APPALACHIAN REGIONAL HEALTHCARE DIVISION OF HOME SERVICES: 
A CASE STUDY

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by
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A case study of Appalachian Regional Healthcare Division of Home Services' implementation of a shift in management style through the elements of communication was presented. The years of 1992 through to 1996 were chosen for the study. In 1992, ARH Division of Home Services headquartered ten home health agencies and seven homecare stores throughout Kentucky, Virginia, and West Virginia. In 1996, the ARH Division of Home Services headquartered 20 home health agencies and 26 homecare stores. In 1992, the autocratic leader was Leslie H. Rogers. In 1996, the democratic leader was Leslie H. Rogers. Healthcare changed. Hospital stays became shorter, home health visits increased from 189,606 in 1992, to 556,466 in 1996. Organizations began to reengineer. Teams began to emerge. Employees became involved. Union and management began working together in ways that had never been before. Change became inevitable.
A triangulation method using the role of participant observer, detailed interviews, and a pronoun analysis was used to present this case study. As participant observer, the author was able to give real life situations of not only observation, but also involvement along with professional and personal growth defined. The detailed interviews presented thoughts of the President, Administrator, Assistant Administrator, Director of ARHUK, Manager of Patient Accounts, Director of Home Medical Equipment, Director of the Hazard Home Health Agency, Clerk Typist, and Business Office Clerk. This sample of employees demonstrated perceptions of transition, vision, team evolvement, leadership style changes, and communication changes. Finally, a content analysis of pronouns was used to demonstrate how that the "you" pronouns would evolve into the "we" pronouns. The targeted pronouns used for the study was I, we, our, my, me, you, your, and us. This analysis was based on the sapir-whorf hypothesis which states that "we know the world only in terms of our language." The content analysis showed a significant usage of these pronouns during the year of 1994, leading to the possibility that during the times of change, pronoun usage becomes more extensive, and then subsides during the settling period.
To analyze the study, the author compared a series of data points to a theoretic trend. The concepts of transformation, vision, teamwork, participative management, and the learning organization provided a common thread throughout the study.

The author provided full details of the change and several questions for future research.

Accepted by:

[Signatures]
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This page will not hold the names of all those that I owe for this accomplishment. Professionally, Leslie H. Rogers, my boss, gave to me the empowerment, trust, and the autonomy that many employees only dream about. Anthony Cerrito gave to me encouragement and support encoupled with his trust and belief. Floyd Davis gave to me insight and the pure enjoyment of "visionary thinking." The Division of Home Services staff are folks that will live with me all the days of my life, not only for supplying the information within this thesis, but for who they are. Dr. Larry Albert, gave to me much sincere, professional guidance, demonstrating that professors are very real people, never misleading me. Dr. John Modaff and Dr. Noel Earl have given to me a feeling that if I ever need professional guidance, they are there.

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Chapter 1

Introduction

"Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness, that most frightens us. We ask ourselves, "Who am I to be brilliant, gorgeous, talented and fabulous?" Actually, who are you not to be? You are a child of God. Your playing small doesn't serve the world. There's nothing enlightened about shrinking so that other people won't feel insecure around you. We were born to make manifest the glory of God that is within us. It's not just in some of us; it's in everyone. And as we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others."

-Nelson Mandela 1994 Inaugural Speech

"Employees are being asked to do things they have not done before, and their leaders are being asked to try new ways of managing. Employee participation requires leaders to be more facilitative and less controlling, to direct less and empower more. Participative leaders must know how to involve others, build consensus, and get commitment from
those they lead... Instead, it is the act of leading others to participate in what was once the domain of management" (Rees, 1991).

Throughout the 90s, there has been a tremendous shift in the management style for many organizations. As the participative manager evolves, as the learning organization comes into existence, I find myself sitting in the middle of change as an employee of Appalachian Regional Healthcare Division of Home Services. Organizational change is happening, I have seen it, I live it everyday.

In 1992, Forrest W. Calico, M.D., a visionary leader, became the new president of Appalachian Regional Healthcare, a chain of hospitals throughout the states of Kentucky, Virginia, and West Virginia, headquartered in Lexington, Kentucky. The Division of Home Services is a part of ARH, with headquarters located in Hazard, Kentucky. As words such as trust, empowerment, team management, participative management, learning organization, shared vision, and "making decisions at the lowest level possible," have come into play, so has the Appalachian Regional Healthcare Division of Home Services moved in that very direction. The eleven administrators of ARH have had the privilege of knowing Dr. Calico's direction. Each administrator's implementation style is different.
Jennifer Newberry, RN, Director of Beckley Home Health Agency, recently expressed that when she comes to the Division of Home Services for management meetings, the presentations are more personal, more "smoother around the edges."

This project is about how Appalachian Regional Healthcare Division of Home Services has attempted to implement the idea of participative management. More than 700 employees make up this organization. The ARH Division of Home Services is on its way to becoming participant managers and evolving into a learning organization. This means that this organization has experienced many things that exist in literature of the '90s. These things include transformation of leadership, restructuring of the organization, team management, participative management, retreats for envisioning purposes, making decisions at the lowest level possible, and the learning organization.

I have had the personal experience of witnessing this change, and sometimes feel as though I am sitting in the middle of a history book, not yet written. The reason that I can say this is because this is my place of employment.

Leslie H. Rogers has been the administrator of ARH Division of Home Services since its beginning in 1983. An autocratic style of leadership was the way, even as recent
as 1991. But things changed and Leslie Rogers has had the vision to allow the evolution that must take place, especially with all the changes taking place in healthcare. As I focus on the happenings of the recent years, I see results of healthcare reform, evolution of managed care, major changes in Medicare and Medicaid, case management, organizational leadership changing everywhere, dramatic change in administration, major organizational growth, and hospitalization stays becoming shorter and home health visits increasing to 556,466 per year for the Division of Home Services. In order for change to evolve effectively, certain communication elements had to change. These communication elements have included the team concept, employee empowerment, small group meetings becoming almost part of the normal work day, managers/non-managers working more closely with each other, directives evolving into "how can we" instead of "I say, you do," trust becoming imperative, alliances being built with other organizations, retreats becoming a way to set goals, and the leadership style at the top sharing information with those below.

I now see a more relaxed atmosphere, employees taking responsibility and accountability for their jobs, employee turnover becoming less and less at Division Headquarters, more personal job satisfaction, and people treating each
other more like human beings. No, stress has not been removed, deadlines have not gone away, mistakes still happen, everyone is not 100% converted, I am sure, and, yes, 'the "reckoning" meetings still exist. No, Leslie Rogers did not wake up one morning and decide that "today, the organization will be different." The process has been a learning experience, a process involving the acceptance of change and just doing it, and resulting in an organization that, in my opinion, is first rate.

Literature

This review will begin with a study of trends that have evolved around the concepts of transformation, vision, teamwork, communication elements, participative management, and the learning organization. These specific concepts provide a common thread throughout the study, with expressions such as trust and empowerment being incorporated into the concepts.

Transformation.

In 1986, Tichy and Devanna wrote that the recognition for revitalization, for the creation of a new vision, and for institutionalizing change would be made known through the transformational leader (Tichy & Devanna, 1986). The
meaning of this statement is that a new leader would be emerging and that leadership would be different.

In 1989, Batten presented ten commandments of expective leadership. These commandments were: the anatomy of leadership, high performance being the possible dream, the new "systems" approach to management, the fact that the great changemasters are great communicators, the new entrepreneur, leadership and power, enhancing of innovation, nuts and bolts of innovation and productivity, building and motivating your team, leadership in the twenty-first century, leadership by renewal, leading by example, and the power of passionate leadership (Batten, 1989). I understand these commandments to mean that the new leadership would involve others more, as on a team basis.

In 1990, Kiviat listed seven critical success factors for successful adoption of technology. These factors were: 1) management commitment, leadership, and enthusiasm, 2) a governing methodology and conceptual perspective, 3) state-of practice tools, 4) a receptive environment, 5) teamwork, 6) recognition of people as important, and 7) training education, (Kiviat, 1990). This means that success would depend on the commitment of management. Training and education would become important for each employee.
Peter M. Senge began his 1990 edition of The Fifth Discipline: The Art and Practice of the Learning Organization by quoting Fortune Magazine: "Forget your old, tired ideas about leadership. The most successful corporation of the 1990s will be something called a learning organization." Senge focused on science, spiritual wisdom, psychology, the cutting edge of management thought, and on his work with top corporations that employ fifth discipline methods. He presented five disciplines, the importance of a shift of mind, learning disabilities, with the fifth discipline being the cornerstone of the learning organization. These five disciplines were 1) personal mastery, 2) mental models, 3) building shared vision, 4) team learning, and 5) systems thinking (Senge, 1990). Peter Senge also stated that "at the heart of a learning organization is a shift of mind, from seeing ourselves as separate from the world to connected to the world, from seeing problems as caused by someone or something 'out there' to seeing how our actions create the problems we experience." These statements mean that in order for change to take place, it needs to take place in the heart of the organization. I understand this to mean that there needs to be a willingness for leadership to have a shift in thinking.
In 1991, Rees presented "how to" information. Work teams were noted as being led through facilitation and team meetings (Rees, 1991). In 1992, Anderson saw that transforming leadership would become new skills for an extraordinary future (Anderson, 1992), and Denton wrote that it was evident that "building a team" requires goals, roles, leadership, communication, and problem solving (Denton, 1992). In the same year, Conger associated the art of learning to lead with the art of transforming managers into leaders (Conger, 1992) and . . . Mitchell recognized that it was important to see leadership more in terms of a way of thinking and feeling than of aggressive action (Mitchell, 1992). More and more authors were becoming aware of the importance of the team management concept.

C. S. Elliot's 1993 doctoral dissertation investigated the exercise of leadership as a shared phenomenon. The three leadership themes which emerged were vision, communication, and teaching. The implication for administrators, including those in traditionally bureaucratic organizations, is that if members of an organization are provided the opportunity to the definition of the values, processes, and direction-setting for the organization, a positive, creative, and proactive
organizational climate can be the result (Elliot, 1993). As new vision was emerging, communication would change and the members of an organization would begin to learn to do new things. This means, also, that the employees would begin to be asked to do things that they had never been asked to do before.

The year of 1995 brought questions and observations concerning leadership. Kathleen Kelly asked the question, "Is your leadership style holding you back?" (Reardon, 1995). Churches wrote that a "new type of business leader is emerging, and there are many entities eager to train him or her" (Churches, 1995). Also, Corinne McLaughlin observed that a 'transformational' synthesis of hierarchical leadership and democratic decision making brings out the best of both (McLaughlin, 1995). I understand these statements to mean that it was becoming apparent that many organizations were accepting that democracy was important for effective leadership to take place.

Many organizations are now conducting retreats for their staffs, as was discussed by Nanus in 1996. Increasingly, leaders are taking their staffs on a new form of retreat, a vision retreat, to develop a vision as a
group process (Nanus, 1996). This means that retreats had begun to be used as a way to plan for the future.

Darby stated in 1997 that "creating an atmosphere of trust and collaboration can open an organization up to quality improvement even during times of intense pressure" (Darby, 1997). I understand this to mean that within the daily activities of an organization, if the factors of trust and collaboration exist, the atmosphere will be somewhat less stressful.

In 1997, Butler recognized that "there are going to be changes in some of the characteristics of our inpatient facilities; they are not going to look like they do now. . . home health is going to continue to grow until reimbursement changes and we are going to have to determine how to deal with all the provider individuals provider groups" (Butler, Quarterly Report, 1997). This statement reveals the fact that home health was growing within the healthcare arena.

James recognized, even in 1997, that "being 'in between' the old and the new feels like failure, like nothing is right or sacred. This will change" (James, Healthcare Forum Journal, 1997). This means that during transformation, there is a certain feeling of restlessness, a certain amount of uncertainty.
Vision.

In 1992, Nanus said that visionary leadership was needed in order to create a compelling sense of direction for the organization (Nanus, 1992). Vision is a necessary ingredient for any success, for any direction.

In 1993, Baldock stated that "vision, leadership, communication and coaching were the essential ingredients for a healthy company" (Baldock, 1993). How to win friends, influence people, and succeed in a changing world is expressed in The Leader in You, (Carnegie, Levine, & Crom, 1993). The meaning of these statements is that a healthy organization will succeed when the leader realizes, and acts upon, the importance of communications and his or her own influence.

In 1993, Kets de Vries recognized problems of leadership and of problem leaders. The essays covered areas of the leader as mirror, the incomplete self, letting go of power, dead souls, humor as a balance to power, the impostor syndrome, leadership, and the abuse of power, and managing the ambiguities of leadership and power (Kets de Vries, 1993). I understand these statements to mean that leadership needs to let go of ego.

C. S. Elliot’s 1993 doctoral dissertation investigated the exercise of leadership as a shared phenomenon...
vision for the health network was based around the concepts of collaboration and equal partnership and the collaboration was based on the development of an atmosphere of honesty and trust (Elliot, 1993). I see Elliot’s study revolving around the concepts of leadership and communication as being important factors in the establishment of the atmosphere of trust.

In the year of 1995, Collins and Porras brought ideas such as "contrary to much conventional wisdom, visionary companies do not require a high-profile, charismatic leader. A visionary company is best understood as an organization that builds in a unique and distinctive vision that is capable of enduring changes in leadership as well as market conditions" (Collins & Porras, 1995). These statements emphasize the importance of the ability to change as well as the ability to market.

C. G. Masneri’s 1996 doctoral dissertation presented a comparison of the leadership practices of key administrators in non-profit human service organizations with those of key administrators in for-profit businesses. This study compared leadership practices of 114 key administrators in non-profit human service organizations with those of 83 key administrators in for-profit businesses. The Leadership Practices Inventory-Self,

In 1996, Lipton stated that "although few would deny that vision serves a critical role in today's organizations, in practice, most managers are intimidated and frustrated by the challenge of developing one. . . . a vision must focus on the future and serve as a concrete foundation for the organization. Managing a vision can benefit an organization in five ways: 1) a vision enhances a wide range of performance measures; 2) a vision promotes change; 3) a vision provides the basis for a strategic plan; 4) a vision motivates individuals and facilitates the recruitment of talent; and 5) a vision helps keep decision making in context (Lipton, 1996). All these statements emphasize the importance of the vision of the leader.

In 1996, Nanus wrote that retreats had become a way for leaders to take their staff on a new form of retreat, a vision retreat, to develop a vision as group process (Nanus, 1996). The meaning of this statement is that retreats were becoming a way to meet as a group, and plan, and to envision.
In 1991, Youngs wrote that the Lakewood Police Department recognized that teamwork was an innovative approach (Youngs, 1991). In the same year, Pastor wrote that the teamwork culture became internal customer service (Pastor, 1991), and Putterman asked the question, "does poor supervisability undermine teamwork?" (Putterman, 1991). Benson realized the importance of quality work and teamwork performance appraisals (Benson, 1992). Howard and Nolan wrote that the keys to a ship's combat readiness were noted as being teamwork, training, and esprit de corps (Howard & Nolan, 1992), and the secrets of entrepreneurship were recognized as the building of top performance through trust and teamwork (Nicholas, 1992). Denton recognized that team building requires goals, roles, leadership, communication, and problem solving (Denton, 1992). Yank associated the role the leader with team dynamics, (Yank, 1992).

In 1993, Stein wrote that the value of teamwork allowed managers to tear down the walls that separated them and to become true partners (Stein, 1993). The reality and importance of teamwork was becoming more and more apparent. Through team work, problem solving could be handled on a stronger basis.
In 1994, Caudron wrote that in a teamwork environment, managers identified goals and gave employees the freedom to achieve them as a group (Caudron, 1994). Minton-Eversole stated that self-managing teamwork was stressed through training and development (Minton-Eversole, 1994).

The following year, in 1995, Brittan recognized stars in the age of teamwork (Brittan, 1995), and Flynn wrote that smooth sailing for teamwork, executives were being taught how to work as a cohesive unit (Flynn, 1995). Maynard wrote about the building of teamwork for fun and profit (Maynard, 1995), and Jones presented a dissertation study of team building and leadership influences in a patient-focused care work redesign (Jones, 1995). These statements all bring further reinforcement to the concept of teamwork.

Two hypotheses were tested in D. C. Strubler’s 1996 doctoral dissertation. These were 1) that team members would have a more positive communication climate perception than control group members and 2) that team member perceptions would improve after participating in teams. Leadership style appeared to play a major role in perceptions of climate in relationships to quality/process redesign teamwork (Strubler, 1996).
R. E. Nygreen's 1996 doctoral dissertation performed a study to investigate the influences of leader behavior and organizational factors on the behavior, potency, productivity, and satisfaction of individuals organized into self-directed work teams. It was found that control sharing leader behavior, in the context of self-directed work teams, led to higher satisfaction among team members than did control retaining leader behavior (Nygreen, 1996).

In 1996, Abbott associated teamwork with motivation (Abbott, 1996), and in the same year, Zane stated that the CEO is locking on to teamwork (Zane, 1996). Stohl presented the paradoxes of teamwork in USA today (Stohl, 1996). Self-directed work groups have become the hallmark of many successful organizations (Narayan, Tennant, Larose, Grumbly, & Marchessault, 1996). "When you treat people like family and they own the jobs, something wonderful happens. Then, work becomes a place where you go to be with people you care about, doing work that is important in Teams whose efforts can change the world!" (Campbell, 1995). All these statements mean that results can be associated with teamwork. Also, treating people like family and giving them the ownership of the job can bring positive results.
Participative Management.

In 1995, Flynn wrote that employees today are making more independent decisions than ever. A strong ethics program can support employee empowerment, while spreading the word that unethical actions will not be tolerated (Flynn, 1995). In the same year, Darby saw that trust is a key word used in the organization that practices participative management. Five strategies leaders can use to build trust include: 1) integrate the organization’s strategic and quality plans at the most senior levels; 2) develop corporate policies based on positive assumptions about people; 3) demonstrated visible personal changes in how you do business, ‘walk the talk,’ 4) acknowledge weakness/uncertainty to staff and solicit their inputs for solving problems; and 5) involve people in key positions and those who may be most affected by organizational change (Darby, The Quarterly Letter, 1997).

In 1995, Shirley stated that the proper exercise of executive power in organizations requires a willingness to delegate authority and a commitment to ethical business practices. Genuine, positive leadership leads directly to employee empowerment (Shirley, 1995). Also, in 1995, Fulwiler said that it is through leadership that desired results are achieved. Leadership is not necessarily the
domain of managers; all members of the organization can make a difference regardless of their position (Fulwiler, 1995). Again, I interpret these statements to mean that employee empowerment can bring positive results.

In 1996, McNessee-Smith recognized that hospital managers can increase employee productivity, job satisfaction and employee involvement in the goals of their hospital through demonstrating certain leadership behaviors. A study of managers in two suburban hospitals near Seattle, WA, correlated five behaviors with desirable employee attributes. Employees who felt that their managers empowered the staff had high job satisfaction (McNesse-Smith, 1996).

Like it or not, security, stability, and continuity are out, because there simply isn’t anyone on the scene who can provide them. The company can’t because the customer won’t. Companies are not cold or cruel or heartless. They are merely running as fast as they can to keep up with demanding and unforgiving customers. The people who work in them will have to do the same. A sign should now hang in every factory, office, and work site, ‘You’re on your own,’ it’s not that no one cares about you; it’s just that there is nothing anyone can do about it...the new regime also
offers compensation for the withdrawal of the power of command from managers and the withdrawal of protection from customers and the market from all employees. It offers freedom and personal growth. The essence of the new deal in the process-centered organization is an exchange - initiative for opportunity. The company offers its employees the opportunity (and often the educational means) to achieve personal success; in return, the employee promises the company to exercise initiative in creating value for customers and thereby profits for the company ("The soul of a new company," 1996).

In his news release, Ed Tillie, one of our own managers, wrote of the 1996 retreat that was held in Hazard, Kentucky:

"La Citadelle, Hazard, Kentucky - Nestled atop the mountains of Southeastern Kentucky, the stately splendor of LaCitadelle is, indeed, a welcomed and pleasantly adorned respite for guests who travel the winding road upward to the mountain apex. It is an appropriate setting for the management staff of the Appalachian Regional Healthcare Division of Home Services to meet and re-evaluate plans for improvement which were formulated nearly a year and a half ago at
a Blue Stone, West Virginia retreat (Tillie, 1996).

In 1996, Hamel stated that "democracy is not simply about the right to be heard; it is about the opportunity to influence opinion and action (Hamel, 1996). This statement implies that the employee needs not only to be heard, but listened to, and an opportunity to perform the job effectively.

Learning Organization.

In 1994, Karash wrote that "A 'learning organization' is one in which people at all levels, individually and collectively, are continually increasing their capacity to produce results they really care about" (Karash, 1994). In 1996, Flower stated that "the minute you say, 'we are a learning organization,' or 'we have arrived' (at arrival, a destination, means that you have stopped, you are not going to be on the same journey) you are not a learning organization."

A learning organization is more an idea than a thing, a vision of the continual development of an organization, its people, its capabilities, its capacity to enhance or to create its own future... We should always be asking the question, 'Are we developing, are we investing in the capability to be a learning organization?'
Telltale signs of a learning organization are 1) a strong sense of shared purpose; 2) people are open to new ideas and perspectives; 3) curiosity is rampant; and 4) compared to the more traditional methods, it is producing extraordinary results. "If a unit of organization wants to transform itself, at any level, it will work best when the leader of that unit is personally involved, is engaged, and goes through his or her own process of change. Such a person begins to make that shift out of the place of being 'the knower,' to become the asker of questions, the leader with the beginner's mind. So in healthcare you have to make an even greater investment in skill-building than usual. Learning to listen and inquire is so important... Only if an organization has the capacity to learn does it have the capacity to go and do something different tomorrow (Flower, 1996). I see these statements to mean that continuing education should always be considered in order that growth can occur.

"Our institutions are largely based on the mistaken assumption that learning is an individual process, that it is best separated from the rest of our activities, and that teaching is required for learning to occur." Fourteen guidelines to help work with rather against the inner logic of organizational learning include: 1) view
learning as work and work as learning; 2) count on the informal; 3) if there is a learning problem, look for patterns of social participation and exclusion; 4) keep learning as close to practice as possible; 5) treat communities of practice as assets; 6) view individuals as members of communities of practice, not by stereotyping them, but by honoring the meaningfulness of their participation; 7) encourage the formation and deepening of communities of practice by legitimizing the work of pulling them together and valuing the informal learning they facilitate; 8) manage boundaries between communities of practice as opportunities for learning; 9) expect transformations, misunderstandings, and reinterpretations when people, artifacts, and information cross boundaries of practice; 10) value the work of learning among communities, it often does not look like work; 11) be attuned to the emergence of new practices at boundaries; 12) view the organization as a constellation of interconnected practices; 13) put communities of practice in charge of their learning, recognizing that they need access to other practices in order to proceed; and 14) make sure that the organizational apparatus is in the service of practices, and not the other way around (Wenger, 1996).
"Solutions to adaptive challenges reside not in the executive suite but in the collective intelligence of employees at all levels . . . different people within the same organization bring different experiences, assumptions, values, beliefs, and habits to their work. This diversity is valuable because innovation and learning are the products of differences. No one learns anything without being open to contrasting points of view. . . (Heifetz & Laurie, 1997).

In 1996, Russell C. Coile, Jr. quoted Frances Hesselbein:

In the tenuous years that lie ahead, the familiar benchmarks, guideposts and milestones will change as rapidly and explosively as the times, but the one constant at the center of the vortex will be the leader.

Hesselbein stated in 1996 that the new generation of health care executives would bring new attitudes and skills to America’s hospitals, health systems, and physician organizations. "The age of downsizing, decentralization, and computer networking means that the corporate office of the 1980s is becoming obsolete." The blue suits in senior health care management positions will be replaced by lab coats (meaning many of the new health care executives will
be clinicians with management training). The new language of leadership will involve (Hesselbein, 1996): 1) "how-to-be leaders will teach beliefs and attitudes," not "how-to-do-it standards; 2) 'digging in the field' means staying very close to the customer; 3) fluid management systems release people from the boxes of the old hierarchy; 4) the new executive will reach beyond the boundaries to build new business relationships; 5) future leaders will build healthy communities as energetically as they build enterprises; and 6) future executives will focus on mission to create meaning in work (Coile, 1996).

Dr. Stephen Covey's 1990 edition of The Seven Habits of Highly Effective People offers the following suggestions as powerful lessons in personal change: 1) Be proactive; 2) Begin with the end in mind; 3) Put first things first; 4) Think win-win; 5) Seek first to understand, then to be understood; 6) Synergize; and 7) Sharpen the Saw. These suggestions mean that effective people accept that personal change must take place for success to happen.
Chapter 2

The Problem

The goal of this project was to research the following question: How is the Appalachian Regional Healthcare Division of Home Services implementing the shift of management style through the elements of communication? Since there has been so much talk about participative management at ARH Division of Home Services, I became interested in how this talk had been moved into action. The subject became a personal interest for me, and I felt a desire to attempt to make a connection between the literature of the 90s and the reality that I was actually witnessing.

This shift is an ongoing dynamic process and the elements of communication that were considered included the following: senior corporate executive staff meetings, workshops/seminars/leadership meetings, small group meetings, correspondence, method of directives (the actual way that the words are spoken and understood), retreats, and team management meetings. These have all increased since the shift, or have either come into play since the shift.

The president, vice presidents, and administrators attend the Senior Corporate Executive Staff meetings. My
personal ability to comment on these meetings is very limited. However, the terms of "participative management" and "learning organization" have become important concepts throughout the 90s at ARH DHS. The directives of each administrator make a difference in the actual implementation of each concept.

Leadership meetings are attended by different management members. The knowledge that is gained is put to use through proactive management styles.

Small group meetings have become almost a daily routine. These meetings are used as problem solving methods.

Correspondence and the method of directives have changed. No longer are directives "I say, you do," but are "how can we?" The way the words are spoken is different.

Retreats have allowed the entire management staff to come together for envisioning purposes, or refocusing purposes. Vision, expertise, facilitation, brainstorming sessions, planning; and goal setting have all contributed to the process.

Team management has become a realistic concept within the organization of ARH Division of Home Services. Many teams have been formed, and many successes have resulted. I have to stop for a moment to say that the team management
concept of the ARH Division of Home Services was born with a teacup and saucer. During the year of 1995, I observed many times the Administrator, Leslie H. Rogers, using a literal teacup and saucer to sketch out his vision, leading to the assignment of many teams.

This project will focus on these particular communication concepts as the study proceeds. These elements of communications will be used to show the shift in leadership style.

Important terms that will be involved in this study include the following: (Defined according to Webster)

1) Leadership - The position or office of a leader. Capacity or ability to lead.
2) Democratic - Believing in or practicing social equality.
3) Autocratic leader - A ruler having absolute or unlimited power. A person with unrestricted power or authority.
4) Empowerment - To invest with legal power. Authorize.
5) Teamwork - Cooperative effort by the members of a group or team to achieve a common goal.
6) Trust - Total confidence in the integrity, ability, and good character of another.
7) Evolvement - To achieve or develop gradually.

8) Facilitate - To make easier.

9) Learning organization - One in which people at all levels, individually and collectively, are continually increasing their capacity to produce results they really care about (Karash, 1996).

10) Shared Vision - Building a common sense of purpose and commitment by developing shared images of the future that we seek to create (Karash, 1996).

The Sapir-Whorf hypothesis states that "we know the world only in terms of our language" (Macionis, 1992). Also, this theory is based on the belief that if language shapes reality, then, humans also retain the capacity to alter their language, and the corresponding reality it evokes. Therefore, the "I say, you do," phrases is expected to evolve into "how can we?" phrases as we see the process in action. Not only words, but the elements of communication as a whole will match the leadership style. This study will direct its attention to those elements, showing evidence that there is a relationship between leadership style and communication elements.
Methodology

A case study was used to explore the question, "How is Appalachian Regional Healthcare implementing the shift in management style through the elements of communication?"

The triangulation method that was used included participant observation, detailed interviews, and content analysis.

Participant Observer

As participant observer, I began with the physical setting, the key people involved, the events in which they participate, and then noted the changes that I have observed over the past five years. The particular changes that were noted included concepts of transformation, restructuring, retreats, team management, and leadership meetings, and the learning organization.

Detailed Interviews

I used detailed interviews to emphasize the perception of different employees about different ways that leadership had changed. Those included in the interviews were the President of Appalachian Regional Healthcare, Administrator of Appalachian Regional Healthcare Division of Home Services, Assistant Administrator, Business Office Supervisor, Director of ARHUK, Director of Home Health Agency, ex-Union President, Business Office Clerk, and the
Director of Home Medical Equipment. All these employees have been employed with ARH an appropriate amount of time, before and after the shift, to give quality perception of change. This method was used to describe the events of change that had taken place over the past five years, and presented information for comparison of the style of leadership then and now. The face-to-face interviews, allowed for more probing, wherein open-ended questions were asked, allowing for more richness of information.

Interviews were prepared for 1) the president, (See Appendix A), 2) the administrator, (See Appendix B), and 3) all other employees, some management, some non-management, (See Appendix C). Upon permission, the interviews were all tape recorded and then transcribed.

Content Analysis

Meetings were the subject of the 30 memoranda that were randomly selected for the content analysis, covering the years of 1992 through 1996. Pronouns were used for the analysis, and a search for change in words such as I, we, our, my, me, you, your and us, and possibly other language differences. I expected that there would be an evolvement of "you" pronouns into "we" pronouns. Also, I expected to find a correlation between the view of participant
observer, the perceptions of employees, and the 30 memoranda that were analyzed.

These three kinds of information provided background, demonstrating change, its process, and its results.
Chapter 4

Data Analysis

The analytic strategy of time series analysis was used (Wimmer & Dominick, 1994). This meant that I tried to compare a series of data points to a theoretic trend that was predicted before the research, or to some rival trend. Data that were compared in this project consisted of information received from the participant observer, from the detailed interviews, and the content analysis. The theoretic trend was provided via literature, predicting the trends of organizational change during the 90s. (See Appendix D and E). A qualitative report was given.
I began employment with Appalachian Regional Healthcare in March, 1989, as a Union employee. In April, 1992, when offered a non-union position, I accepted with hesitation. There was a certain fear that I felt about leaving the union position that I held and becoming a part of the management staff. However, I knew that if given the opportunity, I could be a much better employee if there was a feeling of some autonomy, some freedom, a sense of trust, and some empowerment. Today in 1997, I know that I made the right decision. I may never again be involved in the dynamics of organizational change as has taken place within the Appalachian Regional Healthcare Division of Home Services during these past five years.

The first few months of employment, as with any new position, was filled with learning about what the job was about. Also, this time was spent learning the different personalities within the office. The administrative office was made up of Leslie H. Rogers, Administrator, Anthony Cerrito, Assistant Administrator, and Kevin Moore, Administrative Assistant who was shared with a home health agency, and myself.
However, even during this process, I felt change occurring. I continually heard the terms "restructuring," "reengineering," "healthcare reform," and "participative management." I also noticed that the workload was becoming overwhelming to the point that new staff began to be added. Peter Senge’s *Fifth Discipline* became common reading material to be shared with management.

In 1993, Forrest W. Calico, M.D., became the new president of Appalachian Regional Healthcare. It soon became knowledge throughout the organization that Dr. Calico was a visionary leader, working with the end in mind.

Not only was leadership changing for the entire organization, home health was changing. Healthcare reform was creating the fact that hospital stays were becoming shorter, while home health visits were increasing significantly.

Communication began to be different among management and the employees. The phrase "decisions need to be made at the lowest level" became spoken, and became reality.

It became apparent that leadership was changing. What was once the office of autocracy began its evolution into a "we’ness" atmosphere.
The Division of Home Services experienced tremendous growth during these years, growing from 17 units from 1992 into 46 units in 1996. Specialty nurses, homecare coordinators, a case manager, a new director of clinical services, education coordinator, risk management coordinator, performance improvement coordinator, wound care specialist, mental health coordinator, Home Services Associates, and a clerical pool that worked along-side the Executive Secretary became the new administrative staff. "Teamwork" became a new concept.

The days of 1994 were filled with intense realization of change. It was apparent that home health was on its way to becoming a front runner in health care. But how?

Early in 1995, the management staff of ARH Division of Home Services left headquarters for a retreat that was held in Blue Stone Park in West Virginia. The purpose of the retreat was for envisioning, to plan the future for the Division of Home Services. I remember the cabins, the rain for three days, the one telephone and the folks standing in line to call home, and the bologna sandwiches. But most of all, I remember the group meetings, the facilitation, the brainstorming, the planning, and the goal setting. After the small group meetings, then the group would assemble as a whole, and the facilitator would share each idea that
each team had submitted. The different suggestions and plans were voted on and today, many of those plans have been brought to fruition. One example is our case manager. This position was born at this retreat. It was believed that "we came seeking, and we found."

Another significant thing that happened in 1995 was the beginning of team management. Several mornings, I came into the office and saw the poster paper lying in the Conference Room. Leslie Rogers, Administrator, with a literal teacup and saucer, sketched out his vision of the teams that would come to bring the Division of Home Services even to a new beginning. After the sketch was completed, a meeting was held and the teams were named. Each team was given a leader. One success of the teams has been the internship program that has been implemented.

The small weekly meetings that took place in the beginning, like family sitting around the kitchen table, evolved into almost daily meetings. Meetings were continually used for problem solving methods. The supervisor and the staff began meeting to talk about issues and to establish the best solution. Management began to listen to the employees. If one were to visit the office today, they may not be able to distinguish the management staff from the other employees.
Communication changed between staff and management. The open door policy exists for everyone at the Division Headquarters. The employees have learned that they will be listened to if they have a suggestion, or an idea.

I saw alliances built with other entities. The Division of Home Services began working with health departments and with the University of Kentucky.

In 1996, another retreat took place at the LaCitadell in Hazard, Kentucky. Once again, envisioning purposes were involved. As each group met and began to focus on new plans, one of the suggestions was that a team of educators be formed. It was suggested that the team of educators would be directed by Sandy Pratt, Education Coordinator. The idea was highly recommended by the group, but still is an idea.

I must stop for a moment and emphasize the fact that education is encouraged by the Division of Home Services. Since 1992, I have received an Associate of Science degree, Bachelor of University Studies degree, and in May 1997, will receive a Master of Arts degree. In the hallway of Headquarters, there is what Leslie Rogers' calls "a wall of fame," and on the plaque that hangs there are the names of all who have obtained degrees while serving the Organization.
Automation has become an issue on the front burner. Soon the nurses will be carrying a laptop computer with them while making their home visits. Teaching has begun at Headquarters in order to familiarize the nurses with computer skills.

The Division of Home Services developed its own Education Department in 1995. Today, I have the opportunity to be a part of that Education Department, as in December 1996, I became the new Education Coordinator.

Through the years of 1992 to 1996, I saw an organization change its leadership style from autocratic to democratic. I saw positive working relationships become reality. I saw a group of people who became willing to treat the other person the way they wanted to be treated.

Leslie Rogers was the autocratic leader in 1992. Leslie Rogers became the democratic leader that was needed for the Division of Home Services to gain and to maintain its cutting edge on leadership. The Appalachian Regional Healthcare Division of Home Services is an organization that both encourages and empowers its employees.
Chapter 6

Detailed Interviews

Nine subjects were interviewed, providing employee perception and further insight into the concepts of leadership and communication as it was and as it is today within Appalachian Regional Healthcare Division of Home Services. Those interviewed were Forrest W. Calico, President; Leslie H. Rogers, Administrator; Anthony Cerrito, Assistant Administrator; Floyd Davis, Director of ARHUK; Kay Lee Vanover, Manager of Patient Accounts; Peggy Lynn Hall, Clerk Typist, ex Union President; Dwyna Dean, Director of the Hazard Home Health Agency; Leslie Spencer, Business Office Clerk; and James Stamper, Director of Home Medical Equipment. This provides a sample which covers each area in ARH Division of Home Services.
The author felt that in order to understand the vision, or focus, of an organization, it was important that the vision of the leader must be considered. Therefore, the interviewing began with Forrest W. Calico, M.D., President of Appalachian Regional Healthcare.

Dr. Calico became the new president of ARH in February 1993. The following interview took place on December 17, 1996:

R: Dr. Calico, in 1993, when you became the new president of ARH, what changes were occurring within the realm of healthcare?

E: I think that the issue in 1993 really was the concern about what was called Managed Care and the rapid growth of fairly large companies that became the interface between those people who used healthcare and those people who provided healthcare, and our sense was that the pure motive of this was to decrease the number of dollars flowing to healthcare providers, so that seemed to be the challenge for us at the time. I think, in fact, there were broader and deeper challenges for us, but on the surface, that was the issue that we were all worried about at that time.

R: What would motivate someone, someone who sat on the Board of Trustees, with an active clinical practice of
his own, knowing that the healthcare industry was about to evolve dramatically, take on such an incredible challenge?

E: Well, I would say I did view it an enormous challenge. . . . I think it’s really congruent. . . . with what I’ve been doing pretty much all my life. You start out as a practicing physician, you can help one patient at a time, then you go into education because, I say, if I can teach several young doctors to think more like I do, you can impact healthcare in a much broader sense. I can’t think of any other opportunity to make as much of a difference as if we could really change the way we provide healthcare for a large geographic region which really needs better healthcare, and if we could really do something, or a series of things to make a positive difference for a large population of people that way, then we’re really making a difference for generations to come.

R: What kinds of changes did you envision for "ARH?" Or as Dr. Stephen Covey would say, did you begin with the end in mind?

E: Yes, I can say very truthfully that I did, and I would say that the end in mind has to do with both the internal functioning of ARH, the way we the employees
of this organization behave toward one another and our knowledge and our skills and our relationships. Then at the same time, looking at it from the organizational standpoint, the way this organization relates to the rest of the world, O.K., so that what we needed to do was to learn more things, improve our skills, improve our own relationships with one another, and focus on relating positively as one individual to all the people with whom we come in contact, whether they are within ARH, or our customers, or potential customers of ARH. That was one thing. The second, then, is to recognize that success as defined by being able to perform our mission with everything that entails...Our success in this evolving healthcare world depended on the organization as a whole, building better relationships with other entities. We could not do it by ourselves, we had to work with health departments, we had to work with the Universities, we have to work with other entities that we have perceived as competitors in the past. So we had to learn to view ourselves and our environments in a new way.

R: How would these changes affect home health, or would they?
E: Well, that's one of the big things that we have to recognize is that as healthcare changes, as we respond to that managed care environment that I was talking about, and as we move toward the reality of taking care of groups of people across the continuum of care for a long period of time as opposed to one episode here, one episode there, you know, an in-patient episode, a home health patient and there the twain shall meet, that sort of thing, that the role of home health and home services becomes more and more central in the whole situation because, you know, I rhetorically ask the question of groups, "Where do people live?" They live at home. "Where do the things that really make a difference in health care happen?" They happen at home. And the decisions we make from day to day about... do we work with a medical regimen if we have an illness, or do we work to protect and improve our health if we don't - so those things happen at home and so that if you just go back to that very simple way of thinking, in a sense, home is where the issue really lies, so that, in a functional healthcare system that really works together and deals with patients in a way to improve outcomes, home services has to be a very, very high
priority, and we have to recognize that health starts in the community, actually starts in the home and that's where we need to focus our improvements is at that level, so that it has a profound impact, as just said, of bringing home health to the forefront of healthcare instead of being perceived as just an ancillary part of healthcare.

R: What changes, if any, would pertain to leadership?

E: ... Leadership to be effective for the long haul, whether you call it empowering or whatever you call it. ... leadership has to be based on a set of principles having to do with primarily quality and service and relationships. And to achieve high quality, extraordinary service in a context of relationships that enable people to learn from their daily experience, and I should have included learning as four - because that's got to be the other part of it, but leadership has to be not driven by power, not driven by self ..., not driven by hierarchical rigidity, but it has to be driven by doing what works, serving your ultimate customer in the very best way you possibly can and recognizing that each individual has to be able to act, according to principles, and within the parameters, but to deal with the issues in
real time where they lay. You know, it’s never acceptable to say "Gosh, I don’t know, I’ll have to get back to you on that. You know we’ve got to be able almost always to solve problems in real time. Leadership has to let go of ego is what I am saying, and leadership has to focus on getting things done and has to focus on the notion that learning is really the issue for all of us and to remember it’s what happens, it’s not who that gets the credit that makes the difference.

R: Dr. Calico, since so much of leadership is communication, how did you anticipate that management would communicate differently with employees?

E: And we’ll work forever on this because none of us are really good at this. Then that’s part of the learning process is learning how to communicate. But I think effective communication occurs in a perhaps one-on-one or small group environment, in which we are really focused on problem solving, in which we are focused on issues that really matter to the individuals at hand. In other words, I could get up before a large group of people, and I do this all the time, I know, and lecture large groups . . .a very poor communication. . . I perceive I am teaching people all kinds of
wonderful things, but the efficiency of that, i.e.,
the percentage of what I think I’m teaching that is
actually learned and then translated into behavioral
change on the part of that group of people is very,
very low. . . I think the JCAHO Quality Improvement
is just a wonderful concept. . . to make this happen,
we’ve got something here that we need to do, we need
to figure out how to do it better and by doing that,
we communicate well, we learn, everybody learns, and
to me that’s what real communication is all about. .
That is why I love the JCAHO so much is because it
fosters those kind of relationships, that kind of
learning, that kind of communication at all levels and
it gets people to talking, not in authoritarian terms,
or hierarchial terms, but. . . you have a set of
skills, I have a set of skills, and we both have
knowledge and we can put them together and make things
work better.

R: Dr. Calico, there are two terms that have made a major
impact on the organization of the 90s - these terms
being "participative management" and the "learning
organization." First, where do you see ARH within the
concept of participative management?

E: We are at the beginner phase, we are working on it,
but I think it is where we have got to go... As we try to transform our organization, that our Board is moving really well in being able to transform itself and enable us to do the very kinds of things we are talking about in participative management...

R: Second, where do you see ARH within the concept of the learning organization?

E: We have made a lot of progress, I believe toward becoming a learning organization... in terms of being really able to learn from the experience of our day-to-day work... to be able to learn from one another... I would give us a little better grade than in participative management... If work is a learning and growing experience, then it becomes an important part of life and a source of joy and fulfillment for us... critical that we continue to allow that to happen...it’s not like it used to be, we don’t just work and do our own little thing and ignore the rest of the world, it’s a much broader world than that. I think that is where relationships come in, working in teams, it’s learning from experience... it’s all based on constructive relationships within the working environment, so that is why I keep mentioning relationships...does not
mean that we have to be soul buddies with everybody, that is not what I mean at all, but constructive, comfortable relationships that are not poisoned by gossip, the evil side of communication.

R: A few months ago, you sent an article by Emily Friedman entitled "Rules for a Bumpy road," and these words were part of that article: "For despite the hugeness of the healthcare system, its grand associations, its great institutions, its piles of money, and its gleaming headquarters buildings, the rightness of its actions will always be determined, in the end, by the character of those who work within it." How do you feel this connects to the relationship of leadership style and communication?

E: That is why I sent that article out... I think that almost is it, the source of this whole body of thinking is that individuals do count, and our ability to engage in those kinds of constructive relationships and positive constructive communication and actively refusing to be engaged in negative relationship behaviors and communications are very characterological issues, you know it’s not just a habit, it’s something that people can learn, but it takes a lot of will to learn it, if someone, I
honestly believe and I’m a strong believer that everybody needs the opportunity to improve and change and grow, but if someone kind of lives on the negative side, and it’s very difficult to turn that around, but —people— can learn to change, they can if they’ll practice hard enough, but it really takes an effort. . . I think character is where that comes from and it’s a very, very deeply rooted piece of our being.

R: Dr. Calico, I have personally witnessed within our DHS changes in styles of leadership along with organizational communication during the past four and one half years. Do you have any comments about the dynamics of change that have taken place within our Division of Home Services?

E: Well, I think you can comment on that much better than I could because speaking as someone who is not inside that, but sees it periodically from the outside, but on the other hand, sees the results of that, it would seem to me that the participatory management issues, the positive communication that is happening among groups of people as they work together is very, very real and you see the results of that, and I hope in personal satisfaction (positive affirmation given from R). . . and organizational results as well, and both
of those are a key because you can't have good organizational results without satisfaction of individuals and the ability to align the individual's interest with the organizational interest, so that at the same time the person is learning and growing. That's fostering the organization health as well. . . the character of the people that are there makes an organization.

R: Do you have further comments as to the relationship of leadership style and communication?

E: I think in spite of all that's written, we know very little about leadership and that there are all kinds of styles that can work in given situations, and it seems like that for the right personality, the right character foundation showing up in the right place at the right time creates wonderful results - doesn't always happen. There's not always a Winston Churchill for a World War II, you know. . . but that particular example may be the best one we could dream up, you know of just the right character emerging at just the right time and it was just one of the most dramatic examples of positive leadership that the world has ever known. . . that was his time, that was his thing, that was his place, and he played a role on
the world stage then like no other person in this
century has done. . . you know, you want to put
leadership and communication together, look at Winston
Churchill. . . let’s look at our own organization -
there was a time in ARH when very hierarchical
demanding leadership was required, but today it’s not
only not required, it would be lethal. . . time and
place.

R: Dr. Calico, I have no further questions, and I realize
that your time is valuable. If you have no further
comments, I’m going to turn the tape player off now.
As Dr. Calico's vision paved the way for Appalachian Regional Healthcare's future, home health would play a major role in the changes that would evolve. Leslie H. Rogers became the Administrator for ARH Division of Home Services in its beginning in 1983. While it appeared that home health was playing a back seat in healthcare for several years, the years of the nineties changed this fact. Leslie H. Rogers paved the way for the dynamics that the Division of Home Services would soon know and become a dynamic reality. In a January 1997, interview with Leslie H. Rogers, he spoke of those early years:

R: Les, in 1983, you became the Administrator for DHS, would you tell me about the early years of the Division.

E: In 1983, after having a career as a Manager of the ARH Clinics and Manager of a fairly large Robert Wood Johnson Grant to provide... services for folks in their homes, with the experience that I had received, Mr. Johnson, then President of ARH, was concerned about how the individual home health agencies were functioning and felt like that they needed some standardization, some leadership that would look at home services or home health activities as what they
really were and not just a piece-meal operation for the hospitals and to be perfectly honest with you, when I was called to Lexington to meet with Mr. Johnson, I was very, very anxious because I had no idea why I was called to Lexington on this October day, but when I got down there, I had a meeting with Mr. Johnson, then the Director of Planning, Evan Ray, and Mr. Johnson's associate, Sister Kathy Bilske and they asked me to assume the leadership of the eight hospital based home health agencies. I graciously accepted, there were no reservations in that at all. I only had one strong request of Mr. Johnson, and that was that he would give me a detailed person to help me keep the checkbook, and he did that, and as you know, that was Jerry Haynes, who is now the Administrator of the McDowell Hospital. So we began to analyze what was going on in home health at that time and use our previous experience to try and develop a comprehensive home health program for Central Appalachia. I think the record kind of speaks for itself. We've kind of done that. Wish I could take credit for it, but I can't, I was just a player, one of them, among many others...
R: What changes have taken place within healthcare during the 90’s and what impact have these changes had on home health?

E: Oh man . . . well, healthcare has changed several times in my twenty some years of being in the field, but the nineties has found us where healthcare has became a political issue, both as the national and state level, and everybody has been concerned with healthcare reform because it costs so much to provide healthcare, and home health has become a very important player, now and in the future because it is viewed positively by 1) the politicians, and the folks that develop policy as a less expensive way of providing services, and, also it is viewed, most importantly, by the patients as a good service because it is provided in their home where they want to be taken care of. So taking those cues from those folks, I think that the staff of the Division of Home Services and some of the key staff members of ARH Corporate Office, including both Mr. Johnson and Dr. Calico, have been visionaries and we have made decisions that allowed us to be successful as we developed this home services program.

R: When these changes began, how did you feel?

E: Well, you know, I think that I felt good about this.
but now I am concerned because of the way healthcare in the home is reimbursed is going to be changed. perspective payment or DRGs, that's coming, and that is a major concern of mine because we have been carrying some of the operations of our small rural hospitals because we. a hospital-based home health agency have been able to pick up part of that cost, that’s going away. That makes my job difficult because we have to be more efficient and effective in our services in home health and our hospitals have to come up with a way to continue to exist where they are today. Also, it is forcing us to become truly community based operations. We need to be providing what the communities want, not what Les Rogers wants, not what Marcella Brock wants, but what the communities and the people who reside in those communities want.

R: What did you envision for the Division of Home Services?

E: Well, I see the Division of Home Services continuing to play a very, very important role in healthcare in Central Appalachia and in ARH. Dr. Calico has presented his plan as to how we’re going to be reorganized, I think the Home Services Enterprises was
established a long time ago and that enterprise has to continue to be fed and groomed, and allow to be visionary and take some chances, take some risks and do some things that are different than the way we’ve been doing healthcare in general. I see clinically, we have to change our approach, we have to be more involved in specialty, of course we have started doing that. . .one of the buzz words right now is senior care. . .it is becoming a whole new world as to where healthcare is provided and who is going to provide it, it just has to be massaged and shaken out as to how it’s going to be done. But what I feel good about is that I work for an organization that has a good mission, and is here to provide quality healthcare and our stockholders are our patients. . . in addition to providing direct services through the Division of Home Services, we’re trying to build an infusion program, we’re trying to further expand the DME, hopefully we can become even consultants to more home services organizations, expand our base.

R: What did you do to implement change for the Division of Home Services?

E: Well, first of all to implement change, you have to change yourself. And I think it is somewhat easier
for me to change. . . I have a simple philosophy, I think healthcare is a right, not a privilege and I try to surround myself with people that think the same way. I also try to surround myself, always with people I thought were smarter than I am, because I am smart enough to know that they will make me look good if I hire the right people. All I have to do is give them the right tools to do their job. . . I try to ask the right thing at the right time. . . but you know very seldom do I have to make a decision by myself. This organization is such that I trust the people that work for me and we make decisions together. We do a lot of consensus building.

R: Have these changes affected the leadership style of ARH DHS? If so, how?

E: Do you mean me personally?

R: Yea, your style of leadership.

E: Of me personally, why yea. The leadership style that I had to change, I used to be one of the true autocrats, black or white, it was either my way or the highway. And you can do that in some organizations, you can do that in smaller organizations, but you can't do it all the time. I realized several years ago that style was not conducive to the provision of
quality health services because our people are in the homes functioning most of the time on their own and they have to feel comfortable that we trust them enough to provide that care and make the decisions necessary to keep people healthy in their homes. There is no way I can stand over 700 people and monitor their activities. As we built this program, we assumed people were already in place, some of those still have that autocratic style of management, and as you know, we have embarked upon team management concept over two years ago and right now if I am autocratic about things, and there are still some things that I am very definitely autocratic about is that we have got to change our style. We cannot continue to have autocrats running our agencies and our stores. That message goes out constantly to our directors, our supervisors, and our employees.

R: Les, I find it fascinating that through one leader, both the autocratic and the democratic style of leadership have played major roles. Which style has proven to be the most "effective," and what results have you had?

E: Well, I think some of the decisions we made early on had to be made swift and it had a lot of impact. I
didn’t have time to pull in everybody and do a consensus building. But as we have grown over the years in this organization, we have brought in other folks and involved them in decision making. I feel more comfortable in the team building concept. Some people may say, well you know, Les is a good delegator. Well, I am. But I don’t necessarily view myself as a delegator, but good management is getting work done through others. But I see myself kind of like an orchestra leader, a facilitator.

R: How did you anticipate that management would communicate differently with the employee?

E: Well, probably because I was raised where I was raised, somebody else almost controlled most of our lives around here, either the politicians, or the coal companies . . . and we had very little input into what we could do ourselves. I never liked that style. Early on in my life, I probably was a flaming liberal and you know I’m kind of a left over hippie from the 60s, but I learned quick that you still have to work sometimes within establishment and so, through my own political career, I have gotten in there and gotten involved and had to work through the establishment. One of my closest friends told me, Les, sometimes when
you get on these different boards and offices or manage another entity or take on another project, you have to move like these undertakers do when they move graveyards, you have to move one grave at a time. And you know, that’s kind of where we are—and what we need to do, I think... just involve them... I try to identify the ones who have the expertise in that field and the ones that’s going to be affected by the decision that’s made. Hard to do that among all the employees we have and one of the biggest problems is making sure that happens at all levels.

R: Les, there are two terms that have made a major impact on the organization of the 90s, these terms being "participative management and the learning organization." First, where is ARH DHS within the concept of "participative management?"

E: Well, I think we’re about ten percent and while we are seeking a goal of 100% participative management, I don’t know how long it’s going to take us to get there or if we’ll ever get there but I think we need to continue to push to let people... have a say in their future... just like patients have a right to say how they are treated... as the old man at Wal-
Mart always said, you've got one boss, and that's your customer.

R: Second, where do you see the DHS with the concept of the "learning organization?"

E: The term "learning organization," again, from the clinical point of view is rapidly changing, we learn as clinicians all the time about different treatment modalities. . . we are trying to learn as leaders different ways to work with people and I would say as far as a Learning Organization, if I were to rate that one, I would say we are probably at 50%.

R: What role does communication play within these two concepts?

E: Well, you know you have to talk to each other, you have to write to each other, you have to smile at each other. . . When I call and want to talk to somebody, I need to know that there is a willing listener, there is a smile on that other end, somebody wants to do something and that when I make that call, I'm not calling to criticize them, or to punish them, but that I am calling to see how things are going . . .

R: Les, if you had a message that you could send to all organizations who wanted to survive, and to survive well, and that message included the concepts of
leadership and communication, what would it be?

E: You better listen to your customers and you better listen to your employees. . .You better listen and you better respond. If you don’t, you won’t have any work.

R: Do you have additional comments concerning the relationship between leadership and communication?

E: I think that one of the thing that pleases me about what goes on at the Division of Home Services, I feel there are a good number of people that really view this more than just a job. . .sometimes we have to make decisions sometimes because we do look at them as family. . .but I still want people to look at the human side of what’s going on.
The author felt that the foundation of the study had been laid by the information received from Dr. Calico and Leslie Rogers. The following interviews were directed to those employees who had been part of these changes and had felt the impact of them. Anthony Cerrito, Assistant Administrator of the Division of Home Services, began his employment in March 1992. Deciding to make a career change, with a background in Coal Marketing, he came to the Division and became a major player in the opening of many new units. During a recent conversation with Tony in reference to the changes that have taken place within the Division of Home Services, he stated that "letting go of the autocratic control and becoming assimilated into group thinking, with a total change in the perception of how the individual, with attendant ego, functions." He described his position of Assistant Administrator as a position of support to the Administrator, to implement the Administrator's programs. During the January, 1997, interview with Anthony Cerrito, also referred to as "Tony," he described the management style of the Division of Home Services as it was in 1992:

R: Would you please describe the management style of DHS as it was in 1992.
E: When I first came on board, it was very much a directive type of management. Everyone expected to be told what to do by those to whom those individuals reported. Management took it for granted that they were suppose to, or they were expected to define the program, assign the program, see it through.
I see myself as the mortar between the bricks in the organization, so I have to fill in whenever necessary. So I have to be aware of how Les Rogers is empowering the various components of the organization, what he expects. But I also have to be ready to flip over and support his position when he chooses to be directive in his support.

R: Did something happened to the management style during the years of 1992 - 1996?
It flip-flopped. It changed completely. The Division went from a directive type management, ask questions, give answers, direct orders, yes-no type of thing, a lot of permission seeking from subordinates to a style which is empowerment and team management where it is now a given that each individual knows that individual's activity much more than the person to whom that individual reports and given that, we felt, or it was felt, that if these individuals were given
more latitude, they could be more productive, and with very rare exception, we have found that to be the essential truth. As we empower people to do more, management at each level, although we eliminate levels, can do much more innovative type work as to "what are we going to be doing a year from now, five years from now, as healthcare evolves, what can we do to meet those needs" as opposed to addressing every day issues that each individual can very well do for himself personally.

R: What do you believe brought about the changes?

E: I'm not sure, I just think that we got in place - and this I think is a lot of Les's doing, individual selection. We got into place a team where it became an option, which Les chose to exercise. . . I think the key elements of the team seized the opportunity without fear, knowing that if it did not succeed that we could go back to the old way. So there was nothing to be lost. And the team was the right team at the right time to experiment. I think that is how it started. I don't think it was a conscious decision. . . we knew that Medicare and Medicaid and all . . . third party remuneration system would evolve into managed care, we didn't know to what extent, we still
don't today, but we were experiencing tremendous growth and we were experimenting with the concept of branching out and adding new facilities at the rate of one a month for a period wherein we had to empower people out of necessity and it worked. And with the right management team in place, it just blossomed and most people felt right about it, felt very good to the extent where I would hate to go back to the directive type of management.

R: Would you please describe the management style of ARH DHS as it exists today in 1996:

E: Team management is in place here at Headquarters in Hazard. I don't believe it has taken root to the extent that it is desired at all the facilities. Now that may be a problem of personnel, size, or some people may not be able to participate for one reason or another. . . but that's something I do know that Hazard Headquarters wants to push to the whatever extent possible. Team management is not rudderless, as in a ship. If the Division were a ship, we are expected to chart our course. Within the ship, the captain is, of course, empowering each person to do his or her own, that as long as it is within the overall plan. Whenever someone's efforts cause the
ship to be veered to the left or the right, it is the captain, or the administrator's responsibility to correct the course by directive, if necessary. I think that Les, given time on each occasion, would choose to practice persuasion in the management style when he has the luxury of time. . . and my role is to transcend both concepts, directive of old, the management style of the present, in the event that management through empowerment, team management, needs to be addressed. It can be done when there is time, the luxury of time through consensus. But we must be ready to do it through directive. This, I think, this part of my comments, I suspect is going to complicate your research.

R: If anybody would try to complicate my research, this is the guy who would do it (laughter).

E: But I think academia will recognize the fact that empowerment does have limitations. Team management does have limitations. What's going to be interesting is that five years from now, you and I may be functioning 50% of our time in our home environment and we have to be empowered to function there and we're going to learn how to do that. We may have to set times each week when we come in together,
physically and then be working by electronic methods the rest of the time. So you see, we're going to have to learn how to empower, but eventually, somebody does have to call the final shots. That is outside the theoretical—team management when it is contrary to what teams want to do, but it's good for the organization. it is going to be that we will do our things together within certain parameters and those parameters are still set by the administrator. Although you and I have seen that the process is set with a lot of input from us, so if we come with projects, ideas, and they fall within the administrative scope of command, he is going to probably let us do it as long as it is based on a sound reasoning basis... I don't think there are too many teams as fond of experimenting as this, but we do have to work within the Corporate Philosophy, Corporate charter, and our social mission, and yet be empowered... I did say we had the right team at the right time. By right team, I mean the right mix of individuals and we were empowered to do so by the Administrator, Les Rogers. I am convinced that the same time this occurred, if we would have had the wrong team... two or three individuals that did not
buy into the system, as everyone did, the whole experiment would not have worked. ... So, there you have the intellectual concept, and everything in place, but it was predicated from our experience on the mixture of individuals, the team - and it was a happy accident. ... but had we had a different mixture of personnel, I'm not sure what the outcome would have been, I doubt whether we would have succeeded.

R: Has your personal management style changed? If so, how?

E: The fact that I could, is proof positive that anyone can change into the team concept, although I changed not only willingly, I like the idea.

R: Has communication changed during these years between management and the employee? What has this meant for your position?

E: Yes. I think that I always listened to employees, now I make more of an effort and if people don't listen, then the team concept cannot work, it just cannot function.

R: Tony, there are two terms that have made a major impact on the organization of the 90s - these terms being "participative management" and the "learning organization." First, where do you see the Division
I really think we are on the cutting edge. I’m a little skeptical of those terms when I hear them used because I don’t think people who use them often either mean them, understand them, or are serious about implementing them. We are, and that’s why I think we are on the cutting edge. As we do the participative, learning evolves, we don’t have all the answers. And we’re really sort of learning how to do them also. But we’re not afraid to try. . . Another thing, Les has pushed for retreats, whether they are long sessions or short, and the reason he does, I think, is that he is also trying to assess, as we all are, if we have made progress, if we’re comfortable, if we are using words that we know or understand. . .

Second, where is the Division within the concept of the learning organization?

I think we’re gonna cut our teeth, initially, on this automation project with HBOC and all of us, Les and Tony, are going to have to learn to use the new technology and we’re going to have to incorporate it into the management style, and that’s going to be a learning process. . . we’re going to have to adapt to
maybe finding our own data as opposed to calling Marcy, we’re gonna be doing more for ourselves...

R: Tony, if you had a message that you could send to all organizations who wanted to survive, and who wanted to survive well, including the concepts of leadership and communication, what would it be?

E: I think as we address our responsibilities each day... both management and staff... as we address our own responsibilities, it’s not all bottom line... We don’t have all the answers... try to control fear or anxiety in the work environment by letting everyone know that we’re all going to be learning.

The importance of the individual does transcend day-to-day job activities, so if management recognizes that someone has potential, in whatever direction, then that management should open doors and allow opportunities. If a person needs special counseling or help, then the management needs to encourage the employee to seek that help - the individual is important.

R: Do you have any additional comments about how leadership style and communication relate within ARH DHS?
E: Productivity is enhanced when our actions do not cause fear and anxiety, or misunderstandings.
Earlier in the interviewing section, it was mentioned, by Dr. Calico, that we would have to learn to work with other entities, health departments, and Universities. A most able leader has taken hold of the project that has led to a joint effort between ARH and UK Medical Center, and that leader is Floyd Davis, Director of ARHUK. He began with the Division of Home Services (McDowell Home Health Agency) on September 2, 1991, just before the evolution began. Floyd spoke of the many evolutions during our January, 1997, interview.

R: Floyd, would you please describe your position with the Division of Home Services.

E: As it is at this time, I am the Director of the ARHUK, which is a joint project between the University of Kentucky and Appalachian Regional Healthcare. It follows a concept that grew out of the Blue Stone Retreat, which is kind of the water shed, or the mile stone of the Division of Home Services' evolution to a team environment. I am an employee of ARH, although I have the rights, privileges, responsibilities of an employee of the University of Kentucky. I operate as the Contract Administrator of the Agency...and just now preparing to move into another position for the
Division to help implement an information services transition.

R: Would you please describe the management style of the Division of Home Services as it was in 1992:

E: In the earlier years, the Division was very different than it is now. When I first came, there were really only three management people that I recall... very few other administrative people were involved. It was a very family-like atmosphere because the ten agencies had ten directors, at that time, I was the only Administrative Assistant who had been hired. So we, once a month would gather around the table, which is now Les's office, and would fill up, maybe half the space in that little room... Les and Jerry would listen to us and make decisions on the spot... you know there were lines of commands that we went through and they were very cut and dried in a lot of ways. Everything basically flowed through the three administrative people.

R: Did something happen to the management style of ARH DHS during the years of 1992 - 1996? If so, what happened?

E: A great many things happened. One of the first things that happened was based in the agencies, but was very
much encouraged by Les Rogers from the Division, and that was the expansion of the agencies from ARH focused entities to community service based entities and the expansion of the homecare stores along the same lines. I believe that it was in 92-93 that we created the first concepts. . . it sparked growth. . . and as we increased in activity in the agencies and the stores, we had to add more administrative staff . . . to begin to grow bigger and bigger. . . and of course, Les, I think realized that the existing structure which was kind of an autocratic hierarchial structure that had its informal components like family, like meeting around the kitchen table, which is the only analogy I can think of right now, to solve the major problems of the Division and to come up with solutions just didn’t work any more, so we planned a retreat. . . May 1995, at Blue Stone, and the purpose of the retreat was the reengineering of the Division of Home Services. This was a follow up to a retreat that Les had many years before, Donna Thomas spoke of it to me. . . the Blue Stone Retreat pulled in all the managers for all purposes in the Division. . . so everybody ended up on top of the hill at Blue Stone and what came out of that team was a revised
structure. a team based structure and several ideas. but all these changed the style of management and the structure of management until it took place at a much lower level, there was much more autonomy. and the vehicle that was used to implement that autonomy was teams. You took the functions that Les. and Tony. and spread some of them out across to committee structure and use the team that made up the committee to actually make the decisions, to actually implement the decisions and I think Les says exactly what it is - it took decision making to the lowest possible level. Blue Stone was the major mile stone. one telephone. and it rained the whole blessed time and it was cold and it was dark and there was nothing to do but meet and it was probably the most productive setting that we could have been in.

R: What do you believe brought about the changes?

E: Change can be driven. Change can even be driven by something, or change can be encouraged by something or someone and I think this particular circumstance, both kind of converged. Les Rogers encouraged changes in the structures of the agencies and encouraged changes in the behavior of the administrators, which triggered
changes in the structure of the agencies, which necessitated changes in the structure of the Division. Which since Les kind of thinks that way anyway were allowed to happen and encouraged and really proactively encouraged, and we ended with a much more open structure, much more team oriented structure, a distributed structure of authority. . . certain administrators in key positions that happened to be in the right place at the right time to start it moving and once it started moving, it developed life all together of its own. . . I still wonder today sometimes if we were the ones who were driving or riding (humor). . .

R: Please describe the management style of ARH DHS as it exists today in 1996?

E: The management style of the Division of Home Services, as it exists today was expressed by Floyd Davis: We have Les who functions very much as an enabling leader. In this sense, the managers are given the tools and the resources that they need in order to perform their tasks. . . but Les participates much more in a more democratic way than most management structures would allow. And if you look at the structure of Home Services as it was, and the
structure of Home Services as it is, I think you could say that you moved from a very comfortable relationship between Les and the managers . . . with him firmly in charge . . . to a very different relationship where it is probably less family because we are so large now. You know the last time that we had dinner, I still did not know who all these people were. . . (humor). . . But we went from that very comfortable family relationship which had an hierarchial overtone with a benevolent person at the head of the hierarchy to a situation where we now have democratic participation by the managers, still under Les, but much more in a participatory mode, much more a "we-ness" team based, team structured.

R: Has your personal management style changed?

E: I’m sure that it has, and that question kind of catches me, I hadn’t thought about myself very much in this. I think that over the course of the past five years, I’ve had to change from wanting to manage very minutely, and I am basically a compulsive person at heart, it bothers me when I don’t know exactly what is going on, but I have had to move from that point to what I think I’m probably best at and that is envisioning. I tend to be an envisioner, I think this
process of change has forced me to find a different way to manage and I think when I do my best managing... is managing from being mentally in the future and managing backwards... .

R: Yea, I like that, I understand what you are saying.

E: If I can envision where I want to be, then how to get there is relatively clear. And that I think has been the biggest change that I’ve had to make. I had the great good fortune of being born of parents who made very few differences between the Greeks and the Jews in all my growing up times, so I think part of the democratic end of it is something that I have been given from them as a gift, but learning how to let go of the here and now, to realize in all of the chaos and turmoil, that it is passing, that it’s something that is transitional to move beyond that to something more important down the line, I think that is what it has done for me.

R: So, you do begin with the end in mind.

E: I think that is the only way that I can.

R: I think that is the way that leaders do it.

E: If nothing else, it keeps you from drowning (humor).
R: I like what you said about it bothering you about not knowing what is going on, and I can relate to that, because I think that is one of my own personal fears.

R: I think too that the management style here is not that you become a person with all the answers, but you have to become like a telephone switchboard, like a lattice, with lots of pipes with little avenues, doors and windows that is within you so that when people come to you with problems, then you can use the structure of your own personality and thought process to enable them to find structure and answers that they are able to come up with. There is no way in all of this, there is no way in all that we’re doing that any one person can have within them the answer to every question, that means that the people who come with the problems are the people who must come with the answers and the only thing that a person like me can do is to enable the process for the person who has to make the decision.

R: Good, good answers, Floyd. Has communication changed during these years between management and the employee?
E: Yes, and it has changed in two ways. On the one hand, there is less view of the hierarchy of things, we pay much less attention to who is at the bottom and who is at the top, in fact, I don't think there is a top or bottom any more.

R: I don’t think we even address that issue.

E: No, I think we have passed far beyond that. I think there has been a move where we communicate as equals, part of that came through planning, part of it came by desperation. . . the second point I have to make, realistically, is that there is less intimacy in conversation, even there is less hierarchy, and that is a function of size, because we have gone from an organization that was made up of ten agencies, with maybe thirteen employees each, to an organization where we have one home health agency that has 130 employees, which is probably more employees than we had in the whole Division when I first came. . . plus or minus about 15. And now we are this huge organization employing hundreds and hundreds of people and there is no way that you can communicate with the intimacy, knowing everybody's family, problems, and needs, we can't communicate on that level. . . I think as far as the organization is concerned, what we have
gained by changing from an hierarchial to a democratic structure has probably outweighed what we have lost.

E: Floyd, there are two terms that have made an impact on the organizations of the nineties, those terms are "participative management" and the "learning organization." First of all, I want to ask you where you see the Division of Home Services within the concept of participative management?

E: I think we are in the vanguard of this movement, because we are not in the beginning phases of this, we are moving past the point of implementation toward maturity which I think is some of the stress that we are feeling right now as an organization. When you are implementing something and experimenting with something, that sets off one set of changes, feelings, and emotions and drives. But as that implementation matures, it becomes the way the organization normally does business. It also sets off another chain of these drives and anxieties and adjustments, but now at some point, and this is the sociologist in me, I am a structuralist at heart. At some point, the concepts that we are using now will mature in age, just as the concepts of the structure that we were using before. Had matured in age and we will have to again pull
ourselves together and regenerate another vision of what we want to be. That time is not yet, but that time will come.

R: When do you see that time coming?

E: I see within the agencies and stores now who made the first and greatest leaps of growth, dysfunctions related not to the actions of individuals or to structures - no that’s not right - I see dysfunctions that are not traceable to individuals or to management decisions, but to the structures of the agencies themselves. At the point that these dysfunctions start to disrupt ... the flow of communications between the Division and the agency or within the agencies, that will be the point that a new vision will have to be generated and I foresee that for some agencies within the next two years.

R: I can see that too, I can see that.

E: O.K., the second question, I believe ... .

R: Where do you see the Division within the learning organization, the concept of the learning organization?

E: There is no perfect, there is no nirvana for the Division of Home Services. There is a theory that dates in World War II. ... but when you are looking at
the result of a catastrophe, or a crisis, you can actually see that there is a wave, like a ripple spreading out on a pond that has a leading edge and has a trailing edge. . . the leading edge of that ripple is destruction, in changes, the static relationships that existed before it comes - it disrupts the surface of the stability of the pond, but as that ripple goes on, the backside of that ripple is a wave of creation that creates a new stability that will exist until the next ripple comes upon. The Division of Home Services as a learning organization is a perfect illustration of how we have taken that destruction creation, almost a ying and yang situation, and turned it to our advantage because since we have acknowledged that there is no perfect state, since we have acknowledged that we are never going to arrive at a point of absolute stability, then we are free to change with each wave that comes through.

R: I am picturing in my mind how I will end this and I am thinking, oh gosh, this would be such a good way.

E: At some point, and this is moving very far into the future, and going very far out on to a limb, but at some point, I’m not so absolutely sure that where we
are going won't lead us to absolutely radical, absolutely radical new ways by which we conduct our business.

R: I see it.

E: And I don't know what that something is, but I have the sense that it is out there somewhere waiting for us to get there... and I shouldn't be entirely surprised if it might not involve home health being the source of healthcare, instead of the home being the ancillary point of care, it will be the place where care actually happens and it may be that our babies will be born at home, it may be that our sick children are cared for at home, it may be that all of the wonders, all of the miracles, that our science and technology has brought us will be invested, not in buildings, not in temples, not in museums, but in the hands and in the heads of highly skilled professionals who will carry it to wherever it needs to go. And it could be that the ultimate destination of home health is complete, is total portability in medical care. And it may be that is also the resolution of our problems of cost, it may also be the resolutions of overcrowding... it really goes back... our home.
R: Floyd, if you had a message, a message that you could send to all organizations who wanted to survive, and to survive well, and that message included the concepts of leadership and communication, what would it be?

E: Don’t be afraid. If you’re going to die, you’ll die, but there’s no use of hasting it. There is no use in causing it because you are either too afraid, too proud, or too ashamed to let go of something. This building that we are in now has had the opportunity to pass into oblivion three times. In 1962, the Miners Memorial Hospital Association was bankrupt, coal industry was on the rocks...it would have been very easy for the United Mine Workers to have said, "this is an experiment that has failed, if we can’t run it, nobody else is gonna run it" and just have closed it down and said "you can go elsewhere for healthcare" but it chose to let go of it, absolutely, totally invested it in ARH - ARH kept the hospital open and kept it running and it served the needs of people here in Hazard all the way until I guess in 1990 or 1991 when I came to the Division when a new hospital was built upon the hill and this was left as a bombed out shell...given to Home Services, it would just have
been as easy to have said, "this is a real link of time that has gone by" but, instead we’ve taken it, we’ve turned it into an organization that provides. .. how many home visits for people in a year, hundreds of thousands. .. providing care in three different states, through 20 or 30 different divisions, has a major medical school in it, has a major library, has clinics in it, it wasn’t allowed to die. The reason it didn’t die is the people weren’t afraid to let go of something that was old and take hold of something that was new. The day will come whether it is sooner or later that what we have pieced together and what we have built will no longer be appropriate for the world in which we function. That will happen, that’s inevitable. But the needs of people that are served will always be there, that is constant and what we as a learning organization and an organization of change, born of change, could pass on to other organizations that are like ourselves, is that our mission is not to propitiate what we are, but propitiate the care that we provide. ARH cares for those that the Mine Workers were no longer able to care for. We care for people who have received as much care as they can in a hospital setting and the time is yet to be. . .I think
our role, the role of other organizations will be to find solutions to the problems of care provision, meeting the needs of the people. And so long as we keep our vision on the meeting of needs...and we can probably survive more effectively than we ever could have in a rigid bureaucratic structure that will never change.

R: Do you have any additional comments about how leadership style and communication relate within ARH DHS?

E: There is one thing I think should be said and considered and that is the success of the Division of Home Services as a learning organization and a communicating organization was brought about by a marvelous influence by an adjunction of factors. We had a leader, Les Rogers who was willing to make and allow it to happen, and you had an organization that was so service oriented that it was willing to allow itself to be changed... but you also experienced almost a sort of natural selection in the staff that was accumulated. Because the DHS grew as the coal industry collapsed... so the Division had at its disposal some of the brightest and most able people who at one time have been associated with those other
organizations and Mr. Rogers was able to people his neighborhood with some of the brightest stars of the region because they were available. Look around you at the people who are in management positions now, how many of us... who were brought here by an opportunity for employment and have been kept here because of the environment they found when they came. You know these are not people who could not go elsewhere... but it just happened that they were available, they came, they saw, they experienced, and they stayed - so the Division is really built by those two things as I see - the leadership... and the almost accidental circumstance by which the brightest and most able people that the region would be able to generate became available to people this place at the very moment they were needed... you could also say, it's like the chicken and egg question, you don't know if the growth would have occurred which made it possible to bring these people into place, or whether these people being in place has caused the growth to occur. It could have happened either way...I firmly believe that most of us that are here for the duration, I think that we've made a commitment that is long enough and strong enough that we'll be somewhere
within the organization. . . but you know, look around, if the coal industry or any economic activity in the area starts offering competition for the brightest and most valuable folks and growth stops at that point, the growth was driven by the abilities of those who were brought here. If growth continues, then the presence of those with great ability was a happy accident. . .

I’ve always thought that you were a great addition to the Division, that you will be one of the most able and brightest teachers that this area will have and that will happen in the very near future and in the times yet to be for you, you will be referred to as Dr. Brock, and I suspect you will be sharing your own visions of what organizations can be and what people can be when they have a chance for many, many, many decades in the future. . .the only changes that last are the changes that are made in the beliefs and attitudes of people, buildings fall down, money gets spent, clothes rot, cars rust, but changes - when people are actually changed, it carries from generation to generation to generation, that is ultimately what you will do.

R: Gosh, Floyd. . .
Leslie Spencer (Susie) has been with the Division of Home Services for ten and one half years. She has experienced all the changes that have taken place within the Business Office and has been a part of its success. The following was an interview with Leslie Spencer, Business Office Clerk, in February, 1997.

R: Susie, first of all, how long have you been employed with the Division of Home Services?
E: For ten and one-half years.
R: Would you please describe your position with the Division of Home Services?
E: I am a business office clerk, I do the billing for the Mayking and Cumberland Valley Homecare Stores.
R: Would you please describe the management style of DHS as it was in 1992, or in the earlier years?
E: In the early years, when I first started for the Division of Home Services, it was (some discussion here between R and E)...it was autocratic.
R: Did something happen to the management style of ARH DHS during the years of 1992 - 1996? If so, what happened?
The style of management now is 100% different than it was when I first started with Home Services and from 92 - 96, we have become a lot better.

What do you believe, Susie, brought about the changes?

Well, to me, it was being just a Union employee during those years, your input, the way you felt, what you needed and wanted actually became a reality, you were asked for opinion or what you needed, you weren’t told what you needed or what you wanted.

And you feel like you were listened to?

Yes.

Please describe the management style of ARH DHS as it exists today in 1996. Has your role as an employee changed?

Yes.

How?

Well, when I first started... it was... it was autocratic, you done exactly as you were told, you done nothing extra and I mean, you couldn’t do a good job - you done what you were told to and you couldn’t do anything extra.

Are you saying that an employee needs a type of freedom to do a good job?
E: Yes.

R: Has communication changed during these years between management and the employee?

E: Yes.

R: —What has this meant for your position?

E: Well, now if I have a problem with one of the homecare stores that I bill for, I just go tell Kay Lee that I have got a problem and usually the only reason that I would have to go to Kay Lee is if I can’t handle the problem myself because I have the ability to call them, tell them what I need, why I need it, and if it is a reasonable demand from me, I mean it can’t be something off the wall, then she allows me to do what I need to do to do a good job for her.

R: . . . Communication, how has it changed?

E: There was no communication in the beginning, I don’t mean to be mean (R explained to E that she was not being mean), I just mean that you did not communicate with your supervisor, you did not communicate with any of the outlying agencies that you had to deal with, you had no communication with them, no face-to-face communications, no telephone communication, you could not call them to request a CMN. . .

R: Who called - management?
E: Yea.

R: So what has this communication change meant for your position?

E: Well, when I first started billing for the homecare stores, probably in 1991, I billed for Mayking then, there were just a few homecare stores, the days in accounts receivables was probably 120 and they have been in the 50s for the last couple of months. And I think it is because I can communicate directly with the people that I work for.

R: Susie, there are two terms that have made a major impact on the organization of the 90s - these terms being "participative management and the learning organization" - Are you familiar with these terms.

E: No, I really do not know what they are, Marcy.

R: That’s fine (goes on to explain the terms and engages in discussion).

R: Susie, if you had a message that you could send to all organizations who wanted to survive, and to survive well, and that message included the concepts of leadership and communication, what would it be?

E: You have to communicate with the people that you work for and the people that you work with. There has to
be total open doors for communication.

R: Do you have any additional comments about how leadership style and communication relate within ARH DHS, anything that you want to say or share?

E: Well, there has been a lot of changes in the Division of Home Services since I started working here and I feel more comfortable in what I am doing and I feel like I do a better job now than I ever have.

R: Other comments...

E: In the leadership part, I feel like everybody should have input into the leadership, not just the administrator, the assistant administrator, I mean it should go all the way down to what may be considered the lowest person on the totem pole, if it is the truck driver at Mayking, his opinion should be heard and . . . you know, he may be the lowest person on the totem pole, but he may know more about what he needs, and he knows more about what he needs more than anybody does.

R: I have no further questions. Thank you so much for your time and for sharing these perceptions with me. I do hope you have a good day.
James Stamper is a major player within the scope of the Division of Home Services. He was recently promoted to the Director of Home Medical Equipment, meaning he has an enormous responsibility with the management of 26 homecare stores. The following is an interview with James Stamper, Director, Home Medical Equipment.

R: First of all, Jim, how long have you been employed with Division of Home Services?
E: I have been with the Division May of 91 - almost six years. . .

R: Would you please describe your position with the Division of Home Services?
E: I am now the Director of Home Medical Equipment which is responsible of an operation of 26 home medical equipment stores located in Kentucky, Virginia, West Virginia, and one in Tennessee.

R: Would you please describe the management style of DHS as it was in 1992, or in the earlier years?
E: When I first came here. . .it definitely was not democratic, it all flowed from the top, you know, we really had very little input into what was going and we received our orders from the top and we didn’t vary
from them much, that was the way it worked, straight down, and just had no input, whatsoever, into what we were doing.

R: Did something happen to the management style of ARH DHS during the years of 1992 - 1996? If so, what happened?

E: I guess it did, it started to change for me I guess around 93...we started to have a little more input - we had management change at the Division somewhere in that time frame. . . and we started to have a little more input into what was being done at the Division and the decision making process, but still decisions were still made at the top and flowed down, we may have some input into it, but I suppose in 95 sometime . . . the entire way we kind of thought and did things changed, we went into more of a team concept and the employees were being given a lot more input into what was happening and what was going on, and what we were gonna do and they were empowered to make the decisions - we had support from the top of the Division, once we made the decision, then that was the decision that we went with. I can't think of a time since then that we haven't used the team concept and the input from the teams to make the decisions . . . and that is
disseminated throughout the Division, that is not just at the top of the Division, but that is even our teams out in the field, I don't make the decisions for the everyday decisions for the stores, the stores are divided into team areas, it is impossible for me to be out there in those team areas knowing what is going on every minute - and when they disseminate this information to me, I have the opportunity to review what they are doing and the decisions that they are making. Pretty much, our management style now is one of team decision making, and team leadership, and I simply now have become a monitor of that...  

R: What do you believe brought about the changes?  
E: Well, I think probably we had this growth explosion and I think management realized that we could no longer be in full control, and I have a control problem - I like to be in full control - so it took me some time getting adapted and getting used to working for the teams and letting the teams make the decisions, but I found out shortly, about 80 or 90% of the time that those teams are gonna make the same decisions that I would have made anyway, so I think that growth and expansion of Home Services, it was a natural thing to happen, there was no one person, or
no two or three people that could manage this Division at the size it is. I think it kind of grew, first of all, I think our top management realized what was happening and realized that there was no way they were going to be able to be an autocratic management style any more, we were gonna have to empower the employees at the local level to make these decisions, and I think when they saw that and implemented it, and saw that it worked, encouraged it . . .

R: When you say top management, are you talking Les . . .

E: I am talking about Les, I am talking about Russ, I am talking about top management at the Division realized that the only way we were going to be able to manage this Division was to empower the employees to do it.

R: Would you describe the management style of ARH DHS as it exists today in 1996?

E: Well, as it exists today, I think it is more democratic. The employees have a lot of input into what is going on through the teams out in the field, that is disseminated to the teams here at the Division and . . . we decide collectively what is the best approach, the best way for us to handle any given situation, so I think it more of one now of team management and employee empowerment and input from the
employees, so I guess team management is what I would have to say.

R: Jim, has your personal management style changed?

E: Well, mine has changed, I mean I still have bouts where I backslide (laughter) because I was taught more of an autocratic style, straight line management, everything flowing from the top, maintaining control and the decision making that goes with it, but I have learned that I really can’t control 100 people in four states, I have to empower the employees to do that for me and I have to support them in their decisions and ..., I have learned that this team management concept does work, we have a whole lot smarter people than sometimes we give them credit for, I mean they come up with good decisions, good ideas, I don’t have the only ideas, and only my ideas aren’t the only good ones, there is a whole lot of employees out there that have good ideas and we have implemented a bunch of them, I mean a bunch of them. And lots of times, I get credit for their ideas, you know, but really, I have learned to relax some and to let my team and my employees manage their own fate, you know, and I give them guidance, and there are times that I have to intervene, but for the most part, I have learned, and
I control myself - because you can fall right back into that control, control, control thing - but I have learned to let my teams manage themselves. And from that, they have gained confidence and morale has increased, and you know I'm not there looking over their shoulder every five minutes . . . so my management style has changed, it's one of more of lead and guide and give advice and to let employees make decisions, but be responsible and be held accountable for them. So I give them an opportunity to make mistakes, you can't discipline your people in teams for making mistakes, you have to give them some latitude to make mistakes, learn from them, and then make improvements and so, that's what I try to do. Sometimes I have this overwhelming desire to (laughter) but I have learned that you get better results from letting your folks in the teams make their own decisions, and so, yea, my leadership style has changed. . .

R: Has communication changed during these years between management and the employee?

E: I think it has. I think our employees now are more confident. . . they know that when they make a suggestion or recommendation, it is going to be
listened to and considered and they have seen a lot of their own ideas implemented out in the field and so, as a result of that, I think they feel more free to do that and become involved, and so, yea, I think it has changed, for the better.

R: Jim, there are two terms that have made a major impact on the organization of the 90s - these terms being "participative management and the learning organization" - Are you familiar with these terms?

E: Yes.

R: First of all, where do you think ARH DHS stands within the concept of "participative management?"

E: Well, we have come a long way in that regard, we are probably not where we need to be. We have got a ways to go yet. . . and I put myself in with as one of them, we still have a group of people who find it hard to let go of that control. . .and I think it really stagnates growth and development in your organization, but I think probably on a scale of 1 - 10, we're up there around 7 or 8, and I think we are working everyday to improve that, and I mean I have seen participation in our management style, it has increased at least 80% in the last year or two, so I think we have come a long way and we still have a
little bit of a way to go, but we're working.

R: Where do you see ARH DHS within the concept of the "learning organization."

E: Well, I really believe that we are probably. . . we are definitely a learning organization. The Division of Home Services encourages people to seek out educational opportunities, we give them the time and support to do that, not only in job related functions, but professional . . . we continually strive to educate our employees, so I think we are definitely a learning organization, and have to be one, because if we don't, we are not going to be successful.

R: Jim, if you had a message that you could send to all organizations who wanted to survive, and to survive well, and that message included the concepts of leadership and communication, what would it be?

E: I think my main message would be to "empower your employees," listen to what they have to say, give them an opportunity to participate in management and in management decisions. That is what it is going to take to be successful in the future. Be willing to listen to your employees, give them an opportunity to improve their education, give them opportunities on
the job to improve their job skills, and I think you will you’ll have a better employee, a more productive employee, and an employee who is concerned about the organization, one that’s going to stay with you, and stay in your organization, and looking at the nineties, and I am talking about the ’90s toward the year 2000, if you don’t have those kind of employees, your organization is not going to be successful.

R: I think you are right... Do you have any additional comments about how leadership style and communication relate within ARH DHS?

E: Well, I think leadership style has everything to do with communications. An autocratic leader who controls every move stifles communication, people don’t want, or they don’t feel comfortable to let communication freely exist in an organization. I think the leadership at the top can set the tone in an organization for how communication is gonna flow, if you are an open leader, respect your employees, respect their opinions, empower them to make decisions at the local level, support them in their decisions, correct them when they need correcting - I mean you can’t just let them make any decision in the country,
support them in their decisions, you can give them
guidance, and allow them to implement - try some of
them - even me, sometimes I say "that's not gonna work
- that's not gonna work" but then they'll do it and it
works, and it surprises even me. And so I think if
leadership at the top allows communications and
supports it, then I think you will have better
communications throughout the organization and
probably see improvements, maybe some you didn't
expect.

R: I have no further questions. Thank you so much for
your time and for sharing these perceptions with me.
I do hope you have a good day.
Peggy Lynn Hall has been with the Division of Home Services for almost three years, however, she has played a major role within ARH and came to the Division as part of the clerical staff for Administration. She has proven to be of great value, not only from my position, but Administration as a whole. Her organizational skills are superb. The following was a January, 1997, interview with Peggy Lynn Hall, Clerk Typist. (Peggy Lynn is a former Union President)

R: Lynn, first of all, how long have you been employed with Division of Home Services?
E: This is going on my third year.
R: How long have you been with ARH?
E: Fifteen.
R: Would you please describe your position with the Division of Home Services?
E: Well, I am a clerk typist - jack of all trades.
R: You got that right. Would you describe some of the positions that you have held within ARH.
E: Well, I worked in the Kitchen for eleven and one-half years as a K&C helper, and then I went to Psyche and worked about a year and a half in Medical Records.
R: It is my understanding that you were once President of the Union...

E: Yes.

R: Did you enjoy being the President of the Union?

E: Well, it had its good points and its bad points, but I guess basically I did.

R: Would you, Lynn, please describe the management style of DHS as you know that it was in 1992, I know that you were not here, but I know that you know enough about the management style, even your being here for three years, and your being an ARH employee.

E: Well, one of the things that was told to me when I bid on this position over here was that I would be sorry because it was not a good place to come and to work, but I knew Les beforehand and I had dealings with Les, you know, some through the Union, and so I thought, well I don’t think it is as bad as they are saying because several people had already come over that had been with ARH for a long time, and they stayed. So, I thought, maybe it is not as bad as they are saying. When I came over, I was very pleasantly surprised because it was a whole new world. It is laid back, you feel like you are a part of the Division of Home Services.
R: Even when you have days like today (some humor)
E: I mean I feel like I am part of the team.
R: Lynn, I am glad, I am glad to have been a part of that.

R: Did something happen to the management style of ARH DHS during the years of 1992 - 1996? If so, what happened?
E: Oh yes, I think that, we all know Les is the Administrator, Les is the boss, as so to say, but in times past, he was the boss. . . but over the past several years, it has changed so much. He asks for input from the employees, he takes that input and he puts it to work. He doesn’t just listen to what you are saying and throw it away. It is team work, it is team work involved all over here, he wants everyone’s input. I never, I worked over to the hospital for twelve and one half years, I never went to a staff meeting at the hospital. I have been to staff meetings over here.

R: And you know you are always welcome, this is excluding personnel issues.
E: And my viewpoint is asked, he asks me if I have anything to say. And if I have anything to say, he
listens, and he comes to me sometimes and asks me things, and that makes me feel good.

R: What do you believe brought about the changes?

E: Well, when Dr. Calico came on board, he stressed TQM, and I think Les is one of the few people that I know of who took TQM to heart and did it, and he has implemented it. When I was the President of our Local, I attended TQM meetings and I thought "Wow - finally, they are going to listen to what we have to say, someone who does the job on a day-to-day basis" but I was sadly disappointed, because I felt like, you know, it was a waste of time, until I came here to the Division of Home Services. And then I saw, they are taking TQM and they are implementing it and they are using it. . . .(some discussion takes place)

R: So to describe the management style of ARH DHS as it exists today in 1996, you would say . . .

E: I would say it is much more team oriented, much more laid back, I mean we work, we work hard, we work together, we are striving for the same thing, we want to make the Division of Home Services the best ever, best part of ARH and I think we are doing a pretty good job of it.

R: Has your role as an employee changed. . . .?
E: Oh yes, when I first came over here, I didn’t have a whole lot of confidence in myself. I feel like my own self-esteem is built up quite a bit, I feel like I have learned, have a lot to learn, but I do feel like I have learned a lot, and I think I owe that to you, Marcy, I owe that to Les, and all the people I work with here, and I feel as close to management people over here, which I really don’t consider them management people, I feel as close to my fellow workers out in the front as I do my fellow workers in the back, be they Union or Nonunion...  

R: From my observation here, I don’t feel like there is a "them" and an "us" - is that what you call it?  
E: It’s a "we" - We’re a "we."  
R: Has communication changed during these years between management and the employee? What has this meant for your position?  
E: Definitely, definitely. Well, the communications are open, if I have a problem, I feel like I can go to anyone and talk about my problem. If I have a question, I can go and get that question answered, or if not, they will help me find an answer to that question. That makes my position much easier, makes my position much easier, because I’m not walking on
eggs, wondering what am I going to do, I feel much more at ease. I will have to say out of my 15 years with ARH, I had never said that before I came to this position. . .

R: Lynn, there are two terms that have made a major impact on the organization of the 90s - these terms being "participative management and the learning organization" - Are you familiar with these terms? If so, where do you think ARH DHS stands within the concept of "participative management?"

E: Well, participative management I would consider is taking the employees . . . all of us participating in what is going on in the management style.

R: Have you heard the term "learning organization.?

(Brief discussion between R and E )

R: Lynn, if you had a message that you could send to all organizations who wanted to survive, and to survive well, and that message included the concepts of leadership and communication, what would it be?

E: Well, I think that you cannot dictate. You ask and you ask in a way that is right and you are going to get much more out of everybody. To demand and to dictate is bad, you're gonna have people resent it. But if you're asked, the way we are over here, you
know, that is the way of the future, working together, not building up walls, but breaking down those walls, breaking those barriers, working together, to strive for the same thing. Because in that organization, you are basically working for the same thing. You need to work together for the same thing.

R: Do you have any additional comments about how leadership style and communication relate within ARH DHS?

E: Well, there are very, very few times that the doors are closed over at the Division of Home Services, so therefore, you know the communication is open, unless it is personnel problems, doors are open all the time, of course, there is always room for improvement in communications, each person can do their part. I think we have made lots and lots of advances in communications. . . I do feel the communication is good over here. . . Well I think that if everyone out there in this world that is working in business could have just a little time to come to the Division of Home Services - even on a hectic day - and kind of sit back and look and see how things go, and take just a little bit of that back with them when they go back, they will have a better place to work. . . I like it
here. I like my job, I intend to stay here, Good Lord willing, until I retire or whatever comes first.

R: Lynn, I don't have any further questions. If you have no further comments, I appreciate your time. Thank you.
Kay Lee Vanover, Manager of Patient Accounts, has been a most able leader who has led her Business Office team to an enormous success, bringing the days in accounts receivable below standard. Kay Lee was interviewed in January, 1997. At the time of this interview, Kay Lee held the title of Business Office Supervisor, which since has changed. Also, she can speak as a once Union employee and as a manager.

R: First of all, how long have you been employed with the Division of Home Services?

E: Four years and one half.

R: Would you please describe your position with the Division of Home Services?

E: Well, I am Business Office Supervisor, and I am responsible for all the accounts being billed and the revenue accounting for them. I supervise 21 people. We do all the billing for all the agencies, home health agencies, and homecare stores. . .(discussion concerning the amount of billing that is done within the business office between R and E - phenomenal)

R: Would you please describe the management style of DHS as it was in 1992, or in the earlier years?
E: What I seen in 92, I was a Union employee for a year, so, basically, my only exposure was to my immediate supervisor, how it was in Administration, I’m not sure, but it was extremely autocratic, you was told what to do and when to do it. There was no input into any decision making whatsoever, and you just did what you were told. You did not get information shared with you as for example, as to the financial operation, but basically, your tasks were laid out for you, even a time schedule, and sometimes that would change daily, you were told daily what you would be doing. Administration, I’m not that sure, I know that there wasn’t near the teams that they are now, either with Les’s own managers or with involving the Union.

R: No, really there was not. . . Did something happen to the management style of ARH DHS during the years of 1992 - 1996? If so, what happened?

E: Well, it is totally changed. Les, which is of course, our Administrator, he implemented a team structure about two years ago, and that he has his managers working in teams and also what you see is a lot of managers working within their individual departments and working in teams, like I do in the Business Office.
R: So you are saying that team management is a big part of the Division of Home Services.

E: Team management is a big part. Everyone has the freedom to speak up.

R: What do you believe brought about the changes?

E: Well, I think it is not exclusive to ARH, I think it is a shift in paradigms, in the way that corporations and the way that people think. I think that they have seen, they meaning corporations, companies, that the autocratic style does not work. We've seen things like Toyota come in, I think they do a lot of things in teams, and Saturn, where people have a sense of ownership, a lot of input into their job, and I think that creates a lot more satisfaction, so I think there has been a shift in different levels, including really started out here with TQM and Dr. Calico's leadership. I guess for us it's a top-down event.

R: And so, the management style of ARH DHS as it exists today, would you describe that?

E: I think you see a lot of teams, I also think like I seen in the Worldwide Leadership Conference that I went to in Lexington, that many times in an organization that you have invisible teams, not a so-
called identifiable team, but two or three people that gets things done, but they are not recognized as such, so I think you see a lot of that, also, in addition to the teams that have labels, but you see people working together, and usually, it is a very good blend. You take someone good with numbers and someone who is good with people and you put them together and usually they come up with real good decisions. . . I think we have a lot more participation, not only in management, but in within the Union employee sitting at the table where the decisions are made, being asked for their opinions and acting on them many times, with more equity and equality.

R: Kay Lee, has your personal management style changed? If so, how?

E: Oh yea. . .previous experience, my management style was extremely autocratic, with not a lot of overly amount of sympathy for the workers, especially those who wanted to use the system and now my management is like . . .it’s much, much more everybody has an equal say, everyone’s opinion is welcome and it doesn’t matter to me who has the best idea, whether it is me, or whether it is somebody just hired on yesterday, if it is the best for the department and, you know, other
people think so too, then we go with that, although there are times that - you cannot do team decision making on everything. There are times when the supervisor just has to say "this is the way that we are going to do this" especially in setting standards and making sure that those standards are kept. My style has changed a lot, and it continues to change. The more I am into this, the more I see that this is the best way and the most productive way and win-win situation for everybody involved.

R: Has communication changed during these years between management and the employee? What has this meant for your position?

E: Oh yes, communication - well when I came here, you didn’t say a lot, you kept things to yourself, you didn’t really even offer suggestions. And I had a bad experience with that. . .what I learned from that is just do what you are told. . .The communication that I see that has changed is that I am very open with my staff and I encourage that openness with them, they have the freedom at any time to walk in my office about anything on their mind. This does not mean that I can act on everything that they suggest - it means that they are certainly listened to and that their
ideas do count. So communication has changed in that regard. Now with me and the people above me, I think communication is extremely open. I feel welcome to walk in Les's office and give him my thoughts, now he may not agree, but I feel that he wants openness in his staff because I think he realizes there is no way that he can carry everything in his head and he can know everything going on in every department and he hires people that he feels that is going to do a good job and he makes the way open for people to approach him with ideas.

R: So you are speaking as a former employee, and as a present manager.

E: Yes.

R: Kay Lee, there are two terms that have made a major impact on the organization of the 90s, these terms being "participative management and the learning organization." Are you familiar with these terms?

E: Yes.

R: First, where do you see ARH DHS within the concept of "participative management?"

E: I think we stand on a continuum of 1 - 10 - maybe a 2 right now, it's just starting, I assume you're talking of ARH as a Corporation, not just Home Services.
R: I'm talking Home Services.

E: Oh, just the Division, o.k., I think well, maybe even there a 1 or 2. I think many of our managers are older managers, they are extremely knowledgeable, they work very hard. . . they are very productive, but they were hired many years ago and at a time when management style was that you tell someone what to do, you tell them everything to do and they did it, or they hit the door. And I think that's going to be a challenge for ARH to get participative management introduced to our units. On the other hand, I see places where on the continuum it's probably an 8, or a 9, so I think we've got that spread in there. People, maybe some of the newer hired on people have come on and they accept that and just blend right in. . . and I think Les, the Administrator, is really supportive of that style of management and he has certainly tried to implement it in his own style here at the Division, the management level at the Division. He has tried to make everyone involved in various projects and with that, too, the accountability, also. So I think there's a big area there, maybe from a 2 to a 9.

R: Depending on the particular place, meaning we still
have a lot of work to do.

E: Yea.

R: Second, where do you see ARH DHS within the concept of the "learning organization."

E: I think that now, more than any other time in Home Services’ history that it is crucial that everyone, from the Truck Driver to the Administrator, views their job in that context of the learning organization. Everything that we do will change in the next five to ten years. Everything, the way we handle a piece of paper, the way we sell a bed, the way we provide our services, the way we contract with other agencies. Everything, except maybe some of the basic nursing care. . .but even that is going to change for the nurse, she’ll probably go out to the home and have a laptop computer and have to enter this into the computer. Everything, I think is going to change, and I don’t think that we can survive if we do not view ourselves as a learning organization and constantly try to stay on that cutting edge of technology by learning what’s out there, from the way that we send our supplies, for example, now we drop ship supplies instead of a nurse carrying two boxes of diapers across her back through the parking lot. To
me, that’s a learning organization, we’ve got to continue to learn and learn from each other, not just employees learning from management, but management learning from employees. I think we have came a long way.- I think Les, especially, every time we have a management meeting, we always get a little class in healthcare and what is out there and what we need to be doing and you don’t hear that a lot out in other places. But I think he realizes for us to survive, that we’ve got to learn what’s up there next, what’s coming up this month, what Medicaid is going to do, what healthcare changes, what the new laws are, the new ways of dealing with patients and providing services.

R: In other words, you gotta stay ahead.

E: Yea, you got to stay ahead and you can’t do that if you don’t learn because if we just concentrate on taking care of today’s business because it’s so overwhelming, we’re just doing what we were doing yesterday and the day before, and we will never ever be ready for what healthcare will bring in the next couple of years. . . and I think Les encourages us to learn, you know, he’s always encouraging us to take classes or attend these organizational meetings where
you’re learning all the time what is happening next.

R: Wish we had all day. Kay Lee, if you had a message that you could send to all organizations who wanted to survive, and to survive well, and that message included the concepts of leadership and communication, what would it be?

E: Well, I think maybe to become a learning organization, to encourage growth and development in every area, in employee development, but also personal, to break down barriers between employees and employer, to seek the best in both and for everyone to adopt the style of not "us" against "them" but one of unity. I think that will be the places that will survive in the future and I think that more than any other skill that it will take to do that will be communication. I think it all hinges on that, to communicate how you feel, what you need to do your job, what you expect from others, both ways, employees need to tell their managers, "this is what I need from you to do my job," vice versa, and it be done in the context where communication allows them to occur. Operate in the context of that freedom to speak in that trust, it has to be built on that foundation of
trust and I think we need to put that back in our work ethic.

R: I think it has to be put back in there. Do you have any additional comments about how leadership style and communication relate within ARH DHS?

E: I appreciate the leadership style and the communication in Home Services. There’s not an office here or a person that I feel I could not call if I need information and I feel they would give me that information and I think that is extremely valuable to a company. It certainly makes employees able to do their job better and the leadership styles, I just think we are put into a position, and everybody from the Administrator on down to the person who cleans the floors, and we’re all really leaders in our own way because we lead ourselves, and by leading ourselves, we lead others.

R: I think it has to begin within.

I have no further questions. Thank you so much for your time and for sharing these perceptions with me. I do hope you have a good day.
Dwyna Dean, RN, Director of the Hazard Home Health Agency, is a courageous director who knows home health and she directs 65 employees toward an endeavor that is involved in major healthcare change. The following interview took place in February, 1997, with Dwyna Dean, RN, Director of Hazard Home Health Agency:

R: Dwyna, first of all, how long have you been employed with Division of Home Services?
E: About five years.
R: Would you please describe your position with the Division of Home Services?
E: Currently, I am the Director of the Hazard Home Health Agency. Are you asking me what that entails?
R: You may want to give a brief synopsis.
E: Supervise around 65 employees, that's several different disciplines, have registered nurses, nurse aides, clerical staff, social workers, physical therapists, occupational therapist, and homemakers. Do I need to elaborate more than that?
R: That's pretty well detailed, this shows that you are a busy lady. Would you please describe the management style of DHS as it was in 1992, or in the earlier years?
E: Well, actually it's the management style that has been somewhat what I've always worked and that the leader, be that the management person or head nurse, director, or whomever has always made all the decisions involving the caregiving, and I don't mean like at the patient care level, but like types of care that you're gonna be giving, and about why things are done, how they are done when they're done, and it wasn't so much like a dictatorship type rule, I've heard that slang before, it wasn't that it was meant to be that way, but actually the management people, in essence, made all the decisions.

R: Did something happen to the management style of ARH DHS during the years of 1992 - 1996? If so, what happened?

E: Yes, when I first started hearing talk about a different style of management, some of the first things we talked about in the Division, and this was with Les Rogers, initially, and then with Russell, and other key members of the Division, some of the first language that I heard was "you have to trust people," "you have to trust people to do a good job," "you have to allow people to make mistakes and you learn from those mistaken." It's not that you ignore them, you
learn from those mistakes and you see what you can do differently and then work toward doing something different, doing something about it. Then, in changing from quality assurance to quality improvement, we started looking at "looking at your system" and "what’s going on with your system" verses looking at an individual employee or an individual group of employees. "What can we do differently in our system to make things better?" That was it, initially.

R: What do you believe brought about the changes?

E: I think that several things did. Our leadership, I really feel like was the most important emphasis, I know at least it was for me, from Dr. Calico to Les to Russ, with those individuals saying "I want you to get your staff involved." You know, the real concept is that if the staff are involved about making decisions about what they’re gonna do, irregardless of what the project is, they’re going to buy into that process, whereas, if I sit and say to them, "this is the way we’re gonna do it, whether you like it or not, this is how we’re gonna do it." If they buy into a particular project, process, whatever the case may be, then they’re gonna be, nine times out of ten, at least,
they're gonna be willing to put all their effort into that process, and having supportive leaders to say "yes, go with this," "do it this way - get your staff involved" and if you wanna even look at ratio, ratio of 65 people looking at a process and deciding what's best to do about that, compare that to one person making all the decisions and that gives you a pretty good perspective.

R: Please describe the management style of ARH DHS as it exists today in 1996.

E: You mean, if I have seen progress, is it a lot different in 96 than in 92?

R: Yea, what's the difference today.

E: Well, I've seen tremendous progress. I think for a participatory style of management in nursing, there has been several, this is not a new concept in nursing, and several, several times in the nursing field, we've tried to take off and advocate this style of management, I don't know if it's because we were not aggressive enough or because we gave up before we saw results, but one of the most important things I have learned from working and living in this kind of environment is that it takes a lot of time. The changes do not come about overnight, it takes a matter
of years. First of all, you have to get your staff ready to be a part of that, that sounds unusual but it’s true. . .some people do really well at expressing their opinion at wanting to be part of decision-making, but I also found some staff that were reluctant to become involved, it’s like "Oh boy, if that’s my idea and it doesn’t work," they still have a lot of those feelings from the past, a lot of employees have worked for years and have always worked the other style of management and they feel more comfortable with somebody saying, "do this, do this, do this" on a daily basis. I even had people come to me and request, "I would lot rather you tell me what you want me to do everyday," and I myself had some difficulty with this, I’m not going to say that I didn’t. It takes longer when you have a group of people looking at a decision, therefore, you’re holding things up than if just one person is making all the decisions, so when we first started the process, it was, oh it was just uncomfortable, because if I had been making the decision, I would have made the decision and got it over with, whereas, with a group of people, and you’ve got subcommittees, and you have to wait until the subcommittee comes back with
the idea, you’ve got people brainstorming, it takes longer to even make a decision. And I had some difficulty, I really did, giving up some of the role of being, of saying, "this is how I want you to do it." And sometimes, when you know something, or you feel like anyway that your way is better, that a lot of my staff have felt differently, we have actually gone with the process and sometimes I’m right, sometimes I’m wrong, it’s vice versa with them. It’s a learning process that I don’t think you ever fully arrive.

R: So your personal management has changed.
E: Certainly, certainly.
R: Has communication changed during these years between management and the employee? What has this meant for your position?
E: Well, tremendously. As a matter of fact, I have very few employees who even knock before they come in my door.
R: Did they used to?
E: They used to. They used to ask if they could enter. Now this is the style I had always been accustomed to. They asked if they could enter. Now, if I feel like I have to have privacy because there are times when
you’re talking with an employee and you need that privacy, then I close my door. And they know when there is a closed door, that just out of courtesy, they would ask, but for most intent purposes, they just walk right in my office. They feel like what they say makes a difference. And it’s a different atmosphere because they feel like they can come in and talk about any kind of situation. You know, I want to be the kind of leader that leads and motivates, I don’t want to be the kind of leader that makes all the decisions for them. I can actually say that comfortably now. I like the involvement of all the other staff. We have a team that even assists with the interviewing process. . . why shouldn’t they have a voice in that, they’re gonna have to work with that person as much, if not more, than myself. . .

R: Dwyna, there are two terms that have made a major impact on the organization of the 90s, these terms being "participative management and the learning organization." Are you familiar with these terms?

E: Yes.

R: First, where do you think ARH DHS stands within the concept of "participative management?"
E: Well, first. . .I have never been involved in a process in ARH. . .where the participatory style of management had been utilized and we really do live it. You know, it's one thing to talk about it, and another thing to actually do it, and I feel like I have all the support I need from the management people here from the Division staff, again, it's a learning process, I think that will always be ongoing, will always see things you need to improve upon, but I think living, actually doing it, is the main thing.

R: Second, where do you see ARH DHS within the concept of the "learning organization?"

E: Well, as you know, with healthcare reform, everything in the healthcare system is changing, I know that if you don't stay proactive, you're gonna get left far behind and at the Division, it's an everyday process, it's an everyday issue. We have to learn to remain proactive, we have to learn in order to meet our patients' and our communities' needs. . .it is talked about, it's practiced in our Directors' meetings, anytime we have contact with them, it is part of our standards, performance for the directors, but we're to go back and have the same. . .with our staff. So it certainly is talked about greatly in our organization.
R: Dwyna, if you had a message that you could send to all organizations who wanted to survive, and to survive well, and that message included the concepts of leadership and communication, what would it be?

E: I suppose the most important thing in order for us to survive, in order for an organization to survive, is to . . . people within management, this needs to be from employees too, but look at the humane qualities, morals, and ethics. . . Everyone is important, they need to know that they are important. . . they need ownership into an organization. . . they need to be a part of it. . . and I’m not talking about an official ownership. I’m speaking of them keeping up with what’s going on, knowing that what they say makes a difference because pretty soon they stop saying it if no one pays any attention, then pretty soon they don’t care what happens, so they don’t want to be a part of what is going on. If they feel like, on a daily basis, that people listen to them, that they actually do something about whatever it is that concerns them, I think we need to put the caring back - Put the caring back.
R:  Do you have any additional comments about how leadership style and communication relate within ARH DHS?

E:  I probably have covered that pretty well in the questions answered previously, unless you can think of some particular point you’d like me to expand on. I just think that if you keep in mind that it’s gonna take a long time, and that you’ll have situations. . .and I certainly don’t feel staff has to be involved in every decision, it’s just in the major things that are going to affect them and the things that they are concerned with and that would be different for every organization. And I know for sure if you don’t have leadership that buys into it, leadership that will support you from the start, it’s not going to work and it’s a difficult process for people to give up old habits. I mean, it just is, and that would be with any organization, not just healthcare.
Chapter 7

Content Analysis

A total of 30 memoranda were selected using the subject of "meetings" to perform the content analysis. These memoranda were selected as to the availability of the subject of meetings for a particular year. The total of 30 memoranda was an appropriate sample size for the subject that was chosen. I felt that this subject was appropriate because through meetings, many of these realities came to be. The reason that the pronouns *I, we, our, my, me, you, your, and us* were used for this study was based on the Sapir-Whorf hypothesis, "we know the world only in terms of our language" (Macionis, 1992). Also, this was based on the belief that if language shapes reality, then, humans also retain the capacity to alter their language, and the corresponding reality it evokes. Therefore, a search for evolving phrases such as "I say, you do," phrases to change into the "how can we?" will be done as we see the process in action. Thus, I expected that there would be a more "we-ness" come into reality.

A bar graph represented an average utilization of the targeted pronouns for the years of 1992 through 1996. The graph visually demonstrated the usage of the pronouns, the
number of times that each pronoun was used, and visually

demonstrated the time that change was occurring.

There were more meetings from which to choose in the
years of 1995 and 1996. The meetings available for
choosing during the years of 1992 - 1994 were those regular
meetings which had been held during the previous years.

The pronoun analysis was a search for how directives
were presented. The author reserved the right to be open
minded enough to search for other communication habits that
may exist, or those that were different than expected.
Chapter 8

Results

All data presented the different ways that Appalachian Regional Healthcare Division of Home Services had implemented the shift of management style through the elements of communication. These elements of communication included employee empowerment, trust, building positive relationships, building of alliances with other entities, letting go of ego, and teamwork. The trends that were provided by the literature compared beautifully with the series of data points, these data points being the information given by the participant observer, the detailed interviews, and the content analysis.

Participant Observer

As participant observer, a relationship was found between the literature of the day and the changes that were taking place within the organization. Reorganization and reengineering did not become only buzz words, but they also became reality.

Dr. Calico not only provided vision for the organization, but filtered the vision of building positive working relationships down to the administrators. This
information was presented to the staff in the individual manner of the administrator.

The once autocratic style of leadership became a democratic style. Leadership changed to the extent that the employees became empowered, trust became imperative, the employees were given autonomy, decisions began to be made at the lowest level possible, retreats were used as envisioning purposes, and participative management began its implementation. The learning organization became well on its way to becoming reality.

It was noted that communication began to be different between management and the employees. This statement was reinforced by all the nine interviewees.

Home health visits grew as hospital stays became shorter. Home Services’ staff increased. Even during these intense times of growth, the importance of working relationships was still top burner, as was spoken the interview with Lynn Hall.

Through participant observance, I saw and became a part of all the changes.

Detailed Interviews

The nine detailed interviews provided a deeper connection between the literature, the participant observance, and the content analysis.
Dr. Calico's statement that "leadership has to let go of ego" provided great connection between the two concepts of leadership and communication. Also, his very own discussion of his own vision, the changes that were taking place in healthcare, and the importance of working relationships brought connection to the things that were actually happening, and being written about.

Dr. Calico's response that part of the learning process is learning how to communicate, the beginning phase of participative management, that everybody needs the opportunity to improve and change and grow gave further insight into the vision of the leader. Also, he stated that "character is where that comes from and it's a very, very deeply rooted piece of our being," the right character foundation showing up in the right place at the right time creates wonderful results.

Leslie Rogers' interview provided an insight to the changes that had taken place within the Division of Home Services. When asked what he did to implement change, he responded that "well, first of all to implement change, you have to change yourself." He spoke of his philosophy, that he thought healthcare is a right, not a privilege. He talked about the fact that he surrounds himself with people that thinks as he does. He spoke of the importance of
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giving employees the right tools to do their job and the fact that very seldom do I have to make a decision by himself. He trusts the people that work for him and decisions are made as a team.

Les also stated his belief "I feel there are a good number of people that really view this more than just a job. . .but I still want people to look at the human side of what’s going on."

Anthony Cerrito emphasized that the management has flip-flopped during this period. He stated that he believed that "we got in place - and this I think is a lot of Les’s doing, individual selection, we got in place a team where it became an option, which Les chose to exercise, his personal liking to the idea of team management, his active listening to the employees, and that he believes we are on the cutting edge of participative management. He also spoke of the retreats, the importance of the individual, and that "productivity is enhanced when our actions do not cause fear and anxiety, or misunderstandings."

Floyd Davis demonstrated the fact that ARH Division of Home Services would learn to work with other entities as he described his role within the Division of Home Services and the University of Kentucky Medical Center. Floyd discussed
the retreats, the new vision, the growth, Les as an enabling leader, leadership, the fact that we pay much less attention to who’s at the bottom than who’s at the top, the comparison of change to that of waves and ripples, the most able and brightest stars being part of the Division of Home Services and how that came to be.

Kay Lee Vanover discussed the fact that she supervises 21 employees in the Business Office. The billing is done for all the agencies and stores. She talked of the change in management style, the implementation of the team structure, everyone has the freedom to speak up, the belief that this change is not exclusive to ARH, but a shift in paradigms, in the way that corporations and the way that people think, the Worldwide Leadership Conference, personal change in management style, the communication change within the Division during these years, and the fact that you gotta stay ahead. Kay Lee’s message to organizations that want to survive is "I think maybe to become a learning organization, to encourage growth and development in every area, in employee development, but also personal, to break down barriers between employees and employer, to seek the best in both and for everyone to adopt the style of not "us" against "them" but one of...unity."
Leslie Spencer spoke of the time when there was no communication within the Division of Home Services (explaining that she meant that you did not communicate with your supervisor, you did not communicate with any of the outlying agencies that you had to deal with), in the beginning the management style was very autocratic, you did exactly as you were told, "you couldn’t do a good job, you done what you were told to do and you couldn’t do anything extra." She credited the fact that days in accounts receivable have become so successful is due to the fact that she now, as an employee, has the right to call the people that she needs to talk with and ask for what she needs. She talked of the time when she could not do that and the days in account receivable at that time were very high and also expressed "the style of management now is 100% different than it was when I first started with Home Services and from 92 - 96, we have become a lot better." Leslie’s message to organizations is "You have to communicate with the people that you work for and the people you work with. There has to be total open doors for communication."

Peggy Lynn Hall expressed her feelings when she was in the decision making mode to come to the Division of Home Services. She had been told that she would be sorry, that
it was not a good place to come and to work, but came, and states that she was pleasantly surprised. She discussed the changes when there was a time when management was "the boss," but now she says that "Les asks for input from the employees, he takes that input and he puts it to work. He doesn't just listen to what you are saying and throw it away. It is team work, it is team work involved all over here, he wants everyone's input. I worked over to the hospital for twelve and one half years, I never went to a staff meeting at the hospital. I have been to staff meetings over here." She talked about how hard we all work at the Division and her message to organizations is "Well, I think that you cannot dictate. You ask and you ask in a way that is right and you are going to get much more out of everybody. To demand and to dictate is bad, you're gonna have people resent it... you need to work together for the same thing." ". . .I think if everyone out there in this world that is working in business could have just a little time to come to the Division of Home Services, even on a hectic day, and kind of sit back and look and see how things go, and take just a little bit of that back with them when they go back, they will have a better place to work. . ." Peggy Lynn also added that since her coming to
the Division, that her confidence and self-esteem have improved.

Dwyna Dean talked about the work day in the Hazard Home Health Agency. Supervisor of 65 employees, several different disciplines, i.e., registered nurses, nurse aides, clerical staff, social workers, physical therapists, occupational therapist, and homemakers, Dwyna has recently taken on the challenge of the team concept. She talked of the days when management made all the decisions, evolving into language such as "you have to trust people to do a good job," and "what can we do differently in our system to make things better." She credited that change to leadership being the most important emphasis. She talked of the teams that the agency has in place, an example of the interviewing team. She states that "with healthcare reform, everything in the healthcare system is changing, I know that if you don’t stay proactive, you’re gonna get left far behind and at the Division, it’s an everyday process, it’s an everyday issue." Dwyna's message to organizations who want to survive states that "everyone is important, they need to know that they are important...I think we need to put the caring back - put the caring back."
James Stamper talked of his involvement with the directorship of the now 26 homecare stores. When describing the management style of the Division of Home Services in 1992, he stated, "when I first came here...it definitely was not democratic, it all flowed from the top. . .we really had very little input into what was going and we received our orders from the top and we didn’t vary from them much, that was the way it worked, straight down, and just had no input, whatsoever, into what we were doing." He stated that in 1993, we started to have a little more input, but in 95 sometimes "the entire way we kind of thought and did things changed, we went into more of a team concept and the employees were being given a lot more input into what was happening and what was going on, and what we were gonna do and they were empowered to make the decisions - we had support from the top of the Division. . .I can’t think of a time since then that we haven’t used the team concept and the input from the teams to make the decisions. . .and that is disseminated throughout the Division, that is not just at the top of the Division, but that is even our teams out in the field. . ." Jim credits the change to growth explosion and the fact that management realized that they could no longer be in full control. He also expressed that it was difficult for him to let go of the control
style and that it took some time getting adapted and getting used to working for the teams. He says that the management today is more democratic. . . that we decide collectively what is the best approach, the best way for us to handle any given situation, that he thinks our employees are now more confident, and we continually strive to educate our employees. Jim's message to other organizations is "to empower your employees, listen to what they have to say, give them an opportunity to participate in management. . . That is what it is going to take to be successful in the future. . . give them an opportunity to improve their education, give them opportunities to improve their job skills, and I think you will have a better employee, a more productive employee. . ." Jim states that he thinks that the leadership style has everything to do with communication. An autocratic leader who controls every move stifles communication. . . if you are an open leader, respect your employees, respect their opinions, empower them to make decisions at the local level, support them in their decisions, correct them when they need correcting, I mean you can't just let them make any decision in the country, support them in their decisions, you can give them guidance, and allow them to implement. . . and so I think if leadership at the top allows
communications and supports, then I think you will have better communications throughout the organizations and probably see improvement, maybe some you didn't expect."

One interesting fact that I noticed during the interviewing process was the feeling that the management staff had toward the concepts of "participative management" and "learning organization." Most felt that we were further along within the concept of the learning organization than in the concept of participative management.

Throughout the interviewing process, it became interesting to hear the leader speak the vision, and the employee experiencing the effect. An example of this was given by Leslie Spencer when she stated that "you have to communicate. You have to be able to talk to the people who can give you what you need to do your job."

Content Analysis

Finally, the content analysis was proven to be of interesting nature, throwing the author into a different mode of thinking than originally thought. The subject of "meetings" was chosen in order that an overall view of the evolution could be demonstrated. It was more difficult to choose correspondence that was entitled "meetings" in 1992
and 1993, and even in 1994, than in 1995 and 1996. The reason why was because that in 1995 and 1996, there were many more meetings taking place than in the former years. The earlier years only provided meetings more in the structured way.

The word "I" was used 44 times, "we" was used 21 times, "our" was used 18 times, "my" was used 9 times, "me" was used 11 times, "you" was used 24 times, "your" was used 6 times, and "us" was used 1 time. The year of 1994 was shown to be the year of the "pronouns," according to the choices of memorandum that were selected.

The year of 1995 was the year that the change really "happened," as the teams all evolved and made this selection much easier, and 1994 was the year that everything began to "take off," as is demonstrated by the graph (See Appendix D and E).

Also, while reading the memoranda, a sense of "we-ness" did evolve by way of team management, however, the correspondence took on almost a different role. In some writings, the pronouns were excluded entirely. The thinking that "I want you to do this" would evolve into words such as "how can we do this" also proved to be spoken in terms of "how can I help you." This encouraged a different way of thinking. The way the word is used makes
a difference in its meaning, a fact that was not considered in the beginning of the study.

But this content analysis did represent change, along with new questions.

Discussion

Upon returning to the research question: "How is Appalachian Regional Healthcare Division of Home Services implementing the shift of leadership style through the elements of communication," it can first be stated that this study does connect leadership with communication. It may be concluded that during the earlier years of the ARH Division of Home Services, the leadership style was that of an autocratic nature. It may be also concluded that the communication was stifled. This study indicates that in the late 80s, the road to reorganization was being paved through many pages of literature. Peter Senge’s Fifth Discipline became available, through the administrator’s office, to all who wanted to share in its reading. Also, even today, Dr. Calico continually sends up-to-date information to the administrators, and Les always shares this information with the employees.

Not only were organizations facing change, health care was changing. Home health was on its way to becoming a
front runner in health care. Appalachian Regional Healthcare Division of Home Services, an organization led by Leslie H. Rogers since its beginning in 1983, would face not only one change, but every change. Personal observations have shown to me that usually when new ideas begin, or when changes become imperative, a new leader will emerge, not in this study. Autocracy became democracy, communication became open and no longer stifled, at least not at the Division level, retreats were planned for visionary reasons, teams began to make decisions, barriers were broken, self-esteem and confidence grew among the employees, empowerment of the employee began to happen, small group meetings became almost a daily happening, trust became inevitable, a sense of "we-ness" evolved, accountability came into focus, and the Division of Home Services has been able to cover more of the map areas throughout the states of Kentucky, Virginia, and West Virginia. The "way the message is presented" became a common thread throughout the change. Appalachian Regional Healthcare Division of Home Services has implemented the shift in leadership style through all the above-mentioned communication elements.

During the interviewing process, and all interviews were recorded, I noticed the very vision of the
interviewees. The majority of these employees were facing personal change, and presented their own special type of vision. It is often stated by Leslie H. Rogers that he "hires people who make him look good." These interviews demonstrates that very strength.

I see that each interviewee has helped to implement change in their own way. Dr. Calico provided the overall vision and the leadership for the organization. Leslie H. Rogers recognized that the way was democratic and has brought the team concept to life. Tony Cerrito now makes more of an effort to listen and believes if people do not listen, then the team concept cannot work. He sees himself as the mortar between the bricks. Floyd Davis has become an active player within the alliance between ARH and the University of Kentucky Medical Center. Susie Spencer believes that she can perform her job better since she can communicate with those from whom she can get the information that she needs. Jim Stamper admits that the team concept has been an adjustment for him, but also admits that it works. Peggy Hall says that she has a better self-esteem since she has come to the Division, and feels comfortable to go to leadership for answers or concerns. Kay Lee Vanover states that when we lead ourselves, we lead others, it has to begin within. Dwyna
Dean has directed a home health agency toward the team management concept.

Other areas of discussion that may be derived from this study could best be restated from the interview of Floyd-Davis, Director of ARHUK: "There is one thing I think should be said and considered and that is the success of the Division of Home Services as a learning organization and a communicating organization was brought about by a marvelous influence by an adjunction of factors. We had a leader, Les Rogers who was willing to make and allow it to happen, and you had an organization that was so service oriented that it was willing to allow itself to be changed. . . but you also experienced almost a sort of natural selection in the staff that was accumulated. Because the DHS grew as the coal industry collapsed . . . so the Division had at its disposal some of the brightest and most able people who at one time have been associated with those other organizations and Mr. Rogers was able to people his neighborhood with some of the brightest stars of the region because they were available. Look around you at the people who are in management positions now, how many of us. . . who were brought here by an opportunity for employment and have been kept here because of the environment they found when they came. You know these are not people who could
not go elsewhere, but it just happened that they were available, they came, they saw, they experienced, and they stayed, so the Division is really built by those two things as I see, the leadership. . . and the almost accidental circumstance by which the brightest and most able people that the region would be able to generate became available to people this place at the very moment they were needed. . . but you know, look around - if the coal industry or any economic activity in the area starts offering competition for the brightest and most valuable folks and growth stops at that point, the growth was driven by the abilities of those who were brought here. If growth continues, then the presence of those with great ability was a happy accident. . ." A future research possibility may be "was this success a happy accident?" Or, "was this a result of time and place?"

Other research possibilities may evolve around the terms of "empowerment." What will its results be? Will the employees who are "empowered" be able to accept the accountability that goes along with it? How much of this change has filtered out into all the different units, or is this another challenge within itself?

Or, to further expand on the pronoun analysis, what was the true significance during the year of 1994?
According to the graph, does this mean that during the times of change that communication will become stronger, then subside as the change becomes reality?

Or, as health care evolves and changes, where will home health be then?

An issue that is viewed by the author as being important in this revolves around the article by Emily Friedman entitled "Rules for a Bumpy Road," and these words were part of that article: "For despite the hugeness of the healthcare system, its grand associations, its great institutions, its piles of money, and its gleaming headquarters buildings, the rightness of its actions will always be determined, in the end, by the character of those who work within it." Dr. Calico stated in his interview that "the source of this whole body of thinking is that individuals do count, and our ability to engage in those kinds of constructive relationships and positive constructive communication and actively refusing to be engaged in negative relationship behaviors and communications are very characterological issues - you know it's not just a habit, it's something that people can learn, but takes a lot of will to learn it. . ." A concern of the author revolves around the characteristics of the person who is willing to
learn it, and the person who is strong enough to change. Has the success of the Division of Home Services been a happy accident?

Also, Floyd Davis gave a true representation of the process of change: "but when you are looking at the result of a catastrophe, or a crisis, you can actually see that there is a wave, like a ripple spreading out on a pond that has a leading edge and has a trailing edge. . . the leading edge of that ripple is destruction, in changes, the static relationships that existed before it comes - it disrupts the surface of the stability of the pond, but as that ripple goes on, the backside of that ripple is a wave of creation that creates a new stability that will exist until the next ripple comes upon. The Division of Home Services as a learning organization is a perfect illustration of how we have taken that destruction creation, almost a ying and yang situation, and turned it to our advantage because since we have acknowledged that there is no perfect state, since we have acknowledged that we are never going to arrive at a point of absolute stability, then we are free to change with each wave that comes through."

Another message that I am hearing during this study is that "it makes a difference in the way that one treats another person." This leads me to ask another question,
"does the way that people are treated have anything to do with productivity, or success?"

As I focus on these concerns, the behavioral changes that I have observed during this implementation have been many. These observations have included the following: 1) More meetings take place today within the Division of Home Services than ever before; 2) teams have been formed to address each issue of organizational operation; 3) the open-door policy exists to the point that employees feel free to walk in any office that is needed to get the job done; 4) management and non-management work more closely together; 5) meetings almost always involve management and non-management staff; 6) problems are solved through consensus building; 7) employees have ownership of their job along with the accountability and responsibility of that job; 8) more positive working relationships are seen; 9) retreats have become a way for envisioning purposes; 10) ideas are listened to; 11) alliances have been built and meetings take place on a regular basis with folks that were once considered competition; 12) encouragement for continuing education; and 13) the atmosphere is more relaxed. I must also express that this does not mean all ideas are activated.

Just recently, several members of management attended
a worldwide leadership conference. Stephen Covey and Peter Senge were presenters during this conference. Dr. Covey’s words "dare to become the change you seek in the world" helped me to further believe that change must take place within the individual before that change can take place in an organization.

Also, Customer First workshops and Dale Carnegie classes have recently been enjoyed by ARH employees.

Throughout this project, its introduction, its literature review, the participant observer view, the detailed interviews, and the content analysis, I have shown a dynamic connection between all these variables. It can be stated that I was also able to compare a series of data points to a theoretic trend, while raising many other questions. The reality that human beings make up an organization and that change is inevitable will forever bring new questions, new possibilities, new problems, new answers, and new ideas.

Also, a look into the changes that are now beginning, changes that could lead into further research, can best be stated in the following manner: While attending a recent agency directors’ meeting, Leslie H. Rogers closed his presentation with these words: "No longer are C’s acceptable, you are now flying with the eagles."
Leadership and communication.

BIBLIOGRAPHY


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INTERVIEW FORMAT

The format of this interview format was derived from "The Survey Interview" from Interviewing: Principles and Practices by Stewart, C. J. & Cash, W. B.

R - interviewer
E - interviewee

R: Good Morning/Evening call by name. Please have a seat. How are you today?
Call by name, I am a graduate student with Morehead State University, currently pursuing a masters degree in Communications. The thesis that I am writing will involve a study of "how Appalachian Regional Healthcare Division of Home Services is implementing the shift of leadership style through the elements of communication." I will be asking a few questions about your perceptions as an employee concerning the shift and am asking for permission to record the interview. (Get permission, or refusal, at this time). Also, I want you to understand that there may be excerpts of our conversation today that will be written within the contents of the thesis. Is this
all right?  (Will get permission, or refusal, at this time)
APPENDIX A

INTERVIEW FORMAT (THIS FORMAT WILL BE USED FOR ALL EMPLOYEES OTHER THAN THE PRESIDENT AND THE ADMINISTRATOR)

- ARH - Appalachian Regional Healthcare
- DHS - Division of Home Services

1. First of all, how long have you been employed with Division of Home Services?

2. Would you please describe your position with the Division of Home Services?

3. Would you please describe the management style of DHS as it was in 1992, or in the earlier years?

4. Did something happen to the management style of ARH DHS during the years of 1992 - 1996? If so, what happened?

5. What do you believe brought about the changes?
   (Will be searching for terms such as reengineering, downsizing, changes in Medicare & Medicaid, changes in administration, case management, and changes of
hospital stays becoming shorter and home health visits rising).

6. Please describe the management style of ARH DHS as it exists today in 1996?

7. Has your personal management style changed? (If manager) If so, how?
Has your role as an employee changed? (If non-management) If so, how?

8. Has communication changed during these years between management and the employee? What has this meant for your position?

9. Call by name, there are two terms that have made a major impact on the organization of the 90s - these terms being "participative management and the learning organization" - Are you familiar with these terms? If so, where do you think ARH DHS stands within the concept of "participative management?"
Second, where do you see ARH DHS within the concept of the "learning organization?"
10. **Call by name**, if you had a message that you could send to all organizations who wanted to survive, and to survive well, and that message included the concepts of leadership and communication, what would it be?

11. Do you have any additional comments about how leadership style and communication relate within ARH DHS?

I have no further questions. Thank you so much for your time and for sharing these perceptions with me. I do hope you have a good day.
APPENDIX B

INTERVIEW FORMAT FOR LESLIE H. ROGERS, ADMINISTRATOR, ARH DHS

(LESLIE H. ROGERS HAS BEEN THE ADMINISTRATOR OF ARH DHS SINCE ITS BEGINNING IN 1983)

1. Les, in 1983, you became the Administrator for DHS in 1983. Would you tell me about the early years of the Division.

2. What changes have taken place within healthcare during the 90s and what impact have these changes had on home health?

3. When these changes began, how did you feel?

4. What did you envision for the Division of Home Services?

5. What did you do to implement change for the Division of Home Services?

6. Have these changes affected the leadership style of ARH DHS? If so, how?
7. Les, I find it fascinating that through one leader, both the autocratic and the democratic style of leadership have played major roles. Which style has proven to be the most "effective - and what results have you had?"

8. How did you anticipate that management would communicate differently with the employee?

9. Les, there are two terms that have made a major impact on the organization of the 90s - these terms being "participative management and the learning organization" - First, where is ARH DHS within the concepts of "participative management?" Second, where is ARH DHS within the concept of the "learning organization."

10. What role does communication play within these concepts?

11. Les, if you had a message that you could send to all organizations who wanted to survive, and to survive well, and that message included the concepts of leadership and communication, what would it be?
12. Do you have additional comments concerning the relationship between leadership and communication?

I have no further questions. Thank you so much for your time and for sharing your perceptions with me. I do hope you have a good day.
APPENDIX C

INTERVIEW FORMAT FOR DR. CALICO, PRESIDENT, ARH

1. Dr. Calico, in 1993, when you became the new president of ARH, what changes were occurring within the realm of healthcare?

2. What would motivate someone, someone who sat on the Board of Trustees, with an active clinical practice of his own, knowing that the healthcare industry was about to evolve dramatically, take on such an incredible challenge?

3. What kinds of changes did you envision for "ARH?" Or as Dr. Stephen Covey would say, did you begin with the end in mind?

4. How would these changes affect home health, or would they?

5. What changes, if any, would pertain to leadership?
6. Dr. Calico, since so much of leadership is communication - how did you anticipate that management would communicate differently with employees?

7. Dr. Calico, there are two terms that have made a major impact on the organization of the 90s - these terms being "participative management and the learning organization." First, where do you see ARH within the concept of participative management? Second, where do you see ARH within the concept of the learning organization?

8. A few months ago, you sent an article by Emily Friedman entitled "Rules for a Bumpy Road," and these words were part of that article: "For despite the hugeness of the healthcare system, its grand associations, its great institutions, its piles of money, and its gleaming headquarters buildings, the rightness of its actions will always be determined, in the end, by the character of those who work within it." How do you feel this connects to the relationship of the leadership style and communication, or do you?
9. Dr. Calico, I have personally witnessed within our DHS changes in styles of leadership along with organizational communication during the past four and one half years. Do you have any comments about the dynamics of change that have taken place within our Division of Home Services?

10. Do you have further comments as to the relationship of leadership style and communication?

Dr. Calico, I realize that your time is valuable and I appreciate so much your sharing this time with me. Thank you and I do hope your day is good.
APPENDIX D

Average Targeted Pronoun Utilization
Per Memorandum

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## APPENDIX E

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