“Governance and Stewardship in the Aged Care Industry: Evaluating a model for Corporate Social Entrepreneurship

The relationship of Board culture To entrepreneurial behaviour”

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Thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy

Faculty of Engineering,
Computer &
Mathematical Sciences

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ABSTRACT

Not-for-profit ventures, including community and church sponsored, seeking to exploit socially responsible opportunities in the provision of Aged Care, find themselves dependent on government grants and a major set of regulations to be complied with. Academic and empirical research has generally focused on issues of quality and compliance in meeting the physical needs of Aged Care residents rather than assessing entrepreneurial opportunities in the provision of innovative approaches to the stewardship of Aged Care facilities and with a focus on resident values.

To explore the research question the choice was made to use a qualitative study that focuses on understanding the naturalistic setting, or everyday life in a residential aged care organisation. Given the wide variability in the performance of aged care facilities in Australia, a purposefully selected sample of six innovative aged care facilities (best exemplar cases) was the subject of this research.

Significantly each case readily accepted participating in a “Health Audit” as a tool to assess the degree to which its employees, leadership and Board engage in entrepreneurial behaviour as exercised through innovative, risk-taking, autonomous and proactive actions. This audit comprised two instruments to measure both entrepreneurial conditions and innovation intensity in each case. The findings confirm the power of the Social Entrepreneurship Conditions Instrument (SECI) and Social Entrepreneurship Innovation Intensity (SEII) to discriminate between various perspectives on innovation from differing management positions in the organisation, such as Board Chair, CEO or Director of Nursing (DON).

A major conclusion is the primary presence of trust/respect within the internal environment and management team of the residential aged care organisation and its association with the espoused values of the organisation and the perceived delivery of services. Some understanding of the dynamics of this multi dimension environment and the elements for a strategic model of sustainable innovation is considered in terms of complexity theory (or emergence of order).

It is also shown that the observed characteristics of the management team are in accord with the principles of stewardship theory where organizational managers and directors’ demonstrably act as responsible stewards of the assets available to deliver the mission of the organisation and the managers seek other ends besides financial ones. Indeed this interplay between trust and governance is a strong component of Residential Aged Care organisation (RACO) culture and confirms the finding

This sense of social mission is indeed the motivation for action in each of the RACOs researched for this study. Examination of the five dimensions of Entrepreneurial Orientation (EO), innovativeness; proactiveness; risk taking; competitive aggressiveness; and autonomy reveals the relevance of the concept in understanding the outcomes of the RACOs in meeting resident valued needs with the addition of a further dimension of ‘governance’.
Within the demonstrated culture, 92% of residents agreed ‘staff members are caring and helpful’, with 98% of residents expressing a positive endorsement to the consolidated question ‘do you personally feel this is your home?’ comprising responses to the sub elements of: overall satisfaction, comfort, welcome, privacy and dignity, personal belongings, culture/spiritual, independence.

Overall the research instruments applied in this thesis do provide feedback on education and training needs to enhance entrepreneurial decision making; provide information on conditions, characteristics and motivations to manage internal culture; and guide the development of an entrepreneurial culture to deliver sustainable resident valued services.
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 Lois Marjorie Hazelton 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.

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Lois Marjorie Hazelton

May 2012
Dedication

I wish to dedicate this work to:

My parents
Frederick (dec) and Marjorie Hazelton

The two who reared me for life
Taking the journey of ageing and illness with them
Our relationship became
That of
Friend, carer and confidante

My teacher and mentor
Professor Ann M Woodruff

The one who reared me in my professional life
And trusted me
To take the same challenging journey with her
And, left us June 20, 2012

To all I have met in my nursing career.

Thank you

I have learnt to respect you all as individuals
To never forget in time of need and vulnerability
You are all worthy
And
The focus of care!

In memory
Of
Ernie Clements
A special friend to our family
Kind, generous and good

May 22, 2012
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And help bring it to a conclusion

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For the care of older people in this country.

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We met to greet, eat and chat to support the work of this thesis.
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Amy and Paul Jasper,
Olive Clements
Thank you for your wonderful support

And, thank you to those who have been in the background
Always encouraging!

To my sisters Elizabeth and Eleanor (their husbands, Mervyn & Roland)
Thank you for your support in the care of our mother,
Particularly in the last year of this project
My nephew Michael – thanks for ‘Nana sitting’.
And family friend Ann also for helping with ‘Mum sitting’ at different times

Don, thank you for keeping the computer working and the endless instructions
On the many issues that arise with computers

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Your understanding of nursing from the broader perspective was a great motivator.
The nursing profession has much yet to learn and give

Dr Susan Brown
Friend, colleague and supervisor
We share a joint commitment to care of the elderly.

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2011-2012

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South Australian Branch
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November 20, 2007
Adelaide, S.A.

Australian Graduate School of Entrepreneurship
International Research Exchange
Best Qualitative Research Paper
Sponsored by NVivo
February 4 2008, Adelaide, S.A.

Entrepreneurship Commercialization Innovation Centre
University of Adelaide
Student Choice
Poster Prize 2011

Words of Wisdom

But, my child let me give you some further advice:
Be careful, for writing of books is endless, and much study wears you out!
Ecclesiastes 12:12

Thank you all
Life now awaits!
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<td>CAUD</td>
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<td>CE</td>
<td>Corporate Entrepreneurship</td>
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<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>CR</td>
<td>Critical Realism</td>
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<td>Complex Responsive Process of Relating</td>
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<td>EO</td>
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<td>EROS</td>
<td>Experiments, Reflexivity, Organising, Sensitivity</td>
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<td>VC</td>
<td>Venture Capitalist</td>
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Prelude

Human experience creates a natural experiment

Anonymous

The story of a nursing career

Entry into nursing has brought with it many experiences and challenges in understanding and finding one’s place in the system, the position of the patient in that same system along with the need to preserve the integrity of the patient (person). Recalling different care situations and individuals (who will always remain in my memory) whose circumstances were quite personally testing the appreciation that nursing was more than a series of tasks and activities was beginning. As an aside, orientation to tasks may be the place where ‘others’ might see and want to keep nursing, but it is not the place I and many of my colleagues see the profession. My concern now is that the use of protocols is the current means of keeping nursing and nurses in that place. Recognition of the educated nurse to demonstrate discretion and judgement continues to be eroded.

There are three key nurses whose work has generated a spirit of inquiry into understanding and practicing for the holistic dynamic of patient care.

Whilst Florence Nightingale is referred to as ‘the lady of the lamp’ in my mind there are other reasons for her continued relevance to the world of ‘patient care’ rather than being seen as a historical figure alone. A visit to view her personal ‘library of books’ at Johns Hopkins University Library in Baltimore MD revealed a woman of intellect whose interests and understandings of the world were quite fascinating. Her writings and attributed quotes are thought provoking giving significant meaning with few words. The statement:

It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm.


And translating it into the broader arena of ‘bedside care’ however defined’ is a very effective guiding principle for practice. Expansion of the principle ‘do no harm’ was the basis for deep
appreciation of the ethical principles of beneficence, non-malfeasance, autonomy and distributive justice. The Florence Nightingale Museum in London describes Florence as ‘a woman of power and influence’. Wearing the red apron (a souvenir of the museum) with these words was always a great way to capture the attention of students when introducing what can be laborious – the topic of nursing history!

Continued study brought appreciation of the many nurse theorists with the exploration of what is unique about nursing with varied understandings of ‘person’ and each person’s or community’s ability to respond to a health/illness issue(s). Virginia Henderson’s work was my first introduction in the study of nursing theory and will always be a beacon for the focus on health, nursing care and the process of restoration to achieve health (however defined). Even at that early part of my career I was recognising the potential for opportunity within her definition:

> The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that (s)he would perform unaided if (s)he had the necessary strength, will or knowledge. And, to do this in such a way as to help him/her gain independence as rapidly as possible.

Retrieved April 30 from http://www.nurses.info/nursing_theory_person_henderson_virginia_.htm

Nursing care is definitely not about ‘taking over’ and keeping the person in a sick role. Her very simple explanation that nursing care is about head (science), heart (art) and hands (delivery) and that all three aspects need to work together to achieve a positive patient/resident outcome is very powerful.

The keynote address by Professor Margareta Styles at the 1991 annual conference for the College of Nursing, Australia was thought provoking and provided options for the development of the forthcoming degree qualification for nursing in Australia. Titled *Controlling Nurses Destiny* she presented a synopsis of her perspective and understanding of the profession of nursing and its place in the broader context of health care.

Her address highlighted the absolute privilege and responsibility the nurse has at ‘the juxtapose’ or point of care where the vulnerability of the person and the intimacy of the
interaction is to be recognised and respected and that it is truly the time for expression of the art and science of nursing care!

The intended message in her address was for nurses to think of the world of patient care (person centered care) as something that exists beyond the bedside. Professor Styles was advocating for greater involvement in the broader health care arena through the disciplines of philosophy, policy and politics as legitimate areas of study and activity for the profession.

These three nurses have been entrepreneurial in their work and have laid the ground work for colleagues ‘to recognise and seek opportunity’ also. Their attitude, understanding and behaviour of nursing practice are clearly demonstrated through their work as researchers, leaders and practitioners in the profession of nursing.

Professional and community participation was a natural progression of my career and the understanding of these added dimensions of the three P’s (philosophy, policy, politics) advocated by Professor Styles was achieved through memberships of different committees. The experience brought the understanding of the diversity of opinion, the need to strategize for successful interaction with the varied agendas of different stakeholders – or simply to play the political game. And, the simple lesson is to never forget the purpose of the committee.

Ten years as a board member of a small hospital and with other committee members taking a facility from the status of recommendation for closure to being a thriving and active community resource was an enriching experience. There I worked with a group of people (ably supported by the CEO, senior management team and ultimately the staff at the bedside) which came together in a cohesive way to achieve the purpose of the organisation. Opportunities for improvement and difference were sort and innovation became a measurable activity. Now I recognise the development and achievements of that health care facility demonstrated an entrepreneurial capacity.

Running parallel to my work has been the care of my parents. My father was diagnosed with Alzheimer’s and he was home for ten years before entering a care facility for the last seven years of his life. Essentially we began with the specialist giving the diagnosis and nothing else. Education and support services were inadequate for dealing with those ‘on the ground’ issues. Somehow we all survived those home years yet the quality of that survival was very much in question.
Entry into care brought further challenges of a different nature to the home years. Admission to a care facility presented a broader context within which we as family had to negotiate: structure; routine; continuity; policy; behaviours; and different education, knowledge and practice abilities of staff.

I was frequently reminded of Nightingale’s words that ‘no harm’ should come to a person in care and my appreciation that the understanding of safety for residents is not just the physical domain deepened. As recognised by many writers (including Henderson) the social, spiritual, intellectual, psychological, and cultural domains are just as vital in keeping a person safe. It was a period of time that is unforgettable - the experiences of twenty four hour care was a challenge that at different points was overwhelming. At the time I was teaching and I had many stories to share of both good and bad experiences with students that were used to challenge their understanding and practice of nursing.

My mother is 94, alive and well and despite a number of physical challenges she is home! There are still challenges and stresses yet as a family we are in control!

Approached to take a position as Director of Care (DOC) for a small aged care facility I saw this as an opportunity to lead an organisation with values I believed were under developed in the facility where my father resided for the last seven years of his life. Essentially I wanted residents to know respect by the staff and I wanted each one (and their family) to have confidence that the facility was in fact their home and also of their fellow residents. The aim was that whoever entered, for whatever reason was to be able to sense the essential atmosphere and ambience of ‘home’.

To be a DOC was a challenge. After a number of years in academe I was leading, managing and practicing again. The challenge was to respond to the needs of residents, families, staff, and my employer (the approved provider) and at the same time keep to the essential value of a service that was resident focused. I sometimes wondered how past students would judge me from those days of teaching to the new days of practice – did I in fact ‘walk my talk’!

Human beings are vulnerable. The beginning of life and the end of life highlight that vulnerability. A newborn is absolutely dependent on parents for all aspects of their being to grow and develop, to be a successful participant in life. Adults who have become weary with
age or disease are challenged with the consequent vulnerability and those of us who care are challenged to ensure protection and where possible continued growth and development.

Age is not a bad thing; age is a demonstration of a life lived, a contribution made at many levels to a life process that sustains a healthy reactive and proactive society. Older people show us that life is not over until it is over and then the legacy left is both a memory and a challenge to carry on with passion and commitment (ourselves). Hazelton (2006)

Scott (1997) in considering the personal responses as a source of insight into the research process observed

Social researchers have tended to write themselves out of the text. Reflecting upon the self was seen to contaminate the ‘objectivity’ of the research and the research process and hence the subject experience was omitted. Brunner (1993) challenged the false dichotomy and argued for the inclusion of the self in ethnography.

Hence, although guarding against narcissistic preoccupation with the self the inclusion of my experience will provide a deeper understanding of this social research process used in the thesis.

Undertaking a Doctor of Philosophy (PhD) has provided the opportunity to bring together many experiences, insights and to develop further maturity in my understanding of nursing and the broader world of health care. Developing my professional knowledge in the framework of the discipline entrepreneurship has resulted in a new understanding of this word. My opinion was that entrepreneurs were those who used the umbrella of business to essentially become money or market manipulators. Instead, I now see it as behaviour – and that opportunity seeking, recognition and ‘making it happen’ is available to anyone for the successful participation in life, career and community.