Leadership skills for quality residential aged care: An industry perspective

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Research Article

Keywords: Leadership, management, skills, residential aged care, industry experts

Posted Date: November 2nd, 2021

DOI: https://doi.org/10.21203/rs.3.rs-988087/v1

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Abstract

Background

Documented poor quality and standards of care in Australia’s residential aged care (RAC) sector have highlighted a need to better understand the role of, and skills required by, RAC senior management personnel to address these concerns. This study examined which senior management leadership skills are necessary to deliver and strengthen the quality of RAC, with the aim of improving understanding of the professional development needs of leaders in the sector.

Methods

We conducted 12 in-depth interviews with Australian aged care industry experts, including academics, and representatives from the primary health network, consumer, and provider advocate groups. Abductive, thematic analysis incorporated coding derived from existing leadership skills frameworks as well as inductively identified themes.

Results

Identified leadership skills were grouped into five domains including: i) workforce development and retention, ii) governance and business acumen; iii) health systems knowledge; iv) stewardship and v) responding to regulatory and political contexts. Participants placed a strong emphasis on the skills required to develop a competent health care workforce and manage relationships. While participants also mentioned leadership skills required to promote a positive organisational culture and employee wellbeing, the ability of senior managers to lead a quality service for culturally and linguistically diverse care recipients, was not defined.
Conclusions

RAC senior managers require a complex mix of business, human resource management, and clinical skills to deliver quality care in Australia’s complex RAC setting. The lack of any professional development framework to guide acquisition or updating of those skills is a concern.

Keywords

Leadership, management, skills, residential aged care, industry experts
Background

The global population is rapidly ageing. In 2020, there were approximately 980 million individuals aged 60 years and over and by 2050 this figure is expected to reach 2.1 billion. Australia is no exception, with approximately 25% of the population projected to be 65 years and over by 2057. As population ageing increases in Australia, there has been a concurrent rise in demand for aged care, including residential aged care (RAC) capable of delivering high quality care to older persons with complex co-morbidities such as multiple chronic non-communicable diseases and dementia. Yet, the inadequacies of Australian RAC services made public as part of the Royal Commission into Aged Care Quality and Safety, demonstrated numerous incidences of neglect and substandard clinical services. The same commission identified leadership skills and strategies required by managers to promote quality of care as lacking, by comparison to international RAC services and other Australian mainstream health care organisations.

Leadership can be defined as the behaviour of an individual when directing the activities of a group toward a shared goal. In the context of health care leadership, a skills perspective is often used to identify and describe the competencies (knowledge and skills) required by managers to influence quality of care across multiple settings, including aged care. Importantly, the demands of, and thus skills required by, managers in residential aged care services may differ to other health care organisations. The continuous nature and complexity of clinical services required by care recipients; specific regulatory requirements, and facility-level business operations, for example, are indicative of the need for (combinations of) skills somewhat distinct from mainstream healthcare organisations. In Australia, moreover, RAC organisations are operating in a context that includes well-documented and sector-wide underfunding, a slow uptake of contemporary technologies and chronic challenges in recruiting sufficient and appropriately skilled personnel. With the demand for aged care increasing and concurrent concerns regarding the quality of that care, there is a clear need to understand which types and combination of skills are required by managers to provide effective leadership in the complex landscape of Australian RAC organisations.
To date, however, no sector-specific skills or competency framework to guide the professional development of Australian RAC managers has been produced. Limited evidence of the types and combinations of skills needed in RAC may be, in part, to blame. Few studies have explored the topic in depth. A recent review of the evidence of the role of leadership in promoting quality of care in RAC globally, found only 14 studies in total, the majority of which focused on leadership styles, not skills, and reporting on conditions in the United States of America. None explored the types or combination of leadership skills required by managers in different settings, with none related to RAC in Australia.

Aged care industry experts [representatives] are well-positioned to consider the link between senior manager leadership skills and quality of care delivered by Australian aged care services. Industry representatives engage with stakeholders across multiple levels of the Australian aged care system, and inform sector-wide policy development and national governance arrangements in various ways. Industry experts include academics, primary health network representatives, consumer, and provider advocates who each possess knowledge regarding the health service needs of older persons in Australia. This includes knowledge regarding the types of skills likely needed for the development of leadership training programs for managers to drive best practice for the quality, efficiency and equity of services at national and facility levels. Industry developments, the role and responsibilities of leadership personnel are often considered in the formation of these programs.

With a view to addressing the gap in current knowledge regarding the combination of skills required by RAC managers in Australia, this study aimed to qualitatively explore the views of a range of aged care industry experts regarding the senior management leadership skills required to ensure quality of care.
Methods

Study design

We conducted an exploratory qualitative study to understand, from the perspective of Australian aged care industry experts, the leadership skills and strategies required by RAC senior managers to influence high quality of care. For the purpose of the current study, Australian aged care industry experts are those in a professional role that is either an aged care researcher, primary health network representative, consumer or provider advocate.

Qualitative methods support examination of underlying reasons, opinions, and motivations of individual participants. We conducted in-depth interviews (IDIs) using probes such as ‘why’, ‘how’ and ‘what’ to gain a deeper understanding of participants’ views and experiences regarding the senior manager leadership skills that influence quality of care in Australian RAC organizations.
Study Setting

The current study was completed with representatives who contribute to or advise regarding the delivery of aged care services in Australia. Examples of different ‘levels’ of care include: i) entry-level community-based care at home; ii) higher levels of care at home (Home Care Packages Program) and when living at home is not an option; iii) residential aged care. This study focused specifically on the role of senior managers to providing quality care in the Australian residential aged care setting (RACFs). Residential aged care provides health care services and accommodation for older people who are unable to continue living independently in their own homes.

In Australia, residential aged care providers can span a range of different sectors including religious, charitable, community, for-profit and government organisations. Typical services may include: i) accommodation; ii) personal care assistance; iii) clinical care and iv) a range of social care activities including recreational activities and emotional support. Approximately 250,000 older Australians received permanent residential aged care at some time during the financial year 2019/2020.

Participant recruitment

Using a combination of aged care industry experience and a comprehensive desk search, the first author developed a list of eligible individuals and organizations using public access contact information. Participants were then emailed an invitation for involvement. To be included in the study, participants were required to: i) be aged 18 years and above and ii) be either an aged care researcher, primary health network representative, consumer or provider advocate.

Overall, 12 in-depth interviews were conducted by the first author (ND) between December 2020 and February 2021, via video conferencing (n=11) and telephone (n=1). Interviews were conducted with provider advocates (n=6), consumer advocates (n=3) researchers (n=2) and primary health network (PHN) representatives who are involved in commissioning Australian aged care services (n=1) (Table...
Participants also represented national advisory committees including the Aged Care Sector Committee (n=1) and the Aged Care Advisory group (n=2).

The interview guide canvassed the role of the industry expert, their perceived link (if any) between senior managers and RAC quality of care, current and potential challenges associated with delivering high quality RAC, and the leadership skills required to address these concerns. All participants provided written informed consent and agreed to the interview being audio recorded and transcribed. Each participant was provided with a copy of the interview transcription and an opportunity to correct or remove data prior to the analysis.

Table 1. Description of participants based on professional role and organisation type

Data management and analysis

Abductive, thematic analysis incorporated coding derived from existing leadership skills frameworks as well as inductively identified themes. To identify major and minor themes, we took the following steps: i) hand written memos were collated immediately after each interview to ensure that a reflexive stance was maintained in relation to the research situation, participants and documents under study; ii) familiarisation through careful and repeat reading of transcripts and research memos, noting emergent themes; iii) each individual participant was emailed a copy of the transcribed verbatim to ensure that the investigators records corresponded with those of the participants from whom those data were derived; iv) open coding in which codes were created based on identified themes, codes were assigned to specific sections of transcripts; v) data display using matrices including summary tables.
Limitations

As with the majority of studies, the design of the current study is subject to limitations. Purposive sampling was used to recruit interview participants, however not all participants were able to interview due to scheduling or other issues.

Results

Overview

We present the findings under five skill domains including: i) workforce development and retention, ii) governance and business acumen; iii) health systems knowledge; iv) stewardship and v) responding to regulatory and political contexts. In the following sections, these overarching domains and the more specific leadership skills they encompass are referred to simply as ‘domains’ and ‘skills’ respectively to improve clarity.

Workforce development and retention

Skills in this domain included a manager’s ability to develop a workforce with an appropriate balance of clinical skills across the organisation. To achieve this optimal skill mix, a manager’s ability to recruit health care personnel across key service areas, with the knowledge to service a range of complex co-morbidities and psychosocial needs specific to an older demographic, was reported as critical to quality of care.

The ability of a leader to choose, recruit and retain key people across the core health services areas is so important to delivering quality care Consumer advocate – ID4

Critical to being able to support recruitment and retention, several participants additionally noted the importance of human resource management skills; including the ability to negotiate with staff and being compassionate to an employee’s needs within and outside of the workplace.

Human resource management is so essential to making quality health care occur. Provider advocate - ID2

Alongside these more technically oriented skills, participants also highlighted the importance of a senior manager’s relational skills. Key amongst these were the ability to nurture and build relationships with staff, communication skills and building peer support networks. The ability of
senior managers to develop rapport and trusting relationships with staff, for example, was described as promoting open channels of communication among inter-professional teams and thus promoting high quality care.

So, it's being personable and being able to develop that rapport with your staff so that they trust you and they feel like they can come to see you to discuss anything regarding the health care services that they are responsible for providing. **Provider advocate - ID2**

Another participant emphasised the importance of a manager’s ability to employ communication skills involving empathy and active listening techniques, as essential to creating therapeutic relationships with residents and their families and to positively influencing care quality.

I think every person who works in aged care, whether they're a leader or not, needs to have good communication skills in order to be able to engage in a therapeutic manner with residents, and so communication skills involve imparting empathy and involve listening. **(Researcher – ID9)**

External to the organisation, a manager’s ability to build and nurture peer support networks with other RACFs, to share expertise around business models that promote quality of care, improve business knowledge and receive peer mentorship, was also emphasised as an important leadership skill by provider advocacy representatives:

People should start to build collaborations across other [aged care] organizations ... so that they can bring in really top-quality people. **Provider advocate – ID5**

Make sure that you've got a good peer network around you that you reach out for that support. **Provider advocate – ID8**

**Governance and business acumen**

The ability of senior managers to create a governance structure to delineate power and define management roles in an organisation, was linked to quality of care. Participants viewed this skill as a strategy for managers to set rules, procedures, and other informational guidelines to quality improvement. A provider advocate emphasised that senior managers should possess the knowledge to develop an organizational structure that provides executives and managers the opportunity to make informed decisions regarding health care delivery.
The organisational structure must be designed by managers so that they can support themselves ... to free up their time to make the best decisions for their health care services Provider advocate – ID10

Another participant, who was a consumer advocate, emphasised the importance of senior managers possessing the skills to successfully lead the operational aspects of an organisation that are linked to service provision, such as compliance management and management of resources.

Again, leaders need to be committed to older Australians and be able to smoothly run high level operations in order to positively influence the quality of their service Consumer advocate – ID4

Critical to being able to support the sustainability and quality of RAC health care services, several participants additionally noted the importance of a manager’s business skills: including financial management, human resource and people management skills, as a factor contributing to quality of care, as reported by this peak provider advocate:

So, there's significant financial management, sales significant clinical skills and significant human resources skills, and people management skills that are required Provider advocate – ID2

The capacity of a senior manager to be strategic in planning operations was also emphasised as an important leadership skill. As described by this provider advocacy representative, such skills were linked to effective planning to meet challenges and identify opportunities for handling the increasingly complex political, regulatory and clinical landscape of RAC in Australia:

I think being strategic as well. So looking at opportunities and, as you were talking about before, innovation, thinking outside the square to get the best possible care for the resident. Provider advocate – ID6

Health system knowledge
Skills and strategies associated with a manager’s understanding of the health care system and clinical environment were noted by a number of industry experts. External to the organisation, the ability of senior managers to recognise the variations between mainstream health care organisations and RAC service provision was linked to quality performance. One researcher described that the quality of RAC focused greatly on maintaining an older person’s quality of life, which required a unique set of leadership skills:
So it is important to recognize the differences between acute care where the focus is on diagnosis and treatment, and aged care, where the focus is more about quality of life. It takes very different managerial skills to effectively manage each context and those who lead these organization’s need to recognize this. Researcher – ID7

In addition to managing the clinical aspects of RAC, most participants suggested that senior managers should themselves possess clinical knowledge and skills to successfully embed quality health care practices within the organisation. Clinical skills included managers’ ability to recognise effective clinical care models that address the health care needs of an older demographic and the ability to recognize clinical outcomes to care.

I think a problem where we separate out residents needs into biomedical needs, clinical needs and social needs and accommodation needs ... We need a consistent model of care that focuses solely on caring for the individual Researcher – ID9

You must have a keen eye towards resident outcomes, and I would be as broad as to say clinical quality outcomes and customer experience outcomes, all of these clinical attributes are important for a manger to possess and be aware of Provider advocate – ID 10

One researcher suggested that if a senior manager does not possess a sound level of clinical knowledge, that residents’ needs could be missed and/ or neglected.

So, I think the fact that we now have a lot of leaders who don’t have any healthcare background has put us in a situation where resident's clinical care needs often missed and neglected. (Researcher – ID7)

Stewardship

‘Stewardship’ encompassed leadership skills to create a positive workplace culture through: creating a physical environment that encouraged employee wellbeing; promoting team cohesiveness; and helping team members overcome negative industry perceptions.

The ability of a senior manager to create a physical environment that encouraged employee wellbeing, was linked to positive workplace culture and high-quality care. The skills to promote such a physical environment included the ability to develop a workspace that promotes employee and resident comfort, with one consumer advocate describing the links to employee job satisfaction and retention and resident quality of life:
Coming to work at a place that is comfortable each day will only improve employee performance to delivering quality care Consumer advocate – ID4

Leadership skills to promote team cohesiveness were also linked to increased workplace culture and organisational quality performance.

If you have a good leader, you could be working in a positive and cohesive team even though; the situation around you feels quite dire Provider advocate – ID1

Additionally, and specific to the Australian context, participants reported the importance of stewardship skills to overcome negative public perceptions regarding RAC (in light of negative accounts heard during the recent Royal Commission into Aged Care Quality and Safety). The capacity to manage such perceptions were also linked to promoting a positive organisational culture and staff retention.

I think probably the biggest challenge is the negativity within the media for the bad cases and the lack of media interest in a good case. So, it is more difficult for them to get and retain staff because of that Consumer advocate – ID4

Responding to regulatory and political contexts

‘Responding to regulatory and political contexts’ included the leadership skills required by senior managers to successfully interpret and respond to Australian aged care regulatory change. Two provider advocates suggested that while the current aged care regulatory environment can be difficult to interpret, that senior managers needed to be proactive to lead RAC regulatory compliance. This process involved senior managers initiating partnerships between regulators and their organisation to ensure a joint approach to regulatory compliance.

Providers do need to actually look at themselves and see how they contribute to improving the overall situation ... which would suggest more of a partnership-based approach between regulator and provider rather than a compliance focused approach of seeking out and punishing wrongdoing Provider advocate – ID2

In addition to forming external relationships with regulatory authorities, some participants emphasized that senior managers further develop their lateral thinking skills to assist in interpreting and responding to the evolving aged care regulatory and political context. This includes the ability to
recognize and interpret regulatory reform and to successfully translate this change to RAC operations in order to sustain quality health care delivery.

So, I think those external factors really require a leader to be really adaptable, to be mobile, to be a lateral thinker and responsive to the regulatory and political surroundings, in order to be effective for health service delivery Consumer advocate – ID12

Discussion

Drawing on interviews with 12 individuals who were Australian aged care industry experts, this study brings new knowledge regarding RAC senior manager skills linked to quality of care. Industry experts described quality-related skills in five major domains of i) workforce development and retention, ii) governance and business acumen; iii) health systems knowledge; iv) stewardship and v) responding to regulatory and political contexts. Overall, we found participants placed strongest emphasis on the skills required to recruit and retain a competent health care workforce and manage relationships with key stakeholders including care recipients and their families; while skills required to promote a positive organizational culture and employee wellbeing were also identified.

Findings from the current study demonstrated industry experts’ perception of a strong a link between a manager’s relational skills and RAC quality. These abilities included communication techniques that enabled the formation of partnerships and therapeutic relationships with care recipients, their families and other immediate care givers. Previous studies have shown the importance of effective communication with older people as a critical aspect of care quality, with ineffective communication skills often leading to older care recipients feeling inadequate, disempowered and helpless. In the context of RAC, Australian aged care industry experts linked the skill of partnering with care recipients, to influencing improved clinical outcomes and increased levels of health literacy. Specific to acute health care settings, research has also demonstrated that, from a quality-of-care perspective, the ability of managers to develop proficient communication skills, including active listening techniques often increases the accessibility and appropriateness of healthcare for older individuals.
Participants from the current study reported a manager’s knowledge regarding the design and implementation of clinical care models and other innovations, as important to achieving quality RAC. Experts further stressed that effective senior managers required clinical knowledge and skills to address the unique and diverse health care needs of older persons. Previous studies, although mainly conducted in mainstream health care organisations, have also described a connection between a manager’s health systems knowledge, clinical skillset and quality of care. For example, Parand (2014) & Andreasson et al. (2017) both found that effective managers who positively influence care quality possess a range of technical skills including knowledge about treatments and technologies, health care services, and the health care environment in which the service is situated. In addition, Australian health agencies including the Agency for Clinical Innovation, affirm that a health service manager is central to the design and implementation of innovative clinical care models in promoting quality performance.

Karan et al. (2021) describe human resources for health as a core building block for the quality of services across multiple settings. Previous research has also found that investment in more diverse staff and skill-mix can result in improved quality of care, quality of life, and employee job satisfaction. Although much of this empirical work is specific to mainstream health care organisations, participants from the current study also linked a manager’s ability to recruit and retain a workforce with a diverse skill-set, to increased RAC quality. In addition, many participants reported the skills required to enhance workforce capacity and development, including the ability of managers to promote an organisational culture and physical environment that supports employee wellbeing and promotes job satisfaction. A balanced practitioner skill-mix and healthier organisational culture was found by Braithwaite, Herkes, Ludlow, Testa & Lampree (2017) to positively influence health care outcomes, such as reduced mortality rates and increased quality of life.

Although findings from the current study provide an important first step in addressing the evidence gap relating to leadership skills required by senior management personnel in Australia’s RACFs, we recognise that they are not comprehensive. Recently, for example, The Royal Commission into Aged Care (2021) found that Australian aged care services were not meeting the needs of culturally and
linguistically diverse residents, stating that the existing system did not adequately provide care that is ‘non-discriminatory and appropriate for people’s identity and experience’. Leadership skills required to lead culturally sensitive and diverse services were not reported as part of the current study, yet empirical evidence suggests that the ability of a health service to be responsive to the attitudes, and circumstances of care recipient that share a common and distinctive racial, national, religious, linguistic, or cultural heritage; as influencing quality of care and other health related outcomes.

While findings from the current study draw on expert knowledge of the industry and provide highly-contextualised evidence of the types and combinations of skills required, therefore, we recognise further work will be important to further develop understanding of the field.

**Conclusion**

With the demand for aged care increasing and concurrent concerns regarding the quality of that care, a better understanding regarding the leadership skills required to optimise quality performance is urgently required. The lack of any professional development framework to guide acquisition or updating of those skills is a concern; and overall, there remains a poorly defined link between quality of care and leadership in the context of Australian RAC. This study aimed to reduce this evidence gap and examine which senior management leadership skills are necessary to deliver and strengthen the quality of RAC. Findings demonstrated that Aged care industry experts view the skills required to develop a competent health care workforce and manage relationships with key stakeholders as critical to ensuring service quality; however, the ability of senior managers to lead a quality service for culturally and linguistically diverse care recipients, was not strongly defined. With ongoing concerns and challenges to RAC quality of care, more work is needed to prepare senior management personnel with the appropriate skills to positively lead quality care within Australia’s complex RAC setting.

**Declarations**

**Ethics approval**

Ethical clearance was obtained from the James Cook University Human Research Ethics Committee (H6652) in August 2019. All participants provided written informed consent and agreed to the interview being audio recorded and transcribed. Each participant was provided with a copy of the interview transcription and an opportunity to correct or remove data prior to the analysis. All methods were carried out in accordance with relevant guidelines and regulations.

**Consent for publication.**

All participants provided verbal and/ or written consent for data to be published.
Availability of data and materials
The datasets used and analysed during the current study are available from the corresponding author on reasonable request.

Competing Interests Statement
No potential conflict of interest was reported by the authors

Authors’ contributions
ND was responsible for collecting and interpreting the participant data. ND and ST were both responsible for data analysis. ND conducted the primary manuscript draft. ND and ST both completed subsequent manuscript revisions. Both authors read and approved the final manuscript.

Acknowledgements
We acknowledge the twelve industry experts for the time given and enthusiasm for participating in this study.

Funding
James Cook University Competitive Higher Degree Research (HDR) Grant.

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