



COMPASS - Care Managers Leading in Person Centered Care

Theoretical Manual

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COMPASS

Compass is an **Erasmus+ project** designed for **managers** responsible for supervising the provision of care services for older persons. Its mission is to help managers adapt their skills to provide **Person Centered Care (PCC) leadership** and to effectively support front-line workers in implementing PCC services.

This theoretical manual brings together all the scientific research gathered for the "COMPASS - Care Managers Leading in Person Centered Care" training course and **serves as a roadmap** for the development of the knowledge acquired.

The training is structured in **6 modules** delivered throughout **online and offline sessions**. It will touch topics like leadership, organizational change, behaviour, organizational context and perspective, nonverbal communication, critical thinking, problem solving tools and strategies, participatory methods.

MODULE 1

Inspiring leadership in others by helping them to reflect on challenges, think ahead, and plan for the future

Introduction

Over the past few years, leadership has been a topic of research and interest throughout society. Leadership has assumed greater relevance and importance in health care and care services (Cozens & Mowbray, 2001).

Some leaders achieve this position through role assignment, but some leaders emerge through their own influence and the recognition of their team. The characteristics of a leader include the ability to communicate well, to get along with different people, to work as a team, to infuse creativity, to create an environment where people feel valued, and to be eager to contribute to the organisation.

Therefore, organisational leaders need to help employees communicate, find meaning in their work and work cooperatively with each other (Nganga, 2012).

The main objective of this module is to empower the care manager of personal and social competencies by empowering their leadership. In addition, it also aims to empower the care manager with skills to manage the change and engagement of their team.

Module 1: Inspiring leadership in others by helping them to reflect on challenges, think ahead, and plan for the future, is divided into three chapters: 1) Inspiring practices of effective leadership in a care team; 2) Long term planning; and 3) Cooperation with staff (engagement, communication, connection).

Chapter 1 - Inspiring practices of effective leadership in a care team

Nursing homes embrace a complex set of relationships, interactions and connections between older people, workers, and the organization. This complexity of interactions leads to a model of management and leadership that can be seen in how staff schedules and routines control space, time, and people in the institution (Lynch, McCance, McCormack & Brown, 2017).

Leadership



Leadership is a process where one or more persons influence a group of people to move in a particular direction. «The word leadership has been used in various aspects of human endeavours, such as politics, business, academics, and social works» (Daniel & Abbas, 2019).

«Leadership occurs when one group member modifies the motivation or competence of others in the group».

While some leaders emerge through their own influence and the support or acknowledgement of staff around them, others are assigned leadership roles (Cozens & Mowbray, 2001).

Differences between Leader VS Managers

As leadership has gained importance within organizations, the role and behaviour of the leader have been the subject of study. However, it is necessary to establish the differences between leader and manager behaviour (Ellis & Abbott, 2013).

|  Leaders |  Managers |
|--|---|
| Leadership is also defined as a process whereby individuals influence groups of individuals to achieve a shared goal or commonly desired outcomes. | Management is about promoting stability – bringing order and predictability to complex, chaotic situations. |
| Leadership – producing change and movement, incorporating the vision, | Management produces order and consistency and involves planning/ |

| | |
|--|---|
| building/strategizing, aligning people/communicating, and motivating/inspiring employees. | budgeting, organizing/staffing, and controlling/problem solving. |
| Leadership is a dynamic, evolving process and as such it incorporates behaviours, perception, decision-making as a whole host of other constructs. | Management is about maintaining the stability of a group or organization. |

Leadership is a dynamic process of aligning, motivating, engaging, and stimulating people's participation in the vision and the future. In the current context, leadership is focused on change. Management ensures some stability through planning, organising, and controlling situations. Leadership is something more powerful in the organisation (Ellis & Abbott, 2013).

Leadership Styles

An effective leader can influence followers in a desired way to achieve desired goals. Today's organisations need effective leaders who understand the complexities of the rapidly changing global environment but also those with a high degree of understanding and connection with the teams (Firth-Cozens & Mowbray, 2001).

There are different leadership styles, and as such, different styles can affect organisational effectiveness or performance. If the task is highly structured and the leader has a good rapport with the employees, the effectiveness will be high from the employees (Firth-Cozens & Mowbray, 2001).





Laissez-faire leadership is characterised by being ineffective leadership in which the leader adopts passive behaviours and has no initiative to interact with group members. The Laissez-faire leader is characterised by (Firth-Cozens & Mowbray, 2001):

- Indecisive leadership
- Avoids making decisions or giving directions
- Does not get involved in the development of the team
- Adopts a passive role in group matters

Laissez-faire leaders ignore problems and team and do not contribute to the growth of the employee or the organisation. The working and personal relationship between the leader and their team is absent, the team find it difficult to perform their duties and achieve the objectives, they are not efficient in most tasks. The leader gives the group all the decision-making power and autonomy (Firth-Cozens & Mowbray, 2001):

- The leader does little to make a point and only does so when asked
- Decisions are taken with total freedom and can be individual or group ones
- The leader lacks firmness and decision-making power

The team present characteristics such as:

- Individualism
- Dissatisfaction
- Aggressiveness
- Disrespect
- Lack of integration

The laissez-faire leader does not give feedback or rewards, leaders are completely absent in this type of leadership (Firth-Cozens & Mowbray, 2001).

One of the most enduring distinctions in leadership research is between the two styles of transactional and transformational leadership.



Transactional leadership is distinguished by the exchange between leaders, colleagues, and followers. This exchange is based on discussion between leaders and followers about the requirements and rewards followers will receive if they meet desired goals. The team meet the leader's requirements in exchange for praise and rewards or avoidance of punishment for non-compliance or failure to meet goals (Yahaya & Ebrahim, 2016).

Transactional leaders exchange rewards with followers to achieve the requirements of both parties, be it salary bonuses, vacation days or other species of rewards, the relationship does not go beyond the exchange of valuable benefits, it does not bind the leader and their team in a mutual and continuous pursuit of a higher purpose. Thus, transactional leadership is realistic in that it focuses on the achievement of specific objectives or goals (Yahaya & Ebrahim, 2016).

Transactional leaders motivate employees to produce the desired results by explaining the goal that employees should achieve, showing employees how to achieve the goal, clarifying performance appraisal, providing feedback on work results, and providing contingent rewards if employees achieve the goal.

The transactional leader behaves like a boss rather than a leader, and has the following characteristics (Yahaya & Ebrahim, 2016):

- Orientation guided mainly by obedience to rules and achievement of set objectives.
- Is not concerned with understanding the motivations of their team.
- Complies and enforces demands
- Establishes the norm and waits for mistakes or problems to occur and then acts



Transformational leadership is the most coveted leadership for organisations, it occurs when there is great engagement between the leader and the team, providing deeper levels of connection and higher levels of commitment, performance, and morality from both (Firth-Cozens & Mowbray, 2001).

Transformational leadership is characterised as being a process rather than a specific behaviour, transformational leaders are those who appeal to higher ideals and moral values and empower followers to bring about deep and fundamental change (Ellis & Abbott, 2013).

Transactional leadership can deliver satisfactory results in the short term, while transformational leadership can generate effort, creativity, and productivity in the long term (Ellis & Abbott, 2013).

Transformational leadership is a practice that changes and transforms people to go beyond expectations. Transformational leadership consists of four components (Yahaya & Ebrahim, 2016):

- Idealised influence (charisma)
- Inspirational motivation
- Intellectual stimulation
- Individualised consideration

Characteristics of a transformational leader (Yahaya & Ebrahim, 2016):

- Ideal leader
- Stimulates high performance in his/her team, guided by principles of influence, inspiration, example, and motivation
- Is based on the pillars of leadership (trust, respect, collaboration, and commitment)
- Knows the employees and their motivations.
- Uses the team's potential (synchrony)
- Guarantees results for all: organisation and team

Active learning activity - 1. What kind of leader am I?

At this point, the trainees should stop and think about what they think leadership is about. Who have been the best leaders they have worked with? What was it about them that appeared so good? What skills do they share or may be able to develop that mirror these traits? This activity involves individual work/reflection and sharing with all participants.

Individually, the participants are invited to have a moment of reflection, in which they are asked to answer a questionnaire (see annex 1). At the end of it, after 15 minutes, they should put the score achieved in Mentimeter to be debated in the group the most predominant types of leadership (15 minutes).

The trainer is the moderator of the group sharing and monitors the times of the activities.

Multimedia activity - Leadership in care centred (video)

The trainees must watch a 15-minute video, shared through a link, where a care manager will talk about his experience in care centres, his leadership in teams, and the biggest advantages and difficulties experienced in change management. The remaining 15 minutes will be used by the trainees, through critical analysis, to point out the characteristics and difficulties they most identify with, on a Jamboard.

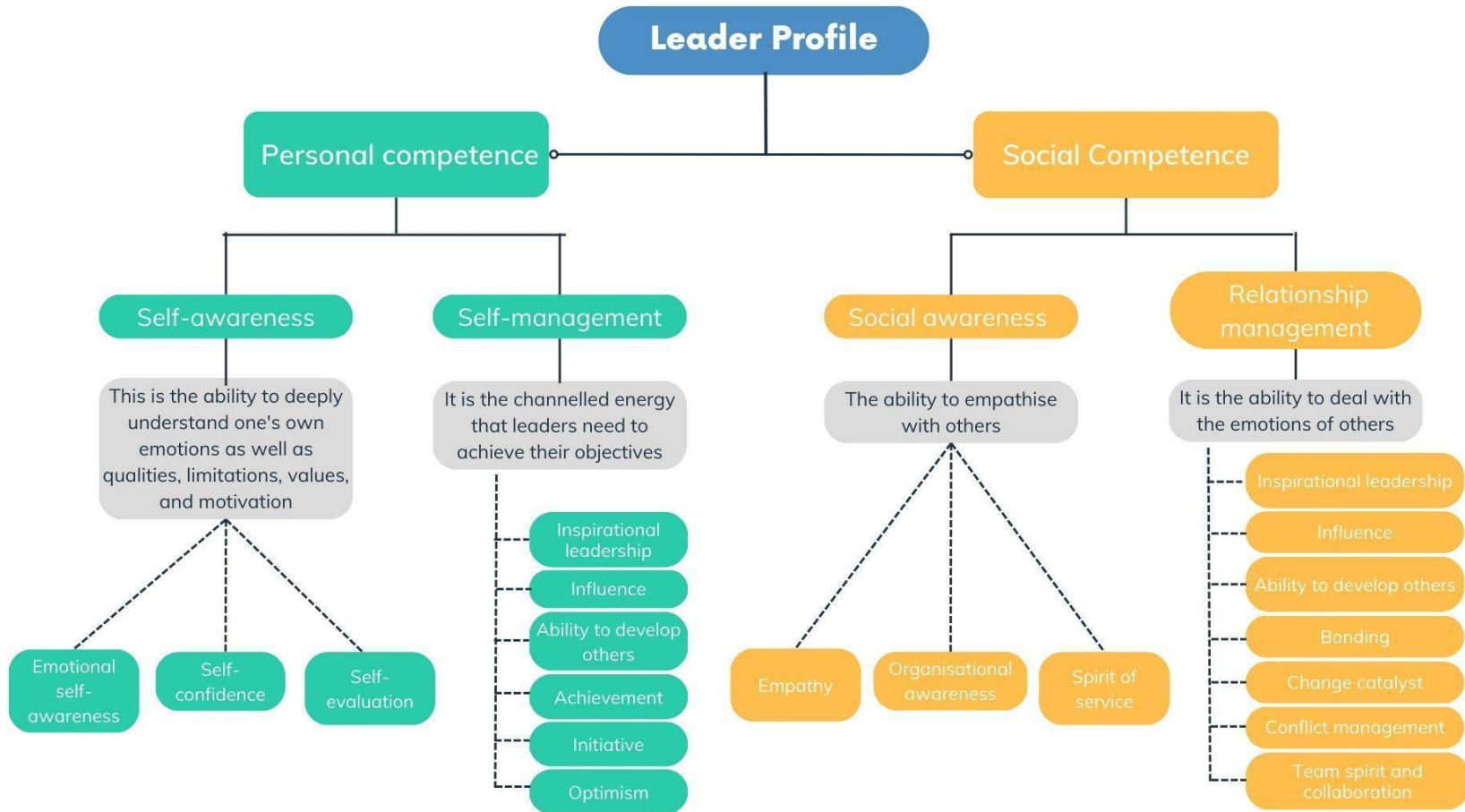
Chapter 2 - Long term planning

Empirical research emphasises that leadership in organisations promotes organisational effectiveness (Pernick, 2001). Leadership capabilities can be learned and acquired through the development of social capital, which encompasses interpersonal relationships, effective experiences, social influence processes, and team dynamics between the leader and his/her team, the contextual factors surrounding the team, such as the perceived organisational climate, and the social network connections between the team and other groups in the organisation (Vries & Korotov, 2010).

Leader Profile

The understanding of the role of organisational leaders as agents of change to respond efficiently to the changes caused by the external environment has raised a great interest in the literature and in organisations. Leaders must balance two mutually countervailing forces: the need to implement change in organisations, and on the other hand, to maintain and consider the human aspects of change. The social values and the appropriate skills of the leader play a crucial role in the processes within the organisation (Cekuls, 2015).

The principal objective of the leader is to facilitate a behaviour change that enables the improvement of performance and the workplace environment. The leader needs to have personal competences and social competences: (Passamore, 2007):



Leadership Skills of care managers

Care home managers need to possess exceptional organisational and time management skills, including the ability to prioritise, excellent listening skills and, for the business to thrive, business acumen.

A care home manager is also needing the skills necessary to promote change and creativity in addressing challenges (Orellana, 2015):

- Strong 'people' skills and communication skills
- Good observational skills
- Experience in assessing an individual's care and support needs;
- The ability to negotiate and manage a budget
- The ability to maintain accurate records
- Knowledge of relevant legislation, local services, and resources
- A good understanding of the medical conditions affecting service users
- The ability to build effective working relationships with residents, their families, staff, and other professionals

Leadership in Person-Centred Care is distinguished by its focus on people and relationships, as transformational leadership is associated with better job satisfaction and talent retention. The leader of service managers must have the following skills (Orellana, 2015):

- The leaders take part in care practice as models
- The leaders show admiration and encourage the staff initiatives for better care practice
- Clear and integrated vision
- Long-term focus on professional development
- Basic funding with no direct influence on daily practice
- The leader encourages the staff to use their individual skills

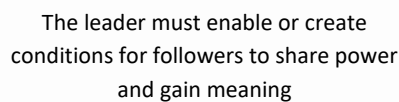
Leadership is one of the tools used in achieving organisational goals and objectives, therefore each organisation must ensure that they have the right leader to manage their organisation to achieve the set goals/objectives (Djordjevic, Panic, Aris & Zivkovic, 2018).

The leader must be competent in several areas, however, the management planning is one of the most critical competencies. The leader must be strategic and must plan strategically to ensure the achievement of organisational goals while ensuring that his followers follow him and understand the process (Djordjevic, Panic, Aris & Zivkovic, 2018).

A leader needs followers, and to achieve them, leaders must act as agents of their followers and seek to meet the authentic needs of their followers (Djordjevic, Panic, Aris & Zivkovic, 2018).

Followers should engage in the leadership followership process and actively work together with the leader towards authentic needs and satisfaction, a positive environment, as well as organisational goals. Successful and effective followers share certain characteristics. Leaders should not only surround themselves with followers with these characteristics but also seek to empower them to be successful and effective followers (Brumm & Drury, 2015).

On the one hand, organisations that do not promote the importance of good leadership in their organisations suffer the effects of poor planning by leaders and, on the other hand, suffer the effects of poor empowerment, commitment, and satisfaction of followers. Thus, the following concepts need to be taken into consideration (Brumm & Drury 2015):

 Empowerment The leader must enable or create conditions for followers to share power and gain meaning

Enable followers

The leader's behaviours provide the ways, means, and opportunities for followers to practice good follower characteristics.

Follower characteristics

Leader behaviours and opportunities for followers to practice good follower characteristics.

Follower-ship

The process of a follower working together with a leader to optimise performance in achieving organisational objectives.

Implementation plan

The act of executing, to carry out, fulfilling, perform the actions identified in the plan.

Planning

Method of acting, proceeding, doing. The way to develop in advance and execute.

Long-term planning

Define the organisational goals, the time to achieve, means to reach them. Plan creation and execution of process, obtainable in more than one year.

Strategic Plan

Plan strategically, long-term plan to obtain goals or objectives.

For leaders to be successful in long-term planning, there are aspects they must take into consideration (Brumm & Drury 2015):

- Open communication, talk about the plan
- Involve the followers in the planning of the plan, the followers should put their inputs into the planning, and advise how it can be executed
- To achieve the plan, the leader should consider the means that are needed to achieve it, including the human resources needed and time. You should estimate the time needed to achieve the objectives and the people needed
- The leader should share the objectives, planning details and training with the followers so that everyone is involved in the process
- Outline the responsibilities of the implementation of the plan, coordinate and manage the implementation efforts
- Allow the plan to change whenever the need arises

The success of long-term planning depends on the bond that followers create with the process and that they are encouraged by the leader. A leader who empowers followers through his or her skills, who takes initiative, who creates bonds, who takes charge, who develops a good working environment, who uses his or her strengths and involves his or her followers, not only has more participative and involved followers but by implementing these practices in planning improvement allows the empowerment of the leader as well as his or her followers (Brumm & Drury 2015).

Active learning activity - 2. How does your team work?

Participants should make a critical reflection on their leadership and the work developed in their teams by completing the questionnaire, with a critical and true sense, this activity should take a maximum of 20 minutes.

At the end of the questionnaire, the participants should discuss the positive and less positive aspects of their team, 10 minutes allowed.

Chapter 3 - Cooperation with staff (engagement, communication, connection)

Group VS Team

In the evolution of the team concept, clear distinctions between 'groups' and 'teams' were made. There is an expectation in Person centred care that teams are the most appropriate vehicles to achieve outcomes when care workers and patients are working together (Saltman, O'Dea, Farmer, Veitch, Rosen & Kidd, 2005).

The group definition can be done by several people or things located, gathered, or classed together. The members of the group act individually, every member has an individual responsibility, usually interact to share information, best practice, or perspectives, and make decisions to help each other perform more effectively the task (Saltman, et. al., 2005).

Participants accept they are within their own professional identity and contribute from their own role and background. They do not expect others to do so, nor do they involve themselves in areas where their boundaries may be blurred, such as situations where there might be a role overlap. The group merely provides a forum where communication between people can be facilitated. In the group, the performance is the sum of the individual contributions of all participants (Saltman, et. al., 2005).

On the other hand, the Team is a special type of group which, among other attributes shows high interdependence in the execution of activities, with complementary skills that, committed to a common purpose, coordinates efforts and responsibilities to pursue a mission (Saltman, et. al., 2005). The team's performance is superior to the sum of the individual contributions of its members (Synergy).



Advantages of working in a team:



- Helps create a high-performance culture for problem-solving
- Guarantees greater effectiveness in implementing solutions
- Increases commitment and promotes working together
- Helps to replace the internal competition posture by cooperation

- Maximizes synergy (the whole is greater than the parts, members are parts, members are more productive than if they worked in isolation)
- Promotes work satisfaction: the elements adhere more easily to the proposed objectives

As much as working in a team is more advantageous in different fields, there are some organisational and individual barriers that can hinder the efficiency of teamwork (Hall, 2005):

| Organizational barriers: | Personal barriers: |
|---|---|
| Organisational culture Organisational values Educational systems Collaborative practice Communication  | Cultural differences Interpersonal skills (exclusive task orientation, lack of strategic thinking) Sense of belonging Responsibility Autonomy  |

Communication

Several studies demonstrate that health and care professionals have difficulty in maintaining communication that favours teamwork and, consequently, patient safety. Hierarchical differences, power and conflicts in the context of health care workers have directly influenced the way communication is established, causing professional positions to work in parallel, to the detriment of teamwork (Rajhans, 2009).

Communication is the act, by one or more persons, of sending and receiving messages that are distorted by noise, occur within a context, have some effect, and provide some opportunity for feedback (Webb, 2011).

Communication is understood as the most important activity in organisations and care centres. Established relationships happen and grow through communication and the functioning and survival of organisations are based on effective relationships between individuals and groups.

Communication enables individuals and teams to coordinate activities to achieve objectives and is vital in socialization, decision-making, problem-solving, and change management. Internal communication provides employees with important information about their work, organization, management, environment, etc. Communication is one of the most essential tools for achieving motivation, it allows trust to be built, fosters the creation of a shared identity between people/team, and promotes engagement through the expression of emotions between individuals, their tastes and preferences, and their ambitions. Communication is the basis for individuals and teams to make sense of their organization, what it is, and what it means (Rajhans, 2009).

Communication and teamwork styles

Communication in a team is very important, not only to foster relationships but also to decrease the risk of conflict, tension, and misunderstanding in the workplace. Good communication in an organisation is vital and fundamental for a good environment and a cooperative and functional team (Dasgupta, Suar & Singh, 2014):

- Increases employee engagement
- Fosters a more collaborative and productive workplace
- Makes it easier to reach goals
- More efficient problem solving
- Better conflict resolution

There are four types of communication, these forms of communication directly influence the interaction of the receivers and the people around them (Dasgupta, Suar & Singh, 2014).

Each person has elements of each style within themselves and in the way they communicate, but you may notice that they resonate more strongly with one or the other. These types of communication are (Pipas & Jaradat, 2010):



PASSIVE COMMUNICATION

Passive communicators may struggle to express themselves or avoid voicing their feelings, needs, or opinions altogether. Subsequently, they are inclined to put the needs of others before their own and at their own expense. Passive communicators can be non-confrontational to a fault, acting either indifferently or falsely agreeable in times of conflict, and usually having difficulties setting boundaries and saying no as a result. This type of communication can be dangerous because it can allow resentment and anger to fester and build.



AGGRESSIVE COMMUNICATION

An aggressive communicator stands out in a crowd; these people are often the loudest in the room, speaking over others and controlling the narrative during a discussion. Aggressive communicators struggle with listening to others or considering the effect their opinions, actions, or ideas may have on them. When confronted, these people will respond with defensive hostility or aggression and may dismiss their view or issue altogether. Often these types of communicators will obtain positions of leadership or authority because they demand respect and dominance by nature.



PASSIVE-AGGRESSIVE

Although they may seem content on the outside, passive-aggressive communicators may carry feelings of resentment, which inevitably surface in subtle ways. While these people are aware of their feelings and needs, they find it challenging to express them and have difficulties admitting anger or how they truly feel. They do a good job of pretending that everything is okay when they are silently suffering. Their pent-up resentment or anger may manifest in behaviours such as gossip, silent treatments, under-their-breath comments, or other forms of indirect or non-verbal communication.



ASSERTIVE

Assertive communicators utilise open, genuine, and direct communication in their interactions. They speak with the intention and integrity of their feelings, and their actions typically align with their words. They can find ways to express themselves while still considering the feelings, needs, and ideas of the people around them, encouraging honest conversations where everyone has a chance to speak. Assertive communicators take ownership of their feelings or actions with "I" statements ("I feel..."). Assertive communication is healthy, respectful, and honest; it is thought to be the most effective form of communication and the ideal to strive for in each interaction.

Communication Skills

A good communicator has information presentation skills and good listening skills. In addition, a good communicator is aware of and considers barriers to communication such as cultural differences, the emotional and cognitive states of others and external distractions (Webb 2011). In addition to this, a good communicator should also have the following interpersonal skills:

The communicator can interpret the other, that is, can understand if the message was well received by the other, through signs of understanding or misunderstanding.

Perception of other reactions



Through feedback from people, the communicator learned what answers to give, for example, the use of dashes in an email can raise doubts of understanding, the communicator knows not to use them, should maintain a coherent and assertive speech so as not to leave doubts to the receiver of the intention.

Attention to feedback and corrective action



This requires the communicator to know when to speak when to listen, when to interrupt or ask, or when to take the lead or be led.

Timing of social responses



A good communicator is self-aware and is able to use this self-awareness to present him/herself to others. This gives the other feedback about who the communicator is and therefore how to interpret and respond to them.

Self-presentation



This is the ability to engage the other in communication and know how to reward communication behaviour. For example, small behaviours, the use of nods, smiles and eye contact encourages the receivers to be involved in the conversation, to feel that they are being listened to, and to feel free and confident to speak.

Rewardingness



By empathising, the communicator puts him or herself in the other person's shoes to understand and strengthen bonds.

Taking the role of the other



Barriers to communication

Often effective communication and the message you want to get across can be misunderstood or misinterpreted; this event can arise due to several factors, namely (Ellison, 2015):

- lack of time;
- hierarchies;
- defensiveness;
- varying communication styles;
- distraction;
- fatigue;
- workload.

Notwithstanding, some challenges go beyond barriers but are deeply rooted in organisations and professions, these include (Ellison, 2015)

- the culture of the organisation;
- professional jargon;
- hierarchies;
- organisational structure.

Adaptive Leadership and Person-Centred Care

Person-centred care in nursing homes aims to shift the focus of decision making about care in such a way that providers place the patient's values and preferences first, and that they consider the patient as a whole person (Having, Skogstad, Kjeshous & Romoren, 2011).

Caregivers are expected to be the sources of expertise and to provide solutions to issues indexed to care. Thus, nursing home administrators and directors identify residents' preferences or values systematically and predictably through their policies or procedures (Corazzini & Anderson, 2014).

Care providers then respond to residents' preferences or values in a routine way. However, this approach assumes that residents' needs, preferences, and values are predictable and known, i.e., that providers know the right questions to ask, and that the work of incorporating preferences into care routines is predictable, which in fact proves inadequate and inappropriate amidst constant daily change (Corazzini & Anderson, 2014).

In a work environment filled with policies, rules, and regulations, it can cause considerable discomfort for nursing home administrators, nursing directors, and medical directors to recognise that their technical expertise cannot solve adaptive challenges, and for them to recognise that solutions must come from direct caregivers, residents, and family (Corazzini & Anderson, 2014).

One way to reconcile this discomfort is to recognise that many of the problems for which technical solutions prove inadequate are inherently adaptive challenges because such situations often result in frustration when a technical solution does not achieve the desired outcome (Corazzini & Anderson, 2014).

This management of daily challenges can be mitigated with the presence of a leader, i.e., when working in a care centre, we are challenged by daily changes; besides caring for the patient, we still have to ensure compliance with the rules and adequacy of services. In this environment, leadership plays a fundamental and pivotal role. In the presence of adversity, it must be the leader who takes charge of the situation and ensures that it is overcome, through active listening and strategic planning, involving others in the resolution and adequacy of the same (Having, Skogstad, Kjeshous & Romoren, 2011).

Leadership must be adaptive, appropriate to the times and situations, adapted to the people involved, and focused on the objectives: caring for the person.

Managing these challenges can pose barriers such as the need for behavioural change, mindset management, delivery of issues affecting relationships and the impact on the team and the organisation (Corazzini & Anderson, 2014). Addressing challenges involves the following:

- Recognising that a problem exists or could potentially exist and therefore seeking a solution or potential resolution.
- Wanting to achieve a resolution to the issues, it is crucial to understand that this may involve a change in behaviour and mindset on the part of the team.
- This process takes time and understanding.
- Cooperation with staff (involvement, communication, connection).

Adaptive leadership allows differentiating between technical and adaptive problems, it allows adaptation to change in the face of need, involving followers in the commitment to change, but also active members in it (Having, Skogstad, Kjeshous & Romoren, 2011).

Active learning activity - 3.How do you communicate with your team?

After the presentation of the programmatic contents of Chapter 3, the trainer presents a Case Study on team communication, in which the participants, in groups, are challenged to Identify the problem; Survey the important data; Analyse the context (variables); report the Solutions/conclusions about the problem. This activity should be performed in 30 minutes.

Self-assessment quiz

Trainees must answer the 10 questions proposed.

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MODULE 2

Reasons for resistance to change and safe space to talk

Introduction

Leadership is the art of motivating a group of people to act towards a common goal. Leadership expert James McGregor Burns (2003) said that leadership is a process in which "leaders and their followers lift each other to higher levels of morality and motivation." It is a fact that leadership does not have a simple one-size-fits-all recipe and there is no magic formula that will instantly make you a great leader. It takes time, dedication, a high work ethic and above all the ability to inspire and be inspired. Leader's responsibility is to develop a vision for the people and institutions she/he leads.

What must be kept in mind is that leadership has nothing to do with titles or personal characteristics. Someone holding a high position in the hierarchy does not mean that she/he is a leader or have leadership skills. For example, we usually think of political figures who shaped history like Abraham Lincoln and Winston Churchill as great leaders. And they were indeed leaders and charismatic personalities, but charisma alone does not make a leader. Leadership is not an adjective and those with natural gifts are not leaders simply because of that.

Another point needs to be addressed is that managing a team does not necessarily mean that you are a leader. Usually the terms management and leadership are used synonymously. Bill Gates has given a simpler statement of what leadership really means: "As we look ahead to the next century, leaders will be those who empower others."

Chapter 1 – Creating a positive environment for Reflection

What is a positive work environment?

A psychologically safe work environment is one in which employee feels comfortable, secure, and at ease when it comes to both their physical and emotional safety. A key feature of a safe work environment will be one that prioritizes and shines a spotlight on employees' well-being. High levels of trust and support, strong communication, encouragement, and compassion are some hallmarks of a good and positive workplace. One in which employee feels comfortable, secure, and at ease when it comes to both their physical and emotional safety. High levels of trust and support, strong communication, encouragement, and compassion are some hallmarks of a good and positive workplace.

What are the essential communication skills for leaders?

- Ability to Adapt Your Communication Style
- Active Listening
- Transparency
- Clarity
- Ability to Ask Open-Ended Questions
- Empathy
- Open Body Language
- Receiving and Implementing Feedback

1

**MAKE SPACE FOR
EQUAL AND OPEN
DISCUSSIONS**

A strong and high-performing workplace should be the perfect place for open discussions. Brainstorming sessions and workshops can be a great opportunity to generate new, exciting, and innovative ideas. In order to promote a safe and positive environment for the whole team, develop a system where everyone gets the chance to voice their idea or opinion. It can be a very discouraging experience to arrive at a meeting bursting with ideas, only to be talked over or lack the courage to speak up at the opportune moment.

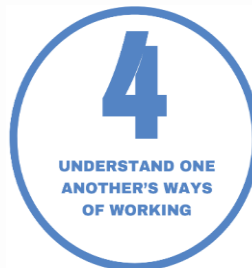
Actively show appreciation for one another and highlight just how much you value everyone's contributions. Encourage your employees to be thankful to each other share their feedback.



Helping people adapt to your culture and your ways of working will take time. Help people feel at ease by welcoming them and helping them ease their way in with a structured onboarding process. Help people to feel more comfortable in their surroundings but you can also highlight the support system they have around them.

People feel at ease when they know what to do, how to do it, and who to ask if they have questions.

Usually, any tensions between members are down to a lack of communication and a potential clash of personalities. To combat this consider holding a workshop or presentation where each member of the team highlights ways they prefer to work, where their strengths are and what are their weaknesses.



Help your team to get to know each other and understand how to work with each other better. A team that understands one another will have a positive impact on your working environment.

A meeting to clear the air on preferred ways of working will help to open the lines of communication and help set boundaries so that everyone feels as comfortable as possible.

It is important to highlight the strong work done as a collective. Build team spirit and help everyone see how their individual work contributes to the team goals.

Be sure to celebrate wins in the workplace, no matter how big or small they are. This will not only help people to feel appreciated but also make them understand that they are having an important impact on the organization too! Get your team to decide on how they would like to celebrate their next win.



5

SPEND TIME
TOGETHER NOT
WORKING

Take some time to do a non-work-related activity together. This can help to rejuvenate the team and will create a positive and safe working environment.

Consider eating lunch together once per week - Just make sure that conversations about work are off-limits!

Take time to reflect on what you and your team have achieved during the week, what went well, what needs improvement, and what is coming up next. Try setting aside 15-30 minutes towards the end of the week where everyone can look back at how they and the team performed. This can help identify positives from the week - whether goals and objectives were met, how new processes performed and what blockers there may have been.



6

REFLECT
TOGETHER



7

TRUST YOUR TEAM

As a leader, you must trust your team. Avoid micromanagement, or taking over tasks that others should be responsible for as this will cause your team to harbour negative feelings. Instead, nurture an environment of trust and give your team freedom and this will spread positivity throughout your employees.

Highlight what is expected of each team member to communicate clearly what this job requires and what you want to see. Create commitments together to

avoid team members from feeling that something has been 'imposed' on them.

The early understanding what is need and how will be achieved is the successful.



How do you create a safe space for a group discussion?

Set ground rules:

Being open about everything makes people feel like they're part of the team.

This means no talking over each other, no personal comments, no slating each other's views. It means listening and showing people that you are listening (for example, by making eye contact). It means respectfully disagreeing and challenging the opinion, not the person.

Get everyone on the same page

Don't be afraid to over-communicate, especially with a remote team. You don't want to make the mistake of assuming something and inadvertently delaying your project. It's always good to remember that tone, facial expressions, and gestures don't translate in chats or emails, so you want to be clear in your instructions.

At the start of a project, clearly lay out responsibilities. Things are less likely to fall through the cracks when people know their deliverables and how their job affects the rest of the project and team. Keep information such as organization charts, internal wikis and key deadlines posted and easily accessible to everyone.

To meet, or not to meet, that is the question



A daily meeting gives a chance for everyone to share their goals for the day and any roadblocks that need clearing. For longer projects (or established teams), weave in team lunches or events. It lets people connect outside of work and promotes comradeship.

Take advantage of channels

Strategically creating appropriate, contextual channels keeps separate projects organized and encourages effective collaboration. In fact, 85% of employees with access to collaborative management tools are more likely to perceive themselves as happy in the workplace.

Be a team player, but set some ground rules

Do yourself a favour and stay flexible but anticipate that there will be some conflict. Change is never easy, and teams always comprise various people with different habits, attitudes and motivations. Be upfront with your expectations and how you want the team to communicate. Encourage discussion with mutual respect. Make it a rule that everyone can voice their opinion, but once a decision is made, everyone needs to commit to it. Team player feels heard, he'll be more inclined to put effort into the work. Normalize giving out kudos when someone does a good job. It's so easy (and free!) to give a quick shout-out. They'll appreciate it, and the team will recognize their value. It also encourages a little healthy competition, inspiring others to aim high. Be an active listener and respectful of others. Your colleagues will feel more comfortable and communicate and collaborate more effectively.

Give your team members autonomy

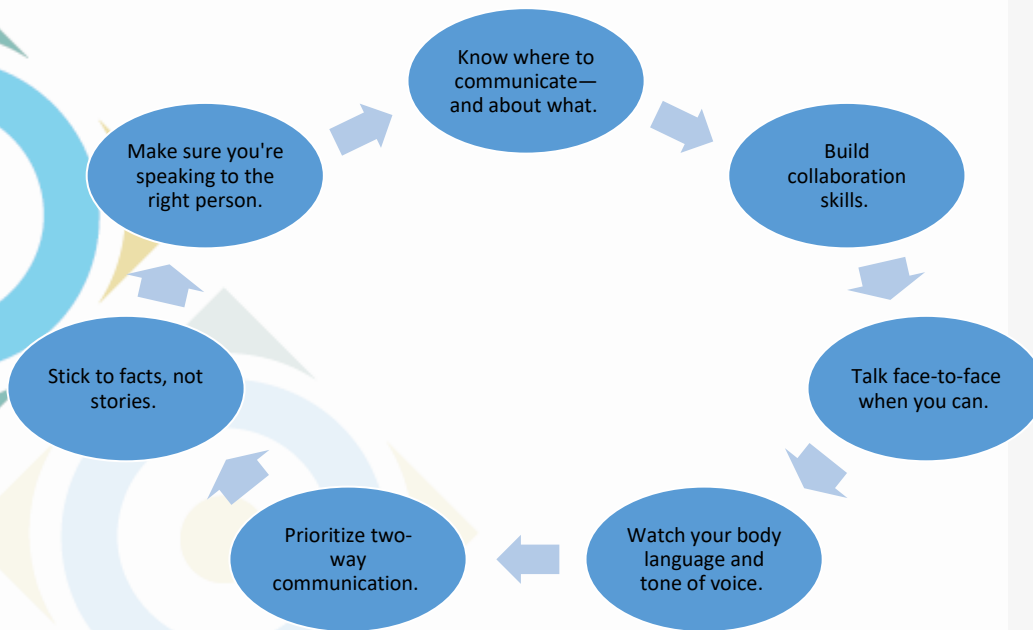
Trust your colleagues to do good work. Your company hired them because they had the right skills and fit for the job. Once your team members are all on the same page and know who's responsible for what, let them do their job. Provide a good support structure. Even the best self-starters need advice or a sounding board at some point. You want your team members to know who to reach out to with questions and when to bring up new ideas for discussion. That structure allows autonomous workers to focus and be creative and innovative, which

ultimately leads to better collaboration. Having the freedom to test out new concepts or lead an effort fosters more idea sharing and feedback among the team. Plus, having personally motivated individuals makes for an overall stronger and more productive team.

Encourage your team members to be agile and take advantage of the tools they have. Set the stage by defining expectations and responsibilities, and then trust them to do their best. Lead by example, and coach and develop your team's skill sets while keeping everyone focused. Be honest and transparent and remember that over-communication is better than under-communication.

Ways to become a consummate collaborator, whatever your work environment:

- ✓ Communicate clearly: One of today's most sought-after job skills, good business communication is the bedrock of effective collaboration. Anyone can improve this skill, and it's worth remembering that the loudest or most talkative people in the room aren't always the best communicators. On the other hand, introverts and people with high emotional intelligence often excel, using skills like empathy and active listening to pick up nuances that others might miss.
- ✓ Choose the right tool for the right task.
- ✓ Go beyond your comfort zone: Taking on projects that fall outside your area of specialization can make you a better collaborator because you must learn from the expertise of others.
- ✓ Find or become a mentor: Ask coworkers for their advice when you recognize that they have expertise in areas you may lack. Likewise, use your know-how to help others, even when there doesn't seem to be a direct benefit to you. All of this builds your ability to collaborate.
- ✓ Participate in team-building activities: Playing virtual games as a team might seem silly to some, but time spent working with a group toward the same goal helps boost collaboration abilities. It also helps build a culture of belonging, which leads to happier and more productive teams.



Active learning activity - 1. The marshmallow challenge

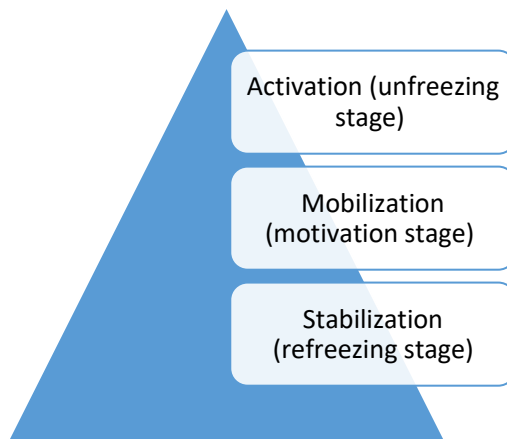
The classic and timeless activity that has groups teams competing to build the tallest freestanding and most stable structure from 20 spaghetti, a meter of tape, a meter of string and a marshmallow. Through this activity, team communication, leadership dynamics, the concept of cooperation, innovation and problem-solving strategy are emphasized.

Chapter 3 - Change – resistance to Change

Concept of change

The concept of change can be defined as simply as doing something different or becoming different. Change as a transition from one state of affairs to another, which is a process of adaptation and repositioning of an individual or a group in a new environment where it can function more effectively. It can be argued that the success of change execution effort largely depends on shaping employee attitudes toward change, i.e., coping with resistance to change by making the employees ready for change. Recent studies have highlighted the importance of organizational justice practices in shaping employee response toward change (Soenen and Melkonian, 2017).

Basic stages of the change process according to Kurt Lewin:



- **Activation (unfreezing stage)**

Status quo activation is the process of mobilizing those individuals who are prepared for the proposed change. The elements that the change agent will rely on to succeed at this stage are the creation of a climate of trust and the persuasion to recognize the need for change. Active participation is necessary initially in recognizing the problem and in continue to create alternative solutions for bending the possible resistances.

- **Mobilization (motivation stage)**



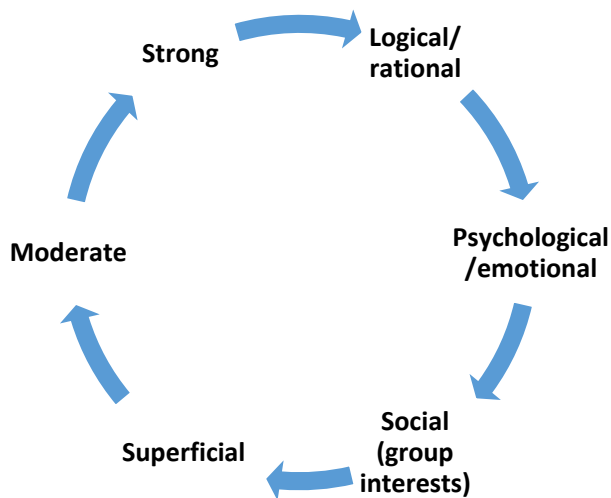
The mobilization phase is achieved by changing the goals to a level of equilibrium, which is achieved by recognizing that the status quo is no longer beneficial and useful. In this phase, individuals are encouraged to express their opinions by recognizing the problem from a different perspective. By activating these opinions, which favour the changes, the appropriate environment is created in which the change can be implemented.

- **Stabilization (refreezing stage)**

Integrating into a new behaviour is stabilization, whereby the new data that has been created is established in a new equilibrium. This change is encouraged and strengthened by formal and informal mechanisms (policy-communication).

Resistance to change is a diametrically opposed force, which in practice presents obstacles to the successful implementation of change. Communication is the means to help understand resistance and anticipate misperceptions.

Categories of resistances, depending on where they are focused and by whom they manifest:



- **Logical/rational**

Reasonable resistances may be due to concerns, which focus on the time that will be required after the change is implemented and the efforts that will be made to train for the particular change.

- **Psychological/emotional**

Psychological/emotional resistances can be driven by factors such as:

- ✓ Antipathy towards the protagonist of the change
- ✓ Fear of the unknown
- ✓ Lack of trust in others
- ✓ Slow adaptation to change
- ✓ Desire for security and maintenance of the establishment (status quo).

- **Social (group interests)**

Social resistance seems to stem from factors that can be summarized as follows:

- ✓ Investing interests
- ✓ Desire to maintain friendly relations
- ✓ Limited perception-thinking
- ✓ Values that are different from those of the group – Political alliances.

- **Superficial**

These are resistances that are expressed casually and lack a strong background. Usually no special effort is required to overcome them.

- **Moderate**

These are the resisters with the highest frequency of occurrence. The effort to reverse them must be more organized and systematic. Their ethology is usually found in emotional issues and the fear of recognition.

From their definition it appears that these are large resistances, which manifest themselves within the organisation. They are usually due to the loss of rights provided by the establishment. These resistances are most likely to prevent the implementation of a change.

○ Methods for overcoming resistances

Strategies for dealing with the various resistances that are against the proposed change:

- ✓ Handling and cooperation
- ✓ Participation and active involvement
- ✓ Facilitation and support
- ✓ Education and communication
- ✓ Negotiations and agreements
- ✓ Clear and unclear pressure

Characteristics, among the people who promote the change:

The success of the change is accompanied by special characteristics, which can be encouraged among the people who promote the change:



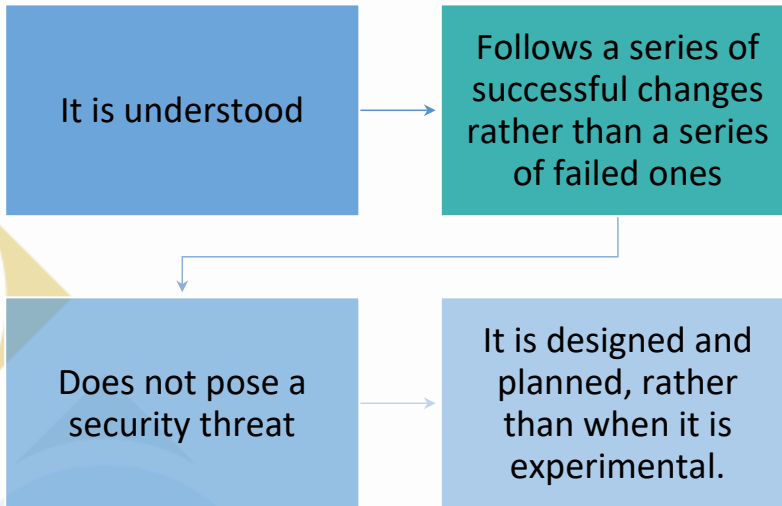
Questions to enhance the systematic preparation required before any attempt to implement a change

When thinking about strategic changes, it is useful to have organized thinking, that is:



- Who can participate in the effort?
- How we would prefer it to be in the future?
- Who could we get help from?
- What activities would be helpful for the change?
- Recognition of the present situation.

Change is more acceptable when:



The people undergoing the change have contributed to the organization of the change, rather than when it is imposed by external factors.

Active learning activity - 2. The blind and the deaf

The blind, the deaf and the mute is an introductory horse assisted exercise which delivers on the identification of ways of working (individual and team), proposes a few elements of complexity, accesses emotions like trust, courage and builds on skills like communication, strategy and tactics, listening.

Comentado [1]: this is not corresponding to the activity described in the active learning sheet.

Comentado [2R1]: @jessicacarvalho.aproximar@gmail.com

Active learning activity - 3. Tell me what you are drawing

The trainer must be present at the exercise and set an example with his attitude and behaviour. She/He will mainly focus on instructing those involved and making sure everything goes as planned. The trust exercise consists of dividing the group into pairs and each pair will get a piece of paper and a pencil. One of the partners should start by drawing a picture, making sure that her/his partner does not see it. They will have a few minutes to draw the picture.

Comentado [3]: i think the explanation is not very clear - suggest revising

Self-assessment quiz

Trainees must answer the 8 questions proposed.

Additional resources

Video: This video briefly explains what resistance to change is and how can change:

[\(193\) Overcoming Resistance to Change - Isn't It Obvious? - YouTube](#)

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MODULE 3

Correcting unacceptable behaviours or respectfully calling out a discrepancy in others' behaviours

Introduction

Codes of conducts are useful to provide a standard of practice, and it is definitely a responsibility of care managers to ensure that the organisation's systems, practices and culture support compliance with the Code.

However, it is true that staff in health and social care services are often working under intense pressure and severe time constraints which may impact on practice and behaviour (Health Education England et al. 2017) and creates situation in which not desirable behaviours are implemented by staff, both towards care recipients and co-workers with negative consequences on them and need to be addressed as soon as possible. Nevertheless, many leaders find it difficult to give direct feedback without alienating the other person, especially when it comes to sensitive topics such as calling out bad behaviours.

In this module we will explore the role of care managers in addressing negative behaviours through a person-centered care approach.

3. Chapter 1 - Rules, procedures and expectations on care standards/ desirable behaviours

Code of conducts



A person-centred approach puts people, families and communities at the heart of health, care and wellbeing. It means people feeling able to speak about what is important to them and the workforce listening and developing an understanding of what matters to people. According to Health Education England and al. (2017) it means, among others:

- working in a system in which people and staff feel in control, valued, motivated and supported;
- affording people dignity, respect and compassion, without judging them;
- developing rapport and relationship, achieving a shared sense of understanding, purpose and partnership.

To operationalise these values, Codes of Conduct might be useful. A Code of Conduct is a document which encompasses the ethical principles and values of an organization. Indeed, while there are certainly laws regulating the care sector, even laws cannot force one to always engage in ethical conduct. Obeying the law is a minimal standard of behavior — but in an industry such as healthcare, dealing with vulnerable persons and with trust of clients and users—professionals must hold to a higher standard. The Code of Conduct for care centres aims to improve the safety, health, wellbeing and quality of life for people receiving care. It also aims to build confidence and trust in care and bring a strong focus to a person's right to receive safe and quality services (Code of Conduct for Aged Care, 2022).

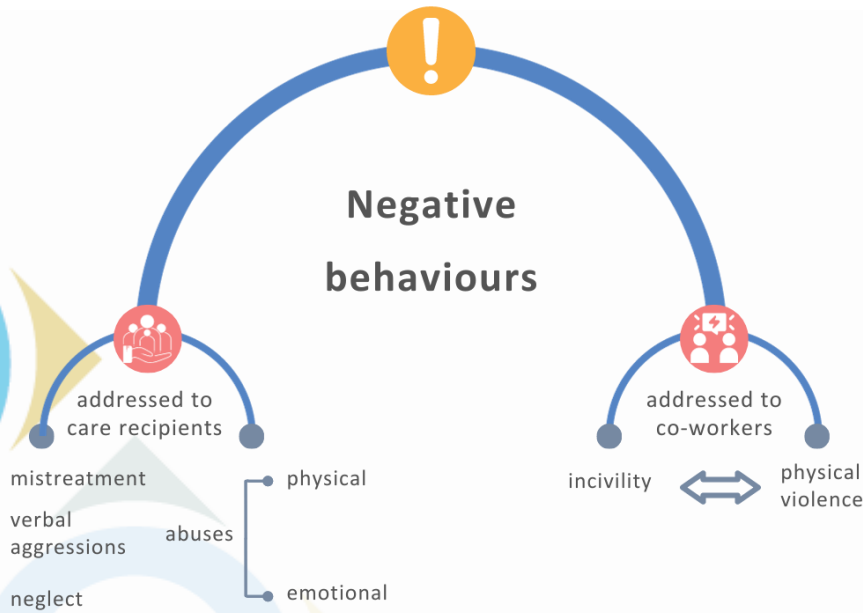
An example we can refer to is the Code of Conduct developed in 2013 by Skills for Care and Skills for Health, which outlined seven standards that professionals can refer to, to make sure they are providing safe and compassionate care and to identify behaviours which are not in line with them. They are:

- 1 be accountable by making sure you can answer for your actions or omissions
- 2 promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times
- 3 work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support
- 4 communicate in an open, and effective way to promote the health, safety and wellbeing of people who use health and care services and their carers
- 5 respect a person's right to confidentiality
- 6 strive to improve the quality of healthcare, care and support through continuing professional development
- 7 uphold and promote equality, diversity and inclusion.

In addition to codes of conducts, many professionals active in the aged care sector are also regulated by codes of ethics / deontological codes defining quality standards and ethical obligations specifically for the profession.

Behaviours of concern

Codes of conducts are useful to provide a standard of practice, and it is definitely a responsibility of care managers to ensure that the organisation's systems, practices and culture support compliance with the Code. However, it is true that staff in health and social care services are often working under intense pressure and severe time constraints which may impact on practice and behaviour (Health Education England et al. 2017) and creates a situation in which not desirable behaviours are implemented by staff, both towards care recipients and co-workers.



When addressed to care recipients, we can name behaviours that can include mistreatment, verbal aggressions, physical and emotional abuses and neglect.

When addressed to co-workers, negative behaviours can be defined as encompassing the continuum of less active, less intentional forms, such as incivility, to more active, more intentional forms, such as physical violence.

Many terms exist within the literature to describe negative behaviours, including workplace bullying, violence, aggression, abuse, hostility, sabotage, and incivility. (Layne et al. 2019)

Indeed, according to research (Guo et al. 2022), there is evidence that these behaviours can have a lot of negative impacts and namely on:

- the clinical performance of health care workers
- quality of care
- workplace productivity
- patient outcomes.

In addition, according to Bamberg & Bamberg 2022, the effects of HCWs' unacceptable behaviour may have important collateral effects not only on those who are directly affected by them but also:

- by impacting the individual clinical performance of third-party HCWs simply witnessing such behaviour
- by generating a contagion-based, upward spiral of HCWs' unacceptable behaviour
- by debilitating team performance, or in other words the performance of teams comprising victims of and witnesses to HCWs' unacceptable behaviour.

There are research findings that indicate that witnesses to unacceptable behaviour are more likely to themselves subsequently direct similar behaviour towards innocent third parties, thus potentially generating an upward spiral of such behaviour. In fact, it seems that witnessing unacceptable behaviour activates concepts associated with such behaviour in the observer's semantic making these concepts more readily used in cognitive processes and thus increasing their influence on decision making and attributional judgement formation in social situations. (Woolum, A., Foulk, T., Lanaj, K., & Erez, A., 2017, quoted in Bamberg & Bamberg 2022).

This explains why it is important for leaders to timely address negative behaviours when they happen and to encourage a working context in which staff members can speak up if something is concerning them.

Active learning activity- 1. Group discussion about organisational code of conduct

This exercise revolves around small groups working together to answer questions based on the development of a code of conduct within a theoretical healthcare setting for older people. Though it is theoretical learners will use their own experiences to imagine the setting. In order to do this it is important to establish a set of ground rules including confidentiality so people to feel able to freely express themselves without judgement or fear that the information will go back to people outside the training. This activity should be performed in 60 minutes.

Active learning activity- 2. Group discussion about organisational code of conduct

This exercise revolves around small groups working together to answer questions based on the development of a code of conduct within a theoretical healthcare setting for older people. Though it is theoretical learners will use their own experiences to imagine the setting. In order to do this it is important to establish a set of ground rules including confidentiality so people to feel able to freely express themselves without judgement or fear that the information will go back to people outside the training. This activity should be performed in 30 minutes.

Comentado [4]: Activity 1 and 2 are the same

Comentado [5R4]: @staceyrobinson@expandinghorizons.co.uk

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Chapter 2 - Personal responsibility and accountability: the role of staff, the space to provide their opinion, the role of leaders


Challenging negative behaviours


As previously mentioned, negative behaviours can have numerous detrimental effects on patients and staff and need to be addressed as soon as possible. When the professional has undue and inappropriate behaviours, their attention should be called as soon as possible, so that they understand that they cannot have that code of conduct and so that the team is clear as to which behaviours are acceptable or unacceptable so that it does not become a recurrent practice (Reid, 2020).


Nevertheless, many leaders find it difficult to give direct feedback without alienating the other person, especially when it comes to sensitive topics such as calling out bad behaviours. People often try to rationalize bad behavior, rather than confront it. They pretend that it isn't happening, convince themselves that it's not important, or believe that it will sort itself out. This is dangerous. Someone who's deliberately behaving badly can be emboldened by such a lack of resistance. And, by giving rapid feedback to someone who's not aware that they're behaving badly, you can 'nip problems in the bud' before they become severe and habitual.

3 USEFUL TIPS to help you in addressing a bad behaviour can include the following steps:

- Make a brief, factual summary of what happened – describe the circumstances and what you observed in the situation of concern.


- Explain what you feel to be the negative impact on patients, co-workers and/or the organization of the enacted behaviour.


- State how you would like to see that behavior modified, be clear and possibly set some targets that can be reached and monitored.





'Speaking up' is defined as the raising of concerns by health care professionals for the benefit of patient safety and care quality upon recognising or becoming aware of the risky or deficient actions of others within health care teams in a care environment.

While the role of care professionals in promptly identify risky or negative behaviours of peers is very important, according to a literature review by Okuyama et al. 2014, organisational research illustrates that, in many cases, people choose the 'safe' response of silence, withholding input that could be valuable to others or thoughts that they wish they could express. Silence can be caused by fear, by the desire to avoid conveying bad news or unwelcome ideas, and by normative and social pressures that exist in groups.

In this study, authors analysed the reasons impacting on employee's silence and concluded that an is influenced as much by his or her own cognitive frameworks as by a current boss's behaviour or by organisational factors. In particularly, for what concerns us here, relevant influencing factors are, among others:

- the perceived safety of speaking up, such as fear of the responses of others and conflict;
- the perceived efficacy of speaking up, such as lack of changes.

This highlights therefore that to promote an open culture, where staff members are encouraged to speak up if they observe something of concern, should be characterised by a context:



OPEN DIALOGUE

A context which is supportive of open dialogue to facilitate safer practices.



IDENTIFY INCIDENTS

A context able to identify, report, and investigate incidents.



CORRECTIVE ACTIONS

A context able to take corrective actions that improve the patient care system and reduce the risk of re-occurrence.

The above are all characteristics associated with a so-called “just” organizational culture, as opposed to a “blame” culture in which there is an unwillingness to take risks or accept responsibility for mistakes because of a fear of criticism or management admonishment. (Kathri et al. 2019)

Of course, care institutions cannot afford a blame-free culture: some errors do warrant disciplinary action. Finding a balance between the extremes of punishment and blamelessness is the goal of developing a just culture.

According to Boysen (2013), mistakes can be classified as:

1 Human error: error, ie, faulty planning or intention; the individual involved believes the action to be correct. Corrective action and coaching, not punishment, are indicated for improving the system.

2 At-risk behavior (a conscious drift from safe behavior): includes both intention and the violation of rules, policies, and procedures and makes a system vulnerable, increasing risk. The individual should be coached to understand the risks resulting from his or her action.

3 Reckless behavior (conscious of conduct and risk): may be grounds for disciplinary action, and civil or criminal charges may be filed against the individual. Punishment, including termination, may be the appropriate consequence.

A fair and just culture improves patient safety by empowering employees to proactively monitor the workplace and participate in safety efforts in the work environment. Improving patient safety reduces risk by its focus on managing human behavior (or helping others to manage their own behavior) and redesigning systems.

In a just culture, employees are not only accountable for their actions and choices, but they are also accountable to each other, which may help some overcome the inherent resistance to dealing with impaired or incompetent colleagues. (Boysen 2013).

Role of supervisors in adverse events

Diller et al. (2013) applied to the health care sector the Human Factors Analysis Classification System (HFACS), which aimed to identify the various factors that can lead to risks and error in performances. One of the aspects on which they focus is the role of Supervision in adverse events.

According to authors, those at the front lines of healthcare are responsible for their actions; however, in some instances, they are the recipients of a variety of latent failures attributable to their supervisors, among which they identify:

- Failures of leadership, which occur when supervisors provide inadequate training, professional guidance, or oversight for employees. Without proper oversight employees will resort to past practices and intuition rather than established standards of care, resulting in latent failures that go uncorrected, compounding over time.
- Lack of operational planning: managers should ensure that employees are fully aware and capable of executing the work plan. Often, known problems exist, such as worker deficiencies, equipment problems, or training. If these issues are known to the supervisor and not addressed a failure to correct known problems occurs.
- Finally, supervisors also may themselves disregard existing rules and regulations. An example might be to permit an individual to perform tasks outside of the scope of his or her licensure or qualifications. When this occurs, a supervisory ethics issue exists.

Once again, the role of leaders in organizational contexts is highlighted as of utmost importance to ensure that bad behaviours are promptly identified and addressed.

Chapter 3 - Pedagogical methods of supervision

What is supervision




Professional Supervision is a negotiated, formal, professional relationship in which each person has a role to play, rights and responsibilities. The supervisor’s key task is to structure and facilitate the process of supervision, so the other professional (supervisee) can grow and learn in a safe, supportive, affirming environment.

“Supervision interrupts practice. It wakes us up to what we are doing. When we are alive to what we are doing, we wake up to what is, instead of falling asleep in the comfort stories of our clinical routines and daily practice. The supervisory voice acts as an irritator interrupting stories (comfort stories) and facilitating the creation of new stories.” (Leach & Paterson 2015)


According to Skills for Care (2020) there are three key functions of supervision which can be relevant, among others, in the context of monitoring and challenging negative behaviours:

1




Support
Supervision involves supervisors providing support for staff members with different aspects of their role. The function can help to address any emerging issues that may impact staff performance and/or wellbeing, including for example dealing with any issues that need further investigation, for example performance concerns or safeguarding investigations.

2



Line management
It can help managers to promote and maintain good standards of work and ensure that staff follow the relevant policies and procedures. For example, supervision can be used to ensure that staff understand the standards that are expected of them and follow the relevant policies and procedures.



Educational and/or developmental

Supervision can help staff to develop critical thinking and analysis skills, explore their own learning and development needs and identify opportunities to address those needs, including giving and receiving constructive feedback.

3

Supervision in a learning organization

As previously mentioned, an organization based on a “just” culture is an organization which is able to (and encourages) learning from mistakes or critical incidents. This means there must be processes in place to refine and develop culture and structures in response to learning by individuals, teams and services within the organisation.

In this context, supervision is important as it acts as an interface between the complexities of practice and the complexities of running a care organisation. According to Godar (2020) supervisors have a critical role in helping practitioners to apply new knowledge and skills in their work and in feeding learning into the wider organization. Supervision should be a space for reflection, and this depends on there being a culture of trust to allow people to explore their practice and to acknowledge what they find difficult. Being a part of creating and sustaining this kind of environment is a learned skill and needs to be nurtured.

Supervision and person-centered care

Supervision and implementation of person-centered care practices are very connected.

Indeed, according to Edgar et al., quoting a study by McCormack and McCance (2017), to deliver person-centred care, staff should also be treated in person-centred ways as when the welfare of the person receiving care is privileged over staff, there is potential for the quality of care to be impacted. And in fact, authors claimed that when person-centredness is afforded to all (staff included),

the term to be used should not be person-centred *care* but rather *practice*, intended as ‘*an approach to practice established through the formation and fostering of therapeutic relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons, individual rights to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that fosters continuous approaches to practice development*’ (McCormack & McCance, 2017)

Supervision in aged-care services can therefore be seen as a means through which staff is supported in implementing reflective practices, valued, empowered and ultimately be treated in a person centered-way.

Moreover, quoted studies show that clinical supervision provides space for staff to consider the organisational barriers that impact on person-centred care. Information that could be beneficial for organisations, as a proactive measure to overcome challenges in delivering person-centred care and developing person-centred cultures. By providing space for reflection, healthcare professionals can surface the assumptions made between themselves and the social context in which practice occurs, leading to transformative action.

Active learning activity - 3. Moving away from a blame culture

The facilitator should take an empathetic approach. It is important that ground rules are established at the start of the session and that each of the learners feel comfortable and able to express themselves. The session asks them to talk about their own experiences good and bad within the organisation. However as a facilitator you could take the decision to ask learner to construct/imagine a theoretical healthcare service. This can also work if the learners come from a diverse settings. The setting that they develop will be carried through in each of the group sessions within this module and therefore.

Self-assessment quiz

Trainees must answer the 6 questions proposed.

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MODULE 4

Being able to see the broader context which can inform a greater understanding of issues and actions

Introduction

Our global population is ageing rapidly. By 2030, one in six people in the world will be aged 60 years old or over. As a result of the ageing population and its consequences for aged care systems, the provision of cost-effective, high-quality care of older people has been established as one of the major challenges. To cope with this demographic change, elderly care continues to be a key priority for government and institutions.

Person-centered care (PCC) can be an approach to meeting these aims but because of its focus on individual needs and tailor-made care provision, it implies for organisation a great openness to change and this goes first through its leadership.

Leaders have to place strategic changes, initiatives, and goals into a broader organizational context, or they risk losing the support of their staff and spending energies in activities that don't pay off. People have to see why what they're doing has to change and why they should suddenly be moving in a new direction.

Module 4 aims to deepen the topic of context and the importance of having a broad and clear picture of the situation in which the care manager is operating in care management. An adequate analysis of the context, taking into account the specific needs of care recipients, the right factors and involving the key actors, is the basis for change and the introduction of any intervention in care organisations or services. The ability to think strategically and look at the bigger picture will then be addressed, focusing on self-reflection and one's own way of thinking. In conclusion, how to move from strategy to action through the use of road-mapping as a strategic planning process will be discussed

Chapter 1 – The relevance of the context

Quality and context: which connection?

When it comes to care and care services, it is essential to take into account that the quality of work and care provision is closely related to the internal and external context of the organisation. Quality can be defined as a goal, a model to be achieved or towards which to strive, in a constant effort to transform and improve services, organisations and care professionals (Luppi, 2015).

Change and improving the quality of service is connected with the ideal objectives you would like to achieve, maybe being inspired from other contexts or services, but it may happen to neglect or not thoroughly analyse the current and actual context.

In order to promote change, it's essential to understand the context to improve. Whenever you intend to carry out an intervention or a change that will have an impact on the organisation, in order to foresee what the results will be and the impact that the intervention may have on the environment and the actors involved, it is crucial to have a clear understanding of the background and the figures on whom you are going to intervene.

An analysis of the context will in fact provide a detailed understanding of the whole landscape and organisation of work, understanding the dynamics and factors that work and those that can be improved.

What does context analysis consist of?

The possibility of obtaining structured information about the context in which one is going to operate makes it possible to better contextualise the intervention within that reality, thus detailing its characteristics and modalities in such a way as to guarantee a greater chance of success.

Context analysis is a cognitive process and can:

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| <p>all the structure's activities or focus on mission areas or themes</p> | <p>the general system of relations and exchanges, e.g. which types of actors are involved and to whom responsibilities are attributed</p> | <p>organisational situations endowed with particular autonomy, or relations of direct dependence on structures with more general or contiguous competences</p> |

The analysis of the context represents the first and fundamental step in order to know the factors influencing the achievement of objectives and has the purpose of:

- provide an integrated vision of the situation in which to operate
- verify the strengths and weaknesses that characterise its organisation and the offer of its services
- preliminarily estimating potential interactions and synergies with those involved, both directly and indirectly
- verify the constraints and opportunities offered by the reference environment

Framing the strengths and weaknesses of the organisation, the regulatory framework of the sector to which the organisation belongs (i.e. health care or social care), the resources and other characteristics serve as a starting point for identifying risks and opportunities.

In this perspective, the context analysis must not give rise to a generic and indistinct information framework, but rather to help you to set the objectives you intend to achieve into a reference framework. Context analysis, in fact, constitutes one of the main tools enabling a correct declination of the organisation's strategic objectives into operational objectives, therefore it must be closely correlated to these strategic objectives of the project.

What factors to consider in context analysis?

The effectiveness and usefulness of a context analysis depend strategically on the ability to delimit the field of investigation and the key factors to be taken into account. This task requires careful attention to avoid the risk of defining the issues to be analysed too broadly. In order to avoid this risk, it is essential to define the specific objectives of the analysis and to delimit the data, information and indicators, focusing on internal and external factors that may influence the provision of quality services or that can be improved.

Context analysis normally examines factors from the internal context and the external context.



The **internal context** consists of all those elements that make up the internal structure of the organisation itself and is the environment in which the organisation aims to apply its intervention and achieve its objectives. The aspects that need to be taken into account are those inherent to the culture, beliefs, values or principles within the organisation, as well as the complexity of processes and organisational structure.

It should therefore consider:

- the institutional component includes values, vision, guidelines and strategy of the organisation and compliance with norms, laws and cultural patterns;
- the structural component that consists of the organisational chart, i.e. the hierarchical composition, personnel distribution and professional profiles within the body/organisation;
- the technological component, which concerns the tools used and their degree of modernisation;
- the roles and organisational processes within each specific sector previously identified.

It is necessary to remember that there is no single and universally agreed line of conduct, since the analysis of the internal context must be functional to the

objective that each body/organisation sets itself.



To determine the **external context**, one must take into account the specific characteristics of the socio-economic and territorial context in which one finds oneself intervening and on which the planned instruments will produce their impact. Problems and changes arising from the social, technological, ecological, ethical, political, legal and economic environment can be taken into account.

Data and information sources

The analysis of the external and internal context can be carried out through a mix of data and information, which can be classified into two categories, depending on the type of knowledge to be used:

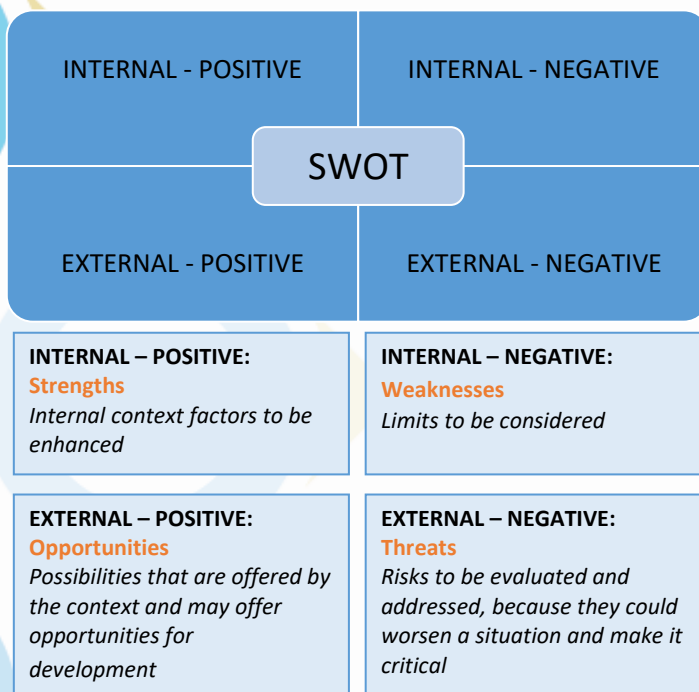
- **Documentary:** consultation of the organisation's documents, research, reports and papers from research bodies and centres, internal and external databases, surveys and reports by internal and external control bodies, research from reliable sources of statistics, studies, research or reports concerning the socio-cultural context, etc., within the framework of which it is possible to extrapolate information relevant to the object of investigation;
- **Experiential:** implementation of interviews, focus groups, brainstorming and/or questionnaires to collect knowledge and perceptions of stakeholders, as owners of the processes/activities/systems under investigation or as persons who by experience are able to provide information and analysis on both internal and external areas of investigation.

Tools for context analysis

A useful tool to support the analysis of the internal and external context is the SWOT analysis, which allows an integrated view of the outcomes of the study of the two contexts. This tool makes it possible to reason with respect to the objective to be achieved while simultaneously taking into account both internal and external variables. The internal variables are those that are part of the system and on which it is possible to intervene (*What characteristics within our*

reality impact or could impact the objectives? what are our strengths or weaknesses?); the external ones, on the other hand, since they do not depend on the organisation, can only be kept under control, so as to take advantage of the positive factors and limit the factors that instead risk compromising the achievement of the set objectives (*What elements of the environment in which we operate impact or could impact on the objectives? what are the threats and opportunities?*).

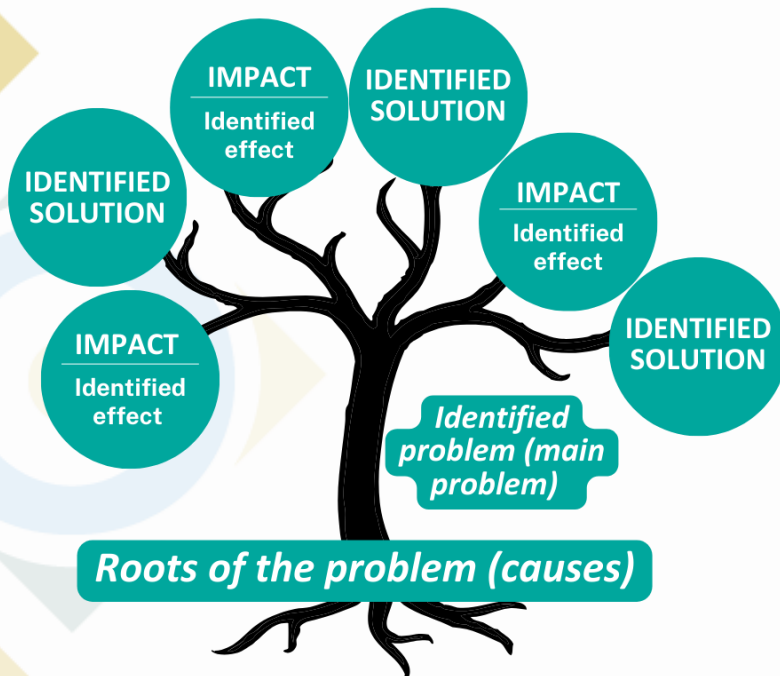
The SWOT Analysis is constructed by means of a matrix divided into four fields in which we have:



Another useful tool for context analysis can be the Problem Tree, i.e. a diagram in which various phenomena are related in cause-effect terms. Starting from an identified problem or phenomenon to be answered (which is placed at the top of the tree), the possible causes are discussed and identified (which are placed immediately below the main problem) and then scaled up by identifying the causes, until arriving at the roots of the problem.

Once the problem tree is drawn, it will be easier and one can concentrate on finding solutions, asking oneself how to turn the identified problems into solutions. A useful way can be to turn the tree over graphically and thus start from the roots to devise solutions.

Information gathered through context definition can be very useful in identifying areas for improvement and should not be taken for granted. Knowing the organisation's context and stakeholders' opinions as well as systematising the information gathered is the starting point for change and the strategic implementation of interventions.



Additional resources

Video: This video briefly explains what a context analysis consists of and how it could be implemented:

<https://www.youtube.com/watch?v=S1kylTFPSyU&t=27s>

Active learning activity- 1. The relevance of the context

The activity involves a part of individual work and a part of debriefing in plenary. Participants are asked individually to reflect on their own work context in relation to PCC approach implementation and to outline the elements that characterise it and which are requested in the table (see annex 2). They should then evaluate (in about 15 min.) the information available to them to analyse the context by identifying and reporting in the table. Once 15 minutes have elapsed, another 15 minutes should be devoted to debriefing, during which one should focus not so much on what was reported as on the experience itself of analysing the context.

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Chapter 2 – Think strategically and looking at the big picture

What does it mean to think strategically?



The term “strategy” stems from the ancient Greek word “στρατηγός” (strategos) meaning “general” or “leader of an army”. Thus, the original meaning of strategy is the theory or study of warfare and everything a good leader of an army should know.

Strategic thinking is a process whereby someone considers various factors and variables, takes into account his goals and objectives, and then develops clear plans of action to fulfil them. Principally, it means being able to set clear and actionable goals, determine how achievable they are and in what time frame, and consider the possible outcomes, setbacks and opportunities that may arise.

Strategic thinking is an important skill to be exercised not only by the highest positions of each organization, but also by middle-managers who everyday are called to take small or big decisions which should not be made in a vacuum, but considering how other sectors and colleagues might be affected or how clients and stakeholders will respond.

Obviously, the middle manager will not define the organisation’s strategy, but they have to be capable of understanding the objectives, why the leadership decided to go in that direction, how this will impact his/her daily work and how they can contribute to achieve the strategic goal. In fact, any role that involves planning, leadership and decision making is going to require good strategic thinking skills. The COVID-19 pandemic implications have been an excellent example of how middle managers had to adapt, improvise, and overcome conditions never before encountered in the past to continue the organization’s strategy implementation.

More specifically, when it comes to the healthcare sector, the fact that it is increasingly delivered by multidisciplinary teams (where medical staff, nursing staff, health and social care professionals, and other professional groups are expected to collaborate and contribute their expertise to deliver optimal care to the patient) makes the traditional hierarchical approach to leadership no longer appropriate as leadership is increasingly considered a skillset that should not be

limited to senior managers in formal positions, but something to be embraced by staff at all levels. (De Brún, A. & McAuliffe, E. 2020)

What are the main elements of strategic thinking?

Thinking strategically implies implementing a series of interrelated processes that complement and reinforce each other to achieve the final result to formulate effective plans and to deal with uncertainty. They include:

Observation

This is related to the capacity of getting relevant information to inform plans and decisions. A good strategic thinker should be able to understand what information is relevant and useful for his purpose and start the process by analysing it.

Planning

This is related to being able to make plans based on present circumstances, the needs of the organisation, and the information acquired through observation and other channels. This involves setting achievable objectives and imagining the steps necessary to get there, together with the potential challenges and opportunities which may arise,

Problem-solving

This has to do with the ability to solve problems during both the planning (for example being able to deal with less resources than you would need) and implementation (unexpected situations arising in the implementation process) phases.

Adaptability

No matter how good the plan is, unexpected challenges will always occur and it is therefore important to learn how to deal with uncertainty and therefore alter plans accordingly. Adaptability has also to do with constant monitoring of how the implementation is going and integrating solutions as and when necessary.

Looking at the big picture

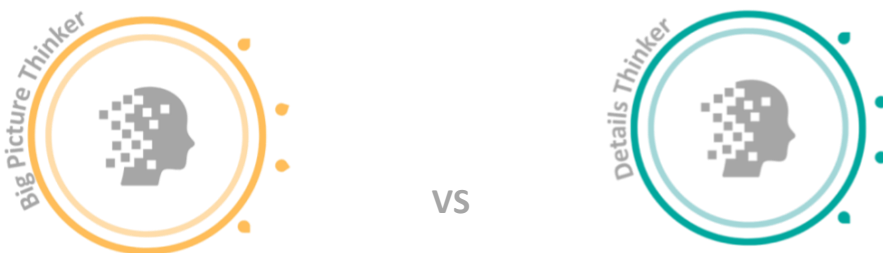
Thinking strategically has very much to do with the capacity to “see the big picture”, i.e. with the goal of being able to look beyond the many day-to-day decisions middle-managers are required to make to get to understand the context in which they are operating and the fact that each decision they make can have a variety of consequences and impacts.

In the context of nursing and caring activities, this locution assumes a very specific meaning. According to Sørensen & Hall (2011), nursing leadership practice is filled with problematic situations and it is perceived as a need to create some kind of connection in unclear and not always understandable situations; to set, name and frame the problem so as to create a problem that they act upon. In other words, seeing the big picture for nurse-leaders is to know how to act having inner guidance towards an acceptable and reasonable goal.

On the other hand, nowadays it is more and more difficult to see the big picture because of too much information and excessive use of abstraction. Knowledge becomes clouded, and finding points of orientation from which to act is a challenge. That’s why it is important to improve our capacity to see our actions in a broader context.

How do you understand what kind of thinker you are?

Generally speaking, we can find two types of thinkers: big-picture vs. detail oriented.



Big picture thinkers tend to focus on the system in which they are operating, tend to be creative, strategic, and visionary but in parallel they can also be messy, disorganized, and forgetful. On the other hand, detailed-oriented people

are conscientious, planful, and exacting, they go in depth into the specifics of a project or process but they may lose sight of the plan.

It is not to say that one type of approach is more effective than the others, but more so to say that different people are best suited to solve different types of problems and these two types tend to complement each other and work together very well.



Typical characteristics of the Big Picture Thinker are:

- Being able to quickly see patterns in complex problems
- Tendency to come up with new ideas and new projects
- Low tolerance for busywork, tedious errands, and filling out forms
- Capacity to outlining what needs to be done but difficulties to fill in the details
- Working under pressure makes you thriving
- Tendency to optimism and thinking that things will work out well



Typical characteristics of the Details Thinker are:

- Preference for editing or comment a plan than to come up with it from scratch
- Difficulties in prioritizing / identifying most important things (If you need to highlight something, you may as well color the whole page)
- Investing much time in trying to get one task perfect
- Tendency to over-think
- Excellent attention to detail
- Having to take quick decision is stressful

As mentioned, big-picture and detailed-oriented thinkers are both valuable within an organization, on the other hand, we also explained why strategic-thinking requires the capacity to step back and look at the whole picture and therefore why this is important for middle managers.

So, the question is, can you be big picture and detail oriented? It's entirely possible that you're both. From this ideal position, you would be able to shift perspective from high level thinking to detail perspective with ease depending on what circumstance required. (Rykrsmith, 2020 and Forsythe, 2021)

Develop your capacity to take a step back

If our tendency is to be detailed-oriented, there are some strategies (Forsythe, 2021) that can be put in place to improve our capacity to see the big picture:

1

Try to avoid focusing too much on details:

indeed, sometimes too much attention to detail in the early stages of a project can actually promote failure, so it is important to focus on the end goal and constantly remind yourself of it. An option would be to try to involve other colleagues and delegate certain tasks: with several people working towards the same goal, you can get the same level of high-quality work without sacrificing deadlines.

2

Move:

Physically moving our heads can spark different kinds of thinking. When we focus too much on the detail, we tend to look down, often at the thing we are trying to focus on. By looking up, we stimulate our brain to begin inductive reasoning, allowing us to be more creative.

3

Map out your entire project:

If you have trouble looking at the bigger picture, a helpful strategy is to map out exactly what it is you're trying to achieve, and how. Not only does this improve time management and allow you to create achievable goals to track progress, but it also reminds you of what you're working towards.

4

Practice road-mapping:

Drawing a road-map, you can physically see connections between concepts, even see where

there are weak spots in a plan. We will talk more about this technique in the next chapter.

Additional resources

Video: This short video explains with a real-life example the importance of combining big-picture with detail thinking for successful implementing innovations: <https://www.youtube.com/watch?v=W01w6k4vqts&list=PLmQ3RRHH5L-tUqSsVHupPPNbgkFboHfn3&index=1>

Active learning activity- 2. Big-picture thinking questions

The class is divided into small groups (approximately 3 participants per group). Participants are explained that they should try to exercise their big-picture thinking skills in relation to the following scenario: “Your ward has been chosen to pilot a tele-consultation project to allow patients with dementia to be assessed remotely by a neuro-psychologist, a professional which is hardly available in your area. In your role of nurse-manager it is your responsibility to make sure that the piloting is practically implemented in your organization”. Participants are provided with a list of questions in the work-sheet that they should try to answer. At the end of the exercise (allow 20 min.) participants get back in plenary and discuss the process (allow 20 more min.).

Chapter 3 – Road-mapping: from strategy to action

What is Road-mapping?



Road-mapping is the strategic process of planning for the future and determining the actions, steps and resources required to take the strategic initiative from vision to reality. It is therefore a tool that outlines the goals the organisation and its staff want to achieve, specifying the direction and what they need to do to achieve the desired effect.

Road-mapping is a visual representation of the strategic direction and the plans to achieve it. It effectively outlines every detail so that the entire organisation is on the same page and understands the big picture.

In the case of care road-mapping, the process involves the care manager and the team. Obviously other people with responsibilities in the organisation may also take part, but it is crucial to involve those who will play a role in actually implementing the strategy.

This group of people together determines all the requirements for improving or transforming the organisation and the services offered. First, they put together all their research data and discuss what emerges. Once they have highlighted the various themes, issues, approaches, resources and strategies, they prioritise each element through ranking. Finally, they get to work, frequently updating the roadmap to ensure that they continue to stay on track.

This method could help you in the direction to follow and the efficacy of your efforts. Road-mapping helps in analysing and in answering to relevant questions for the change, such as:

- What's the problem that needs to be solved?

- What's the vision of the final intervention?
- Who are the users and stakeholders?

- How will this affect them?
- What do they need from us?
- What are we doing next?
- What's the actual plan?
- Why are we doing this now?

The Major Components of the Road-mapping Process

A Roadmap is a path from an initiative's vision to reality. The process should begin with a clear understanding of that vision and an ability to articulate it and will include research, strategic planning, and coordinating with the organization.



Gain an understanding of the context and users' needs or problems that the service and approaches proposed can solve.



- Determine the major components (themes, resources, features, etc.) to solve problems for users.
- Determine a prioritization hierarchy.
- Creating a development plan and assigning the appropriate resources.



When you want to implement an intervention and a change, it is fundamental to have the support from the managers and responsible of the organisation and

from the executive stakeholders. You would need to present and discuss your idea to them, in order to receive their support. To do it is important that you have a clear strategic process that helps you identify, organize, and then communicate all the steps to take you and your team from vision to action.

Steps to Create a Roadmap

To create a strategic roadmap, there are steps you need to take. Keep in mind that Road-mapping is a method that you need to adapt to your own context and needs. It consists of several steps, which may not necessarily be followed in order or could not be essential for your specific intervention. Below are listed the main and most recommended ones:



Step 1 **Being clear about the context and the users' needs and vulnerabilities**

The base of Road-mapping is awareness of the situation from which one starts. For this, it is necessary to start with an in-depth understanding of the vision and mission of the organisation or

service and to analyse the needs of users and staff. In order to do this, it may be useful to initiate context analyses, through discussions, focus groups with staff or SWOT analyses.

Step 2

Understand what changes are needed

To create a roadmap, you must understand what needs to change in your organisation and how these changes will impact your service. You also need to identify obstacles preventing your organisation from meeting these goals.

You should identify the top priorities for your service and implement them with the help of your team. It's crucial to identify the problems that need solving and their severity. Once you do this, the next step should be figuring out how much time and effort you need for each problem.

Step 3

Create a vision

A vision enables the creation of a roadmap in line with the objectives of the organisation/service. It also helps to make decisions on which functionalities to prioritise and which to focus on. Without a clear vision, it can be difficult for organisations to know what they want and how they will get there and it is consequently difficult to define a roadmap.

Step 4

Define short-term goals and targets

During roadmapping it is important to set short-term goals and targets in order to stay on track and reach the goal. This can be helpful in staying more focused, having a specific goal in mind for each stage and the most suitable figures to achieve it, both

individually and as a group. Short-term goals and targets also help to prioritise tasks and make the right decisions. At this stage, it is also very important to measure and monitor the objectives, to check the progress of the intervention.

Step 5

Evaluate Available Resources

The success of any project depends on the resources available, and evaluating them is imperative before making a decision and is also an opportunity to find out what resources are available and how to use them. If considered helpful, partnerships could be created with other organisations, services, stakeholders or individuals with the resources you need.

Step 6

Develop Initiatives

Once the objectives have been outlined, it is important to define the initiatives and activities to be implemented to achieve the goals. Initiatives may in fact respond to one or more short-term objectives by addressing one of the problems identified in the analysis phase.

Step 7

Set a Timeline

A timeline has multiple benefits and must be clear to all those involved in the intervention, so it is important that it is simple and informative. It must realistically define and plan the time needed to realise the activities of the intervention, setting priorities and allocating appropriate time to each activity. It is very important to divide macro activities into smaller activities so that they can be better controlled and to check that deadlines are met without impacting subsequent activities.

Step 8 Design an Action Plan

An action plan is essential because it helps to stay focused on the objective and to be familiar with each step and useful tools. This will bring benefits in terms of fewer distractions, optimising energy and facilitating discussions and agreements between all team members.

An action plan should include:

- A clear definition of the success to be achieved
- A list of all tasks necessary to achieve success
- A timetable for the completion of each task
- An estimate of the time needed for each task
- How much time is needed for the intervention
- A budget for the intervention, if necessary
- A list of all resources needed for the intervention
- Outline the tools to be used

Step 9 Create the Strategy Roadmap

Now that the main steps have been completed, it is time to assemble them into a strategy roadmap, which will define the various aspects previously elaborated. It is important that the roadmap is comprehensive and clarifies who is involved, in what and why. Reviewing a strategic roadmap is essential to adapt to changing conditions and to stay on track.

[Here](#) you can find some examples of the final result of Road-mapping.

Signs that a roadmap is not working well

The realisation of the roadmap is not the end of the process, which must be continuously monitored and updated. You must in fact be able to assess the progress of Road-mapping by also picking up on those signs that may suggest that the intervention is not going in the right direction or that there is something to improve. Some signs may be the following:

- The goals are not measurable - Not having the possibility to measure progress does not make it possible to be certain that one is moving ahead adequately to achieve the goals
- No results in the first period (e.g., 4-6 months) and any changes applied - As explained above, the timeframe is important because it helps to monitor the progress of activities and compliance with deadlines. Not achieving any results in the first period may suggest that it is necessary to review the roadmap and make changes to shake things up and strive for results.
- The roadmap changes every week - In the opposite direction to the previous signal, too frequent changes in the roadmap may suggest that there is uncertainty or that the objectives are not decided. The roadmap can be updated, but it must also have a stability otherwise the team involved may be confused and have a negative impact on their commitment.
- Roadmap components are unbalanced - Pay attention if you or the team is overworking some aspects rather than others. This could be due to incorrect formulation of the roadmap.
- The team doesn't understand or share priorities from the roadmap - In this case it may be necessary to spend some time bringing more clarity to what you are called upon to do and possibly having a workshop or discussion with the team to gather and take more account of their opinions and ideas.

Additional resources

Video:

<https://www.youtube.com/watch?v=0JxsSHjyJPc>

Roadmapping is used by some of the world's most successful organisations to develop innovation and business strategies. This video highlights six benefits of roadmapping and why it should form a key part of your strategic toolset.

Active learning activity- 3. From problems to solutions

Group members will decide on a theme or issue to work on and individually identify the benefits or objectives they would like users or staff to achieve by writing them down in post it notes and attaching them to the common worksheet. They will then choose which ones are a priority and individually think of actions to make the priority benefits or goals a reality. Once everyone has jotted down their ideas on post-its and shared them, they will discuss which ones to prioritise by organising them in the Now, Next and Later columns. In conclusion, a member representing the group will share the main results of the group's work in plenary.

Self-assessment quiz

Trainees must answer the 9 questions proposed.

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MODULE 5

Reading between the lines and not taking everything at face value

Introduction

Reading between the lines and not taking everything at face value consists of the ability to reach beyond appearances and surface to deeper meanings and values that are essential for human connection and also for the care relationships. This symbolizes that inner significance will be offered the importance needed in order to reach conclusions and to take decisions, a capacity that is essential for care managers as drivers of change. Identifying hidden messages in non-verbal communication cues, critical reviewing the reported information and using alternative methods for involving staff can help care managers to improve the organizational culture of the institution and this will reflect upon the satisfaction and wellbeing level of older people.

With the information obtained in this module, care managers will be more able to implement work methods and processes with the final aim of reaching a person-centered care model in their organizations.

Chapter 1 – The non-verbal communication

What is Road-mapping?



In the care field and in settings such as nursing homes, effective communication is crucial to developing nurse-patient relationships that support patients' meaningful participation and satisfaction of their social and medical needs, ensuring in this way a person-centered care approach.

Communication is essential in healthcare interactions with older persons, especially for an optimal understanding of each person's requirements and to provide the care that they need for their wellbeing and health conditions (Lateef et al., 2022)

As communication is both verbal and nonverbal, a special attention must be paid by the care staff to the non-verbal communication cues of older people, as due to communication problems of their aged beneficiaries (very often derived from health impairments such as loss of hearing or dementia), non-verbal communication can express more information than words.

For care managers, it is essential that they are able to identify and use efficiently non-verbal communication aspects for a better understanding of the care recipients, of the relationships between care recipients and staff, between staff and families of older people, also to lead the care staff for a better recognize the meaning of non-verbal communication in their beneficiaries and improve the quality of care within a person-centered care approach.

Communication – essential in the care process

Effective communication between patients and healthcare providers is crucial for the provision of patient care and recovery. Hence, patient-centered communication is fundamental to ensuring optimal health outcomes, reflecting long-held nursing values that care must be individualized and responsive to patient health concerns, beliefs, and contextual variables. (Kwame & Petrucka, 2021)

What is non-verbal communication

The term non-verbal communication refers to a number of communicative activities that lack language content and are used to convey messages.

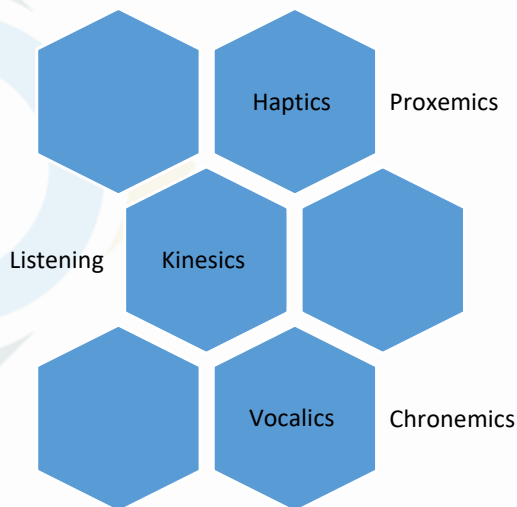
Non-verbal communication aids in relationship development, provides hints to unsaid worries and feelings, and supports or contradicts our verbal statements.

The roles of non-verbal communication in healthcare settings are the following:

- ☑ Improves interpersonal communication by adding emotions to the message transmitted
- ☑ Supports, contradicts or replaces verbal communication
- ☑ Helps in negotiating interpersonal connections
- ☑ Modulates the conversation

(Silverman & Kinnersley, 2010)

Which are the most used non-verbal communication elements in the care context?



Recent research from the care field shows that the pat on the shoulder is regarded as a gesture of respect, while comforting contact from nurses has been

Haptics – the use of touch in the old age care context

found to boost the self-evaluations regarding self-esteem, well-being, social interactions, health condition, life satisfaction, and self-actualization.

Depending on the awareness and intention of the nurses, touch can have either positive or detrimental effects (such as touching the buttocks – perceived as disrespect).

Touch can be an effective nursing instrument, but nurses must use it sensibly, taking into account preferences and taking care not to impose it on older people. (Wanko Keutchafo et al., 2020)

Kinesics – the use of body movements in the old age care context

The use of kinesics in communication means the use of different movements of body parts, such as the head (including the eyes and the mimics), hands (such as pointing) or the whole body (such as leaning over). Research showed that kinesics is very used by nurses in the communication with older adults. For example, smiling was used by nurses for creating a good relationship and a climate of trust, while nodding was used for showing understanding of the message or for praising the older person.

Studies say that kinesics were used to communicate when words were few, to signal approval or rejection by either party, to quickly and amicably settle disputes, to start conversations, to garner attention, and finally, to praise.

The importance of nurses making sure that kinesics are correctly decoded is highlighted by abrupt gestures and motions that convey rejection or disapproval.

Also, it's critical for nurses to maintain eye contact with elderly patients throughout exchanges, keeping in mind that cultural norms regarding this contact may vary. (Wanko Keutchafo et al., 2020)

Proxemics – the use of distances in the old age care context

Proxemics included respecting other people's personal space and territoriality, as well as approaching someone closely or standing too close to them

when conversing or sitting next to them.

Research shows that being close by might be interpreted as being present, ready to listen, and showing interest in the older person.

An obstacle to good communication with elderly individuals may be distance.

Distance and proximity should be balanced, and nurses should be aware of the frequently intrusive nature of nursing and the need to provide a therapeutic environment where privacy of beneficiaries is respected. (Wanko Keutchafo et al., 2020)

Active listening has been proved to be a support for the communication between the care staff and older adults.

The use of listening in the old age care context

Listening while also using empathy and paying attention to the non-verbal communication signs of older people has shown to be of help in understanding the needs and challenges of older people by nurses.

Studies also described the fact that active listening to older persons opened the path for a more individualized care, which could be translated into a person-centered care model. (Wanko Keutchafo et al., 2020)

Vocalics - the use of voice in the old age care context

An important finding is that regarding the use of vocalics in old age care, the tone used by the care staff is essential for the outcomes of the

communication between older people and staff.

Research shows that speaking with an authoritarian or insulting tone, speaking quickly or loudly had negative consequences. On the other hand, speaking in a

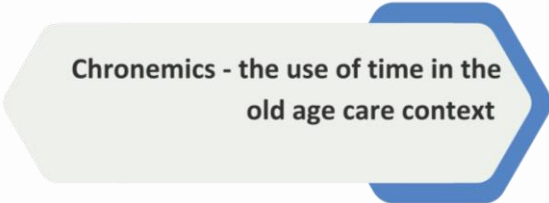
calm manner or slowly had positive consequences.^[OBJ] Speaking softly had a negative impact on older residents from nursing homes.

A recommendation derived from research was that care staff audio-records their voice with the purpose of modulating their tone during communication. (Wanko Keutchafo et al., 2020).

Evidence from studies show that the longer time spent with older persons by the staff in residential facilities is having a positive impact on the relationship created between them.

Spending time with older residents seems to be a sign of respect and approval, interest for them, and also accepting them. (Wanko Keutchafo et al., 2020)

This needs to be balanced with organizational constraints and time management in the institution.



Chronemics - the use of time in the old age care context

Importance of non-verbal communication for care managers

Communication as a tool for reaching PCC

Communication is an essential aspect of personalized care and 'if communication with older adults is hindered or tampered with, everything else nurses engage in is likely to fail' (Wanko Keutchafo et al., 2020).

Care managers have to be aware of the way how non-verbal communication impacts the relationships between care staff and older residents and all the other aspects of the care process. In this respect, care managers should take the adequate measures to observe and work on improving the elements of non-verbal communication identified in care staff for an improved quality of care, and as a crucial condition in order to 'ensure a sustainable, older-person centered and appropriately trained workforce as advocated by the WHO' (Wanko Keutchafo et al., 2020).

Active learning activity- 1. What is the real message?

The activity involves role plays in pairs within an offered situation, writing down observations and a part of debriefing in a large group. After the role plays activity, the next 10 minutes will be dedicated to debriefing, during which participants will discuss their observations and also about the importance of the non-verbal communication in the care team, stressing its added value for the care managers and their coordination role.

Chapter 2 – Critical thinking

What is the critical review of reported information?

Critical thinking

Critical thinking is “the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action” (Scriven & Paul, 2007). This is a process that is learnt and leads to an improvement of the thinking process (Snyder & Snyder, 2008).

Which are the main elements of critical thinking?

The main elements of critical thinking are the following (Heard et al., 2020):

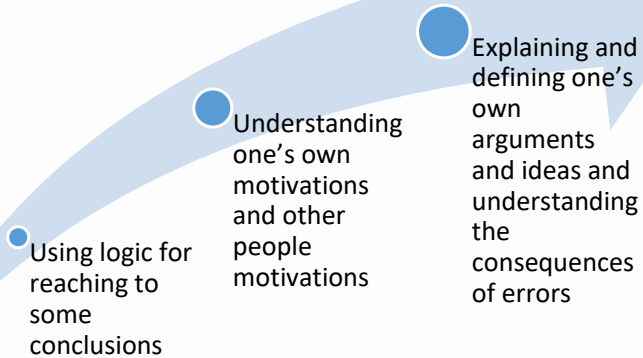
Knowledge construction, with the following steps:

Assessing available information and identifying eventual gaps in knowledge

Differentiating the useful information for the planned objectives

Organizing the information and making connections between data in order to generalize it and extract some

Evaluating reasoning, with the following steps:

- 
- Using logic for reaching to some conclusions
 - Understanding one's own motivations and other people motivations
 - Explaining and defining one's own arguments and ideas and understanding the consequences of errors

Decision making, with the following steps:

- Establishing first the necessary criteria for making a decision
- Identifying the pros and cons of each possible solution
- Evaluating the impact of a decision, by assessing the positive and negative results and making the necessary adjustments if needed

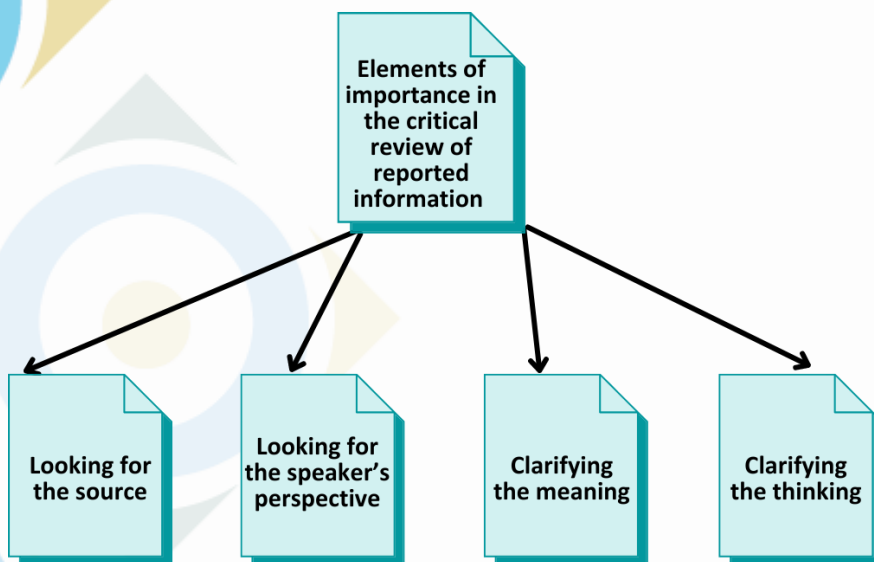
The importance of critical thinking for care managers


The ability to think critically is a skill that healthcare practitioners must develop as situations get more complex. For nurses to keep and improve their competence, care managers must assist them in developing their critical-thinking abilities. (Brunt, 2005)

Critical thinking abilities and the desire to utilize them must be continually developed in order to function as a manager and leader. When it comes to the daily decision-making and problem-solving challenges that nurse managers encounter, critical thinking can have a significant impact. Analysis, assessment, inference, and deductive and inductive reasoning are all traits of critical thinking. It should go without saying that nurse managers need to be critical thinkers in

order to succeed in this crucial position during a period of healthcare reform. (Zori & Morrison, 2009). Moreover, critical thinking skills are essential for a care manager with the goal of implementing person-centered care. Care managers are in the position to make crucial decisions about the care process of the persons and for this to happen smoothly and taking into consideration all aspects of individualized care and needs of the beneficiary, it is essential that they develop these critical thinking skills. Care managers have to analyze and assess individualized care needs from different sources and tools, and to base their complex care decisions on reasoning. This means that the ability of critical thinking is a core element of the their activity.

Elements of importance in the critical review of reported information





Looking for the source

What does looking for the source mean?

Being able to select how and whether to use a source by looking into the source, whether there is evidence to back the information, and whether the information has been verified. The source has to be verified in order to be well-documented, unbiased, and the information verified.




Looking for the speaker's perspective

What does looking for the speaker's perspective mean?

This means that the care manager should first use their skills of active listening.

Active listening, which means to be able to understand the message of the other, by asking appropriate questions, being focused both on the verbal and non-verbal communication, providing feedback and making sure that you got the right message, is a key ability for understanding the perspective of the speakers. Also, for grasping hidden meanings of the speaker's perspectives, it is important also to understand the motivation, needs and feelings of the speaker. This is why non-verbal communication cues can help the care manager to better understand a message and the intentions of a speaker.




Clarifying the meaning

What clarifying the meaning is?

Being able to understand the message that is transmitted without any misunderstanding or error. This is very important for a care manager, especially for decision-making process.

Clarifying the meaning can be done through asking clarification questions or by summarizing the information that the speaker has provided.



Clarifying the thinking

What does clarifying the thinking mean?

Clarifying the thinking means to be able to have a clear picture and understanding of the situation, including all information, sources, and perspectives obtained.

Clarifying the thinking is essential for a deeper understanding of situation and is crucial for making decisions in the care field.

In this process, help could come from writing down all the information received, in order to visualise it integrated. Another way for clarifying the thinking is to summarize the information and to discuss it with a colleague or a supervisor, in order to see if you understood it correctly. Clarifying the thinking needs time and is necessary to be able to grasp the information and not to jump to conclusions.

Active learning activity - 2. How do I understand a situation?

The participants will be divided into small groups (3-4 participants per group). The participants are asked to think within the small groups about this situation and to practice critical review by answering to a set of questions which are provided to them in the Worksheet. Also, they are asked to think about 2 measures that they would first put in place in the institution, after such an incident occurs. Participants will work in small groups for 15 minutes and after this, they will discuss in the large group about their conclusions and experiences (other 10 minutes).

Chapter 3 – Alternative methods to involve staff

Why is it important to engage staff in the care field?

Having a highly engaged team that initiates innovative strategies to create a healthy work environment is the goal of every nursing leader.

This will result in the staff's higher work satisfaction and motivation, which in turn will lead to improved quality of care and improved satisfaction of older persons regarding their care.

The more engaged a healthcare facility's employees are, the more likely it is to deliver personalized, patient-centered care.

Having this in mind, it is the care manager's role to engage staff in the organization's initiatives and culture, meaning to improve their satisfaction, commitment to their job, communication skills and mutual trust. It is also important to train and practice putting oneself in the other person's shoes and putting oneself in the situations that they may encounter in their daily work, by using alternative methods such as the role-play and the scenario-based work, suggested below.

This can be done by using different methods, such as providing training opportunities or team-buildings, but also by using alternative methods.

The role-play as an alternative method for engaging staff

What is a role-play?



Role-play is a dynamic, interactive and engaging learning method and pedagogical tool that has been widely used in different fields (such as arts, history, literature, etc.). Role-play means that participants are acting given roles in a certain situation, in order to grasp a deeper understanding of concepts, work methods, feelings, strategies to follow etc.).

In healthcare settings and more specifically in nursing education, the role-play can be a powerful and efficient method for engaging care staff in their work, as it is cost-effective, simple to put in practice, can be used for a variety of concepts

or situations that are often challenging in nursing homes, and is keeping participants interested and engaged (Brown & Chidume, 2023).

Care managers can easily use this method in order to improve quality of care and to achieve person-centered care, choosing topics of role play that are thought to be problematic by staff or can invite staff to plan the topics they think are most useful for the particular setting.

Benefits of using role-play as an alternative method for engaging staff

Provides opportunity for real-life simulation in a safe space, especially of those situations that are complex or stressful

Provides new perspectives on situations and participants

Stimulates the training of communication skills

Builds up trust between staff members

Encourages an open attitude and sharing of different thoughts and opinions

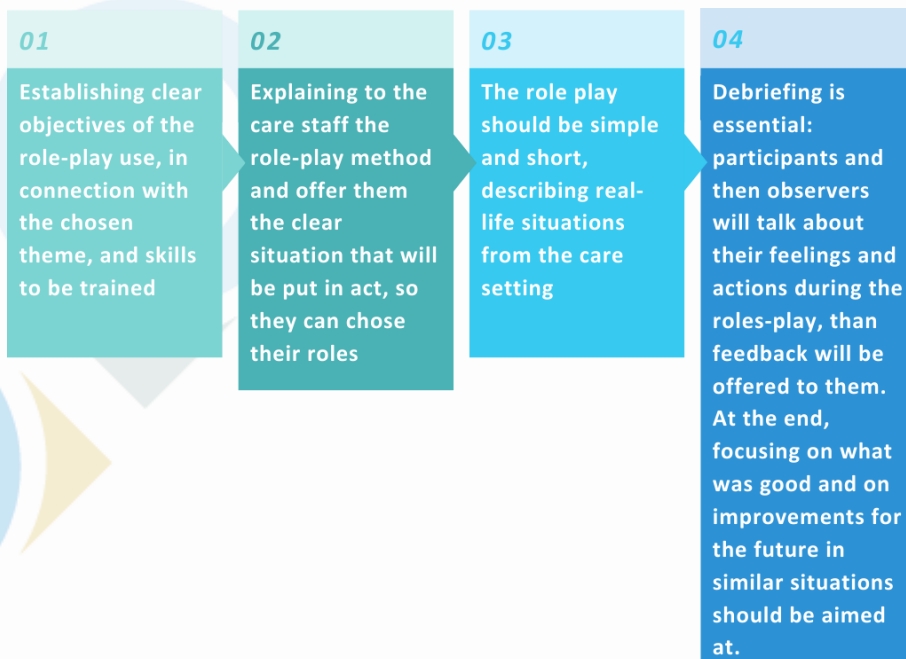
Allows care staff to identify and express their feelings that sometimes can remain hidden in real-life situations

Enhances the development of decision-making skills of care staff

The Steps to Create an Effective Role-Play

Role-play is an engaging learning method that needs preparation and planning for reaching out the desired outcomes. Care managers should carefully plan the role-plays that they would want to enact with the care staff and to assess the results obtained.

The steps to follow for creating an effective role-play are:



Examples of themes for role-play within care teams

These themes could be:

- Communication with older people with dementia
- Conflict-resolution within the care team
- Nursing practice in different pathologies (such as neurocognitive disorders, cardiac pathology, etc.)
- Safety incidents that may occur in the facility

The scenario-based work as an alternative method for engaging staff

What is scenario-based work?



Another experiential method for engaging staff in old age care is the scenario-based work.

A scenario is a simulated challenging or complex real-life situation that is offered to the group and for which the group members have to find solutions or to decide which would be the best manner to proceed or the steps to be taken.

The scenarios can be constructed with the care team, for effectively show of their real challenges or needs.

The scenario-based work is a way for building up team collaboration and work for reaching goals, for establishing a shared vision of care in the team, opening the way for reaching a person-centered care. Scenarios improve critical thinking skills and decision-making skills of the care staff.

Examples of themes for scenario-based work:

- Ethic principles
- Risks management
- Conflicts in the workplace
- Duty to report

- How is a scenario-based work put in place?

Care managers (together with the staff) will prepare a scenario based on the real-life situations that might occur and to which the care staff have to find solutions or to make decisions.

The group of participants is offered the scenario and after reading it, they will discuss it in the team and will come up with answers to questions such as:



Did the care staff/nurse react in a proper way?
What could have been done differently?
What was the impact of these actions on the older people?
Which would be the staff's obligations in this case?

Additional resources

Video:

<https://www.youtube.com/watch?v=SFQ904Yauh8>

In this video, you can see how Person-Centered Care in a residential facility is acted out in a role-play and how role-plays could be used for involving the team with this aim.

Active learning activity- 3. Scenario based work for enhancing the staff involvement

The participants will be divided into small groups (3-4 participants in each group). Each group will create a scenario regarding their work in the institution, deciding upon a theme that they consider to be important and which can involve staff, beneficiaries and family members. The scenario will be written in the template provided and steps for applying the scenario with the team will be

written down also, including questions to be asked. After this work is done, each group will present their results for the whole audience, offering the opportunity for debates and discussions.

Self-assessment quiz

Trainees must answer the 9 questions proposed.

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MODULE 6

Reflecting on the hypothesis of a problem

Introduction

Reflecting on the hypothesis of a problem means taking time to carefully examine and analyse the assumptions that underlie a problem or issue. A hypothesis is an initial explanation or assumption about the cause or nature of a problem, and reflecting on it involves questioning and testing that assumption.

When professionals working in elderly care reflect on the hypothesis of a problem, they are examining their assumptions about what is causing the problem they are trying to solve. By reflecting on their hypotheses, professionals can identify any biases or assumptions that may be influencing their thinking and develop a more nuanced understanding of the problem. This can help them to develop more effective solutions and improve the quality of care provided to elderly people.

Through this module, the care managers will have the opportunity to enhance their critical thinking and problem-solving abilities, specifically in the areas of identifying, analysing, and creating hypotheses to solve problems. They will also gain a deeper understanding of the importance of reflection in the problem-solving process and develop their reflective practice skills. Moreover, they will learn to implement participatory models that involve staff, individuals receiving care and their families to address problems. All of the knowledge and skills acquired in this module will equip the care managers to effectively lead their teams in solving daily problems in elderly care while adhering to the principles of the person-centered approach.

To do so, we will first present a theoretical basis by defining what a problem is, the difference between a technical problem and an adaptive problem, and theoretical approaches on hypothesis formulation and problem solving. In the second chapter, we will present strategies and models for solving problems. Finally, the last one will discuss the concept of participation and co-creation and the importance of involving different stakeholders in solving complex problems that may jeopardise the correct implementation of the person-centered attention model.

Active learning activities have been developed to promote the assimilation of certain concepts through practical experience.

Chapter 1 – What is a problem and how we can understand it and solve it



A problem is a situation or issue that requires a solution. It represents a gap between what is expected or desired and what is currently happening. Problem-solving skills are essential in all aspects of life and especially when you work to support people who might be somehow vulnerable – like the older people - since they enable you to overcome challenges, make effective decisions and achieve your goals. A crisis, on the other hand, is a sudden, unexpected event that can require a more immediate response. “Etymologically speaking, the word crisis comes from the Greek language (κρίσις) and means “judgment” or “decision,” so it indicates the decisive moment that determines the further positive or negative development of a thing or a situation. The essence of crisis is that one must decide, but that no decision has yet been made.” (Milašinoviæ & Kešetoviæ, 2008).

It is plausible that, in certain cases, a build-up of unresolved and possibly unnoticed problems may lead to a crisis. Detecting such problems beforehand can be crucial in preventing a crisis. Care managers should encourage their team to always maintain a vigilant attitude, constantly evaluate one's work, and objectively monitor developments in order to identify any issues that may arise. Another important distinction to be made is the one between technical and adaptive problems. Technical problems are easy to identify and they have straightforward solutions based on established procedures, rules, and protocols. On the other hand, “adaptive challenges are systemic problems with no easy answers. Solving them requires the involvement of people *throughout* your organization. Rather than providing solutions, you must ask tough questions and leverage employees’ collective intelligence. Instead of maintaining norms, you must challenge the *way we do business*. And rather than quelling conflict, you need to draw issues out and let people feel the sting of reality.” (Heifetz & Laurie, 1997).

In the context of elderly care, technical problems refer to issues that can be solved through the application of established procedures or protocols, using specific technical skills or tools. For example, a technical problem in this context could be a malfunctioning medical device that needs repair. On the other hand, an adaptive problem can refer to a challenge that requires new learning, new ways of thinking or new approaches to solve. Adaptive problems are more complex and may not have a clear solution, and often require a deeper understanding of the problem and a more holistic and creative approach. An adaptive challenge in elderly care could be how to improve the quality of life of clients with dementia who display difficult behaviors such as resistance to care.

“Solving complex problems requires a leadership style that influences the organization in a way that galvanizes a collaborative response to the problem.” The best leadership style to support this process is the adaptive leadership because it focuses on collaboration, innovation, and continuous learning. Adaptive leaders are able to support the development of shared understanding of the problem and encourage their teams to develop innovative and effective solutions. (Nelson & Squires, 2017).

Solving complex problems is difficult but according to Heifetz, et al. (2004), “many different people and groups may hold keys to the solutions of complex adaptive problems”. This is the reason why this module will also present a chapter on participatory models that can be used to identify, define and solve problems. In the context of the person-centered approach, it is indeed crucial to involve the individual receiving care, and in some cases the people closest to them, in the problem-solving process. Before moving on to that, we will present some theoretical approaches, models and strategies for hypothesis formulation and problem solving.

Theoretical problem-solving approaches

There are several theoretical approaches that can help to understand the problems that may arise in different contexts, such as in elderly services where the Person-Centered Care is applied. Some of these approaches include:

THE SYSTEMS THINKING



It has its origins in the early 20th century in fields as diverse as engineering, economics and ecology, but it is a theoretical framework that can be applied to the analysis of a variety of complex systems, such as healthcare systems, according to Savigny & Adam (2009). It focuses on understanding how different parts of a system interact and how changes in one part can affect the entire system. In comparison with previous approaches, the Systems Thinking entails “framing a problem in terms of a pattern of behaviour over time, believing that to know something requires understanding the context of relationships” and “understanding how a behaviour is generated” (Savigny & Adam, 2009), among other things. In the context of person-centered care, Systems Thinking can help to identify potential barriers to implementation and understand how changes in one aspect of care may impact other areas.

THE COMPLEXITY THEORY



It is a theoretical framework that suggests that systems are inherently complex, with many interdependent and interacting parts. This theory can help to understand the dynamic nature of these systems and how small changes can have huge and unpredictable effects. In the context of person-centered care, complexity theory can help to understand the complex interactions between different aspects of care, such as individual preferences, organizational culture and policy frameworks.

THE CYNEFIN FRAMEWORK



It was developed by Dave Snowden and it draws on research into the above-mentioned theories and it helps to understand different types of problems and how to address them by suggesting that problems can be categorized into four domains: clear, complicated, complex and chaotic. Each domain requires a different approach to problem-solving. In the context of person-centered care, the Cynefin framework can help to identify the type of problem that is being faced and develop a suitable approach to address it. For example, if the problem is in the complicated domain, a more analytical and expert-driven approach may be required, whereas if the problem is in the complex domain, a more adaptive and experimental approach may be necessary.

The four domains are briefly explained below:

Simple: The relationship between cause and effect is clear and obvious. Best practices and standard procedures can be used to solve problems in this domain. The focus is on identifying the right answer.

Complicated: The relationship between cause and effect is less clear, but can be determined through expert analysis and technical knowledge. Multiple solutions may exist and the focus is on identifying the most effective one.

Complex: The relationship between cause and effect is not immediately clear. There are many interacting factors and variables, and the best approach is to experiment and learn from the outcomes. The focus is on sense-making and adapting to the situation.

Chaotic: There is no clear relationship between cause and effect. The situation is unpredictable and rapidly changing. This requires immediate action to stabilize the situation. The focus is on restoring order and stability. (Snowden & Boone, 2007)



Both Systems Thinking and Complexity Theory aim to optimize the management and leadership of practical problems in order to achieve the best possible outcome. While they share a common goal, they approach it differently.



Systems Thinking involves setting a target solution from the outset and then evaluating each component, its interactions, and the process required to reach the target state.

In contrast, **Complexity Theory**, exemplified by models like the Cynefin one, focuses on comprehending the present rather than the desired state.



- The role of care managers demands a high level of understanding of different approaches to problems that arise.

How can care managers support their teams to identify the proper problem-solving approach

Care managers should support their teams to find the proper approach to understanding and solving problems in different ways.

| | |
|--------------------------|---|
| SYSTEMIC THINKING | The Systemic Thinking approach involves looking at the various components of a system, how they interact with each other, and how they contribute to the problem. This approach can help to identify root causes of the problem and develop solutions that address multiple components of the system. |
| COMPLEXITY THEORY | The Complexity Theory approach recognizes that systems are complex, adaptive and constantly evolving. This means that solutions to problems may not always be straightforward, and may require ongoing adaptation and experimentation. This approach can help professionals working with older people to understand the dynamic nature of some problems and develop solutions that are flexible and adaptable. |
| CYNEFIN FRAMEWORK | By using the Cynefin framework, on the other hand, it is possible to categorize problems into four domains: Clear, Complicated, Complex and Chaotic, before identifying the appropriate approach for solving it. For example, if the problem is in the Simple domain, a best-practice approach may be appropriate, whereas if the problem is in the Complex domain, a more experimental approach may be needed. |

Care managers should encourage their teams to find the better way to deal with different problems through the following strategies:

- Create a supportive environment where professionals can openly discuss and reflect. Encourage them to share their concerns and encourage brainstorming and exchanges.
- Offer training and resources on problem-solving techniques, such as root cause analysis and hypothesis testing.
- Foster a culture of continuous learning, where professionals are encouraged to reflect on their experiences and learn from their

mistakes. This can help to promote critical thinking and problem-solving skills.

- Provide feedback and encourage professionals to seek feedback from their colleagues and supervisors, and provide support as needed to help them develop effective solutions.

Active learning activity- 1. Application of the Cynefin framework

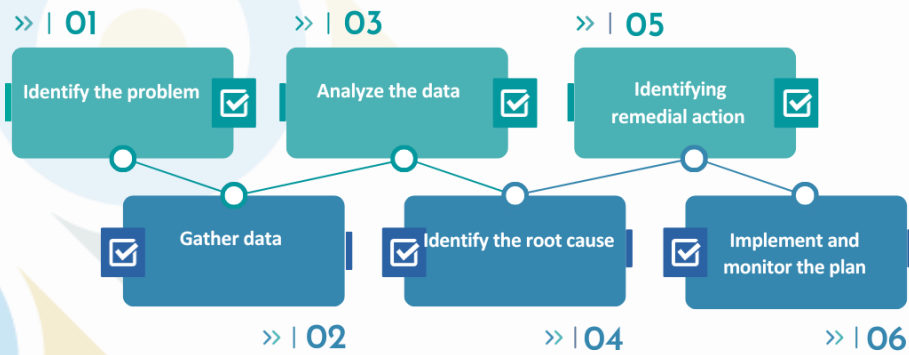
The participants will be divided into small groups. Each group will be assigned a scenario, they will identify the problem(s) in their scenario and categorise them according to the Cupatin framework. They will then identify the best problem-solving methods for their problem(s).

Chapter 2 – Problem-solving tools and strategies

There are a variety of problem-solving tools and strategies that can be used to approach different types of problems, from simple to complex. These tools and strategies can help individuals and teams to work through problems in a structured and systematic way, ultimately leading to better outcomes and increased success. In this module, we are going to explore some of the most common problem-solving tools and strategies that can be used to address different types of problems than can arise in care services where the Person-Centered Approach is applied.

The Root-Cause Analysis (RCA)

The root cause analysis (RCA) is typically a bottom-up approach that involves starting with a specific problem and working from the ground up to identify potential solutions. Implementing this approach can be useful to identify the root causes of problems and ensure that intervention plans are tailored to the individual's unique needs and preferences. Here are the steps to implement the root cause approach:



>> | 01 Identify the problem: The first step is to clearly identify the problem that needs to be addressed. This may involve talking to the elderly individual, their family, and caregivers, as well as observing their behaviors and interactions with the care team.

» | **02 Gather data:** Once the problem has been identified, the next step is to gather data about the problem. This may involve collecting information about the individual's medical history, medications and daily routines, as well as talking to other members of the care team.

» | **03 Analyze the data:** The data that has been collected needs to be analyzed to identify patterns and potential root causes of the problem. This may involve using tools such as fishbone diagrams to help visualize the data.

» | **04 Identify the root cause / Generate and test hypothesis:** Once the data has been analyzed, the next step is to identify the root cause of the problem. This may involve asking "why" multiple times to get to the underlying cause of the problem, breaking it down into small parts to better understand the big picture or creating cause-effect diagrams to visualize all the possible causal factors. In this step, it might be helpful to generate a range of hypotheses that could potentially explain the root cause of the problem. These hypotheses should be based on data and observations, and should be testable. A plan can be developed to test each hypothesis, using data and observations to determine whether the hypothesis is supported or not.

» | **05 Identifying remedial action / Develop a plan:** Once the root cause has been identified, a plan can be developed to address it. This may involve developing a personalized care plan identifying specific interventions that can be used to address the problem.

» | **06 Implement and monitor the plan:** The final step is to implement the plan and monitor its effectiveness over time. This may involve regularly reviewing the care plan and making adjustments as needed to ensure that the individual's needs and preferences are being met. (Groot, 2020)

By implementing the root cause approach, it is possible to identify the underlying causes of problems and develop personalized care plans that address the individual's unique needs and preferences, ultimately leading to an improvement of the quality of the service provided.

Some Root Cause Analysis techniques and examples

There are several techniques for carrying out a root cause analysis, two of them are presented below together with practical examples.

PARETO CHART

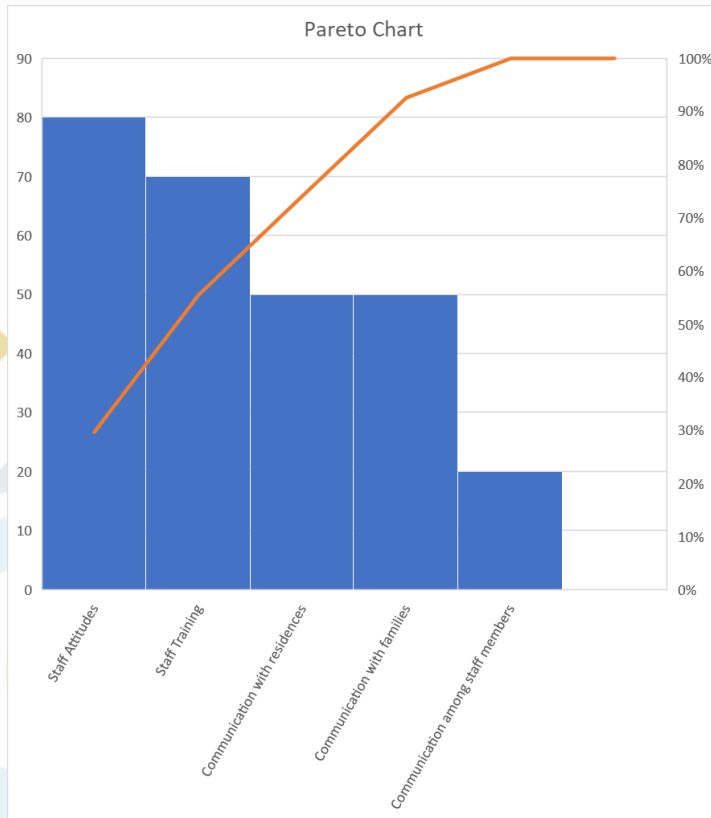
A Pareto chart is a graphical representation that ranks categories or problems in descending order of frequency or impact, with the purpose of identifying the most significant contributors to a given issue or problem. It is based on the Pareto principle, which states that 80% of the effects come from 20% of the causes. (Invensis Learning, 2021)

A practical example:

A nursing home has implemented a person-centered care approach, but they are struggling to see the desired results. As care manager you can create a Pareto chart to identify the root causes of the implementation challenges. Data can be gathered on various factors such as staff training, staff attitudes, communication with residents and families, etc.

By analyzing the data collected, it is possible to determine the factors that are contributing the most to the implementation challenges. This can be done by calculating the percentage of challenges caused by each factor. Afterward, a Pareto chart can be created. The chart should have two axes, one for the percentage of challenges caused by each factor and another for the different factors themselves. The factors should be arranged in descending order of

importance, with the most significant factor on the left-hand side of the chart. The chart would look something like this:



After analyzing the data and creating a Pareto chart, you might discover that 80% of the implementation challenges are caused by staff attitudes towards person-centered care. Specifically, you can find that some staff members may feel that person-centered care takes more time and effort than the task-oriented approach.

Armed with this information, you can develop targeted interventions to address these specific causes, such as providing ongoing support and coaching to support staff.

5 WHYS TECHNIQUE

The 5 Whys technique is a simple but effective problem-solving technique that involves asking "why" repeatedly until the root cause of a problem is identified. It is based on the idea that a problem is often just a symptom of a deeper, underlying issue, and by asking "why" multiple times, you can peel away the layers and get to the true root cause of the problem.
(Invensis Learning, 2021)

A practical example:

Problem: A resident is not satisfied with the service and consistently expresses a desire to return home.

- 1. Why is the resident not satisfied with the service? He feels like his preferences and needs are not being taken into account.*
- 2. Why does he feel like his preferences and needs are not being taken into account? He may have difficulty communicating his preferences and needs to the staff.*
- 3. Why may the resident have difficulty communicating his preferences and needs? The resident may have cognitive or physical impairments that make it challenging to communicate effectively and the staff may not have received training on how to care for residents with special needs.*
- 4. Why may the staff not have received training on how to care for residents with unique needs? The facility may not have a comprehensive training program in place to address the needs of residents with special needs.*
- 5. Why may the facility not have a comprehensive training program in place? The facility may not have allocated sufficient resources,*

including time and funding, to develop and implement such a training program. (ROOT CAUSE)

FISHBONE DIAGRAM

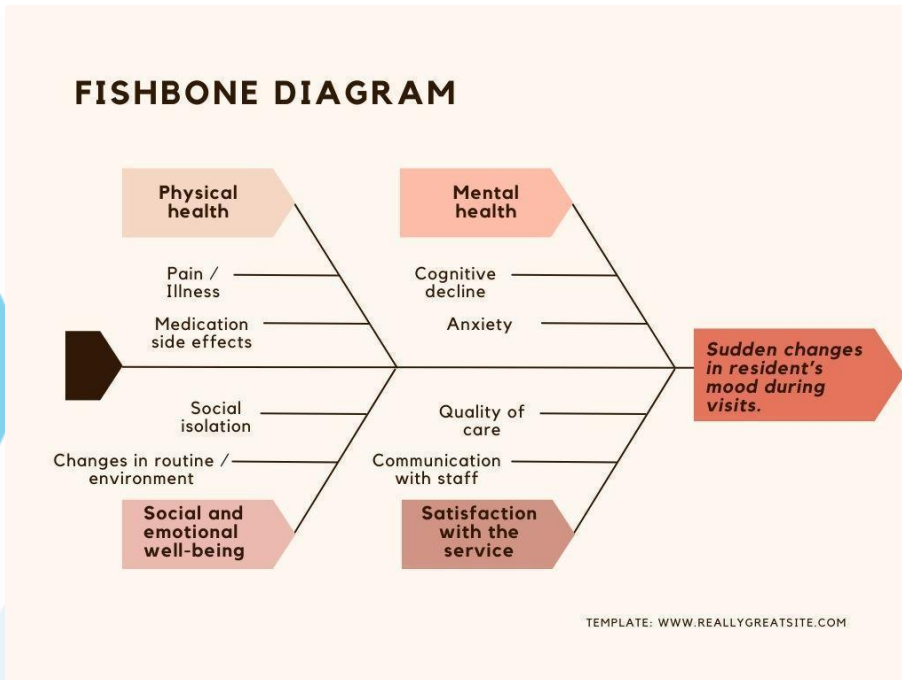
The fishbone diagram, also known as an Ishikawa diagram or cause-and-effect diagram, is a tool used to identify the possible causes of a particular problem or event. It is called a fishbone diagram because it looks like the skeleton of a fish, with the problem or event located on the right-hand side and the possible causes branching out from the main spine. (Invensis Learning, 2021).

A practical example

First, you would draw a horizontal line in the center of a piece of paper, with a box at the end representing the problem, for example: Sudden changes in resident's mood during visits.

Next, you would draw several lines branching off the main line, like the bones of a fish. Each line would represent a potential cause of the problem. Some possible categories to consider might include:

- *Physical health: factors like pain, illness or medication side effects.*
- *Mental health: factors like depression, anxiety or cognitive decline.*
- *Social and emotional well-being: factors like social isolation, changes in routine or environment, or stress and anxiety related to family dynamics or personal life events.*
- *Satisfaction with the service: quality of care, communication with the staff.*



Once you have identified these categories, you would brainstorm specific factors that could be contributing to the problem. For example, under the "Physical Health" category, you might list:

- Pain: Perhaps the resident is experiencing unmanaged pain, which is affecting their mood during visits.*
- Medication side effects: Maybe the resident is experiencing side effects from their medication, such as drowsiness or confusion, which is affecting their mood.*
- Illness: Perhaps the resident has an undiagnosed or worsening medical condition, which is affecting their mood.*

You would continue this process for each category, brainstorming as many specific causes as possible. Once you have completed the fishbone diagram, you can analyze it to identify the root causes of the problem. In this example, you might find that many of the root causes fall under the "Physical Health" category,

suggesting that this is the primary area that needs investigation. Specifically, you might find that unmanaged pain is a major contributor to the problem, as the resident is experiencing pain that is affecting their mood during visits.

Armed with this information, you can develop targeted interventions to address these specific causes, such as ensuring that the resident's pain is managed appropriately.

Other techniques that can be used to carry out the Root Cause Analysis are the Plan-Do-Check-Act (PDCA) and the Failure Mode and Effects Analysis (FMEA). You can learn more about them in this video: [Root Cause Analysis Techniques](#)

Strategies for problem definition



When identifying and defining problems in elderly care services where a person-centered approach is applied, it is important to consider how to be consistent with its principles. Some strategies that may be useful in this context include:

- Involving the older person: it is important to involve the elderly person and their family members or caregivers in the process of identifying problems. This can help to ensure that the problem is defined from the perspective of the elderly person and that their needs and preferences are taken into account.
- Using person-centered language: it is important to use language that puts people first is consistent with the principles of person-centered care. This includes using language that is respectful, non-judgmental, strengths-based instead of deficit-based. (Hyams et al, 2018).
- Conducting observations: observations can be a valuable source of information when defining problems. Observing the older person's behavior and interactions with their environment can help to identify potential problems that may not be immediately apparent.
- Conducting interviews: Interviews can be a valuable tool for understanding the older person's experiences and perspectives. They can be used to explore the person's needs and preferences, their goals and aspirations, and their experiences with the care provided. Open-ended

questions can help to generate rich and detailed information about the problem. They encourage the person to provide a narrative about their experiences, rather than simply providing brief answers to closed questions.

Active learning activity - 2. Identify the root cause of a problem and create an action plan (Role play)

Participants will be divided into small groups. Each group will be assigned a role play, identify the problem(s) in their scenario (see annex 3) and solve them. Then, once the group has identified the root cause(s) of the problem, they should work together to develop an action plan to resolve the issue. Each group should present its conclusions and action plan to the larger group.

Comentado [9]: maybe we can provide scenarios?

Comentado [10R9]: @jessicacarvalho.aproximar@gmail.com

Chapter 3 – Participatory methods to engage stakeholders in problem-solving processes



Involving elderly care residents and their families in the problem-solving process can be crucial for several reasons. Firstly, elderly care residents have unique insights into their daily lives, experiences and needs, which can help identify areas of improvement and potential solutions. Their input can also contribute to a more person-centered approach to care, where the individual's needs and preferences are at the forefront of decision-making.

Additionally, involving families in the problem-solving process can foster a sense of partnership and collaboration between the care facility and the residents' loved ones. This can lead to better communication, increased trust and a more positive relationship overall. Families may also have valuable insights into the resident's history, preferences, and health status, which can inform decision-making and improve the quality of care provided.

Video: [Personalisation: Promoting independence in care homes](#)

The video emphasizes the significance of independence for care home residents and highlights the potential benefits of involving family members, or other stakeholders, in problem-solving processes, suggesting that this involvement can facilitate the identification of the root cause of a problem in some cases. Furthermore, the video prompts us to reflect on the importance of balancing risks and freedoms so that the service beneficiaries can feel that they are maintaining part of their autonomy.

Participation and co-creation of care

Participation and co-creation of care are two different concepts related to involving clients in the healthcare process.

Video: [What makes co-production different from participation?](#)

Participation refers to involving clients in decision-making about their healthcare, such as discussing treatment options or preferences with their

healthcare provider. In this case, the healthcare provider remains the primary decision-maker and the client provides input.

Co-creation of care, on the other hand, involves clients and healthcare providers working together as partners to design and plan care that meets the client's needs and preferences. In this approach, the client is seen as an equal partner in the care process, with the healthcare provider providing guidance and expertise.

Co-creation of care is based on the quality of relationships between clients and service providers, which is very important for improving outcomes. Three relational dimensions are particularly important for establishing those quality relationships and interactions: shared goals, shared knowledge, and mutual respect. Co-creation is also particularly important in situations characterized by complex tasks, such as finding the root cause of complex problems. (Kuipers, Cramm, Nieboer, 2019).

Participatory problem-solving techniques

In his article "Creative and Participative Problem Solving - The Art and the Science", Vidal (2006), mentioned the valuable contribution to the field of management and problem-solving given by Boland and Collopy's book (2004) where they affirm that managers should not only gather intelligence and make decisions but also act as creative designers. Despite the interconnection between decision-making and design in management, decision-making has been emphasized over design for too long. The authors argue that managing is not just about decision-making but also about designing. The book is a compilation of essays that explore the "design attitude" as opposed to the "decision attitude". It critiques conventional management education, which trains to choose from existing alternatives rather than designing new ones. Through their innovative perspective on management, the authors promise to offer solutions to some of the most pressing issues that organizational leaders, researchers, and educators face today. They view management not as a science of rational problem-solving but as the art of creating visions and pathways to achieve those visions.

In order to be able to create these creative responses, care managers can enclose various stakeholders in the problem solving process. The exchange of viewpoints and perspectives will certainly lead to innovative and creative results.

For care managers it is important to be aware of effective problem-solving models that promote inclusivity and participation. Participatory problem-solving models involve engaging a diverse group of stakeholders, including older adults, their families, healthcare professionals and community members, in the process of identifying and addressing a problem. These models emphasize the importance of active participation, collective decision-making and shared power and responsibility. By involving stakeholders in the problem-solving process, participatory models promote a sense of ownership, empowerment and collaboration that can lead to more effective and sustainable solutions. Below are presented some key participatory problem-solving models that can be applied in the context of elderly care services.



Brainstorming

is a technique for generating ideas to solve a problem. The group is encouraged to suggest any idea, no matter how unconventional or strange, without any judgement. The goal is to produce as many ideas as possible, build upon one another's ideas and consider a wide range of possibilities. Afterward, the suggestions can be evaluated based on technical feasibility, acceptability and available resources. Brainstorming encourages creativity and thinking outside of the box.

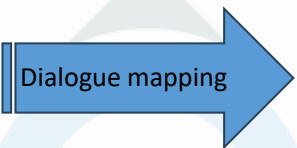


Force field analysis

is a problem-solving technique that involves identifying the positive and negative factors that influence a given situation. Positive factors are called "driving forces," while negative factors are "restraining forces." The first step is to identify these forces, followed by finding ways to strengthen the driving forces and weaken or eliminate the restraining forces. This technique can be useful to collect and interpret ideas from different stakeholders and establish mutual goals and plans of action. (Habitat, 1989).

**A focus group**

is a participatory problem-solving tool that involves bringing together a small, diverse group of people to discuss a particular topic or issue. The group is usually led by a facilitator who guides the discussion and encourages everyone to share their thoughts and opinions. In a focus group, participants are encouraged to discuss their experiences, perceptions and attitudes related to a particular issue or problem. The aim is to gather insights, ideas and feedback from participants that can help to identify the root causes of the problem and potential solutions. By bringing together a diverse group of people with different backgrounds, experiences and perspectives, focus groups can generate a wide range of ideas and perspectives on a particular problem. This can be particularly helpful when trying to identify solutions that are inclusive and responsive to the needs and concerns of different groups of people.

**Dialogue mapping**

is an interactive process for facilitating groups that allows the intelligence and learning of the group to emerge naturally by creating a shared map of the conversation. The map is used to capture the key questions and ideas that come up as the conversation unfolds. The technique works very well when the interactions are focused on solving a problem. It helps the group visualize their thinking and identify gaps. It is a collaborative decision-making process, so that the final result is a solution that each stakeholder contributed to and deeply understands. (Conklin, n.d.)

**Appreciative Inquiry**

is a strengths-based approach that can be used by individuals, teams and organizations to move toward a shared vision for the future by engaging stakeholders in strategic innovation. The core principles are Constructionist, Simultaneity, Poetic, Anticipatory, and Positive. The Constructionist Principle asserts that reality is socially created through language and conversations. The Simultaneity Principle suggests that inquiry creates change, and the questions we ask have a significant impact on the outcomes we generate. The Poetic

Principle emphasizes the importance of choosing what we study and how it affects our understanding of the world. The Anticipatory Principle highlights the fact that human systems move towards their images of the future, and positive images inspire positive action. Lastly, the Positive Principle affirms that positive questions lead to positive change. (Cooperrider & Whitney, 1999).

By involving participants in the process, all the above-mentioned models can help to ensure that solutions are grounded in the real experiences and perspectives of the people affected by the problem.

Active learning activity- 3. Identify strengths and weaknesses of different participatory tools to engage stakeholders in problem-solving

The participants will be divided into 4 groups, each group will have a stakeholder tool to reflect on. They will identify the strengths and weaknesses of using this specific tool to involve stakeholders in problem-solving.

Each group will then be invited to present the results of the activity to the larger group.

Self-assessment quiz

Trainees must answer the 10 questions proposed.

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ANNEX

Annex 1

After reading the Multidimensional Scale of Leadership (MSL) at page 16 of this document

<https://www.ardh.pt/documentos/investigacao/avaliacao/lideranca/MSLS-Multi%20Scale%20Leader%20Sport.pdf> , please fill in the following table:

| Transformational leadership: | | Transactional leadership: | | Passive management: | |
|------------------------------|-------|---------------------------|-------|---------------------|-------|
| Statement nº | Score | Statement nº | Score | Statement nº | Score |
| 3 | | 5 | | 13 | |
| 12 | | 8 | | 17 | |
| 24 | | 14 | | 21 | |
| 30 | | 18 | | 34 | |
| 1 | | 4 | | 10 | |
| 7 | | 9 | | 16 | |
| 25 | | 15 | | 22 | |
| 27 | | 26 | | 29 | |
| 11 | | | | | |

| | | | | | |
|--------|--|--------|--|--------|--|
| 19 | | | | | |
| 28 | | | | | |
| 33 | | | | | |
| 6 | | | | | |
| 20 | | | | | |
| 32 | | | | | |
| 36 | | | | | |
| 2 | | | | | |
| 23 | | | | | |
| 31 | | | | | |
| 35 | | | | | |
| Score: | | Score: | | Score: | |

Annex 2

| STRENGTHS | ELEMENTS TO ENHANCE | WEAKNESS | CAUSES OF CRITICITY | ELEMENTS AND INSIGHTS TO DEEPEN |
|-----------|---------------------|----------|---------------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |

Annex 3

SCENARIO

Care Manager

I am concerned about the well-being of one of our residents, Lillian, who seems to be struggling with engaging with other residents and participating in activities. Despite our best efforts, she has shown little motivation towards any of the proposed activities, and we are worried about her mental and physical health. We have tried different approaches, but nothing seems to work. We are brainstorming ways to better support her, and we are committed to ensuring that she receives the care and attention she needs.

Resident

I have been here for a few months now, but I just can't seem to connect with the other residents or find any activities that interest me. I feel so alone and isolated, and I find it hard to motivate myself to participate in the activities offered by the care home. I don't know if I am just feeling homesick or if there is something else going on. I miss my family and friends, and I wish they could visit more often. I also noticed that I have been having trouble sleeping, and I feel tired all the time. I am not sure if this is related to my lack of motivation or if it's a separate issue. I just wish someone could help me figure it out and find a way to feel better.

Member of staff

I have been assigned to work with Lillian to try and encourage her to participate in activities and socialize with other residents. It's been challenging as she seems quite withdrawn and uninterested. I am doing my best to observe her and find activities that she might enjoy, but it's not easy. I have tried different approaches, but nothing seems to work. I feel frustrated that I can't seem to connect with her, but I am determined to keep trying and to help her in any way that I can.

Family of the resident

We are concerned about our loved one, Lillian. We noticed during our last visit that she seemed to be very quiet and not interacting with other residents. We understand that the staff are doing their best to help her, but we are worried about her mental and emotional well-being. We want to support her in any way we can and are hoping that the staff can help us better understand what's going on and find ways to engage her. We know that it can be challenging to work with residents who are withdrawn, but we are confident that with the right support, she will be able to find activities that she enjoys and will allow her to interact with others.

Project partners:

