



RESEARCH RESULTS

RESULTS HIGHLIGHTS

- **OVERALL, LEADERS IMPROVED THEIR SKILLS BY APPROXIMATELY 19 PERCENTAGE POINTS.**
- **AGGREGATE MEMBER TURNOVER IS TRENDING DOWNWARD. IN 2003 THE AVERAGE AGGREGATE TURNOVER RATE WAS 36.07%. IN 2004 AVERAGE AGGREGATE TURNOVER WAS 33.70%.**
- **THE OVERALL OVERTIME AND AGENCY USE AVERAGE FOR NURSING WAS -3.37%. IN DINING SERVICES, FIVE MEMBERS REPORTED REDUCTION IN OVERTIME WITH AN AVERAGE OF -7.46% CHANGE FOR EIGHT FACILITIES.**

LEADERSHIP DEVELOPMENT

INDUSTRY

Nonprofit Health Care Provider

ORGANIZATION

Faith-Based Network

DDI PRODUCTS USED

Leadership Development for Health Care®

BUSINESS NEED

The Faith-Based Network (FBN) is a business alliance of nonprofit long-term care organizations with the common goal of enhancing quality and cost-effectiveness of its members' services and facilities. Collectively, the 14 members provide services to the senior community over a full continuum of care, including 2,593 nursing beds, 1,730 assisted living units, and 2,480 independent living units, and adult day care, home health, and hospice services. In recent years the alliance and its business have grown considerably.

Health care has grown to be one of the largest industries, especially when considering the impending retirement of the baby boomer generation. The health care industry is also in the midst of a profound and far-reaching transition. Providers must adapt to operating less like institutions and more efficiently as customer-focused organizations. Faith-Based Network recognized that to maintain their growth and position the alliance competitively

amidst such change, a commitment to retaining and developing their leaders was critical. Particularly, they needed to retain the right people while providing them with the right leadership skills for continued success. Faith-Based Network decided to proactively address the challenges associated with such growth.

SOLUTION

In 2001 the members of Faith-Based Network identified the common need to find a reliable partner that could provide quality training. In an interview with *Health Executive* (2006)¹, CEO Earl Evens remarked, "There's lots of training out there. The problem our organizations face when they do management training is it's too expensive, not flexible enough, and doesn't resonate with managers." In response to their need, DDI worked with Faith-Based Network to form the customized *Leadership Excellence* program.

The *Leadership Excellence* program focused on providing all leaders an opportunity to develop the skills that have the most direct impact on their group and individual performance. The program was developed in part from DDI's *Leadership Development for Health Care*®, which is geared toward building the skills leaders need in the unique environment of the health care workplace. Customization included references to long-term care and scenarios that resonated with Faith-Based Network managers.

Additionally, the organization developed the program with an eye for how it might sell the

¹ Rose, J. (2006, January). Strength in Numbers. *Health Executive* (www.healthcareexecutive.com).

customized program to other long-term care facilities outside the network. One of the long-term goals of the program was to produce a training product that is customized to the industry and valuable for other facilities.

The *Leadership Excellence* program included the following DDI courses as part of the core curriculum:

- IM Essentials
- Leading Staff Through Change
- Coaching Staff
- Effective Teamwork
- Communicating and Listening
- Delegating for Productivity and Growth
- Conflict Resolution
- Improving Staff Performance
- Building Consensus

RESEARCH DESIGN

One hundred forty-eight leaders and 134 of their supervisors, coworkers, and direct reports provided responses to a variety of measures used to evaluate the *Leadership Excellence* program. Leaders and observers participated from 10 of 14 of the alliance's member locations. The measures focused on the leaders' ability to demonstrate skills from the

core courses. Leaders and their observers provided ratings of behavior change and related variables. The majority of leaders (64 percent) responded approximately 3 to 12 months after completing the program.

The study included, in addition to measures of behavior change, evaluation data regarding aggregate turnover, department turnover, department overtime, and agency use by departments during a two-year period. FBN has limited the data analysis to departments of 10 or more employees in which the concentration of managers completed *Leadership Excellence* core modules.

RESULTS

Reactions

Leaders found the training to be valuable and applicable to their jobs.

Reactions to the training program were extremely positive. Almost all leaders felt that the skills and concepts were valuable for their jobs and found opportunities to apply the skills. When asked to think about all the skills required for leading at Faith-Based Network, respondents noted that 80 percent of the total skill set was covered in the *Leadership Excellence* program. Additionally, almost all leaders expressed personal motivation and confidence after participating in the training.

Table 1: Reactions to the Training

Agreement	Item
97%	Since participating in the training, I have had opportunities to apply the trained skills on the job.
94%	The training has increased my confidence in applying the skills or concepts on the job.
97%	I am personally motivated to apply the skills or concepts learned in training.
98%	The skills and concepts addressed in training are important for my job.
92%	The skills and concepts taught in training fit or align with my company's culture.

Behavior Change

Overall, leaders improved their skills by approximately 19 percentage points.

Figure 1 shows the percentage-point improvement leaders experienced after participating in the training program. Both leaders and observers agree that the leaders showed a marked improvement in skills that could be attributed to the training program. Leaders observed the largest improvements, noting a 35-percentage-point overall

improvement in their use of leadership skills. Observers were less extreme in their ratings of leaders' use of leadership skills (19-percentage-point overall improvement). Because observers are less likely to overstate the amount of change experienced by program participants, we chose to present observer ratings of change in

Figure 2. Observers reported the greatest post-training improvement in *Leadership Excellence* participants' skills related to coaching staff and effective teamwork.

Figure 1: Change in Use of Leadership Skills: Self-Assessment

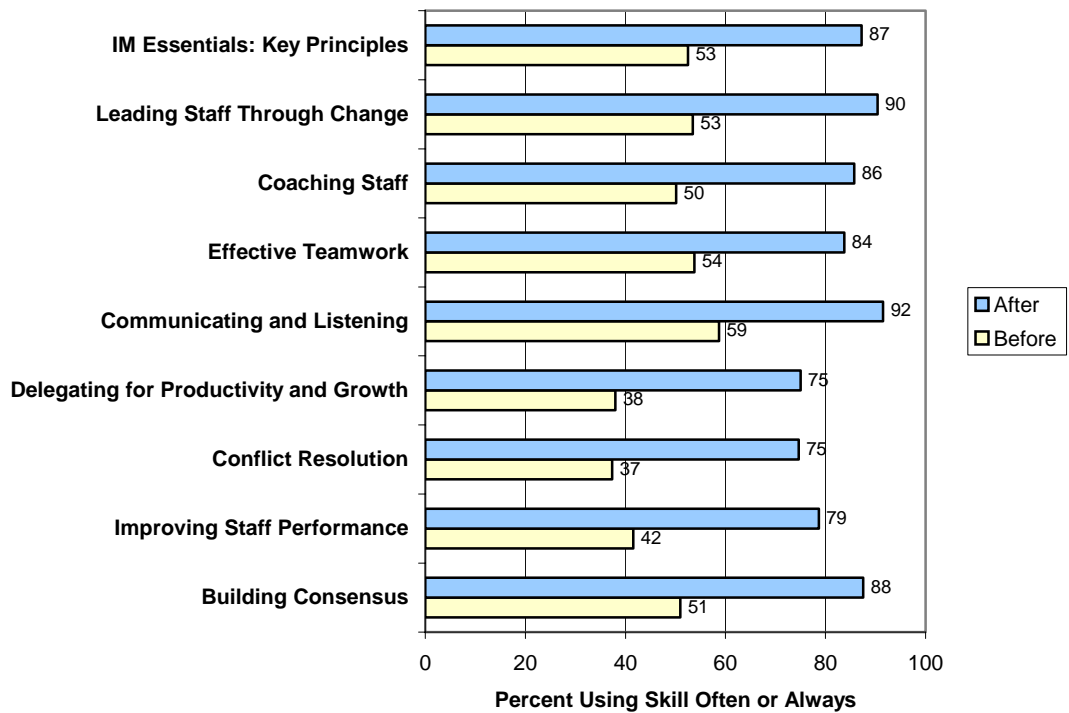
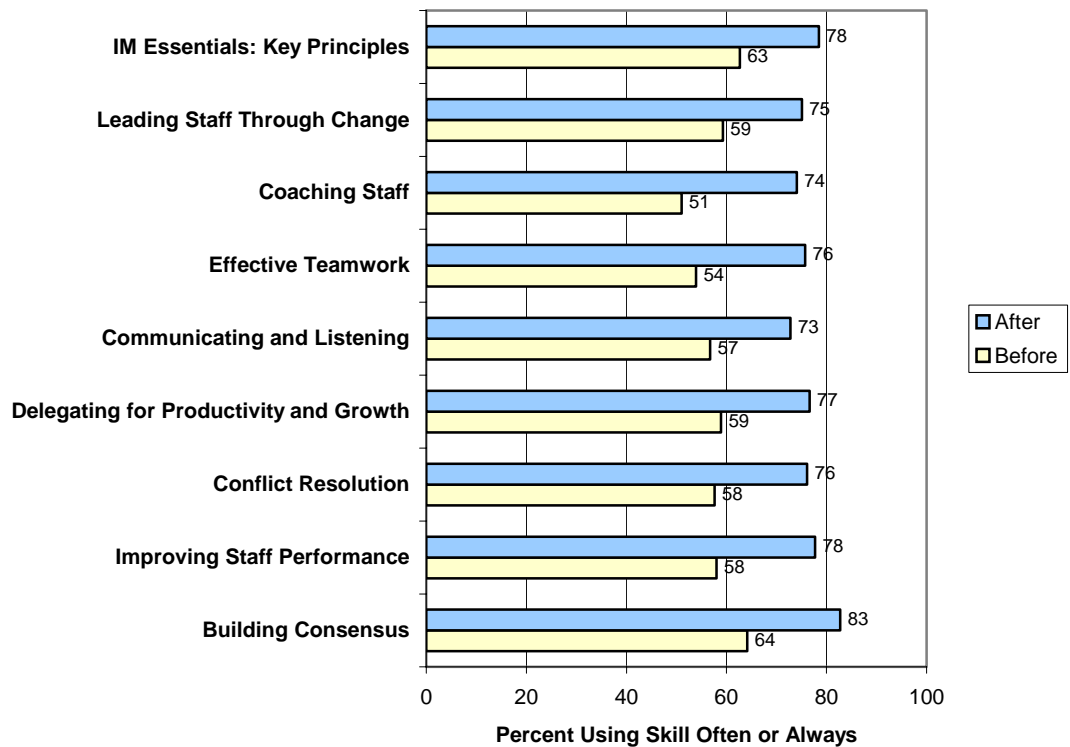


Figure 2: Change in Use of Leadership Skills: Observer Assessment**Observer Comments—Examples of Change**

- “He was always concerned about knowing the staff, but now he is aware of almost everything that is going on in the facility.”
- “Works more closely with staff on individual basis to find solutions. Works closely with me to improve my skills.”
- “Appropriately more assertive in dealing with staff counseling and direct report conflict resolution.”
- “This person was very negative, and now, when a new procedure is introduced, he does make an effort to adjust.”
- “Steps up to new challenges and is extremely patient and instructive when assisting new employees or someone assuming a new role. Also, very good with her staff when offering conflict resolution ideas or when asking them to be patient with new staff.”
- “Along with people, coworker understands more about supervisor job, teamwork.”

Work Environment

After training, leaders and observers realized improvements in employee productivity, operations, morale, and communications.

The training improved leaders' skills, and application of those skills had positive effects on the work environment. Specifically, leaders and observers were asked to indicate

improvements in a variety of work outcomes that might be attributed to the training intervention. Both groups noted specific improvements in the work environment, and participants attributed more than four-fifths of these improvements to the training program. A large proportion of leaders (67 percent) and observers (56 percent) saw improvements in the openness of communication.

Table 2: Participant Ratings of Training Impact

Percent Indicating Improvement	Percent Indicating Training Produced Effect	Outcome
59%	89%	Employee Productivity
58%	81%	Efficiency of Operations
44%	78%	Employee Morale
67%	85%	Communication Among Employees
57%	83%	Average

Table 3: Observer Ratings of Work Group Changes

Percent Indicating Improvement	Outcome
55%	Employee Productivity
54%	Employee Morale
43%	Communication Among Employees
43%	Employee Engagement
49%	Average

When asked specifically about their own level of productivity, observers indicated a 39 percent increase during the past year. While productivity improvements are attributable to a wide range of factors, more than half (55 percent) of observers felt that their improvements were influenced (to a moderate or large degree) by changes in *Leadership Excellence* participants' behaviors.

Turnover

Aggregate member turnover is trending downward. In 2003 the average aggregate turnover rate was 36.07 percent. In 2004 average aggregate turnover was 33.70 percent.

It is difficult to assess the impact of *Leadership Excellence* on turnover, overtime, and agency measures because FBN members were implementing a variety of programs and overcoming external challenges during this period. For example, culture change initiatives and continuous quality improvement efforts are ongoing for each member, and other training initiatives were clearly significant variables

affecting these measures. Another variable that further confounded the analysis was turnover in leadership positions. While the lack of a control group precludes drawing any absolute conclusions regarding the impact of *Leadership Excellence* training on these measures, overall, FBN members are seeing favorable trends in these areas.

Data collected to date show that aggregate member turnover is trending downward. In 2003 the average aggregate turnover rate was 36.07 percent. In 2004 average aggregate turnover was 33.70 percent. Two facilities reported an increase in overall turnover. One facility had a yearlong work stoppage, and the other facility saw some of their change as desirable. With new systems being put in place that included broader expectations, some staff members chose to leave or were asked to leave their positions. Even with increases in turnover for two facilities, the table shows an average decline in turnover at the rate of 2.37 percent in 2004 over 2003. The table also reports that the average decrease in overall turnover was 6.56 percent for the same period.

Table 4: Aggregate Turnover

Facility	2003	2004	Change in Turnover Rate	% Reduction in Turnover
A	36.00%	28.08%	-7.92%	-22.00%
B	37.22%	30.00%	-7.22%	-19.40%
C	40.80%	34.44%	-6.36%	-15.59%
D	32.40%	27.12%	-5.28%	-16.30%
E	40.94%	35.99%	-4.95%	-12.09%
F	12.85%	8.33%	-4.52%	-35.18%
G	55.20%	51.36%	-3.84%	-6.96%
H	22.80%	29.52%	5.72%	29.47%
I	46.43%	58.51%	12.08%	26.02%
Average	36.07%	33.70%	-2.37%	-6.56%

CONTACT INFORMATION

WORLD HEADQUARTERS
412.257.0600

E-MAIL INFO@DDIWORLD.COM

WWW.DDIWORLD.COM/LOCATIONS

Overtime and Agency Use

The overall overtime and agency use average for nursing was -3.37 percent. In Dining Services, five members reported reduction in overtime with an average of -7.46 percent change for eight facilities.

Overtime and agency use are more difficult areas for facilities to control for a variety of reasons. Wages are extremely competitive, and other types of business can offer more benefits than some long-term care organizations. In addition, long-term care work is very challenging and requires a lot of heart.

For this report, FBN limited the data to departments of 10 or greater in which the majority of the managers completed the core modules of *Leadership Excellence*. In the current analysis, data were drawn only from Nursing Departments and Dining Services. The overall overtime and agency use average for nursing was -3.37 percent for all nine facilities. In Dining Services, five members reported reduction in overtime with an average of -7.46 percent change for eight facilities. Data from one facility was unavailable at the time of this study.

CONCLUSIONS

Faith-Based Network's *Leadership Excellence* training program effectively addressed leaders' needs to improve performance management, conflict resolution, and change management skills. Program participants appreciated the

training, improved their knowledge levels, changed their behaviors, and observed improvements in the work environment. The strength of these changes is notable given that leaders' supervisors, peers, and direct reports observed them.

As an added benefit of developing the program, Faith-Based Network and DDI turned it into a product that would be sold to long-term care facilities outside of the network, thus creating profit for both parties. Faith-Based Network wanted to build something sustainable, not simply install some training using foundation dollars without a long-term vision. Their foresight has yielded a program that has benefited the organization in a variety of ways.

By acknowledging and proactively addressing the need for leader development, Faith-Based Network has helped ensure its place among the leaders in health care for the region. They have recognized that their leaders are integral to continuing the long-term care mission of the alliance and providing the best care possible for their residents. Says Evens in his *Health Executive* interview, "If you want direct-care workers to treat residents as individuals, with respect, they have to be working in an environment where they feel valued and supported. The key to that is the role of the frontline supervisor. Our *Leadership Excellence* training is focused on helping those individuals be more effective as coaches, delegate properly, empower people, and engage their staff."