

The Pivotal Role Of The Nursing Home Administrator

TO BE EFFECTIVE TODAY, NHAs MUST DELEGATE IMPORTANT FUNCTIONS WHILE COLLABORATING WITH AND INSPIRING COMMITMENT IN STAFF.

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Much is written in the academic literature on how nursing home administrators (NHAs) impact every facet of life in the facility. C. Donoghue and N.G. Castle link NHA leadership styles with staff turnover in an article in *The Gerontologist* (2009), as do many other theorists.

The Better Jobs Better Care demonstration reported on by D. Brannon *et al.*, also in *The Gerontologist* (2007), identifies the impact of the quality of supervision in the facility on intent to leave among direct care staff. The NHA's impact is thought to directly and indirectly impact organizational commitment. E. Sikorska-Simmons' research (2005) links work environment to whether or not staff commit in assisted living residences. Castle (2001) links the turnover of the NHA to care outcomes in the facility.

MORE THAN ACADEMIC

Moving beyond the academic, there is an important element of practicality in the discussion of the role the NHA plays in the facility and in the larger organization. It stands to reason that the administrator sets the tone, establishes important aspects of organizational culture, and models what is most important in terms of behavior and priorities.

This article explores the role the NHA plays



in creating positive outcomes for the individual nursing center and for the long term and post-acute care profession. Interviews with a range of stakeholders shed light on the far-reaching influence of NHAs and also identify the competencies required to excel in this critical leadership role.

COLLABORATIVE LEADERSHIP

The hectic, often harried pace of the nursing center demands a special kind of leadership.

'It stands to reason that the administrator sets the tone and models behavior and priorities.'

This is not the environment for the faint of heart. Leading in the long term care profession requires that NHAs not only be adept at all areas of facility operation, they must also have a keen understanding of the ever-changing post-acute world.

Because there are so many competing demands on NHAs' time and attention, it is critical that they build a strong leadership team.

Patrick Boyle, president and chief executive officer of Miller's Health Systems headquartered in Warsaw, Ind., puts it well when he says, "The NHA must surround him/herself with competent department managers who are equipped to handle day-to-day issues independently."

Having a strong team enables the NHA to function at a more strategic level, knowing that the bench strength of the entire leadership team will keep the facility operating effectively.

TRANSITIONING TO THE NEW LEADERSHIP MODEL

Recognizing one's limitations is critical to success in this pivotal role, though it is often difficult to conduct a candid assessment of one's strengths and developmental opportunities. These opportunities for growth are often overlooked by NHAs who believe they are supposed to not only have all the answers, but also know all of the questions.

Nowadays, the role of NHA is shifting to more collaborative leadership. An up and coming NHA with just two years at the helm of a very successful building, Erica Cona, NHA of Opis Management Resource's Bridgeview Center in Ormond Beach, Fla., says, "I think our role is shifting from traditionally more autocratic to being facilitators and coaches."

Cona advances the idea that it is important to be humble enough to invite team members, from all levels of the facility, into problem-solving processes. She contends that this collaborative approach yields better solutions and keeps team members engaged.

Nancy Leveille, senior director of member operational support for the New York State Health Facilities Association, shares Cona's belief that there is a discernable shift in the roles and responsibilities of the NHA.

Leveille believes that long term and post-acute care leaders have to develop and implement a "cross-systems mentality" where they are able to build partnerships across the health care con-

tinuum. The shift is not just in how NHAs examine their individual facilities, but also in how they understand and evaluate changing health care delivery systems, she adds.

ENGAGEMENT BUILDS COMMITMENT

The NHA is responsible for building lasting commitment in staff. That is the most powerful tool available for stemming the tide of rampant turnover. It is up to the NHA, as well every manager and supervisor in the facility, to understand the importance of employee commitment, commitment not only to the company, but also to the patient/resident and to the larger profession.

Building that commitment requires an awareness of the factors that engender high levels of dedication, such as the emotional attachment that is forged between employer and employee and also between the care provider and the care recipient. Other factors include support for the organization's mission and strategic goals.

Building commitment is directly linked to employee engagement. It is incumbent upon NHAs to create opportunities for employees to be involved beyond just the day-to-day function of their jobs.

Consider asking staff members to serve on committees, to assist with special projects, or to represent the facility in the larger community. When employees represent the facility well they serve as ambassadors for the larger long term and post-acute care profession. These budget-neutral engagement strategies get and keep employees focused on the larger aims of the profession. They also serve as a stabilizing force: Engaged, committed employees are less likely to defect to the competitor offering a nominal increase in wages.

PERSONAL PROFESSIONAL COMMITMENT

Building commitment requires a refined skill set. Boyle of Miller's Health Systems says that NHAs must be able to foster an environment of



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continuous learning inside their buildings. This learning begins with the NHA. NHAs who have committed to their own professional development are better able to lead employees on a developmental journey.

After more than 30 years in the role of NHA, Susan Davis has clear ideas about the competencies required for an NHA to

be maximally effective. Davis, executive director of La Loma Village, a nonprofit continuing care retirement community in Litchfield Park, Ariz., contends that the essential skill set includes process management, communication, visioning, and promotion.

She also believes that it is critical that NHAs be able to promote the profession.

Boyle seconds this notion when he says, "The NHA must devote time outside the facility to develop relationships with community leaders, referral sources, and legislators."

COMMUNICATING WITH A FORWARD FOCUS

As the long term post-acute landscape continues to change at a lightning pace, it is critical that the NHA be adept not simply at reacting and responding to change, but also to being the catalyst when necessary.

The constant evolution of the profession calls for the NHA to be innovative in thought and action.

NHAs are responsible for partnering to launch pioneering approaches to care, service, and employee and organizational development.

This requires thinking beyond the present dilemma and imagining new possibilities for the resources available in the facility.

It also requires that the NHA understand how important it is to convincingly persuade change, skillfully leverage resources, and move the organization forward.

IMPORTANCE OF BEING FAST ON THEIR FEET

Boyle advises that NHAs must begin to function

with agility if they are to position their facilities for successful futures. He says, "The job has become more complex, and administrators of the future must be able to think innovatively and plan strategically."

This means that the NHA must be able to employ a change communication strategy. There are three key elements of that strategy.

The first element is creating a compelling vision of a positive future. It is important to begin the process with an image that galvanizes stakeholders of all stripes, from the certified nurse assistant, to the physician, to the floor sweeper.

The second element of the change communication strategy is to enlist agents and ambassadors to deliver the message far and wide. Whatever the innovation happens to be, it is necessary that multiple champions be able to speak convincingly and about the desired outcomes and the path for getting there.

The third element, perhaps the most critical, is building dialogue about the intended innovation. Meaningful dialogue is vitally important to creating sustainable change. The mistake many would-be innovators make is using unilateral communication strategies that do not allow them to get candid feedback and to measure dissent.

A successful NHA needs refined skills to function in the ever-changing world of today and the future.

The stakeholders interviewed in this article highlight the myriad skills and competencies required. They range from collaborative leadership, to visioning skills, to the capacity to build commitment.

As the profession continues to emerge and evolve, so, too, must its most vital contributors, the NHAs. ■



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