

The need for a whole of organization approach to change in residential aged care by delivering an innovative and mentor based RACF clinical placement program underpinned by a positive organisational culture.

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Background

Australia currently faces multiple challenges in providing high quality care in residential aged care facilities (RACFs). The resident population is rapidly moving to higher levels of dependency with an associated increase in care needs. This is evident in data, which highlights that, between 1999 and 2006, the number of elderly people admitted to RACFs requiring the highest level of care increased from around 12% to over 20% (Andrews-Hall et al., 2007). Of this group 50% will die within 12 months. This trend is set to escalate as the ageing of the population intensifies and reliance on community care for all but the most dependant elderly people becomes the norm. Given estimates that 80% of residents now in high care facilities have some form of cognitive impairment/dementia, it is arguable that, in the future, high care nursing homes will have a growing role in providing sub-acute end of life dementia care.

Worryingly, the increasing demand for skilled care has been accompanied by the progressive deskilling of the aged care workforce. The 2008 National Institute of Labour Studies report (Martin & King, 2008) notes that between 2003 and 2007 the number of registered nurses employed in the sector declined from 21.4% to 18.6 %. This is compounded by the fact that the aged care environment does not appear to offer strong career pathways for qualified staff so recruitment and retention is a significant problem., Between 2002 and 2007 the number of new nursing graduates increased 41% (Department of Education, Employment and Workplace Relations, 2007), however at the same time the NILS report (Martin & King, 2008) shows that the proportion of unregulated workers providing care to our frail elders increased from 56.5% to 64.1 % in the same period. The trend of increasing dependency combined with a decreasing skill set raise questions as to how we will ensure that increasingly dependent residents receive appropriately skilled care.

Further, the professional isolation of aged care staff, a consequence of the separation of RNs from learning environments and detachment from peers (Coleman & Lynch, 2006), undermines attempts to build capacity to address deep seated structural, organisational and cultural malaise. Historical arrangements do not support participation in activities to develop evidence based practice. Rather they entrench professional disengagement at both managerial and clinical levels. This scenario dictates a rethink of the future for aged care. We need to build capacity of RACFs to respond to a complex and changing future, which will see increasing demands placed on staff to meet the needs of an increasingly frail and infirm population of residents most of whom will have dementia. As part of this generational change we need to recruit and retain a new generation of highly skilled practitioners. The ongoing viability of RACFs depends on a high quality sustainable workforce and talent pipeline. Creating positive learning experiences for

students across all disciplines is a central concern because the evidence clearly indicates that the clinical placement itself is ‘seminal’ in determining students’ future employment choices (Andrews et al., 2005), yet RACFs are unpopular as sites for clinical training (Happell, 2002). A key issue is a lack of capacity within RACFs to provide students with a positive placement experience which stem from a complex mix of individual, team and organisational capability issues (see below).

To support the transition of RACFs into the 21st century we must create an environment to attract leaders who will facilitate high performance cultures at a whole of organisation level. Part of this process will involve breaking down the organisational isolation of RACFs to forge new relationships and networks. In this, we need to develop formalised partnerships between universities and aged care organisations in a strategy to establish a national network of teaching nursing homes (TNHs). TNHs will provide national/international leadership in developing evidence based inter-professional clinical placements in aged care. Like teaching hospitals, they will also provide an infrastructure to support a robust and much needed program of research in RACFs and, importantly, an opportunity to establish an internationally significant translational research agenda in aged care. This is critical to developing our knowledge and practices in ways that appropriately meet the care demands of the future. For RACFs this will also become the magnet, which attracts committed doctors, nurses, allied health professionals and business leaders to choose aged care environments as workplaces with an expectation of excellence in the provision of care to residents.

To progress this agenda it will be necessary to undertake a whole of organisation approach to developing a teaching nursing home environment. This whole of organisation approach to facilitate capacity building in RACFs, which focuses on three areas:

- Organisational leadership (RACF management — facilitation, efficiency, effectiveness, innovation)
- Clinical leadership (RNs/ENs — clinical expert, educator, facilitator, evidence translation)
- Workforce competence (PCAs — building capacity for evidence based practice)

This approach is predicated on evidence that (a) developing student placements is an effective strategy to engage RACF staff and managers in capacity building processes and (b) that positive placement experiences are generally associated with a positive organisational culture and strong leadership and business processes. The key elements of this approach are:

- a new innovative and mentor based RACF clinical placement program; the Evidence Based Best Practice Placement Model (EBBPM) of quality clinical placements in aged care, and;
- a model of organisational design and leadership to enable the successful implementation and embedding of EBBPM.

The EBBPM program has been developed through comprehensive studies involving >200 students and > 100 aged care staff in 27 RACFs in 4 States and provides a clear framework to provide students with a positive learning experience in RACFs (Robinson et al , 2006). In parallel with the implementation of the EBPPM framework, the proposed approach includes a comprehensive organisational design review to enable the development of appropriate systems and processes which support the establishment of teaching RACFs. Facilitating an organizational redesign is important because while implementation of the EBBPM demonstrated significant

practice change among staff ‘on the floor’, the research findings also demonstrate that in terms of their capacity to provide quality clinical placements, in general, aged care organisations struggle to effectively support the new arrangements. A capacity to support innovation is further compromised by a lack of synergy between the organisational and clinical imperatives in aged care facilities which need to be resolved. For example there are tensions between the:

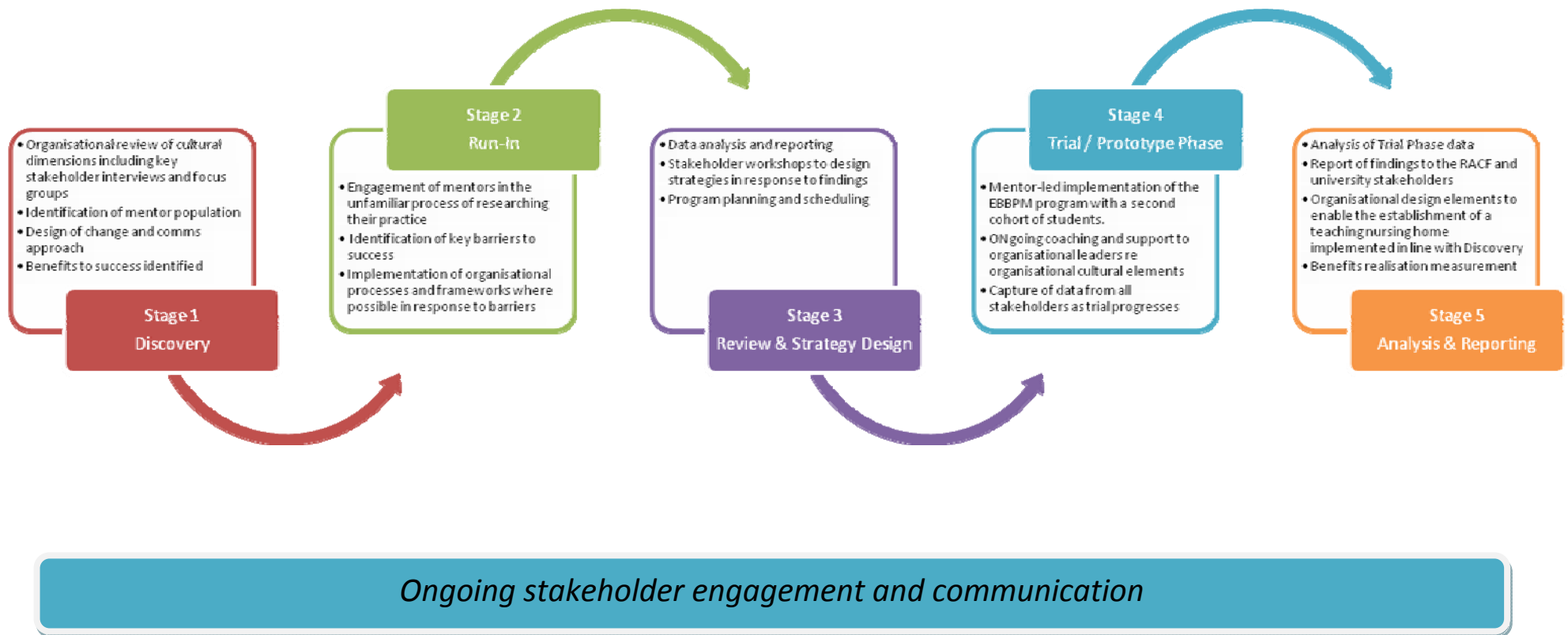
- historic domestic orientation of facilities which de-emphasises emerging sub acute reality
- rehabilitative care culture which undermines an imperative to develop a capacity to support the provision of palliative care (to support the provision of sub-acute end of life care)
- a culture of compliance which overwhelms an imperative to develop evidence based practice

Added to this a history of entrenched hierarchy, operational silos and ongoing operational stress often limit the capacity for an effective response from management in support of quality clinical placements. This means that in addition to implementing the EBBPM there is an imperative to operationalise a parallel process with RACF managers to build organisational capability and responsiveness in ways that enable practice innovations.

The parallel organisational intervention is built on the premise that high performing cultures are built on strong social competence, a clear vision of the future, a desire to build trusting relationships and a passion for success. It is predicated on a belief that leaders must model behaviours that shape the culture, rituals and symbols of the organisation and determine “how we do things around here”. In turn these behaviours drive the setting of expectations and the building of business, people and learning approaches across the organisation. This means the design and execution of learning systems (such as the EBBPM) within RACFs requires a whole-of-organisation approach to building and supporting high performance and a positive organisational culture. The aim is to facilitate the emergence of a learning organisation that values learning as a key driver for success.

Therefore alongside the planning and implementation of the EBPPM framework, it is important to undertake a comprehensive organisational design review that will enable the development of appropriate systems and processes to support the development of a teaching nursing home. Once this organisational review is completed, it will be necessary to facilitate senior leaders across the organisation to explore recommendations made to evolve systems and processes in support of a strong organisational culture. This may involve change and communication management strategies; leadership capability development; realignment of talent management processes – such as development of an employee value proposition to drive recruitment and retention, onboarding frameworks and professional development systems within the organisation. Coaching and support will be provided to key internal stakeholders across the project. The diagram below highlights the key stages of this process.

Project Stages Diagram



Outcomes and Significance

Within health and community services there is no greater imperative to secure a talent pipeline than in aged care. Given escalating care needs, increasing demand and concurrent ageing of the workforce, investment is needed now to address endemic problems in recruiting nurses in to RACFs. The failure to attract sufficient student nurses' interest in aged care is a major problem. Students participate in a wide range of clinical placements over the course of their nursing degree and most have 'a reasonable degree of direct market knowledge' of the different employment options available (Andrews et al, 2005). They are able to make well-informed choices, and because of nursing shortages, have a wide range of employment opportunities despite shifting employment conditions in other industries. Aged care is unable to compete in this market and as a consequence its talent pool of expert practitioners is drying up at the very time demand for expertise has escalated. The clinical placement is therefore critical because the more positive the clinical learning experiences of students, and the more highly visible the legitimate career pathways made evident to the student, the more attractive the organisations will be rated as sites for future employment. As such, quality clinical placements provide a talent pipeline to reinvigorate the industry and prepare it for the challenges of the future. Strong organisational leadership and positive organisational cultures that support learning and high performance are critical to achieving this and establishing a learning organisation capable of functioning as a teaching nursing home. Anticipated outcomes of such a program include:

- i) Short term — provide students with a positive placement experience to develop a positive attitude to working in RACFs and create a talent pipeline to recruit skilled practitioners and future leaders.
- ii) Medium term — build organisational and leadership capability within RACFs to support students' professional education and drive the development of a high performance culture across the organisation.
- iii) Long term — to create the organisational environment conducive to establishing a 'Teaching RACF' which has a strong commitment to teaching and learning, and operationalising translation research.

University Schools in health disciplines are critical to this process because they provide the RACFs with the necessary teaching and research infrastructure and skill sets to facilitate positive evidence based outcomes

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