

Nursing Leadership Supporting Quality of Life for Residents in Long-term Care:

An Integrative Review

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Abstract

Nursing leadership is needed in long-term care (LTC) to improve quality of life (QOL) for residents. This integrative literature review explores the relationship between nursing leadership and resident QOL using Watson's Theory of Human Caring (WTHC). The literature search identified 28 articles which were systematically reviewed to identify themes reflecting nursing leadership practices developed by Pipe (2008) based on WTHC. Findings identify three themes: 1) building caring relationships, 2) creating a caring environment and 3) caring for self to better serve others. Findings indicate that leaders who follow a caring philosophy are relationship-focused which is effective in building caring relationships and creating a caring environment. These elements were also found to be a requirement of culture change that supports resident-centred care and QOL. The findings of the review established the need for additional education and training to assist nurse leaders in effectively meeting the challenges faced in long-term care. Recommendations for nursing practice include the development of nursing leadership competencies for the LTC environment based on WTHC and the establishment of educational training programs that support the development and retention of caring and effective nurse leaders in LTC.

Keywords: Watson's Theory of Human Caring, nursing leadership style, quality of life, long-term care, resident-centred care,

Background

The United Nations Program on Aging (2008) projections indicate that by 2050 the number of people aged 60 and older will nearly quadruple, growing from the current population of approximate 600 million to 2 billion worldwide (Sciegaj & Behr, 2010). In Canada the number of seniors will nearly double to reach 9.2 million by 2030 (Ramage-Morin, 2006). The oldest old— those over age 85, will increase fourfold in numbers to 1.6 million by 2041 (Ramage-Morin, 2006). This subgroup is at greatest risk for multiple complex health issues that require long-term care (Harvath, Swafford, Smith, Miller, Volpin, Sexson, White & Young, 2008; Ramage-Morin, 2006). The growing need for complex care services raises concerns about the capacity to address demand. In addition, long-term care (LTC) centres are also facing increasing societal mandates for care that support resident quality of life (Harvath et al. 2008; Meyer & Owen, 2008; Kane, 2001; Kane, 2003; Kane, Rockwood, Hyer, Desjardins, Brassard, Gessert & Kane, 2005).

Resident Quality of Life

Quality of Life (QOL) is a complex phenomenon that is difficult to define and measure (Guse & Masesar, 1999; Hjaltadottir & Gustafsdottir, 2007; Kane, et al., 2005). Early research on resident QOL in LTC narrowly equated QOL to quality care indicators supporting the lack of negative care outcomes such as pressure ulcers or pain (Kane, 2001). While quality care is an important aspect of QOL research findings have shown that residents living in LTC describe QOL as: spending time with family and friends, experiencing honesty, respect, kindness, love, humour and contentment, having a private space, having good food, feeling safe, having choice in care options, having personal possessions, receiving care and assistance when needed, feeling independent and healthy, being mobile, access to nature and being helpful to others (Guse &

Masesar, 1999; Hjaltadottir & Gustafsdottir, 2007). It is apparent that to incorporate these self-determined elements of QOL into the LTC environment, a paradigm shift must occur away from traditional models of care.

Culture Change and Resident-Centred Care

In the early 1990's a culture change movement emerged that challenged the traditional medical models that were widespread in LTC institutions and characterized by strict regimented routines, stark environments and medically focused care (Weinstein, 1998). New models were proposed that sought to bring about a fundamental shift in the way care is provided in LTC. The goal was to relinquish the traditional medical model of care in order to create a more homelike environment (Grant & Norton, 2003). One of the earliest culture change models was the Eden Alternative which articulates a care philosophy developed by Dr. W. Thomas, a Harvard geriatrician. Dr. Thomas's vision was to transform the culture of care within LTC to eliminate the three plagues of nursing homes – loneliness, helplessness, and boredom by creating an environment that is person-centered and focused on living rather than declining (Brownie, 2011; Tavormina, 1999; Thomas, 2003; Weinstein, 1998). Central to this process and to the goal of enhancing quality of life for residents is the concept of resident-centred care (Brownie, 2011).

Resident-centred care (RCC) is a model of care that supports the individuality of residents via processes that focus on respecting the individual needs and preferences of each resident as well as ensuring that the dignity and completeness of each person is preserved or even enhanced (Robinson & Gallagher, 2008; Rosemond, Hanson, Ennet, Schenck & Weiner 2012; Suhonen, Stolt, Puro & Leino-Kilpi, 2011; Tyler & Parker, 2010). The word “resident” in the phrase RCC can be used interchangeably with the words patient or client depending on the setting in which the care is provided – the term resident is used in LTC, client in community

based programs and patient in the hospital setting (Morgan & Yoder, 2011). The phrase person, client or resident centred care are congruent expressions that describe a philosophy of care delivery which is based upon the premise of providing individualized care and preserving the personhood of each individual (Morgan & Yoder, 2011).

In RCC, control shifts to the residents, families and frontline staff to ensure that they have input and decision making ability in their daily care (Caspar, O'Rourke & Gutman, 2009; Lynch, McCormack & McCance, 2011; Robinson & Gallagher, 2008). The goal of this model of care is to enhance quality of life for residents shifting the culture of LTC from a medical-based model to one that is resident-centred care (Brownie, 2011; Thomas, 2003; Weinstein, 1998). In addition to the Eden Alternative, there are other long-term care models such as The Wellspring Model and the Pioneer Network that reflect the principles of resident-choice, person-centred care, decentralized decision making and greater autonomy for front-line staff (Brune, 2011; Munroe, Kaza & Howard, 2011; Shura, Siders & Dannefer, 2010). Despite the benefits of RCC models to residents in LTC, the implementation and sustainment of successful culture change has been difficult due to the increasing frailty of LTC residents, growing staffing challenges, and organizational barriers including fiscal restraint (Scalzi, Evans, Barstow, & Hostvedt, 2006; Monroe, et al., 2011).

Nursing Leadership

Registered Nurses (RNs) with strong leadership skills are required to address current and future challenges of LTC (Castle, Ferguson & Hughes, 2009, Harvath et al., 2008; Lynch et al., 2011). These challenges include staff recruitment, staff retention, budget issues, and addressing the demands for less institutionalized care (Adams-Wendling & Lee, 2005; Castle & Decker, 2011; Downs, 2007; Dumas, Blanks, Palmer-Erbs & Portnoy, 2009; Harvath, et al. 2008;

Vogelsmeier & Scott-Cawiezell, 2011). Unfortunately, there is a shortage of nursing leadership in LTC due to high turnover rates, the retirement of seasoned nursing leaders and recruitment issues due to poor working conditions and low opportunity for advancement (Carter, 2012; CNA, 2005; Dumas et al., 2009; Smith & Herbert, 2007). This situation is cause for concern as the need for RN leadership parallels the increasing complexity of the LTC environment (Adams-Wendling & Lee, 2005; Castle & Decker, 2011; Downs, 2007; Dumas, et al., 2009; Harvath, et al. 2008; Vogelsmeier & Scott-Cawiezell, 2011). Strategies to effectively support the development of nursing leadership are essential to improving the lives of older adults living in LTC.

Purpose

The purpose of this paper is to identify what we currently know about the elements of nursing leadership that improve resident QOL in LTC and to examine what is needed to develop and support nurse leaders working in LTC. In this project, the term nursing leadership or nurse leader refers to Registered Nurses in frontline or middle management roles. RNs in these roles have direct contact with residents, family, and staff and have significant opportunities to influence the way in which care is delivered by the healthcare team. The definition of leadership is taken from Pipe (2008) which states that leadership is “the behavior and ways of being that have a positive, enduring influence on those whose lives are impacted by one’s presence” (p. 117). The specific objectives of the project are to:

- 1) Understand the characteristics/elements of nursing leadership that support and improve resident QOL in LTC.
- 2) Provide recommendations regarding how nursing leadership can be enhanced and sustained within LTC in order to improve resident QOL.

Theoretical Framework

Nursing Theory

Albert Einstein stated, “our theories determine what we measure” (Senge, 1990, p. 164). This certainly appears to be accurate in nursing where theory and inquiry are inextricably linked (Fawcett, Watson, Neuman, Walker & Fitzpatrick, 2001). Collectively, theory and research constitute the ontological and epistemological foundations of the discipline of nursing (Fawcett et al., 2001). Mitchell (2002) supports this premise and states that the process of looking through the lens of theory and discovering truths to further support theory is the basis of the nursing discipline with a unique knowledge base. Nursing theory supports nursing knowledge that in turn provides the means by which nurses can interpret and organize information, resulting in purposeful, proactive and informed practice (Raudonis & Acton, 1996; Mitchell, 2002). As such, nursing theory is a valuable means to inform and guide nursing leadership approaches and practices (Pipe, 2008; Watson, 2006).

Pipe (2008) states that the use of theory can help guide the course, momentum, and energy exerted on leadership initiatives as well as assist with communicating viewpoints regarding leadership by providing a common language, a shared vision and by explaining the relationships between concepts that predict certain outcomes. When nursing theory is used to gain clarity and enhance perspectives concerning nursing leadership, nursing leadership activities become more effective, systematic, and orderly (Pipe, 2008). In this project, Watson’s Theory of Human Caring (WTHC) provides the theoretical underpinning for assessing and critiquing leadership approaches in relation to whether they are “intentional, effective, and uphold human dignity upon those served” (Pipe, 2008, p.117).

History of Caring

Caring has long been associated with the nursing profession. From as early as the 1850s, Florence Nightingale described nursing caring behaviours as deliberate, holistic actions aimed at creating and maintaining the environment meant to support the natural process of healing (Sitzman, 2007). In contemporary nursing literature, scholars such as Leininger and Watson support Nightingale's philosophy of caring, which identifies caring as the essential metaparadigm within the discipline of nursing (Barker, Reynolds & Ward, 1995; McCance, McKenna & Boore, 1999). For example, Watson (1985) proposes that caring is the core of nursing with other specific tasks and activities making up the borders of our practice. The concept of caring, as well as the claim that it is a defining characteristic of nursing practice, has generated much debate among nurse scholars (Barker et al, 1995; Paley, 2001). The term care or caring has been critiqued as being inadequate to capture the breadth and depth of the work of nurses (Sitzman, 2007). Nursing scholars such as Tarlier (2004) contend that another term such as "responsive relationships" – which is based on ethical/moral knowledge – may be more appropriate than "caring" to describe the core of nursing practice. Further it has been argued that other disciplines such as social work, pastoral care, and medicine are also founded on caring and compassion and as such "caring" is not unique to nursing (Kroth & Keeler, 2009). Despite differing views about the extent to which caring defines nursing, there is a general consensus that caring is indeed an essential component of nursing practice (McCance, et al., 1999; Sitzman, 2007; Kroth & Keeler, 2009).

Theory of Human Caring

Watson's Theory of Human Caring (WTHC) offers the philosophical perspective that caring is a way of being in which the nurse attends to the person in ways necessary to support

health, healing and quality of life (Foster, 2006). WTHC is grounded in the centeredness of self as well as the focus between self and others within a worldview of unity and connectedness (Noel, 2010). Further WTHC stresses the importance of the lived experience of both client and the nurse. In this theory there is emphasis on the value of multiple ways of knowing and a holistic, open approach to connect mind, body and spirit (Noel, 2010). Major tenets of WTHC include consciousness, intentionality, and the caring moment. Consciousness in WTHC is based on the view that we participate in co-creating our experiences based not only on our physical reality but also based on a reality beyond the limitations of the senses such as in the spiritual or metaphysical realms (Watson, 2002). In relation to intentionality, Watson invites readers to consider a living theory of caring in relation to our conscious living and working. Nurses are encouraged to practice in the transpersonal dimensions of nursing which is described as “the dynamic energetic spirit manifesting transcendent aspects of being and becoming in the caring moment” (Watson, 2002, p. 12). This type of practice speaks to nursing as an art which is “mindful, reflective and is graced with beauty and loving attention to our own and others’ humanity” (Watson, 2002, p. 13). Quinn (as cited in Strickland, 1996) summarized this process within WTHC as “the caring-healing consciousness of the nurse, combined with intentional, expressing caring arts/acts can thus potentiate healing and wholeness” (p.6). Intentionality and consciousness provide the philosophical grounds for the concept of transpersonal caring and healing which guides ten caritas processes (Cara, 2003; Noel, 2010; Pilkington, 2005; Sitzman, 2007, Watson, 2002).

Caritas Processes. The caritas describe fully engaged nursing practice that is based on intention and mindfulness in the moment and can be effectively applied in any specialty area and

during any nursing activity (Sitzman, 2007). The 10 caritas processes for nurses are summarized from Watson (2007) in the following table:

Table 1. Watson's Theory of Human Caring (WTHC)

1.	Practicing loving-kindness within the context of an intentional caring consciousness
2.	Being fully present in the moment and acknowledging the deep belief system and subjective life world of self and other
3.	Cultivating one's own spiritual practices with comprehension of interconnectedness that goes beyond the individual
4.	Developing and sustaining helping trusting, authentic caring relationships
5.	Being present to and supportive of the expression of positive and negative feelings arising in self and others with the understanding that all of these feelings arising in self and others with the understanding that all of these feelings represent wholeness
6.	Creatively using all ways of being, knowing, and caring as integral parts of the nursing process
7.	Engaging in genuine teaching-learning experiences that arise from an understanding of interconnectedness.
8.	Creating and sustaining a healing environment at physical/readily observable levels and also at nonphysical, subtle energy, and consciousness levels, whereby wholeness, beauty, comfort, dignity and peace are enabled.
9.	Administering human care essentials with an intentional caring consciousness meant to enable mind-body-spirit wholeness in all aspects of care; tending to spiritual evolution of both other and self
10.	Opening and attending to spiritual and existential dimensions of existence pertaining to self and others

The caring caritas in WTHC are based on the premise that all life is interconnected. Each exchange between nurse-patient is made up of shared energy between them during each interaction. Guided by the caritas processes, the caring nurse recognizes and nurtures the evolving physical and spiritual being in others but also recognizes and nurtures the physical/spiritual being in the self, for it is not possible to provide authentic caring to another without first being able to care for self (Sitzman, 2007).

Transpersonal Caring Relationship. The transpersonal caring relationship speaks of the spiritual connections made through the process of full, authentic caring in the moment (Watson, 1988). An assumption of transpersonal relationships is that there is ongoing personal and professional development as well as spiritual growth that guide the nurse into a deeper level of healing practice (Caruso, Cisar & Pipe, 2008). Importantly, the nurse learns how to build and expand transpersonal caring relationships based on his/her own experiences and by empathizing with others (Caruso et al., 2008).

Caring Moment. The final component of WTHC is the caring moment. The caring moment occurs when the nurse and the patient come together, each with their unique life experiences, and enter into a human-to-human transaction in a given point in time (Caruso et al., 2008). This moment, guided by the *caritas* processes and a transpersonal relationship, creates the potential for healing and caring via a moment of human-to-human connection at a deep, spiritual level (Caruso et al., 2008; Williams et al., 2011).

Critique of Watson's Theory

Despite Watson's belief in positive health outcomes via caring processes, there are many nurse scholars who do not support the applicability or credibility of her Human Caring Theory. In a critique by Sourial (1996), WTHC was noted to have weak predictive powers due to the fact that even if the human transaction and caring moment occurs, harmony and healing may not take place. It was also stated that there is no evidence to support differences in patient outcomes when guided by WTHC versus other caring theories, thus limiting the validity of this and other caring theories (Paley, 2001). Another review of WTHC stated that the language used was difficult to understand therefore limiting its use in practice (Barker & Reynolds, 1994; Mitchell and Cody, 1992). In a review by Mitchell and Cody (1992), it was noted that Watson's theory

was inconsistent with the human science tradition, particularly in the areas of human wholeness as well as intention and free will (Mitchell & Cody, 1992). In keeping with the philosophy of human science, Watson describes humans as irreducible wholes which support the human science tradition however she often contradicts this premise as she often separate parts such as body, mind, spirit and soul (Mitchell & Cody, 1992; Pilkington, 2005). Further Watson states that human beings are free to self-determine and choose but yet this belief is violated in the following ways:

- 1) she refers to nurses helping, integrating and correcting the person's condition;
- 2) it is stated that ideally a person should have the opportunity for self-determination *before* nurses make decisions (Mitchell & Cody, 1992).

Due to these unclear philosophical underpinnings, the WTHC was found to have limited credibility (Mitchell & Cody, 1992). Watson has also been criticized for her eclectic use of concepts to inform the theory which is based on ideas from psychology, quantum physics, postmodernism, Buddhism, nursing and others (Pilkington, 2005). Barnhart et al. (cited in McCance, McKenna & Boore, 1999) stated that most nurses would not have the knowledge base to comprehend this array of concepts consequently limiting its usability. Therefore it was proposed that Watson further develop WTHC with consistent language, concepts, supporting diagrams and more disciplined writing in order to provide clarity and to bring about greater understanding of its benefits to guide nursing practice (Sourial, 1996; Mitchell & Cody, 1992).

Despite the criticisms WTHC has been widely adopted in support of an increasing focus on caring knowledge in nursing practice (Watson & Smith, 2002). WTHC continues to guide nursing practice in many areas including acute care, LTC, pediatrics, public health, education, and administration (Cara, 2003; Falk-Rafael, 2005; Pipe, 2008; Sitzman, 2007; Strickland,

1996). In fact, WTHC is now widely used in many organizations in the United States as a care model for hospitals that have achieved or are seeking Magnet status (Clarke, Watson, & Brewer, 2009; Foster, 2006; Watson, 2006). These include sites in Colorado, Florida, Virginia, Kentucky, California, Arizona, South Carolina and Wyoming (Clarke et al., 2009). The growing frequency and number of Magnet hospitals using WTHC as one of the core Magnet criteria, is evidence of and testimony to caring theory and its impact on nursing over time (Clarke et al., 2009). Further, WTHC is now being adopted in many countries around the world as a guide to nursing practice – Australia, New Zealand, Japan, China, Denmark, Sweden, Scotland and Canada to name a few – and as the basis of nursing curricula in Hiroshima, Japan (Clarke et al., 2009). This growth is providing many opportunities to support the credibility of WTHC with research that illustrates the positive outcomes of WTHC for patients, care providers and systems worldwide (Foster, 2006; Clarke et al., 2009).

However it is apparent that Watson has created a theory that resonates with nurses in the value it places on caring in everyday practice. Over the past few decades the caring component of nursing practice has been seemingly lost which has created unhappiness and dissatisfaction for a large number of nurses (Watson, 2006; Pipe, 2008). Using WTHC as a guide to practice, nurses are supported to provide care congruent to ethical standards such as those outlined in the Canadian Nurses Code of Ethics. Specifically this ethical code directs nurses to conduct their practice in ways that are compassionate and upholds human dignity which directly aligns with the philosophy of WTHC. Ultimately the power and appeal of caring theory is in its ability to help nurses reconnect with themselves, their patients, and their peers through the art of nursing (Clarke et al., 2009; Foster, 2006). Outcomes for nurses using WTHC to guide their practice included increased self-satisfaction, knowledge, skills, increased satisfaction with the nursing

discipline and enhanced relationships with others (Foster, 2006). Further WTHC promotes nursing's unique contribution to the healthcare system therefore contributing to the advancement of the nursing discipline (Pilkington, 2005).

Watson's Theory of Human Caring, Leadership and Long-term Care

Research indicates that leaders informed by WTHC are mindful of the impact of their attitudes and behaviours on others and as such tend to focus on thoughtful and nurturing interactions with others and uphold the values of human dignity (Pipe, 2008). By using WTHC in their practice, nurses support others in gaining a higher degree of harmony within the mind, body and soul resulting in self-knowledge, self-reverence, self-healing, and self-care thus increasing quality of life (Felgen, 2004; Piccinato & Rosenbaum, 1997). These outcomes are congruent with the philosophy of resident-centred care in LTC, which aims to preserve the dignity and completeness of each resident and enhance quality of life (Robinson & Gallagher, 2008; Rosemond, et al., 2012; Suhonen, et al., 2011). Due to this philosophical alignment, it seems likely that nurse leaders in LTC who integrate WTHC into their practice will promote the philosophy and practice of resident-centered care. Accordingly Kitson (2001) states that caring leadership in LTC that promotes the values of patient-centred care (i.e., respect, dignity, compassion and caring) will bring about improvements in care delivery and resident outcomes including QOL.

Methods

The research method employed in this project is an integrative review. An integrative review synthesizes a comprehensive body of research reflecting diverse study designs and methods to facilitate a fuller understanding of complex phenomena (Whittemore & Knafl, 2005). Further, the integrative review goes beyond descriptive summary to integrate and develop new

perspectives on the topic (Torraco, 2005). This methodology supports the purpose of this study and is appropriate to explore the relationship between nursing leadership and resident QOL in LTC.

Literature Search

A subject librarian was consulted to ensure a thorough and comprehensive literature search was completed. Literature searches were conducted using the following electronic databases: the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medical Literature Online (MEDLINE), Health Source: Nursing/Academic Edition, PsychINFO, Web of Science and the Summon search engine. Suggested search words included combinations of the following: *nursing leadership styles, nursing homes, LTC, culture change, organizational change* and *resident quality of life*. Inclusion criteria for research articles included quantitative and qualitative research articles, studies written in English as well as published in peer reviewed print or electronic journals. Further, the setting for all studies was limited to long-term care facilities, including nursing homes. Publication dates were not restricted to ensure that a wide breadth of research data was reviewed. Research conducted in community settings or supportive living locations was excluded from the review. Literature searches were conducted using combinations of the key terms, the data bases, and the inclusion criteria. This approach produced an initial yield of 205 research articles.

Next, the 205 articles were screened for their applicability to the topic of interest via a review of both the title and abstract. When an abstract was unavailable the entire article was retrieved and scanned for content. This screening method reduced the number of articles from 205 to 47. From these 47 articles, an ancestry approach was used to identify additional suitable studies. This method identified an additional six articles for a total of 54 articles for possible

inclusion in the project. These 54 articles then received a full examination to determine the most relevant studies to this literature review. Through this process, 29 articles were eliminated resulting in a final total of 25 articles for the integrative literature review. The final 25 studies selected for inclusion all included the central theme of the importance of effective nursing leadership in enhancing or improving resident quality of life while the eliminated studies did not contain these essential elements.

Data Analysis and Synthesis

The 25 selected articles were read and content was systematically extracted (see Appendix A). This process ensured consistency in reviewing the selected literature and facilitated development of in depth knowledge and understanding of each study (Ingham-Broomfield, 2008). In this review, studies were not assessed for methodological quality which allowed a broad examination of findings on nursing leadership that supports resident QOL in LTC. Whittmore and Knafl (2005) maintain that the appraisal of the evidence and quality of the literature is not an essential requirement of an integrative literature review.

Articles were analyzed to identify core elements of caring leadership that support quality of life for residents in LTC and to identify approaches used to develop and support nursing leadership. Significant and recurring information in articles was color coded to simplify the process of detecting and identifying emerging themes (Smith and Firth, 2011). In addition, emerging themes were reviewed with the purpose of aligning them with the WTHC caritas processes based on the transpersonal relationship and the caring moment (See Table 2). The connections between the emerging themes and relevant WTHC caritas were made informed by Pipe's (2008) description of caring nurse leadership practices based on WTHC and the application of the caritas processes (See Table 2).

Table 2. Alignment of Emerging Themes to WTHC Caritas

Emerging Theme	WTHC Caritas	Connection of Emerging Theme & WTHC Carative Process based on Pipe (2008)
Creating a Caring Environment	#8- Creating healing environments at all levels, physical as well as non-physical, subtle environments of energy and consciousness whereby wholeness, beauty and comfort, dignity and peace are potentiated.	- The leader works with others to create the best environment for healing to occur. This includes a homelike environment – color, paintings plants. As well, creating and sustaining a culture of respect, healthy communication, conflict management and innovation through the engagement of others is essential.
Building Caring Relationships	#4 -Developing & sustaining a helping-trusting authentic relationship	- The leader cultivates a caring consciousness to establish trusting professional relationships. When staff have a high level of trust with the leader, they are more likely to share meaningful ideas and information. -
Caring for Self to Better Lead Others	#7- Engaging in genuine teaching-learning experiences that arise from an understanding of interconnectedness.	- The nurse leader seeks to grow through self-evaluations, reflection and feedback. Self-learning involves choosing new competencies to explore, selecting new opportunities for expanding skills and acquiring the resources needed to take these steps. In this way, the leader becomes the teacher and learner within one-self to become a more effective teacher, role model and mentor for others.

Literature Review Findings

The literature review identified three themes: 1) creating a caring environment, 2) building caring relationships, and 3) caring for self to better lead others (See Table 3). These themes offer insight on how caring leadership can support resident QOL and serve to inform recommendations on how to support nursing leadership in LTC. These findings are described in the following sub-sections.

Table 3. Summary of Major Themes from Literature

Author/year/country	Aim/purpose/question	Method (sample size)	Themes
Blackburn, S. (2011). United Kingdom	To explain how supervision, investing a keen interest in the development of staff and maintaining the right attitude enables staff to flourish and improves resident care.	Qualitative, narrative study.	<ul style="list-style-type: none"> - Creating a caring environment - Building caring relationships - Caring for self in order to better lead others
Brown-Wilson, C (2009). United Kingdom	To understand the factors that may be significant in the formation of relationships for residents in LTC and how this supports the development of community in LTC.	Qualitative, case study (n=3 LTC sites)	<ul style="list-style-type: none"> - Building caring relationships - Creating a caring environment
Casper, O'Rourke & Gutman (2009). Canada.	To examine the differences in practice in culture change models and the outcomes on formal caregivers in LTC.	Quantitative: Cross sectional survey design. (n= 54 LTC sites; n= 177 RNs, 65 LPNs & 326 HCAs).	<ul style="list-style-type: none"> - Creating caring environments
Castle & Decker (2011). United States.	To examine the association of leadership style with quality of care. An outcome of effective leadership is stated to be improved quality of care and increased QOL for residents.	Quantitative: cross-sectional design (n=4000 LTC staff).	<ul style="list-style-type: none"> - Building caring relationships - Creating a caring environment
Castle, Ferguson & Hughes (2009). United States.	To examine the role of top management in LTC and their influence and impact upon the humanistic components of care for residents.	Qualitative: integrative review (n=12 articles).	<ul style="list-style-type: none"> - Building caring relationships - Creating a caring environment
Donoghue & Castle (2009). United States.	To examine the associations between nursing home managers leadership style and staff turnover.	Quantitative: random survey (n=2900 managers)	<ul style="list-style-type: none"> - Creating a caring environment - Caring for self to better lead others
Flesner & Rantz (2004). United States.	To discuss quality improvement innovations and efforts in LTC.	Qualitative: Descriptive analysis.	<ul style="list-style-type: none"> - Building caring relationships - Creating caring environments.

Forbes-Thompson, Gajewski, Scott-Cawiezell & Dunton (2006). United States	To explore LTC organizational processes and how staff perceptions of such impact resident care.	Quantitative : cross-sectional, correlation design (n=3894 staff)	<ul style="list-style-type: none"> - Building caring relationships - Creating caring environments
Harvath, Swafford, Smith, Miller, Volpin, Sexson, White & Young (2008). United States	To review the literature on programs designed to enhance nursing leadership in long-term care, and provide recommendations for programs to enhance nursing leadership in nursing home settings.	Qualitative: Integrative literature review (n=15 included articles)	<ul style="list-style-type: none"> - Caring for self to better lead others.
Havig, Skogstad, Kjekshus+ & Romoren (2011). Norway.	To examine the effect of leadership styles upon quality of care for residents in LTC.	Quantitative: Cross-sectional survey design (n= 444 employees, 53 directors/managers, 378 family members).	<ul style="list-style-type: none"> - Building caring relationships.
Hollinger-Smith, Ortigara & Lindeman (2001). United States.	To provide the results of a LTC workforce initiative and describe the possible implications to residents, staff and organizations.	Mixed Methods: Exploratory & Repeated measures design. (n=125 participants)	<ul style="list-style-type: none"> - Building caring relationships - Creating a supportive environment. - Caring for self to better lead others.
Jeong & Keatinge (2004). Australia	To explore the impact of leadership approaches on nursing staff and their practice in nursing homes.	Qualitative: Exploratory, descriptive design (n=1 LTC site, number of participants not stated)	<ul style="list-style-type: none"> - Building caring relationships - Creating a caring environment
Lynch, McCormack & McCance (2011). United Kingdom.	To present the process used to develop a model of situational leadership enacted within a person-centred nursing framework in residential care.	Qualitative: Conceptual analysis	<ul style="list-style-type: none"> - Building caring relationships - Creating a caring environment
Maas, Specht, Buckwalter, Gittler & Bechen (2008). United States.	To develop standards for nursing leadership training based on literature and to propose a program to prepare RNs as geriatric nursing specialists.	Qualitative: Literature review (n= number of articles not directly stated but are integrated directly into the article).	<ul style="list-style-type: none"> - Creating a caring environment - Caring for self to better lead others.

Moiden, N (2003). United Kingdom.	To examine the effects of leadership style on healthcare staff in LTC and the outcome on resident care.	Qualitative: Exploratory (n=2 LTC sites).	<ul style="list-style-type: none"> - Building caring relationships. - Creating a caring environment.
Nielsen, Yarker, Brenner, Randall & Borg. (2008). Denmark.	To explore the relationships between transformational leadership, followers' perceived working conditions and employee well-being and job satisfaction.	Quantitative: Cross-sectional questionnaire survey design. (n=447 LTC staff)	<ul style="list-style-type: none"> - Building caring relationships. - Creating a caring environment - Caring for self to better lead others
Pearson, Hocking, Mott & Riggs (1992). Australia.	To examine the importance of management and leadership style on the outcome of quality of care and quality of life.	Quantitative: Cross-sectional survey design. (n=200 directors/managers)	<ul style="list-style-type: none"> - Building caring relationships. - Creating a caring environment.
Ragsdale & McDougall (2008). United States	To examine the past models of care in LTC and to describe the current state of culture change in LTC in order to make recommendations to support culture change.	Qualitative: Exploratory study	<ul style="list-style-type: none"> - Building care relationships - Creating caring environments.
Scalzi, Evans, Barstow & Hostvedt (2006). United States	To discuss the barriers and enablers of culture change and provide actions for program enhancement & sustainment.	Mixed Methods: Exploratory & Survey (n= 162 participants).	<ul style="list-style-type: none"> - Building caring relationships - Creating caring environments
Swagerty, Lee, Smith & Taunton (2005). United States.	To identify and describe leadership roles in developing strategies to that influence resident care. An identified outcome of the strategies is resident centred care and increased QOL.	Qualitative: Case study (n=3 LTC sites, 17 residents, 16 family members, 66 staff & nine managers).	<ul style="list-style-type: none"> - Building caring relationships - Creating a caring environment
Tavormina C., (1999). United States.	To describe the effects of a culture change model – The Eden Alternative – in the LTC setting.	Qualitative: Narrative	<ul style="list-style-type: none"> - Building caring relationships - Creating a caring environment

Toles & Anderson (2011). United States.	To review and synthesize the literature regarding nursing management practices that support staff in providing better care to LTC residents.	Qualitative: Literature review (n=33 articles).	<ul style="list-style-type: none"> - Building caring relationships - Creating a caring environment.
Tyler & Parker (2011). United States.	To examine the relationships between culture change, teamwork and organizational culture in LTC.	Qualitative: Case study (n=20 LTC sites).	<ul style="list-style-type: none"> - Building caring relationships - Creating a caring environment.
Utley, Anderson & Atwell (2011). United States.	To examine the components of transformational leadership (TL) and the affect in TL in LTC. Further to provide recommendations for the use of TL to improve resident outcomes.	Qualitative: Descriptive	<ul style="list-style-type: none"> - Building caring relationships - Creating a caring environment.
Vogelsmeier & Scott-Cawiezell (2011). United States.	To compare how two differing leadership styles impacted quality of care in two different nursing homes.	Qualitative, case study (n=2 LTC sites)	<ul style="list-style-type: none"> - Building caring relationships - Creating a caring environment.

Creating a Caring Environment

The creation of a caring environment reflects WTHC caritas process number eight which states that nurses should strive to create a healing environment “where wholeness, beauty, comfort, dignity and peace are potentiated” (Watson, 2007, p. 132). To support this vision leaders should work with others to create the best environment for healing to occur which includes creating and sustaining a culture of respect, healthy communication, conflict management and innovation through the engagement of others is essential (Pipe, 2008). As McBride (cited in Harvath, et al., 2008) notes, “becoming a leader is not just a matter of becoming skilled or knowledgeable, but using one’s skills and knowledge in order to make a difference” (p.188). As such effective nurse leaders are required to use their knowledge and

skills to help create a caring environment to support a culture of caring within LTC (Castle et al., 2009; Flesner & Rantz, 2004; Jeong & Keatinge, 2004; Maas et al., 2008; Moiden, 2003; Tavormina, 1999; Brown-Wilson, 2009). The ability to create a positive, caring culture through effective leadership was found in the literature as essential to enabling both LTC staff (particularly care aides) and residents to flourish in the LTC environment (Blackburn, 2011).

Participatory Work Climate. An important element of a caring environment is the creation of a participatory work climate to support employees (Caspar et al., 2009; Flesner & Rantz, 2004; Jeong & Keatinge, 2004; Moiden, 2003). A participatory work environment in LTC is one in which staff members receive ongoing education, have clear communication and feedback processes, are actively involved in decision making, and are encouraged to become independent problem-solvers (Flesner & Rantz, 2004; Forbes-Thompson et al., 2006; Jeong & Keatinge, 2004; Nielsen et al., 2008; Toles & Anderson, 2011; Vogelsmeier & Scott-Cawiezell, 2011). In this type of environment, team members are empowered and recognized for their contribution and commitment to high quality resident-focused care (Caspar et al., 2009; Flesner & Rantz, 2004; Moiden, 2003; Robinson & Gallagher, 2008; Tyler & Parker, 2010). As a result of being empowered staff members are able to assist residents in making choices and achieving goals resulting in a higher QOL (Flesner & Rantz, 2004).

Development of Effective Teams. A caring environment requires teamwork (Blackburn, 2011; Brown-Wilson, 2009; Forbes-Thompson et al., 2006; Jeong & Keatinge, 2004; Pearson et al., 1992; Swagerty et al., 2005; Tyler & Parker, 2010; Vogelsmeier & Scott-Cawiezell, 2001). The acronym T- together, E –everyone, A – achieves, M- more, suggests the importance of creating a LTC team (Blackburn, 2011). Effective working teams are created when there is respect for diverse opinions; staff members assist each other, share goals with a clear purpose,

and are accountable to one another (Forbes-Thompson et al., 2006). High amounts of effective LTC teamwork are associated with positive attitudes among and between employees ((Tyler & Parker, 2010). Nursing leadership is foundational to the development of effective teamwork (Brown-Wilson, 2009; Forbes-Thompson et al., 2006; Pearson et al., 1992). Effective teams in LTC were found to have nurse leaders who modeled positive and caring cultural values and attitudes (Tyler & Parker, 2010). These nurse leaders provided clear communication, feedback, and worked cooperatively with staff to ensure everyone was working together towards the same common goal of resident-centred care (Tyler & Parker, 2010; Vogelsmeier & Scott-Cawiezell, 2011). In order to develop effective teams, the nurse leader facilitated teamwork and empowered the team by seeking ongoing input and sought feedback for problem-solving and improvement of resident care (Vogelsmeier & Scott-Cawiezell, 2011). It was found that a focus on teamwork in LTC demonstrates the caring leader's recognition that meeting the needs and wishes of the residents requires a concerted effort from both the staff and themselves (Jeong & Keatinge, 2004). Supportive work environments contribute to increased employee satisfaction which enhances resident care, increases satisfaction, and improves QOL (Casper et al., 2009; Donoghue & Castle, 2009).

Supporting Staff Satisfaction. High staff turnover in LTC units is a common issue in LTC (Donoghue & Castle, 2009; Flesner & Rantz, 2004; Hollinger-Smith et al., 2001). Not only is this costly to organizations but staff turnover and vacancies are associated with poor resident outcomes including disorientation, isolation, depression, medication errors and falls (Hollinger-Smith et al., 2001). Conversely, continuity of staff contributes to higher quality of care and improved QOL for residents (Donoghue & Castle, 2009; Flesner & Rantz, 2004). A growing body of research shows that the quality of the staff member's relationship with their immediate

supervisor impacts on retention (Hollinger-Smith et al., 2001; Forbes-Thompson et al., 2006; Maas et al., 2008). Staff report higher job satisfaction when they have a fair, knowledgeable and caring supervisor (Hollinger-Smith et al., 2001; Pearson et al., 1992).

Establishing a caring environment in LTC is an essential component of caring leadership practice. A caring environment in LTC is required to develop practices that support resident-centred care (Caspar et al., 2009; Castle & Decker, 2011; Castle et al. 2009; Flesner & Rantz, 2004; Jeong & Keatinge, 2004; Moiden, 2003; Pearson et al., 1992; Robinson & Gallagher, 2008; Suhonen et al., 2011; Toles & Anderson, 2011; Tyler & Parker, 2010; Vogelsmeier & Scott-Cawiezell, 2011). Fittingly, Robinson and Gallagher (2008) state that, “when the work place adds quality of life to the life of the caregivers, the caregivers add quality of life to the resident” (p. 123). Nurse leaders must embody caring practices themselves to promote, establish and sustain a caring environment in LTC.

Building Caring Relationships

The fourth caritas process guides nurses in developing and sustaining helping-trusting authentic relationships (Watson, 2007). Similarly Pipe (2008) guides nursing leaders to cultivate caring consciousness to establish professional relationships. When staff have a high level of trust with the leader, they are more likely to share meaningful ideas and information (Pipe, 2008). In the literature nurse leaders were found to play a critical role in setting the climate in the LTC environment. Nursing leaders generate the values, understandings, and behavioural norms that become part of the LTC culture (Jeong & Keatinge, 2004). For example, Brown-Wilson (2009) states that LTC leaders create “a sense of the way we do things around here” and in particular “[shape] the way relationships across the home developed” (p. 181). Nurse leaders are needed to build caring relationships among staff and residents in LTC (Blackburn, 2011; Brown-Wilson,

2009; Flesner & Rantz, 2004; Forbes-Thompson et al., 2006; Jeong & Keatinge; 2004; Harvath et al., 2008; Nielsen et al., 2008; Scalzi et al., 2006; Toles & Anderson, 2011; Tyler & Parker, 2010). Caring relationships are necessary to create and sustain enriched environments of care in LTC that support resident-centred care philosophies in which the individual needs of the residents and staff are acknowledged and addressed (Blackburn, 2011; Brown-Wilson, 2009). Through the development of caring relationships with staff, effective leaders bring about desirable responses from workers which in turn results in improved resident outcomes and QOL (Blackburn, 2011 Brown-Wilson, 2009; Flesner & Rantz, 2004; Moiden, 2003; Toles, 2011; Utley et al., 2011).

Havig et al. (2011) define relationship-oriented leadership as a leadership style that involves *supporting* – consideration, acceptance and concern for the needs and feelings of staff, *developing* – building and developing employee skills, and *recognizing* – praising and showing appreciation towards staff for desired performance (Havig et al., 2011; Toles & Anderson, 2011). These elements were also found to be essential components of caring leadership (Pipe, 2008). For the purposes of this project these fundamentals were grouped under the following sub-themes: valuing the individual, being open and honest, demonstrating commitment and developing trust, and role-modeling caring behaviors.

Valuing the Individual. It is no secret that people flourish when they are given time and attention (Blackburn, 2011). Guided by this knowledge, nurse leaders who take the time to know, understand, value and respect the unique life-long patterns, preferences, contributions and needs of residents, families and staff, will develop strong, trusting relationships with them (Blackburn, 2011; Brown-Wilson, 2009; Flesner & Rantz, 2004; Forbes-Thompson et al., 2006; Moiden, 2003; Nielsen, Yarker, Brenner, Randall & Borg, 2008; Utley et al., 2011). For LTC staff,

individualized consideration by the nurse leader promotes feelings of being valued and appreciated and therefore, personnel are motivated to put extra effort in the care they provide to residents (Nielsen et al., 2008). In regards to residents and families, caring nurse leaders designate time in their practice to focus specifically on residents and families with the purpose of understanding their needs and interests. Such focused activity promotes feelings of individual value and worth (Brown-Wilson, 2009; Castle, Ferguson & Hughes, 2009). Valuing individuals is central to the philosophy of resident-centred care and therefore by demonstrating caring behaviors towards staff and residents the nurse leader is better able to influence resident-centred care practices leading to positive resident outcomes (Flesner & Rantz, 2004; Forbes-Thompson et al., 2006; Nielsen et al., 2008).

Be Clear, Open & Honest. Open communication between residents, staff, and the nurse leader is essential in the development of caring relationships and ensures everyone is working together towards a common goal (Flesner & Rantz, 2004; Lynch et al., 2011; Scalzi et al., 2006; Tavormina, 1999; Toles & Anderson, 2011; Vogelsmeier & Scott-Cawiezell, 2011). In the study by Tyler and Parker (2010), the nurse leader of a LTC unit that followed a resident-centred care model described communication patterns as "...very free-flowing.... If I have a problem, I'll go see them [staff]. If they [staff] have a problem, they'll come and see me" (p.46). In this environment staff members were encouraged by the nurse leader to share their thoughts and ideas regarding resident care (Tyler & Parker, 2010; Toles & Anderson, 2011). Further, residents and families were also encouraged and given opportunities to share ideas and problem-solve (Brown-Wilson, 2009; Donoghue & Castle, 2009; Scalzi et al., 2006; Swagerty et al., 2005). This type of open communication was found to address problems early and create opportunity for leaders, workers and residents to share diverse perspectives (Forbes-Thompson et al., 2006;

Scalzi et al., 2006; Vogelsmeier & Scott-Cawiezell, 2011). Importantly the expression of different opinions and perspectives from residents and staff was seen as essential to the philosophy of resident-centred care and improved resident outcomes including QOL (Donoghue & Castle, 2009; Flesner & Rantz, 2004; Forbes-Thompson, 2006). Although it was not stated explicitly in the literature, it would seem that nurse leaders who practice with an open-door philosophy would facilitate communication and the building of effective and caring relationships in LTC.

Demonstrate Commitment & Developing Trust. Blackburn (2011) states that in the ever-changing world today, residents need to feel secure to thrive and staff members need security to be effective in their positions. Further, it was proposed that relationships between leaders and staff that are caring, supportive and open, improve tolerance and understanding between and among each other (Moiden, 2003). This type of caring relationship promotes feelings of security and satisfaction for staff (Blackburn, 2011; Moiden, 2003; Scalzi et al., 2001). In particular, several studies found that the security of staff can be supported by the commitment and dedication of the nurse leader (Forbes-Thompson et al., 2006; Moiden, 2003; Pearson et al., 1992). In the study by Pearson et al. (1992), the sites that were shown to have the best quality care and resident QOL had nurse leaders who were greatly respected by staff for their commitment to the job and their caring attitude.

Commitment to the job is indicative of dedication and the intent of the leader to do the best for staff and residents (Lynch et al., 2011). In addition, commitment was seen as a combination of confidence, motivation and enthusiasm on the part of the nurse leader to achieve identified goals or tasks (Lynch et al., 2011). Through demonstrated commitment by the nurse leader, staff developed a sense of trust and security in the abilities of the leader – ultimately they

believe that the leader will get the job done and will get the job done well (Lynch et al., 2011). Consistent nursing leadership is also another important component of commitment (Maas et al., 2008). Longer tenure of leaders in LTC has been associated with more open staff communication and has been identified as being helpful in the development of caring relationships with staff (Forbes-Thompson et al., 2006; Scalzi et al., 2006). It is apparent that caring relationships and respect between the leader and staff is essential for increased staff morale leading to a supportive culture and a positive working environment (Jeong & Keatinge, 2004). Ultimately the development of caring connections between the nurse leader and staff results in mutual respect and trust – resulting in the creation of a caring environment that supports resident-centred care and ultimately improved resident QOL (Blackburn, 2011; Forbes-Thompson et al., 2006).

Be a Role-Model for Caring Practice. Nursing leadership practices based upon a relationship-centred philosophy increase staff feelings of self-worth and importance and lead to more effective resident care and increased job satisfaction (Jeong & Keatinge, 2004; Moiden, 2003; Toles & Anderson, 2008). Scalzi et al. (2006) proposed that this philosophy is consistent with the fundamental values of resident-centred care which include respect, empowerment, and choice. Thus, it would seem logical for nurse leaders to ‘practice what they preach’ in regards to caring practices in LTC. Ultimately the golden rule for nurse leaders, as Tavormina (1999) so eloquently stated, is “Do unto employees as you would have your employees do unto residents” (p.160). As such, role modelling caring behaviors and promoting caring practices for staff must be a conscious commitment and intent for all LTC nurse leaders.

Care for Self to Better Serve Others.

In WTHC, caritas process number seven directs nurses to engage in “genuine teaching-learning experiences that arise from an understanding of interconnectedness” (Watson, 2007, p.

132). This aligns with Pipe's (2008) leadership principle that nurse leader's seek to grow through self-evaluation, reflection and feedback. Nurse leaders must engage in self-learning practices to explore, expand and acquiring skills in order to become a more effective teacher, role model and mentor for others (Pipe, 2008). In order to assist nursing leaders in the quest to become more effective teachers, role models and mentors there is a strong need for additional education and training (Blackburn, 2011; Donoghue & Castle, 2009; Hollinger-Smith et al., 2001; Maas et al., 2008; Nielsen et al., 2008).

A number of specific frameworks or models have been proposed to improve the knowledge and skills of nursing leaders in LTC (Blackburn, 2011; Lynch et al., 2011; Harvath et al., 2008; Hollinger-Smith et al., 2001; Maas et al., 2008; Scalzi et al., 2006). For example, Blackburn (2011) proposes a relationship-centered leadership training program for nurses. This educational framework reflects the philosophy of resident-centred care where residents, relatives and staff all need to feel a sense of security, belonging, continuity, purpose, achievement and significance within the LTC environment (Blackburn, 2011). This program called MyHome Life, has a strong focus on developing effective communication skills that can help improve trust, relationships and partnerships among management, staff and residents (Blackburn, 2011). Further, nurse leaders are required to develop skills that consider QOL for residents. The Senses Framework developed by Nolan et al. (as cited in Blackburn, 2011) helps cultivate a sense of security, belonging, continuity, purpose, achievement and significance among residents, families and staff in the LTC environment. As such, this framework is widely employed to support the MyHome Life program initiatives in LTC across the United Kingdom.

Lynch et al. (2011) developed a conceptual model to guide nursing leaders to support resident-centred care (Lynch et al., 2011). Key concepts addressed in this yet un-named model

were: focusing on person-centred outcomes, taking appropriate action according to the situation, maintaining a caring environment, and supporting the staff to develop appropriate skills (Lynch et al., 2011). Additionally, the model focused on improving the leadership skills of communication and coaching. Ultimately the goal of this model was to assist nursing leaders to create an environment where decision-making is shared, staff relationships are collaborative, leadership is transformational and innovative practices are supported - all of which are required to bring about a culture change in LTC (Lynch et al., 2011).

Finally, several studies identified the LEAP Model as an effective leadership training program for nurse leaders in LTC (Harvath et al., 2008; Hollinger-Smith et al., 2001; Maas et al., 2008; Scalzi et al., 2006). In this program, resident-centred principles are a major theme as well as mentoring, communication, conflict resolution and problem solving (Harvath et al., 2008; Scalzi et al., 2006). Sites that have implemented LEAP training have demonstrated outcomes that include increases in effective leadership, staff retention, increased resident/family satisfaction levels and increased resident QOL (Hollinger-Smith et al., 2001; Maas et al., 2008).

A common focus for all leadership enhancement programs was building leadership skills that support resident-centred care by improving communication and building effective relationships. Although minor differences in content were noted, there was a strong consensus that nurse leaders who have the leadership knowledge and skills they need will be able to influence change that supports resident-centred care philosophies and ultimately increase resident QOL (Blackburn, 2011; Harvath et al., 2008; Maas et al., 2008; Hollinger-Smith et al., 2001, Scalzi et al., 2006). Nurse leaders who intentionally practice caring for self through lifelong learning become more effective teachers, role models and mentors for others in the LTC environment.

Discussion

This integrative literature review uses the lens of caring theory to illustrate the importance of relationship-focused leadership in creating a caring environment. Findings point to the importance of offering nurse leaders educational support to develop core leadership skills to develop and sustain a caring culture in LTC which is resident-centred care and improves QOL. This review is consistent with and builds upon previous research focusing on caring nurse leadership practices. For example in the study by Williams, McDowell & Kautz (2011) a leadership practice model was developed using WTHC and three primary tenets: care of the patient/family, care of the team, and care of the self (Williams et al., 2011). Additionally the model was based on the principle of empowerment in which every member of the team had a voice in decisions regarding care practices (Williams et al., 2011). These core values align with the findings of this project. Another study examined how caring leadership is used to transform cultures of caring and found that nurse leaders must set the standards for caring practices by leading with passion, empathy, competency and caring to promote a healthy environment for patients and staff (Sellars, 2011). Further it was shown that forming caring relationships that foster respect and collaboration is essential to the well-being of staff and contributes to improvements in patient care (Sellars, 2011). Importantly the study found that caring leadership is essential in changing the culture of the unit (Sellars, 2011). These findings also support the conclusions of this review.

Recommendations for Practice

Review findings indicate that improving outcomes for residents in LTC requires caring nurse leaders who can build caring relationships and create caring environments that support resident-centred care. However nurse leaders need educational support to further develop the

skills required to lead this culture change. The following recommendations are proposed to support the development of nurse leadership in LTC.

Development of Caring Leadership Competencies for LTC

Effective nursing leadership requires leadership competencies (Cragg & Spurgeon, 2007). Competencies are the specific knowledge, skills, judgement and personal attributes required for a registered nurse to practice safely and ethically in a designated role and setting (CNA, 2005). Abraham and Grant (2008) have proposed nurse leadership competencies for the LTC environment that include the following five core categories:

- Visionary Attributes - Leaders are assessed on the degree, to which they set direction, have established a focused vision and clear priorities for the facility.
- Supporting Change – This competency assesses the degree to which leaders encourage growth and new initiatives. Additionally leaders are assessed on the degree of risk they take to support changes.
- Communication- This competency assesses the extent to which leaders communicate effectively with staff including the degree in which leaders listen to employees, are visible, are approachable and are honest.
- Strategic Management – Leaders are assessed on the extent to which they are engaged in strategic management including planning for quality, prioritizing facility goals, turns plans into action and takes responsibility for outcomes.
- Caring Leadership – This competency assesses the extent to which leaders care about staff. This includes the degree in which they show caring behaviors, express appreciations and value to staff.

The use of these core leadership competencies to guide nurse leaders predicted the success of culture change implementation in LTC facilities (Abraham & Grant, 2008). Further, these leadership competencies were linked to high staff retention rates, improved resident outcomes, as well as improved satisfaction rates for staff and residents (Abraham & Grant, 2008). Based on these successes, the use of these leadership competencies is recommended as the foundation of leadership training, education, and practice.

Enhance Education

There is a clear need to offer education and training to support the development of nurse leaders in the LTC environment (Nielson et al., 2008; Hollinger-Smith et al., 2001). Enhanced education to support nursing leaders has been shown to increase job satisfaction and improve job effectiveness resulting in the retention of nursing leaders in LTC (Maas et al., 2008; Scalzi et al., 2006). Due to the significant benefits of effective and consistent leadership to staff and residents, the establishment of leadership training and mentorship programs for nurse leaders ought to be a priority for all LTC organizations.

Advocate for Change

Advocating for resident care align with caring leadership practices based on WTHC which include moral commitment, intentionality, and caring consciousness (Pipe, 2008). As such, nurse leaders in all areas of healthcare including LTC need to actively influence change at different levels in the healthcare system including the patient (micro) level, the unit (meso) level and at the systems (macro) level (CNA, 2008). Therefore it is important for nurse leaders in LTC to be aware of the current community and political environment and in order to effectively advocate for changes in practices, policies and legislation that support the implementation and sustainment of resident-centred care models (Tung & Phinney, 2011). Through membership in specialty nursing organizations such as the Canadian Gerontological Nurses Association (CGNA), nursing leaders gain opportunities to influence policy development via invitations by governments for consultation or through active political campaigns for changes in the care of the elderly. The involvement of nurse leaders is critical to advocacy at higher system levels to bring about large scale culture change in LTC. Guided by the principles of WTHC nurse leaders can

emerge as “spiritual warriors” (Watson, 2006, p. 4), advocating for the means to create a culture of caring for those residents living in LTC.

Future Research

The development of nursing leadership in LTC is important to supporting the quality of life for the growing numbers of older adults who need LTC (Castle & Decker, 2011; Vogelsmeier & Scott-Cawiezell, 2011). This integrative review examined evidence which found that caring nursing leadership is indeed effective in increasing resident QOL. Further nursing research and evaluation is needed to support the creation of educational programs and the development of caring competencies based on WTHC which enable effective, caring leadership in the LTC setting.

Limitations

This integrative review has several limitations. First, the initial screening of the literature was done using the study title, abstract or via an initial content scan; therefore it is possible that some relevant articles may have been excluded. Second, although this approach follows the guidelines of Whittmore and Knafl (2005), neither the reliability nor the validity of the studies are assessed for scientific rigor. Articles were not analyzed or ranked by level of evidence; each contributed equally to the findings of the project. Finally, single reviewer conducted the literature search, formulated and applied the inclusion criteria, and conducted the analysis-synthesis and extraction of data from the studies, so there is the potential for bias. As a result some research may have been missed as well as some of the data elements may have been overlooked or incorrectly extracted.

Conclusions

This integrative review demonstrates how caring theory can help guide leadership practices. Nurse leaders can enact caring theories such as WTHC by living self-nurturing practices that support intentional and mindful leadership attitudes and behaviours (Pipe, 2008). Nurse leaders who enact caring and compassion in their relationships with others provide transformational leadership that can change organizational cultures (Watson, 2000). Ultimately by enacting, recognizing and acknowledging caring behaviours in others, nursing leaders contribute to the development of a caring environment and the creation of a caring culture (Pipe, 2008).

The findings add to our knowledge and provide clarity regarding the relationship between nurse leadership, caring practice, and quality of life for residents in LTC. Nurse leaders are essential to facilitate caring relationships that support resident-centered care and create a healthy work environment. However, education and training grounded in leadership competencies are needed to increase the effectiveness of nurse leaders in their advocacy role and to bring about culture change to improve resident QOL.

To meet growing demands by families for care that is resident-centred, support for QOL must be embedded in the day to day practices and operations of LTC organizations. Caring leadership guided by WTHC can truly model the philosophy of resident-centred care through work and life practices - guiding and teaching others to practice with grace, beauty and loving attention to others' humanity (Watson, 2002). It is clear that nurse leaders have a vital contribution to make to create a culture in which resident and staff members are valued. We can change the culture in LTC. We can guide the way to create a caring environment and promote resident-centred practices that support quality of life for LTC residents. It is my belief that

through the power of caring and effective nursing leadership, LTC will be transformed into a calm and caring landscape that will no longer be feared by the growing number of elderly people who need to reside there.

*“Every human being has a great, yet often unknown,
Gift to care, to be compassionate, to become present
to the other, to listen, to hear and receive.*

*If that gift would be set free and made available,
miracles could take place.’ – Nouwen (1974)...*

...Caring leadership could produce those miracles”

(Williams et al., 2011, p. 35)

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Appendix A: Included Article Critique

Citation	Research Critique	Key Findings
<p>Blackburn, S. (2011). Relationship centred leadership and management. <i>Nursing & Residential Care</i>, 13(10), 498-499.</p>	<ol style="list-style-type: none"> 1. Title: Clear & Concise. Describes study. 2. Author: RN, Master prepared. 3. Publication Date: 2011. Relevant topic. 4. Journal: RNs with in interest in residents living in facilities. Peer-reviewed. 5. Abstract: None. 6. Problem: LTC managers can become lost in the process of managing, leading to a loss of focus on desired outcomes for residents and staff. 7. Hypothesis: Implementing a relationship centred, evidenced based practice model will support a culture of care and improve the QOL for residents in LTC. 8. Literature Search: Limited. 9. Methodology: <ol style="list-style-type: none"> a) Design: Qualitative: Descriptive analysis. b) Tools: n/a c) Sample: Review of 1 model d) Reliability: No stats given to support findings. e) Ethics: n/a 10. Pilot Study: n/a 11. Main Study: <ol style="list-style-type: none"> a) Results: Relationship centred leadership supports change management and resident QOL in LTC. b) Discussion/Recommendations: To use a model such as My Home Life to base and support leadership practices in LTC. c) Conclusions: Clearly summarized. Relationship centred leadership will enable staff and residents to thrive and achieve their potential. 	<ul style="list-style-type: none"> - The LTC manager's ability to create a positive culture through effective leadership and management is key to enabling both staff and residents to flourish. - Mentorship, supervision and support must talked about in context with effective management and the quality of life and care in LTC. - Managers can get lost in the processes of managing leading to juggling all of their demands – hoping that they will also achieve desired outcomes for staff and residents. - A culture change model has been implemented in the UK which promotes QOL via relationship-centred, evidence-based practices. - Specifically this model provides leadership support and training. - Managers need to know how to be effective by moving beyond the what, why, when and where of that which needs to be achieved. - Effective leadership elicits a response from others and recognises that there is a need to build effective relationships with all staff. - Effective leadership is not purely concerned with leading but also requires an ability to be led. - Effective leaders demonstrate a deep understanding that change is constant. - For LTC managers to be effective leaders and engage in a relationship-centred way, they also require investment that considers QOL. - Use of a framework that supports a sense of security, belonging, continuity, purpose, achievement and significance for residents, families and staff is important for LTC managers.

<p>Brown-Wilson, C. (2009). Developing community in care homes through a relationship-centred approach. <i>Health and Social Care in the Community</i> 17(2). 177-186</p>	<ol style="list-style-type: none"> 1. Title: Clear & Concise 2. Author: PhD prepared 3. Date: 2009. Applicable to nursing practice 4. Journal: Peer-reviewed. Target audience are health care professionals practicing in the community setting. 5. Abstract: Provides a clear summary of the problem, purpose, methodology and results. 6. Problem: Clearly stated – Promoting relationships within care homes provides a considerable challenge due to the increasing frailty of the resident population. 7. Research Question: Clear statement- The object of this study was to consider how relationships (between residents, families & staff) were developed and the implications for practice in LTC. 8. Literature Search: Current and historical articles to support knowledge of the topics. 9. Methodology: <ol style="list-style-type: none"> a) Design: Qualitative – Case Study b) Tools: Validated. c) Sample: 3 LTC sites d) Ethics: Approval received by the local ethics committee. e) Reliability: Criteria tool used to ensure rigour. 10. Pilot Study: n/a 11. Main Study: <ol style="list-style-type: none"> a) Results: Presented in text & table format. Headings used to separate themes. b) Discussion/Recommendations: Implications to practice given. Limitations acknowledged. c) Conclusions: Links to problem & purpose. Provides closure to the topic. 	<ul style="list-style-type: none"> - In order to replicate a home-like environment in LTC considering care homes as a community where a complex set of relationships exist may be of value. - Communities tend to grow from a common membership, support integration and have an emotional connection. - One of the key processes in creating communities in nursing homes is understanding and respecting the significance of relationships. - The formation of therapeutic relationships between professionals, older people and others significant to them in their lives has been considered as central to current care philosophies. - Organizational constraints may work against staff developing relationships that lead to a person-centred approach. Such as increasing workloads that do not allow staff sufficient time to devote to being with older people in their care. - Interactions during care procedures and practices support the development of relationships. - Leadership at all levels of an organization emerged as an important factor that influenced the community within each home. - Leadership created a ‘sense of the way we do things around here’ and shaped the way relationships across the home developed. - The style of leadership appeared to influence the focus of staff adopted in their care. - Effective leadership gives rise to clear roles and teamwork. - Relationship oriented leadership has been described as enhancing the informal flow and fostering interconnections within an organization and was shown as a benefit in the study. - To develop a culture of community, it has been suggested that leaders within an organization should promote information sharing, participation, and involvement.
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<p>Caspar, S., O'Rourke, N., & Gutman, G.M., (2009). The differential influence of culture change models on long-term care staff empowerment and provision of individualized care. <i>Canadian Journal on Aging</i>. 28(2). 165-175.</p>	<ol style="list-style-type: none"> 1. Title: Describes study. 2. Authors: PhD Prepared 3. Publication Date: 2009. Topic is current and applicable to current nursing practice. 4. Journal: Healthcare professionals with an interest in Gerontology. Peer-reviewed journal. 5. Abstract: The abstract clearly outlines the purpose, design, and findings of the study. 6. Problem: Culture Change has attained limited success in LTC. 7. Hypothesis: In sites that implement Culture Change Models staff feel more empowered and felt more enabled to provide individualized care. 8. Literature Search: Broad and supports the significance of the problem. 9. Methodology: <ol style="list-style-type: none"> a) Design: Quantitative – Cross sectional survey b) Tools: Validated instruments were used to measure the data. c) Sample: Convenience samples of RNs, LPNs & HCAs used. d) Ethics: Full ethical approval received from the associated university. e) Reliability & Validity: Attempts to maintain rigour throughout the study is demonstrated. 10. Pilot Study: n/a 11. Main Study: <ol style="list-style-type: none"> a) Results: Clearly presented in tables as well as described in the text. Discussion/Recommendations: The possible variances in the data were given to site specific situations. b) Conclusions: The conclusion drawn on the results was clearly stated. 	<ul style="list-style-type: none"> - Common to each culture change model is the goal increasing the provision of individualized care. - CCM have attained only limited success due to its inherently complex processes. - Many CCM are small-house residential models which do not align well to the traditional, large facilities in which the vast majority of LTC residents reside. - The access to structural empowerment has a statistically significant and positive effect on the reported provision on individualized care by RNs, LPNs & HCAs. - Empowerment structures are significantly related to organizational trust, job satisfaction & organizational commitment. - Person-centred care is a philosophy that emphasizes residents' unique personal preferences and needs to guide caregivers, thus enabling the individualization of care plans and care routines. - Empowerment and individualized care responses were consistently higher for LPNs & HCAs in sites that implemented a Facility Specific Social Model of Care (site specific person centred care) instead of a predefined Culture Change Model (CCM). - The most important aspect was for managers to empower staff so that they feel part of the goals & initiatives developed to achieve cultural change.
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<p>Castle, N.G. & Decker, F.H. (2011). Top management leadership style and quality of care in nursing homes. <i>The Gerontologist</i>, 51(4), 630-642.</p>	<ol style="list-style-type: none"> 1. Title: The title clearly describes the study. 2. Authors: PhD prepared. 3. Publication Date: 2011. Topic is very current and relevant to practice. 4. Journal: Target audience are healthcare professionals practicing in gerontology. Peer-reviewed. 5. Abstract: Each step of the study is clearly outlined including purpose, methodology, findings and implications to practice. 6. Problem: The association of the leadership style of managers of nursing homes to quality of care has not been examined previously. 7. Hypothesis: A consensus manager leadership style of nursing home managers will be associated with better quality of care. 8. Literature Search: Evidence of a literature search is noted in providing definitions of leadership styles. References are noted to be historical in nature (over 10 years old) but are relevant in the definitions. 9. Methodology: <ol style="list-style-type: none"> a) Design: Quantitative. Cross-sectional design. b) Tools: The instruments used in this study are fully described and rated for validity. c) Sample: A random sample was used in choosing the nursing homes and the final sample was 4000 managers Ethics: Approval not noted. The authors do not provide any detail into how confidentiality is maintained. d) Reliability and Validity: Attempts have been made to maintain rigour throughout the study. 10. Pilot Study: None. 11. Main Study: <ol style="list-style-type: none"> a) Results: Findings indicate that -a consensus manager leadership style has a strong association with better quality. Findings are summarized in a table format with further explanation provided in the text. 	<ul style="list-style-type: none"> - Leadership styles included: consensus managers, consultative autocrats, shareholder managers or autocrats. - A consensus leadership style has a strong association with better quality. - A consensus manager allows employees to offer input before making a decision and encourages team decision making e.g. transformative leadership style - which seeks to motivate employees through the leadership skills of facilitation and engagement to a state of more independence. This leadership model is more collaborative and influences rather than directs. - The potential of improving quality of care via improving the leadership styles of top managers is important for quality of care. - Effective leadership styles may be learned. -Study limitations include other causal influences on managers as nursing homes with more favourable outcomes may attract the most talented managers, lack of consensus on quality measures and other causal factors on managers' tenure and turnover.
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	<p>b) Discussion/Recommendations: Recommendations are made to educate managers in nursing homes on effective leadership styles. Recommendations for further research are not given.</p> <p>c) Conclusions: The conclusions made in the study link the results back to the original research hypothesis.</p>	
<p>Castle, N.G., Ferguson, J.C., & Hughes, K. (2009). Humanism in nursing homes: The impact of top management. <i>Journal of Health & Human Services Administration</i>. 31(4), 483-516.</p>	<ol style="list-style-type: none"> 1. Title: Clearly & concisely defines the study topic. 2. Authors: Authors’ qualifications not given. Assumed that all the authors have a formal association with the supporting university. 3. Publication Date: 2009. Topic applicable to current nursing practices. 4. Journal: Target audience –Healthcare professionals with an interest in the administration of healthcare programs. Peer-reviewed. 5. The abstract clearly outlines the research. The reader is clear on the focus, method and findings. 6. Problem: Clearly stated – Very little research has considered the impact of top management on the “home” component of care in LTC. 7. Hypothesis: Directly states – Top managers can be influential in this area. 8. Literature Search: Broad and supports the significance of the problem. 9. Methodology: <ol style="list-style-type: none"> a) Design: Qualitative – Integrative review. Fully described. b) Tools: n/a c) Sample: 12 studies d) Ethics: n/a 10. Pilot Study: n/a 11. Main Study: <ol style="list-style-type: none"> a) Results: Presented in table & text. b) Discussion/Recommendations: c) Conclusions: Clearly outlined. Drawn 	<ul style="list-style-type: none"> - Humanism in healthcare is a professional and organizational way of life that focuses on patient and family needs and interests, through quality healthcare, empathy, advocacy, and dedication to serving others. - Top managers are retiring, allowing a new group of top managers with different skills and background to step in and offer an innovative perspective for nursing homes. - The activities of top managers could be modified to focus more on resident and family needs and interests, empathy or advocacy. - Quality of care could be expanded to include QOL issues, as well as clinical quality. - The top managers made available time for handling issues other than immediate day-to-day crisis and problems clearly affects care. - Those managers using consensus style leadership are associated with the lowest staff turnover. - Top management’s leadership abilities are crucial to the success or failure of organizations. - Pt.-centred care enhances efficiency and improves the health status of patients. - Resident-centred care aims to reduce negative resident feelings/conditions such loneliness, helplessness and boredom, while enabling residents to make choices in a more home-like environment.

	<p>from the findings of the literature. Management plays a vital role in promoting humanistic care.</p>	
<p>Donoghue, C. & Castle, N.G., (2009). Leadership styles of nursing home administrators and their association with staff turnover. <i>The Gerontologist</i>. 49(2). 166-174.</p>	<ol style="list-style-type: none"> 1. Title: Clear 2. Authors: PhD prepared. 3. Date: 2009. Current and relevant to nursing practice. 4. Journal: Peer-reviewed. Target audience are professionals with an interest in gerontology. 5. Abstract/Summary: Clearly outlines the problem, objective, methods, findings and recommendations. 6. Identifying the Problem: The problem of staff turnover is identified. 7. Formulation of Research Question: The goal of the study was stated to be the association between leadership strategies and staff turnover. 8. Literature Search: Broad and significant to the problem. 9. Methodology: <ol style="list-style-type: none"> a) Design: Quantitative – survey. Data taken from a previous study. b) Tools: Choice of survey tool explained. c) Sample: Representative sample. d) Ethics: N/A e) Validity: Validated tools used. No noted bias. 10. Pilot Study: n/a 11. Main Study: <ol style="list-style-type: none"> a) Results: Raw figures and percentages provided. Described in tables and text. b) Discussion/Recommendations: The use of an effective transformational consensus leadership style is recommended. c) Conclusions: Sensible and relate back to the problem and study aim. 	<ul style="list-style-type: none"> - The management of staff turnover is an essential component of improving quality of care. - Job satisfaction is a key predictor of turnover - Previous research of leadership in care giving found the nurses experience higher job satisfaction and are less prone to turnover when their midlevel manager exhibit transformational leadership styles. - Transformational leadership is based on the principle that workers become more motivated when they are permitted to take part in their own governance and engage in a participatory work climate. Who - A form of transformational leadership is a consensus leader who permits a sufficient level of information exchange without sacrificing their obligation to supervise and control the situation - an effective work climate should result. - Consensus leadership is consistent with transformational leadership because it empowers employees via shared governance. - Leadership style is associated with staff turnover. - Leadership styles are amenable to change – they can be taught in workshops and training sessions or developed through self-improvement methods. - Resident-centred care approaches emphasize individualized care and frequently involve the inclusion of the resident, their family members, and NAs in decision making. To be successful, these strategies require the empowerment of nursing staff. - Resident-centred approaches require that the entire nursing staff be afforded greater influence over the ways that residents are served so that they may individualize the nature of care and respond to the desires of residents and their families. These changes may also lead to higher resident and employee satisfaction. - Consensus manager leadership type is associated with the lowest level of turnover. - Turnover will be lowest when the nursing staff is permitted

		<p>the greatest degree of input on decision making.</p> <ul style="list-style-type: none"> - Staff empowerment has not become the norm in LTC. - The consensus manager style may be the most appropriate for resident-centred care approaches because it enables caregivers (who have gained firsthand knowledge of the residents’ needs through individualized care) to have a voice in decision making.
<p>Flesner, M.K., & Rantz, M.J., (2004). Mutual empowerment and respect: Effect on nursing home quality of care. <i>Journal of Nursing Care Quality</i>. 19(3). 193-196.</p>	<ol style="list-style-type: none"> 12. Title: Clearly defines the topic. 13. Authors: RN –PhD prepared. 14. Publication Date: 2004. Topic applicable to current nursing practice. 15. Journal: Target audience – RNs with an interest in quality improvement. Peer-reviewed journal. 16. Abstract/Summary: The abstract defines the purpose of the study which is to review the practice of person-centred care and the outcomes on care practices. 17. Problem: Clearly identified and directly stated.. 18. Research Question: The purpose is to look at the effects of person-centred care (PCC) on staff and residents in one nursing home. 19. Literature Search: Described as extensive. 20. Methodology: <ol style="list-style-type: none"> a) Design: Qualitative – Descriptive Analysis b) Tools: n/a c) Sample: Limited to 1 example. d) Ethics: n/a 21. Pilot Study: n/a 22. Main Study: <ol style="list-style-type: none"> a) Results: The implementation of PCC led to the empowerment of staff and residents which improved morale. The staff became successful agents for residents in the assistance of meeting life preferences and goals. 	<ul style="list-style-type: none"> - The quality of LTC has been the focus of concern by society and gov’t. - The working conditions which includes, low pay, high workloads, lack of respect and support; in LTC has led to high staff turnover. - The impact of organizational stressors has implications for quality of care and QOL in LTC and can jeopardize the well-being of at risk residents. - Consistent nursing staff and the right staff mix will impact the quality of care and QOL of nursing home residents. - Management practices including open communication, allowing staff to participate in decision making and relationship orientated practices can influence resident outcomes. - PCC focuses on providing individualized care to meet the needs of the residents. - PCC is a philosophy of care based on 6components: supporting personal satisfaction for residents; creating individualized living spaces; empowerment of direct support staff as resident advocates; respect for each person’s uniqueness; opportunity to experience personal growth; continued connection to the greater community. - Since implementing PCC the LTC site has seen improved attitudes in staff and residents. - Staff turnover decreased - Residents are happy and accomplishing goals. - The environment under PCC promotes autonomy for both residents and staff. - Empowered staff become successful agents for residents; helping them to achieve life preferences and goals. - Implementing culture change is fraught with numerous barriers. - Developing a vision, empower those closest to the residents, provide education, develop an orientation program and select an easily implemented practice first.

	<p>b) Discussion/Recommendations: Moving to a PCC model has benefits for both residents & staff.</p> <p>c) Conclusions: There is weak evidence presented to support the recommendations.</p>	
<p>Forbes – Thompson, S., Gajewski, B., Scott-Cawiezell, J., & Dunton, N. (2006). An exploration of nursing home organizational processes. <i>Western Journal of Nursing Research</i>. 28(8). 935-954.</p>	<ol style="list-style-type: none"> 1. Title: Clear & Concise 2. Authors: PhD prepared. 3. Date: 2006. Applicable to current nursing practice. 4. Journal: Peer-reviewed. Target audience are Registered Nurses. 5. Abstract: Describes the purpose and findings. 6. Problem: Stated- Deficiencies in care still occur in 80% of nursing homes and efforts to improve care have been with minimal success. 7. Research Question: Purpose is stated to be to further the understanding of the interplay between LTC organizational processes and characteristics of key nursing home leaders. 8. Literature Search: Range of historical and current studies to support topic. 9. Methodology: <ol style="list-style-type: none"> a) Design: Quantitative – cross-sectional descriptive analysis. b) Tools: Valid tools described. c) Sample: Administrative – 593 (NHA, DON), Staff – 3335 (RN, LPN, HCA). d) Ethics: Not described. e) Validity: Attention to the maintenance of validity of findings apparent. 10. Pilot Study: n/a 11. Main Study: <ol style="list-style-type: none"> a) Results: Findings presented in text and table format. 	<ul style="list-style-type: none"> - Nursing homes with more open communication have better resident outcomes - Teams exist when individual staff members have respect for diverse opinions, are willing to assist each other with care tasks, have shared goals with a clear purpose, and are accountable to each other. - Leadership is the ability of individuals to influence others to achieve organizational objective. Leaders provide clear expectations , set high standards for work performance, encourage initiative, and provide supportive services to get the job done. - Authoritarian leadership approaches are problematic, noting that nursing staff feel powerless, there is greater staff turnover, less communication, and less teamwork. - Relationship oriented leadership styles have been noted to create teamwork, increase communication both vertically and horizontally among staff, and decrease turnover. - Poor resident outcomes are due, in part, to communication breakdowns between leaders and staff regarding resident care activities. - Relationship oriented leadership and greater communication openness by leaders have been related to lower complications of resident mobility and lower rates of staff turnover. -

	<p>b) Discussion/Recommendations: Limitations not acknowledged. Implications to practice given.</p> <p>c) Conclusions: Recommendations for further research given.</p>	
<p>Harvath, T.A., Swafford, K., Smith, K., Miller, L.L., Volpin, M., Sexson, K., White, D., & Young, H.A. (2008). Enhancing nursing leadership in long-term care. <i>Research in Gerontological Nursing</i>, 1(3). 187-196.</p>	<ol style="list-style-type: none"> 1. Title: Clear and concise. 2. Authors: RNs, PhD & MN prepared. 3. Publication Date: 2008. Topic is still of interest in nursing practice today. 4. Journal: Target audience is RNs with an interest in Gerontological nursing practice. Peer-reviewed journal. 5. Abstract/Summary: The study is clearly outlined including the purpose, methodology, results and recommendations. 6. Problem: There is a lack of preparedness of nursing leaders to meet the needs of the current environment in LTC. 7. Research Question: The purpose of the study is to review the literature on programs designed to enhance nursing leadership in long-term care, and to make recommendations for education programs to enhance nursing leadership in nursing home settings. 8. Literature Search: Included in the Methodology Section. 9. Methodology: <ol style="list-style-type: none"> a) Design: Qualitative – Literature Review. b) Tools: N/A. c) Sample: The search was limited to research and citations from 1990 – 2007 and terms included in the search were also noted. d) Ethics: Not needed. 10. Pilot Study: n/a 11. Main Study: <ol style="list-style-type: none"> a) Results: Results were presented in text and in chart form making it easy for the 	<p>Leadership:</p> <ul style="list-style-type: none"> - Leadership in nursing has been associated with certain personality traits, including thoughtfulness, responsiveness, commitment, creativity, resilience, vision, scholarship, courage & innovation. - Being a leader is not just a matter of becoming skilled or knowledgeable, but using one’s skills and knowledge in order to make a difference. - Leaders also need to develop the skills necessary to motivate individuals and organizations to change. - Leadership may be conceptualized as a set of skills and attributes associated with the ability to affect change at all levels within an organization. - Specifically leadership enhancement programs include content on interpersonal skills, clinical skills, organizational skills & management skills. - Specific leadership competencies should be developed for nurses at each level in the nursing organization. - Leadership enhancement programs include an educational component as well as ongoing mentorship to support the development of leadership skills over time. <p>Strengthening the leadership skills of nurses in nursing homes, it may be possible to produce and sustain improvements in quality of care that are essential to promote the quality of life of frail older adults in nursing homes.</p>

	<p>reader to see and understand.</p> <p>b) Discussion/Recommendations: The concepts of leadership to be included in education programs are presented. Limitations of the study are addressed.</p> <p>c) Conclusions: The study presents that evidence is weak to support the effectiveness of leadership enhancement education for nurses in LTC is relatively weak. Increased research is needed based on the successes of such programs in other health care settings.</p>	
<p>Havig, A.K., Skogstad, A., Kjekshus, L.E., & Romoren, T.I. (2011). Leadership, staffing and quality of care in nursing homes. <i>BMC Health Services Research</i>. 11. 327-340.</p>	<ol style="list-style-type: none"> 1. Title: Short and concise. 2. Authors: Qualifications not shown. 3. Publication Date: 2011 4. Journal: Targeted at Healthcare professionals. Peer-reviewed. 5. Abstract: Clearly outlines the background, methods, results and conclusions. 6. Problem: Stated – there is limited knowledge of what kind of leadership behaviour is related to quality of care. 7. Research Questions: The aim of the study is to collect quality data from primary sources regarding leadership, staffing and quality of care. 8. Literature Search: Extensive. Primary sources to support data. 9. Methodology: <ol style="list-style-type: none"> a) Design: Quantitative- Cross-sectional design. b) Tools: Validated measurement tools were used to assess the data. c) Sample: 21 nursing homes & a total of 40 wards. d) Ethics: Ethical approval received by the Norwegian Social Science Data Services. e) Reliability/Validity: Attention to maintaining quality is shown throughout the study. 	<ul style="list-style-type: none"> - There is limited knowledge of what kind of leadership behaviour is related to quality of care. - Quality in LTC is multi-dimensional and is complicated to define & assess. - Quality in LTC can be divided into two divisions: quality of care & QOL. - Quality of care encompasses clinical outcomes such as the prevalence of pressure ulcers, falls, use of restraints and focuses on the quality & safety of care. - QOL encompasses residents’ well-being and opportunities for choice, autonomy, and meaningful social activities. - Task-oriented leadership comprises the behaviours of planning work activities, clarifying roles and objectives and monitoring operations and performance. - Relationship-oriented leadership constitutes the behaviours of supporting, developing, and recognizing the work of employees. - The use of one of these two styles does not exclude the use of the other. Rather they complement each other. The key to being an effective leader is using a pattern of behaviour that is appropriate for the situation. How they balance the use of these 2 styles as together they form the core of the leadership process. - The relationship between staffing levels, quality of care and leadership is more complex than originally suggested. Leadership style had the most positive effect on unregulated staff which did impact the quality of care.

	<p>10. Pilot Study: n/a</p> <p>11. Main Study:</p> <p>a) Results: Detail provided in tables and in text. Task & relationship orientated leadership had significant impact on non-professional staff.</p> <p>b) Discussion/Recommendations: This section is clearly defined. Rationale for findings discussed. Limitations to the study acknowledged.</p> <p>c) Conclusions: Clearly stated. The significant positive effect of leadership styles on quality of care underlies the importance of active leadership in nursing homes.</p>	
<p>Jeong, S.Y-S., S.J. & Keatinge, D. (2004). Innovative leadership and management in a nursing home.</p>	<ol style="list-style-type: none"> 1. Title: The title is short and concise and describes the focus of the study. 2. Authors: RNs, PhD and PhD candidate. 3. Publication Date: The research was conducted in 2000-2001. The research was not published until 2004. The content is still relevant in current nursing practice. 4. Journal: Peer-reviewed. This journal targets RNs in management positions. 5. Abstract: The abstract clearly outlines the research. The reader is clear on the focus, method and findings. 6. Problem: The rationale for the study is provided in the background portion of the paper. 7. Research Questions: The aim of the study is stated - to identify the leadership and management strategies adopted by leader in the nursing home during a significant change. 8. Literature Search: Evidence of a literature search is found. Primary references are used to support the research. A mix of current and historical references is used to support the research. 	<ul style="list-style-type: none"> - Management in the nursing home that adapted well to change used innovative leadership. - Used a team approach to change. - Worked with the team in planned and gradual process. - A well working team is composed of individuals who are empowered with in-depth knowledge and a trusting relationship with the leader. - Partnership is essential to motivate staff to participate in teamwork. - Management plays a critical role in setting the climate for practice development and the outcomes of care. - Workers' morale, commitment and productivity respond well to a management policy that respects the social, psychological and organizational needs of their employees. - The holistic approach: <ol style="list-style-type: none"> 1) Material – staff are provided the material resources needed to provide resident care. 2) Environmental Resources: to have an home-like environment eg. Allowing of resident belongings. 3) Consideration of Nurses as Psychosocial Beings: achieving a balanced climate of personal values and professional support for nurses. Creating a “family spirit”- leading them to reach a level of self-actualization. 4) Psychological needs – management treats each nurse as equals to others in the environment. The leader shares information and

	<p>9. Methodology</p> <ul style="list-style-type: none"> a) Design: Qualitative – Explorative Research. b) Tools: Data collection methods are described as document review, semi-structured interviews and participant observation with field notes. These methods align with the chosen methodology. c) Sample: The sample is described eight participants –employees of the chosen nursing home – RNs, LPNs and HCAs. d) Ethics: Ethics approval was obtained from the University of Newcastle and Baptist Community Services Human Research Ethics Committees. e) Reliability and Validity: The methodology and the chosen method align. The researchers do not directly address reliability. <p>10. Pilot Study: n/a</p> <p>11. Main Study:</p> <ul style="list-style-type: none"> a) Results: The findings of the study are presented in text. A table to present the results would have provided clarity to the results. b) Discussion/Recommendations: The recommendations based on the findings are self-evident. They are implementable in the LTC setting. The limitations of the study are acknowledged. Further research is encouraged. c) Conclusions: The conclusions are tied directly to the research aims. 	<p>welcomes suggestions for improvement.</p>
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<p>Lynch, B.M., McCormack, B. &McCance, T. (2011). Development of a model of situational leadership in residential care for older people. <i>Journal of Nursing Management</i>, 19, 1058-1069.</p>	<ol style="list-style-type: none"> 1. Title: Clear, concise. 2. Authors: Master prepared. 3. Publication Date: May 16, 2011. 4. Journal: <i>Nursing research</i>, peer reviewed. 5. Abstract: Clearly outlines the problem, purpose, method, findings and implications for nursing practice. 6. Identifying the problem: The problem is identified early on in the study and is clearly stated-“Given these challenges, there is a need to consider ways in which a model of situational leadership in residential care could be used in future practice.” 7. Research Questions: The aim of the study is to develop and present a model of situational leadership in residential care. 8. Literature Search: A literature search was conducted on the key concepts of transformational leadership, situational leadership and client-centred care. Original sources were used. The reference list indicates an extensive list of current and historical resources. 9. Methodology: <ol style="list-style-type: none"> a) Design: Qualitative – conceptual analysis. b) Instrument: None described. c) Sample: n/a d) Ethics: Approval from associated university. e) Pilot Study: n/a f) Main Study: Data was gathered by analyzing the literature for themes. g) Results: the key concepts gathered from transformational leadership, situational leadership and patient-centred care were analyzed for direct linkages. 	<ul style="list-style-type: none"> - Nursing leaders face increasing expectations to deliver person-centred care and therefore require a different set of skills than in the past. - Those leaders who adopt new ways to supervise, set expectations, develop accountabilities, shape behaviour & reinforce organizational strategies will be more successful in today’s climate than remain with past practices. - A shared vision, competence, commitment and the environment of care were the themes identified and connected to form the model.
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	<p>The concepts and linkages were used to develop the conceptual model.</p> <p>10. Discussion/Recommendations: The conceptual model formed from the key concepts was displayed as visual pictures. The conceptual model was very complex and is difficult to follow.</p> <p>11. Conclusion: A conceptual model was developed that integrates person-centeredness with leadership in order to effectively impact the care environment and delivering person-centred care.</p>	
<p>Maas, M.L., Specht, J.P., Buckwalter, K.C. Gittler, J., & Bechen, K. (2008). Nursing home staffing and training recommendations for promoting older adults' quality of care and life. <i>Research in Gerontological Nursing</i>. 1(2). 134-152.</p>	<ol style="list-style-type: none"> 1. Title: Accurately describes the study. 2. Author: PhD prepared 3. Publication Date: 2008 4. Journal: Peer-reviewed article. Target audience is RNs practicing in gerontology. 5. Abstract: Clearly describes the study and its purpose. 6. Problem: <i>“Minimum standards are not sufficient for ensuring the desired quality of care, quality of life, and outcomes of older adults in nursing homes. Although an increase in RNs and assisting staff may substantially increase costs, nursing home administrators, owners, and state and national policy makers must be held accountable for staffing that will truly ensure the quality of care and life of older adults.”</i> 7. Research Question: Is directly stated: <i>“Because of the positive relationship with quality resident outcomes, the need for increased staffing with qualified RNs trained in gerontological nursing has been repeatedly noted, but the association of RN staffing levels with the level of quality has seldom been examined.”</i> 8. Literature Search: Extensive reference list. 	<ul style="list-style-type: none"> - Consistent leadership is related to the quality of care in nursing homes. - Despite concerns about quality of care and the substantial and increasing evidence that RN staffing is positively correlated with quality, little has been done to increase the number of qualified RNs in nursing homes. - Key leadership activities include planning and maintaining staffing, managing human resources, and planning, overseeing and evaluating all programs in the facility, including resident care programs. - Some efforts are currently focused on improving nurse leadership and the work environment in nursing homes to increase job satisfaction, reduce turnover, and improve outcomes for residents. - LEAP (Learn, empower achieve and produce) emphasizes RN's development of gerontological nursing and leadership skills.

	<p>Current with some key historical articles noted.</p> <p>9. Methodology:</p> <ul style="list-style-type: none"> a) Design: Integrative Literature Review b) Tools: n/a c) Sample: n/a d) Ethics: n/a e) Reliability/Validity: Research is based on previous primary sources of reference. <p>10. Pilot Study: None.</p> <p>11. Main Study:</p> <ul style="list-style-type: none"> a) Results: Comparisons were presented in a table making the findings easy for the reader to visualize. b) Discussion/Recommendations: The study presents recommendations for nurse staffing standards, a nursing care delivery model, staff training, specialized training for nursing and compensation. The recommendations are made for policy makers, not bedside nurses – which were stated in the problem identification. c) Conclusions: <i>“Our recommendations for nursing home staffing, staff training and compensation are presented with the belief that now is the time to resolve the quality problem in nursing homes by providing the number and kind of qualified staff who are fairly compensated. A nation with a conscience can no longer be patient.”</i> No reference to the limitations of this research or towards the need for further study in this area. 	
<p>Moiden, N. (2003). Leadership in the care home sector. <i>Nursing Management</i>. 9(9). 20-24.</p>	<ul style="list-style-type: none"> 1. Title: Short and Concise 2. Authors: Credentials not provided. 3. Publication Date: 2003. Topic is relevant to current nursing practice. 4. Journal: Peer-reviewed. Target audience is nurse managers. 5. Abstract: None 	<ul style="list-style-type: none"> - Leaders must create and maintain environments that support and motivate staff in order to have an effective workforce. - Staff perceived leaders as democratic because they shared responsibility, gave support and help, praised when needed, were kind, gave advice, were approachable, listened willingly and empowered staff - Where workers are treated with dignity and fairness, feelings of

	<ol style="list-style-type: none"> 6. Problem: There is a lack of research regarding leadership in LTC at the lower levels where care is delivered. 7. Research Question: Clearly stated – to investigate whether current leadership styles in aged care promote a balance between personal and work lives for healthcare workers, and therefore optimise care provision. 8. Literature Search: Research supports the issues. Range of current and historical references. 9. Methodology: <ol style="list-style-type: none"> a) Design: Qualitative – Case Study b) Tools: Structured interviews c) Sample: 2 LTC sites. 18 interviews with staff. d) Ethics: Approval received from the local ethics committee. e) Reality & Validity: Valid methods used to analyze data. 10. Pilot Study: n/a 11. Main Study: <ol style="list-style-type: none"> a) Results: Provided in text with clear headings. b) Discussion/Recommendations: Combined under the result headings. c) Conclusions: Linked to the research problem and purpose. Need for further research acknowledged. 	<p>self-worth and importance increase, which results in high productivity.</p> <ul style="list-style-type: none"> - Leadership inconsistencies create conflict in the workplace. - Conflict arises from insufficient follower stability, insufficient shared experience, or from too many subgroups with different kinds of shared experiences - Conflict management is usually lacking in leadership training. - There is a need for mutual respect between employers and employees. - Leader flexibility is essential as it brings integration and removes barriers as to permit free and equal association and open dialogue among staff. - Leader flexibility brings cohesion with inflexibility leads to disintegrated teams with unhealthy working relationships. - Staff flexibility occurs when they enjoy their work. - Staff schedules, shift work, pressure and workplace stress all were of concern to staff when it came to balancing work and personal life. - Leaders must be aware of staff needs in order to balance between personal and work lives so the workforce will be happy and provide high standards of care. - To provide supportive environments in which high quality care can flourish, it is important that leaders within LTC have high levels of knowledge and understanding about staff. - The result is happy healthcare workers caring for happy residents.
<p>Nielsen, K., Yarker, J., Brenner, S-O., Randall, R., & Borg, V. (2008). The importance of transformational leadership style for the well-being of employees working with</p>	<ol style="list-style-type: none"> 1. Title: Clearly describes the research. 2. Authors: PhD and Masters prepared. 3. Publication Date: 2008. Topic is applicable to current nursing practice. 4. Journal: Peer-reviewed. Target audience RNs in Advanced Practice. 5. Abstract: Clearly and completely summarizes the 	<ul style="list-style-type: none"> - Based on a shared vision, transformational leaders provide a meaningful and creative basis from which change is brought about in people and context. - The transformational concept is comprised of idealized influence/charisma (the leader acts as a role model and promotes desirable behaviour), inspirational motivation (the leader formulates a clear and attractive

<p>older people. <i>Journal of Advanced Nursing</i>. 63 (5). 465-475.</p>	<p>study.</p> <p>6. Problem: There has been little research investigating the link between leadership style and subordinate health. The purpose of the study was to examine relationships between transformational leadership, followers' perceived working conditions and employee well-being and job satisfaction.</p> <p>7. Formulation of Hypotheses: Three hypotheses were tested.</p> <p>a) Employees' perceptions of influence at work mediate the relationship between transformational leaders and job satisfaction and well-being.</p> <p>b) The mechanism by which transformational leadership and job satisfaction and well-being are associated is via the involvement of followers in their job.</p> <p>c) The relationship between transformational leadership and job satisfaction and well-being is mediated by the experience of meaningful work.</p> <p>The hypotheses flow logically from the research problem.</p> <p>8. Literature Search: The search was guided by the concept of transformational leadership. An extensive literature search was conducted. Most references were current within 5 years of the proposed research; a few significant historical references were noted.</p> <p>9. Methodology:</p> <p>a) Design: The study is cross-sectional questionnaire, survey design. (Quantitative).</p> <p>b) Tools: The rationale for the tool used to collect data was given – questionnaire. The tool was fully described.</p> <p>c) Sample: Rationale for the selection of the sample group was given and was noted to be representative of the population under study.</p> <p>d) Ethics: Ethical considerations were fully</p>	<p>vision), intellectual stimulation (the leader encourages followers to make their own decisions and be creative and innovative) and individualized consideration (the leader acts as a coach and mentor).</p> <ul style="list-style-type: none"> - Transformational leaders are those who provide personal attention to promote and development through individualized consideration, enable new ways of working, encourage novel problem-solving and provide coaching and encouragement of specific behaviours in staff through intellectual stimulation. - Three mechanisms through which transformational leaders may affect working conditions – influence, involvement and meaningful work. - Influence: A transformational leader who promotes a clear vision for staff and actively encourages them to make decisions and solve problems themselves is likely to foster an environment where staff members experience a high degree of influence at work. - Involvement: At the core of transformational leadership is the idea that staff members are willing to make an extra effort to achieve their work and work towards the improvement of the product/service and develop the organization. Transformational leaders engage staff to work above and beyond the call of duty and encourage them to take charge of their own development at work. - Meaningfulness: By establishing a shared vision, transformational leaders provide a meaningful and creative basis from where change is brought about in people and contexts. The vision creates a shared sense of purpose for staff.
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	<p>described.</p> <p>e) Validity: The validity of the tools used to gather and analyze the data was provided.</p> <p>10. Pilot Study: No pilot study was completed.</p> <p>11. Main Study:</p> <p>a) Results: The results of the study were provided in text, tables and in figure format. Hypotheses 1 was not supported, Hypotheses 2 & 3 were only partially supported.</p> <p>b) Discussion: The results found were in contrast to past research. Limitations and other factors that may have impacted the study were discussed.</p> <p>c) Conclusion: The results of the study were connected to nursing practice. <i>“Rather than implementing wide-ranging organizational changes for a large number of employees, these results suggest that training their superiors might have a similar impact e.g. training managers in transformational leadership behaviours might bring about involved followers who perceive their jobs as meaningful and experience high levels of influence.”</i> As well the authors suggest a need for continuing research.</p>	
<p>Pearson, A., Hocking, S., Mott, S., & Riggs, A. (1992). Management and leadership in Australian nursing homes. <i>Nursing Practice</i>. 5(2). 24-28.</p>	<ol style="list-style-type: none"> 1. Title: The title is short and clearly describes the research. 2. Author: PhD, Masters and Bachelors prepared RNs. 3. Publication Date: 1992. The study was conducted between 1988 and 1990. Topic still applicable to current nursing practices. 4. Journal: Peer-reviewed Australian journal. Target audience is Registered Nurses. 5. Abstract: The summary gives the reader a clear understanding of what is being investigated, the method and the key findings. 6. Problem: The purpose of the study was to explore the current role and practices of managers in 	<ul style="list-style-type: none"> - Educational preparation, professional qualifications, professional experience and general leadership style of the nurse in charge influenced the quality of care. - The senior nurse exercises influence through his or her management and leadership, and through acting as a role model to staff in general. - The influence of the senior nurse contributed to team cohesiveness and a positive work attitude. - The attitude, commitment and interpersonal skills of the leader were shown to make an important contribution to the quality of care/life experienced by the resident. - An overall staffing environment which adheres to an agreed philosophy and is stable, satisfied and friendly, contributes to the overall quality of care.

	<p>nursing homes and to identify any relationships between the manager and the quality of care/life measurements collected in the study.</p> <p>7. Research Questions: What is the effect of the experience and qualifications of the senior nurse leader on perceived work roles and priorities, work allocation practices, management and in-service training practices problems</p> <p>8. Literature Search: The results of the literature search were discussed and used to support the foundation of the research questions.</p> <p>9. Methodology:</p> <ul style="list-style-type: none"> a) Design: Mixed Method –questionnaire and case study approach. b) Tools: The questionnaire was not described. The questions asked in the case study were briefly outlines. c) Sample: The sample was described as two hundred directors of nursing from four Australian states. No further description is given. d) Ethics: Not discussed. <p>10. Reliability & Validity: The rationale for choice of methodology was not discussed. Validity of tools not provided.</p> <p>11. Pilot Study: none.</p> <p>12. Main Study:</p> <ul style="list-style-type: none"> a) Results: Findings were discussed in clearly outlined sections and displayed in tables. b) Discussion/Recommendations: The findings were discussed fully however the authors did not acknowledge any limitations nor recommend further research. The findings were supported by previous research. c) Conclusions: The conclusions were presented in a self-titled section. <i>“The results of the study confirm the findings in the literature that the role of the director</i> 	
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	<p><i>of nursing or senior nurse is pivotal to the quality of care in the nursing home.”</i></p>	
<p>Ragsdale, V., & McDougall, G.J. Jr. (2008). The changing face of long-term care: Looking at the past decade. <i>Issues in Mental Health Nursing</i>. 29. 992-1001.</p>	<ol style="list-style-type: none"> 1. Title: Clear and concise. 2. Authors: Master and PhD prepared. 3. Publication Date: 2008 – Relevant nursing topic. 4. Journal: Peer-reviewed. Target audience –RNs practicing or an interest in Mental Health nursing. 5. Abstract/Summary: Clearly outlines the problem and purpose. 6. Identifying the Problem: In traditional LTC settings, QOL interventions that address dignity, freedom of choice, and individuality are not always a priority. 7. Formulation of Research problem or hypothesis: The study has 3 aims- to evaluate the current state of culture change in LTC, - to describe models of change currently in practice and to compare three models of care in place in nursing homes in Mississippi. 8. Literature Review: Informs and supports the subject. Range of current and historical references. 9. Methodology: <ol style="list-style-type: none"> a) Design: Qualitative – exploratory b) Tools: n/a c) Sample: Review of findings of research regarding 3 models of care at 3 sites. d) Ethics: n/a e) Reliability/Validity: Review of studies conducted by other researchers. 10. Pilot Study: n/a 11. Main Study: <ol style="list-style-type: none"> a) Results: Presented in text only. 	<ul style="list-style-type: none"> - Culture change is growing across LTC in the USA. - Emphasis is on building relationships, focusing on what makes residents and staff happy and fulfilled. - Residents and staff opinions and control at the ground level are deemed important and they have the ability to make decisions about details of daily life. - Change should be approached from small scale to large scale. - Communication at all levels must be stressed throughout the process of change and expectations should be addressed during the planning phase. - A recurring theme was the need for change, especially improving communication between direct care staff and leadership. - In the Eden Alternative, the individuality of each resident is recognized, as well as the need for residents to know staff personally. An important goal is for residents to feel secure and that caregivers can meet personal needs. This concept is about bringing lost control back to the resident in a homelike setting. - The Pioneer Network encourages resident autonomy in choice and decision-making related to residents’ individual needs. It emphasizes the relationship between residents and staff and integrates plants and animals into a home-like environment. - Other successful models have utilized the input of residents, staff and the community at large to determine how to create homelike environments. - The Greenhouse Model is an offspring of the Eden Alternative. - The Green House sets the stage for increased social involvement. The elders and staff work together to determine the daily schedule and share in decision-making. Boredom is decreased while quality of life and satisfaction is increased among elders and staff. - The Green House is concerned with the physical and psychological outcomes that the elders experience, and results include high satisfaction for residents, families, and staff. - Initiatives that focus on quality of life in long-term care are needed for the future wave of older adult baby boomers seeking new

	<p>b) Discussion/Recommendations: The relevancy of the findings in regards to gero-psychiatric nursing is discussed.</p> <p>c) Conclusions: Clearly identified under specified heading.</p>	<p>environments of care to spending their remaining years of life.</p>
<p>Scalzi, C.C., Evans, L.K., Barstow, A., & Hostvedt, K. (2006). Barriers and enablers to changing organizational culture in nursing homes. <i>Nursing Administration Quarterly</i>, 30(4). 368-372.</p>	<ol style="list-style-type: none"> 1. Title: Clear and accurately describes the research. 2. Authors: Doctorate and Masters prepared. 3. Date: Published in 2006. Applicable to current nursing practice. 4. Journal: Peer-reviewed. Target audience is RNs practicing in administration roles. 5. Abstract/Summary: Clearly outlines the purpose, methods, findings and recommendations. 6. Identifying the Problem: Clearly stated to be a lack of evidence to show that culture change improves quality of care for residents or quality of work life for staff. 7. Formulation of research question: The purpose of the study is to present the barriers and enablers to organizational change. 8. Literature Search: Indications of a thorough search which informs the discussion. 9. Methodology: <ol style="list-style-type: none"> a) Design: Interview combined with mixed-method pilot study. b) Tools: Not described. c) Sample: Described. 3 Nursing home facilities. 162 staff interviews. d) Ethics: Approved by University of Pennsylvania. e) Reliability & Validity: Methodology is unbiased. 10. Pilot Study: Completed. Information used to inform findings. 11. Main Study: <ol style="list-style-type: none"> a) Results: Findings described in text. b) Discussion/Recommendations: Described 	<ul style="list-style-type: none"> - Consumers believe that new models of care that focus on resident QOL are necessary and possible. - Culture change in LTC refers to systematic efforts to transform the underlying operative values about aging and elders and the work of caregivers in maintaining quality of life for residents and those who care for them. - Core values in transforming culture include enhancement of resident-centred care characterized by a home-like environment, respect, empowerment, and choice for residents and quality of work life for staff. - Leaders in LTC successfully implementing culture change had a participatory style. - The leaders had built cooperative/supportive relations with staff, which emphasized doing the right things for residents and families. - These leaders were creative in problem solving and encouraged staff to be the same. - Leaders and staff had effective communication – a 2 way flow of information and exchange of ideas. - The goals of respect, empowerment, and choice were aligned with the values inherent in resident-centred care. - Barriers to culture change include: excluding nurse from culture change activities, competing or conflicting organizational goals & high turnover of leaders and staff. - Enablers to culture change: establishing a critical mass of change champions, consistency in shared values and goals, resident/family participation, stable tenure of administration and empowerment at the facility level. - An important enabler was management style. When the leaders management and personal style are congruent with values underlying culture change such as respect for others, enhancement of relationships and community, individualized personal-centred care, and quality of work life for staff, implementing culture changes becomes a natural extension of

	<p>for both barriers and enablers.</p> <p>c) Conclusions: Logical. Relate to the purpose.</p>	<p>those values rather than a corporate dictum that is to be implemented.</p> <ul style="list-style-type: none"> - The congruence of styles plus a stable tenure in leadership seems to be a powerful combination for enabling the success of culture change.
<p>Smith-Hollinger, L., Ortigara, A., & Lindeman, D. (2001). Developing a comprehensive long-term care workforce initiative. <i>Alzheimer's Care Quarterly</i>, 2(3). 33-40.</p>	<ol style="list-style-type: none"> 1. Title: Clear and concise. 2. Author: Doctorate and Master prepared RNs. 3. Date: Published in 2001. Still relevant to current nursing practice. 4. Journal: Peer-reviewed. Target audience is professionals with an interest in the care of individuals with Alzheimer's. 5. Abstract/Summary: Clearly describes the purpose, design, findings and recommendations. 6. Identifying the Problem: High staff turnover and vacancy have been associated with poor resident outcomes. 7. Research Question: Purpose is to describe the results of a workforce initiative in LTC. 8. Literature Search: Evidence of a broad literature search that informs the topic. 9. Methodology: <ol style="list-style-type: none"> a) Design: Mixed method. Survey & interviews. b) Tools: Survey instrument briefly described. c) Sample: 125 surveys from pilot study were analyzed. d) Ethics: Not described but assumed as the lead researcher belonged to the director of research for an institute on aging. e) Reliability & Validity: Methods described and seem to avoid bias. 10. Pilot Study: Repeated Measure design. Findings of pilot study used to inform results of the initiative. 11. Main Study: <ol style="list-style-type: none"> a) Results: Presented in text under distinct 	<ul style="list-style-type: none"> - Professional healthcare education is deficient in geriatric content and clinic training in LTC for nurses, physicians and other healthcare professionals. - For CNAs the key element to LTC staff retention is the worker's relationship with his/her immediate supervisor. - The following factors are important for CNAs who are satisfied in their positions: fair, knowledgeable & caring supervisors; educational opportunities; supervisors who listen; feeling part of the healthcare team; adequate resources to do their job. - Few nurses and nurse managers are trained in management skills. - Successful job environments include the following components: relationship with supervisors & co-workers; opportunities for development; clear work expectations; adequacy of resources; recognition and rewards; commitment to quality work; feeling their opinions count. - Developing highly qualified, dedicated, and effective LTC leaders and staff members will benefit the quality of life and wellbeing for residents. - LEAP initiative focuses on educating leaders and staff. - One LEAP sector is the Frontline Nurse Leadership Sector. Which targets building key leadership skills and behaviors including: giving constructive feedback; getting good information from others; getting your ideas across; dealing with emotional behavior; recognizing positive results. - Staff members who perceived their supervisors as highly effective leaders felt they had: more empowerment in the workplace; greater opportunity for development; more information to do their job; greater access to support and resources; greater support at the organizational level; greater work effectiveness; less job stress; greater job satisfaction. - Important skills for charge nurses: good communication skills; effective listening skills; sets a good example for other

	<p>headings.</p> <p>b) Discussion/Recommendations: Clearly presented. Recommendations for implementation of findings presented.</p> <p>c) Conclusion: Conclusion is linked back to problem and purpose of the study.</p>	<p>staff members; compassionate to residents and staff members; behaves in a consistent manner, shows patience; demonstrates confidence in self; is organized; is knowledgeable; motivates staff</p> <ul style="list-style-type: none"> - Effective nurse leaders exhibit the following behaviors: pays attention to contributions from staff regarding resident care or operations; encourages information exchange among staff; motivates staff to give their best efforts; role models best practice behaviors; praises staff for work well done. - Staff members that held positive perceptions about the organizational climate also reported: more access to support and resources; supervisors with highly effective leadership behaviors; greater perceptions of their own work effectiveness; lower job stress; greater job satisfaction. - Predicted long-term outcomes include staff retention, positive resident and family satisfaction levels and resident QOL. - A comprehensive approach to improving the LTC workforce is key to improving job satisfaction, empowering staff members, improving organizational culture and developing a positive working environment.
<p>Swagerty, D.L., Lee, R.H., Smith, B., & Taunton, R.L. (2005). The context for nursing home resident care: The role of leaders in developing strategies. <i>Journal of Gerontological Nursing</i>, 2, 40-48.</p>	<ol style="list-style-type: none"> 1. Title: The title is clear and accurately describes the study. 2. Authors: MD and PhD RN 3. Publication Date: 2005. Relevant nursing topic. 4. Journal: Peer-reviewed. Target audience – RNs practicing or an interest in Gerontological nursing. 5. Abstract: After reading the study the reader clearly understands what is being investigated. The methods and findings of the study are included. 6. Problem: The purpose of the study is clearly stated. <i>“The purpose of this study was to identify and describe organizational phenomena that influenced the care provided to nursing home residents.”</i> 7. Research Question: No research question – part of the purpose statement – What are the organizational phenomena that influence the 	<ul style="list-style-type: none"> - Leaders can develop strategies to strengthen integrating factors such as shared values to promote resident-centred care and to reduce the effects of competing demands and external accountabilities. - Shared values were a significant integrating force. Staff valued teamwork. - Staff value a family ambience. They described the facility as a family and wanted it to have a family feel. - Recognition of employees willing to go above and beyond their regular duties (to provide efficient, quality care) - The role of leader : articulated clear standards, promoted satisfactory care and the family feeling, improved the environment, was highly visible and involved with all aspects of the facilities operations, working to maintain or increase the satisfaction of residents/families or staff, interacted with the residents and family and knew them by name. - The leaders helped set the tone for the team approach to care, and used available opportunities to model desired behaviors. Staff were empowered by the interactions with the leader.

	<p>care provided to nursing home residents?</p> <p>8. Literature Search: The references used in the study are mostly historical in nature – over 5 years old. There are few references used.</p> <p>9. Methodology:</p> <p>a) Design: Qualitative. Case Study with purposive sampling guided the study.</p> <p>b) Tools: No tools described. Study used observation. Other data extracted from medical charts (does not describe how it is extracted).</p> <p>c) Sample: A purposeful sampling approach was used. Sample was fully described.</p> <p>d) Ethics: No mention of ethics approval.</p> <p>e) Reliability and validity: Research is based on the findings of earlier research. The choice of research methodology is not elaborated on.</p> <p>10. Pilot Study: n/a</p> <p>11. Main Study:</p> <p>a) Results: The findings of the study are easy to follow as they are they are written in separate section with clear headings. As well a conceptual model is provided.</p> <p>b) Discussion/recommendations: The authors provide recommendations to be implemented into care – aimed at management and administration. The authors do not discuss any of the limitations of the study.</p> <p>c) Conclusions: The authors support the recommendations with other research. The conclusions are linked back to the purpose of the study.</p>	<ul style="list-style-type: none"> - Address issues with sensitivity, assured confidentiality and advised the required action for resolution. - Family members took an important role in advocacy for residents. - Effective leadership is the key to change. They can develop strategies to strengthen those processes that support culture change and modify those factors that fragment and limit the changes, learn from successful colleagues and empower staff to make improvements.
<p>Tavormina, C. E. (1999). Embracing the Eden Alternative in long-term care environments. <i>Geriatric Nursing</i> 20(3). 158-161.</p>	<ol style="list-style-type: none"> 1. Title: Clear & Concise 2. Author: BSN prepared. 3. Publication Date: 1999. Still relevant to current nursing practice. 4. Journal: Peer- reviewed. Target audience are 	<ul style="list-style-type: none"> - The mission of The Eden Alternative is to provide a human habitat for nursing home residents that value a compassionate and caring experience with variety and spontaneity. - Based on 10 concepts 1) Loneliness, boredom & account for the bulk of suffering in LTC.

	<p>nurses with an interest in geriatric nursing practice.</p> <ol style="list-style-type: none"> 5. Abstract: Concise. Describes purpose, method and results. 6. Problem: Stated – The growing elderly population does not want the routine of being cared for with a medical model focus – they want elder-centred communities that promote growth via variety and spontaneity resulting in quality living. 7. Research Question: Purpose to explore The Eden Alternative model. 8. Literature Search: Limited to 10 studies. 9. Methodology: <ol style="list-style-type: none"> a) Design: Qualitative – narrative. b) Tools: n/a c) Sample: n/a d) Ethics: n/a e) Reliability: No apparent bias. 10. Pilot Study: n/a 11. Main Study: <ol style="list-style-type: none"> a) Results: Concepts clearly defined. b) Discussion/Recommendations: Recommendations given. No limitations noted. c) Conclusions: Relate to problem and includes implications for nursing practice. 	<ol style="list-style-type: none"> 2) Adoption of the Human Habitat model that makes pet, plants and children the axis around daily life turns 3) Provide easy access to companionship by promoting close and continuing contact between the habitat and the residents. 4) Provide opportunities to give & receive care by involving the residents in the daily habitat activities. 5) Creation of an environment in which unpredictable interactions and happenings can take place. 6) Plan activities around the maintenance and growth of the Human Habitat. 7) Reduce the use of prescription drugs & use the Habitat to manage behaviors. 8) Seek to place maximum possible decision- making authority in the hands of those closest to the residents. 9) Understand that Edenization is a never ending process not a program. 10) Leadership that places the need to improve resident QOL over and above the inevitable objections to change. <ul style="list-style-type: none"> - Effective communication is paramount for successful Edenization. - Edenizing should take 2 years to develop a firm foundation. - Successful Edenizing requires transformational leadership that is committed to the idea that this change is worthwhile. - Golden rule – do unto employees as you would have your employees do unto residents.
<p>Toles, M. & Anderson, R.A. (2011). State of the science: Relationship-orientated management practices in nursing homes. <i>Nursing Outlook</i>. 59. 221-227.</p>	<ol style="list-style-type: none"> 1. Title: Clear & Concise. 2. Authors: PhD prepared 3. Date: 2011. Relevant to nursing practice. 4. Journal: Peer-reviewed. 5. Target audience are RNs in all areas of practice. 6. Abstract: Review of the aim, results and findings. 7. Problem: Stated – effective staff interdependence is needed to improve care of older adults in nursing homes. 8. Research Question: The purpose is clearly stated as – to evaluate studies of relationship- 	<ul style="list-style-type: none"> - Staff relationships characterized by frequent information exchange, problem-solving, and feedback among interdependent staff will increase the capacity for improvising and learning and thus foster team processes needed to coordinate complex care. - Stronger staff and manager connections and communication may foster staff interdependence in care and improved outcomes in nursing homes. - Relationship-oriented management practices fostered staff participation in decision making and were associated with outcomes such as resident satisfaction. - Relationship-oriented management practices that promoted staff interdependence were associated with evidence of superior nursing

	<p>oriented management practices and describe the evidence base for management practices that foster interdependence and help staff members learn to improve care.</p> <p>9. Literature Search: Broad range of current and historical studies.</p> <p>10. Methodology:</p> <ul style="list-style-type: none"> a) Design: Qualitative – literature review. b) Tools: n/a c) Sample: 33 included studies. d) Ethics: n/a e) Reliability: Sound methods described. <p>11. Pilot Study: n/a</p> <p>12. Main Study:</p> <ul style="list-style-type: none"> a) Results: Themes are clearly outlined and described. b) Discussion/Recommendations: Limitations acknowledged. Recommendations for nursing practice presented. c) Conclusions: Summarized findings and the need for further research. 	<p>home performance including: increased evidence of culture change in staff attitudes and perceptions and resident quality of life.</p> <ul style="list-style-type: none"> - Relationship-oriented management fosters staff interdependence, supported by stronger social networks and more open communication channels among nursing-home staff and managers. - Staff interdependence was associated with improvements in care processes, resident outcomes, and staff satisfaction.
<p>Tyler, D., & Parker, V.A. (2010). Nursing home culture, teamwork, and culture change. <i>Journal of Research in Nursing</i>, 16(1), 37-49.</p>	<ol style="list-style-type: none"> 1. Title: Clear & Concise 2. Authors: Both Doctorate prepared 3. Date: 2011. Current and applicable to nursing practice. 4. Journal: Peer-reviewed. Target audience are Registered Nurses with an interest in research. 5. Abstract: Clearly outlines the aim, methods, findings and conclusions. 6. Problem: Clearly stated -In Culture change, teamwork is the least commonly implemented component. Indicating that units may be having difficulty in this area. 7. Research Question: Clearly stated- What is the relationship between teamwork and facility organizational culture? 8. Literature Search: Mix of historical and current studies to support knowledge of topics. 9. Methodology: <ul style="list-style-type: none"> f) Design: Qualitative- Case Study 	<ul style="list-style-type: none"> - Culture change implies that a facility is working to de-institutionalize. - Most culture change involves minor changes to the physical environment and focuses on organizational changes such as staff reorganization. - Organizational changes often focus around a change in philosophy known as resident-centred care. - Resident-centred care implies that the facility has become more focused on the preferences of individual residents. - Care is less routine and relies on strong relationships between staff and residents. - It has been suggested that teamwork can be effective in facilities seeking culture change as a way to empower direct-care workers, providing them with the ability to more decisions and work more flexibly. - Better teamwork is also expected to improve relationships among direct-care workers, leading to higher job satisfaction and possibly lower turnover. - An organization’s culture is defined as the set of values or beliefs

	<p>g) Tools: Flowchart created to assist in data analysis – with supporting documentation.</p> <p>h) Sample: 20 LTC sites</p> <p>i) Ethics: Informed consent used. No mention of ethics committee approval.</p> <p>j) Reliability: Detail provided to support methods.</p> <p>10. Pilot Study: n/a</p> <p>11. Main Study:</p> <p>d) Results: Presented in text separated by headings. Quotes to support findings.</p> <p>e) Discussion/Recommendations: Limitations acknowledged. Suggestions for future research.</p> <p>f) Conclusions: Linked to the aim and research questions. Bring closure to the study.</p>	<p>held in common by an organization’s employees.</p> <ul style="list-style-type: none"> - Managers were found to model the behaviours and attitudes they expect from staff. - This suggests that facilities attempting to implement teamwork as part of a culture change effort may be doomed to failure if managers do not adjust their own behaviours and attitudes. - Culture change should be thought of as an ongoing process, one that is created and sustained at all levels of a LTC facility. - Culture change cannot be mandated by managers and carried out by direct-care workers. - It is assumed that better teamwork in facilities will result in better care for residents – however this has not been explicitly researched. - The question of culture changes potential in improving the quality of life of aged care recipients becomes more important as this issue gains political momentum in developed countries worldwide. - The goals of the culture change movement lie in improving QOL for residents and quality of work for staff.
<p>Vogelsmeier, A. & Scott-Cawiezell, J. (2011). Achieving quality improvement in the nursing home: Influence of nursing leadership on communication and teamwork. <i>Journal of Nursing Care Quality</i>. 26(3). 236-242.</p>	<ol style="list-style-type: none"> 1. Title: Clear and concise. Describes the research. 2. Authors: RN, PhD prepared. 3. Publication Date: 2011. Topic is current and relevant to nursing practice. 4. Journal: Peer-reviewed. Target audience is RNs with an interest in improving care quality. 5. Abstract: Very brief but reader can understand what is being researched, the method and the results. 6. Problem: The background is provided to support the study. The purpose is clearly stated – “the purpose of this article is to compare how nurse leaders from 2 nursing homes differed in their influence of communication and teamwork as technology and quality improvement efforts were 	<ul style="list-style-type: none"> - Nursing leadership is foundational to quality improvement in the nursing home setting. - Nursing leadership was found to be an influencing factor to team effectiveness and organizational improvement. - The nurse leader from the highest performing site worked cooperatively with team members to establish a common goal. - Also facilitated an environment conducive to open communication and effective problem solving. - In this environment, where the leader seeks out the voices of staff, the staff perceived themselves to be valued, involved and empowered. - Nursing leaders facilitated team work and quality improvement not by controlling the team but rather by empowering the team through seeking ongoing staff input and feedback for problem-solving. - Leadership provided accurate and timely feedback to ensure that decision making and problem solving were appropriately focused on improvement.

	<p>implemented to impact medication safety practices and medication error.”</p> <ol style="list-style-type: none"> 7. Research Question: Included in the purpose statement above. 8. Literature Search: No literature search is outlined. However there are references to support the problem. Current (within 5 years) but many are references to the authors’ earlier works. 9. Methodology: <ol style="list-style-type: none"> a) Design: Qualitative- Case Study. Rationale supporting methodology is provided. “Case study is recognized as an excellent method to understand complex social phenomena and has been used extensively to understand complex health care environments, including nursing homes.” b) Tools: Transcripts from interviews. Monthly field notes. T and a survey tool tested for validity and reliability. c) Sample: Described only as nursing leadership. No further description. d) Ethics: Approved by the Missouri Institutional Review Board. e) Reliability and Validity: It is apparent that the consideration of reliability has been made by the researchers. 10. Pilot Study: This article is a secondary analysis of data collected as part of a larger, primary intervention. 11. Main Study: <ol style="list-style-type: none"> a) Results: The findings are presented in script form using quotations from staff to support the results. A table would have provided clarity to the reader. b) Discussion/Recommendations: The discussion section of the study is self-titled making it clear to the reader. The findings are able to be implemented into 	
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	<p>practice. The limitations of the study are not acknowledged.</p> <p>c) Conclusions: The conclusion is clear and links directly to the purpose of the study.</p>	
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