Leadership and Management Strategies That Promote the Implementation of Consumer-Centred Care in Residential Aged Care Facility

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Abstract

Enhancing leadership and management in the aged care sector is likely to be achieved through adopting cultural changes that are aimed at promoting a healthy working environment in which employees have job satisfaction and are motivated to commit their efforts towards achieving the organizational goals. A conducive working environment offers support, inspiration, and harmonious social relationships among the workers in the aged care homes. Both management and leadership play a role in enhancing a healthy working condition obligatory for implementing new care initiatives, effective strategies and practices that should be appropriately articulated. The current research study aims at examining effective strategies and practices that enhance management and leadership in the aged care sector with the aim of ensuring that all care initiatives are successfully implemented. The research question for the study is focused on the leadership and management strategies used to promote the implementation of consumer-centered care in residential aged care facility. Analysis was aimed at understanding the importance of management and leadership in promoting the implementation of various initiatives surrounding new care models; in this case, the consumer-centered care model in the aged care facilities across Australia and other parts of the world. One major theme emerged from the analysis, which was transforming the organizational culture that was promoted through changing the organizational systems, embracing the "yes culture", and changing the individuals' work habits. The "yes culture" means that all individuals are dedicated to succeeding in making excellent decisions autonomously. The study identified that managers and leaders shifted their emphasis from compliance with laws and regulations to create a conducive work environment that empowers workers to support any new initiatives undertaken. The strategy was successful, according to the findings.

1. Introduction

The rapidly ageing population that has led to the transformation of healthcare services is one of the most fundamental concerns across the world. Although the government of many countries has introduced subsidies and reforms to support aged care services provided to the elderly, it is an undeniable fact that the residential aged care sector is experiencing workforce challenges arising from the increasing demands [1]. This has led to undesirable outcomes in the productivity and quality of care rendered by healthcare service providers. Hence it is important to initiate reforms in the aged care facilities that aim at improving the quality of healthcare services as well as providing holistic, cost-effective and efficient care.

The elderly residing in residential care areas ought to be given quality care in which their needs are adequately addressed. As the world population is aging, the aged care providers are not required to depend on the traditional ways of offering care services since the expectations among the population have shifted in recent years. It is projected that the older population aged between 60 and 70 years will require consumer-centered care in the residential care facilities provided for them in the future [2]. Thus, the healthcare service providers undertake effective strategies to adapt to the new initiative which addresses the needs of the aging population effectively.

In Singapore, the health ministry is focusing on the expansion of healthcare services and managing the growing aging population by building new acute hospitals, polyclinics, community hospitals, palliative care centers and nursing homes to provide optimal care for the elderly [3]. These initiatives would create job opportunities for many healthcare workers. However, healthcare workers prefer to be employed in acute care settings rather than long-term care settings and nursing homes [4]. As employees' job satisfaction, recruitment and retention were the main concerns in the residential aged care facilities. It is crucial to address the issue. According to Pol-Grevelink, Jukema & Smits (2012) [5], healthcare workers are attracted to aged care facilities when they are given opportunities for career advancement, personal development and empowerment. The workforce retention and employees' commitment are achieved with effective leadership and management skills that motivate employees and foster them to adapt to the organizational culture [6] [7]. This would, in turn, enable the organization to achieve the organizational goals and outcomes successfully.

This paper aims to review journal articles with the consultation of staff in management level to gather suggestions and recommendations in assuming best strategies in management and leadership practices that promote the implemen-

tation of new initiatives such as the consumer-centered care. The paper will include strategies that focus on leadership and managerial qualities that promote "yes culture", empowerment and commitment among employees as well as approaches for an organization to embrace change and reforms effectively. The paper will further explore and provide appropriate recommendations to establish strategies to promote effective leadership and management in the aged care sector.

1.1. Background

The demand for aged care services across the world is escalating significantly with the increasing number of individuals who are aged 85 years or more [8]. The impact of the growing demand for aged care services will be felt by the year 2030 when most of the baby boomers will be 85 years old [9]. The baby boomer generation is constituted of various demographics, making it difficult for the aged care service providers to offer services using the similar care models provided for older individuals and for those who are from the X Generation [8] [10].

Nurses assume various roles in both public and private aged care homes including government standard auditors as well as research managers. These roles offered the investigators an opportunity to understand the overall management and leadership styles of nurses in various global aged care homes [11] [12]. The nurses vary in the way they operate and manage an institution, and this is based on the expectations of the organization. The owners of the aged care homes can either limit nursing care, or offer the nurses with a chance to promote quality care [11] [13] [14]. The aged care facilities managers continuously struggle to address both the needs of the aged care homes and the needs of the elderly as well as the provision of a supportive and secure work environment for the organizational staff. The organizational culture and support offered by the managers and leaders impacts on the nurse managers' innovativeness and flexibility to implement new care models such as the consumer-centered care and person-centered care models [15] [16] [17]. Person-centered care is a care approach that delivers holistic and individualized care in which patients are empowered to make their own health decisions [18]. However, consumer-centered care focuses on health and illness of the patient as well as their family by enhancing confidence, creating awareness and providing support and reassurance [18].

Management and leadership development in the residential aged care sector has long been neglected in Australia. The recent reforms in the aged care sector aim to reduce the cost of age care delivery, implementation of technology initiatives and improve staff retention and job satisfaction. These reforms are difficult to be implemented without effective management and leadership, more so in this era when consumer-centered care is being embraced [3] [4]. Most aged care organizations have nurse managers who are responsible for numerous care facilities and employ a deputy in each care facility to oversee the administration processes [19]. The larger care organizations operate numerous aged care

homes, which means that each nurse manager is in a pool of other nurses, independently managing care homes. The current project is significant because it promotes one's understanding regarding nurse managers' scope of responsibility in managing and making decisions to implement consumer-centered care.

1.2. Question

The research question designed to explore the area of the study states: What leadership and management strategies promote the implementation of consumer-centered care in residential aged care facilities across the world? The research question aims to explore and analyze effective strategies and recommendations that promote new care initiatives such as the consumer centred care in the aged care sector and identify the most appropriate leadership and management skills that would ensure the successful implementation. The rationale to select the review across the world is to determine the similarities and differences in leadership and management skills within the healthcare sector and analyze the success rate of specific leadership skills and the implementation of consumer-centered care in a larger scale.

The research question was explored through three other sub-questions to ensure that the investigator had a full understanding of the topic of study. The questions include:

Q1. What are the effects of implementing consumer-centered care in residential aged care facilities?

Q2. What are the essential characteristics associated with fostering effective clinical leadership and management to promote the implementation of new care programs such as the consumer-centered care in the residential aged care facilities?

Q3. What are the best strategies for establishing a sustainable workforce leadership that encompasses effective management across the aged care homes?

The research questions were formulated to have a better understanding of the focus on consumer-centered care that benefits residents in the aged care facility and the approach to successfully implement such care initiatives with the adoption of appropriate leadership styles and management skills. The questions were answered after a thorough, systematic review of the existing literature to determine the effects of consumer-centered care and the importance of having effective management and leadership in organizations to promote the process of implementing new care initiatives in the aged care facilities. The analysis was based on the objectives and the overall aim of the study to identify emerging themes that were relevant from the synthesis of the sources.

1.3. Objectives

The main objective of the current study was to provide effective strategies and recommendations to enhance management and leadership in the aged care sector to ensure all innovative projects at care facilities are successfully implemented.

The study accomplished the following objectives to meet the aims by 9th October 2017:

- to analyze the need for consumer-centered care offered to the elderly living in the aged care facilities across the world;
- to determine strategies and practices encompassing the management and leadership in relation to the implementation of new care programs such as consumer-centered care;
- to determine whether the strategies and practices embraced by the management and leadership of the aged care facilities ensure successful implementation of change;
- to distinguish the importance of staff empowerment in decisions associated with the adoption and successful implementation of new care programs in the aged care facilities;
- to identify the approaches used by employees in the aged care facilities that are supported in decision-making, developing, and sustaining new skills associated with the new care programs; and
- to analyze the data that can be generalized for all aged care homes across Australia and the world after the implementation of innovative programs.

The study explored approaches that the managers and leaders undertake to enhance reforms aiming at implementing new care programs across the care facilities as well as aimed at modifying service delivery approaches on the workforce. With few nurse managers available in the aged care sector, the data collected through conducting a survey will be insufficient in determining the reforms and new aged care initiatives employed before and after implementation of new programs. Hence, the current study was conducted through a systematic review of the content of previous literature through the internet or/and the university library.

2. Methods

Introduction

This section presents the research methodology employed by the investigator to accomplish data collection, analysis, and use. The methodology selected guided the researcher in accomplishing the research aim and objectives [20] [21] [22] [23]. Bell (2014) [24] mentioned that the methodology is supposed to integrate well with the intended area of study. Hence the literature search for the current study focused on effective strategies, practices and recommendations to enhance management and leadership in the aged care sector to ensure that all care initiatives are successfully implemented.

The present study used a systematic literature review with the aim of exploring heterogeneity of sources to identify strategies that enhance management and leadership to make recommendations to aged care service providers. Usually, systematic literature reviews are conducted to gain knowledge on a topic and supported by high-quality evidence [25] [26] [27]. However, the current review

is meant to offer an opportunity to establish excellent recommendations for action by the management and leadership of aged care facilities. A synthesis of the existing evidence was carried out and combined with views of professionals in the field of consultation [26].

Search Terms and Engines

Management and leadership related terms including "leadership", "management", "leaders", "managers", "organizational structure", "organizational culture and climate", "organizational behaviour", "organizational empowerment", or "organizational change" were combined with health-related terms including "aged care facilities", "residential aged care", "nursing homes", and "long-term care". Both black and grey literature was searched through electronic databases such as PubMed, Medline, and Cochrane, nursing leadership journals from the university library, and Google search engine.

Selection of Study Materials

The selection of study materials was made through inclusion and exclusion criteria. All materials exploring effective management and leadership in healthcare, with more focus on consumer-centered care settings constituting both theoretical and conceptual frameworks, organizational development, organizational culture, influencing factors, leadership development, efficient management models, policy guidelines, clinical management, and employee issues were included in the study. The articles were excluded if they featured health management, clinical management, care models, or service delivery in which the focus was clinical outcomes related to person-centered care management. All materials that were published before 2012, not written in English and dissertations were also excluded from the study.

The identified materials were excluded if they featured health management, clinical management, care models, or service delivery in which the focus was clinical outcomes related to person-centered care management. Figure 1 represents the PRISMA flow chart indicating the selection of the literature materials. Initial research produced 5441 results. After removal of duplicate sources, 4417 records remained. After following the exclusion criteria described above, only 767 records were obtained.

Based on the research questions, only systematic literature reviews were included. A total of 158 articles were chosen for an in-depth evaluation and summary of articles that featured clinical management and employee issues. 30 articles that were not dissertations were included in the final report. The appropriateness, as well as relevance of the articles to be included or excluded, were verified in the review process. The quality of evidence was verified against the guidelines of the National Institute for Health and Clinical Excellence (NICE) [28]. An inclusive approach was utilized to test the diversity of the literature and was demonstrated to be successful in assessing the management and leadership challenges among workers.

Consultations

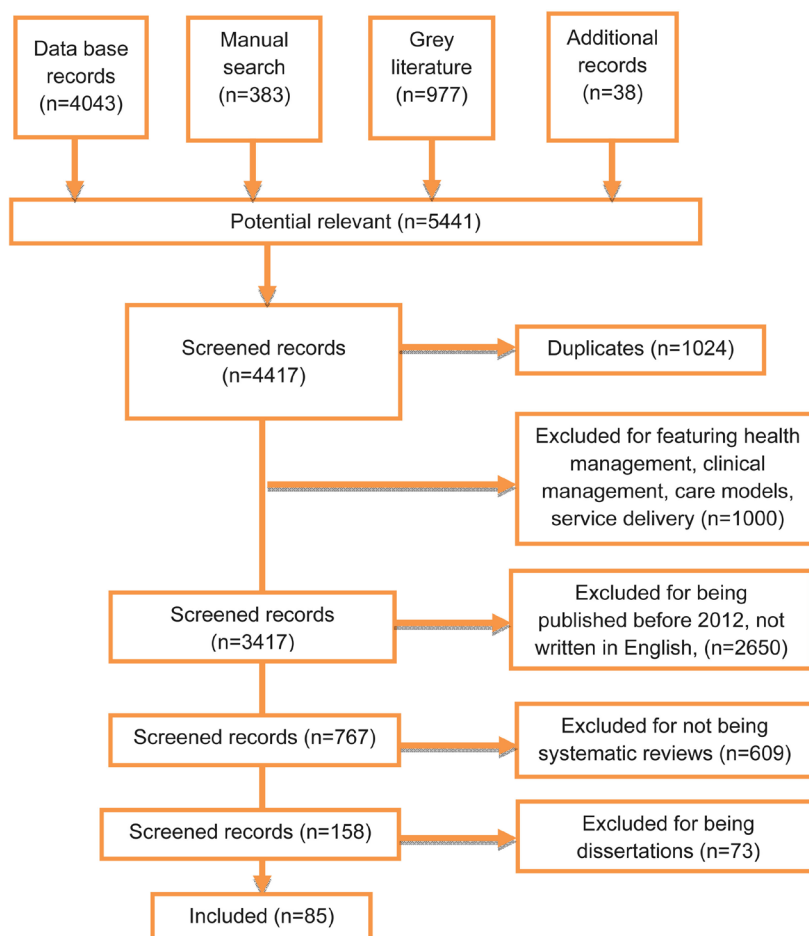Purposeful sampling technique was used to identify a reference group, and

Figure 1. PRISMA flow Chart.

international professionals and care managers from whom consultation was sought, were identified [29]. The reference group included representatives from governmental and non-governmental aged care organizations from Australia and Singapore. These representatives were identified from LinkedIn profiles which shows their many years of experience in the aged care facilities. The advisors offered professional advice regarding the methods and conduct of the literature review and development of the results through emails and meetings. In Singapore, face-to-face interactions were held with the experts, constituting of senior researchers and nurse managers promoting leadership and management development. They also provided suggestions about some of the references that were to be included in the review process and key findings from the review. The main recommendations from the initial report were confirmed to be valid in relation to the existing literature and relevant to global contexts. In addition, the managers from the aged care facilities were invited to a meeting to verify the validity of the research findings and recommendations and to give further suggestions.

Data Analysis

Data analysis and synthesis were guided by the three research sub-questions and the articles that were reviewed to gather information for the literature re-

view. The analysis revealed vital attributes that foster effective clinical leadership and management to endorse the execution of new care programs and establish a sustainable workforce in the residential aged care facilities.

Analysis of Study Findings

This section presents the results of the study from the secondary data sources. The initial search of the literature indicated that most of the materials were acute care oriented and overseas-based articles from the UK and US, with a few originating from Australia. The analysis provides a summary of the results about the research questions. The results showed that for successful implementation of new initiatives such as consumer-centered care, organizational culture that supports and empowers workers is required [30] [31] [32] [33] [34]. Dwyer (2011) debated that the management and leadership of the residential aged services ought to refine their operations and systems to implement the initiatives successfully.

Limitations of the Study

Theory development about aged care management and leadership research is limited, causing researchers to source appropriate models from health leadership and management discourse. There were limited resources reviewed as many search materials were published before 2012 and the articles reviewed for the current study was limited to less than five years of publication in order to analyze the latest findings. The reviewed articles in this paper failed to address the success of new care initiatives after the implementation process since it requires an individual to conduct an empirical study within the research environment. According to Jeon *et al.* (2015) [13], this lack of an empirical study makes it impossible to measure the effectiveness of the strategies employed by managers and leaders in implementing a given project. However, the study included more studies on the performance of managers and leaders that were aimed at diminishing failures. The project also intended to generalize the research findings to understand the impact of management and leadership on the success of global care home projects. However, it was a challenging task to generalize on the data collected since the aged care facilities differ in size [35]. Thus, more sources from different countries that have information related to the similarities and differences in leadership and management skills and analysis on consumer-centered care across healthcare settings were included.

3. Literature Review

Introduction

The literature review aims to explore the need and impact of consumer-centered care in the care of elderly in the residential aged care facility. With the implementation of consumer-centered care, the elderly in the aged care sector is expected to receive quality and holistic care with the care extended to their family. The strategies undertaken for the successful implementation of consumer-centred care requires effective leadership and management skills that

create a positive organizational culture for employee's empowerment and commitment towards the organization's goal in order to embrace change and reforms. This review elaborates on the definition of consumer-centered care, the process of implementation, requirements to sustain and the optimal organizational culture in adapting consumer-centered care in the aged care facilities. In addition, the review focuses on employees' empowerment and commitment that enhance job satisfaction and the leadership and management skills that would support successful implementation of reforms.

Consumer-centered Care

Consumer-centered care is a service delivery model that was purposely designed to offer flexibility and autonomy to consumers [36] [37] [38] [39] [40]. The consumer-centered care was initially piloted across Commonwealth-funded aged care facilities in the fiscal year 2010-2011. The model was rolled out in Australia, the UK, and the US with the aim of providing freedom and flexibility, offering support to those seeking relevant information, promoting collaboration and better quality care, and enhancing wellness and transparency in service delivery across aged care facilities [41] [42] [43]. Consumer-centered care is vital in the current aged care delivery model, and it, therefore, requires optimistic staff and a healthy working environment. This would encourage staff to be motivated and committed to their duties and implement all initiatives associated with the system.

Implementation of Consumer-centered Care in Aged Care Facilities

According to Carmeli, Tishler, and Edmondson (2012), to successfully implement cultural reform models [44] including consumer-centered care, it is mandatory to be committed in providing excellent leadership and steady management with solid teamwork and effective communication strategies and by embracing investment in staff training about the expected cultural reforms. There is a consensus in the global literature that consumer-centered care is among the recommended models that will enhance care among the aging population [43] [44] [45] [46]. However, the literature from the UK shows that for effective implementation of the consumer-centered care model, aged care facilities ought to take into consideration the uniqueness of all members in the facility including residents and their families, employees, managers, and volunteers [47] [48] [49]. Thus, the successful implementation of the model greatly depends on a collaborative approach with effective management skills.

The commitment upheld by management will foster a supportive organizational culture known as a *caring culture* [50]. Furthermore, this new organizational culture attracts innovative strategies and practices to offer support during the implementation of various reform models [48] [49]. Van der Voet (2014) mentioned that the implementation of any reforms should occur at both individual and organizational levels. This would enable the organization to gain cooperation and build rapport with both the employees and consumers.

A Consumer-Centered Care Facility

The literature on attaining organizational standards also highlighted the im-

portance of promoting cultural changes in implementing initiatives. Chenoweth *et al.* (2014) [51] claimed that a care organization should have systems that will ensure it functions normally but effectively with the formulated standards. According to Carayon *et al.* (2014), [51] organizations ought to monitor systems to maintain the formulated standards, therefore continuing staff training, constructive feedback systems, timely delivery of information, participatory decision-making, management schemes that promote quality care, and better working conditions. Fetherstonhaugh *et al.* (2016) suggested that aged care providers are supposed to adopt reform models that consider the larger organizational context to avoid failure. For instance, to successfully operate aged care facilities and services in the US, nurse managers promote an organizational culture that effectively supports new care models [21] [48] [52] [53]. Through offering care home staff, the skills, funds, and systems to support them in doing their duties, management and leadership become culture carriers defining the work ethics in an institution [52]. Through promoting cultural changes in an organization, the staff will be motivated and in the process, support the management in implementing programs.

Organizational Culture and Consumer-centered Care

It is obligatory for aged care providers to establish a shared organizational culture across all levels of institutions to ensure consumer-centered care is rendered appropriately. Some of the global organizations describe their service delivery as being consumer-centered, without promoting the required organizational cultural change [8] [54]. Organizational culture refers to the values, beliefs, and staff perceptions regarding the work setting and about their managers [55]. Organizational culture has been noted to influence the behaviour of persons and groups operating in an organization. Despite organizational culture and climate being viewed as different from each other, the research on health care facilities showed that organizational culture and organizational climate are closely related [14]. Hence, any change in an organizational culture would result in altering the organizational climate.

After conducting a survey of global business units constituting larger aged care homes in Australia, it is recommended that a conceptual framework which gives more information on the organizational climate in the Australian healthcare is developed [56]. The framework constituted of seven elements including people, property, purpose, peace, progress, participation, and passion for linking management systems with objectives and results of the organization. The elements were assigned specific components as follows: people (teamwork and motivation), property (resources of the organization), purpose (organizational goals), peace (staff wellness), progress (consumer outcomes), participation (organizational structures and systems), and passion (staff commitment). Alfes *et al.* (2013) [57] linked purpose, participation, and property to progress and passion, meaning the management and leadership initiatives that yield good results promote staff commitment. According to the model, purpose, participation, and property are associated with people, meaning that effective initiatives encourage teamwork

and inspire individuals.

Nurse managers in Australia, the UK, the US, and France have been noted as establishing an organizational culture in which people's values and beliefs were respected, staff issues were addressed amicably, and the residents' information was readily available to the nursing staff [50] [58]. Information required by the nursing staff includes residents' health records, preferred care lifestyles, aged care policy, training materials, and timely information regarding any expected organizational changes [59] [60] [61] [62]. By offering the nursing staff this information, the management will be empowering them as they deliver their duty, thereby promoting staff satisfaction and flexibility in delivering consumer-centered care.

Successful strategies and practices for execution of consumer-centered care are based on the socio-emotional and participative management approach together with staff training on expected changes [63] [64] [65]. Supportive organizational culture is associated with successful implementation of reform models, in this case, consumer-centered care model. There is a need to identify strategies and practices to establish, implement, and assess care models, including the consumer-centered care model in aged care facilities. The fundamental feature to be considered when adopting consumer-centered care is the ability of managers and leaders to enhance knowledge and skills among the workers.

Worker's Commitment and Empowerment

Leadership attributes play a crucial role in modifying employees' performance and embracing change in an organization. Papastavrou *et al.* (2015) [66] acknowledged that consumer-centered care could only enhance care among the ageing and dementia populations if the management and leadership offer a supportive organizational culture. The culture is supposed to give the workers independence and a learning atmosphere to make excellent decisions to deliver effective care. Twigg and McCullough (2014) [67] mentioned that empowerment of nurses is one of the components of consumer-centered care initiatives, whereby the workers are allowed to freely make decisions while improving their aged care and dementia skills. The staff members will be motivated to increase their involvement and control of any expected organizational change by understanding the techniques applied in consumer-centered care [68]. Thus, allowing staff autonomy in decision making of care rendered promotes commitment and job satisfaction.

According to Roos and Du Toit (2014) [69], as the staff becomes empowered and open-minded, they become aware that during organizational transformation entailing a system, other organizational system components will be affected in the process. It is unlikely that the staff within the aged care facilities will abandon their task-oriented care if nurse managers do not allow them to make decisions independently and learn from their failed judgements. Brownie, Horstmanshof, & Garbutt (2014) [70] found that the learning environment is positively affected by nursing leadership, trust, and respect. As such, nations such as Australia, the UK, and the US, are continually researching management skills and

leadership qualities that promote effective implementation of the consumer-centered care model [6] [67] [70].

Previous research studies indicate that effective management and leadership, mutual trust and respect between managers and their staff, and empowerment and support of the workers are associated with job satisfaction as well as with institutional commitment to aged care facility workers [47] [53] [71]. The structural empowerment of staff members is more influential than personal dispositions in nursing homes. In most aged care facilities in Australia and nursing homes in the U.S., structural empowerment, both formal and informal, that permits access to resources, influence, and staff support is highly regarded [67] [72]. Employee empowerment in each institution is associated with their commitment. The findings indicated that it is essential for nurse managers to include other staff members at all levels of decision-making in the organization to enhance the commitment of the workers to deliver quality care to the aged and dementia populations.

Managers as Leaders

Leadership and management play distinct roles in improving the quality of care in aged care facilities. According to Jeon *et al.* (2015) [13], leadership is more of developing a long-term vision and coming up with ways to encourage the managers and other staff members to work towards accomplishing any change process. Jeon *et al.* (2015) [13] defined management as the process of planning, strategizing, systematising and monitoring the way service delivery is done. The Leadership White Paper (2015) [73] highlighted that nurse managers participate in formal management positions whereas nurse leaders are not necessarily given any management role in an institution. It has been noted by Hurley and Hutchinson (2013) [74] that most nurses in Australia are not prepared to take up management roles when appointed to do so.

The Department of health in Australia has instituted a clinical management leadership framework for middle nurse managers delivering their duties in aged care facilities ([11]. The framework was instituted to allow senior managers to lead and manage the workforce to enhance the implementation of new initiatives. Van Wart (2013) [75] stated that for managers and leaders to take up the leadership challenge in enriching and enhancing the livelihoods of the workers, clinical leadership ought to be operationalised in a better way to capture the whole management structure. In the process of making clinical leadership operational, it is obligatory to clarify the roles of manager leaders in the establishment of quality care systems [76]. As accountability and independence take centre stage in a consumer-centered care organization, leaders are prone to emerge across all departments with the ability to identify areas of improvement to promote the implementation of new reforms and models [77] [78] [79] [80] [81]. In fact, within the consumer-centered care model, individuals are expected to support leadership in the care institution [82]. Effective leadership and management were cited to be the drivers of an organizational culture that is supportive during

the implementation of new reforms and care models in aged care facilities.

Summary

The literature section has examined management and leadership during the implementation of reforms and care models; in this case, the consumer-centered care model in aged care facilities. The section presented the relationship between management and leadership, and organizational culture in relation to the implementation of care models and reforms in aged care facilities.

From the literature review, an organizational culture that supports workers and promotes respect and trust among the workers is likely to implement any care models and new reforms successfully. Collaboration among nurse managers, other workers, and, residents are also vital in the implementation process. Though identified as fundamental, management and leadership development in the residential aged care sector contains limited research materials. This study aims to identify strategies that make management and leadership effective during the implementation of plans and initiatives. Table 1 shows a summary of some sources included in the literature section.

Table 1. Summary of some of the sources included in literature section.

Author/ aim	Type of source	Management/leadership strategies	Results	Data source
Singh, (2014). Aim: providing in-depth information on how one can manage skills in a nursing facility.	Journal	Embracing leadership qualities including staff empowerment, organization support, staff recognition, staff training, etc.		Google scholar
Taylor & Donoghue (2015). Aim: determining new ways of providing services	Journal	Promoting empowerment and recognition of workers	Empowerment and recognition promotes improvements	Google scholar
Williams, Perillo, & Brown (2015). Aim: determining organizational barriers to the implementation process	Journal	Creating a conducive workplace setting	Barriers to implementation are associated with nature of work place setting	Google scholar
You, Dunt, & Doyle (2017). Aim: exploring perceived changes in practice	Journal	Promoting cultural changes	Empowerment is vital in supporting and sustain organizational changes	Google scholar
Yu *et al.*, (2013). Aim: investigating the effects of introducing new records in residential care and their courses	Journal	Enhancing a conducive work environment	Effects include lack of proper communication, poor information management, difficulty in retrieving information	NCBI database
Zimmerman, Shier, & Saliba (2014). Aim: to improve the quality of care	Journal	Changing the nursing home culture	Empowering nurses, training nurses, promoting effective communication, promoting effective retrieval of information.	Gerontological Society of America database
West *et al.* (2014). Aim: exploring how both organizational climate and culture influence performance	handbook	Organizational climate and cultural changes	The subculture of team working improves performance	Oxford handbook online database
WA Department of Health. (2015). Aim: delivering a safe, high quality, sustainable health system	Health report	Changing the work environment	Respect, integrity, teamwork and good leadership	Government of Western Australia database

Continued

Van Biljon & Roos (2015). Aim: to determine the significance of the quality of life model in a work environment	Journal	Changing the work environment	Quality of Life model regards coping with challenges and being mindful of others	Google scholar database
Stokoe *et al.* (2016). Aim: exploring issues in the management of residential aged care facilities	Journal	Promoting organizational culture	Issues include communication barriers, poor staff awareness and nursing staff mix	NCBI database
Soltanifar & Russell (2012). Aim: offering evidence-based recommendations for best practice	Journal	Enhancing best practice	Changes in the organizational environment are key in successfully implementing new programs	NCBI database
Pines *et al.* (2013). Aim: describing trends in use of care services like emergency services	Journal	Changes in service delivery	It addresses demands for execution of new care services	NCBI database
Ottmann *et al.* (2013). Aim: to determine user preferences for and satisfaction with consumer-directed care programmes	Journal	Staff training and empowerment	Workers are satisfied if they are empowered to understand them	NCBI database
Kaasalainen *et al.* (2014). Aim: exploring experiential learning strategy to increase the capacity of Personal support of workers related to their training, and how they want their experience changed	Journal	Staff support and training	Care education gives the staff confidence and promotes staff commitment	NCBI database
Huang *et al.* (2016). Aim: assessing the impact of safety climate among lone workers	Journal	Enhancing the work environment	Employees' safety climate perceptions are associated with their level of job satisfaction and engagement and wish to support new applications.	NCBI database

4. Results

This section presents the results of the study from the secondary data sources identified. The literature review and findings are further elaborated in this section. A summary of the sources included in analyzing the results is included in Table 2.

Perceptions of Managerial Leadership

Any positive feelings towards the managerial leadership from the workers are associated with increased job satisfaction as well as nurse retention across the aged care facilities, thereby reducing unnecessary recruitment costs [11]. To have positive feelings among the workers, managers ought to create a conducive environment in which they can relax and avoid the office pressures. A review of nurse retention by Twigg and McCullough (2014) indicated that poor support and recognition as a result of poor leadership and management triggers nurses' turnover. Effective leadership relates to creating a good working environment for the workers.

Table 2. Summary of the sources included in results.

Author/aim	Study design	Setting	Leadership frameworks/ strategies	Outcomes	Data source
Jeon *et al.* (2015). Aim: Determining the legitimacy of the clinical leadership framework	A Delphi method	Residential aged care facilities in rural and metropolitan settings	Clinical Leadership Qualities Framework.	After the consultation, the suitability and face validity of the leadership framework was established.	Survey on Sixty-nine experts in aged care facilities
Twigg & McCullough (2014). Aim: To identify strategies in the literature supporting nurse retention through enhancement of positive work environments	Literature review		Creating a positive work environment	Strategies creating conducive work environment include; staff empowerment, shared governance structure, staff independence, leadership support, and skill mix and organizational relationships	Medline, and ProQuest databases
Shield *et al.* (2014). Aim: understanding the process and reasons for promoting culture change (CC) practices	Survey	4149 United States NHS	Promoting cultural change practices	Reasons for affecting CC practices vary; strategies for implementing CC practices are different; NHS consider staff mix when implementing the practices; enactment of changes is challenging, and strategies for change are tailored to the challenges encountered; training and effective communication are vital; staff leadership is key to enacting changes.	NH Directors of Nursing (DONs) and Administrators (NHAs)
Shier *et al.* (2014) Aim: to find out ways of promoting cultural changes in organizations	A comprehensive review of peer-reviewed and grey literature		Promoting cultural changes	Close relationships, staff support, appreciation, staff training	Online databases
Prgomet *et al.* (2017) Aim: to study front line workers and their perceptions on altering policy landscape	Survey	Australian aged care organization	Promoting policy changes	Altering policy landscape enhances communication; facilitates front line commitment; enhances management of organizational changes	Care workers and six case managers
Ouyang *et al.* (2015). Aim: to explore the effect of psychological empowerment and organizational commitment.	Survey	Tertiary hospitals in China	Promoting organizational commitment	Nurse satisfaction is influenced by psychological empowerment. Organizational commitment promotes the implementation of new initiatives.	A questionnaire filled by 726 nurses from tertiary hospitals
Oliver *et al.* (2014). Aim: describing perceptions of structural empowerment	Survey	The large healthcare system in the North-eastern United States	Promoting organizational empowerment	Structural empowerment comes to a result of staff support, formal power, and informal power.	Interview with Clinical nurse managers
Van der Voet (2014) Aim: examining efficiency as well as specificity of change management	Survey	Dutch public organization	Fostering organizational changes	The leadership role is important during organizational change	Interviews
Bennett *et al.*, (2014). Aim: exploring perspectives of mealtime management	Survey	Five Residential aged care facilities	Embracing policy changes	Limited consideration of meal times in policy is a barrier in mealtime management.	Interviews

Continued

Hurley & Hutchinson (2013). Aim: highlighting the significance of strengthening leadership capability.	Critical literature review		Transforming the work environment	Effective nurse leadership affects the work environment and its goals	Online database
Jeon *et al.* (2013). Aim: establishing the effectiveness of the CLiAC program	Randomised controlled trial testing	Residential and community aged care sites	Embracing good leadership qualities	Clinical Leadership in Aged Care enhances the manager's leadership qualities.	Residential and community aged care sites
McCormack *et al.* (2012). Aim: highlight similarities and differences between the different leadership models.	Literature review		Appreciating individuals	Management and leadership models and frameworks need to regard personhood.	Online databases
Cicolin *et al.* (2014). Aim: to determine if nurse empowerment is correlated with their satisfaction	Systematic review		Promoting staff empowerment	Structural empowerment and psychological empowerment influence nurse satisfaction differently	Online databases

Employees are often accustomed to "routines" which hinders the implementation of a new program in the organization. According to the review, abandoning office comfort is one way of transforming the organization culture in relation to governance to give room for better and strategic decisions that will ensure the change process is successfully implemented and utilised [79]. Moving out of the central office is aimed at diminishing "noise" that symbolises the employees' work habits [36]. Despite seeing the central office as the hub of an organization from where directives originate, the managers should also view it as a hub for offering support to all workers in the aged care facility. It is evident from the review that, for efficient organization-wide execution of the consumer-centered care model, it is obligatory to change the governance whereby the central office is left open for queries and clarifications [72]. The open design organizational structure promotes a conducive working environment that fosters interpersonal interactions among the change agents and the other workers [48]. According to the review, it is advisable to change the central office structure if it is perceived to be inconsistent in promoting reforms and innovative programs. In agreement with changing governance structure, Van der Voet (2014) and Bennett *et al.* (2014) acknowledged that such an initiative should be done alongside with other initiatives that promote equality and eliminate biases such as removing personalised parking lots, promoting same meal times and embracing one organizational uniform.

Organizational Management and Leadership

Effective management and leadership are determined by the existing organizational leadership that gives managers and leaders the confidence in their leadership style as a result of being allocated enough resources. The aim of this is to ensure that they deliver their mandate in providing support to the staff [74]. Some of the essential resources that are offered by the leadership of an organization include skill mix among workers, human resource practices and

administrative support, and effective communication of policy changes.

As the organization leadership introduces cultural changes, they promote innovative ideas from the managerial perspective, thereby transforming their workers' working habits, and abandoning their traditional work practices and paving the way for innovation [71]. Therefore, it true that changing the usual governance structure of the organizational leadership will promote a healthy and conducive work environment that increases employee job satisfaction and commitment in any expected organizational change. Such an environment supports the "yes culture" whereby staff will not be opposed to any transformational change that comes their way. The culture will ensure emerging care programs are effectively and flexibly implemented. To promote such a culture in an organization, Roos and Du Toit (2014) recognised that the organizational leadership and management must offer their employees autonomy and to enhance their capacity to take part in decision-making. The "yes culture", that aims at nurses' job satisfaction should include "top-down" and "bottom-up" collaborative management strategies to ensure the effectiveness of the implementation process [71]. This would enhance communication and create a good relationship between leaders and workers.

Features/models of Managerial Leadership

According to the reviews of the leadership attributes including effective communication, flexibility, professional expertise in promoting a conducive work environment in which recognition is upheld and empower the staff [11] [61] [81] [82]. Significant studies on effective leadership focus on highly desirable managerial attributes among the manager leaders. The attributes include openness, respect mentoring, supportive and inspiring management, and emotional intelligence [71] [72]. It was also found that optimism is considered to be a managerial attribute that inspires other workers by increasing their satisfaction and diminishing turnover.

The leadership approach employed in aged care organizations correlates with job satisfaction, nurses' retention, and workforce motivation [13]. Cicoloni, Comparcini and Simonett (2014) [61] suggested that participative leadership is recommended when an organization is embracing a significant change in the care model as the employees are given the autonomy in decision making and implementing change. However, Doody and Doody (2012) [83] mentioned that transformational leadership is the preferred leadership style as it was found to influence the employees with organizational culture to create a supportive working environment that ensured a satisfied and sustainable workforce. Managers and leaders with the ability to empower and motivate other workers will model organizational values and work ethics to address the needs of the workers. Effective leadership was found to be the key determining factor of successful implementation of new care programs in aged care facilities.

5. Discussion

Effective management and leadership in an organization are based on an indi-

vidual's ability to devise successful strategies for managing expected change. It is essential to understand the needs of different people that the leader aims to amplify their capacity in supporting any new program implementation. In agreement, Hutchinson and Hurley (2013) [82] stated that organizations understanding the meaning of strategic management and leadership when planning an implementation exercise are prone to offer a conducive environment in which people share their opinions. This is so to ensure that the exercise is successfully completed. The managers involved in the interview attributed their success in executing projects to the changes embraced in the organizational culture that aimed at improving organization-wide practice. Jeon *et al.* (2015) [13] acknowledged that management and leadership from all aged care units are required during the implementation of any program, including the consumer-centered care model.

An effective leader is identified as the one leading from the front. Jeon *et al.* (2015) [13] mentioned that clinical leadership is all about formulating a clear vision and optimistic motive geared towards encouraging and guiding individuals towards organizational change. Significant research studies aiming to enhance service delivery in residential aged care homes across the world indicate that the extent of success in implementation of any new program relies on the managers' capacity and leadership abilities to offer support to other workers [31] [37] [63] [70]. Management and leadership approaches are significant when aged care homes are trying to adopt and implement new care programs. Leadership is linked to the consumer-centered philosophy that is obligatory in determining a strategic direction that ought to guarantee improved aged care as well as drive appropriate transformations in aged care homes.

It is also fundamental to value the people surrounding an individual. Valuing people starts from leaving one's comfort zone and supporting others in achieving common organizational goals. Most top managers embrace open office structure in which the personnel efforts are supported by management [67]. In this view, many organizations have constituted vision and mission statements that capture the needs of various employees. Addressing the needs of individuals in a free environment where they can make decisions autonomously is fundamental because it promotes their commitment and confidence. Additionally, transforming the traditional management and leadership structure is vital in changing employees' work habits. Furthermore, it is acknowledged that embracing change by the management to perform a certain task is aimed at accomplishing employee's needs to support the implementation of new programs [58] [82] [84]. This marks a crucial step towards accomplishing the vision and mission statements of organizations by addressing the rights and freedoms of individuals.

Organizational support is often aimed at enhancing the implementation of emerging programs. This support can be realistic if management and leadership offer a practical framework for execution of the programs. As noted by Hutchinson and Hurley (2013) [82], a vision emphasising organizational aspirations needs to be aligned with specific goals. Even if nurse managers are experienced,

they are prone to struggle as they attempt to execute the consumer-centered care model in their facilities when they lack effective leadership that offers support to their efforts. If an organization is meant to deliver services through consumer-centered care, then it is the duty of the managers and leaders to offer utmost quality in their leadership skills that ensure the approach is successful [13]. According to Etherton-Beer *et al.* (2017) [16], the adoption of new strategies and practices to support any proposed change is never easy. The major issue is how to ensure the organizational workforce accepts and works towards supporting the strategies and practices. Innovative ideas cannot be accepted and positively supported if managers and leaders in an aged care facility do not address workforce needs.

From the review, changing the work environment is fundamental if an individual wish to implement a new plan successfully. As the managers prepare for new care programs, their efforts are based on providing the workforce with information, which shows that the new project is not a mere gesture of facility improvement but a project designed to improve service delivery by the workforce [67]. During the implementation of new programs, managers may engage in a "top-down" leadership approach that is complemented with "bottom-up" opportunities. The combined approach has been found to encourage as many staff members as possible to give their opinions in relation to program implementation. Conway *et al.* (2015) [32] advised that all organizational levels are supposed to be included and show commitment towards the implementation of any programs. For effective leadership, individuals are obliged to ensure organizational policies are in line with leadership development initiatives with the ability to deliver essential funds for both structural as well as psychological empowerment among the workers.

6. Conclusions

The current study was aimed at developing strategies that summarize the literature both in Australia and overseas on frameworks for effective management and leadership in the aged care sector, considering relevant regulation, legislation, and funding. It is evident from the study that effective organizational culture supports the implementation of programs in an organization where the managers and leaders alter the organizational framework. Despite the implementation of new care programs requiring the involvement of leadership from all levels, managers and other workers are likely to face battles with staff if there is no effective organizational support. Organizational support is fundamental in pursuing implementation of any program in aged care organizations. The organizational support can be achieved through several ways, including transforming the organizational culture that was promoted through changing the organizational system, embracing "yes culture" and changing employees work habits and the way they perform their assigned tasks. Without changing the usual work habits in an organization, it is unlikely that the workers and

managers will be motivated to commit to accomplishing their roles in the implementation process. This is because individuals will always be reluctant to change when they perform the task by habit.

Aged care staff members are always encouraged by organizational managers to be responsible when it comes to the implementation of care programs that are consumer-centered. They promote the new organizational "yes culture'" to motivate individuals so that they will not deter from achieving the implementation objective. Organizational management and leadership were investigated in the continually improving area of aged care service delivery. Around the world, aged care is moving from the traditional care service delivery to the more consumer-centered care programs whose main aim is to effectively address residents' needs as well as workers' needs. Through continuous improvement of care homes, structural transformations are expected to take place, with their success based on the management and leadership strategies employed before and after the implementation.

It is clear from the study that when individuals wish to successfully sustain the implementation of new aged care programs in residential facilities, they ought to engage all stakeholders in committing to the project. A shared initiative will always see a care improvement project succeed. From the organization perspective, an individual was required to think critically as they adopted the new programs for future service delivery in aged care facilities, where addressing the needs of all stakeholders is the key to successful implementation. With this view, it is obligatory to alter the organization culture and give room for new work habits that are linked to enhancing innovation. Altering organizational culture requires nurse managers to be flexible in their governance and offer support to all stakeholders involved in the implementation of various care programs. The new organizational culture is also expected to promote autonomous decision-making among other workers with the aim of increasing employee job satisfaction and commitment.

It is also important to note that all best practices analyzed here supported the transformation of organizational culture, including changing individuals' work habits, changing systems, embracing good leadership qualities, and adopting effective managerial attributes such as staff empowerment. Changing the organizational culture will offer individuals an opportunity to accommodate innovative approaches that will be necessary for the new programs implemented in aged care facilities. If the managers do not foster a good working environment by changing the traditional work habits, then they are prone to fail in delivering their leadership mandate pertaining to the implementation of the new care programs. As seen earlier, changing the culture of an organization can be achieved through minor activities such as all staff members including senior management to wear a uniform to work. Other strategic provisions include upholding top leadership qualities, such as empowering staff and giving staff members autonomy in making decisions related to the implementation of initiatives. These strategies and practices were found to have a more enormous influence on how

staff members support the implementation as well as the success of new programs after implementation. If staff members are encouraged to improve program implementation, then managers and leaders would fulfill their organizational goals and visions aimed at providing quality care to the aging populations through aged care facilities.

Therefore, it is clear from the discussions above that strategies and practices employed to transform the organizational culture will significantly influence the implementation of any expected care initiatives. The strategies and practices are supposed to be person-oriented to address the rights of people efficiently, thereby empowering them to commit their efforts to ensure that a given objective is accomplished. Committed and empowered workers will always do their best to make sure their mandate is appropriately and effectively delivered.

7. Recommendations

Recommendations at a National Level for Aged Care Providers

Today, with increased demand for aged care facilities as a result of the increasing number of ageing population in the world and more so for those ailing from dementia, residential aged care homes ought to embrace the consumer-centered care approach since it improves the quality of care. For successful implementation of consumer-centered care, aged care homes must develop their commitment to funds and operational changes in their governance so that they can offer support to workers involved in the implementation of new programs. Strategic, operational changes include altering policies, systems, and procedures within the organization to assist individuals using the consumer-centered care program. In addition to the usual funding of aged care facilities, managers and leaders should offer additional resources such as staff rewards and recognition to employees to facilitate the implementation of new care programs to promote continuity in service care improvement. These resources are vital since they foster a healthy working environment in which employees learn to trust and commit themselves towards each other to uphold collaboration.

Recommendations at an Organizational Level for Aged Care Providers

For the organizations to be truly committed to the new care programs, they should improve the organizational culture in which employees are given freedom to make decisions about the implementation of the care programs. Staff members ought to be provided with the capabilities to discern the organizational changes that are expected, and their role in successfully implementing the changes. It should be the duty of the management and leadership to promote staff empowerment by offering staff training to improve skills for some new programs. Empowerment should be encouraged to limit employee turnover as a result of new care programs whereby staff have no knowledge of the initiative to deliver quality care in aged care homes.

Managers should play a role of "culture carriers" in aged care facilities to ensure the correct organizational culture is cultivated to support the implementa-

tion of new care programs. For aged care organizations to promote new care programs, managers should be equipped with practical leadership skills and offered legitimate authority to flexibly support organizational transformation without hurting any stakeholder or employee. In the contemporary world, management ought to adopt consumer-centered leadership styles to encourage a conducive work environment in which employees are satisfied and committed to upholding collaboration in ensuring the programs are successfully implemented. In addition to leadership styles, management qualities are also required. Managers ought to be humble, committed, caring, visionary, and welcoming, aiming to capture individuals' willingness to cultivate effective strategies and practices to adopt new programs. Managers should embrace 360-degree feedback to enhance communication with other stakeholders, which is the key to successful execution of any program. In this era of new care programs, aged care homes ought to institute project teams to establish areas of improvement associated with management and leadership to avoid failure in implementation of the new programs. This will thereby avoid a failed initiative to offer quality care to ageing residents across aged care homes. The members of the project teams should be recruited from various aged care facility departments to allow as many people as possible to have a better understanding of the expected transformations designed to promote successful implementation of new initiatives.

The management and leadership of aged care organizations should fully commit to the organizational objective and mission by aligning service delivery with changing needs of workers and aged care facilities as a result of expected cultural changes. In general, the aged care organizations' management and leadership ought to understand how they can effectively lead organizational change across aged care homes without affecting employees' emotions and functionality. For effective cultural changes, management and leadership ought to conduct a thorough investigation of the structural factors that need to be altered to promote organizational transformation. The organizations should assess and monitor the impact of the above recommendations on care service delivery on the ageing and dementia populations at all organizational levels.

Recommendations for Future Research

With the aim of trying to understand the strategies and practices employed to support the implementation of new programs such as consumer-centered care across the aged care facilities, the current study used secondary sources capturing large aged care facilities. For future research, similar aims should be recommended for research studies involving small aged care facilities, or the studies must be conducted to understand the operations of many aged care homes to enhance generalisation of the research findings across some aged care facilities. If the future research studies are conducted using secondary sources, the range of the sources should be increased to cover more than five years to understand effective management and leadership in new program implementation. Lastly, future research to understand effective management and leadership should be

based on primary sources to understand the problem right in its environment. Hence, the study should focus on staff own satisfaction in providing consumer-centered care and include the different perspectives of patients, families, and communities who are at the receiving end.

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Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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