U10A1 — Leadership Development Training

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Program Introduction

Interdisciplinary teams within hospice play a very important role in advocacy, activism, education, counseling, and legal alternations for supporting the lives of end-of-life patients and communities (Stringfellow, 2017). Individuals at end-of-life suffer with disabilities, mental illness, or chronic illness and may have faced extreme loss, trauma, or abuse. Hospice interdisciplinary team members — whether they be nurses, aides, social workers, or chaplains — who have been available in times of crisis all carry the weight and burden of end-of-life care.

The clinical and administrative team leaders work in tandem to grow the client census, help train employees on physical and emotional cares for the clients, and work on the clinical side with clients. Because our agency is a start-up hospice, there has been a strong learning curve is determining how best to separate the supervisory roles. In transition when the administrative staff was trying to lead the clinical staff, many personality and structural clashes were happening between the leaders and the employees. Once the clinical team was lead by a clinical supervisor, every thing on the clinical side started to run more smoothly.

The administrative supervisors include the two owners of the company and the vice president, who also plays the role of leading the marketing team. The clinical team is led by a nurse who has years of experience with health care and hospice fields. The clinical leader, though she began by being in a supportive role for the broader team, is now closer to a supportive role for the team's nurses only and an educational leader for the rest of the interdisciplinary team (NASW, 2013). Those of us on the psychosocial team — social workers, massage therapist, music therapist, and chaplain — could use additional leadership to support needs specific to non-pharmacological interventions like ours.

Davidson's (2016) research concluded that leadership was considered to come for the doctors and senior leadership within hospice settings, yet that social workers have yet to be thought of as leaders even though their perspective is both systematic and direct care oriented. A shift in the palliative care model of leadership that included social workers could better assist the palliative care field in caring for, advocating for, and advancing the rights of end-of-life patients. Since nursing is the dominant discipline within hospice focusing on pharmacological interventions, a balanced interdisciplinary team would be well served with social workers, and the psychosocial team, continuing to approach end-of-life care with non-pharmacological interventions. Growing alternative intervention education for psychosocial leaders is the focus of this leadership development training.

Goals and Objectives

Continuously social work theory defines reflective activities, specifically, as necessary to competency trainings and to advancement or innovation such that reflective education can be used to support diverse caregivers assisting with end-of-life support (Ng, Kinsella, Friesen & Hodges, 2015). As Seinfeld (2012) talked about the value of mindfulness for patients as they explore their negative thoughts with curiosity and awareness in order to transform the exploration into understanding. Mindfulness and reflection also assists social workers in organizations which do not typically engage with patients of alternative spiritual practice; Allowing curiosity helps alter criticism or dissent from other teams members (Seinfield, 2012).

Ongoing conversation as well as education and exploration are helpful in shifting perspectives and creating greater standards of open-heartedness. Social work leaders are called upon to help redefine personal narratives by offering creative solutions, social innovations and

adaptive approaches to care teams, caregivers, and families in order to gain an increasingly inter-connected sense of recognition, confidence, education, and community support (Bahar, 2017). The primary goal of the leadership development training is to add elements of compassion satisfaction, emotional reflection, social innovation, and leadership assessments to expand the non-pharmacological toolbox of social worker leaders.

Program Location and Timing

This program will be a series of three 3-hour sessions which will be held every other week over the course of six weeks. The training will be held within the hospice agency's conference room and will be geared to the psychosocial members of the interdisciplinary team, though non-psychosocial team members will be welcome to attend also. The multi-week series will give team members time to incorporate and reflect upon lessons gained and each week on leadership assessment will be introduced.

Program Leaders

The benefits of non-pharmacological interventions, such as animal-assisted therapy, music therapy, creative activities, and meditation, for dementia patients have been increasingly explored, developed, and evaluated over the past twenty years (Sintler, 2017). Hospice is unique in that music, animal, and massage therapy along with spiritual and grief counseling are offerings of the service, which helps make non-pharmacological interventions more acceptable within end-of-life services. Eight-week courses like Mindfulness-Based Stress Reduction (MBSR) have been created in order to help people understand the benefits of mindfulness on well-being (Cohen-Katz, Wiley, Capuano, Baker, and Shapiro, 2005). While offering employees an MBSR course would be beneficial, the specificity of the course could limit employees view of other

non-pharmacological interventions and interested employees could easily be directed to the courses for personal and professional development on their own.

The three weeks of the program will provide support of alternative approaches to care in the fields of mindfulness, grief & loss, and sensory exploration. The Week One feature speaker will be a local community mindfulness leader Cass McLaughlin; Week Two, Griefwalker director and storyteller Stephen Jenkinson; Week Three: Founder of Namaste Care, sensory programming for dementia patients, Joyce Simard, MSW. Each of these speakers, humble leaders in their field, is able to command a practitioner audience with non-pharmacological interventions to care and will help broaden the Hospice psychosocial team's clinical toolbox. Rego, Cunha, and Ace (2018) described the positive association between "humble leadership and effective team performance" (p. 215). The general end-goal and take-away hope for practitioners attending the leadership development training would be to have established both an increasingly solidified sense of humility and team interconnectivity.

Diversity

The psychosocial team within our hospice agency represents a mixture of cultural backgrounds that is reflective of our agency's diversity. We have both American and non-American born team members along with Western or Eastern-oriented practitioners. This group was chosen for leadership development due to the additive benefit of having non-pharmacological practitioners within a heavily medical-modeled and nurse-centric hospice environment. The additional emotional support practices can benefit both the intergenerational team and intergenerational practitioner/client partnership. Long-term development of agency positions that are less common such as male or younger hospice nurses, women billers, male or

non-US born receptionists, or female or non-US born chaplains would promote stronger staff diversity.

Three Leadership Assessments

The three types of assessments described are based on the three different leadership varieties as follows: Path-goal leadership theory, adaptive leadership, and skills approach to leadership. Each of these orientations provides a different lens of understanding of how leaders behave, interact, and are perceived by peers or followers.

Path-Goal Assessment

Bayan (2018) explained that path-goal theory is part of the learning leadership model for working with learning organizations. Both path-goal theory and learning theory suggest that leadership behavior influences how subordinates or followers behaviors merge with organizational goals and that when leaders teach learners how to remove obstacles, they teach both motivation and a learning attitude, which helps organizations have a competitive advantage in the marketplace (Bayan, 2018). The path-goal theory leadership assessment contains twenty 7-point likert scale questions which gear learners to become more self-aware of their leadership style as directive, supportive, participative, or achievement-oriented (Northouse, 2019).

The scoring of the assessment breaks each question down into each leadership style category such that the assessment taker gets quantitative results per category. These style category scores can be used to compare various effectiveness values with each other so that the leader can gauge strengths and weaknesses and decide areas for development or improvement. The main goal of the path-goal theory leadership assessment is to help develop a leader's self awareness of individual style, improving the leader's effectiveness in the future.

Adaptive Leadership Assessment

Adaptive leadership shapes people to handle perpetual changes in environments. While path-goal theory deals primarily with aspects of the leader's behavior, adaptive leadership focuses on knowledge of followers in their environment. The adaptive leadership assessment provides 360-degree feedback to leaders through observation and opinions of others (Northouse, 2019). The assessment includes thirty 5-point likert scale questions and is given to five different raters along with the leader's self-assessment.

The six categories of the quantitative rating system are as follows: 1) get on the balcony, meaning the ability to step back and observe, 2) identify the adaptive challenge, meaning acknowledging the struggle without responding technically, 3) regulate distress, meaning creating a nurturing environment for others, 4) maintain disciplined attention, meaning strength in motivating others to face challenges, 5) give the work back to the people, meaning empowering others to support themselves, and 6) protect leadership voices from below, meaning openness to unconventional approaches from working class members (Northouse, 2019).

Once each raters' scores in each category are collected and averaged, the leader can compare the self-assessment score with the averaged score to check any misalignments that may be occurring and troubleshoot how to improve the misalignments or improve in any category that was low scoring (Northouse, 2019). Like the path-goal theory, leaders can use their scores in each category and their comparison scores from other raters to address area of improvement for shifting the long-term strengths of leadership qualities.

Skills Inventory Assessment

Northouse (2019) explained the skills inventory as an assessment which gives leaders knowledge of their competency levels in the categories of technical, human, and conceptual skills. The assessment, though weak in predictive value, provides a depth of study for human characteristics beyond just leadership development; i.e. types of cognitive ability, motivation, and conflict resolution (Northouse, 2019). Duncan, Birdsong, Fuhrman, and Borron (2017) described the Leadership Skills Inventory (LSI) as an assessment developed and revised in the early 1980s measuring a spectrum of developmental leadership and life skills including the following elements: 1) working with others, 2) decision-making ability, 3) positional leadership, 4) understanding and awareness of self and 5) communication.

Karnes and D'ilio (1988) studied the similarity of skillset of nascent leaders compared to established community leaders by having them take the LSI after a week-long intensive leadership course and comparing the results to those of the established community leaders. Results of the study concluded strong similarities in the two groups suggesting that leadership skills can be taught through a systematic approach (Karnes & D'ilio, 1998). The skills approach to leadership offers an accessible understanding of individual strengths and weaknesses in order that anyone taking it may utilized the information for personal and professional development. The concept that leadership learning is available to anyone who wants to develop the skills, though controversial, is a strength of utilizing the skills inventory assessment (Northouse, 2019).

Program Topics

Program topics to be reviewed and encouraged among psychosocial leaders are compassion satisfaction, social innovation, self-regulation, balanced processing, and impression management. Each of these topics help a practitioner better understand and implement reflective

strategies for self, coworkers, and clients. The goal of this education by a local leadership strategist is to enhance non-pharmacological strategy usage in end-of-life care settings while increasing the effectiveness of hospice psychosocial practitioners.

Compassion Satisfaction

The positive feelings associated with caregiving are called compassion satisfaction (Wagaman, Geiger, Shockley & Segal, 2015). Compassion satisfaction gives value-added benefit to a practitioner after having positively influenced a client or family's personal growth or self-expression. Burnout and compassion fatigue can be reduces through the regular feelings of accomplishment when sharing in compassion satisfaction. Incorporating organizational strategies for acknowledging and evaluating compassion fatigue can help reduce personal distress by promoting energized stories and practitioner patient application (Thomas, 2013).

Social Innovation

Principles like radical inclusion, radical hospitality or community bereavement support are unique social innovations that can assist in redefining business models while adding human capital to hospice staffs (Bahar, 2017). This is why linking social workers and social innovation can help maximize access to supportive communities which encourage grief and mourning education (Stringfellow, 2017). Social innovation, supported by social workers, is one approach to gaining recognition, confidence, legal standing, and community acceptance for individuals and caregivers in the shadows of our nation's end-of-life care (Bahar, 2017).

Self-Regulation

Though the differentiation between management and leadership can be nebulous and overwhelming to disconnect, Northouse (2019) explains in simple terms one approach to a

differentiation as follows: "with managers being more reactive and less emotionally involved and leaders being more proactive and more emotionally involved" (p. 15). Northouse (2019) explained that the degree of emotional intelligence held by individuals defines their role as either a stronger manager (less emotional intelligence) or stronger leader (more emotional intelligence).

The four components of emotional intelligence are self-awareness, self-regulation, social awareness, and relationship management. Leaders must have a strong sense of emotional intelligence and within hospice self-regulation can be a challenging capacity to navigate due to the high emotions of end-of-life care. The more training staff members have on self-regulation, the better equipped they will be to assist patients and families with understanding and education during end-of-life.

Balanced Processing

A subset of self-regulation is balanced processing. As one of the four traits included within under the description of authentic leadership, balanced processing refers to utilizing the opinions of others without taking disagreement personally and observing the situation objectively (Northouse, 2019). A practitioner's ability to act objectively while gaining multiple opinions ensures that clients are receiving well-rounded and analytical care. Connections have also been made in the past few years between humble leadership and strong balanced processing skill-sets.

Impression Management

Peck and Hogue (2018) defined the importance of follower perception on leader effectiveness sharing discussions of how pro-social (vs. pro-self) behaviors can influence leader’s understanding of the impressions they are making on followers. Impression

management was developed with the knowledge that the leader-follower interaction is shaped by the influence of the leader on the follower and the follower perception is a solid dimension of that interconnectivity (Peck & Hogue, 2018). Learning to observe feedback regarding perception of leader behavior can help redirect a leader's negative habits, behaviors, or actions that limit positive interactions for followers.

Path-Goal Leadership Theory

Path-goal theory's emphasis on leader-focused orientation works well with hospice as, not only does it remove the obstacles needed to complete a goal, but it shifts the focus of practice to the client as the leader and the caregiver/practitioner as the follower (Northouse, 2019). When client-leadership is acknowledged is hospice -- the goal being quality of life -- as directed by the client, a burden is lifted for caregivers and practitioners such that, whatever the client needs, the caregiver/ practitioner is there to remove the obstacles associated with the challenge of completing the need. This interplay of having a client-directed goal and working interactively to minimize the obstacles, through client-directed care, is both pragmatic and complex.

If either the caregiver or the practitioner is in tune with the client, they are able to collaborate with each other switching from leader to follower and vice versa as needed, allows for differing circumstances of understanding to help everyone adjust to different leader/follow needs. So, naturally when the client is able to leader, the caregiver/practitioner will follow, and when the caregiver/practitioner needs to leader, there is space for that, also -- always moving toward the goal of providing comfort for the end-of-life patient and removing any obstacles that surface towards that goal.

Leadership Ethics

The principles of ethical leadership include respect for others, desire to serve others, ability to be just in behaviors and actions, an aptitude for honesty and a prowess for building community (Northouse, 2019). A moral inclusion and awareness of personal values along with a concern for others helps dictate ethical leadership (Northouse, 2019). Ethical leaders feel a shared sense of responsibility for their client or employee's happiness such that they deepen their concern for finding approaches to maximize value-based care, service-oriented interactions, just decision-making, and honest influence (Northouse, 2019).

Both mindfulness and ethical leadership have shared components of awareness, cultivating resiliency, and the practice of reflection which parallel the elements within the study which led to increased happiness of individuals (Raney, 2014). Otake, Shimai, Tanake-Matsumi, Orusi, and Fredrickson (2006) studied the effects of kindness on happiness and concluded a direct increase in happiness through the application of kindness. End-of-life care assumes that the kindness of ethical caregivers will be integral to the happiness of the patient and family being served; thus the ethical behavior's of medical social workers can assist with increasing the happiness of those served at end-of-life.

Program Evaluation

When incorporating programs like MBSR into an organization, the Maslach Burnout Inventory, measuring emotional exhaustion, personal accomplishment, and depersonalization, is used to quantitatively assess burnout levels. Use of these baseline numerical values against follow-up values have been proven to decrease burnout level with the incorporation of MBSR programming for individuals or within organizations (Cohen-Katz, Wiley, Capuano, Baker, and Shapiro, 2005). Ethical leaders know that decreased burnout scores mean less staff turnover and

higher company productivity such that the program integration adds benefit to the agency. For a new program implementation like this one, one approach to evaluation would be to use the Maslach Burnout Inventory.

An alternative could be to, either independently or in tandem, evaluate the program through use of the quantitative Professional Quality of Life scale which includes three 10-item survey question categories of compassion satisfaction, burnout, and secondary traumatic stress, each rated on a 1-to-5 likert scale (Wagaman, Geiger, Shockley & Segal, 2015). Baseline assessment values compared to post-program assessment values of the valid and reliable measurement instrument could assist in determining program effectiveness. The hope is that the better leader a psychosocial team member becomes, the happier and less stressed the employee will be. The speakers, along with the assessments and educational topics, are meant to resolve issues of role confusion and add self-efficacy to the leader-learner.

Summary

Path-goal leadership theory along with adaptive leadership and skills assessments harness the inherent motivation of followers through direction of the leader rather than focusing specifically on tasks while highlighting the interconnectedness of leaders and followers. When leaders help remove obstacles for followers, followers are more receptive to sharing their joys / concerns in order to be guided by the leaders and supporting their loved ones at end-of-life (Northouse, 2019). The educational topics of compassion satisfaction, social innovation, self-regulation, balanced processing, and impression management will be covered by a local leader strategist and support the emotional growth, wellbeing, and revolutionary application of social innovation in hospice care settings. The humility-based speakers in the fields of mindfulness,

grief & loss, and sensory exploration — Cass McLaughlin, Stephen Jenkinson, and Joyce Simard, MSW — will help shape increased confident for practitioners as they present in an educational and inspirational format informing practitioners of alternative, non-pharmacological approaches to hospice care.

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