Experiences of Registered Nurses as Managers and Leaders in Residential Aged Care Facilities

Drew Dwyer, BASS, BSN, MRCNA, QMACA

Master of Clinical Science

The Joanna Briggs Institute, Faculty of Health Sciences

The University of Adelaide

July 2011
Thesis declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution to Drew Dwyer and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

I also give permission for the digital version of my thesis to be made available on the web, via the University’s digital research repository, the Library catalogue, the Australasian Digital Theses Program (ADTP) and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

Signature:

Date: April 2012
ACKNOWLEDGMENTS ........................................................................................................... 5

ABSTRACT .......................................................................................................................... 6

BACKGROUND ....................................................................................................................... 6
OBJECTIVES .......................................................................................................................... 6
SEARCH STRATEGY AND SELECTION CRITERIA ................................................................. 6
RESULTS AND DISCUSSION ................................................................................................. 7
CONCLUSION .......................................................................................................................... 7
KEYWORDS ............................................................................................................................. 8

CHAPTER ONE: INTRODUCTION TO THE STUDY ................................................................... 9

SITUATING THE STUDY .......................................................................................................... 9
STRUCTURE OF THIS THESIS ................................................................................................. 10

CHAPTER TWO: BACKGROUND TO THE STUDY ................................................................ 11

FACTORS CONTRIBUTING TO THE GLOBAL SHORTAGE OF NURSING PROFESSIONALS .. 15
FACTORS CONTRIBUTING TO THE GLOBAL SHORTAGE OF NURSING PROFESSIONALS IN AGED CARE .............................................................. 15
THE INTRODUCTION OF HEALTHCARE WORKERS .......................................................... 17
DISCUSSION ........................................................................................................................... 17

CHAPTER THREE: STUDY DESIGN AND METHODS .............................................................. 20

REVIEW OBJECTIVE ............................................................................................................ 20
OPERATIONAL DEFINITIONS ................................................................................................. 20
INCLUSION CRITERIA ............................................................................................................ 21
TYPE OF PARTICIPANTS ......................................................................................................... 21
PHENOMENA OF INTEREST .................................................................................................. 21
TYPE OF STUDIES ................................................................................................................ 21
EXCLUSION CRITERIA ........................................................................................................... 22
SEARCH STRATEGY ............................................................................................................... 22
ASSESSMENT OF METHODOLOGICAL QUALITY ................................................................. 23
DATA COLLECTION ............................................................................................................... 24
DATA SYNTHESIS ................................................................................................................ 24
CONFLICTS OF INTEREST .................................................................................................... 24

CHAPTER FOUR: RESULTS .................................................................................................... 25

SEARCH RESULTS ................................................................................................................ 25
MAIN FINDINGS ..................................................................................................................... 26

CHAPTER FIVE: SYNTHESIS 1 - IDENTIFYING THE CATEGORIES ........................................ 28

CATEGORY 1. MOTIVATED TO WORK IN AGED CARE ......................................................... 28
CATEGORY 2. REGISTERED NURSES AND NURSING STAFF FEELING VALUED ............. 28
CATEGORY 3. NOT ENOUGH PROFESSIONAL EDUCATION FOR THE RN TO REMAIN CONFIDENT .............................................................. 29
CATEGORY 4. ORGANISATIONAL BARRIERS INTERFERE WITH THE QUALITY OF CARE TO INDIVIDUALS, SERVICE PROVISION AND STAFF SUPPORT ................................................................................. 29
CATEGORY 5. A LACK OF PROFESSIONAL NURSING SUPPORT ....................................... 31
CATEGORY 6. FEELING DISEMPOWERED AND INADEQUATE ........................................... 32
CATEGORY 7. THE INDUSTRY DOES NOT RESPECT THE WORKFORCE .............................. 32
CATEGORY 8. GERIATRIC NURSING IS A SPECIALISED FIELD THAT WARRANTS ITS OWN PROFESSIONAL IDENTITY .................................................. 33
CATEGORY 9. PROVIDING LEADERSHIP OPPORTUNITY IMPROVES PRACTICE ............... 33
CATEGORY 10. RNs FEEL THEY ARE NOT UP TO STANDARD AND WORRY ABOUT ACCOUNTABILITY .......................................................... 35
CATEGORY 11. NURSES FEEL THAT AGED CARE WORK IS REFLECTIVE OF HAVING A POOR COMPETENCY .......................................................... 35
CATEGORY 12. CARE-RELATED STRESSORS ARE HIGH ......................................................... 36
CHAPTER 6. SYNTHESIS 2: SYNTHESIS FINDINGS

Synthesis Finding 1. A strong motivation for aged care ................................................................. 37
Synthesis Finding 2. Education in clinical leadership and management is needed ....................... 37
Synthesis Finding 3. A specialised care area that requires improved recognition ......................... 39
Synthesis Finding 4. Organisational barriers have a negative impact on care outcomes and continuous improvement ................................................................................................................. 40
Synthesis Finding 5. Positive and proactive care models improve morale and productivity ......... 41

CHAPTER SEVEN: DISCUSSION AND CONCLUSIONS

Improving the recruitment retention and capacity of nurses entering the aged care and geriatric care environment ........................................................................................................................................... 43
Employers and policy makers should be aware that nurses in aged care and geriatrics have a strong motivation to work in the aged care sector and want to be valued by the community .......... 43
Educational pathways and programs are needed to improve the professional practice and continuous development of nurses with clinical and leadership skills .......................................................... 43
Aged care providers and healthcare policy makers should understand that aged care and geriatrics is a specialised area of healthcare that warrants its own recognition in professional practice ............................................................................................................................... 44
Implications for research ..................................................................................................................... 46

APPENDICES

Appendix 1: Flow diagram of the studies .......................................................................................... 47
Appendix 2: QARI Appraisal instrument ............................................................................................ 47
Appendix 4: Table of included studies ............................................................................................... 48
Appendix 5: Table of excluded studies ............................................................................................... 49

REFERENCES ........................................................................................................................................ 51
Acknowledgments

I want to take this opportunity to thank the people who have motivated and guided me through the process of learning this research topic at a higher degree level and assisting me in focusing on the subject and achieving the necessary outcomes.

Thank you to Professor Alan Pearson and the entire JBI team. I appreciate them for providing me with their time and assisting me in finding the focus of higher degree learning in the past 2 years.

Dr Aye Aye Gyi was my principal supervisor and mentor during the preparation of this thesis. I greatly appreciated her guidance, encouragement and support. Her motivation was a driving force.

Dr Leonie Mosel Williams, as my associate supervisor for distance students, provided her knowledge and nursing expertise in a timely and supportive way. She guided me in the subject knowledge and specialised nursing focus on the topic. Without her input I would never have finished the project in time.

Thank you Dr Rie Konno for your assistance and input at times when nursing acumen was needed in residential school studies, and preparing the systematic review.

My special thanks to my wife Raeleen for her support in all she does to encourage the vision and passion within me that keeps the oil in my lantern burning bright. Thanks to my two children, Masyn and Dane for being patient and supportive during long periods of time away, and being separated due to focusing on study.

Finally, my supportive office staff who have managed things around my schedules, I thank you as well.
Abstract

Background
The phenomenon of an increasing ageing population is being experienced globally, causing challenges to change and improve residential models of care and provide services that meet the growing population of older people. The role of the registered nurse is considered crucial to the clinical governance and management of care given to the elderly in residential care settings. Registered nurses who work in the role to-date have made many changes in their practice so that they can work using a multidisciplinary approach to care; however, no systematic review has to date examined the registered nurses’ experiences in leadership and management roles.

Objectives
The objective of this review was to critically appraise, synthesise and present best available evidence on the experiences of registered nurses as clinical leaders and managers in residential aged care facilities.

Search strategy and selection criteria
This review considered qualitative research papers that addressed the experiences of registered nurses as clinical leaders and managers in residential aged care facilities. Participants of interest were registered nurses, nurse leaders, nurses holding registration and/or regulation under a board of nursing, nurses working in residential aged care and long-term care facilities. The diversity and use of language to describe nurses’ roles and models of care for the elderly care environment were considered in the review.

The search strategy was extensive and sought to find both published studies and papers, limited to the English language and published between January 1997 and February 2011. This period of time was chosen because 1997 was the International Year of the Older Person and much reform in care for the aged had been established prior to this date.

Each paper was assessed by two independent reviewers for methodological quality prior to inclusion in the review using an appropriate critical appraisal instrument from the Joanna Briggs Institute System for the Unified Management, Assessment and Review of
Information (SUMARI) package. As both reviewers were in agreement on all studies included, a third reviewer was not required.

Results and discussion
A total of eight qualitative papers were included in the review. The majority of papers examined the experiences of nurses’ leadership styles and the management characteristics within their organisations. The qualitative papers were analysed using The Joanna Briggs Institute-Qualitative Assessment and Review Instrument (QARI). The process of meta-synthesis embodied in this program involves the aggregation or synthesis of findings or conclusions. There were 40 findings identified from the literature, which were then synthesised into 12 categories. These categories were then synthesised to establish the final findings. Five synthesised findings were derived with key themes related to education, professional nursing development, positive attitudes to aged care and the need for a supportive environment.

Conclusion
Registered nurses employed in the aged care environment show a strong motivation to work in this field and aim to provide the best outcomes in nursing the elderly. Geriatric nursing is considered to be a specialised and complex area of healthcare by the nursing profession and the individual nurses who practice in this field of endeavour. Nurses experience a lack of professional support in clinical decision-making and limited collaboration from allied health and medical colleagues. It is evident that specific education focused in clinical leadership and health team management is lacking, yet this is an area of key performance for the registered nurse in elder care residential models. There is no current structured pathway of learning and development for nursing careers in aged care. Although globally the nurse is considered the leading clinician in daily care needs, the role is not clearly defined and furthermore clouded by operational boundaries and expectations of nurses. Nurses identify with their leadership role in residential aged care, and experience paradoxical feelings of being valued by the clients and yet at the same time devalued by the system. Substantial organisational barriers prevent continuing education and skills development for nurse leaders in the aged care environments. Organisations are more concerned with compliance and governance relating to service delivery than the
challenges and barriers the care team faces by trying to deliver quality person-centered care and adequate time management.

**Keywords**