

ACAA Conference 2006

‘Leadership is a collective: a relation-based activity’

Centre for Research on Ageing

Influencing policy – Improving Practice – Enhancing Quality of Life

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Leadership

- Described in different ways
 - natural leaders born with certain traits or learned with education and experience
 - styles that focus on behavioural aspects
 - situations adopt particular traits and styles
 - gender masculine or feminine

Leadership

- Defined by industry or organisation
product or outcome
client or customer
resource or service
- Growing literature on leadership in healthcare
- Limited literature on leadership relevant to aged care

Leadership for aged care

My questions

- Is it different?
- What are the characteristics of effective leaders?
- Who is doing the leading?
- Who is following – how will we attract them?
- Are we educating for the future?
- Do we need to ‘grow our own’?

Background - evidence

Three-year study with an aged care community in WA

- Revealed the importance of leaders
- Identified core components
- Developed evidence of leadership behaviour
- Differentiated between person and position
- Clarified role of the Board and Senior Management Team (SMT)

Emphasised it was not an individual, but a collective, relation-based activity

Core components

- Values-based leadership
- Transformational leadership
- Team development
- Change and innovation

Values-based leadership

- Enduring – in spite of situation
- A guide for how people feel about themselves & their work
- Core component is **authentic trust** - being able to trust someone and also to be trusted; a two-way process; it means don't have reason to doubt or question someone's behaviour, the reason for a decision, because you trust them as a person
- Common goals
- Connected relationships

Authentic Trust

- Individuals who communicate accurately and honestly with commitment to organisational values develop **trust** (Fairholm & Fairholm, 2000)
- Personal level hindered by: interpersonal communication, apathy and alienation, risk of trusting others, insensitivity to other's needs
- Organisational level hindered by: lack of accountability, authoritative structure, history of negative trust, organisational structure (lack of freedom)

Transformational leadership

- When individuals raise one another to higher levels of values and motivation that result in transforming effect on everyone
- Encompasses a range of behaviours to motivate others to perform beyond expectation – role modelling, inspiring, mentoring, challenging
- Broadens and changes interests of others to be aware of purposes of the group (good of the group supersedes interests of the individual)
- Focus on learning – capacity building, encouraging, reframing, consider opportunities

Team development

- Viable relationships (can't always build a team)
- Common agreed purpose (same direction)
- Disciplined approach (remove blockers)
- Affirmation of contribution (reward and recognise)
- Acceptance of a diversity of mindsets & experience
- Cooperation and choice to work together
- Clear definition of role (responsibility, accountability)
- Formal and informal communication systems
- Critical of each other's performance (accept)

Change & innovation

- Business capability – capacity for change
- Balance of mission and means – social conscience of aged care + business framework
- Commitment to learning - creating, acquiring and transferring knowledge, and modifying its behaviour to reflect new knowledge and insights (Senge, 1990).
- Planning – knowledge, transition process, psychological reorientation, acceptance adjustment (well managed)
- Maintain sense of cohesion – meaningful, relevant, achievable

Collective, relation-based activity

- Board – advisory role, governance
- CEO – vision, direction, evaluation
- Senior management team – ‘the organisation came to life on a day to day basis’
- Work team leaders – making things happen in terms of services
- Resident leaders – Resident Advisory Council
- **Outcome:**
energy, commitment, great ideas with internal capacity to manage the change process.

Leadership in aged care – all levels

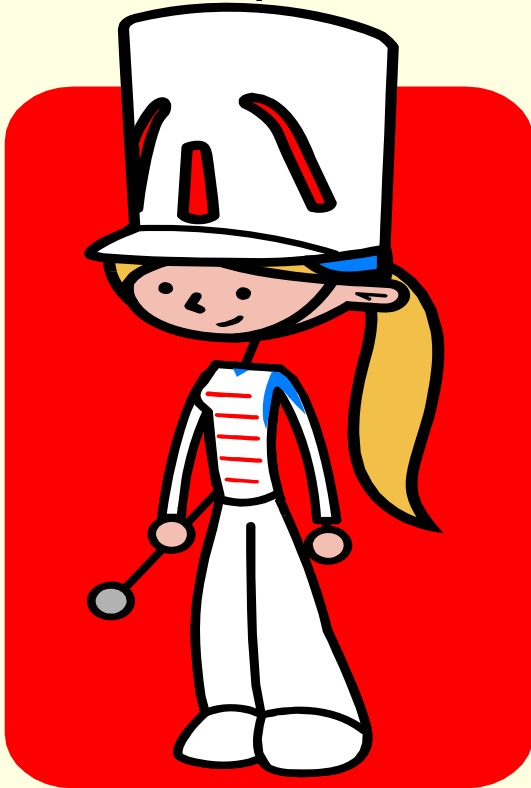
- Who will be left standing in 15 years?
- Who will have replaced them?
- How are we preparing them?
- What roles will they have?
- What knowledge and skill will they need?
- Are you relying on one person?
- Do your 'leaders' have the knowledge and skill – are they up to the job?
- Are we preparing for the future?

The future

- What current education adequately prepares leaders for aged care in the future? Is it 'strong' enough to compete with other courses and to attract future leaders?
- Where are the clinical leaders for tomorrow? What are you doing to develop your own clinical leadership?
- It is time that you mould the market to meet your needs
- It is time to establish your own courses, recognition & branding
- You have the knowledge, experience and values within the industry to '**grow your own**' – your own
 - Care workers
 - Clinical leaders
 - Business leaders
 - Boards
- It is time to compete for the best – and if that does not exist, grow your own.

Leadership - collective, relation-based activity

X Not one person



✓ **Team**

