

Peer Review

Review of: "Redesign Considerations for a Person-Centered Nursing Home System"

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This commentary provides a robust systems-based critique of the current global nursing home framework and advocates for a comprehensive redesign grounded in systems and complexity theory. The authors argue convincingly for a shift from compliance-driven, fragmented care models toward adaptive, outcome-focused, and person-centered frameworks.

1. Specific Examples Supporting the Need for Adaptive Leadership:

Box 1 Case Scenario: The article presents a scenario where a resident with dementia mistakenly enters another's room. This is misclassified under rigid policy as sexual assault. The authors highlight how such rigid, top-down regulation disrupts care delivery, consumes staff time, and creates a culture of fear. Adaptive leadership is presented as essential to navigating such nuanced situations with context-sensitive judgment.

Systemic Barriers Across Organizational Levels (Table 1): Challenges like high staff turnover, regulatory overload, and emotional stress at multiple organizational layers show the need for leadership that can respond dynamically, support staff, and align operations with resident-centered outcomes.

Redesign Framework Emphasis: The article advocates for **adaptive governance** and **bottom-up feedback loops**, both of which rely on leaders who can integrate stakeholder input, adjust rules and behaviors based on emerging needs, and encourage innovation.

Quote from Heifetz (p. 5): "Leaders are not there to solve problems; rather, they are there to facilitate the necessary adaptive work..." — this reinforces the central role of leadership in facilitating flexible, emergent solutions.

2. How the Article Could Better Address Challenges in Implementing the Redesign:

Lack of Concrete Implementation Examples: The article provides strategic principles but lacks detailed, real-world case studies of successful system redesign in nursing homes. Adding such examples would improve applicability.

Scalability and Contextual Adaptation: The authors could discuss more how redesign principles would translate across differing national or regional aged care systems, especially in under-resourced settings.

Resistance to Change: While the article mentions "entrenched mindsets," it could expand on **practical strategies to overcome resistance**, such as phased rollouts, training programs, or stakeholder engagement models.

Policy and Funding Constraints: More analysis on how to align regulatory bodies and financial systems with adaptive practices would help bridge the gap between theory and execution.

Declarations

Potential competing interests: No potential competing interests to declare.