Leadership and Management Skills for Long-Term Care
Eileen M. Sullivan-Marx, PhD, CRNP, FAAN, RN, is an Associate Professor and Associate Dean for Practice & Community Affairs at the University of Pennsylvania’s School of Nursing. She holds the Shearer Endowed Term Chair in Healthy Community Practice. Dr. Sullivan-Marx is an active international and national consultant on nurse practitioner and geriatric practice issues and oversees the School’s practice and community mission, which includes the Living Independently For Elders (LIFE), a program of comprehensive integrated health and social services for older adults in West Philadelphia. She is a leading researcher on improving functional outcomes of older adults in community and institutional settings.

Deanna Gray-Miceli, DNSc, APRN, FAANP, is a nationally certified Gerontological Nurse Practitioner with over two decades of experience caring for older adults in academic geriatric practice settings, particularly long-term care, and Adjunct Assistant Professor of Nursing, University of Pennsylvania-School of Nursing. Her program of research includes the development, validation, and feasibility testing of a post-fall assessment tool for RNs and clinical staff to use in the evaluation of older nursing home residents who fall. For the past 2 years, Dr. Gray-Miceli has been a consultant to New York University-John Hartford Institute for Geriatric Nursing (NYU-JHIGN) as Project Director to the JHI/American Association of Colleges of Nursing sponsored grant “Preparing Nursing Students to Care for Older Adults: Enhancing Gerontology in Senior-Level Undergraduate Courses” The G-NEC Experience.
In memory of our dear friend and colleague, Lenore H. Kurlowicz, PhD, FAAN, whose inspiration and dedication will be with us always.
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Contributors

Rita K. Adeniran, MSN, RN, CMAC, CNAA, BC
Global Ambassador,
Hospital of the University of Pennsylvania
Department of Nursing
Dr NP Student, Drexel University College of Nursing and Health Professions
Philadelphia, PA

Kathleen G. Burke, RN, PhD
Program Director, Nursing and Health Care Administration and Health Leadership Masters Programs
Director, Center for Professional Development
School of Nursing
University of Pennsylvania
Philadelphia, PA

Linda A. Carrick, RN, PhD
Kennedy Health System
Vice President, Patient Care Services/Chief Nursing Officer
Voorhees, NJ

Kathleen L. Egan, PhD
Geriatrics Education Consultant/Specialist
Division of Geriatric Medicine
University of Pennsylvania
Philadelphia, PA

Lois K. Evans, PhD, RN, FAAN
van Ameringen Professor in Nursing Excellence
Chair, Family and Community Health Division
University of Pennsylvania School of Nursing
Philadelphia, PA
Contributors

Rosalyn J. Watts, EdD, FAAN
Associate Professor Emeritus
Former, Director, Diversity Affairs
School of Nursing
University of Pennsylvania
Philadelphia, PA
When I first ventured into long-term care leadership in the early 1980s, I scrambled to find a practical guide to help me with introducing change in organization, structure, planning, staffing, and day-to-day management in the nursing home. There was precious little to be found. So I borrowed ideas and models from hospital and business literature and made my way. Twenty-five years later, however, there remains a dearth of practical guides for developing and enhancing nurse leadership in long-term care . . . a place where nursing could and should shine. Thus, in settings where stretched resources make effective communication and teamwork imperative to achieve goals, this book is a welcome resource to practicing and aspiring nurse leaders.

The 1980s represented the heyday for the primary nursing model in the acute care arena, but nursing homes still relied on teams of professional and nonprofessional staff to provide a very broad range of services. Fortunately, many long-term care nurses of that era had indeed been educated in team nursing models in their basic programs. Over the years, however, this formal education has been eroded so that, today, there are few professional nurses with formally developed knowledge and skills in leadership and team building. Yet, the team remains the most common model of care in long-term care. Given the dramatic change in acuity and needs of the client population receiving long-term care, such skills are ever more essential for achieving quality of care and quality of resident and work life.

I am very enthusiastic about Leadership and Management Skills for Long-Term Care because it brings a rich new resource to nurses and health professionals who care for chronically ill and older adults in long-term care settings. This book fills a long existing gap in the literature, providing information relevant to everyday complex situations requiring team building, leadership, change management, and cultural competence to achieve excellence in geriatric care. Readers can use the book to improve personal understanding
in these areas as well as a basis for teaching others in long-term care settings. Ultimately, improving interaction among members of the geriatric care team will be the key to successful and cost-effective organizational efforts to change culture, enhance morale, increase nursing staff retention, and improve care.

In the United States, recent funding for a Comprehensive Geriatric Nursing Education program from the Department of Health and Human Services sparked more than 20 projects to support geriatric care and education, one of which provides the basis for this book. Simultaneously, several other exciting and related initiatives have commenced. All are expected to impact quality of care and quality of life in long-term care, and each requires teamwork and professional nurse leadership for change. These include the Geriatric Nursing Leadership Academy funded by a partnership between Sigma Theta Tau International and the John A. Hartford Foundation to train educators and nurse administrators in leadership for care of older adults; a planning project of the five Hartford Centers of Geriatric Nursing Excellence and supported by Atlantic Philanthropies that aims to improve nursing home care through enhancing professional nursing practice in long-term care; and the Hartford Geropsychiatric Nursing Collaborative, which aims to improve the mental health of older Americans, including those in long-term care, through a program of basic, advanced, and continuing education for nurses. This book provides a content resource to these initiatives and can guide faculty and students. Most importantly, the nurses on the front line in long-term care will benefit from this monograph, which was developed for and tested by them and other professionals in similar settings and practices. Thus, the content is fresh and relevant. I know that readers will be heartened by the case studies and straightforward approach used throughout the book. And I believe that readers will find that their own abilities to initiate and manage change for improved long-term care will be enhanced.

—Lois K. Evans, PhD, RN, FAAN
van Ameringen Professor in Nursing Excellence
University of Pennsylvania
Sometimes the thing staring you in the face is the hardest to see. We refer here to long-term care and the management and leadership skills required to improve care and satisfy caregivers. Discussion of these skills has been sorely lacking in the nursing literature despite the fact that we who provide management and leadership for long-term care have done so, most prominently by “training on the job.”

We have written this book to rectify that lack and reflect on the functions we perform and the values we affirm: from clarifying what models of care delivery work best in what situations, to how to best deal with workforce shortages, retention of nursing staff, and sustaining or finding resources to offer competitive salaries for professional nurses.

With funding from the Department of Health and Human Services, Division of Nursing, Comprehensive Geriatric Education, and in partnership with the University of Pennsylvania Geriatric Education Center, we convened a team of experts to develop the educational modules in this book for professional nurses as well as other health professionals in long-term care. All project team members had educational expertise and background in nursing administration and leadership in acute care or clinical expertise in gerontological nursing. Commensurate with what we find currently in the field of long-term care, our team members, who authored these chapters, needed to build expertise across leadership and management for long-term care. As we began the journey, we realized that our nursing administration experts were well informed about leadership and management issues but knew much less about long-term care. Equally, we realized that our gerontological nurse experts were well informed about long-term care but less about leadership and management. As a result, we focused initially on team building and cross-training efforts. Then we developed, tested, and refined the modules in long-term care settings that were both institutional and community based.
Resource experts in educational principles and cultural competence rounded out the team to address the diversity of learning styles, educational backgrounds, and ethnic origins of the staff and older adult residents in long-term care.

Within the chapters in the book, the reader will find a rich resource of leadership and management content and educational principles. Section I, built on some foundational work from a leadership project funded by the Helene Fuld Health Trust, “Forming the Building Blocks of Leadership for Nursing Students Across Academic Levels,” includes chapters that cover Team Building, Directing and Delegation in Long-Term Care, Power and Negotiation, and Change Theory and Process. Skills outlined in each chapter provide fresh content and application in long-term care settings that the reader will gain from individually and potentially use for teaching groups. Section II provides key Educational Principles and Cultural Competence content that frames an understanding of successful leadership strategies and how to avoid problems when working in the reality of a rich and diverse environment.

Practitioners, students, faculty, educators, health care executives, nurses and health professionals, employers, and supervisors in long-term care, nursing homes, home care agencies, and home- and community-based programs for long-term care will find the information in these chapters highly relevant and easy to apply in everyday situations. As a whole, this book will fill a long-recognized gap in resources that address the quality of working relationships among nurses and teams in long-term care by providing a resource for skills not commonly or consistently taught in professional education. Using the resources in this book will aid those involved in long-term care in building the entire spectrum of skills required for consistent quality in care, oversight, and management, and in team building and change.

_Eileen M. Sullivan-Marx_
_Deanna Gray-Miceli_
Funding for this project was provided by Health Resource and Service Administration (HRSA) “Building RN Training Skills for Geriatric Education Excellence,” 5-D62HP01912-02-01, E. Sullivan-Marx, PI, the HRSA Delaware Valley Geriatric Education Center, M. A. Forceia and K. Egan, PI; and the Helene Fuld Health Trust, “Forming the Building Blocks of Leadership for Nursing Students Across Academic Levels,” J. Thompson, PI.

We wish to express our sincerest appreciation to the following people: Rebecca Phillips, for her commitment and perseverance to direct the project activities and develop teamwork. Sangeeta Bhojwani, for her enthusiasm, valuable organizational skills, and precise formatting work throughout the project and in the final days of submission. Lois Evans, for her inspiration, encouragement, and advice as the project developed and took hold in publication. Maxine Hobson for diligent administrative coordination and support. At the University of Pennsylvania, the Greater Philadelphia Geriatric Education Center and the Hartford Center for Geriatric Nursing Excellence for partnership and colleagueship that ground us all in excellent science and translation to care for older adults. Finally, our team of authors who crossed new frontiers to build knowledge. To our families for their encouragement and love always.
Leadership and Management
Leadership and Management Skills for Long-Term Care was developed to fill a long-recognized gap in training of professional nurses in the requisite leadership and management skills needed in long-term care to improve quality (Jennings, Scalzi, Rodgers, & Keane, 2007). Not commonly or consistently taught in professional nurse training, these skills in leadership, management, cultural competence, and adult education enhance professional nurses’ ability to build and interact with the geriatric care team, resolve conflict, negotiate for solutions, develop collaboration, and teach and mentor licensed practical nurses and nursing assistants; they could ultimately be part of a full organizational effort to enhance team morale, improve nursing care of the elderly, and increase retention of all nursing staff.
The Institute of Medicine (IOM) has highlighted the need for training in leadership to facilitate quality and improve care at the “individual, group, organizational, and interorganizational” levels in health care systems (IOM, 2001, p. 139). To address this need in long-term care and with funding from the Division of Nursing, Health Resources and Service Administration, and the Helene Fuld Trust, we convened a team of experts in health administration, long-term care services, gerontological nursing, cultural competence, and adult education to develop learning modules in leadership and management competencies.

The provision of quality health care to the most frequent users of long-term care, older adults, can be attained when nurses acquire knowledge and skill that carefully follows prescribed educational standards. National accrediting bodies, such as the Association for Gerontology in Higher Education (AGHE), the National League for Nursing (NLN), and the Bureau of Health Professionals, have identified core curriculum and terminal objectives to promote safe and efficacious geriatric nursing practice for entry-level professional nurses. Essential geriatric nursing leadership and management competencies have been developed by the American Association of Colleges of Nursing (AACN) and the John A. Hartford Foundation Institute for Geriatric Nursing (2000). Achieving effective leadership and management within professional nursing practice in long-term care, geared toward an outcome of quality health care for older adults, requires application of 14 core competencies developed in this report.

In each of the chapters, we have carefully outlined examples of how the educational content in the six leadership modules can be used in long-term care practice by professional nurses as they carry out AACN’s recommended core competencies for: Critical Thinking, Communication, Assessment, Technical Skill, Knowledge Related to Health Promotion, Risk Reduction and Disease Prevention, Knowledge Related to Illness and Disease Management, Knowledge Related to Information and Health Care Technologies, Ethics, Human Diversity, Global Health Care, Health Care Systems and Policy, and
Overview and How to Use the Modules

Role Development Related to Provider of Care, Designer/Manager, and Coordinator of Care and Member of a Profession (AACN, 2000).

With a team of experts in nursing administration, cultural competence, adult education, and geriatric care, we developed six leadership modules, one on adult education, and one for cultural competence, all specifically focused on long-term care. The expertise of the team chapter authors in each specific area in this text was a major strength of the project. Yet, at the outset of the project it was clear that the experts in nursing administration were less cognizant of long-term care issues, and the geriatric nursing experts were less cognizant of nursing administration issues, a common challenge found both nationally and globally (Aylard, Stolee, Keat, & Johncox, 2003). Before embarking on curriculum development in the area of leadership and management, the project team first self-applied principles of team building and management to coalesce the project working team. We used an inventory of group skills to assess individual and group dynamics as a framework for discussion and project development. All experts had several site visits to the long-term care settings prior to developing the modules and conducting presentations. The project leader who had expertise in both nursing administration and geriatric care brought in one more team member with expertise in both areas to work alongside other team members and bridge areas in which experts identified gaps in perspective or in ways that care is delivered.

A shortage of RNs nationally, particularly in long-term care and home care, impacts the work of LPNs and CNAs because fewer members of the health care team are available to provide care in a coordinated effort. Moreover, the AACN noted in a report by the University of Illinois College of Nursing Institute that “the ratio of potential caregivers to the people most likely to need care, the elderly population, will decrease by 40% between 2010 and 2030” (University of Illinois Nursing Institute, 2001, p. 11). The 2000 IOM study of quality of long-term care recommended addressing nursing aide turnover by improving training,
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career development, gaining respect from administrators, clarity of roles, participation in decision making, organizational recognition, and management of workloads.

Why Leadership and Management in Long-Term Care?

Long-term care consists of care provided in traditional nursing homes and community-based settings such as home care agencies or Programs for All-Inclusive Care of the Elderly (PACE), a Medicare-funded program for nursing home-eligible individuals who remain in communities and receive full services through an interdisciplinary team through a capitated financial model. With rising costs and the increasing number of older adults who need long-term care, dynamic changes in long-term care are emerging, requiring nursing staff to have skills to work within organizations that are fluid and yet maintain quality of care. Nursing homes are diversifying their case mix to increasingly care for more acutely ill individuals needing skilled nursing care and acute rehabilitation following hospitalization (Harrington, O’Meara, Kitchener, Simon, & Schnelle, 2003). The challenges for nurses in the area of leadership and management in environments that not only are changing but are emerging and developing in completely new structured models is profound. The need to develop leadership and management skills for nurses in emerging models of long-term care is compounded by the gaps that now exist in these skills for nurses.

This book addresses a long-recognized gap in the quality of working relationships in long-term care by providing RNs with skills not commonly or consistently taught in professional nurse training, namely, leadership, management, cultural competence, and adult education. Building these skills would enhance RNs’ ability to teach and mentor LPNs and CNAs and improve interaction with the geriatric care team, and could ultimately be part of a full organizational effort to enhance team morale, improve nursing care of the elderly, and increase retention of all nursing staff (Castle & Engberg, 2006; Werner, 2003).

In 2002, a report prepared by the U.S. Department of Health and Human Services with the Office of Disability, Aging and Long-Term Care Policy and the Institute for the Future of Aging Services identified that the number of nursing assistants in Pennsylvania is expected to grow about 22% between 1998 and 2008, while state projections of need will require a growth rate of about 86% (U.S. Department of Health and Human Services, 2003). More than 50%
of all long-term care providers in Pennsylvania reported staff shortages (Pennsylvania Intra-Governmental Council on Long Term Care, 2002).

Attracting and retaining RNs, LPNs, and CNAs in long-term care of older adults will require creative strategies that promote a positive work environment and improve workers’ satisfaction with their ability to care for older adults (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Stone et al., 2002). According to the Pennsylvania Intra-Governmental Council on Long Term Care (2002), fewer than half of Pennsylvania’s long-term care providers reported increasing participation of CNAs and other direct care providers in care decisions as a strategy to improve retention despite indications of a positive relationship between such worker input and retention. CNAs and LPNs indicated that they have few opportunities for ongoing skill building or professional development in this same study.

In a Report to the Pennsylvania Intra-Governmental Council on Long Term Care (2001) assessing workers’ needs in long-term care, CNAs attributed retention problems to the lack of enough nurses and aides to do the work, not enough training, and lack of training that was meaningful to them. Eaton (1997) noted that RNs have little training and skills in how to supervise, motivate, and educate LPNs and CNAs thus contributing to supervision that relies on punitive methods. In contrast, Wellspring Innovative Solutions, Inc. (Wellspring) has managed to decrease staff turnover in long-term care facilities by creating a working environment in which employees have the skills to do their job and a voice in how work should be done, thus enabling team effort. A key facet of success was a commitment and training of RNs to work with and mentor nursing assistants, helping them to apply newly learned skills, and supporting them in decision-making (Stone et al., 2002). This project is consistent with national and state priorities to attract and retain RNs, CNAs, and LPNs in the care of older adults by providing RNs with the skills to teach, lead, motivate, evaluate, and supervise LPNs and CNAs in a culturally competent, sensitive approach to provide excellent geriatric care (AACN, 2000).

As an exemplar to address the need to promote quality of care through leadership for nurses, in 2007, the John A. Hartford
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Foundation and Sigma Theta Tau International, the Honor Society of Nursing, initiated a nationwide 18-month mentored leadership experience for aspiring geriatric nurse leaders. The Geriatric Nurse Leadership Academy has been developed through grant funding by the John A. Hartford Foundation and in partnership with the Hartford Foundation’s five Centers of Geriatric Nursing Excellence. The purpose of the Academy is to prepare and position nurses in leadership roles in various health care settings to lead multidisciplinary teams in the improvement of health care quality for geriatric patients and their families. Through the multilevel learning activities of the Academy, nurses who have fundamental geriatric knowledge and competence will acquire leadership knowledge and competence that will lead to the improvement of the quality of care and outcomes for geriatric patients. In addition, a nationwide network of geriatric nurse leader mentors will be formalized, and further resources for geriatric nursing leadership and scholarship will be developed.

How to Use This Book

The six leadership modules in this book cover content for (1) Team Building, (2) Communication, (3) Power and Negotiation, (4) Change Theory and Process, (5) Management: Directing and Delegating, and (6) Management: Moving From Conflict to Collaboration. The adult education module focuses on principles of teaching and learning related to adult learning in a clinical environment for care of older adults. The cultural competence module is designed to prepare RNs to incorporate cultural competency as an integral aspect of their practice through appraisal of personal values, beliefs and attitudes about others, impact of racial and ethnic disparities on quality of care, framework for discussions regarding diversity, and concerns of special populations. Several case studies for long-term care have been selected to develop critical thinking skills for adult learners. These modules have been tested in several types of long-term care settings and found to be effective for use by professional nurses, social workers, rehabilitation therapists, and long-term care managers in nursing homes, home care, and community-based long-term care settings.

Funding for this project was provided by Health Resource and Service Administration (HRSA) “Building RN Training Skills for Geriatric Education Excellence,” 5-D62HP01912-02-01, E. Sullivan-Marx, PI, the HRSA Delaware Valley Geriatric Education Center,
Overview and How to Use the Modules

M. A. Forceia and K. Egan, PI; and the Helene Fuld Health Trust, “Forming the Building Blocks of Leadership for Nursing Students Across Academic Levels,” J. Thompson, PI.

We tested the modules at four long-term care settings. Two nursing homes, one a 240-bed federally funded program and another 500-bed city/county funded nursing home; a Program for All-Inclusive Care of the Elderly (PACE) for 250 members; and a large metropolitan home care agency. The sites identified several challenges in their environments that related to the testing of the leadership and management modules. These scenarios are common to all settings in long-term care. The home care agency had a new nursing director who had identified a goal to train clinical nursing supervisors and case managers in leadership and management. The PACE Program had recently experienced a rapid expansion and growth and organizational restructuring. The city nursing home was highly structured with a long-established administrative model that had recently undergone a change in management group and a public relations challenge. The federally funded nursing home had open support from the health system at the executive level and had the highest ratio of RNs to patients than any other site.

The modules presented in this book were presented and tested using pre- and post-test questionnaires and evaluations with 52 registered nurses and a few other health care professionals in the long-term care settings. Of the RNs, 85% were women and 15% were men, which exceeds the national average of men in nursing; 63% were white, 23% black, 9% Latino, and 5% self-described as other. For all four sites, underrepresented minorities comprise approximately 27% of RN staff; in two sites, 40% work with CNAs who are primarily from minority backgrounds and in sites that provide care to underserved minorities with a range of health disparity needs. Modules were presented separately at sites and revised based on questionnaires and evaluations. At a final half-day conference, the project team, participants, and administrators presented and responded to findings and lessons learned.

Challenges for the sites and project team in providing training to long-term care sites were the mounting staff pressures and job demands along with tight schedules, which prevent consistent participation in training and on-site education. Long-term care sites do not always have technology for educational materials, such as power point and computer LCDs, or budgets to support accommodations
Leadership and Management

Long-term care sites do not always have technology for educational materials, such as power point and computer LCDs, or budgets to support accommodations and refreshments for their participants. Scheduling on-site participation for educational sessions can be interrupted by staff shortages, health department survey visits, severe weather, faculty availability, or other situational problems. Therefore, this book can provide resources that can be used as self-learning tools or as tools to teach others with power point slides or handouts as appropriate to setting. Digital supplements containing the power point slides, and the tests and participant evaluation forms in the text are easily accessible via the Springer Publishing Company Web site (www.springerpub.com). Click on the link and type in the password, Sullmarx.

This book is written for the self-learner as well as for trainers who would use the modules for group training. Each module chapter is structured to provide a pre- and post-test, learning objectives, topical content, case studies, handouts, and evaluation. The individual learner can take the pre-test for the chapter content and following review of the content in the chapter as well as the power point handout, take the post-test to gauge improvement as well as areas needed to review. The educator who uses the book for group training can give the participants the pre-test. Following the pre-test, the educator can use the chapter content to create discussion and/or lecture and use the power point slides as visual aids for the lecture content or for content review by group participants. Following completion of each chapter, the group participants can take a post-test. Results from the post-test can be shared with individual participants to ascertain their achievement as well as identify learning needs. The answers to the tests can be found in the Appendix. Results from the post-test can be aggregated by the educator to recommend review of content for the participants and highlight need for further training. Finally, the evaluation form could be distributed to group participants to provide feedback to the educator or educators regarding how the session achieved goals as well as steps for improvement in subsequent sessions.

References

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Team Building
Pre-test (circle one)

Please circle the best answer among the items listed below.

Example:

This is a test.

a. No, this is not a test.
   ⑩ Yes, this is a test.
c. No, this is a joke.

The answer is ⑩ so it will be circled.

1. Senn, Childress, and Senn describe four styles of behavior in their self-scoring behavioral style/instrument. Which style is not described by this inventory?

   a. Controlling
   b. Promoting
   c. Judging
   d. Analyzing

2. There are many characteristics of effective teamwork. What is the major requirement for effective teamwork?

   a. Respect
   b. Openness
   c. Empowerment
   d. Trust

3. A team is

   a. An individual who is working on his/her own to accomplish a goal
   b. A group of people who are independent of each other but work to achieve a common group goal
   c. A group of people who are dependent on one another to achieve a common goal
   d. None of the above
4. When working with someone with a controlling style, all of the following behaviors are effective EXCEPT:
   a. Spend time on the relationship before jumping to the task
   b. Make your presentation stimulating and exciting
   c. Be decisive and self-confident
   d. Let them do most of the talking

4. Describe your behavioral style. (2 points)
5. Identify the strengths and weaknesses of your style. (4 points)