerns in the care delivery in long-term care (LTC) facilities where the sustainability of best care practices has been a great concern. A culture change focusing on person-centered care (PCC) is highly recommended as the evidence-based practice to
improve the quality of care (QOC) and increase the well-being of residents and staff. PCC is based on the moral principle that all human beings are valuable and deserve respect regardless of their disabilities, but the transformation of PCC culture has not been successful within the current highly-regulated Nursing Home (NH) arena. Leaders, who are the change agents, are faced with unique challenges, including the need for a compassionate perspective of care, primarily with a non-professional workforce; turnover in leadership and direct care staff; a lack of understanding of the demands from governing bodies; and complexities among the care needs of the populations being served. In order to meet the ongoing regulatory demands placed on NHs, it is imperative that the leaders in LTC can balance and meet high performance expectations while simultaneously creating positive PCC work environments. Among the few recommend leadership models for LTC, the Transformational Leadership (TL) model of James Burns (1978) and the SERVICE leadership model of Susan Gilster (2005) seem to best fit the LTC setting since the domains of both of these models are congruent with the PCC philosophy.

**Purpose:** While many research studies have addressed the influence of leadership on job satisfaction and turnover of staff, very few have addressed the vital role of leadership in LTC facilities in relation to PCC implementation. A literature review is conducted to explore the significant role of leadership in the implementation of PCC in LTC settings.

**Method:** Systematic searches were conducted via CINAHL, EBSCO, PsycINFO, PUBMED, Business Complete, ProQuest and Google Scholar using the following keywords using both US and European English, individually and in multiple combinations: Person-centered care implementation, resident-centered care, client-centered care, individualized care, patient-centered care, person-centeredness, culture change, leadership, management, Long-term care, Nursing Homes and Assisted Living. The searches were limited to journal articles in English language and published from 1999 to April of 2015. In addition, the references of all the relevant articles were reviewed to identify additional ones.

**Results:** Out of fifty articles reviewed, 17 studies from eight different countries (USA, Canada, Australia, Norway, Sweden, South Africa, UK, and Netherlands.) were chosen based on the inclusion criteria specific to LTC/NH settings. Implementation of PCC in LTC settings varies depending on specific PCC practices a specific facility adapted. Several leadership components and strategies been tried when supporting staff in implementing PCC practices. Supporting RNs in their leadership roles is essential in sustaining the PCC practices. Effective communication about the vision and desired change, along with ongoing support for the LTC workforce has positive effect on implementation of PCC.

**Conclusions and Implications:** Leadership is the cornerstone of any organization and leaders are central to the success of creating a person-centered culture. Effective and caring leadership promotes a PCC environment, which ultimately enhance the well-being of the residents, as well as the staff. LTC PCC organizational changes are restricted when the leaders do not have the leadership abilities and are not successful in creating and supporting the changes in an organization. Ongoing leadership development programs for leaders including the RNs in LTC are warranted to support this workforce in order for them to succeed in the demanding LTC arena. Utilizing a standardized leadership framework, such as SERVICE or TL model may provide guidance for leaders when initiating PCC culture change.