



Dr Jacqueline O'Toole, November 2021

Why Australia needs a compassionate approach to leadership in aged care

White Paper



Dr Jacqueline O'Toole is a Lecturer in Work Integrated Learning (WIL) at Monash Business School. Her research interests include compassionate leadership, residential aged care, graduate employability and the future of work.

In this paper, Dr O'Toole discusses the importance of compassion in aged care leadership and how it can improve an organisation's culture and the quality of life for residents. The paper is based on her insights shared at a recent Catholic Healthcare webinar.

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ABOUT DR O'TOOLE'S RESEARCH

Dr O'Toole's study, published in the Journal of Nursing Management determined the competencies, skills, and attributes needed by leaders in our complex residential aged care service sector.

Eighteen leaders participated in the study who came from senior residential aged care roles in Victoria. All were considered subject matter experts with knowledge and experience in clinical practice, management, service delivery, policy, research or education.

The participants were divided into three categories: those from a medical background with nursing qualifications, those from a health background without nursing qualifications, and those from an unrelated vocational or industry background.

Our focus is to realise an aged care system that treats our elderly with kindness and respect, where compassion is the cornerstone of policies, practices and interactions to ensure that our citizens can live their best lives in an environment of security, appreciation and love.

My study titled Residential Aged Care Leadership in Australia – Time for a Compassionate Approach: A qualitative analysis of key leader skills and attributes, shows that the crucial foundation is compassionate leadership.¹

The 18 aged care leaders interviewed for the study strongly support an industry that can be compassionate, thereby providing the level and type of care that people want in their later life.

They all believe excellent communication is crucial in the complex world of aged care leadership. However, in a sad irony for an industry with care as its primary deliverable, these qualities and skills are sometimes lacking among leaders in residential aged care services (RACs). This is widely attributed to the government and organisations using clinical safety and operational efficiency as primary performance measures.

The interviewees had many different ideas about the knowledge and competencies required by leaders in aged care. Most prioritised financial, strategic and critical thinking skills, like managing change, creating a strategic vision or being innovative.

A few singled-out relationship-type competencies, including being emotionally intelligent and being able to motivate others or manage conflict.

A critical theme was a lack of a specific career path or training for aged care leaders. Many interviewees acknowledged that clinically qualified people often

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find themselves in leadership positions through promotion, although they may lack appropriate management or leadership training. Otherwise, a leader may enter aged care from another industry and not fully understand the industry’s complexities or the leadership needs of the organisation.

You could do a Masters’ degree in leadership in aged care at one stage, but that is no longer available. It’s a concern that aged care as an industry has not had a lot of thought put into what type of leaders are needed.



WHAT IS COMPASSIONATE LEADERSHIP?

A compassionate leader is someone who can empathise with their employees and residents. They understand other people's vulnerabilities and make decisions with the understanding that their employees have difficult and sometimes emotionally challenging jobs to do.

A clear finding in the final report of the Australian Royal Commission into Aged Care is that aged care providers have a duty to treat people with compassion and that compassion is crucial in maintaining the dignity and wellbeing of older persons.²

Leaders who model compassionate behaviour tend to have more committed and less stressed employees and lower employee turnover.

I believe Joanne Ciulla's 1998 ethics-based leadership definition is a good fit with aged care: "Leadership is not a person or a position. It is a complex moral relationship between people based on trust, obligation, commitment, emotion and a shared vision of the good."

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On a practical level, a compassionate leader treats others as they would like to be treated. They ask employees and residents how they are in their day, and they encourage people by looking for positive attributes to praise.

A compassionate leader will make sure that their employees have time to engage with residents on a human level rather than rushing through their daily tasks. They will be a little flexible about when and where residents eat their meals and will ensure they have some control over their lives, even though they are in care.

People in leadership positions need to make decisions from a compassionate viewpoint, including financial and medical decisions. Of course, systems and organisations need to be financially sustainable and physical health is crucial, but so is quality of life. People don't want their life reduced to just being kept alive. They need holistic care that looks after their emotional needs as well as their physical needs.

SHARED RESPONSIBILITY

Aged care is a complex industry, and it cannot easily apply leadership models borrowed from other sectors. Moreover, you can't examine the skills, competencies and attributes of leaders in isolation. You must consider government policy, workforce demographics and the challenges presented by complicated human resource management issues.

Compassionate leadership needs to start at the top of an organisation and influence policy.

Leaders are the ones who shape the culture and the practices of an organisation, so they must exhibit and model compassionate leadership so that it filters through the organisation.

In terms of leadership in aged care, some researchers have suggested that shared

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governance is an effective principle because the work is multifaceted. That means involving employees in planning, providing them with decision-making power and encouraging independence as far as possible. This could mean that employees and quality outcomes can be dealt with in a more flexible, distributed and proficient way.

CHANGING PERCEPTIONS

Many Australians will end up in aged care, but people don't see themselves as being in that position until late in life.

As a society, we need to lead change by humanising and normalising ageing. Aged care representative bodies and lobby groups could help with this through communication and advocacy work.

While there are systemic problems, standout organisations are managing to get the balance right. They are often not-for-profit and religious-based organisations. They struggle with the same challenges as everyone else – staffing issues, uncompetitive wages and the challenging nature of the work. But they compensate by putting a lot of thought into creating career paths, keeping people motivated and keeping them in their workforce.

On an organisational level, there is a need to make compassion part of the language and culture. This includes both training and recruitment.

The industry needs a perception change so that people see it as an attractive place to work.

However, it's telling that the average starting wage for an aged care worker in Australia is suboptimal.

RECRUITMENT AND TRAINING

The aim is to come up with a clearly defined persona for the organisation. If that person can't be recruited, can you recruit someone who can be taught or who can learn?

An overhaul of the recruitment approach for mid to senior people could include:

- Use of values-based recruiting to align people with organisational values. Methods include psychometric testing and role play.
- Assess approaches to recruitment advertising.
- Assess structure and roles within the organisation.
- Review the scripted questions asked in interviews to cover attitudes and values and how people might react in certain circumstances.

Organisations can benefit from considering how they are educating and training their existing people to be more compassionate towards residents and each other.

This could include bringing in professional trainers to help people build compassion and empathy and demonstrate emotional intelligence, which is part of compassion. The ability to communicate an understanding of compassion and know how to be compassionate needs to be

included in training to help instil the concept of compassion throughout the organisation and contribute to improved care for residents.

CONCLUSION

It's heartening that all interviewees believe in the need for compassionate leadership and enhanced communication. That's an excellent opportunity for creating a future where the elderly are treated with kindness and respect.

Another opportunity is to learn from the standout organisations that have managed to instil a compassionate leadership culture and an ability to communicate effectively with multiple stakeholders, including government, employees, residents and their loved ones.

The aged care industry will not get there alone. There needs to be a philosophical shift by government that places the people receiving care at the centre of quality and safety regulation. Compassion and communication skills need to be taught to existing and potential aged care leaders.

All stakeholders, including government, the industry and academia, need to come together to make compassionate leadership an integral part of aged care culture.



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References:

1. O'Toole J et al. J Nurs Manag. 2021 <https://doi.org/10.1111/jonm.13335>
2. Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect. 2021



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