

TITLE An Examination of Skilled Nursing Facility Administrator's Leadership Practices and Their Relationship to Quality of Care

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OBJECTIVE The purpose of this study was to identify potential associations between administrator transformational leadership behaviors and quality of care in skilled nursing facilities.

METHODOLOGY

A total of 76 nursing facilities, from a target population of 680, participated in the study (11% response rate). Administrators completed the Leadership Practices Inventory Self, and asked several of their direct reports to complete the LPI-Observer (N=325). Quality of care indicators came from the federal government Nursing Home Compare 5-Star rating system. The typical administrator was Caucasian (87%), with a bachelor's degree (45%) or master's degree (47%), with either less than one year at that facility (26%), 2-5 years (33%) or 6-10 years (25%), earning \$90,000 – 109,000 in annual salary, and belonging to a professional society (59%). An equal number of males and females participated. Most Observers described themselves as Caucasian (78%), with an Associate's or Bachelor's degree (55%), had reported to their leader for more than one year (91%). Internal reliabilities (Cronbach alpha) coefficients in this study were .85 Model, .92 Inspire, .86 Challenge, .86 Enable and .92 Encourage.

KEY FINDINGS

Model was the leader practice most frequently reported being engaged in by the administrators, followed by Challenge, and then Encourage, and Inspire, and Enable. The same rank order was reported by their constituents (Observers).

There was empirical support for the research question: Do exemplary leadership behaviors (as identified by Kouzes and Posner) have a relationship with the overall quality of care in skilled nursing facilities? PLS (partial least squares) path models based on the responses of the administrators indicated that Inspiring a Shared Vision, Challenging the Process, and Encouraging the Heart were the most important predictors of Quality of Care. The most important predictors of Quality of Care based on the responses of the Observers were Inspiring a Shared Vision and Enabling Others to Act.

The author concludes:

that the leaders and the observers had different perceptions concerning which exemplary leadership behaviors most influenced the quality of care; however, Inspiring a Shared Vision was a common behavior considered to be the most important by both groups of

respondents in this study (p. 90). The R^2 values of the PLS path models indicated that moderate proportions (17.0% and 15.6%) of the variance in Quality of Care were explained by exemplary leadership behaviors as described by the leaders and the observers respectively. Nevertheless, the predicted effects of the leadership behaviors on Quality of Care were sufficiently high to imply that the results exhibited theoretical and practical importance (p. 98). There was insufficient statistical evidence to determine if any other factors, such as income level, age, gender, education, tenure, etc. have a significant correlation with quality of care.

The author points out:

Given the increasingly volatile and challenging nature of long-term care facilities, characterized by advances in medical technology, the expanding needs of an aging population, and the increasing expectations of the regulatory bodies and corporate management, there is a growing need for a new breed of nursing home administrator, who must not only be competent in administration but also in exercising leadership, involving the premises of Inspiring a Shared Vision, Enabling Others to Act, and Challenging the Process. In the 21st century more visionary and inspiring leaders are needed to articulate visions that enhance collaboration towards progressive reform of quality of care, and to inspire subordinates to go beyond their own interests and expectations. The results of this study are consistent with the view that exemplary leadership practices, as posited by Kouzes and Posner (2003) based on trust, loyalty, and respect, are a potential alternative to cope with the expanding consumer, corporate, and regulatory demands at long-term care facilities. By raising awareness of the benefits of exemplary leadership practices and their attributes, administrators can learn to transform themselves and their followers to increase the overall quality of care within their facilities (pp. 102-103).

The first recommendation for action by the author “is for more leadership development and training for the leaders of long-care facilities” (p. 104). He goes on to conclude:

Based upon the cross-sectional survey data collected in this study, it is predicted that exemplary leadership behaviors as defined by Kouzes and Posner (2003) are related to the overall quality of care in skilled nursing facilities. The results were consistent with leadership theory. They indicated that, to improve quality of care, leaders should articulate the vision of an organizational culture that portrays a sense of caring as well as inspire a compassionate perspective for the needs of others (Inspiring a Shared Vision). They should also act as mentors and coaches with concern about removing obstacles that might inhibit the performance and development of their subordinates (Challenging the Process) and they should listen carefully so they can accurately diagnose the needs of their subordinates in order to optimize their potential (Enabling Others to Act) (p.110).