

Optimising Leadership and Management of the Residential Aged Care Workforce: *What needs to be done and how can this be achieved?*

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SYDNEY



❖ **Dementia care mapping & Other models of Person centred care**

“Rural-urban nursing partnership in dementia care”

“Evaluating the efficacy of DCM, compared with PCC, in improving quality of life, well-being and quality of care in persons with dementia: a randomised-controlled study”

“Effective management of challenging behaviours in aged care residents with a cognitive impairment through a nursing care model”

“What factors attract and retain nurses in aged and dementia care?: A systematic literature review”

“Strategies which retain dementia and aged care nurses in Australian health care settings”

In May 2010, a search of

- ✓ Google 127,000,000 hits
- ✓ ISI Web of Science: 33,233 articles; since 2000 18,546 articles



“One might wonder if we (as researchers, scholars, consultants, and leaders) were not the cause of this problem in that we have examined the parts of leadership, but not the whole.”

(Winston & Patterson 2006, p.6)



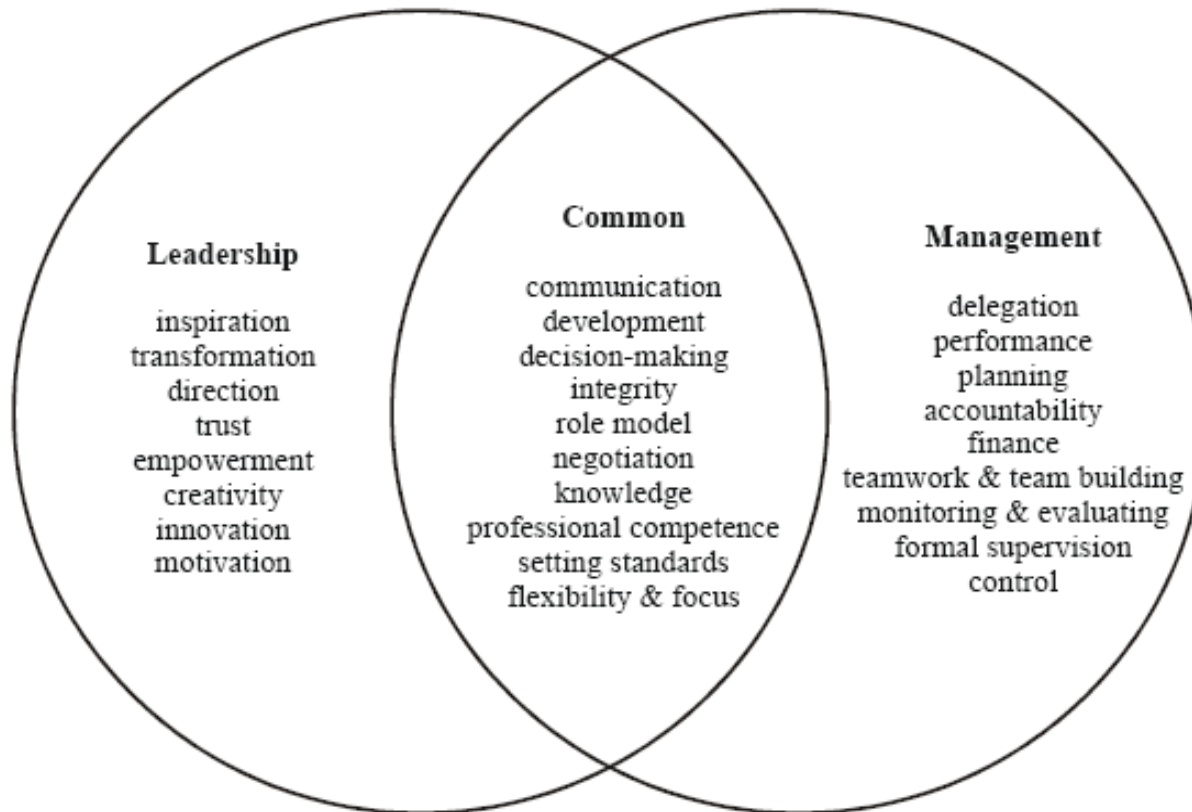
STUDY AIM & METHODS

- › **To provide options, strategies and recommendations for the enhancement of workforce leadership and management within the residential aged care sector to promote and maintain best practice**
 - › **Systematic literature review and narrative synthesis aiming to produce the evidence for developing a policy solution and decision making, called ‘decision support’ (May, Pope & Popay 2005) that is sensitive to a particular context and time, and involves a process of combining existing research evidence with expert opinions in the field of inquiry.**
 - › ***Narrative review:* a process of systematically appraising and synthesising primary studies to explore diverse nature of the phenomenon of interest descriptively rather than statistically**
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LEADERSHIP & MANAGEMENT

The leadership-management continuum



“Leadership and management should be integrated and complementary, so that leadership is reflected in management roles at all levels.”

(Skills for Care, 2004, pp.13-14)

TYPES OF LEADERS/MANAGERS

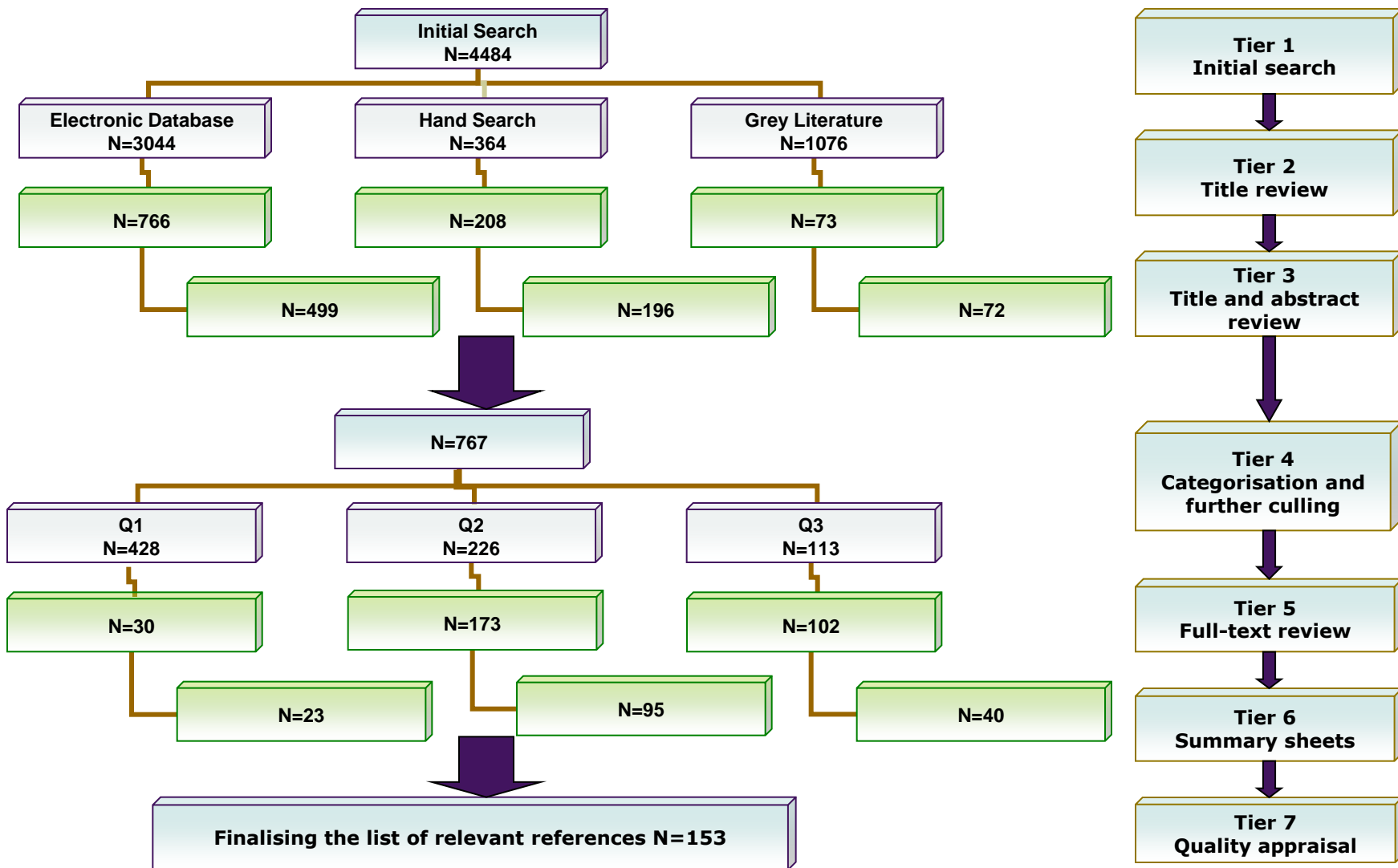
‘Executive management’ is somewhat equivalent to ‘senior management’ while ‘middle management’ is equivalent to ‘immediate management’. However, in the literature and in practice, the distinction can be blurred and their use may cross between the two types of roles depending on the way each individual organisation is structured.

Leadership includes clinical leadership and managerial leadership as middle management. Target populations include administrative, managerial and supervisory positions, such as directors or assistant directors of nursing or care managers whose roles involve assessment of residents’ health, development of treatment plans and supervision of other nursing staff or care workers as well as human resource management.

REVIEW QUESTIONS

- 1. What does the literature tell us about leadership and management in relation to the residential aged care workforce?**
 - 2. What are the essential characteristics necessary to sustain effective workforce leadership and effective management?**
 - 3. What are the factors influencing sustainable workforce leadership and effective management in residential aged care?**
 - 4. What are the best models/theories in developing sustainable workforce leadership and effective management in residential aged care?**
 - 5. What policies and systems are currently in place to develop and maintain workforce leadership and effective management in residential aged care in Australia?**
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METHODS - Searching and Culling Process



METHODS – Consultations/Dialogues

❖ Key Stakeholder Reference Group

- Alzheimer's Australia
- Commonwealth Department of Health & Ageing & ACT Health
- Aged and Community Services Australia (ACSA) & Aged Care Association Australia (ACAA)
- Aged Care Nursing Research, University of Tasmania
- Aged Care Standards and Accreditation Agency Ltd
- Royal College of Nursing Australia (RCNA)
- Australian General Practice Network (AGPN)
- Geriaction, Southern Cross Care NSW & ACT Inc.
- Catholic Health Australia, Uniting Care Australia & Baptist Care Australia

❖ Middle Management Focus Group (ACT)

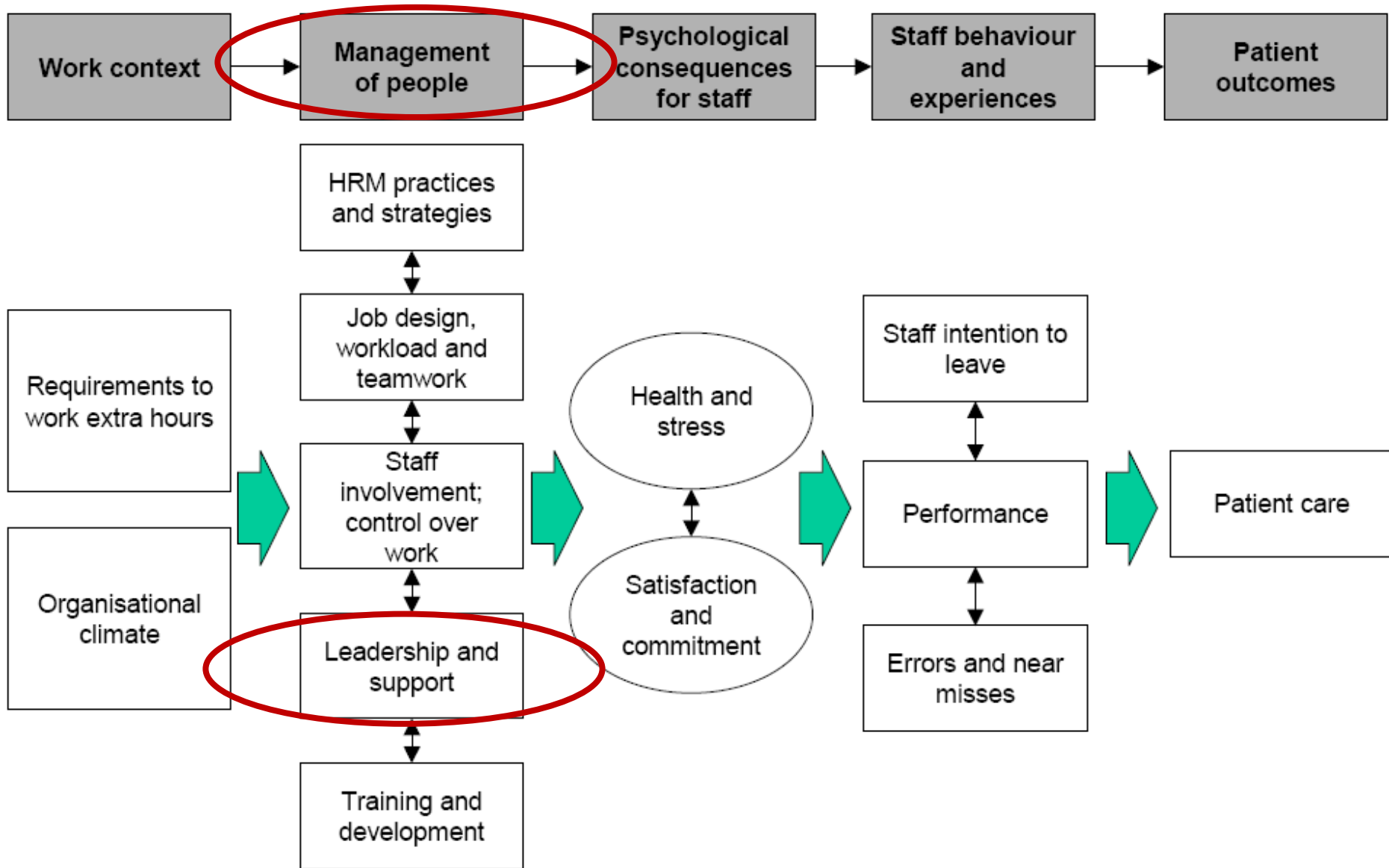
❖ International Expert Group - UK

- Health Services and Management Centre, University of Birmingham
- Sheffield Institute for Studies on Ageing (SISA), The University of Sheffield
- NHS East Midlands
- Social Care Institute for Excellence
- Skills for Care West Midlands
- Royal College of Nursing UK Clinical Leadership Program
- Care UK
- Centre for Care Home Studies, The City University



KEY FINDINGS (1)

- ❖ **A paucity of work has been done in Australia in terms of managerial leadership development for middle management in the aged care sector. Most studies are acute care setting oriented and overseas based**
 - ❖ **The essential attributes of good leadership: a hands-on accessibility, professional expertise in nurturing respect, recognition and team building, along with effective communication and flexibility**
 - ❖ **Successful leadership and management outcomes depend on coherent and good organisational leadership**
 - ❖ **Positive staff experiences of a manager's leadership are critical to ensure job satisfaction and retention, quality care and the well-being of care recipients, and potentially reduced associated costs**
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The links between the context of work, human resource management, psychological, physical, and behavioural consequences for staff, and employee health, performance and patient care (Michie & West, 2002)

KEY FINDINGS (2)

- ❖ **Theory development in aged care leadership and management research is limited**
 - ❖ **Inadequate preparation for middle management leadership roles in the aged care sector and a lack of clear guidelines and key performance indicators to assess leadership and management skills**
 - ❖ **A few effective generic clinical leadership programs targeting both clinical and managerial leaders exist. However, little is known regarding how appropriate and effective they are for the aged care sector**
 - ❖ **Viable career paths for nurses, into administration and senior management, need to be opened and facilitated, in order that the senior levels of management are occupied by people who understand the floor environment**
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LEADERSHIP PROGRAMS

❖ Leadership development approaches:

- 360 degree feedback
- Mentoring, clinical supervision for management
- Coaching
- Action learning
- Job challenge, Secondments, Succession planning, Networking

❖ Formal Programs for leadership development

- Postgraduate courses (often generic health/nursing management)
- Short courses (less than 2 weeks) run by various business management institutions
- Vocational trainings (e.g. Certificates III & IV Frontline management courses in Australia)
- Professional body run programs, e.g., RCN Clinical Leadership Program (UK)
- Social Care Leadership Development Program (UK)
- State Health run: SA Health Clinical Leadership program, NSW Clinical Excellence Commission (CEC) Clinical Leadership program
- Fast track programmes

❖ Organisational Development or Retention Strategy Program; Organisational Learning; Change Management

HEALTH POLICY TRIANGLE

› **Actors:**

individuals, groups and organisations

› **Context:**

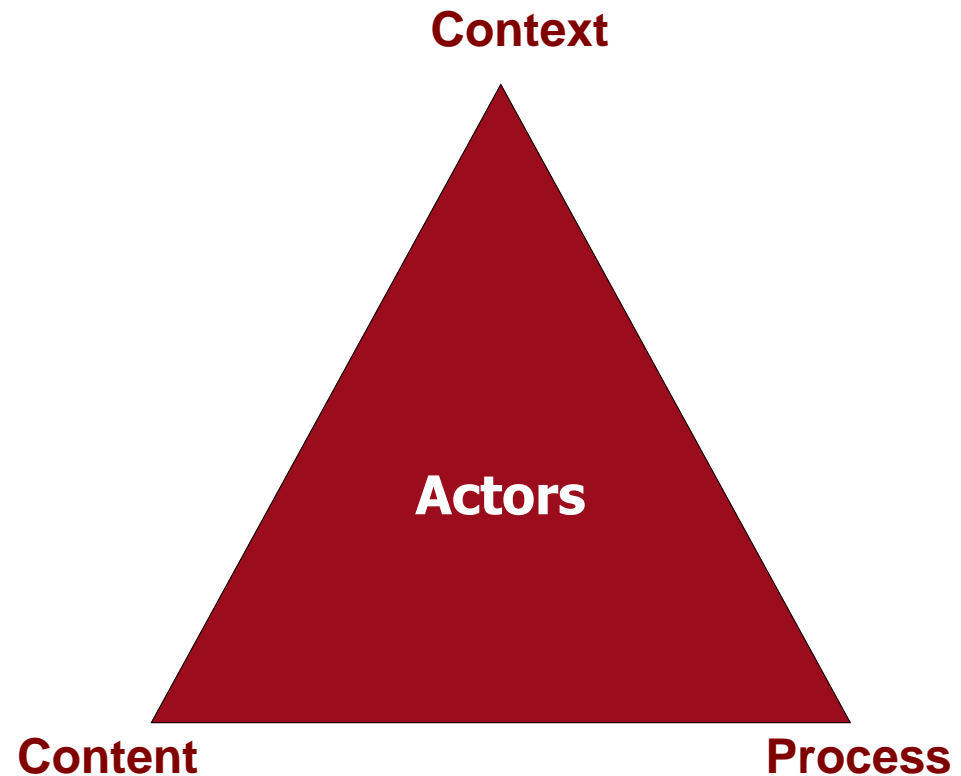
systemic factors – political, economic and social, both national and international

› **Content:**

substance of a particular policy

› **Process:**

“the way in which policies are initiated, developed or formulated, negotiated, communicated and evaluated”



(Walt & Gilson, 1994, Cited in Buse, Mays & Walt, 2005)

AUSTRALIAN POLICY CONTEXT (1)

❖ Demographic:

- Ageing population
- Increasing number of residential aged care population requiring complex care

❖ Existing policy, regulation and legislation:

- Ageing in place policy
- Aged Care Act 1997, Quality Care Standards 1997
- Detailed documentations required, e.g. ACFI
- Aged care standards and accreditation
- Aged care policy often perceived as punitive



AUSTRALIAN POLICY CONTEXT (2)

❖ Funding:

- Department regulates the industry as it has the power to allocate beds, determine who can be an 'approved provider', approve or restrict funds paid to homes, etc.
- Introduction of the Aged Care Funding Instrument (ACFI)

❖ Workforce issues:

- Shortage of licensed nurses, high staff turnover
- Low salaries/remunerations
- Staff low self-esteem, status issues
- Ageing workforce
- Women's business
- Outsourcing of general practitioners, specialists, allied health services
- RACF managers qualifications and background

❖ Public attitudes:

- Increased public expectation regarding the standards of care
 - Public perception of staff working in residential aged care
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KEY POLICY OPTIONS/ACTIONS (1)



Education & training

- ❖ Aged Care Specific Leadership and Management Qualities Framework, congruent with Person Centred Care
- ❖ Leadership and management programme based on the qualities framework

Regulation, legislation & accreditation

- ❖ Relevance of clinical qualifications in aged care

National minimum dataset (MDS)

- ❖ Ongoing data collection (e.g. types of managers, diversity and qualifications, pay and remuneration, and turnover and retention)

KEY POLICY OPTIONS/ACTIONS (2)



Incentives, remuneration and reward

- ❖ Career paths in administration and senior management to be made available
- ❖ Relevant policies guiding the notion of attractive career paths and succession planning with increased incentives, remuneration and reward
- ❖ Recognition of tertiary leadership and management development qualifications

Aged care leadership & management strategy

- ❖ Promoting a common approach to aged care leadership and management development at both government and aged care industry levels

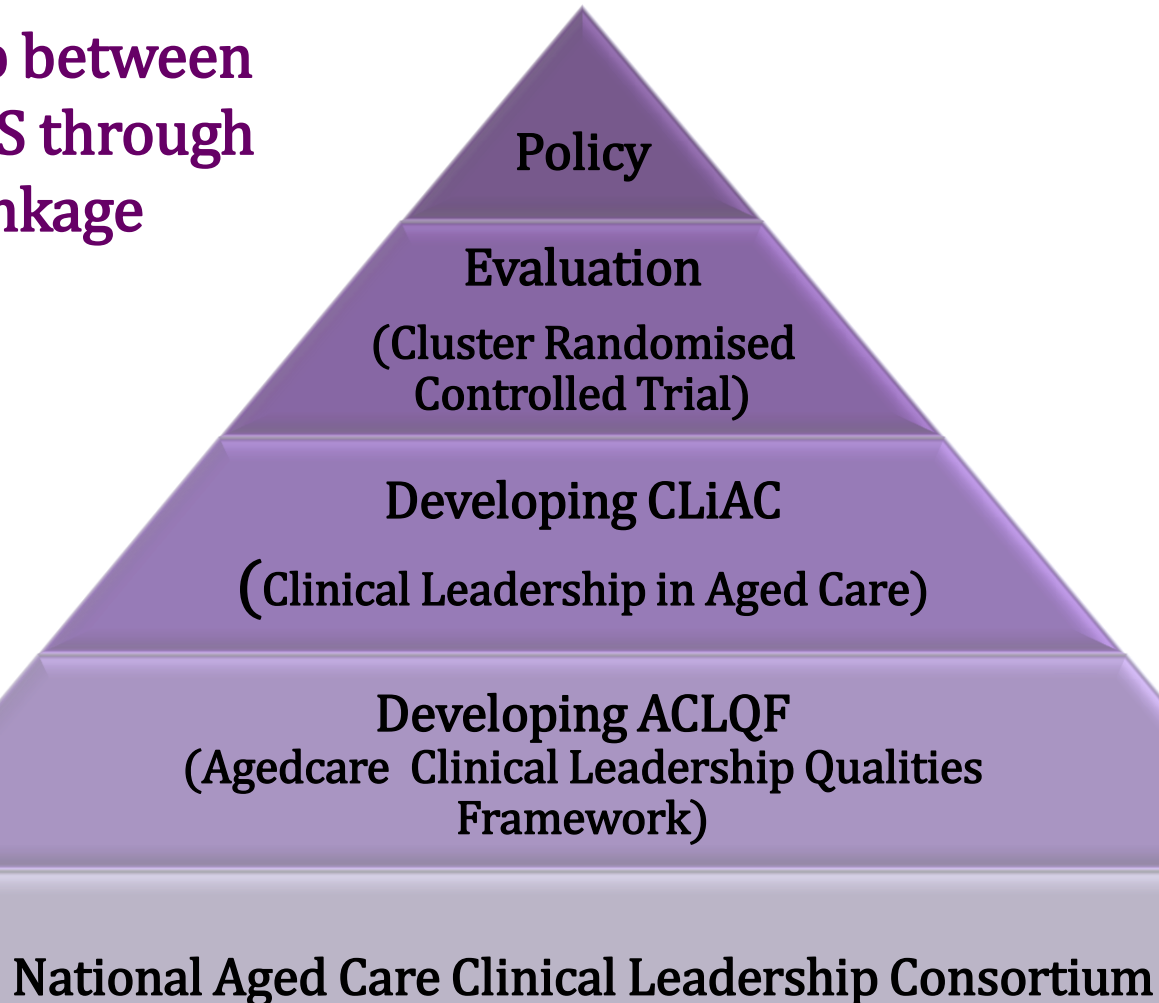


- ❖ **Strengthening of leadership and management skills in the RAC sector is critical**
 - ❖ **Focusing on individual leadership and management development cannot be a panacea. It requires organisational leadership and appropriate policy in place**
 - ❖ **The supply of the right workforce for the right job, with clear delineation of scope of practice, appropriate workload and skill mix, and maximum utilisation of the workforce**
 - ❖ **Framed as supportive and developmental, rather than punitive**
 - ❖ **The onus is on aged care industries as a whole and various levels of Government**
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WHERE TO FROM HERE?

**Partnership between
BCS and SNS through
ARC-Linkage**



OPTIMISING RESIDENTIAL AGED CARE WORKFORCE: LEADERSHIP AND MANAGEMENT

Jeon, Y-H
Merlyn, T
Sansoni, E
Glasgow, N

POLICY CONTEXT

As chronic disease and multi-morbidity accompany longer life spans and baby boomers move towards the ageing demographic, aged care is under increasing pressure in terms of meeting present and future workforce demand in Australia. To ensure quality residential care to the increasingly frail population, this review has systematically explored leadership and management development in aged care, one of the most pressing issues, and debates as presented in the literature and via the views of stakeholders consulted.

KEY FINDINGS

- A strong, effective leadership and management is critical in ensuring staff job satisfaction and retention, high care quality and the well-being of care recipients, and has economic implications in reducing associated costs
- There is inadequate preparation for the middle management leadership role in the aged care sector, and lack of clear guidelines and key performance indicators to assess leadership and management skills
- Theory development in aged care leadership research is fairly limited. Few effective clinical leadership programs exist in the health arena, however little is known regarding how appropriate and effective they are for the aged care sector and how best effective leadership and management can be developed for the future of aged care in Australia
- A leadership and management managers that will be a focus
- The needs assessment for leadership and management is needed
- Shared responsibility between funding and accountability and management skills in the

For more details, go to the [full report](#)

The research reported in this paper is a PhD supported by a grant from the Australian Government, Innovation and Development Research, Evaluation and Development Research, reflecting the views of policies

OPTIMISING THE RESIDENTIAL AGED CARE WORKFORCE: LEADERSHIP AND MANAGEMENT STUDY

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November 2007

1.3.25 Reports

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AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE OPTIMISING RESIDENTIAL AGED CARE WORKFORCE: LEADERSHIP AND MANAGEMENT

Jeon, Y-H, Merlyn, T, Sansoni, E, Glasgow NJ

POLICY CONTEXT

Chronic disease and multi-morbidity accompany the longer life spans. In 2004-05 more than 40% of older Australians had three or more long-term conditions. The population of people aged 85 years old, the fastest growing age group with the highest prevalence of multiple diseases, are predicted to reach between 9-9% of the total population. Fully licensed care nursing homes for the 100 residential elderly demographic contain an aged care sector already struggling to provide quality residential care to an increasingly frail population. In 2003 the Australian aged care sector employed 1.7% of the workforce and one fifth in total employment, making a major contribution to the economy. The aged care sector works hard to deliver better outcomes to the wider working sector and compete with the public and private sectors in a shrinking pool of qualified nurses. However, there are also concrete steps to that sector, in particular the registered care staffing ratios, or staff mix. Residential aged care (RAC) has gone from a parental model for care with little staff input to a more complex, interdisciplinary and multi-organisational knowledge and expertise. However, the quality of residential care is residential aged care facilities (RACs) is provided by Australia is leading, yet there are most likely to have better knowledge and skills to complex care needs. This complexity places a greater emphasis on the quality of clinical supervision and leadership capabilities found in what apply across the profession.

The National Aged Care Workforce Strategy 2005 provides a strategic approach that focuses on the need for a long-term, multi-level solution in the Australian sector. The Strategy identified actions to be taken and key performance to be used to achieve desired outcomes for developing sustainable workforce leadership and effective management, the quality of which are not to be followed up. This review has systematically explored one of the most pressing issues and debates as presented in the literature and via the views of stakeholders consulted. It is intended that the outcomes will help the residential aged care industry build its workforce capacity through evidence informed policy options that enable managers to provide leadership and effective management.

KEY FINDINGS

A strong, effective leadership and management is critical in ensuring staff job satisfaction and retention, high care quality and the well-being of care recipients, and has economic implications in reducing associated costs.

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AUSTRALIAN

The residential care workforce (average range of positions, relative to the total aged care workforce) is estimated to be around 1.7% of the total workforce. The aged care sector works hard to deliver better outcomes to the wider working sector and compete with the public and private sectors in a shrinking pool of qualified nurses. However, there are also concrete steps to that sector, in particular the registered care staffing ratios, or staff mix. Residential aged care (RAC) has gone from a parental model for care with little staff input to a more complex, interdisciplinary and multi-organisational knowledge and expertise. However, the quality of residential care is residential aged care facilities (RACs) is provided by Australia is leading, yet there are most likely to have better knowledge and skills to complex care needs. This complexity places a greater emphasis on the quality of clinical supervision and leadership capabilities found in what apply across the profession.

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ACKNOWLEDGEMENTS

This study was funded under the Australian Primary Health Care Research Institute (APHCRI) Hub-research grant scheme. APHCRI is supported by a grant from the Australian Government Department of Health and Ageing under Primary Health Care Research.

We are very grateful to the members of our Reference Group and international advisors for their contribution.

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