

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

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July 2011

## **Thesis declaration**

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## **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**

“leadership”, “management”, “nursing homes”, “residential facilities”, “long-term care facilities”, “nurse”, “registered nurse”, “experience”, “perception”, “aged care facility”, “qualitative”, “systematic review”.