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THE EVOLVING ROLE OF AGED CARE MANAGERS IN AUSTRALIA: A CONTENT ANALYSIS OF AGED CARE MANAGER JOB DESCRIPTIONS

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ABSTRACT

Aged care management roles have evolved over the last decade from a focus on clinical skills to encompassing governance, business, facilities and service management skills. The role requirements have changed in response to the 2021 Royal Commission into Aged Care Quality and Safety findings [1], which were echoed in the 2022 NSW Parliamentary Committee report into health outcomes and access to health and hospital services in rural, regional and remote NSW [2]. Both reports identified workforce issues impacting on the management of aged care services and a need to improve governance, financial management, and service management. The reports indicated the breadth of the contemporary aged care manager role, the skill gap between traditional clinician-managers, and possibilities for appropriately trained non-clinical health services managers.

Recruiting and retaining skilled aged care managers is a critical issue facing a sector that was already experiencing significant 'churn' prior to the burnout associated with the COVID-19 pandemic [3]. This paper, informed by a marketorientated job skill valuation approach [4], reviewed 100 consecutive aged care management position descriptions advertised on public media between October and December 2020. Content analysis of each position description was conducted to identify key competencies, specific skills, experiences, and personal attributes required of managers of aged care services in Australia.

Our study identified five main themes relating to aged care manager competencies: (i) interpersonal communication, (ii) organisational and time management, (iii) quality improvement, (iv) business development, and (v) leadership and human resources. These competencies are congruent with the revised Australasian College of Health Service Management competency domains and action competencies [5].

KEYWORDS

Aged Care Managers, Aged Care Management, Competencies, Residential aged care

BACKGROUND

In 2018 the Commonwealth Government commissioned a Royal Commission into Aged Care Quality and Safety to review the quality of aged care services and whether those services are meeting the needs of the Australian community [1]. There was a plethora of failings noted by the Commissioners. In 2022, the NSW Parliamentary Committee Report into the health outcomes and access to health and hospital services in rural, regional and remote NSW [2] was released. It mirrored many of the same recommendations made by the Royal Commission into Aged Care Quality and Safety. These include a limited formally trained management workforce, and a tradition of appointing clinical staff to higher level management roles or increased service responsibilities due to necessity and/or for financial imperative rather than based on individual skills, qualifications, or capability [1-2]. It was suggested that appropriately skilled health management may have reduced the risk of harm.

An earlier report by the Productivity Commission noted the majority of residential aged care managers were appointed to or promoted from clinical roles, usually nursing [6]. This enables the nurse-manager to fulfil dual roles of managing the aged care service and providing clinical oversight, which complies with requirements for an onsite Registered Nurse and creates cost savings. Submissions to the Royal Commission into Aged Care Quality and Safety indicated that the practice of appointing inexperienced or inadequately credentialed clinical staff to managerial and/or clinical leadership roles resulted from the lack of available suitably qualified workforce, inadequate funding to support recruitment, urgency to fill management positions, and high staff turnover [1-2,6].

The poor financial performance of residential aged care facilities impacts recruitment and retention of skilled and qualified managers. In 2023, Stewart Brown [7] reported average operating results for residential aged care homes in all geographic sectors was an operating loss of \$15.98 per bed day (up from \$10.31 per bed day loss in 2021). A review of the top performing 25% aged care services found an association between effectiveness, efficiency and performance with good business management [7].

The skills, competence and personal attributes of a professional role are established to ensure that the

practising and emerging workforce has the necessary capabilities to practise in the public interest, meet community need and maintain trust in the profession.

The 2023 Australian Government's Intergenerational Report found life expectancies will continue to rise while fertility rates continue to decline [8]. The ageing population in Australia is fuelling demand for safe, quality aged care services. Australian Government spending on aged care is projected to grow, fuelled by the need for residential care. Residents of aged care facilities are also increasingly having complex care needs such as cognitive impairment, palliative care [9] and relatively high nursing care needs [10]. The required workforce skills and competencies will continue to evolve in response to new knowledge, advancement in technology, and in response to population and socio-demographic changes.

This study aims to understand the competencies, skills, experiences, and personal attributes required of an aged care manager in the current market and in the context of the Royal Commission into Aged Care Quality and Safety findings.

METHOD

Content analysis of job descriptions is an effective way to identify the market-orientated job skill valuation of workforce skills and competence [11-13]. It is also an important first step in understanding the contemporary professional learning and/or development needs of a workforce [11]. As job descriptions are in the public domain, job descriptions provide accessible data on the skills, competence and personal attributes required for specific roles. Similar approaches have been used to in studies surrounding health service manager employability skills [11] and in library and information science 12].

To coincide with the Royal Commission into Aged Care Quality and Safety (2018 – 2021), a search of consecutive 100 job descriptions of an aged care manager on public media (Seek.com, Indeed, Linkedin, and carecareers) between October to December 2020 was conducted. The sample size was informed by similar studies conducted on skill requirements [11-12]. Keywords deployed were: 'aged care manager', 'aged care facility manager', 'aged care general manager', and 'residential aged care manager'. Data was manually coded and tabulated by SB and reviewed by SA. Conceptual content analysis was performed to examine the occurrence and frequency of specific skills, competencies and personal attributes. Relational content analysis was performed to identify key themes between the competencies and personal attributes.

The market-orientated job skill valuation framework [4] was adopted for this project to reflect Australia's neoliberalist approach to employment and productivity [14]. The framework assumed that each 'job position' is a composite of required skills, competencies, and attributes that an employer seeks, and thus willing to pay for.

Research rigour was ensured through peer debriefing with DL and persistent observation (credibility), audit trial and reflexive journal (dependability and confirmability).

40

35

30

25

20

15

10

5

0

NSW

35%

Job descriptions were geographically spread throughout Australia. Most job descriptions 76% were from the eastern seaboard: NSW 35%, Qld 25% and Victoria 15%, ACT 1% respectively. A high proportion of positions 45% were advertised in regional or rural areas, demonstrating the ongoing demand for adequately skilled managers in these locations, despite the Australian Bureau of Statistics estimating that approximately only 28% of the total population live in either rural or remote areas [15].

RESULTS

Four separate role types were identified: General Manager/ Operations Manager, Residential Service/ Facility Manager, Assistant/ Deputy Facility Manager, Clinical Care Manager/ Care Manager.



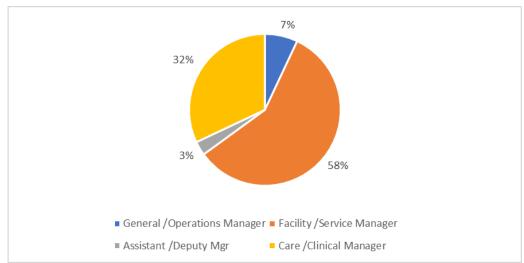
25%

QLD

FIGURE 2 - ROLE DISTRIBUTION OF AGED CARE MANAGER JOB DESCRIPTIONS.

15%

VIC



13%

WA

4%

TAS

2%

NT

1%

ACT

5%

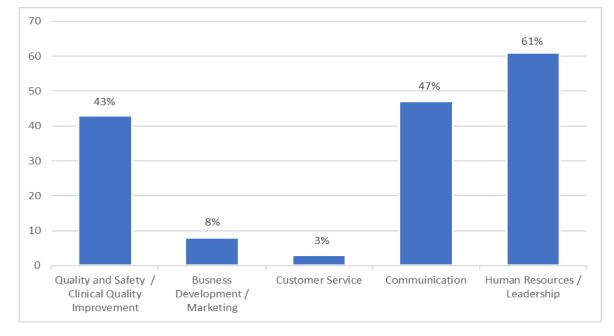
SA

State

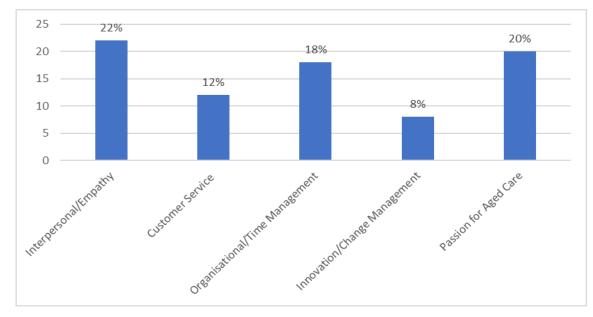
In addition, where data was available in the included job description, the following summary of findings were noted. The average size of a residential aged care facility (where bed numbers were listed) was 81 beds (range 45 - 162), the average salary of an aged care manager was \$129,727 (range \$100,000-\$170,000) with a negligible difference in salary offered for urban vs rural/regional facilities (urban = \$129,655; regional = \$129,808). An average salary per bed was calculated as \$1,601 per annum per bed or \$4.38 per day per bed. It was noted many financial incentives (such as fringe benefits tax, company vehicle) were on offer in addition to salary, particularly for roles in a rural location and not-for-profit providers; for instance, financial assistance to relocate and additional weeks of paid holidays.

The most frequently identified professional skills for aged care managers were: leadership/ people management/ followed by oral coaching 61%, and written communication skills 47%, and knowledge of continuous improvement/ quality management/ safety and risk management 43%. This indicates a need for managers to be aware of the new regulatory requirements to oversee the safety and quality of care and ensure continuous improvement. The same professional may also be required to be financially literate and able to adeptly manage budgets. Sound business or financial acumen was identified in 32% of job descriptions, including ability to meet occupancy targets as indicated by specifications to have skills in business development and marketing.









Interpersonal skills, including empathy, was identified in 22% of job descriptions. In addition, one in five job descriptions highlighted the need for the applicant to demonstrate a "passion for aged care". Also of importance to some employers was organisation/time management skills, skills surrounding innovation, change management, and customer service.

MANDATORY REQUIREMENTS

Many job descriptions included the mandatory requirement for applicants to have a valid police check, working rights and influenza vaccination – due to the legislative requirements within the sector [16]. These are important safeguards but may potentially reduce the pool of available candidates in a high-demand profession that experiences significant staff turnover or inability to recruit to roles, particularly in rural and regional Australia. The need to ensure resident safety must be balanced with workforce availability.

QUALIFICATIONS AND EXPERIENCE

A high proportion of roles 69% viewed an AHPRA (Australian Health Practitioner Regulation Agency) a key qualification for these roles with 55% also highlighting a nursing qualification. Only 19% of roles viewed further/other tertiary qualifications as a key qualification to these roles. Aged care specific experience was required in 41% of advertised positions with 25% of roles requiring more than 3 years' experience. Only 7% of advertised roles generalised to "any" management experience (such as in healthcare). A small number of advertised positions 4% also requested experience in commissioning new services. More than half of all roles 55% required the applicant to have experience in ACFI (Aged Care Funding Instrument) and the Aged Care Quality Standards, demonstrating a need for a highlevel technical understanding of aged care funding and regulatory requirements. In 2022, the Australian Government introduced a new funding model for residential aged care, the Australian National Aged Care Classification (AN-ACC), which aged care managers will now be required to understand [17].

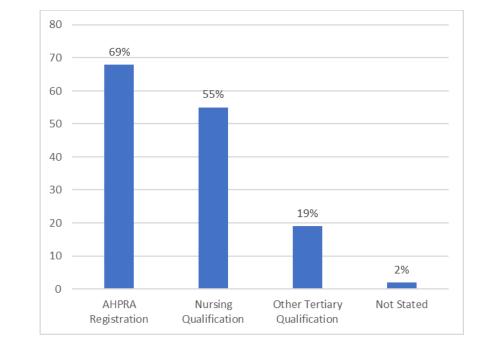
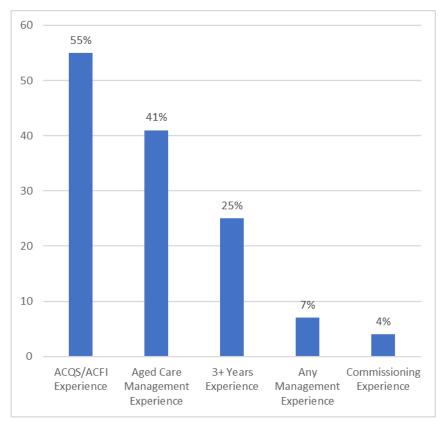


FIGURE 5 – QUALIFICATIONS IDENTIFIED WITHIN AGED CARE MANAGER JOB DESCRIPTIONS.



DISCUSSION

Aged care service provision in Australia is diverse with the AIHW reporting 2,671 residential aged care services, operated by 805 approved residential aged care providers as at 30 June 2022 [18]. As a result, aged care management structures are complex, with different types of managerial and mid-level managerial roles available across the sector. The review of advertised aged care manager positions demonstrates a preference for managers with clinical capacity and aged care experience over management expertise. This indicates perhaps a flawed industry assumption that an experienced clinician would make a successful manager or leader with little to no formal health management qualifications.

Our cross-sectional survey found that most aged care services are looking for candidates with comprehensives skillsets in a variety of areas including: clinical, financial, quality, change management, human resources, coaching and workforce development. However, it is worth considering a risk assessment to determine whether to recruit one candidate with a comprehensive skill set versus distributing the necessary skills across a multiskilled management team. Many job descriptions emphasised leadership, coaching and change management experience and/or competence, demonstrating a desire to transform aged care services to meet new standards and consumer expectations. It is prudent to consider that in other fields, many of these experiences and/or competences are a standalone specialty; for example, change management within the human resources discipline. The complex multifaceted nature of advertised aged care manager positions may disadvantage services and hinder the recruitment process as the roles and associated skillsets are too wide for any one staff member. One possible solution could be the use of multiskilled management teams, these teams are quite common in health services in Australia and Internationally. However, within the aged care sector the onus seems to be on the aged care manager to possess all the specialist skills to manage the day-to-day demands of contemporary aged care service.

The advertised aged care manager positions demonstrate that aged care services prioritise recruitment of a clinical manager. Elevating nurses with little or no managerial expertise into the aged care management role seeks to fulfil the dual purpose of maintaining a minimum registered nurse staffing ratio whilst keeping human resources costs down and avoiding a supernumerary staff member. This may lead to poor managerial performance resulting from an overloaded role with too many competing responsibilities. There is growing need for a dedicated aged care manager that does have clinical duties.

Most job descriptions required a demonstrated "passion" for aged care and/or sustained experience in aged care and an understanding of Aged Care Quality Standards. This is in contrast to novel or innovative thinking that is often developed from past or current experiences in different fields such as public healthcare. As such, services may be drawing from the same workforce pool yet expecting new ideas and innovative thinking. In addition, with the high levels of churn, many roles may now be being picked up by generalist aged care managers that can talk-the-talk and walk-the-walk whilst being limited in their ability to innovate. In addition, there may be a false assumption that an experienced clinician is automatically qualified to be a manager of leader which may not indeed be the case. A specialist aged care manager is a significantly different career to a clinical career and requires at least a minimum educational qualification and subsequent training related to the specific contextual needs (workforce planning).

It is clear that future aged care managers will be working within a new human rights based regulatory environment given the accepted recommendations from the Royal Commission as well the transition to new aged care funding model [9]. Many job descriptions specifically mentioned competence in Aged Care Quality Standards /Accreditation and the then-ACFI, demonstrating the significance and complexity of the regulatory and funding landscape requiring specific experience and expertise to: 1) maximise quality and meet accreditation standards and 2) Ensure financial viability through occupancy and ACFI.

It was evident that there are five key themes that services are looking for within their aged care managers (seen in Figure 7), these were: Interpersonal Communication Skills, Quality Improvement Skills, Leadership/Human Resources Management Skills, Organisational/Time Management Skills and Business Development Skills -including Financial Management. These capabilities were all underpinned by a genuine passion for aged care.



FIGURE 7 - KEY THEMES IDENTIFIED THROUGH THEMATIC ANALYSIS OF AGED CARE MANAGER JOB DESCRIPTIONS.

LIMITATIONS.

The data collected and collated were from the public domain in Australia only, thus the findings may not be easily generalisable to other countries. With the impending changes to the Australian aged care sector as the industry and government respond to the Royal Commission recommendations, further refinement of advertised job descriptions is likely. Nonetheless, the findings from this study provide the first baseline industry expectation for aged care managers across Australia.

RECOMMENDATIONS

Services should consider the opportunity to integrate clinical and non-clinical managers within their aged care services. Such an approach would require an assessment of the multiple levels of clinical and organisational governance as well as centralised support services in many aged care services across Australia. It may be advantageous to consider the applicability of non-clinical managers that may have skills and expertise crucial to the success of individual aged care services where a knowledge gap exists such as business development, finance, and human resources management. Some forward-thinking organisations or those who experience extreme workforce shortages are already implementing this with varying levels of success. Services may also benefit from providing adequate support to their non-clinical managers, such as introducing peer support networks with other managers, regular supervision and support from senior leadership as well as ensuring adequate ongoing professional development including clinical governance for non-clinician managers.

Within the sector, it may now be time to consider minimum competencies for aged care managers or minimum mandatory standards. This requirement should encompass aforementioned interpersonal the themes of; communication, quality improvement, leadership/human resources, organisational/time management and business development including financial management. It may also be advantageous to align these minimum mandatory standards to the Australasian College of Health Services Management's Revised Master Health Service Management Competency Framework [5], and/or develop a substructure specific to aged care managers. These minimum standards could be used to uplift the

standards of existing staff and provide a knowledge pathway for staff to move into management.

Aged care organisations and tertiary institutions should look to collaborate to ascertain the training needs of new aged care managers and the existing workforce through such means as ongoing mentoring and development of bespoke training specific to the sector. An example of this can be seen in Western Sydney Universities' suite of graduate courses in aged care management that have been co-designed with their industry partner Opal Healthcare [19]. Furthermore, services should review the existing knowledge capital within each facility's leadership team, moving away from the jack-of-all-trades ideology and consider specialty areas of knowledge and management competence within management teams. Aged care managers should complement the existing management team with their specialised skill set. This leadership talent assessment can be enormously helpful in identifying strengths and weaknesses of a leadership team and any skill gaps [20].

In addition, there may be scope for accrediting bodies such as the Australasian College of Health Services Management to identify Aged Care Management as an area of specialty and advocate to aged care organisations the need for appropriately trained and credentialled managers in these roles at the facility level. With well over 2,600 aged care facilities across the country, should each of these have an appropriately skilled and credentialed manager in employment, it may serve to reduce many of the challenges identified by the Royal Commission. Further, with comprehensive aged care reforms underway and changes to regulatory and funding models, it may be advantageous to engage appropriately skilled managers into aged care services in the short term to manage this transition and trial their effectiveness in the longer term.

The management workforce in aged care continues to be a perplexing area of workforce recruitment and retention. Services should consider the profile and desirability of aged care as a sector of choice for skilled and capable graduate managers. In particular services should consider how to attract and retain highly skilled managers such as salary, flexibility or other benefits. Further, it is essential that the true cost of ensuring strong managers and adequate management systems/team are indeed reflected and prioritised as an area of need with any future changes to funding distribution in aged care.

CONCLUSION

The aged care sector in Australia is exceedingly complex with many areas for improvement, including the sector's management workforce. This paper has outlined the poor financial performance of services, complex management hierarchies and limited capability of traditional aged care clinician-managers to undertake contemporary aged care management roles. As many improvements are made across the sector in response to the Royal Commission, aged care services and professional bodies must consider the role of aged care managers and the need for specialised appointments beyond the traditional nursemanager. There is an opportunity to adopt a more diverse management structure including the appointment of appropriately qualified and skilled health services managers and developing opportunities to upskill existing staff. This workforce issue will not be solved overnight however, sustained support by organisations, lobbying by the accrediting body and improvements of services as a result of these appointments will assist in creating a future of high-performing aged care services that provide efficient, effective and safe care to the older population of Australia.

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