An Innovative Model of Leadership Development for the Not-For-Profit Aged and Community Care Sector

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EXECUTIVE SUMMARY

INTRODUCTION

This project was undertaken by ASLaRC Aged Services Unit of Southern Cross University in collaboration with the University of Technology Sydney, University of Southern Queensland, Lutheran Community Care and Baptist Community Services (NSW & ACT). Funding was provided by an Australian Research Council Linkage Projects Grant, with additional financial and in-kind support from Lutheran Community Care and Baptist Community Services.

Industry Partners: The two Industry Partners (IP) are not-for-profit (NFP), faith-based Aged and Community Care (ACC) providers.

Lutheran Community Care (LCC) provides aged care, disability, family, youth, community and hospital chaplaincy services in Queensland, with over 1,200 staff and 400 volunteers. The organisation is undertaking significant changes to its services, including a major program of redevelopment of physical infrastructure as part of the implementation of the 2011-2012 Strategic Plan.

Baptist Community Services (BCS) provides residential and community aged care services to over 10,000 residents and clients across NSW and the ACT, employing approximately 4,000 staff, supported by 1000 volunteers. BCS also has a growing presence in the community welfare sector, providing care and support to some of the most disadvantaged and excluded people. The organisation has an annual operating budget of $243 million. The BCS strategic plan identifies the need for the Christian Mission and Values of BCS to be actively demonstrated in the organisational culture and the way services are delivered, underpinned by a servant leadership model for leadership and management that is responsive to organisational needs.

BACKGROUND

Aged care services are currently provided to more than 1 million people in Australia every year, through residential, community and flexible care services. By 2050, it is expected that the number of Australians needing aged care services will increase to 3.5 million (Productivity Commission 2011).

The aged care sector has changed considerably over the past two decades or so, driven by a combination of demographics, changing care needs, increased funding for community care and restructuring by service providers. Among the most important trends have been an increasing emphasis on community care and a greater proportion of people in residential care requiring high level care. In addition, industry and consumer peak bodies have become more vocal and organised in raising their concerns about aged care services (Reynolds 2009).

The 2011 Productivity Commission report *Caring for Older Australians* and the Commonwealth Department of Health and Ageing 2012 *Living Longer, Living Better* aged care reform package, which will be implemented between 2013 and 2022, heralded major changes in the aged care sector. These include an expansion of home care services and the introduction of a dementia supplement to support people with dementia receiving care at home and in residential care.

In addition, recent changes to the Aged Care Funding Instrument (ACFI) for residential care aims to embed consumer-directed care principles into mainstream aged care program delivery and ensure the sustainability of facilities in regional, rural and remote areas. The reforms also combined income and assets tests into a means-testing arrangement and introduced a lifetime cap on care fees (AIHW 2012).

Not-for-profit (NFP) organisations play a major role in delivering aged care services in Australia (Productivity Commission 2011), providing around 84% of community care packages and approximately 60% of residential aged care services, employing nearly 900,000 staff, with support from 4.6 million volunteers (Productivity Commission 2010). However, the industry faces funding and regulatory constraints, workforce shortages, increasing frailty of clients and a rapidly increasing demand for services. Therefore, effective leadership is vital.

Governance bodies of NFPs are being called upon to solve complex business challenges and their (usually voluntary) Boards need the skills to meet these challenges, including financial, legal, property, service delivery, ethical and management expertise.

A systematic literature review (Cartwright et al 2008) found that few studies of leadership in the NFP sector have been performed. While some leadership frameworks have been developed that describe the features of effective leadership within such organisations, they have failed to meet the needs of the sector (Pinnington 2011). This is because they are not context specific, are linear and insufficiently flexible for use in NFP organisations and do not encompass emergence of leadership across an organisation.

AIM

A pilot study undertaken in 2008 (Cartwright et al) provided the basis for the current 3-year study, which aimed to:

- develop theoretical understanding of leadership capacity in the not-for-profit ACC sector; and

- test and refine the elements of the dynamic, interactive framework developed during the pilot study (see page 12) for the selection, retention and training of leaders in the industry, equipping them to deal with current and future change and intensifying pressures.

METHODS

Methods used in this study were contained in an Action Research Framework, based on a repeating cycle which alternates between action and critical reflection.

Figure 1: The Action Research Spiral
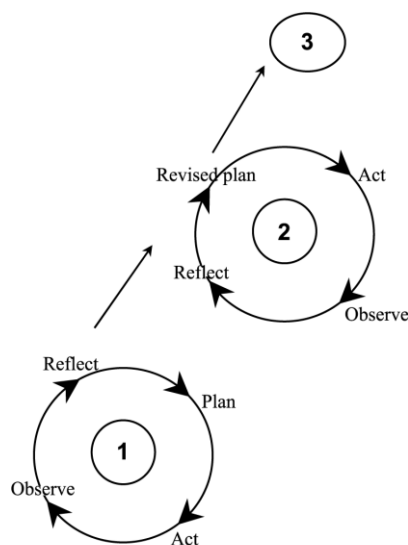
Source: Zuber-Skerritt (2001, p. 15)

Ethics Approval was obtained separately for each phase of the project from Southern Cross University Human Research Ethics Committee.

Activities of each year are outlined in detail in the main study report. A summary is provided here. The project employed the following processes:

- Literature Review;
- Focus groups
- Survey; and
- Delphi study

EXPECTED OUTCOMES

The project deliverables included:

- a robust framework developed from the pilot study framework and 'tested' on the ground in industry partners' services, in line with the aim of the project; and
- publications, conference presentations and PhD student's completion.

LITERATURE REVIEW

A comprehensive literature review was undertaken for the pilot study and up-dated for the current study. A summary of this is presented in the main report of the study and a complete report of the review is in development for separate publication. The theoretical and research literature guided the development and implementation of the current project to address the needs of the NFP sector for a stronger evidence base and tools to better equip the sector to develop its leadership capacity. Areas explored in the literature included: competencies and capabilities needed by leaders (and the differences between these); organisational culture and leadership styles, in particular servant leadership and relational leadership consistent with a faith-based ethos, and shared/distributed leadership; leadership frameworks; and leadership development. The latter was of particular importance for the current study as both partner organisations are seeking to maximise the effectiveness of the leadership training and development provided to their staff. The literature suggested that the most successful methods for leadership development included mentoring, action learning, on-the-job experiential learning and reflective practice. Formal courses appear to only be of value if there is substantial experiential learning embedded in them.

Although there were several examples in the literature of Leadership Development Programs from healthcare and not-for-profit organisations, there was a gap in the research for developing leaders in the aged and community care context, the focus of the current study.

PROJECT METHODS AND FINDINGS: SUMMARY OF ACTIVITIES BY YEAR

YEAR 1

Focus Groups

Two focus groups, led by an experienced facilitator, were convened with senior staff from LCC and BCS. Participants' leadership responsibilities within their organisations included direct service delivery as well as roles in information technology, human relations, finance and administration. Selection ensured adequate variation by age, gender, rural/urban geographical location and role. Participants were asked the following questions:

- Imagine 10 years from now. Your organisation is the best organisation in the world in your business. How do you know?
- What do leaders at all levels do now that helps to achieve this vision?
- What could leaders do more of/less of/differently?
- What do good leaders do and say and what does good leadership look like?

The transcribed and coded data were categorised to identify domains of performance required by leaders in the NFP ACC sector and compared with the five major competency domains in the Healthcare Leadership Alliance Competency Directory, i.e.

- Leadership;
- Communication and relationship management;
- Professionalism;
- Business knowledge and skills; and
- Knowledge of the healthcare environment.

Results from the 4 Questions:

Q1: Imagine 10 years from now. Your organisation is the best organisation in the world in your business. How do you know?

Main themes identified: Good quality management; Staff satisfaction; Customer satisfaction; Good reputation; High quality communication; Advocacy; and High quality infrastructure.

BCS participants rated good quality management the highest; the LCC group had an equal focus on good quality management, staff and customer satisfaction and good reputation.

Q2: What do leaders at all levels do now that helps to achieve this vision?

Main themes identified: Professionalism; Collaboration and teamwork; Judgement and decision-making; Communication; Scholarship and teaching; Management; Advocacy; and Leadership.

Q3: What could leaders do more of/less of/ differently? (Note: The comments were clustered into the same themes as for question 2 but focused on how leaders could improve what they do – some examples are provided below).

Main themes identified: Areas identified for improvement included the following:

- Professionalism – demonstrating Christian values; modelling and measuring excellence in Christian care; and being open to feedback;
- Collaboration and teamwork – developing collaborative partnerships to be more effective;
- Communication – better communication between teams; a clear and constant message of who the organisation is and what we are trying to achieve; and supporting the organisation through times of major change;
- Scholarship and teaching – share knowledge across the organisation; develop frontline managers
- Management – generate funding; and improve systems, processes and technology;
- Leadership – lead by example; more leading, less operational; and
- Advocacy – be more pro-active on behalf of clients, including cross-cultural services.

Survey

A confidential on-line survey was sent to a stratified random sample of 500 CEOs of NFP ACC facilities across Australia; they were also asked to distribute the survey to the Chair and another member of their Board and to two additional senior staff. The survey questions, informed by focus group findings, sought participants' views on the pilot study framework's application to their organisation, implementation methods within organisations and questions about the theoretical/conceptual underpinnings, governance and accountability in the NFP sector.

Despite intensive follow-up, many CEOs did not complete the survey or pass it to other people, with only 7% (n=182) of the potential 2,500 responses received. This rate does not allow generalisation of results but trends noted include:

- Approximately one third of respondents thought that leaders in their organisations were transformational leaders; approximately half thought that their organisations would benefit most from relational, spiritual and transformational leaders;

- Leaders in NFP organisations require skills to manage emotions in themselves and others to best meet desired workplace outcomes;

- High quality and safety of services and high client satisfaction ranked as the most important organisational performance goals;

- The mission of the organisation provides opportunities for leaders to communicate the organisational vision, objectives and priorities, build rapport with people at all levels in the organisation and respond to challenges facing the organisation;

- The main roles of the Board were seen to be strategic and business planning, and financial management; Board members should be trained; CEOs can help Board members understand their role; directing the Board's attention to governance instead of operational issues would improve effectiveness; and

- Preferred resources to improve leadership capability were face-to-face education and training, succession planning/mentoring or coaching, on-line or written resources, project work, higher duties, secondment and peer group feedback.

Discussion of Year 1 Findings

The focus group and survey results show that the demands on leaders in the sector require leaders to draw on a broad range of knowledge and skills in order to be effective and that leadership is only one of a range of capabilities required by leaders in the sector.

According to participants, effective leaders demonstrate professionalism, work effectively with others and have good communication skills. The literature suggests that professionalism moderates the leader-subordinate relationship and influences the likelihood that subordinates have confidence in the leader's ability (O'Sullivan & McKimm 2011) and are more likely to trust them and engage with their vision and strategic direction. Leaders who work effectively with others are collaborative and engage groups of people in the work at hand and, to some degree, intrinsically motivate workers to provide quality care for care recipients (Palmer & Eveline 2012). Good communication of an effective leader is reflected in their ability to listen, their effectiveness in gathering information and their willingness and ability to provide information effectively to relevant stakeholders. In the NFP ACC, this means all employees, not just nurses.

Participants noted that the majority of leaders within the sector hold management positions within their organisations and that the effectiveness of leaders in management is directly associated with their capability as a manager. Studies in the literature are largely limited to the leadership-management relationship in nursing roles within the sector. Our study demonstrates that the relationship extends to other leadership roles in the sector and that there are important differences in this relationship, depending on the leadership role occupied by the manager.

Participants distinguished between the roles of leaders in the organisation. The CEO was viewed as the leader with the most influence, whose management skills needed to include strategic planning, risk management, financial management and the ability to ensure clinical standards within services continued to meet the licensing and accreditation requirements of regulatory bodies. Boards were viewed as possessing an important strategic management role but Board members were viewed as having little influence on the workers or care recipients within the organisation. Executive managers were viewed as largely operationalising the strategic vision and direction of the Board and the CEO of the organisation.

Participants also suggested that, possibly because of the complexity of ACC, competencies required by leaders in this sector may be broader than those required within the general healthcare sector and should be taken into account in recruiting staff to high-level leadership positions in such organisations. Additionally, unique challenges for leaders within NFP ACC organisations may include being perceived by clients as "providers of choice" because of their commitment to a particular mission or ethos, with expectations that they will re-invest profits into care improvement. This creates tension for leaders between meeting the service delivery expectations of stakeholders and ensuring the business operates on a sustainable basis (Institute of Medicine 2001; Kane 2003; Sankaran et al 2010).

The results of Year 1 of this research highlight the poor alignment of competencies of leaders in healthcare, described in the Healthcare Leadership Alliance Competency Directory, with those required in ACC. Generic leadership education and training is unlikely to meet the needs of the NFP ACC sector unless the specific areas of performance required of leaders in the sector are identified and enhanced through specifically targeted professional development opportunities.

YEAR 2

In Year 2, four half-day scenario-based workshops and a Delphi survey were used to link the development of the theoretical framework from the pilot study and Year 1 outcomes to implementation testing in the Industry Partners' organisations. As this was an Action Research project and the response rate to the national survey was low, the Delphi survey was extended to gather additional data.

Scenario-Based Workshops

The purpose of the workshops was to provide data to triangulate with other data collected as part of the overall study and designed to increase the differences between this data set and previous data. Scenarios were chosen by managers from the two Industry Partners to reflect actual challenges to be faced in the near future; they were specific and realistic rather than abstract, and near-future orientated rather than present or for an unspecified time.

Two workshops were conducted at each Industry Partner's organisation with 11-14 senior managers of each organisation attending each workshop. Participants were purposively sampled to involve a range of senior managers in the organisations. The process, led by a skilled facilitator, was designed to immerse participants in the scenarios. The intention was that they would imagine themselves actually facing the situation described in their scenario, to ground the collected data in reality as far as possible. A full description of each scenario is provided in the main report of the study. They included situations around selection, recruitment, training and retention of staff – including through government-sponsored programs – and a series of potential outcomes of the Productivity Commission Report and responses of political parties to recommendations in that report (including hypothetical failure of the reforms and dire financial consequences for the NFP ACC sector).

Participants were divided into groups of three or four, with maximum diversity in each group. They were told that, "As a leader in your organisation, you are responsible for guiding the organisation through this change process" or "You are part of the executive management team of a medium sized faith-based aged care provider. How will you respond to the circumstances in which the industry now finds itself?" In order to further ground the data, participants needed to achieve an outcome within a relatively brief time period. To fulfil this task they were, in effect, exercising leadership within their small groups.

Groups agreed on their most important goals to address the problems; decided what actions they would take to pursue those goals; considered the skills, qualities and capabilities they required to be able to take those actions and the difficulties they could expect to face in doing so; and developed proposals for how they might overcome those difficulties.

An iterative process was used to collect the "skills, qualities and capabilities" each group considered most important to deal with the presented scenarios. These were captured in the participants' words, where possible. In addition, with permission of participants, all sessions were recorded in their entirety on a digital recorder for later transcription.

Results - Interpretation of Leadership Skills, Qualities and Capabilities

Appendix 4 lists the skills, qualities and capabilities identified at each workshop by participants from both organisations. The lead facilitator grouped the data into closely related clusters. They were then ordered by judging their likely importance and how many workshops listed them and how early. This was an interpretive task. Major themes that emerged are as follows:

1. **Effective leaders are seen, above all, as good communicators who are both people-oriented (team and individual) and action-oriented.**

   Good communicators: The desired communication is two-way, consensual, respectful and people-oriented. It applies to communication with the Board and outside the organisation as well as within the organisation. It includes skills at negotiation and conflict management and an ability to provide mentoring and counselling.

   Team-oriented: Leaders work in a team environment characterised by trust and diversity and balance their people orientation with a tenacious focus on strategic action and vision-driven results, aware of their faith.

2. **Personal qualities of leaders**
   Leaders bring personal characteristics to their leadership, similar to those sometimes currently labelled "emotional intelligence". Qualities include resilience, integrity, courage and flexibility.

3. **Leaders engage inspiringly with change**
   Leaders act with passion and engage with others for innovative change, while tempered by realism and understanding. They do this in ways that motivate and inspire others.

4. **Leaders have a broad skill set**
   Leaders have a broad skill set, are consistent and discerning and aware of the tensions between margin and mission, courage and service. They equip staff to act effectively while encouraging them to think differently.

Discussion of Workshop Outcomes

The leadership skills, qualities and capabilities identified from the scenario-based workshops were consistent with the findings from Year 1 and provided the research team with a more detailed understanding of the qualities and capabilities required in faith-based NFP organisations. In particular, findings from Year 2 reinforced the importance that participants place on communication skills in leaders in NFP ACC organisations.

Our results highlight the importance of the leader's personal characteristics in influencing participants' views regarding their leadership capability. In particular, resilience, integrity, courage and flexibility were highlighted as essential attributes of the faith-based NFP ACC leader. Some participants felt that these characteristics were both expected and more commonly present in leaders of faith-based organisations than in other sectors because the faith-based organisation is likely to attract leaders who share the same spiritual ethos.

Integrating spirituality into existing theories of leadership is seen as a challenge (Klenke 2010) with new models of leadership incorporating the leader's spiritual self. However, we challenge the notion that a new theory is required; rather, we see the leader's "spiritual self" reflected in their personal characteristics, regardless of their individual leadership style.

In terms of the relationship between leadership capability and organisational culture, participants noted that the style of leadership and the interpersonal qualities of the leader also influence the formation and quality of relationships in care facilities. Where staff feel that leadership is effective and where they are engaged in change, organisational culture is likely to be strengthened.

A key feature of the specific and realistic scenarios was the change management task embedded in the scenarios. Change has been a constant feature of the ACC environment in Australia, particularly since the implementation of the Australian Aged Care Reform Package in the late 1990s (Jeong & Keatinge 2004). The nursing literature suggests that Nurse Managers are more likely to be successful in implementing change when they facilitate teamwork, reinforce standards of care and ensure staff job satisfaction is maintained throughout the change process (Jeong & Keatinge 2004). Our results show that non-clinical leaders in ACC also require these skills but, in addition, need to engage inspiringly with change in order to be successful.

Field Testing the Leadership Framework

At the end of each workshop, the Leadership Framework developed during the pilot project was field-tested with participants, who were asked to consider its applicability to the preceding scenarios, barriers to its implementation and opportunities to apply it within an organisational context. The workshop facilitator and one of the Chief Investigators led the sessions and provided explanations and clarification about the Framework when necessary. The following three questions were asked:

     1. How useful/practical is the framework?

     2. What is missing?

     3. What is redundant?

Summary and comments on feedback about the pilot study framework

1. While an explanation was provided at the start of the discussion some people could not see the relationship between the framework and capabilities.

2. There was a lot of discussion about Vision, Mission, Values, Philosophy, etc. in the scenario-based workshops which could be added to the framework in a "Context" box.

3. Participants suggested adding boxes that include "Opportunities", "Resources" and "Models of Leadership" to the framework.

4. There was some confusion about the term "capability" and whether it included organisational capability and resources other than personnel.

5. There were concerns that people with talents but no formal educational qualifications may be left out.

6. It was discussed that if this model is of leaders at all levels then the two boxes above and below "roles" should be examined.

7. Participants suggested that the numbers and arrows need further consideration.

Delphi Survey

A Delphi survey was conducted to provide additional quantitative data to support the emerging qualitative data from focus groups, interviews and scenario workshops. The Delphi is a structured communication technique which relies on a panel of experts who answer questionnaires in two or more rounds. After each round, a facilitator provides an anonymous summary of the experts' responses from the previous round as well as the reasons they provided for their judgements. Experts are then encouraged to review their earlier answers in light of the replies of other members of the panel. The process is stopped after a pre-defined

point (e.g. number of rounds, achievement of consensus and stability of results) and the mean or median scores of the final rounds determine the results. For this project, two rounds were conducted.

Round 1

Participants included staff from a range of levels in the two partner organisations. To include the views of as many people as possible with experience in the field, five CEOs from similar organisations, the research team and four other experienced persons working in the NFP sector were also asked to participate. In total, 103 potential participants were invited to take part in Round 1 and 75 people responded (74%); 70% of respondents were staff of the two partner organisations.

A 13-item questionnaire was developed by the research team based on analysis of the findings from the focus groups and survey of CEOs and senior managers in Year 1. In addition, three demographic questions were asked. The questionnaire was circulated by email and/or hard copy. The Information Sheet outlined the reasons for the survey, the amount of time that should be spent on responding to the survey and what would happen with the results. (See Appendix 3 of the main report for a copy of the full questionnaire and Information Sheet). The following questions were asked:

1. What are the five most essential capabilities for a person to have if they are to provide effective leadership within your present organisation?
2. Of these capabilities, which of them can be acquired by someone who doesn't at first have them?
3. In your experience, which of these important capabilities are most often lacking in your present organisation?
4. In your experience, which personal qualities and behaviours in a leader inhibit their exercise of effective leadership?
5. Reflecting on your own experience of leadership, what are the most effective ways of developing leadership capabilities? Please list at least two or three.
6. What are the most important things your present organisation does that help you and others to exercise effective leadership?
7. What else could your present organisation do (that it doesn't already do) that would further help you and others to exercise effective leadership?

8. What does your present organisation do that hinders you and others from exercising effective leadership? Please list at least two or three.

9. What are the most important things you do in your present management role to help your direct reports to develop their leadership capabilities?

10. What have your direct reports done to assist you to develop your leadership capabilities?

11. What differences, if any, are there in the leadership requirements of for-profit and not-for-profit organisations?

12. What differences, if any, are there in the leadership requirements of faith-based and non-faith-based organisations?

13. What else would you like to say about leadership capabilities and their development?

Demographic questions asked participants their role in the organisation, their years of experience in a management position and their age and gender.

Analysis

The 256 individual responses to the 13 content questions were categorised into major themes. Because of overlapping answers, questions 1 and 5 were combined and question 2 was removed. After cleaning the data, the research team collectively culled the remaining responses based on maximum diversity among responses, number of items in each category and removing redundant items. This left 64 items in the 11 remaining content questions for Round 2; the demographic questions were retained.

Round 2

The revised questionnaire was sent to the 75 respondents who completed Round 1; 58 respondents (77%) completed the Round 2 questionnaire. Analysis of the extremely complex and multi-faceted data continued throughout the remainder of Year 2 and was completed in Year 3. As the Delphi data was a major contributor to the final outcome and reworked model, all the findings for Round 2 of the Delphi are reported in Year 3, below.

YEAR 3: (RESULTS OF THE DELPHI AND TWO HALF-DAY FOCUS GROUPS)

Results of the Delphi

The main report presents detailed results of the findings. Presented here are the Round 2 questions and the five top responses for each: Note that some questions were collapsed or removed but Round 1 question numbers were retained.

Question 1: What are the five most essential capabilities for a person to have if they are to provide effective leadership within your present organisation?

1. Clear communication – ability to communicate this vision to all levels of the organisation.
2. Build and motivate a high-performing team.
3. Honesty and integrity.
4. An ability to communicate and establish effective communication systems.
5. Effective interpersonal communication and listening skills.

Question 3:   In your experience, which of these important capabilities are most often lacking in your present organisation?

1. Time to invest in staff.
2. Mentoring.
3. Consistency.
4. Clarity of vision.
5. The ability to make decisions, resolve conflict and problem solve based on objective information from all parties concerned and in a timely manner.

Question 4: In your experience, which personal qualities and behaviours in a leader inhibit their exercise of effective leadership?

1. Micro-management; not trusting subordinates, not properly delegating.
2. Lack of personal integrity.
3. Poor communication skills.
4. Not listening.
5. Lack of understanding of people/personalities.

Question 6: What are the most important things your present organisation does that help you and others to exercise effective leadership?

1. Giving people opportunities to exercise leadership.
2. Support to attend education and conferences.
3. Freedom to act without intense oversight/direction thus allowing me to determine. priorities and allowing for my own flexibility and responsiveness.
4. Freedom to talk ideas and opinions without being "shot down".
5. Leadership Development Program (at three levels).

Question 7: What else could your present organisation do (that it doesn't already do) that would further help you and others to exercise effective leadership?

1. Mentoring of leaders and potential leaders.
2. Improve conflict and performance management skills.
3. Stock-take the expectations of workload for the senior levels and ensure a work-life balance.
4. Keep staff informed – particularly in a time of change – so staff are not left "floundering in the swamp".
5. Recruit well.

Question 8: What does your present organisation do that hinders you and others from exercising effective leadership? Please list at least two or three.

1. In cutting down training time of new staff, management has excised my position and some other leadership positions from new staff inductions, no longer enabling me to help define our organisation but rather my role is now described (and therefore defined) by others in management.
2. I am yet to find that the organisation hinders effective leadership.
3. Exercises excessive bureaucratic processes in some of the decision-making processes.
4. Decisions are sometimes made slowly.
5. We try to do too much and don't leave time for leaders to devote to being leaders as opposed to managers.

Question 9: What are the most important things you do in your present management role to help your direct reports to develop their leadership capabilities?

1. Encourage independent thinking/action within agreed boundaries.
2. Encourage people to take on responsibility and challenge.
3. Trust them, delegate significantly but hold them accountable. (Loosen control without losing control).
4. Model the behaviour I expect from them.
5. Mentor, encourage, affirm, direct, redirect if necessary.

Question 10: What have your direct reports done to assist you to develop your leadership capabilities?

1. Supported and encouraged me.
2. Supported the vision and worked well towards the goals we have agreed on.
3. Honest, direct, supportive feedback.
4. Come together very positively as a team with the ability to have constructive, honest debates and accept non-unanimous decisions.
5. "Going the extra mile" during difficult and busy times – particularly during the gestation period of a new enterprise.

Question 11: What differences, if any, are there in the leadership requirements of for-profit and not-for-profit organisations?

1. NFPs focus on the mission of the organisation and how to get the best outcomes for people while remaining economically sustainable.
2. I would like to think that in a well-run not-for-profit organisation that the leadership should not be different to a for-profit one.
3. NFPs have to be financially efficient and viable, but are driven overall by what their main purpose/objective is – service in some form. This engenders a different culture requiring a "softer" leadership style.
4. This place runs under the name of the church. The dollar is essential but more important is a knowledge of why we exist. If the ministry and outreach of the church is not uppermost then there is no need for the church to run the institution. Others can be just as kind and caring as us. Being a "church" organisation means more than being kind and caring.

5. Our not-for-profit organisation should be guided by their Lutheran/Baptist ethos and not secular values which may view people as commodities rather than persons who are in need of our love and service.

Question 12: What differences, if any, are there in the leadership requirements of faith-based and non-faith-based organisations?

1. In a faith-based organisation there is the added complexity of balancing the reality of doing business and managing people with the culture and beliefs of the organisation's staff. Often we hear the words "but we are a Christian organisation; you can't do that" whereas in reality, to remain competitive and at the forefront, we must be able to identify with the needs of staff whilst ensuring that we conduct our business activities in a commercially acceptable and viable fashion.
2. Shouldn't be any; good leadership is good leadership, regardless of the situation.
3. Servant leadership, as exemplified and modelled by Jesus Christ.
4. Faith-based – often complex to deal with the church organisation and their agenda in the context of competitive industry environments.
5. Leadership of faith-based organisations have to be seen to not only show what they believe but have to be seen to be acting out in a genuine and true manner.   Not always the case – sadly.

Question 13: What else would you like to say about leadership capabilities and their development?

1. I believe that all leaders need to have a thirst for learning and a passion for their roles. Equally important to these capabilities, there is a need for willingness to admit one's mistakes and find ways to turn these into lessons for the future. A commitment to continuous improvement, both personally and professionally, is a must.
2. The best model for leadership is the one described in the Bible – servant leadership. The leader who sees himself (sic) as using his (sic) ability to serve others will, in the long run, prove to be the best leader.
3. Leadership is about people and the greatest leaders, like good coaches, understand and know how to develop people and help them to produce their best.
4. Leadership is not just about influencing people to move in a certain direction, it's about good character, good role modelling, making your ceiling the next person's floor.

5. Good leadership is accepting that staff may have more knowledge and skills than you may have. The key is recognising the talent and harnessing it to the organisation's key objectives. Good leaders are focussed on outcomes rather than the process to achieve this, (assuming effective work parameters have been communicated).

Summary of Results

The five most essential capabilities that participants ranked as being important for a leader were:

- communication;
- clear vision;
- honesty and integrity;
- team management; and
- strategic thinking.

Other capabilities which participants also considered important included:

- servant leadership;
- effective decision-making;
- organisational focus;
- flexibility;
- developing people/staff; and
- having a strong moral compass.

Participants thought these leadership capabilities could be acquired by:

- being developed at a formative age;
- on-the-job training;
- through self-reflection;
- through training/education programs/courses
- through interpersonal relationships; and
- mentoring.

In some cases, an organisation may need to "buy in" the needed capabilities, rather than developing them internally.

Discussion of the Delphi

The Delphi approach allowed participants a high degree of freedom in suggesting practice-based leadership components and encouraged them to think broadly. It provided a structure for eliciting responses to which the majority of participants agreed. Analysis of results of the Delphi study provided three important additional areas of understanding to the research team – a more detailed understanding of the attributes of effective leadership in faith-based NFP ACC organisations; an understanding of the service delivery, business and spiritual leadership needs of the organisation and how these may interact; and insight into how leadership capability can be developed at the organisational and individual level. Each of these areas is discussed below.

Attributes of effective leadership

Participants identified essential capabilities required of leaders to provide effective leadership. In particular, the ability to communicate the organisation's vision to staff at all levels of the organisation; the ability to build and motivate a high-performing team; honesty and integrity; an ability to communicate and establish effective communication systems; and effective interpersonal communication and listening skills.

Participants also identified personal qualities and behaviours that most inhibit the leader's exercise of effective leadership, in particular: micro-management, not trusting subordinates, not properly delegating; a lack of personal integrity; poor communication skills; not listening; and a lack of understanding of people /personalities.

Interpreted together, these results suggest that the attributes required of effective leaders in this sector include a need for team-based leadership that is grounded in each individual leader's ethical behaviour and highly developed relational and interpersonal skills, particularly their communication skills.

Service delivery, business and spiritual leadership needs

The results of the Delphi study show that there are three distinct domains of leadership in faith-based ACC, i.e. service delivery, business and spiritual. The leadership needs across these domains are competing at times, particularly when leaders are required to balance the spiritual ethos of the organisation with the need to remain financially competitive.

Delphi results demonstrate the central importance of the Christian mission of the organisation in influencing business decisions and practice. Leaders in faith-based ACC communicate their organisation's strategic direction, mobilise resources and guide action toward the organisation's spiritual ethos. This spiritual ethos defines what the organisation stands for (its core values) and why the organisation exists (core purpose).

Such a perspective is crucial for ensuring that leadership structures within faith-based ACC are appropriate and balance the spiritual, business and service delivery needs of organisations. It creates an organisational identity that transcends the business identity of for-profit ACC organisations and provides an important context within which service delivery systems and activities are based.

In a commercial aged care organisation, leadership is typically linked to formal hierarchical positions (Comondore et al 2009). The formal position supplies both the legitimate authority and the means by which managers and other high-level professionals define the goals and strategies of the organisation, influence subordinates and interact with external stakeholders (Comondore et al 2009).

Whilst the same structures are in place in faith-based ACC organisations, the three distinct areas of service delivery, spiritual and business leadership revealed in the Delphi study commonly have their own hierarchies and defined goals and strategies. Leaders in each domain are often different people. Shared models of leadership that are collaborative and interdisciplinary are therefore necessary in faith-based ACC to ensure the organisation's leadership needs across domains are balanced. Participants reported a high degree of power sharing between leaders in senior spiritual, service delivery and business roles within participating organisations. Analysis of scenario workshops in Year 2 suggests that by sharing power to set priorities, allocate resources and drive long-term market competitiveness, leaders demonstrated a sense of joint ownership and collective responsibility for the quality and viability of the ACC business.

The service delivery environment within which ACC operates is legislatively complex and is oriented towards compliance with accepted standards of practice, particularly accreditation and licensing requirements (Hilmer et al 2005). Analysis of the Delphi results indicate that in many ways the Christian ethos of the organisation is of limited relevance to staff in meeting

these expected standards of care, as standards are largely independent of organisational mission or type.

Developing leadership capabilities

Participants identified a range of strategies to develop leadership abilities of staff within their organisations. Participants rated highly the importance of: giving staff opportunities to exercise leadership; providing support to attend education and conferences; providing opportunities to learn without intensive oversight; facilitating opportunities to express ideas and opinions; and the provision of formal education and training.

Important in developing the capability of the organisation's leaders is time to invest in staff and mentoring, both of which participants identified as insufficient in their present organisations.

While formal education and training were favoured by participants as providing a sound basis for the individual's leadership development, there was also a high degree of support for developing leaders in other ways, particularly through on-the-job training or assignments, developing the individual's self-reflection capability and through developing mentorship relationships with more experienced leaders. It is therefore important for organisations to consider a range of formal training and informal on-the-job learning opportunities when planning professional development for current and future leaders in the organisation.

There is a paucity of published research evaluating the effectiveness of different leadership development strategies, particularly in faith-based NFP ACC organisations. The findings from the Delphi therefore provide a basis for comparative research into the future to evaluate the effectiveness of formal and informal leadership training.

Although developing the skills of existing personnel is important, organisations may not have all of their leadership needs met by existing employees. Thus, recruitment and selection of new personnel to leadership roles may be required in order to address leadership capability deficits within the organisation.

Final Focus Groups

Consistent with the action-learning methodology of the project, the research team elected to conduct a final series of two half-day focus groups with selected managers in BCS and LCC. The purpose of the focus groups was: to elicit a deeper understanding of the characteristics of high quality leadership within a faith-based NFP; to explore ways to integrate the findings from the Delphi and previous research activities into a revised Leadership Framework that could be used to assist personnel within organisations to deal with leadership tasks; and to operationalise the framework. The sessions were again facilitated by the experienced group facilitator.

Participants

All participants (nine were from LCC and 12 from BCS) were senior staff with a range of leadership responsibilities within each organisation, including general manager, human resources, finance and communications.

Method

Participants formed groups of three that were maximally diverse within each group, but differences between the groups were minimised. The following questions were asked at both focus groups:

- Think of a leader you've experienced who built and motivated a high-performing team. What did the leader do to achieve that outcome?
- Of the leaders you've experienced, which of them demonstrated the highest levels of trust and integrity? What did that leader **do and say** that indicated to you that high trust and high integrity?
- Of all the people you've known in positions of leadership, who was the best communicator? What were the most important aspects of that person's communication?
- What prevents people exercising more effective leadership?

For the first three questions the participants worked individually and identified specific examples. They were then asked to compare notes with the small group and to use differences to improve the quality of their response. They were asked to reach a judgement on what were the most important issues that had been discussed and then report back to the large group, with responses captured on a whiteboard and audio recording. Finally, each

group was asked to contribute any additional important items that weren't already on the whiteboard. Given time constraints, responses to question 4 were captured through brainstorming.

Results

Q1: High Performance

- Leaders who build high-performing teams have an ability to communicate a clear vision which is supported by a strong structure of policies and procedures.
- Leaders who demonstrate attitudes which are positive, caring and genuinely interested in people and their problems develop the highest performing teams.
- They set specific goals and expectations so that everyone is aware of their roles and responsibilities and information is regularly shared.
- They are able to delegate and performance manage well through regular formal and informal feedback, acknowledging successes along the way.
- They are flexible and adaptable within a changing context, lead by example (including Christian values) and strive for continuous improvement through problem solving.
- They enable people to grow and work to their strengths, creating an atmosphere of innovation (so people are not afraid to fail) and supportiveness. They value opinions so that two-way communication is opened up.
- They have a strong business focus but at the same time are able to pay attention to the customer's needs.

Q2: Trust and Integrity

- Leaders who demonstrate high levels of trust and integrity trust their team, are fair, truthful and, most importantly, carry through with what they say they are going to do.
- They demonstrate Christian values in all aspects of their work and are consistent and able to maintain confidentiality.
- They communicate in an open and honest way and create an atmosphere which is safe and supportive, even during difficult times by allowing people to make mistakes and encourage learning from the mistakes.
- They focus on the problem rather than the person and avoid micro-management. They are able to make "tough decisions" and admit when they are wrong.
- They demonstrate a developed self-awareness and understanding of their short-comings and their impact on others.

Q3: Communication

- Leaders who communicate well use appropriate body language, know their content well, are consistent with their messages and articulate them with clarity.

- They open up a two-way dialogue, allowing others to express their ideas, as well as using questions to clarify understanding and then reflect before acting upon the information.

- They show excellent skills such as active listening, putting people at ease, remaining calm and are able to recognise differences in communication styles and adjust their style accordingly.

- They use a variety of methods appropriately and are able to tailor their content to their audience.

- They articulate how a decision has been made as well as motivating and inspiring people through positive feedback and encouragement.

- Good communicators are able to maintain the vision whilst talking concisely, to you rather than at you, and can demonstrate empathy.

Q4: Barriers to Leadership

- A lack of autonomy with decision-makers spread too thinly and long decision-making processes making it difficult to make and implement decisions.

- Lack of resources, difficulties with IT and the inability to backfill for people to work in higher positions.

- Limited leadership and skills-training opportunities for staff, such as coaching and mentoring, and a resistance to holding difficult conversations.

- Apathy, lack of openness to change, at times too much focus on accreditation and non-clinicians making service delivery decisions.

- The difficulty in attracting quality recruits, provide succession planning and future-leader development to ensure future success.

- Lack of clarity amongst leaders' and managers' roles, consultation and system failings, such as not understanding and implementing policies.

Discussion of Focus Group Results

Focus group findings were consistent with those of the Delphi study and confirmed the importance of trust and integrity, of building and motivating a highly performing team in NFP ACC organisations and provided additional insight into the importance of good communication and the attributes of effective communication by NFP ACC leaders. Leaders in aged and community care have numerous competing demands on their time and energy and are expected to juggle multiple roles. Participants value leaders who are forthright and direct in their communication, who address issues head on and who provide accurate information firsthand. Communication needs to be strategic, given the diversity of stakeholders who operate within the faith-based ACC organisational context. Our results suggest that, in order to be effective, mechanisms of communication must be in place to support the broad diffusion of information using multiple communication methods; the mission, vision and goals of the organisation must be widely disseminated within the organisation and reinforced through communication; and communication must occur in multiple directions, i.e. horizontally and vertically within the organisation, and across spiritual, service delivery and business domains.

PHD STUDY

A PhD student who worked as a Nurse Educator in one of the IP organisations conducted a study focused on consumers' perspectives on leadership, something rarely mentioned in the literature. The study focused on organisational culture as an adjunct to leadership and considered the special challenges the Baby Boomers will present as they enter aged care. The philosophical foundation of the research is pragmatism and used mixed methods, incorporating grounded theory into some of its elements. It investigated the level of empowerment of residents through an examination of the chosen leadership model of an organisation and the feedback systems the organisation has put in place to record residents' comments and complaints. Findings include that empowerment is important to the frail aged and will be more important to the Boomers. The PhD is nearing completion and will be submitted for examination by the end of 2014.

INTEGRATING THE RESULTS OF THE 3-YEAR STUDY AND REFINING THE FRAMEWORK

Findings from each of the research activities in the project were used by the project team to redevelop the Leadership Framework for use by personnel within faith-based NFP ACC organisations when addressing a defined leadership task (Figure 2). The involvement of practitioners from different leadership and management roles within ACC was important to produce evidence to incorporate into the framework. The research team used an iterative process of discussion and reflection about research findings for each element of the framework in order to arrive at the final framework.

A key observation from existing evidence is that convergence on common themes about leadership capabilities in specific settings is rare and that leadership frameworks are often developed in the absence of unifying themes relevant to the particular organisational setting for which the framework is intended. In contrast, findings from this research project indicate a high degree of convergence on common themes about leadership capabilities and requirements for the faith-based NFP ACC sector. On this basis, development of the Leadership Framework was viewed by the research team as appropriate and based on a consistent body of evidence derived from the project. Although the scope of the framework is predominantly focussed on leadership *per se*, consistent with the research findings the framework incorporates functions other than leadership that are fulfilled by effective leaders.

Methods

A full-day Steering Committee member workshop was convened by an experienced facilitator to discuss the framework from the pilot study and to explore how the results from Years 1 to 3 of this project informed the revised framework. Suggested amendments to the framework were based on the analysis of focus groups, survey and Delphi data collected throughout this project. Two Steering Committee members then facilitated an iterative process to revise the framework based on the workshop findings. Each of three iterations was circulated to Steering Committee members for feedback. There was no additional feedback on the third and final iteration of the framework, which is described below.

What are the principles of effective leadership? (Ways of working)					
Clear communication	Commitment to spiritual ethos of the organisation	Honesty and integrity	Consistency	Servant orientation	Build and motivate high performing teams

What is the task or situation that requires a leadership capability in the organisation?							
Context	What is the environment (both within and outside the organisation) within which the leadership need has arisen?						
	Service delivery	Management	Faith-based	Workforce	Resource	Political	
Challenges	What challenges (both within and outside the organisation) are we facing in responding to the task or situation?						
	Service delivery	Management	Faith-based	Workforce	Resource	Political	
Capabilities	What capabilities do we need of our leaders to respond to this task or situation?						
	Professionalism	Collaboration and teamwork	Judgement and decision-making	Communication	Scholarship and teaching	Management	Advocacy	Leadership
Roles	Which of these capabilities can be found in the organisation?		Which of these capabilities could be developed within the organisation?		Which of these capabilities do we need to get from outside the organisation?		
	Reassign people		Develop people		Recruit people		

What are our options for developing the knowledge, skills and expertise of our leaders?					
Invest time in staff	Mentoring	Trust subordinates and delegate effectively	Give people opportunities to exercise leadership	Support attendance at educational activities	Leadership development programs	Provide people with freedom, opportunity and encouragement to talk about ideas and share opinions

INTRODUCING THE NFP ACC LEADERSHIP FRAMEWORK

In order to support the use of the framework by personnel within faith-based organisations, the research team developed explanatory information to accompany the framework (see below). (Note: for this Executive Summary an abridged version of the explanatory information is presented).

The NFP ACC Leadership Framework (the "framework") is a tool that will assist organisations to identify their organisational leadership needs as tasks or situations arise, to develop the capability of leaders at all levels through the organisation and assist them to identify when recruitment of new leaders or reassignment of personnel into alternative roles in the organisation may be required.

The framework recognises the need for leadership capability within the NFP ACC sector at all levels of an organisation. In responding to the many challenges facing the sector, organisations need to:

- recognise the role leaders at all levels play in successfully responding to issues as they arise;
- develop their leaders and continually improve their performance;
- create work environments that ensure leaders work to their optimum; and
- make strategic decisions about when recruiting additional leadership skills and expertise is advantageous.

This framework supports all of these objectives, but is particularly valuable as a task-based decision-making tool for identifying and responding to leadership needs and for determining and prioritising the professional development and learning needs of current and future leaders within the organisation.

What is the NFP ACC Leadership Framework?

The NFP ACC Leadership Framework was developed through rigorous research conducted by leading Australian aged and community care not-for-profit organisations and supported by a consortium of Australian universities. The framework provides a common language to identify leadership needs that are specific to faith-based, not-for-profit, aged and community care providers, which provides the foundation for developing capability and leadership within these organisations. The framework is designed to be used in a three-stage process.

Who does the NFP ACC Leadership Framework apply to?

The NFP ACC framework is for leaders and managers at all levels of the organisation, whether they are in a designated leadership role or not.

How can the NFP ACC Leadership Framework be used?

The NFP ACC Leadership Framework guides the response to a specific task to ensure the leadership needs of the organisation are met and will contribute to achieving positive outcomes.   It can also be used for: self-reflection and personal career planning; selection and prioritisation of professional development; and to assist in the recruitment process for new personnel who will have a leadership role.

APPLYING THE FRAMEWORK (NOTE: INSTRUCTIONS PERSONALISED TO USER)

This framework assists in identifying which capabilities your team already has, which ones you need to develop in your team members and which ones you are missing and need to add to the team. The role of the leader is broader than just leadership. The framework assists organisations to look at the capabilities across the broad matrix of knowledge, skills and experience that leaders within the team may need to successfully complete a task.

Stage 1 – Consider the principles of effective leadership

Consider the principles of effective leadership that are listed in the framework. Which of these principles are most important to you and your team in addressing the specific task at hand?

Stage 2 – What is the task that requires a leadership capability in the organisation?

Stage 2 will assist you to effectively respond to tasks that involve a leadership component by:

- considering the **"Context"**;
- describing the **"Challenges"**;
- identifying the **"Capabilities"**; and
- determining the **"Roles"** that are required.

(Each of these is described in detail in the complete documentation in the full report).

Stage 3 – Consider your options for developing the knowledge, skills and expertise of leaders

Ideally, you will be able to assign people with all the capabilities you need to your leadership team and, where gaps exist, recruit new people with the relevant capabilities to the team. However, developing the knowledge, skills and expertise of leaders already within your organisation is essential for addressing the leadership needs of faith-based NFP ACC organisations.

Professional development can be formal or informal. The types of leadership professional development you provide will depend on the availability of different development opportunities and the resources you have available for training (i.e. didactic, e.g. conferences and formal courses of study; informal – providing opportunities for staff to exercise leadership; and mentoring).

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

1. This study provides valuable insight into the nature of leadership within the faith-based NFP ACC sector. Results suggest that organisations in this sector differ from those in the corporate and public sector. The central importance of the Christian mission creates a unique organisational identity for faith-based NFP organisations.

2. The Not-for-Profit Aged and Community Care Framework provides an understanding of the importance of spiritual issues within faith-based NFP organisations. It illustrates how spiritual issues underpin the culture and working practices of the organisation. The spiritual ethos of the organisation provides leaders with a basis from which to communicate their organisation's strategic direction, mobilise resources and guide action. This spiritual ethos defines what the organisation stands for (its core values) and why the organisation exists (core purpose).

3. Faith-based NFP organisations differ from for-profit organisations by needing to balance three distinct areas of activity: spiritual, business and service delivery. These three distinct areas have their own hierarchies and defined goals and strategies and are often led by different people. In order for faith-based organisations to function effectively, shared models of leadership are employed. This enables a high degree of collaborative and interdisciplinary working to ensure the organisation's leadership needs across domains are balanced.

4. Leadership within the NFP ACC organisations is too broad for any one person to undertake on their own. It requires a team of people to collectively provide leadership. Shared models of leadership between senior leaders in spiritual, service delivery and business roles ensure joint ownership and collective responsibility of priority setting, resource allocation and developing long-term market competitiveness. These factors contribute to the quality and viability of the organisation.

5. The distinct domains of leadership in faith-based NFP ACC organisations – service delivery, business and spiritual – can be competing elements which require leaders to balance the spiritual ethos of the organisation with the need for the organisation to remain financially competitive.

6. The research findings highlight the importance of good communication by all employees within a faith-based NFP ACC organisation. Communication by leaders is perceived by workers as a reflection of the leader's competency and ability to lead. Leaders who are most effective are able to communicate well on all levels and are able to inspire and communicate a shared vision as well as provide detailed information when needed. They have an ability to motivate people positively, and appropriately utilise a range of communication methods. High-quality leaders are able to listen and enter into a dialogue with people, reflecting on what they have heard, and are able to reach a common understanding.

7. Results in the study highlight the difference between competencies and capabilities required by leaders to perform at optimum levels. Competency can be viewed as the minimum standard that is required for a task to be carried out to a satisfactory level. In contrast, capability is an elevated standard which one aspires to in order to carry out a task. The NFP ACC Leadership Framework aids in identifying the capabilities required of the leadership team to effectively respond to tasks and situations that arise in faith-based NFP ACC organisations.

8. The capabilities required by leaders in the faith-based NFP ACC sector may be broader than those required within the general healthcare sector. This broader range of capabilities should be taken into account when recruiting to senior leadership positions within organisations.

9. The context within which organisations operate in the ACC sector is highly complex. Pressures on resources, including workforce shortages, are increasingly limiting the capacity of providers to meet the needs of their clients. The provision and financing of ACC organisations is based on the level of disability experienced by the individual as well as the person's ability to pay for services and there are often multiple service providers competing with each other for available resources and clients. There are indications that

the difficulties experienced by the sector will intensify. In order to respond to this challenging context, high-quality leadership which is tailor-made for the ACC sector is required.

10. Generally, traditional forms of leadership training were considered to provide a sound basis for developing an individual's leadership ability. However, the study found that there was a high degree of support for developing leaders using more experiential methods such as on-the-job training or assignments, developing an individual's self-reflection capability and through developing mentorship relationships with more experienced leaders.

11. A shared model of leadership provides a structure in which leadership at all levels of the organisation can emerge. This is particularly relevant for those individuals whose learning outcomes are best gained from experiential learning rather than traditional forms of training. At present, there is little evidence on how to develop a distributed model of leadership within the NFP ACC sector or an understanding of the process involved. Further research in this area is required.

12. Work in the aged care environment is complex and, although much has been published about the difference between leadership and management, at times in this complex environment it is difficult to make the distinction between the two.

RECOMMENDATIONS

1. Leadership development is dynamic and situational and requires a framework which takes into account the organisation's unique identity. The principles for effective leadership in NFP ACC organisations require leaders to have a commitment to the spiritual ethos of the organisation and a servant leadership orientation. NFP ACC organisations should make this explicit in their recruitment, retention and development of their leaders.

2. Leadership in NFP ACC organisations requires a systematic approach to identifying and responding to tasks or situations that require a leadership capability. Adopting the framework developed in this research should assist organisations to systematically address their leadership challenges.

3. To enhance leadership performance it is recommended that the NFP ACC Leadership Framework be implemented at all levels of the organisation to assist teams to identify and respond to spiritual, business and service delivery leadership needs. Staff should receive coaching to support them in the use of the framework. We recommend that this includes the following elements:

   - Staff training throughout the organisation which provides an understanding of the framework and the situations that it can be used for. These include: needs analysis; tackling difficult situations; enhancing communication; and leadership development.

   - Process guidelines on "how-to-use" the framework in identified situations

4. NFP ACC organisations need to develop the knowledge, skills and expertise of their staff. Organisations should provide both formal and informal leadership developmental activities for their staff and should make non-traditional forms of learning available. Leadership development is dynamic, ongoing and constantly changing in response to the organisation's situational needs. Leadership development should be systematic and should align with the organisation's strategic direction. An *ad hoc* approach to developing leaders within the organisation is unlikely to provide the leadership capability the organisation requires. NFP ACC organisations should develop a leadership development strategy that aligns leadership development activities with the organisation's overarching strategic direction. Organisations should consider a range of formal training and informal "on-the-job" training when planning professional development for current and future leaders.

LIMITATIONS

This study has several limitations. Firstly, the organisations that participated in this research are Christian organisations, each with a distinctive Christian theology. The framework is likely to be generalisable to organisations with other Christian theological bases, however, this was not explicitly explored in this research. Further, the ability to generalise the framework to organisations whose spiritual ethos is not Christian has not been tested.

Secondly, although the field work for this study was conducted in two of Australia's most populated States (Queensland and New South Wales), the applicability of the framework to other States and Territories and to other faith-based organisations internationally has not been explored. Aged and community care is a rapidly changing environment within Australia that

is influenced by the actions of both Australian and jurisdictional governments. Given the influence of State and Territory politics on the context and challenges facing NFP ACC organisations, the degree to which the findings from this study apply to other jurisdictions is uncertain.

In spite of these limitations, the framework that is proposed identifies and provides guidance on how to address leadership needs in a systematic way. We believe that the framework is adaptable to other faith-based organisations and geographical contexts.

FURTHER RESEACH

The study found there to be a paucity of published research evaluating the effectiveness of a range of formal and informal leadership development strategies generally and no studies were found to have been conducted investigating this at the management level of faith-based NFP ACC organisations. Further research in this area is recommended, in particular to evaluate the effectiveness of formal and informal training.

Further research is also needed on how best to develop a distributed model of leadership and the processes involved in doing so.

CHAPTER 1 – INTRODUCTION

This project was undertaken by ASLaRC Aged Services Unit of Southern Cross University in collaboration with the University of Technology Sydney, University of Southern Queensland, Lutheran Community Care and Baptist Community Services (NSW & ACT).

INDUSTRY PARTNER ORGANISATIONS

The two Industry Partners are not-for-profit (NFP), faith-based aged and community care providers.

Lutheran Community Care (LCC) provides aged care, disability, family, youth, community and hospital chaplaincy services in Queensland, with over 1,200 staff and 400 volunteers. The organisation is undertaking significant changes to its services, including a major program of redevelopment of physical infrastructure as part of the implementation of the 2011-2012 Strategic Plan.

Baptist Community Services (BCS) provides residential and community aged care services to over 10,000 residents and clients across NSW and the ACT, employing approximately 4,000 staff, supported by 1,000 volunteers. BCS also has a growing presence in the community welfare sector, providing care and support to some of the most disadvantaged and excluded people. The organisation has an annual operating budget of $243 million. The BCS strategic plan identifies the need for the Christian Mission and Values of BCS to be actively demonstrated in the organisational culture and the way services are delivered, underpinned by a servant leadership model for leadership and management that is responsive to organisational needs.

FUNDING

Funding for the project was provided by the Australian Research Council, Linkage Projects 2010, Round 1, and by the Industry Partners, Lutheran Community Care and Baptist Community Services.

BACKGROUND

The population of Australia is growing older, with around one in every seven Australians aged 65 years or over (AIHW 2011). In the last 25 years, the population aged 65 and over has increased from 10.5% to 14.0%. In addition, as a proportion of the overall population, those aged 85 and over have increased from 0.8% to 1.9% (DoHA 2012).

Ageing of the population presents several challenges for governments and the community, including a demand for formal care services that assist older people (Borowski & McDonald 2007). The Australian Government is committed to encouraging a positive approach to healthy and active ageing. At the same time, however, it aims to ensure that frail older people have timely access to "high quality, accessible and affordable care through a safe and secure aged care system" (DoHA 2011).

Aged care services are currently provided to more than 1 million people in Australia every year. By 2050, it is expected the number of Australians needing aged care services will increase to 3.5 million (Productivity Commission 2011).

There are three main service streams in Australia's aged care system: residential care, community care, and flexible care services. Within each of these streams there are a variety of programs, many of which are administered under the provisions of the Aged Care Act 1997 (amended 2001) and the associated Aged Care Principles. (A notable exception is the Home and Community Care [HACC] program which is administered outside the Act).

It is recognised that most older people prefer to live independently at home for as long as possible. A range of community aged care programs are designed to assist in achieving that aim so that older people can remain at home with appropriate support consistent with their preferences (DoHA 2011; 2012). However, ageing affects all aspects of life and as people grow older they may find that their care needs can no longer be met in a community setting, even with the support of community aged care programs (AIHW 2012a). In these circumstances, residential aged care may be required. The Australian Government funds residential aged care facilities to provide care and support for older Australians whose care needs cannot be met at home (AIHW 2012b).

Recent Trends in Aged Care

The aged care sector has changed considerably over the past two decades or so, driven by a combination of demographics, changing care needs, increased funding for community care and restructuring by service providers. The most important trends have been:

- increasing numbers of older Australians requiring care;
- greater reliance on user contributions;
- increasing emphasis on community care;
- greater proportion of residents in high level care;
- decreasing numbers of small residential facilities; and
- increasing investment by private for-profit providers (Productivity Commission 2008).

Policy changes in Aged Care since 2000 - 2009

Since 2000, there have been a number of initiatives by the government to respond to increasing concern about the operation of aged care services in the light of expanding community need and expectation and ongoing concerns about existing services and resource levels. In addition, industry and consumer peak bodies have become more vocal and organised in raising their concerns about aged care services (Reynolds 2009). Table 1 sets out the key reports and events relevant to Aged Care from 2000 - 2009.

Table 1: Ageing - Key Reports and Events

2001	- *National Strategy for an Ageing Australia*. A strategy based around four key themes: independence and self-provision; attitude, lifestyle and community support; healthy ageing; and world-class care.
2002	- House of Representatives Standing Committee on Ageing established in June 2002 to enquire into long-term strategies to address the ageing of the Australian population. - Release of first *Intergenerational Report*. This report explored the economic implications of population ageing in terms of future public expenditure and the broader impact on Australia's economic wellbeing and standard of living. - National Advisory Committee on Ageing established to facilitate discussion about the consequences of the ageing population for the development of policies and programs.

	- *National Ageing Workforce Strategy* begun, with the purpose of identifying the workforce profile of the aged care sector and its needs until 2010.
	- Announcement of a comprehensive review of pricing arrangements in residential aged care.
	- *The Myer Foundation 2020: A Vision for Aged Care in Australia* released in November 2002.
2003	- Release of a consultation paper on a new strategy for community care for comment by the Commonwealth. The Myer Foundation, in association with ACSA, worked with experts to develop a plan to reform and improve community care.
2004	- Release of Commonwealth Government *A new strategy for community care – the way forward*.
	- *Findings of the Review of Pricing Arrangements in Residential Aged Care* (Hogan 2004) released.
2005	- Release of Productivity Commission research report *Economic implications of an ageing Australia*. Trials of a new Aged Care Funding Instrument (ACFI) for residential aged care commenced.
2006	- New funding of $21.6 million over four years to encourage best practice in residential aged care.
2007	- Release of the second Commonwealth Government *Intergenerational Report*.
	- A review of the agreement for the Home and Community Care (HACC) program between the Commonwealth and state and territory governments.
	- *Securing the Future of Aged Care for Australians* signed by Commonwealth Government which provided a $1.5 billion package of residential care reforms aimed at addressing equity issues associated with residential care subsidies and charges.
	- The most significant community care initiative was the increase in the aged care planning ratio, with the target for community care places to be increased from 20 places per 1,000 people aged 70 and over to 25 places by 2011.
	- *Aged Care Amendment Act 2008* paved the way for the introduction of the new Aged Care Funding Instrument (ACFI) for residential aged care, as well as other reforms to improve flexibility and cost effectiveness. The changes enabled a number of reforms proposed in the 2004 Hogan report to be implemented.
2008	- Updated version of 2004 – *A new strategy for community care – the way forward* released by the new Labor government.

	- *Ageing and aged care in Australia* released by Commonwealth Department of Health and Ageing, indicating that in responding to population ageing the government takes a whole-of-government perspective. - Release of the Productivity Commission Research Paper, *Trends in aged care services: some implications.* - Announcement in May 2008 of a major review of Australia's tax system, incorporating special review of the pension system.
2009	- Release of *A healthier future for all Australians: interim report of the National Health and Hospitals Reform Commission.* - Release of the Senate Standing Committee on Finance and Public Administration report *Residential and community aged care in Australia.* - Release of *Who cares..? Report of the inquiry into better support for carers* undertaken by the House of Representatives Standing Committee on Family, Community, Housing and Youth.

(Reynolds 2009)

Aged care reforms 2009 – present

The National Health and Hospitals Reform Commission considered that the aged care system needed significant reform to meet the challenges of an older and increasingly diverse population. The Productivity Commission was charged with developing detailed options for redesigning Australia's aged care system to ensure that it can meet the challenges it is facing in the future. Following a period of extensive consultation, the final report, *Caring for older Australians: an overview*, was released in August 2011 (Productivity Commission 2011).

Following its release an extensive consultation process took place with older Australians, their families and industry stakeholders. The views of these groups, as well as the Productivity Commission report itself, contributed to the development of a package of aged care reforms which was released in April 2012 (DoHA 2012). *Living Longer, Living Better* aged care reform package is intended to "…build a responsive, integrated, consumer-centred and sustainable aged care system, designed to meet the challenges of population ageing and ensure ongoing innovation and improvement" (DoHA 2012:19).

The reforms will be implemented in three phases from 2013-14 to 2021-22. They include an expansion of home care services and two new types of home care packages introduced from July 2013 to support people with basic and intermediate care needs. There has also been the introduction of a new dementia supplement to support people with dementia receiving care at home or in residential care (AIHW 2012).

The Aged Care Funding Instrument (ACFI), first introduced in 2008, is a resource allocation instrument. There have been three changes to ACFI since its inception; the latest reform package (July 2013) changes the way residential aged care is financed and delivered. The changes include: the development of more residential aged care facilities in areas of greatest need; embedding consumer-directed care principles into mainstream aged care program delivery; and ensuring the sustainability of aged care facilities in regional, rural and remote areas. The reforms also combined income and assets tests into a means-testing arrangement and introduce a lifetime cap on care fees (AIHW 2012).

Not-for-profit organisations in the aged care sector

There is a high level of involvement of the NFP sector in delivering aged care services in Australia (Productivity Commission 2010; 2011). Around 84% of community care packages are delivered by charitable and other NFP community-based providers (Productivity Commission 2011). In residential aged care, the majority of services (60%) are also provided by NFP organisations. In addition, these organisations operate the highest proportion of services in the very remote areas of Australia (AIHW 2012b). There are significant financial and human resources currently invested in the NFP sector which employs nearly 900,000 people with support from 4.6 million volunteers (Productivity Commission 2010). Therefore, effective leadership is vital.

Data suggest that approximately 40% of aged and community care (ACC) providers are operating in deficit (ACIC 2008). Almost all of these are not-for-profit aged and community care (NFP ACC) providers. The industry faces funding and regulatory constraints, workforce shortages, increasing frailty of clients and a rapidly increasing demand for services.

Within Australia, the ACC sector is undergoing rapid change in response to external factors, particularly a growing regulatory and compliance burden resulting from changing government policy and regulations and growing consumer expectations on care providers.

Governance bodies of NFPs (usually voluntary Boards) are being called upon to solve complex business challenges faced by their organisations, for which many have been ill prepared (Connelly 2004). Boards need to develop skills generally possessed by senior managers in the for-profit sector in order to deal with emerging issues and most have restructured, or are in the process of restructuring, their Board membership away from willing but unskilled parishioners and community members to ensure that the Board skills mix includes members with financial, legal, property, service delivery, ethical and management expertise.

Effective leadership is critical to the sustainability of the NFP ACC sector, yet, despite its importance, it is one of the least understood aspects of governance, as noted by ex-US President, Bill Clinton (Murphy 2007). There is no universal agreement on the definition of leadership, the qualities most necessary for effective leadership, whether such qualities are intrinsic or can be developed, or what leadership involves.

A systematic literature review (Cartwright et al 2008) found that few studies of leadership in the NFP sector have been performed. A subsequent review of articles published between 1998 and 2005 in the journal "*Nonprofit Management and Leadership*" demonstrated that most leadership research in public and for-profit sector organisations had focussed on the Board or governance level.

Leadership frameworks have been developed that describe the features of effective leadership within organisations. However, existing leadership frameworks are deficient (Conger & Ready 2004) and have failed to meet the needs of the sector (Pinnington 2011). This is because they are not context specific, are linear and insufficiently flexible for use in NFP organisations and do not encompass emergence of leadership across an organisation.

A pilot study underpinning this project was undertaken in 2008 (Cartwright et al), and this provided the basis for the current study.

AIM

Building on the work of the pilot study, the aim of this project was:

- To develop theoretical understanding of leadership capacity in the not-for-profit aged and community care sector; and

- To test and refine the elements of the framework developed during the pilot study; this was a dynamic, interactive framework for the selection, retention and training of leaders in the industry, equipping them to deal with current and future change and intensifying pressures.

TIMEFRAME

The timeframe for the project was three years, from July 2010 to July 2013.

METHODS

The project used Action Research methods and employed the following processes:

- literature review;
- focus groups;
- survey; and
- Delphi study.

See Chapter 4 for overall methods and Chapters 5 – 7 for specific detailed methodologies for each year.

EXPECTED OUTCOMES

The project deliverables included:

- a robust framework developed from the pilot study framework and "tested" on the ground in Industry Partners' facilities, in line with the aim of the project; and
- publications, conference presentations and PhD student's completion.

CHAPTER 2 – BACKGROUND

Theories of leadership have developed over many years, with four main theoretical trends emerging: trait theory; behavioural theories; contingency theories and transformational (or attribution) theories (Van Mauirk 2001). These leadership theories formed the core of the understanding of leadership for the last decade.

Within most organisations it is assumed that managers will be organisational leaders. However, most investigators and theorists argue that management and leadership are different. Bowman and Bowman (2005:8) argue that a leader "needs to be concerned with the big picture and the vision of an organisation" whereas a manager "is concerned with day-to-day routine operations". The capacity to transform or act as a change agent is also a common element of leadership theories and a key requirement for modern leaders to lead organisations in a turbulent environment. It is therefore necessary to develop leadership "capability" within organisations, and to focus on the organisation as a whole rather than target managers alone. For the purposes of this study, "leadership" is defined as a capability that goes beyond the standard parameters of operational management and includes a strategic capacity as well as difficult-to-define attributes such as innovation and vision, and the justified confidence of leaders in their ability to use those attributes in their organisational role. "Capability" is understood to be mastery over a range of tasks or functions acquired through experience (professional and personal) and training (formal and informal). Gardner, Hase et al (2008:251) argue that "capability and its dimension is a useful model for describing the advanced level attributes of….practitioners". "Capability" is differentiated from "competency", which is defined as an ability to undertake a range of tasks or functions. In this sense, capability can be seen as a meta-competency that integrates the relevant competencies, experience and knowledge into a coherent set of behaviours.

The Australian Public Service (APS) has adopted Leadership and Core Skills Priorities (2012-13), which describe leadership and management priorities for the Australian Public Service and defines a framework for developing these skills among leaders. Similar frameworks have been adopted throughout the for-profit sector in many countries. Evaluations of the effect of these frameworks on leadership capability have demonstrated positive results. However, Conger and Ready (2004) argue that competency-based leadership

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models have key drawbacks, including that they tend to be built around today's high-performing leaders as benchmarks and may not be appropriate for the next generation of leaders. These authors further argue that, while competency can help in managing rational linear systems, other capacities are needed to deal with the complex, uncertain environments that exist in the world today. One such environment, where the need for strong leadership is becoming critical, is the NFP sector. Both internationally and in Australia, NFP organisations have experienced significant growth in terms of assets and complexity. This change has had a major effect on the roles and responsibilities of people who govern these organisations (Connelly 2004). In their report, which looked at the contribution of the NFP sector and assessed it impediments, The Productivity Commission (2010) raised concerns that Board members may lack the necessary skills required to conduct their duties and that management often comprises employees who have advanced from service delivery but may not have the necessary management skills.

This study aims to address the needs of the NFP sector for a stronger evidence base and tools to better equip the sector to develop its leadership capacity. An up-dated literature review is provided in Chapter 3.

PILOT STUDY

In 2008, a pilot study was conducted involving staff from ASLaRC Aged Services Unit of Southern Cross University, as well as researchers from the University of Technology Sydney, University of Southern Queensland, and Lutheran Community Care. The pilot study aimed to develop a new leadership capability framework for Australian not-for-profit aged and community care (NFP ACC) organisations. The funding for the study was provided by the Collaborative Research Grants Scheme of Southern Cross University and Lutheran Community Care.

The project used over-arching action research methods that included scenario-based workshops, in-depth interviews and focus groups.

A workshop was conducted with Lutheran Community Care stakeholders and associated industry representatives in Brisbane to develop four possible future scenarios facing the NFP ACC sector.

Participants identified the following main issues confronting the sector:

- labour market/staffing issues;
- increasing demand;
- changing client needs;
- an ageing population;
- increased competition;
- difficulties sourcing adequate funding;
- changing community expectations;
- increasing legislative complexity;
- the need to change service delivery models to meet demand; and
- increasing accreditation/reporting requirements.

Four possible future scenarios were envisaged/developed at this workshop. These were:

- business as usual;
- globalisation;
- whole-of-sector change; and
- natural disaster/crisis.

A second workshop was held to assess the possible impacts of these scenarios on NFP organisations and assess their implications for future leadership needs in the sector. Priority areas for skills required by leaders identified at this workshop included:

- communication;
- vision;
- innovation;
- creative thinking;
- strategy;
- understanding government policy;
- human resource and financial management;
- a "mission focus";
- sector knowledge;
- customer, public relations and marketing skills;
- ability to collaborate; and
- personal qualities such as values and being inspirational, fair and just.

Following the second workshop, 18 face-to-face interviews were completed with respondents from the NFP sector, universities and government department agencies. The significant themes/challenges that emerged from the analysis of the interviews were:

- funding;
- staffing issues;
- increasing complexity;
- changing client needs/demands;
- technology; and
- mission and market forces and tensions.

The outcome of the pilot study was the development of an innovative, dynamic, flexible Leadership Framework (Figure 1). A capabilities matrix was compiled from the findings of the literature review, workshops and interviews (Cartwright et al 2008), which in turn informed the development of the framework and underpinned its use. The framework was tested and refined in the focus group component of the research.
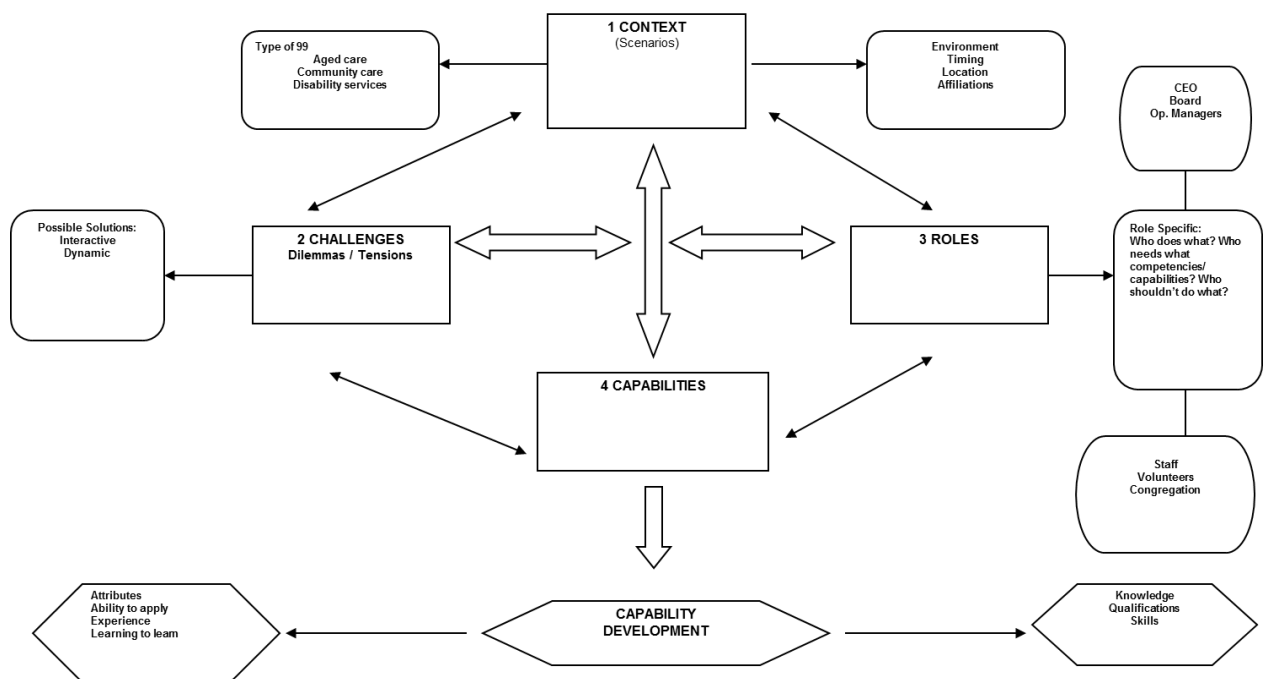

Figure 1: Leadership Framework developed in the pilot study

Results from the pilot study confirmed that existing uni-dimensional leadership frameworks were ineffective for NFP organisations, which need a framework that is relational, dynamic and multi-dimensional, drawing on systems thinking and designed as an "open systems" model. The innovative leadership framework from the pilot study was developed to enable the Industry Partners and other NFP organisations to:

- respond to a changing environment, typified by changing models of care and service delivery in an increasingly volatile, uncertain and complex sector;
- respond to increasing client demand (e.g. from Baby Boomers) and changing client needs (particularly in relation to a greater level of frailty among clients);
- replace existing outdated frameworks that are inadequate for current and future needs;
- address the "mission/market tension" and reflect core values while thriving in a competitive environment;
- operate within a multi-dimensional leadership paradigm;
- be dynamic, i.e. organisations can start with (required or existing) roles, context, challenges or capability and move in any direction; and
- respond to tensions around where the organisation is positioned in terms of organisational sophistication, service delivery and the quality of leadership and management; and where the sector and/or its membership/congregation and/or governing bodies are positioned.

CURRENT PROJECT

In 2010, researchers from Southern Cross University, University of Technology Sydney and University of Southern Queensland were successful in securing a grant of $423,500 from the Australia Research Council Linkage Projects 2010 – Round 1, to test and further develop the Leadership Framework developed by the pilot project in the NFP ACC sector; additional funding of $180,000 was provided by the two Industry Partners (Lutheran Community Care and Baptist Community Services NSW & ACT).

In addition to direct funding for the project both partner, organisations nominated executive staff members (initially the Chief Executive of each organisation) to be the Partner Investigators on the project (see full list of investigators on p2). This provided the project with a unique combination of skills and experience in further developing and testing the innovative framework. Each Partner Organisation also provided other in-kind funding for

staff time for focus groups, workshops and other project processes, as well as providing meeting spaces and related resources.

The three universities contributed Chief Investigator time, plus administrative support for some of the Chief Investigators, supervised PhD students and provided office space for support staff and other related costs.

CHAPTER 3 – LITERATURE REVIEW

INTRODUCTION

Chapter 2 established the background for the research and outlined some of the literature on which the study was based. A systematic review of the literature was undertaken for the pilot study, reported in Cartwright et al 2008. For this project the literature was up-dated and the scope broadened. A complete review of the literature is in preparation for future publication by monograph but an abridged version is presented here.

The focus of this review was on empirical studies of leadership development in the NFP and healthcare sectors, mainly in Australia but also in New Zealand, the United Kingdom and Canada since the work environment in these countries is similar to that of Australia. Some international studies were also looked at. Finally, since successful leadership depends on the quality of the "followership", recent followership research was also reviewed.

COMPETENCIES AND CAPABILITIES

Most of the early focus of leadership research was on the potential to lead, particularly on traits that predict leadership. More recent meta-analyses of studies on trait predictors of leadership identify that certain traits, such as openness, conscientiousness, extraversion, agreeableness and neuroticism, do predict leadership, in terms of both the attainment of and effectiveness in leadership positions (Bono & Judge 2004; Judge et al 2002). However, Barrick et al (2001) found that extraversion did not correlate well with chief executive success, while conscientiousness did.

ORGANISATIONAL CULTURE AND LEADERSHIP STYLES

All organisations are created to produce some type of value; however, in for-profit (FP) organisations value is measured in financial terms, whereas NFPs and government agencies produce value that lies in the achievement of social purposes (Moore 2000). Cheverton (2007) argues that values are central to the performance of NFPs and they need leaders who can deal with complex constituencies and their broader mission. Sarros et al (2011) examined if the relationships between leadership vision and support for innovation were mediated differently by organisational culture. They found that FPs have a competitive culture while

NFPs have a socially responsible culture, and concluded that leadership development should involve helping leaders to better articulate their particular organisation's vision.

West et al (2012) examined social change in healthcare organisations and concluded that mission, vision and values are key for gaining commitment from the workforce in this sector, and leaders and managers with a global mind set appreciate the importance of diversity, international work experience and cultural intelligence.

Authentic leadership

Authentic leaders are those who desire to serve others through their leadership and are interested in empowering their people. Their motivation to lead is to make a difference rather than for power, money or prestige for themselves. They are as guided by qualities of the heart, such as passion and compassion, as they are by qualities of the mind (George 2003). Luthans and Avolio (2003) define authentic leadership as a process that draws from both positive psychological capacities and a highly developed organisational context, which results in both greater self-awareness and self-regulated positive behaviours on the part of leaders and associates, fostering positive self-development.

Avolio et al (2009) state that there are four factors that cover the components of authentic leadership: (1) balanced processing – objectively analysing relevant data to make a decision; (2) internalised moral perspective to regulate one's own behaviour based on internal moral standards; (3) relational transparency – openly sharing information and feelings to present an authentic self; and (4) self-awareness based on the understanding of one's strengths and weaknesses.

Servant leadership

The term servant leadership was popularised by Robert Greenleaf (1977:27) who states: "The servant leader is a servant first... … Then conscious choice brings one to aspire to lead." He distinguishes between one who is a leader first with one who is a servant first. He suggests that "the leader-first and the servant-first are two extreme types. Between them there are shadings and blends that are part of the infinite variety of human nature" (1997:27). Ten characteristics of servant leaders have been identified: listening; empathy; healing; awareness; persuasion; conceptualisation; foresight; stewardship; commitment to the growth of people; and building community (Keith 2010).

Avolio et al (2009:436) cite Russell and Stone (2002) who distinguished between functional and accompanying attributes of servant leaders and found that while the functional attributes include "having a vision, being honest and trustworthy, service oriented, a role model, demonstrating appreciation of other's services and empowerment" the accompanying attributes included being "good communicators and listeners, credible, competent, encouraging of others, teachers and delegators" (Avolio 2009:437).

Relational Leadership

The concept of relational leadership has its origins in leader-member exchange theory (LMX), which focuses on the relationship between a leader and his/her follower, and servant leadership, which posits that the leader is there to serve his/her followers. Wright (2009:8) states that "Leadership is a relationship – a relationship in which one person seeks to influence the thoughts, behaviours, beliefs, or values of another person." Wright also suggests that leadership starts with God (as theology) shaping character which fuels leadership. Through the values and beliefs promoted by the leader, an organisation develops a culture which clarifies the expectations of those who work within it. Leadership is responsible for creating a vision and leading the organisation towards its mission through values and relationships.

Shared/Distributed Leadership

Shared Leadership has been defined as:

> "A dynamic, interactive influence process among individuals in groups
> for which the objective is to lead one another to the achievement of
> group or organisational goals or both. The influence process often
> involves peer, or lateral, influence and at other times involves upward
> or downward hierarchical influence." (Pearce & Conger 2003:1)

The distinctive key difference between shared leadership and traditional models of leadership is that the influence process can be more than just a downward influence on subordinates by a leader but can also work upwards, from subordinates to leaders.

Shared leadership has started to gain prominence in the last 20 years and a generic model was developed by Pearce and Sims in 2000. The reasons why shared leadership has become important are:

1. The growth of cross-functional teams in organisations where leadership is demonstrated by an individual's capacity to influence peers and the leadership needs of the team at the moment rather than by position.
2. The senior most leaders of an organisation may not possess sufficient and relevant information to make highly effective decisions in a fast-changing and complex world.
3. The increasing requirement for speed of response in faster-paced environments.
4. The senior most leaders are often hard-pressed to possess all the necessary skills and knowledge to guide complex organisations in a dynamic and global (or networked) organisation.

A recent study which examined the process of shared leadership with 45 teams found that teams with shared leadership experienced less conflict, greater consensus and higher intragroup trust and cohesion than teams without shared leadership (Bergman 2012).

The leadership theories described are not mutually exclusive and have several common features. The interrelationship between them has also been acknowledged by the authors who proposed these theories.

FRAMEWORKS

Organisations that successfully develop their high-potential employees use structured leadership development systems (Gallo 2007) including competency/capability frameworks (NSW Government 2012). For example, Garner et al (2009) describe a concept model called *Engaging tomorrow's international nursing leaders* (ETINL) to encourage advocacy, activism and professional accountability in preparing nursing leadership. The aim is to provide an on-going forum for student and faculty exploration of global nursing issues. Participants became adept at teamwork across boundaries of time and physical space. A shared understanding of the critical success factors for performance in leadership roles is also needed (Australian Public Service 2012).

HOW CAN LEADERSHIP QUALITIES BE DEVELOPED?

Leadership development programs

In Australia, examples of leadership programs include developing Clinical Development Units into Centres of Excellence (Atsalos et al 2007) along the lines of a British model; however differences between the two cultures resulted in the project quickly fading into obscurity. This is a reminder that LDP cannot be transplanted wholesale into another environment but has to be reworked to suit the particular organisational environment and objectives.

Queensland Health's implementation of the NHS Leadership Qualities Framework (Haseman et al 2009; Crethar et al 2009) resulted in improved workplace culture measures such as trust in leadership, health and safety and morale. Also in Queensland, Princess Alexandra Hospital's two-part Leadership Development Program (Paterson et al 2010) focused on the development of others as a function of leadership, contributing to a culture in which leadership development and practice are embedded.

International research has focused on "engaging leadership" development which has been positively received by participants and clients (Alimo-Metalfe & Alban-Metcalfe 2011). The model is based on the dimensions in the Transformational Leadership Questionnaire (Alimo-Metalfe & Alban-Metcalfe 2005), workshops and action learning sets, and continually focusing on small changes that can make a real difference to patients and service users. This research found that one of the most important considerations of any LDP is the degree of support from and participation by senior managers.

Results from a LDP for social care (Laughlin & Sher 2010) concluded that any effective leadership development approach must take into account the organisational context. Each situation will contain issues beyond the remit of many standard leadership development tools but which need addressing if the intervention is to succeed.

Methods

Hartley and Hinksman (2003) note that the most successful methods used for leadership development reported were mentoring, action learning and 360-degree feedback. Research shows limited value in short-term leadership development (Reichard & Avolio 2005).

Leadership development needs to be seen in whole-system terms, not as isolated events. Integrating LDP into everyday organisational practices is a critical success factor to effective leadership development at all levels (Dalakoura 2010).

It has long been argued that some of the most powerful leadership learning occurs on-the-job, both incidentally and in ways that can be orchestrated (Hartley & Hinksman 2003). Other methods such as goal setting have been underused in leadership development. Holland and Jackson (1998) found that the most useful interventions with NFP Boards was to link process with substance by asking Board members to set their own goals. Practitioner literature is full of best-practice recommendations with limited empirical support; however, Brown (2007) found that organisations that adopted these ended up with better Board and organisational performance.

The use of executive coaching has grown rapidly (Sherman & Freas 2004). Executive coaching is defined as a "short to medium term relationship between an executive and a consultant with the purpose of improving an executive's work effectiveness" (Feldman & Lankau 2005:829) and may include face-to-face meetings, e-mail and phone contact, of varying frequency and duration, dependent on the specific needs of the executive.

Mentoring, defined as the matching of a novice with a more experienced person in the same role (Reiss 2007), may be beneficial, especially if the mentors have experienced success in the job or industry that the participants are in (Solansky 2010). Self-development is also increasing as a means to supplement formal LDPs, possibly as a result of increasing time and cost pressures in organisations (Orvis & Ratwani 2010).

Action learning as a method of leadership development has been well evaluated (Edmonstone & Davison 2004; Boon 2007) and endorsed as a development tool in the healthcare sector (Wilson et al 2003; Gardner & Proctor 2004). Gallow (2007) suggests that, in order for action learning to be successful, factors such as organisational challenges and goals should be aligned and executive support and formal feedback processes to senior managers established.

Other methods such as reflective practice, continuous development and experiential learning have all been used within LDPs for nurses (Graham 2009; Paterson et al 2010; Cathcart et al 2010). Advocates suggest that these methods provide an enriching learning experience and enhance leadership development.

Two different perspectives of leadership – i.e. that of co-construction (Kean et al 2011) and informal leadership (Downey et al 2011) – draw attention to the interactions between leaders and followers in healthcare, suggesting that successful leadership is dependent on how it is experienced. Dierckx de Casterlé et al (2008) found that leadership development is not a single event, but an ongoing and interactive process between the clinical leader and the co-workers.

Followership

While most current leadership development efforts focus narrowly on individuals in formal leadership positions, it has been argued that the focus should be expanded to include followers (Pearce 2007), consistent with the idea of shared or distributed leadership (Day & Harrison 2007; Pearce & Conger 2003).

Competencies and capabilities

There is an extensive list of competencies considered to be desirable for leadership, including: a capacity for self-development (Lovelace et al 2007); networking skills (Bartol & Zhang 2007); technical expertise, organisational understanding and creative thinking (Mumford et al 2007); and emotional intelligence and social skills (Goleman et al 2002; Riggio & Lee 2007). However, Hase and Davis (1999) argue that competence is an essential ingredient of being capable, but capable people are more than competent: they are creative, know how to learn, have a high level of self-efficacy and work well in teams. This reflects the current view that leadership is a participatory and shared role in these complex times, and it is the organisation as a whole, rather than any particular individual, that is required to possess all these qualities. O'Toole (2001) maintains that for leadership development it is important to ask about the qualities that need developing in an organisation rather than the qualities that need developing in leaders.

Frameworks and models

All the frameworks described in the literature (such as the APS Integrated Leadership System, NHS Leadership Qualities Framework and Medical Leadership Competency Framework) show broad similarities in the competencies identified as essential for leadership. The consultative process by which a framework is developed, and the resulting buy-in and ownership on the part of stakeholders, is important for the framework's successful implementation (Clark & Armit 2010; Crethar et al 2009; Haseman et al 2009).

Barriers to leadership development in healthcare

McAlearney (2006) describes the challenges to leadership development specific to healthcare organisations, which have a reputation for seemingly chaotic internal coordination, with hierarchical structures, cultural gulfs and professional differences. Another challenge is the limited role of organisational learning, especially the neglect of mistakes as a source of learning. Healthcare organisations have a culture where staff development is vulnerable from both an individual and organisational perspective; attendance at individual development events is often viewed as taking time or money away from patient care and training and development budgets are often notoriously high on the list to be axed when the pinch of financial constraints is felt.

Some of these problems are also faced by aged care organisations. Solutions for addressing issues such as hierarchical structures and professional differences include developing multi-disciplinary teams and self-managed teams operating with a "freedom-within-limits" model.

CONCLUSION

The review of the literature shows that while different methods have been used for leadership development, such as blended learning, mentoring and action learning, most organisations use more than one method since each on its own has advantages and disadvantages. Likewise, evaluation of LDP success also includes various strategies, such as self-assessments, facilitator assessments and 360-degree feedback, and the trend is to use more than one approach. It is important for each organisational environment to go through a democratic consultative process to determine exactly which leadership qualities are required for its particular circumstances, and how these should be developed and evaluated with its available resources.

Comparing what was found by this review of the literature with the four major elements of the model developed in the pilot study (See Figure 1, page 12) we note that there is a difference between competencies and capabilities and it is clear that competencies do not automatically lead to capabilities. The review found evidence of programs that have been developed by organisations or professional bodies to develop the competencies and capabilities of their leaders. Although there were several examples of LDP from healthcare and not-for-profit organisations, there was a gap in the research for developing leaders in the aged care and community care context.

CHAPTER 4 – OVERALL METHODS

ETHICS APPROVAL

Ethics Approval for this project was provided by the Southern Cross University Human Research Ethics Committee (Approval Number ECN-10-085).

GOVERNANCE AND STEERING COMMITTEES

Governance Committee: The whole project was managed by a Governance Committee of the Chief Investigators, Industry Partner Investigators and the Project Coordinator. The Governance Committee was established to oversee the human resources, financial, reporting and general management aspects of the project. This committee, chaired by Chief Investigator 1, ensured project timelines were adhered to and deliverables outlined in the ARC application were achieved. It monitored all governance-related aspects of the grant and the development of a project that was relevant to industry stakeholders and the NFP ACC sector more broadly.

Steering Committee: A Steering Committee was also established to oversee the research and academic aspects of the project and included the members of the Governance Committee and other invited experts.

In addition, two PhD students were recruited to work on various aspects of the project. PhD student 1 enrolled through UTS with the UTS Chief Investigator as her supervisor and the Project Coordinator as her co-supervisor. The focus of her thesis was "Consumers' perspectives on leadership". A second PhD student enrolled later in the project through SCU. The SCU Chief Investigator was her principle supervisor and her co-supervisor was the Project Coordinator. Her proposed thesis title was "To what extent is trait theory of leadership relevant for understanding leadership in the Not-for-Profit aged and community care sector?" Unfortunately, due to severe ill health, the second student had to withdraw; as this occurred almost 18 months into the project another PhD student was not recruited.

RESEARCH METHODS

Methods used in this study were contained in an Action Research Framework. The action research process is based on a repeating cycle which alternates between action and critical reflection.
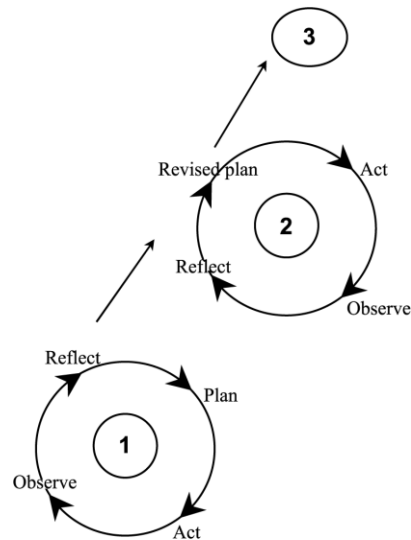
Source: Zuber-Skerritt (2001, p. 15)

Figure 2: The Action Research Spiral

The nature of action research, with its associated process of critical reflection, may result in a diversion from the original research plan. As the results of each stage of the research were discussed and reflected upon by the researchers, agreement was reached on the most appropriate method and focus for the next stage of the research. This chapter describes the overall methods. The following year-by-year chapters describe the specific methodologies used during the action research process.

Year 1

- Ethics Approval
- Literature review
- Focus groups
- National survey

Year 2

- Analysis of data from Year 1

- Framework redefined

- Field testing the framework with Partner Organisations

- Case studies

- Delphi study

Year 3

- Analysis of data from Year 2

- Literature review update

- Scenario workshops

- Development of Implementation Guidelines

CHAPTER 5 – YEAR 1

In Year 1, there were three Steering Committee Meetings and three Governance Committee Meetings. The following activities were undertaken in Year 1:

FOCUS GROUPS

Two half-day focus groups were convened with staff of the Industry Partners in NSW and in Queensland. An experienced focus group facilitator, with extensive experience in qualitative research methods, conducted the groups. The purpose of the focus groups was to test the level of industry agreement with the findings of the pilot study and to identify additional leadership challenges and leadership capabilities not identified in the pilot study.

Participants gave written informed consent to being involved in the study, including for recording and anonymous quotation. Both groups were tape recorded and lasted between 150 to 180 minutes. The digital recording was transcribed verbatim and de-identified to preserve anonymity.

Participants

All participants were senior managers from the Industry Partners, LCC and BCS, 13 from BCS and 6 from LCC. The settings were the LCC Milton (Brisbane) and the BCS Epping (Sydney) offices. Participants were purposively selected by Partner Organisations to generate a convenience sample of senior personnel who had a range of leadership responsibilities within each Industry Partner organisation. The selection was made to ensure adequate variation within each organisation according to age, gender, rural/ urban geographical location and role within the organisation (both service delivery and non-service delivery roles). Eleven participants were involved directly in ACC service delivery and eight were employed indirectly in service delivery roles that included information technology, human relations, finance and administration.

Methods

Interview data from the pilot study were combined with a review of the peer-reviewed literature to develop the focus group interview schedule. The focus group questions were pilot-tested prior to focus groups being convened. The following questions were asked at both focus groups:

- Imagine 10 years from now. Your organisation is the best organisation in the world in your business. How do you know?
- What do leaders at all levels do now that helps to achieve this vision?
- What could leaders do more of/less of/differently?
- What do good leaders do and say and what does good leadership look like?

Analysis

The focus groups were recorded and the content transcribed. Data was coded using open and axial coding (Glaser & Strauss 1967) by two investigators. Open coding compared similarities and differences of potential patterns and themes in the data according to stratification categories and respondent type. The events, observations and experiences were grouped into labelled categories. Axial coding was then used to identify relationships between the categories and to determine the properties of each category.

Data was categorised by hand in order to identify domains of performance required by leaders in the NFP ACC sector. These were then compared with the five major competency domains in the Healthcare Leadership Alliance Competency Directory. The Directory is a tool that describes the competencies required by leaders in health settings (Healthcare Leadership Alliance 2010). The Directory includes 300 competencies categorised according to five major domains:

- Leadership;
- Communication and relationship management;
- Professionalism;
- Business knowledge and skills; and
- Knowledge of the healthcare environment.

Results

Question 1: Imagine 10 years from now. Your organisation is the best organisation in the world in your business. How do you know?

Thematic analysis of the transcribed data and other data captured from the focus groups produced the following themes. The number beside each theme indicates the overall number of captured comments relating to that theme. This is followed by examples of the comments:

- Good Quality Management (14) - "Business overall thriving and growing"; "Care model of excellence".
- Staff Satisfaction (9) - "Happy, healthy staff"; "Waiting lists for staff".
- Customer Satisfaction (10) - "Offer real choice for service delivery"; "Provider of choice".
- Good Reputation (9) - "Strong market brand"; "Outside Recognition".
- High Quality Communication (4) - "Horizontal and vertical communication"; "Transparent and robust systems".
- Advocacy (2) - "Key influencer of future policy"; "More influencing society and Government policy".
- High Quality Infrastructure (4) - "IT fully integrated"; "Consistent and higher level of buildings".

Differences between the organisations were that BCS participants rated good quality management the highest, whereas the LCC group had an equal focus on good quality management, staff and customer satisfaction and good reputation.

Question 2: What do leaders at all levels do now that helps to achieve this vision?

For question 2, responses were clustered into domains of performance: Professionalism; Collaboration and teamwork; Judgement and decision-making; Communication; Scholarship and teaching; Management; Leadership; and Advocacy. Each of these is discussed in further detail below.

Professionalism

Professionalism was described by participants as the skills, attitudes and behaviours which are expected of individuals during the practice of their profession. Comments included "Honourable", "Passionate", "Ethical and truthful".

Participants described leaders with high levels of professionalism as demonstrating: ethical behaviour; integrity; honesty; altruism; commitment to serving others; adherence to professional codes; commitment to justice in their interactions with others; respect for others; and self-regulatory behaviour. Some of these comments may reflect the religious values of the employing organisations.

Leaders who perform well in the domain of professionalism were viewed as able to gain the trust and engagement of stakeholders which, in turn, strengthens the leader's relationships with people and increases their ability to form effective partnerships.

Collaboration and teamwork

According to participants, collaboration and teamwork encompasses the ability to work effectively with a group of people in order to achieve organisational goals and objectives. Participants stated that leaders who perform well in this domain surround themselves with good people as they seek to derive the performance gains that can be realised through working with others. Comments included: "Effectively working within a team to achieve optimal client care", "Acknowledgement of team effort" and "Consult expertise of the team".

Participants described leaders with high performance in collaboration and teamwork as:
- being open to the ideas of other people;
- consulting the expertise of the team whenever possible; and
- developing and effectively using collaborative partnerships.

Leaders who perform well in collaboration and teamwork were also viewed as generally creating harmony and a positive workplace culture by engaging staff more actively in their work.

Judgement and decision-making

According to participants, judgement and decision-making encompass the ability to effectively consider, select, implement and review decisions. High-performing leaders in this domain were viewed as exhibiting decisiveness. Comments included: "Effectively considering, selecting, implementing and reviewing decisions", "Decisive", "They make decisions that are situational and responsive…to meet unique situations".

Participants described leaders with good judgement and decision-making performance as:

- being proactive in responding to problems;
- able to make decisions that are situational and responsive;
- able to prioritise effectively; and
- able to effectively align business processes with the needs of the service.

Judgement and decision-making were viewed as particularly important for leaders who operate in a rapidly changing environment as the leader's ability to creatively solve problems relies on their ability in this domain.

Communication

Communication was seen as involving effectively gathering, understanding and providing information to all who need to know so that action may result. Leaders who communicate well were viewed as demonstrating the ability to listen and observe, as well as to effectively gather, understand and provide information to relevant stakeholders, "so that action may result".

Leaders with good communication were described by participants as:

- using "we-focused" language;
- demonstrating openness to consultation;
- being able to listen; and
- knowing people by name.

Participants cited communication as essential to the leader's ability to build relationships with stakeholders and to effectively engage with staff. The leader's ability to communicate effectively contributes to staff perceptions about them, including:

- whether the leader is approachable;
- the competence of the leader;
- the visibility of the leader; and
- perceived availability of the leader.

Achieving organisational goals was felt to rely on the ability of leaders to provide a clear and constant message to staff regarding the mission of the organisation and to provide a vision for the future of the organisation that motivates and inspires staff.

Scholarship and teaching

Scholarship and teaching was understood by participants as the active commitment of the leader to learning and professional development. Participants viewed leaders who performed well in this domain as being open to learning, to sharing wisdom and experience and to taking active steps to develop people.

Participants described leaders who perform well in scholarship and teaching as:

- providing staff learning opportunities;
- supporting professional development of staff;
- promoting strong organisational research and development processes; and
- sharing knowledge within and across organisations.

Scholarship and teaching were also viewed by participants as contributing to the capacity of the organisation for innovation and growth and to the organisation's ability to attract and retain staff.

Management

According to participants, management is an essential performance domain of leaders. Participants expressed the view that leaders who perform well in this domain organise sustainable practices, allocate resources and contribute to the effectiveness and efficiency of service delivery. Comments included: "Develop good organisational structure and process", "Delegate effectively" and "Hold people accountable".

Participants described leaders who perform well in management as also:

- ensuring organisational resources enable clients to live integrated and full lives;
- ensuring services are profitable, capable of funding their own development and have a high staff retention ratio;
- fully integrating information technology within organisational operations; and
- developing and retaining a long term management team.

Effective management was viewed by participants as essential to the sustainability and growth of the organisation in the long term. Leaders with good management performance enable organisations to "far exceed regulatory standards" through the development and implementation of robust organisational systems and processes.

Advocacy

Participants saw advocacy as an important domain of performance for leaders in ACC. Advocacy involves using expertise and influence in order to advance the well-being of clients and in order to meet the needs of clients, staff, carers and family. Comments included: "They're politically astute and know people and the environment and how to influence them for the good of the client" and "Someone who challenges the status quo".

Participants described leaders who perform well in advocacy as:

- demonstrating political astuteness in their interactions with stakeholders;
- challenging current situations; and
- knowing how to influence systems and processes for the good of others.

Advocacy was viewed as an important performance domain for leaders whose role requires them to positively influence society and government policy for the benefit of clients. For organisations with a strong sense of mission, participants felt that advocacy was the responsibility of the leader to facilitate achieving the organisation's mission.

Leadership

Leadership was described as the leader's performance in influencing one or more individuals in order to accomplish an objective or achieve a common goal. Leaders who perform highly in this domain share a clear vision for future direction with people and "take people along with them". Comments included: "Being inspirational and passionate" and "See the future and paint the future".

Participants described leaders who perform well in leadership as:

- possessing strong character;

- demonstrating their commitment to the mission of the organisation;

- having a strong work ethic; and

- being role models for excellence in Christian care.

Unlike the other performance domains described above, leadership was viewed as an essential performance domain for leaders, which, in effect, defines them as a leader. Without leadership, leaders cannot achieve organisational goals.

Questions 3: What could leaders do more of/less of/differently?

The focus group discussions aimed to provide information for a gap analysis on what leaders do now and what leaders could do better. The comments were clustered into the same themes as for question 2 but focused on how leaders could improve what they do:

Professionalism

Participants described leaders who displayed professionalism as having a "Strong work ethic" and "Strong character". Areas which could be improved included:

- demonstrating Christian values;

- modelling and measuring excellence in Christian care; and

- being open to feedback.

Collaboration and teamwork

Participants described those leaders who worked well collaboratively as being:

- open to ideas;

- have the ability to self-manage; and

- close the gap between service and supports.

Areas which could be improved included:

- partnerships with area health programs;

- proactively breaking down program barriers; and

- developing collaborative partnerships to be more effective.

Judgement and decision-making

Leaders who performed well in judgement and decision-making were described by participants as being able to operate within a "freedom-within-limits" model and were able to align management with service needs. Areas which could be improved included:

- being more proactive to problems;
- prioritising more effectively; and
- re-focusing the service delivery model.

Communication

According to participants, leaders who communicated well displayed openness and consultation. They demonstrated that they listened, were approachable and knew people by name. Areas which could be improved included:

- better communication between teams organisation-wide, and engaging with staff;
- a clear and constant message of who the organisation is and what we they are trying to achieve; and
- greater focus of leaders to support their organisations through times of major organisational and system-wide change.

Scholarship and teaching

Participants described leaders who performed well in scholarship and teaching as having a strong Research and Development focus. They provided opportunities for staff to learn and develop, as well as sharing knowledge across the organisation. Areas which could be improved included:

- increasing staff knowledge and buy-in on carbon management and sustainability issues; and
- developing frontline managers.

Management

Leaders who performed well at management were viewed as having well-developed planning processes, more proactive recruitment processes and being good at benchmarking. Areas which could be improved included:

- generating own funding;
- systems, processes and technology; and
- effective performance management.

There was an awareness of the dependency on government funding and the need to increase revenues. There is a belief that Boards and executives of faith-based NFP providers can be more focused on mission to the detriment of focusing on financial sustainability.

Leadership

Participants described leaders who displayed leadership as not only having intrinsic qualities but also empowering people. Areas which could be improved included:

- leading by example; and
- more time for leaders to lead, as presently they are operational.

Leaders were currently seen to be more focused on managing than leading.

Advocacy

Participants described leaders who were good advocates as being a strong influence in government, community and industry. They were prepared to challenge existing laws and senior executives involved in policy and industry bodies. Areas which could be improved included:

- more advocacy relating to cross-cultural and CALD (Culturally and Linguistically Diverse) services; and
- greater action for all clients.

Australia is an increasingly multi-cultural society and the focus group discussion recognised that the aged care industry needs to be equipped to effectively service CALD communities. This can be a challenge for providers who are Christian when they have clients from diverse religious backgrounds. People from CALD backgrounds can also be at risk of diminished capacity in English as they age and there will be a need to provide services in their original language.

Appendix 2 provides the summary of themes from the interviews and focus groups for each Industry Partner.

SURVEY

Participants

A stratified random sample of 500 Chief Executive Officers (CEOs) or equivalents of NFP ACC facilities across Australia was selected from a membership database of NFP ACC peak bodies and stratified according to state; urban/rural location; facility size; and church/ charitable/community status. Each CEO was asked to complete the survey and to distribute it to the Chair and one other member of their Board or overarching governance group and to two additional senior staff. This would have resulted in a sample of 2,500 participants (CEO + 4 x 500). Appendix 3 contains a copy of the email invitation to participate.

Methods

A copy of the survey is in Appendix 3. The survey questions were informed by focus group findings. They sought participants' views on the framework's application to their organisation (including recruitment, succession planning and guiding organisational responses to unplanned/unforeseen challenges), implementation methods within organisations (education, training and promotion) and questions designed to inform understanding of the theoretical/conceptual underpinnings, governance and accountability in the NFP sector. A Qualtrix on-line survey was distributed by email. Responses were de-identified and the information obtained was confidential. Intensive follow-up of non-responders took place one week and four weeks after the initial survey was distributed. The data was entered into a password-protected Microsoft Access database.

Analysis

Data was cleaned and checked before analysis. Statistical analysis was performed using SPSS and STATA. A subgroup analysis was performed to enable comparison data from different informants (managers, CEOs, Board members).

Results

This process did not prove to be viable as many CEOs did not complete the survey or pass it to other people. The response rate, based on the potential 2,500 participants, was only 7% (n=182). This rate does not enable us to generalise the results but trends noted from the survey included:

- Approximately one third of respondents thought that they (32%) and other leaders in their organisations (28%) were transformational leaders. However, respondents were more evenly split about the type of leader their organisations would benefit from, with relational (50%), spiritual (50%) and transformational (48%) the most frequently selected.

- Of those who responded 41% thought that they were able to respond to emotions in the non-verbal communications of others; only 10% thought that other leaders in their organisation could do so, but 36% thought their organisation would be improved by having leaders who could do so.

- Only 22% could manage emotions in themselves and others to best meet desired workplace outcomes and only 9% thought others in their organisations could do so. However, 42% thought their organisation would be improved with leaders developing these emotional skills.

- Respondents ranked providing high quality and safety of services (21%) as well as high client satisfaction (21%) as the most important organisational performance goals.

- Approximately half of all respondents thought that the mission of the organisation provided opportunities for leaders to communicate the organisational vision, objectives and priorities (55%), build rapport with people at all levels in the organisation (50%) and respond to challenges facing the organisation (48%).

- The majority of respondents thought the main roles of the Board were strategic planning (99%), business planning (82%) and financial management/overcoming business obstacles (79%).

- The majority of respondents thought that Board members should be trained (92%) and that CEOs can help Board members understand their role and facilitate engagement within the organisation (92%). They also thought that directing the Board's attention to governance instead of operational issues would improve effectiveness (89%).

- The preferred tools/resources to improve leadership capability in respondents' organisations were education and training by external provider (face-to-face); online resources; internal trainer/succession planning/mentoring or coaching; written resources; project work; higher duties; secondment; and peer group feedback.

OVERALL DISCUSSION FOR YEAR 1

The results from Year 1 provided valuable insight into the domains of performance required by leaders in the NFP ACC sector. Results showed that the demands placed on leaders in the sector require leaders to draw on a broad range of knowledge and skills in order to be effective. Importantly, results clearly demonstrated that leadership is only one of a range of capabilities required by leaders in the sector.

According to participants, effective leaders demonstrate professionalism. There is little published research that explores the place of professionalism in aged and community care. The leadership in healthcare literature suggests that professionalism moderates the leader-subordinate relationship and influences the likelihood that subordinates have confidence in the leader's ability (O'Sullivan & McKimm 2011). As described by one participant in this study, a good leader "walks the walk and talks the talk". As a result, people within the organisation are more likely to trust them and engage with their vision and strategic direction, whether at the facility, individual project or organisational level.

Effective leaders in NFP ACC organisations work effectively with others in order to achieve desired outcomes. They are collaborative and engage groups of people in the work at hand. Palmer and Eveline (2012) explored this construct in relation to aged care work. They report that leaders who demonstrate this collaborative approach to interacting with others engender the support of workers and, to some degree, intrinsically motivate workers to provide quality care for care recipients. Chenoweth et al (2010) and Brooke (2013) report similar findings and reinforce the notion that a leader's collaboration and teamwork intrinsically motivate workers to perform and to feel valued.

Related to the leaders' collaborative, team-based approach to working with others is their communication skill. According to participants in this study, the communication of an effective leader in this sector is reflected in their ability to listen, their effectiveness in

gathering information and their willingness and ability to provide information effectively to relevant stakeholders. Both the communication skills and the collaborative behaviours of the leader contribute to people's views about the competence of the leader and the desire of people to "follow" the leader in any particular circumstances.

Most research exploring the impact of leader communication skills in ACC has been conducted with nurses (Dwyer 2011). Available evidence suggests communication is important for engaging nurses in the leadership needs of the organisation. Our results indicate that communication is important for all employees within the organisation, not only nurses, and that the leader's communication skills are perceived by workers within the sector as a reflection of the leader's competence and ability to lead.

Participants noted that the majority of leaders within the sector hold management positions within organisations and that the effectiveness of leaders in management is directly associated with their capability as a manager. Managers understand the need to lead the organisation towards client-centred care delivered in a financially sustainable manner. Published evidence suggests that strong, effective leadership and management promotes job satisfaction and retention, high quality of care and the wellbeing of care recipients (Jeon et al 2010). However, studies are largely limited to the leadership-management relationship in nursing roles within the sector. Our study demonstrates that the leadership-management relationship extends to other leadership roles in the sector and that there are important differences in this relationship, depending on the leadership role occupied by the manager.

Participants distinguished between the roles of the Board, Chief Executive Officer (CEO) and executive managers in leading the organisation. The CEO was viewed as the leader with the most influence on people within the organisation, whose management skills needed to include strategic planning, risk management, financial management and the ability to ensure clinical standards within facilities continued to meet the licensing and accreditation requirements of regulatory bodies. Boards were viewed as possessing an important strategic management role but Board members were viewed as having little influence on the people within the organisation – both the workers and the recipients of care. Executive managers were viewed as largely operational in focus. Their leadership and management roles are linked to their role in operationalising the strategic vision and direction of the Board and the CEO of the organisation.

The results indicate that attention needs to be paid to improving knowledge and skills across all domains of performance. They also suggest that competencies required by leaders in this sector may be broader than those required within the general healthcare sector and should be taken into account in recruiting staff to high-level leadership positions in such organisations. This is likely to be a reflection of the complexity of aged and community care. Similar to health care, resource constraints and workforce shortages are increasingly limiting the capacity of providers to meet the needs of their clients (Roth 2004; OECD 2005b). However, models for provision and financing of ACC are complex, based on the level of disability experienced by the individual as well as the person's ability to pay for services, and there are often multiple service providers competing with each other for available resources and clients (Wiener et al 2005; Sankaran et al 2010).

The NFP status of many organisations can create additional, unique challenges for leaders within organisations. NFP ACC organisations may be perceived by clients as "providers of choice" because of their commitment to a particular mission or ethos, and consumer expectations that they will re-invest profits into care improvement. This creates tension for leaders between meeting the service delivery expectations of stakeholders and ensuring the business operates on a sustainable basis (Institute of Medicine 2001; Kane 2003; Sankaran et al 2010).

The result of this research highlight the poor alignment of competencies of leaders in healthcare, as described in the Healthcare Leadership Alliance Competency Directory, with competencies identified by participants in this study as relevant to aged and community care. Further, generic leadership education and training is unlikely to meet the needs of the NFP ACC sector unless the specific areas of performance required of leaders in the sector are identified and enhanced through professional development opportunities.

CHAPTER 6 – YEAR 2

In Year 2 there were three Steering Committee meetings, one of which was a two-day meeting and research workshop, and two Governance Meetings.

INTRODUCTION

In Year 2 the draft framework developed in the pilot study was further refined by testing its implementation in the Industry Partner organisations. A Delphi study and scenario-based workshops were used to link the development of the theoretical framework from the pilot study and Year 1 outcomes to implementation testing in the Industry Partners' organisations. As this was an Action Learning project and the response rate to the national survey was low, the proposed Delphi survey was extended to gather additional data.

ETHICS APPROVAL

Ethics Approval for Year 2 of the project was provided by Southern Cross University Human Research Ethics committee (Approval Number ECN-11-142).

RESEARCH METHOD

Research activities conducted in Year 2 included four half-day scenario-based workshops and a Delphi survey. Two workshops each were conducted within the two Industry Partner organisations' premises and with their staff. Participants were invited by their organisation to participate in the workshops and in the Delphi survey. Participation in the study was voluntary. Response to the invitation to participate in the on-line Delphi survey was taken as inferred consent prior to participation and informed consent was obtained from participants in the workshops.

Although Round 1 of the Delphi survey began before the workshops, the Delphi process continued beyond the workshops and is thus reported after them.

SCENARIO-BASED WORKSHOPS

Background

The scenario-based workshops comprised four facilitated sessions to elicit information from managers about the leadership skills, qualities and capabilities required in faith-based NFP ACC organisations. Workshops were held at LCC offices at Milton in Brisbane and BCS offices at Epping in Sydney. The purpose of the workshops was to provide data to triangulate with other data collected as part of the overall study. To improve triangulation, the process was designed to increase the differences between this data set and previous data. The scenarios were specific and realistic rather than abstract, and near-future orientated rather than present or for an unspecified time. Scenarios were therefore chosen by managers from the two Industry Partners to reflect actual challenges to be faced in the near future.

Scenario-based workshops were included in the study because of their ability to:

1. Present alternative images instead of extrapolating from the past, and challenge assumptions about the "official future";
2. Allow for sharp discontinuities to be evaluated;
3. Make decision-makers question their assumptions;
4. Create a leaning organisation for fostering strategic thinking and learning;
5. Create frameworks for a future vision;
6. Establish contexts for planning and decision-making;
7. Understand how the future would look, why it might come about and how this is likely to happen; and
8. Outline the actions an organisation can take if certain situations arise.

(Mietzner & Reger 2005; Ratcliffe 2002; Neilson & Wagner 2000; Ramirez et al 2008 and Selsky & McCann 2008)

This section reports on the facilitation process, the data collected on whiteboards during the sessions and interpretation of the data. The interpretation consists of a description of the leadership qualities identified by participants as desirable in the situations depicted by the scenarios.

Participants

All workshop participants were senior managers at one of the two faith-based NFP ACC Industry Partner organisations. In the LCC workshops there were 14 participants at the first workshop and 11 participants at the second; at the BCS workshops there were 11 participants at the first workshop and 14 participants at the second. Workshop 1 involved a wide sample of stakeholders. Participants were purposively sampled to involve a range of senior managers and were divided into small groups of three or four, with maximum diversity in each group.

Methods

The process used in the workshops, led by an experienced facilitator, was designed to immerse participants in the scenarios. The scenarios were developed by the research team based on data from the pilot study, focus groups and survey. They were hypothetical scenarios but based on potentially likely challenges that the NFP ACC sector could face in the near future. The intention was that participants would imagine themselves actually facing the situation described in their scenario. This was to ground the collected data in reality as far as possible, to allow comparison to the more abstract data from the surveys, focus groups and Delphi.

BCS Workshop 1 - Scenario

The Federal Government has just handed down its Budget for 2011 and its major focus is on job creation with significant funding going to training of the long-term unemployed, persons with a disability and young people. Your organisation has the opportunity to be involved in providing cadetships and training programs to boost staffing levels and skill mix in your facilities. In light of these training opportunities your organisation has decided to review its processes for recruitment, selection and retention of staff. You have been given the opportunity to participate in this process and have been encouraged to bring innovative and new ideas to the table. Your employer would like the focus of this review to include planning and solutions in the medium and long term that respond to predicted future increases in clients requiring care due to population ageing and increasing rates of disability and chronic disease.

BCS Workshop 2 - Scenario

It is 1 July 2012. Following an extensive investigation of options for aged care reform and the development of a new industry blue-print by the Productivity Commission, the minority Federal Government developed legislation to enact the key components of the Commission's findings. Regrettably, the legislation did not pass the House of Representatives when it was voted on in June because the opposition and some independents voted against it. Several issues key to the reform package had become divided along party lines including:

- *The plan to abolish Residential Aged Care bed licences and restrictions on the number of community care packages after 2017 and the opening of the market to competition from any eligible provider;*

- *The need for aged care recipients to contribute more to the cost of their care and accommodation (except supported residents);*

- *Allowing accommodation bonds for all Residential Aged Care and removal of the distinction between high and low care;*

- *In addition, the reverse mortgage proposal was labelled "A great big new death tax".*

Due to the failure of these reforms, the existing weaknesses of the aged care system will only get worse:

- *It is increasingly uneconomic to build new high care beds or to replace or upgrade ageing buildings used for high care; services already lose more than $18 per day on average for every high care bed they have (with the exception of "extra services" beds);*

- *Government funding has not kept up with increases in costs, especially labour and energy costs, for many years and more than 70% of services nationally are now operating in deficit;*

- *The demand for low care has been dropping because of the increased availability of in-the-home support. Not only are vacancy rates increasing but the amount held in accommodation bonds is reducing fairly rapidly;*

- *The availability of community care packages to address the rapidly growing and higher care needs of the ageing Australian community will remain constrained and unable to meet demand;*

- *The funding (both government and private) that would have enabled the payment of more competitive wages to care staff will not become available.*

Incidentally, a medium-sized for-profit aged care provider in Victoria has recently appointed administrators because of trading difficulties. The administrators have declared the services to be unviable and are now seeking to sell the assets which include some services on valuable inner-city land.

You are part of the executive management team of a medium-sized faith-based aged care provider in NSW. How will you respond to the circumstances in which the industry now finds itself?

LCC Workshop 1 - Scenario

In 2011 the Productivity Commission released a detailed options paper for redesigning Australia's aged care system to ensure it can meet the challenges facing it in the coming decades. The Australian Government, in its consideration of the Productivity Commission's recommendations, endorsed some but not all of the options that were proposed. The reforms that were endorsed include the following:

1   *Changes to regulatory restrictions on community care packages and residential aged care bed licenses:*
    a. *Removing restrictions on the number of community care packages and residential bed licenses;*
    b. *Removing the distinction between residential high care and low care places.*
2   *Changes to regulatory restrictions on residential accommodation payments:*
    a. *Introducing accommodation bonds for all residential care that are uncapped and reflect the standard of the accommodation.*
3   *Changes to co-contributions across community and residential care:*
    a. *Co-contribution rate set by government;*
    b. *Means testing co-contributions according to the ability of the client to pay;*
    c. *Placing a lifetime limit on co-contributions so that excessive costs of care cannot totally consume an older person's accumulated wealth – the limit determined by an independent regulatory commission.*
4   *Provision of residential care to those of limited means:*
    a. *Providers are required to make available a proportion of their accommodation to supported residents; (This obligation will be tradable between providers within the same region).*

5   *Introduction of a single gateway into the aged care system:*

    a.   *The establishment of an Australian Seniors Gateway Agency that provides information, assessment, care coordination and carer referral services delivered via regional networks.*

6   *Consumer choice:*

    a.   *Individuals can choose which approved provider or providers they wish to access in order to obtain the specific services that the Gateway Agency decides they are entitled to;*

    b.   *Block funding of programs will be replaced with funding according to consumer entitlement at the individual level.*

7   *Housing regulation:*

    a.   *De-coupling of regulation of retirement villages and other specific retirement living options from regulation of aged care.*

8   *Workforce:*

    a.   *Promotion of skills development of aged care workforce through expansion of courses to provide aged care workers at all levels with the skills they need.*

Key recommendations that were not endorsed included the following:

-   *Increased remuneration for the paid aged care workforce;*

-   *Establishment of an Australian Pensioners Bond scheme to allow age pensioners to contribute proceeds from the sale of their primary residence, exempt from the assets test and income deeming rate, and able to be drawn upon to fund living expenses and care costs;*

-   *Establishment of an Australian Government-backed equity release scheme to assist older Australians to meet their aged care costs whilst retaining their primary residence;*

-   *In addition, increased subsidy for approved basic standard of residential care accommodation.*

As a leader in your organisation, you are responsible for guiding the organisation through this change process.

LCC Workshop 2 - Scenario

(Note that this is similar, though not identical, to the second BCS scenario.)

It is 1 July 2012. Following an extensive investigation of options for aged care reform and the development of a new industry blue-print by the Productivity Commission, the minority Federal Government developed legislation to enact the key components of the Commission's findings. Regrettably, the legislation did not pass the House of Representatives when it went to the vote in June because the opposition and some independents voted against it. Several issues key to the reform package had become divided along party lines including:

- *The plan to abolish bed licences in residential aged care after 2017 and the opening of the market to competition from any eligible provider;*
- *The need for aged care recipients to contribute more to the cost of their care and accommodation (except supported residents);*
- *The abolition of accommodation bonds and their replacement by periodic payments;*
- *In addition, the reverse mortgage proposal was labelled "A great big new death tax".*

Due to the failure of these reforms, the existing weaknesses of the aged care system will only get worse:

- *It is increasingly uneconomic to build new high care beds or to replace or upgrade ageing buildings used for high care – services already lose more than $18 per day on average for every high care bed they have (with the exception of "extra services" beds);*
- *Government funding has not kept up with increases in costs, especially labour and energy costs, for many years and more than 70% of services nationally are now operating in deficit;*
- *The demand for low care has been dropping because of the increased availability of in-the-home support. Not only are vacancy rates increasing but the amount held in accommodation bonds is reducing fairly rapidly.*

Incidentally, a medium sized for-profit aged care provider in Victoria has recently appointed administrators because of trading difficulties. The administrators have declared the services to be unviable and are now seeking to sell the assets which include some services on valuable inner-city land.

You are part of the executive management team of a medium sized faith-based aged care provider in Queensland. How will you respond to the circumstances in which the industry now finds itself?

In order to further ground the data, it was pointed out to participants in each workshop that they were being asked to achieve an outcome within a relatively brief time period. To fulfil this task they were, in effect, exercising leadership within their small groups.

To achieve immersion in the scenarios, for each of the four workshops participants were:

- Given time to read the scenario, without discussion, and encouraged to write their comments on the scenario sheet;
- Asked to imagine, as vividly as they could, that they were part of BCS or LCC leadership, with responsibility for acting on the scenario; and
- Put into small groups, each with three or four participants. Participants helped to form the groups to maximise the diversity within each. The small groups discussed what it would be like to be faced with that scenario.

The small groups then worked through the following questions, with the facilitator acting as a timekeeper to ensure all the groups covered all the steps:

- As leader, in guiding your organisation through the change process, what would be your most important goals?
- What actions would you take to pursue those goals?

Each group then reported on the most important goals they would pursue and the most important actions they would take to pursue those goals. Participants were encouraged to take notes on goals and actions in other groups' reports that they agreed were important. They were then asked:

- What skills, qualities and capabilities would you require to be able to take those actions?
- What difficulties would you expect to face in carrying out those actions?
- What further skills, qualities and capabilities would you require to overcome those difficulties?

At this point, "skills, qualities and capabilities" were collected on an electronic whiteboard. Each group, in turn, was asked for the most important skill (etc.) from their work, not yet collected on the whole-group list. Skills (etc.) were captured in the participants' words, where possible. The sessions were recorded in their entirety on a digital recorder to allow the results to be later checked against the recorded data.

Results - Interpretation of Leadership Skills, Qualities and Capabilities

Appendix 4 lists the qualities and capabilities identified by participants at each workshop. The lead facilitator grouped the data into closely-related clusters. They were then ordered by judging likely importance and how many workshops listed them and how early. This was an interpretive task. In the tables below, each interpretation is illustrated by a list of the items on which it is based. Responses are listed for each organisation. There is no intention to match themes.

1. **Effective leaders are seen, above all, as good communicators who are both people-oriented (team and individual) and action-oriented.**

Good communicators

The desired communication is two-way, consensual, respectful and people-oriented. It is with the Board and outside the organisation as well as within the organisation. It includes skills at negotiation and conflict management and an ability to provide mentoring and counselling. Leaders work in a team environment characterised by trust and diversity and balance their people orientation with a tenacious focus on strategic action and vision-driven results, aware of their faith.

Lutheran Community Care	Baptist Community Care
communication, inspiration, motivation	supportive (social work) approach
open and honest communication	ability to create industry representation
negotiation skills	conflict resolution
compassion and empathy	building trust across the organisation
consultative	communication skills (including listening)
respect, both ways	effective communication and public speaking skills
democratic and consultative	ability to "train" the Board
delegation	committed to building solidarity and consensus
consultative	counselling/mentoring
	negotiation skills

Team-Orientated

Leaders work in a team environment characterised by trust and diversity:

Lutheran Community Care	Baptist Community Care
trust our team	experienced leadership team, diverse, tough decisions
diversity	lead through collaborative facilitation
team player	being aware of gaps across team

Action-oriented, vision based

Leaders balance their people orientation with a tenacious focus on strategic action and vision-driven results, aware of their faith.

Lutheran Community Care	Baptist Community Care
being able to see big picture	strategic thinking
decision-making skills	Godly approach to implementation
macro-manager, results driven and target focussed	being disciplined and focussed in implementation
reflect and action any gaps	
tenacious	
taking firm action and follow through	
visionary	
decision into action	

2. **Personal qualities of leaders**

To their leadership, leaders bring personal characteristics similar to those sometimes currently labelled "emotional intelligence". Qualities include resilience, integrity, courage and flexibility.

Lutheran Community Care	Baptist Community Care
Resilience	*Resilience*
calm and consistent communication	ability to remain non-anxious in anxious environment
Integrity	*Integrity*
authentic - lead by example	emotional intelligence
high integrity	admitting, accepting and learning from failures
honest, open and transparent	ability to be challenged
Flexibility	*Flexibility*
adaptable/flexible	being flexible
responsive and proactive	emotional intelligence
Courage	admitting, accepting and learning from failures
courageous and confident	

3. **Leaders engage inspiringly with change**

   Leaders act with passion and engage with others to change innovatively, while tempered by realism and understanding. They do this in ways that motivate and inspire others.

Lutheran Community Care	Baptist Community Care
communication, inspiration, motivation	ability to assess and change
willing to accept and embrace change	motivated change agent
knowledge of industry	understand level of difficulty
passionate	entrepreneurship
ability to inspire and motivate	commitment
innovative	creative and lateral thinking
	knowledge of disability (to understand challenges)
	passion and belief

4. **Leaders have a broad skills set**

   Leaders have a broad skills set and are consistent and discerning and aware of the tensions between margin and mission, courage and service. They equip staff to act effectively while encouraging them to think differently.

Lutheran Community Care	Baptist Community Care
equip staff to act effectively	existing staff to think differently
broad skill set - multi-talented	tensions: margin vs mission, courage vs service
discerning about advisors	consistency

Discussion

The scenario-based workshops provided the research team with a more detailed understanding of the leadership skills, qualities and capabilities required in faith-based NFP ACC organisations. The qualities and capabilities identified by participants at each workshop in Year 2 were consistent with the findings from the focus groups held in Year 1. In particular, findings from Year 2 reinforced the importance that participants placed on communication skills in leaders in NFP ACC organisations.

Our results highlight the importance participants place on the leader's personal characteristics, which influence participants' views regarding their leadership capability. In particular, the leader's resilience, integrity, courage and flexibility were highlighted as

essential attributes of the faith-based NFP ACC leader. A number of participants felt that these characteristics were expected of leaders who work in a faith-based organisation and were more commonly present than in leaders in other sectors because the faith-based organisation is likely to attract leaders who share the same spiritual ethos.

Klenke (2010) reports that leadership scholars are confronted with the challenges of integrating spirituality into existing theories of leadership. As a result they are developing new models of leadership that incorporate the leader's spiritual self. Our research suggests that spirituality may be reflected in the integrity and ethical behaviour of the ideal leader in NFP ACC organisations. We challenge the notion that a new theory is required to incorporate spirituality in leadership. Rather, the leader's spiritual self is reflected in their personal characteristics, regardless of their individual leadership style.

Participants discussed the relationship between leadership capability and organisational culture. Within the residential care facility literature the formation of therapeutic relationships between professionals, older people and others significant to them in their lives contributes to a positive organisational culture (Wilson 2009). Further, relationships between staff, residents and their families influence the experiences of life within the community of a residential aged care facility (Wilson 2009). Participants in our study reported that the style of leadership in a facility and the interpersonal qualities of the leader also influence the formation and quality of relationships in residential care facilities. Where staff feel leadership is effective and where they are engaged in change, organisational culture is likely to be strengthened. This is consistent with other studies of leadership's influence on job satisfaction and culture (Watson 2009).

The scenarios were specific and realistic rather than abstract, and near-future orientated rather than present or for an unspecified time. A key feature of the scenarios was the change management task embedded within the scenario. Change has been a constant feature of the ACC environment in Australia, particularly since the implementation of the Australian Aged Care Reform Package in the late 1990s (Jeong & Keatinge 2004). The nursing literature suggests that the ability of nursing staff to respond to policy changes in aged care depends on the management's leadership in interpreting the new policy and in implementing innovative strategies in order to meet its requirement. Nurse managers are more likely to be successful in

implementing change when they facilitate teamwork, reinforce standards of care and ensure staff job satisfaction is maintained throughout the change process (Jeong & Keatinge 2004).

Our results show that non-clinical leaders in ACC also require these skills. In addition, participants in our study identified the need for leaders to engage inspiringly with change in order to be successful. Staff require not only innovation from the leaders, they also require inspiration.

The results suggest that leaders who possess personal qualities consistent with the spiritual ethos of the organisation, who communicate well and who engage inspiringly with change make a positive contribution to the organisational culture for workers and assist in making care facilities "a nice place to work".

FIELD TESTING THE LEADERSHIP FRAMEWORK

At the end of each workshop, the Leadership Framework developed during the pilot project was field-tested with participants. Three questions were asked to elicit information on their reaction to its use.

Methodology

The Framework was explained to participants, including how the framework could help in identifying leadership capabilities. The following three questions were asked:

1. How useful/practical is the framework?
2. What is missing?
3. What is redundant?

The session was held as an open session for managers to raise questions as well as make comments on the usefulness of the framework. The workshop facilitator and one of the Chief Investigators led the session and provided explanations and clarification about the framework when necessary. Participants' views were noted regarding the framework, its applicability to the preceding scenarios, barriers to implementation and opportunities to apply it within an organisational context.

Summary and comments on feedback about the pilot study framework

1. While an explanation was provided at the start of the discussion some people could not see the relationship between the framework and capabilities.

2. There was a lot of discussion about Vision, Mission, Values, Philosophy, etc. in the scenario-based workshops which could be added to the framework in a "Context" box.

3. Participants suggested adding boxes that include "Opportunities", "Resources" and "Models of Leadership" to the framework.

4. There was some confusion about the term "capability" and whether it included organisational capability and resources other than personnel.

5. There were concerns that people with talents but no formal educational qualifications may be left out.

6. It was discussed that if this model is of leaders at all levels then the two boxes above and below roles should be examined.

7. Participants suggested that the numbers and arrows need further consideration.

DELPHI SURVEY

A Delphi study was conducted to provide additional, valid, quantitative data to support the emerging qualitative data from focus groups, interviews, and scenario workshops. The Delphi is a structured communication technique, originally developed as a systematic, interactive forecasting method which relies on a panel of experts. The experts answer questionnaires in two or more rounds. After each round, a facilitator provides an anonymous summary of the experts' forecasts from the previous round as well as the reasons they provided for their judgements. Experts are then encouraged to review their earlier answers in light of the replies of other members of their panel. During this process the range of the answers will decrease and the group will converge towards the "correct" answer. Finally, the process is stopped after a pre-defined stop criterion (e.g. number of rounds, achievement of consensus and stability of results) and the mean or median scores of the final rounds determine the results. For this project there were two rounds.

Round 1

Participants

The two partner organisations, LCC and BCS, were invited to nominate participants from each of the following staffing levels in their organisations:

- Board member;
- CEO;
- Regional general manager;
- Specialist executive-level manager;
- Service-level general manager;
- Service-level middle managers; and
- Directors of nursing/clinical manager.

There was only one CEO in each organisation, so an additional five CEOs from similar organisations were also recruited. As it was important to include the views of as many people as possible with experience in the field, the research team and four other experienced persons working in the NFP sector were also asked to participate in Round 1. This would also allow comparison of the research team's understanding of the major issues in the relevant literature with the practical, on-the-ground, perspectives of the Boards, CEOs and other staff members of the Partner organisations.

In total, 103 potential participants were invited to take part in Round 1 of the on-line Delphi survey; 75 people responded, a response rate of 74%. Of those who participated in Round 1, 70% were staff of the two partner organisations, with the balance of respondents being CEOs, researchers and other experts.

Methods

A 13-item questionnaire was developed by the research team based on analysis of the findings from the focus groups and survey of CEOs and senior managers in Year 1. In addition, three demographic questions were asked.

The questionnaire was circulated by email and/or hard copy to the participants described above. The Information Sheet outlined the reasons for the survey, the amount of time that should be spent on responding to the survey and what would happen with the results. (See

Appendix 3 for a copy of the full questionnaire and Information Sheet). The following questions were asked:

1. What are the five most essential capabilities for a person to have if they are to provide effective leadership within your present organisation?

2. Of these capabilities, which of them can be acquired by someone who doesn't at first have them?

3. In your experience, which of these important capabilities are most often lacking in your present organisation?

4. In your experience, which personal qualities and behaviours in a leader inhibit their exercise of effective leadership?

5. Reflecting on your own experience of leadership, what are the most effective ways of developing leadership capabilities? Please list at least two or three.

6. What are the most important things your present organisation does that help you and others to exercise effective leadership?

7. What else could your present organisation do (that it doesn't already do) that would further help you and others to exercise effective leadership?

8. What does your present organisation do that hinders you and others from exercising effective leadership? Please list at least two or three.

9. What are the most important things you do in your present management role to help your direct reports to develop their leadership capabilities?

10. What have your direct reports done to assist you to develop your leadership capabilities?

11. What differences, if any, are there in the leadership requirements of for-profit and not-for-profit organisations?

12. What differences, if any, are there in the leadership requirements of faith-based and non-faith-based organisations?

13. What else would you like to say about leadership capabilities and their development?

Demographic questions:

14. Which of the following best describes your official position in the organisation?

    Board member

    CEO

    DON

    Faith or value leader

    Service manager

    Support manager

    Other (Please indicate)

15. How many years' experience have you had in a management position?

16. What is your age and gender?

Analysis

The 256 individual responses to the 13 content questions were entered onto spreadsheets and categorised into major themes. Duplicate responses were removed and, because of overlapping answers, questions and 1 and 5 were combined and question 2 was removed. After cleaning the data and discussing themes, the research team collectively culled the remaining responses, based on maximum diversity among responses, number of items in each category and removing redundant items. This left 64 items in the 11 content questions for Round 2; the three demographic questions were retained. (Note: the original question numbers were retained for Round 2).

Round 2

The revised questionnaire was sent to the 75 respondents who completed Round 1. Participants were given two weeks to respond but, unlike Round 1, additional follow-up emails were required to achieve maximum response; 58 of the 75 Round 1 respondents (77%) completed the Round 2 questionnaire.

Initial analysis of the Delphi data was undertaken using Excel spreadsheets; the data was then transferred to SPSS, which allowed more flexible analysis, including tabulating the voting frequencies for each item as well as the number of people casting those votes. Analysis of the extremely complex and multi-faceted data continued throughout the remainder of Year 2, with multiple on-line and face-to-face meetings involving various members of the research team, in particular the Delphi expert/facilitator (Prof Alan Davies), the project coordinator

(A/Prof Kelly Shaw), CI 3 (Prof Shankar Sankaran) and other members of the team as required and as time permitted. Participant anonymity was preserved at all times. Every effort was made to ensure reliability and validity of the process, e.g. when it was found that a block of managers had given identical feedback, only one of the responses was taken into account so that a few people would not overly influence the outcome.

As the analysis of the Delphi data was not concluded until Phase 3 of the project, and was a major contributor to the final outcome and reworked model, all the findings for Round 2 of the Delphi will be reported in Chapter 7: Year 3.

CHAPTER 7 – YEAR 3

In Year 3 there were three Steering Committee meetings, one of which was a two-day meeting and research workshop, two scenario-based workshops and three Governance Meetings.

Results of the Delphi

As outlined in Chapter 6, 58 of the 75 respondents from Round 1 responded to the Round 2 questionnaire, a response rate of 77%: 71% of respondents (n=41) were staff members of one of the two partner organisations (LCC n= 1; BCS n=20); 57% were male and 43% were female. Almost all respondents identified their role in the organisation, with 39% (n=22) holding middle management positions (e.g. in charge of specific operational functions such as HR, finance, IT, regional community, hospitality); 19% (n=11) were General Managers; 14% (n=8) identified as Faith Managers and 12% (n=7) as Board members. In addition three CEOs and six researchers responded to Round 2.

Only 66% of respondents (n=38) gave their age group and, of these, 34% were aged 40-49, 29% were aged 50-59 and 17% were aged 60-69; 17% were aged less than 30 and 3% were 70 or older.

Of the 40 respondents who answered the question, 60% (n=24) had more than 15 years' experience in a management role.

After voting, the items that had the highest number of votes under each question were collated. Further analyses of the voted responses provided a list of the most essential capabilities with a descriptor based on responses.

The following tables list the questions asked, the responses received and, for each response, the total number of votes it received from participants and the number of people who voted for that response.

Question 1: What are the five most essential capabilities for a person to have if they are to provide effective leadership within your present organisation?

	Votes	People voting
Clear communication – ability to communicate this vision to all levels of the organisation	31	17
Build and motivate a high-performing team	31	25
Honesty and integrity	26	20
An ability to communicate and establish effective communication systems	23	12
Effective interpersonal communication and listening skills	22	16

Question 3:   In your experience, which of these important capabilities are most often lacking in your present organisation?

	Votes	People voting
Time to invest in staff	47	26
Mentoring	32	22
Consistency	27	18
Clarity of vision	26	17
The ability to make decisions, resolve conflict and problem solve that are based on objective information from all parties concerned and in a timely manner	23	17

Question 4: In your experience, which personal qualities and behaviours in a leader inhibit their exercise of effective leadership?

	Votes	People voting
Micro-management; not trusting subordinates, not properly delegating	35	23
Lack of personal integrity	30	23
Poor communication skills	27	17
Not listening	24	14
Lack of understanding of people/personalities	20	15

Question 6: What are the most important things your present organisation does that help you and others to exercise effective leadership?

	Votes	People voting
Giving people opportunities to exercise leadership	53	30
Support to attend education and conferences	46	26
Freedom to act without intense oversight/direction thus allowing me to determine priorities and allowing for my own flexibility and responsiveness	34	17
Freedom to talk ideas and opinions without being "shot down"	27	20
Leadership Development Program (at three levels)	25	15

Question 7: What else could your present organisation do (that it doesn't already do) that would further help you and others to exercise effective leadership?

	Votes	People voting
Mentoring of leaders and potential leaders	67	27
Improve conflict and performance management skills	33	20
Stock-take the expectations of workload for the senior levels and ensure a work-life balance	25	17
Faster decision-making	25	18
Keep staff informed – particularly in a time of change – so staff are not left "floundering in the swamp"	22	16
Recruit well	22	17

Question 8: What does your present organisation do that hinders you and others from exercising effective leadership? Please list at least two or three.

	Votes	People voting
In cutting down training time of new staff, management has excised my position and some other leadership positions from new staff inductions; no longer enabling me to help define our organisation but rather my role is now described and therefore defined by others in management	42	26
I am yet to find that the organisation hinders effective leadership	34	6
Exercises excessive bureaucratic processes in some of the decision-making processes	29	18
Decisions are sometimes made slowly	21	16
We try to do too much and don't leave time for leaders to devote to being leaders as opposed to managers	21	9

Question 9:   What are the most important things you do in your present management role to help your direct reports to develop their leadership capabilities?

	Votes	People voting
Encourage independent thinking/action within agreed boundaries	40	26
Encourage people to take on responsibility and challenge	36	24
Trust them, delegate significantly but hold them accountable. (Loosen control without losing control)	35	24
Model the behaviour I expect from them	33	22
Mentor, encourage, affirm, direct, redirect if necessary	31	19
Provide regular formal and informal feedback	29	20
Provide access to relevant Training & Development	28	24
Listening to them, engaging with them, taking them seriously	22	19
Give respect	22	18

Question 10:   What have your direct reports done to assist you to develop your leadership capabilities?

	Votes	People voting
Supported and encouraged me	61	25
Supported the vision and worked well towards the goals we have agreed on	34	19
Honest, direct, supportive feedback	31	19
Come together very positively as a team with the ability to have constructive, honest debates and accept non-unanimous decisions	24	15
"Going the extra mile" during difficult and busy times – particularly during the gestation period of a new enterprise	21	17
Being supportive even in crisis times	21	14
Listen and participate in decision-making process	20	15

Question 11: What differences, if any, are there in the leadership requirements of for-profit and not-for-profit organisations?

	Votes	People voting
NFPs focus on the mission of the organisation and how to get the best outcomes for people while remaining economically sustainable	68	28
I would like to think that in a well-run not-for-profit organisation that the leadership should not be different to a for profit one	42	14
NFPs have to be financially efficient and viable, but are driven overall by what their main purpose/objective is – service in some form. This engenders a different culture requiring a "softer" leadership style	28	17
This place runs under the name of the church. The dollar is essential but more important is a knowledge of why we exist. If the ministry and outreach of the church is not uppermost then there is no need for the church to run the institution. Others can be just as kind and caring as us. Being a "church" organisation means more than being kind and caring	27	10
Our not-for-profit organisation should be guided by its Lutheran/Baptist ethos and not secular values which may view people as commodities rather than persons who are in need of our love and service	26	10
Generalising a little (because every organisation is unique) not-for-profits usually have less access to extrinsic sources of reward like high salaries, and the prerequisites of rank such as plush offices and the like. This means the intrinsic sources of motivation are more important in not-for-profits: intrinsically satisfying and worthwhile work, high team spirit, supportive environment, commitment to the cause. This places stronger demands on the "soft skills" of leaders. But actually, I think many for-profits could benefit from a similar approach. In my experience, most for-profits overuse the extrinsic motivators, and thereby distract people from paying attention to the more powerful intrinsic motivators	25	12
NFPs tend to focus on how they can provide increased levels of service to clients for the benefit of clients, whilst for-profits tend to focus on increased shareholder return. Therefore, managers have a different motivational/passion focus, which impacts the staff that are being led	24	16
Often not-for-profit has a culture of volunteers, which requires very different management skills	24	12
In my experience, the not-for-profit organisations are able to focus more on the client, because there is less pressure to focus on the organisation's profitability	22	10

	Votes	People voting
Although it is critical for not-for-profits to deliver exceptional results and effective business processes to support expanding services, the motivation is not so much returns for shareholders/investors, but returns that support expanding services. This often informs not so much the outcome, but the way the outcome is achieved.	21	10

Question 12:   What differences, if any, are there in the leadership requirements of faith-based and non-faith-based organisations?

	Votes	People voting
In a faith-based organisation there is the added complexity of balancing the reality of doing business and managing people with the culture and beliefs of the organisation's staff. Often we hear the words "but we are a Christian organisation "you can't do that" whereas in reality to remain competitive and at the forefront we must be able to identify with the needs of staff whilst ensuring that we conduct our business activities in a commercially acceptable and viable fashion	54	21
Shouldn't be any, good leadership is good leadership, regardless of the situation	47	13
Servant leadership, as exemplified and modelled by Jesus Christ	43	19
Faith-based – often complex to deal with the church organisation and their agenda in the context of competitive industry environments	35	17
Leadership of faith-based organisations have to be seen to not only show what they believe but have to be seen to be acting out in a genuine and true manner. Not always the case - sadly	29	19
Faith-based organisations have an inherent right, perhaps even a responsibility, to incorporate the tenets of the particular faith into their vision and practices	25	13
I think both can be similar (report to Boards, pressure of budgets, politics, etc.) but faith-based can have an overlay of religious talk/values that can make a leader aware of not offending others in/out of the organisation (i.e. reputation), recruitment options may be narrowed	23	8
Greater integrity and focus on relational approach in conversations in faith-based	23	12
Faith-based – have to manage expectations of the members of the church in the tension between running a sustainable business and the passion of the members to provide excellent services and the connection and traditions they have with particular facilities	22	16
Leadership in a faith-based organisation must reflect the entity's scriptural and ethical objectives	21	14

Question 13: What else would you like to say about leadership capabilities and their development?

	Votes	People voting
I believe that all leaders need to have a thirst for learning and a passion for their roles. Equally important to these capabilities, there is a need for willingness to admit one's mistakes and find ways to turn these into lessons for the future. A commitment to continuous improvement both personally and professionally is a must	48	23
The best model for leadership is the one described in the Bible – servant leadership. The leader who sees himself (sic) as using his (sic) ability to serve others will, in the long run, prove to be the best leader	37	17
Leadership is about people and the greatest leaders, like good coaches, understand and know how to develop people and help them to produce their best	33	21
Leadership is not just about influencing people to move in a certain direction, it's about good character, good role modelling, making your ceiling the next person's floor	31	19
Good leadership is accepting that staff may have more knowledge and skills than you may have. The key is recognising the talent and harnessing it to the organisation's key objectives. Good leaders are focused on outcomes rather than the process to achieve this. (Assuming effective work parameters have been communicated)	31	22
For me I feel that it's not clear what a manager is and what a leader is and often we get them confused – leadership is about vision and guidance and knowing your people clients, staff etc. Leadership is being able to lead situationally and strategically while management is all that happens underneath that. As an operational manager I am responsible for both of these and sometimes find it difficult to be able to be a leader when I am very busy managing situations and attending to large administrative tasks	26	10
The importance of getting the right balance between leading and managing.	25	16
For me leadership capacity emanates from "who" you are more than "what" you do.	21	13

Summary of Results

The five most essential capabilities that participants ranked as being important for a leader were:

- Communication
- Clear vision
- Honesty and integrity
- Team management
- Strategic thinking

Other capabilities which participants also considered as important included:

- Servant leadership
- Decision-making
- Organisational focus
- Flexibility
- People/Staff
- Moral compass

The participants thought these leadership capabilities could be acquired by:

- Being developed at a formative age; buying in rather than developing internally or that they were innate
- On-the-job training
- Self-reflection
- Training/education programs/courses
- Through interpersonal relationships
- Mentoring

Discussion of the Delphi

The Delphi-based method used here represents an effective, straightforward, and time-efficient way of obtaining a workable consensus about a complex issue at the interface of leadership theory and practice. The Delphi approach allowed participants a high degree of freedom in suggesting practice-based leadership components and encouraged them to think broadly. It provided a structure for reducing the responses elicited to components to which the majority of participants agreed.

The Delphi study was carefully implemented to be democratic (all opinions were considered) among experts using a purposeful sample that was relevant to the process.

Analysis of results of the Delphi study provided three important additional areas of understanding to the research team – a more detailed understanding of the attributes of effective leadership in faith-based NFP ACC organisations; an understanding of the service delivery, business and spiritual leadership needs of the organisation and how these may interact; and insight into how leadership capability can be developed at the organisational and individual level. Each of these areas is discussed below.

Attributes of effective leadership

Participants identified essential capabilities required of leaders to provide effective leadership. In particular, the ability to communicate the organisation's vision to staff at all levels of the organisation; the ability to build and motivate a high-performing team; honesty and integrity; an ability to communicate and establish effective communication systems; and effective interpersonal communication and listening skills received 63% of all votes for this question and were voted for by 92% of participants.

Participants also identified personal qualities and behaviours that most inhibit the leader's exercising of effective leadership. In particular, micro-management; not trusting subordinates; not properly delegating; a lack of personal integrity; poor communication skills; not listening and a lack of understanding of people/personalities received 64% of all votes for this question and were voted for by 84% of participants.

Interpreted together, these results suggest that the attributes required of effective leaders in this sector include a need for team-based leadership that is grounded in each individual leader's ethical behaviour and highly developed relational and interpersonal skills, particularly their communication skills.

Service delivery, business and spiritual leadership needs

The results of the Delphi study show that there are three distinct domains of leadership in faith-based ACC i.e. service delivery, business and spiritual. The leadership needs across these domains are competing at times, particularly when leaders are required to balance the spiritual ethos of the organisation with the need for the organisation to remain financially competitive.

Delphi results demonstrate the central importance of the Christian mission of the organisation in influencing business decisions and practice. Leaders in faith-based ACC communicate their organisation's strategic direction, mobilise resources and guide action toward the organisation's spiritual ethos. This spiritual ethos defines what the organisation stands for (its core values) and why the organisation exists (core purpose).

Such a perspective is crucial for ensuring leadership structures within faith-based ACC are appropriate and balance the spiritual, business and service delivery needs of organisations. It creates an organisational identity that transcends the business identity of for-profit ACC organisations and provides an important context within which service delivery systems and activities are based.

In a commercial aged care organisation, leadership is typically linked to formal hierarchical positions (Comondore et al 2009). Formal position supplies both the legitimate authority and the means by which managers and other high-level professionals define the goals and strategies of the organisation, influence subordinates and interact with external stakeholders (Comondore et al 2009).

Whilst the same structures are in place in faith-based ACC organisations, the three distinct areas of service delivery, spiritual and business leadership revealed in the Delphi study commonly have their own hierarchies and defined goals and strategies. Leaders in each domain are often different people. Shared models of leadership that are collaborative and interdisciplinary are therefore necessary in faith-based ACC to ensure the organisation's leadership needs across domains are balanced.

Participants reported a high degree of power sharing between leaders in senior spiritual, service delivery and business roles within participating organisations. Analysis of scenario-based workshops in Year 2 suggests that by sharing power to set priorities, allocate resources and drive long-term market competitiveness, leaders demonstrated a sense of joint ownership and collective responsibility for the quality and viability of the ACC business.

The service delivery environment within which ACC operates is legislatively complex and is oriented towards compliance with accepted standards of practice, particularly accreditation and licensing requirements (Hilmer et al 2005). Analysis of Delphi results indicate that in many ways the Christian ethos of the organisation is of limited relevance to staff in meeting these expected standards of care as standards are largely independent of organisational mission or type.

Developing leadership capabilities

Participants identified a range of strategies to develop people's leadership abilities within their organisations. Participants rated highly the importance of giving people opportunities to exercise leadership, providing support to attend education and conferences, providing opportunities to learn without intensive oversight, facilitating opportunities to express ideas and opinions and through the provision of formal education and training.

Time to invest in staff and mentoring were identified by participants as factors most often lacking in their present organisation but that are important to develop the capability of the organisation's leaders.

While formal education and training were favoured by participants as providing a sound basis for the individual's leadership development, there was also a high degree of support for developing leaders in other ways, particularly through on-the-job training or assignments, developing the individual's self-reflection capability and through developing mentorship relationships with more experienced leaders.

It is therefore important for organisations to consider a range of formal training and informal on-the-job learning opportunities when planning professional development for current and future leaders in the organisation. The literature review presented in Chapter 3 presents evidence for effective leadership development approaches. Literature investigating methods used by not-for-profit organisations and healthcare organisations in Australia, New Zealand, USA and UK was reviewed.

Findings indicate that there is a paucity of published research evaluating the effectiveness of different leadership development strategies and that no studies have investigated this at the management level in faith-based NFP ACC organisations. The findings from this study therefore provide a basis for comparative research into the future to evaluate the effectiveness of formal and informal leadership training.

Although developing the skills of existing personnel is important, organisations may not have all of their leadership needs met by existing employees. Thus, recruitment and selection of new personnel to leadership roles may be required in order to meet and address leadership capability deficits within the organisation.

FINAL FOCUS GROUPS

Consistent with the action-learning methodology of the project, the research team elected to conduct a final series of focus groups with selected managers in BCS and LCC to explore ways to integrate the findings from the Delphi and previous research activities into a revised leadership framework that could be used to assist personnel within organisations with leadership tasks that arose.

Two half-day focus group meetings were conducted with each Industry Partner at their respective offices. The purpose of the focus groups was to elicit a deeper understanding of the characteristics of high-quality leadership within a faith-based NFP ACC organisation and to operationalise the framework.

Participants were provided with a written information sheet explaining the research project methods and the outcomes to date. The session was facilitated by the same experienced group facilitator who had conducted the previous focus groups in Year 1. Both groups were tape recorded and lasted for approximately 180 minutes. The digital recording was transcribed and de-identified to preserve anonymity.

Participants

All participants were senior Industry Partner staff who were invited to take part in the session. They were nine participants from LCC and 12 participants from BCS. The settings were the LCC Milton (Brisbane) and the BCS Epping (Sydney) offices. Participants were purposively selected by Industry Partners to generate a convenience sample of senior

personnel who had a range of leadership responsibilities within each Industry Partner organisation. Six participants were involved directly with ACC service delivery and 12 were involved indirectly with service delivery roles that include general manager, human resources, finance and communications.

Method

The facilitator summarised the overall study and explained that the purpose of this phase was to build upon the previous research which identified several leadership skills and qualities. The focus groups were to deepen the understanding of the identified leadership skills and qualities to provide more practical advice to Industry Partners. Participants were asked to form groups of three that were maximally diverse, but differences between the groups were minimised.

The following questions were asked at both focus groups:
1. High Performance
   - Think of a leader you've experienced who built and motivated a high-performing team. What did the leader do to achieve that outcome?
2. Trust and Integrity
   - Of the leaders you've experienced, which of them demonstrated the highest levels of trust and integrity? What did that leader **do and say** that indicated to you the high trust and high integrity?
3. Communication
   - Of all the people you've known in positions of leadership, who was the best communicator? What were the most important aspects of that person's communication?
4. What prevents people exercising more effective leadership?

For each of the first three questions the participants were asked to work individually and identify specific examples. They were then asked to compare notes with the small group and to use differences to improve the quality of their response. They were asked to reach a judgement on what were the most important issues that had been discussed and then report back to the large group, with responses captured on a whiteboard and audio recording.

Finally, each group was asked to contribute any important items that weren't already on the whiteboard. Given the constraints, responses to question 4 were captured through brainstorming.

Analysis

The focus groups were recorded and the content transcribed. Data was coded using thematic analysis (Greg 2012) and categorised by hand to identify patterns of themes across data sets. A full copy of the results from both focus groups is available in Appendix 5.

Results

Higher Performance

Q1. Think of a leader you've experienced who built and motivated a high-performing team. What did the leader do to achieve that outcome?

According to participants, leaders who build high-performing teams have an ability to communicate a clear vision which is supported by a strong structure of policies and procedures.

- "…the leader communicates and develops a sound base so there is a strong structure of policies and procedures"

Leaders who demonstrate attitudes which are positive, caring and genuinely interested in people and their problems develop the highest performing teams.

- "Attitude, relationship, greeting people, showing interest, genuinely caring, showing people that they matter and listening to their problems"

They set specific goals and expectations so that everyone is aware of their roles and responsibilities and information is regularly shared. They are able to delegate and performance manage well through regular formal and informal feedback, acknowledging successes along the way. They are flexible and adaptable within a changing context, lead by example (including Christian values) and strive for continuous improvement through problem solving.

- "Flexible and progressive – adaptable – evaluate and adapt"

They enable people to grow and work to their strengths creating an atmosphere of innovation (so people are not afraid to fail) and supportiveness. They value opinions so that two-way communication is opened up.

- "Two-way communication, trust, integrity, follow through"

They have a strong business focus but at the same time are able to pay attention to the customers' needs.

Trust and Integrity

Q2. Of the leaders you've experienced, which of them demonstrated the highest levels of trust and integrity? What did that leader do and say that indicated to you the high trust and high integrity?

Participants reported that leaders who demonstrate high levels of trust and integrity trust their team, are fair, truthful and, most importantly, carry through what they say they are going to do. They demonstrate Christian values in all aspects of their work and are consistent and able to maintain confidentiality. They communicate in an open and honest way and create an atmosphere which is safe and supportive even during difficult times by allowing people to make mistakes and encourage learning from the mistakes. They focus on the problem rather than the person and avoid micro-management. By being able to make "tough decisions" and admitting when they are wrong they demonstrate a developed self-awareness and understanding of their shortcomings and their impact on others.

- "Safe and secure environment physically and emotionally"

While the above summary is from both focus groups, and although both organisations reported upholding their mission statements and values, this was articulated prominently at BCS.

Communication

Q3. Of all the people you've known in positions of leadership, who was the best communicator? What were the most important aspects of that person's communication?

According to participants leaders who communicate well use appropriate body language, know their content well, are consistent with their messages and articulate them with clarity.

- "Appropriate posture, body language, eye contact, non-verbal"
- "Consistency with messages delivered – they provide examples"

They open up a two-way dialogue allowing others to express their ideas as well as using questions to clarify understanding and then reflect before acting upon the information. They show excellent skills such as active listening, putting people at ease, remaining calm and are able to recognise differences in communication styles and adjust their style accordingly. Leaders who communicate well use a variety of methods appropriately and are able to tailor their content to their audience.

- "Recognises differences in communication style (and modifies own style)"
- "Hears feedback, adjusts if required, models two-way communication"

They articulate how a decision has been made, as well as motivating and inspiring people through positive feedback and encouragement. Good communicators are able to maintain the vision whilst talking concisely, to you rather than at you, and can demonstrate empathy.

Barriers to Leadership

Q4. What prevents people exercising more effective leadership?

Participants reported a number of issues which prevent people from exercising effective leadership. These included a lack of autonomy with decision makers spread too thinly and long decision-making processes creating an environment where it is difficult to make and implement decisions.

- "Lack of autonomy and individuality"

It was reported there was a lack of IT infrastructure, resources to backfill roles to allow people to work in higher positions and to engage them into leadership roles.

- "Engagement of broader leadership group in whole picture"

There are limited leadership and skills training opportunities for staff, such as coaching and mentoring, and a resistance to holding difficult conversations.

- Irregular leadership training for managers – opportunities for practice"

Apathy, lack of openness to change, at times too much focus on accreditation and non-clinicians making clinical decisions all existed as barriers. The need to attract quality recruits, provide succession planning and future-leader development to ensure future success was also indicated. It was reported that inconsistent processes are due to a lack of clarity amongst leaders and managers' roles, consultation and system failings, such as not understanding and implementing policies and processes.

Additional comments on communication

Data were analysed in more detail to explore the attributes of effective communication by leaders in NFP ACC organisations.

According to participants, good communication by a leader in the faith-based NFP ACC environment is characterised by:

- Listening
  - "Hear the meaning beyond the words – hear the full impact, and act"
  - "Active listening – taking the time; acknowledging what you've understood"
- Entering into a dialogue with people
  - "Often initiator of dialogue, then invites others to share ideas"
  - "Able to reflect on what they're hearing – reach common understanding"
- Use of effective methods of communication
  - "Knowing which approach (face-to-face/phone /email) for each situation"
  - "Use other mediums – meetings, workshops, newsletters"
- Shares a vision
  - "Able to communicate big picture and drop into detail if needed"
  - "Ability to inspire – set a vision"
- Motivates people through communication
  - "Communicates effectively to motivate others – glass half full"
  - "We can do this together"

Participants report that communication contributes to the follower's perception of the leader's trust and integrity. In order to increase trust and integrity, leaders in NFP ACC organisations should adopt the following attributes in their communication style:

- Open and honest consultation in an appropriate time and place
  - "Openness about what's really happening"
  - "Being frank about the organisation's position"
- Respect for the confidentiality of others
  - "Maintain confidentiality"
  - "They don't gossip"

Discussion

The findings from the focus groups were consistent with those of the Delphi study. Focus group results confirmed the importance of trust and integrity and of building and motivating a highly performing team in NFP ACC organisations.

The focus groups also provided additional insight into the importance of good communication and into the attributes of effective communication by NFP ACC leaders.

According to participants, leaders rely heavily on their communication and interpersonal skills in order to drive action in the desired direction within their organisation.

Participants judge "communication" and "the ability to listen" as essential attributes of effective leaders in faith-based ACC. A good leader in this sector initiates communication and gives others an opportunity to be heard, both within the organisation and outside it. Good leaders solicit input and feedback, seek out dialogue with others and demonstrate their commitment to obtaining and applying people's input.

Leaders in ACC have numerous competing demands on their time and energy and are expected to juggle multiple roles. Participants value leaders who are forthright and direct in their communication, who address issues head on and who provide accurate information firsthand.

Communication needs to be strategic given the diversity of stakeholders who operate within the faith-based ACC organisational context. Our results suggest that, in order to be effective, mechanisms of communication must be in place to support the broad diffusion of information using multiple communication methods; the mission, vision and goals of the organisation must be widely disseminated within the organisation and reinforced through communication; and communication must occur in multiple directions i.e. horizontally and vertically within the organisation, and across spiritual, service delivery and business domains.

Through effective internal communication, organisations encourage their members to acquire the organisation's values and to feel supported. Parrot (2004) reports that effective internal communication enables the introduction, dissemination, acceptance and internalisation of values in an organisation our results suggest that effective internal communication also acts to motivate employees, to engage staff with change within the organisation. and to deepen their perceptions of the leader's trust and integrity.

FINDINGS FROM PHD STUDY

A PhD student who worked as a Nurse Educator in one of the Industry Partner organisations conducted a study focused on consumers' perspectives of leadership an issue which was rarely mentioned in the literature. The study focused on organisational culture as an adjunct to leadership and considered the special challenges the Baby Boomers will present as they enter aged care. The philosophical foundation of the research is pragmatism and it used mixed methods, incorporating grounded theory into some of its elements.

It investigated the level of empowerment of residents through an examination of the chosen leadership model of an organisation and the feedback systems the organisation has put in place to record residents' comments and complaints. Findings include that empowerment is important to the frail aged and will be more important to the Boomers.

CHAPTER 8 – OVERALL DISCUSSION

INTRODUCTION

The project addressed the National Research Priorities of: Ageing Well and Promoting an Innovative Culture and Economy and links to the goal of Social Inclusion. We believe it will contribute significantly towards improved performance and efficiency in an increasingly important sector which contributes to the national economy and provides both care and employment to many Australians.

Findings from each of the research activities in the project were used by the project team to develop a Leadership Framework (Figure 3) for use by personnel within faith-based NFP ACC organisations when addressing a defined leadership task. The framework was developed at the request of the Industry Partners and their respective governance bodies. Research participants from differing professional backgrounds hold a range of beliefs about leadership best practice in aged and community care. The involvement in this research of practitioners from different leadership and management roles within aged and community care was important to produce evidence to incorporate into the framework. The research team used an iterative process of discussion and reflection about research findings for each element of the framework in order to arrive at the final framework.

Defining frameworks is invariably a difficult and complex task, particularly for describing the translation of complex knowledge, attitudes and behaviours into organisational practice. Numerous leadership capability frameworks articulating requirements for effective leadership across many business and organisational settings have been published (Bolden et al 2004). A key observation from existing evidence, summarised in Chapter 3, is that convergence on common themes about leadership capabilities in specific settings is rare and that leadership frameworks are often developed in the absence of unifying themes relevant to the particular organisational setting for which the framework is intended.

In contrast, findings from this research indicate that there is a high degree of convergence on common themes about leadership capabilities and requirements for the faith-based NFP ACC sector. On this basis, development of a Leadership Framework for faith-based NFP ACC organisations was viewed by the research team as appropriate and based on a consistent body of evidence derived from the project.

Participants in this project did not view the domains of performance required of effective leaders to be components of leadership. Rather, participants felt that leadership was a separate area of performance required by leaders. Thus, the role of the leader includes, but is not limited to, their leadership ability. The scope of the Leadership Framework developed for faith-based NFP ACC organisations was therefore a topic of discussion among the Industry Partners and the research team.

Although the scope of the framework is predominantly focussed on leadership *per se*, consistent with the research findings the framework incorporates functions other than leadership that are fulfilled by effective leaders.

METHODS

A workshop between members of the Steering Committee was convened to discuss the framework from the pilot study and to explore how the results from Years 1 to 3 of this project informed the revised framework.

A full-day workshop was convened by an experienced facilitator (BD). Each of the elements from the pilot study framework was discussed (context, challenges, capabilities and roles – see Figure 3) by Steering Committee members at the workshop. Participants suggested amendments to the framework that were based on the analysis of focus groups, survey and Delphi data collected throughout this project.

Two Steering Committee members (SS and KS) then facilitated an interative process to revise the framework based on Steering Committee workshop findings. Each iteration of the framework was circulated by email to Steering Committee members in order to obtain their feedback. Three iterations of the framework were produced. There was no additional feedback on the third and final iteration of the framework, which is described below.

Once the revised framework was agreed by Steering Committee members, supporting information was prepared by two Steering Committee members (SS and KS) to assist end users of the framework in its application within their organisations.

Figure 3

A Framework to Identify and Address Leadership Needs in Faith-based Aged and Community Care Organisations in Australia

What are the principles of effective leadership? (Ways of working)					
Clear communication	Commitment to spiritual ethos of the organisation	Honesty and integrity	Consistency	Servant orientation	Build and motivate high performing teams

	What is the task or situation that requires a leadership capability in the organisation?							
Context	What is the environment (both within and outside the organisation) within which the leadership need has arisen?							
	Service delivery	Management	Faith-based	Workforce		Resource	Political	
Challenges	What challenges (both within and outside the organisation) are we facing in responding to the task or situation?							
	Service delivery	Management	Faith-based	Workforce		Resource	Political	
Capabilities	What capabilities do we need of our leaders to respond to this task or situation?							
	Professionalism	Collaboration and teamwork	Judgement and decision-making	Communication	Scholarship and teaching	Management	Advocacy	Leadership
Roles	Which of these capabilities can be found in the organisation?			Which of these capabilities could be developed within the organisation?			Which of these capabilities do we need to get from outside the organisation?	
	Reassign people			Develop people			Recruit people	

What are our options for developing the knowledge, skills and expertise of our leaders?						
Invest time in staff	Mentoring	Trust subordinates and delegate effectively	Give people opportunities to exercise leadership	Support attendance at educational activities	Leadership development programs	Provide people with freedom, opportunity and encouragement to talk about ideas and share opinions

INTRODUCING THE NFP ACC LEADERSHIP FRAMEWORK

In order to support the use of the framework by personnel within faith-based organisations, the research team developed explanatory information to accompany the framework. This explanatory information is presented below.

The NFP ACC Leadership Framework (the "framework") is a tool that will assist organisations to identify their organisational leadership needs as tasks or situations arise, to develop the capability of leaders at all levels through the organisation and assist them to identify when recruitment of new leaders or reassignment of personnel into alternative roles in the organisation may be required.

The framework recognises the need for leadership capability within the NFP ACC sector at all levels of an organisation. In responding to the many challenges facing the NFP ACC sector, organisations need to:

- recognise the role leaders at all levels play in successfully responding to issues as they arise;
- develop their leaders and continually improve their performance;
- create work environments that ensure leaders work to their optimum; and
- make strategic decisions about when recruiting additional leadership skills and expertise is advantageous.

This framework supports all of these objectives, but is particularly valuable as a task-based decision-making tool for identifying and responding to leadership needs and for determining and prioritising the professional development and learning needs of current and future leaders within the organisation.

What is the NFP ACC Leadership Framework?

The NFP ACC Leadership Framework was developed through rigorous research conducted by leading Australian aged and community care not-for-profit organisations and supported by a consortium of Australian universities. The framework provides a common language to identify leadership needs that are specific to faith-based aged and community care not-for-profit providers, which provides the foundation for developing capability and leadership within these organisations. The framework is designed to be used in a three-stage process.

Who does the NFP ACC Leadership Framework apply to?

The NFP ACC framework is for leaders and managers at all levels of the organisation, whether they are in a designated leadership role or not.

How can the NFP ACC Leadership Framework be used?

The NFP ACC Leadership Framework guides the response to a specific task to ensure the leadership needs of the organisation are met and will contribute to achieving positive outcomes.

Along with assisting in identifying and responding to leadership needs, the framework can be used for: self-reflection and personal career planning; selection and prioritisation of professional development; and to assist in the recruitment process for new personnel who will have a leadership role.

APPLYING THE FRAMEWORK (NOTE: INSTRUCTIONS PERSONALISED TO USER)

The task of leadership in faith-based aged and community care is too broad for any one person to undertake on their own. Instead, a team of people is usually needed to collectively provide leadership to effectively respond to tasks and situations that arise in faith-based aged and community care. This framework assists in identifying which capabilities your team already has, which ones you need to develop in your team members and which ones you are missing and need to add to the team.

The role of the leader is broader than just leadership. The framework assists organisations to look at the capabilities you need across the broad matrix of knowledge, skills and experience leaders within the team may need to successfully complete a task.

Stage 1 – Consider the principles of effective leadership

Consider the overarching principles of effective leadership that are listed in the framework. These principles describe a "way of working" that increases the effectiveness of leaders in NFP ACC organisations.

- Clear communication – Leaders have sound processes for communication that include both listening to people and providing information to "everyone who needs to know".

- Leaders demonstrate their commitment to the spiritual ethos of the organisation and reflect this in everything they do.

- Leaders demonstrate honesty and integrity in everything they do.

- Leaders are consistent in their decisions and actions.

- Leaders demonstrate a servant orientation - they share power, put the needs of others first and help people develop and perform as highly as possible.

- Leaders recognise they cannot address the leadership challenges of the organisation alone. They build and motivate high-performing teams.

Which of these principles are most important to you and your team in addressing the specific task at hand?

Stage 2 – What is the task that requires a leadership capability in the organisation?

Stage 2 will assist you to effectively respond to tasks that involve a leadership component by:

- prompting you to consider the contextual issues both within the organisation and external to the organisation that will affect the likelihood of success in completing the task (considering the **"Context"**);

- supporting you to describe the challenges you will need to respond to in order to successfully complete the task (describe the **"Challenges"**);

- assisting you to identify which capabilities are required of your leaders (identify the **"Capabilities"**); and

- providing you with decision support to determine who you need in your team, who you need to develop and who you need to recruit (determining the **"Roles"** that are required).

Context

The first action in stage 2 is to consider the "context" - the environment within which you are operating.

The environment **within** your organisation may be important. For example:

What are my organisation's values and spiritual ethos, what does my organisation stand for, is this relevant to addressing the task at hand?

Thinking about my organisation's culture - what makes us different?

You are able to influence some aspects of your internal environment. Other aspects of the internal environment are not within your influence.

Which aspects of the internal environment are not open for negotiation? Which aspects can I change?

The environment **outside** your organisation may also be important. For example:

What are the externally imposed conditions on the organisation that are influencing what I am about to do?

What does my response need to be to that?

Challenges

The second action in stage 2 is to consider the challenges you face in accomplishing this task. Consider the following:

What are my service delivery challenges?

What are my management challenges? What are the multiple competing demands?

What are the challenges relating to the faith-based nature of my organisation?

What are my workforce constraints and challenges?

What are my resource constraints and challenges?

Are there any political constraints or challenges I need to be mindful of?

Capabilities

The third action in stage 2 is to consider the capabilities you require of your leadership team. The role of the leaders in your team includes, but is not limited to, their leadership ability. Capabilities you need in your leadership team may include the following:

- Professionalism – skills, attitudes and behaviours which are expected of leaders in your organisation. Leaders in faith-based aged and community care who display high levels of professionalism demonstrate ethical behaviour, integrity, honesty, altruism, a commitment to serving others and respect for others.
- Collaboration and teamwork – the ability to work effectively with a group of people in order to achieve organisational goals and objectives.
- Judgement and decision-making – the ability to effectively consider, select, implement and review decisions.

- Communication – the ability to effectively gather, understand and provide information to all who need to know so that action may result.

- Scholarship and teaching – an active commitment to learning and professional development.

- Management – the ability to organise sustainable practices, allocate resources and contribute to the effectiveness and efficiency of service delivery.

- Advocacy – the ability to use expertise and influence in order to advance the well-being of clients and in order to meet the needs of clients, staff, carers and family.

- Leadership – the ability to influence one or more individuals in order to accomplish an objective or achieve a common goal.

Which of these capabilities do I require in my team in order to successfully respond to the task at hand?

Roles

The final action in stage 2 is to determine who in your team will meet your various leadership needs.

Considering the capabilities you need and have identified above:

Which of these capabilities do you already have in your team?

Which capabilities can be found within your organisation? Can people be reassigned to your team in order to meet your leadership needs?

Which capabilities could you acquire if you developed people within your organisation? What developmental activities will these people need? Do the timeframes for responding to the task enable you to do this?

Which capabilities are missing from the team and the organisation? Can you recruit people with these capabilities to your team?

Stage 3 – Considering your options for developing the knowledge, skills and expertise of leaders

Ideally, you will be able to assign people with all the capabilities you need to your leadership team and, where gaps exist, you can recruit new people with the relevant capabilities to the team.

However, developing on the leadership knowledge, skills and expertise of leaders already within your organisation or team is an essential task for addressing the leadership needs of faith-based aged and community care organisations.

Professional development can be formal or informal. The types of leadership professional development you provide will depend on the availability of different development opportunities and the resources you have available for training.

Didactic leadership professional development may include:
- supporting attendance at educational events and conferences; and
- leadership development programs, including leadership courses and study.

Informal and flexible professional development opportunities are as important as educational programs. These may include:
- giving people opportunities to exercise leadership;
- mentoring;
- providing people with freedom to talk about ideas and share opinions;
- trusting subordinates and delegating effectively; and
- investing time in staff.

What are the leadership-related professional development needs of people in your leadership team?

Which leadership development opportunities will you provide for people in your leadership team?

Sometimes people need assistance to identify how to improve their leadership capabilities. This can be provided through formal or informal evaluation activities.

What strategies will you use to assist people to identify opportunities to improve their own leadership capability?

CHAPTER 9 – CONCLUSIONS & RECOMMENDATIONS

CONCLUSIONS

1. This study provides valuable insight into the nature of leadership within the faith-based NFP ACC sector. Results suggest that organisations in this sector differ from those in the corporate and public sector. The central importance of the Christian mission creates a unique organisational identity for faith-based NFP organisations.

2. The Not-for-Profit Aged and Community Care Framework provides an understanding of the importance of spiritual issues within faith-based NFP organisations. It illustrates how spiritual issues underpin the culture and working practices of the organisation. The spiritual ethos of the organisation provides leaders with a basis from which to communicate their organisation's strategic direction, mobilise resources and guide action. This spiritual ethos defines what the organisation stands for (its core values) and why the organisation exists (core purpose).

3. Faith-based NFP organisations differ from for-profit organisations by needing to balance three distinct areas of activity: spiritual, business and service delivery. These three distinct areas have their own hierarchies and defined goals and strategies and are often led by different people. In order for faith-based organisations to function effectively shared models of leadership are employed. This enables a high degree of collaborative and interdisciplinary working to ensure the organisation's leadership needs across domains are balanced.

4. Leadership within the NFP ACC is too broad for any one person to undertake on their own. It requires a team of people to collectively provide leadership. Shared models of leadership between senior leaders in spiritual, service delivery and business roles ensure joint ownership and collective responsibility of priority setting, resource allocation and developing long-term market competitiveness. These factors contribute to the quality and viability of the organisation.

5. The distinct domains of leadership in faith-based ACC – service delivery, business and spiritual – can be competing elements which require leaders to balance the spiritual ethos of the organisation with the need for the organisation to remain financially competitive.

6. The research findings highlight the importance of good communication by all employees within a faith-based NFP ACC organisation. Communication by leaders is perceived by workers as a reflection of the leader's competency and ability to lead. Leaders who are most effective are able to communicate well on all levels and are able to inspire and communicate a shared vision as well as providing detailed information when needed. They have an ability to motivate people positively, and appropriately utilise a range of communication methods. High-quality leaders are able to listen and enter into a dialogue with people, reflecting on what they have heard, and are able to reach a common understanding.

7. Results in the study highlight the difference between competencies and capabilities required by leaders to perform at optimum levels. Competency can be viewed as the minimum standard that is required for a task to be carried out to a satisfactory level. In contrast, capability is an elevated standard which one aspires to in order to carry out a task. The NFP ACC Leadership Framework aids in identifying the capabilities required of the leadership team to effectively respond to tasks and situations that arise in faith-based ACC organisations.

8. The capabilities required by leaders in faith-based NFP ACC sector may be broader than those required within the general healthcare sector. These broader ranges of capabilities should be taken into account when recruiting to senior leadership positions within organisations.

9. The context within which organisations operate in the ACC sector is highly complex. Pressures on resources, including workforce shortages, are increasingly limiting the capacity of providers to meet the needs of their clients. The provision and financing is based on the level of disability experienced by the individual as well as the person's ability to pay for services and there are often multiple service providers competing with each other for available resources and clients. There are indications that the difficulties experienced

by the sector will intensify. In order to respond to this challenging context, high-quality leadership is required which has distinctive leadership needs and specific requirements.

10. Traditional forms of leadership training were considered to provide a sound basis for developing an individual's leadership ability. However, there was a high degree of support in this research for developing leaders using more experiential methods such as on-the-job training or assignments, developing an individual's self-reflection capability and through developing mentorship relationships with more experienced leaders.

11. A shared model of leadership provides a structure in which leadership at all levels of the organisation can emerge. This is particularly relevant for those individuals whose learning outcomes are best gained from experiential learning rather than traditional forms of training.   At present, there is little evidence on how to develop a distributed model of leadership within the NFP ACC sector or an understanding of the process involved. Further research in this area is required.

12. Work in the aged care environment is complex and, although much has been published about the difference between leadership and management, at times in this complex environment it is difficult to make the distinction between leadership and management.

RECOMMENDATIONS

1. Leadership development is dynamic and situational and requires a framework which takes into account the organisation's unique identity.   The principles for effective leadership in NFP ACC require leaders to have a commitment to the spiritual ethos of the organisation and a servant leadership orientation. NFP ACC organisations should make this explicit in their recruitment, retention and development of their leaders.

2. Leadership in NFP ACC organisations requires a systematic approach to identifying and responding to tasks or situations that require a leadership capability. Adopting the framework developed in this research should assist organisations to systematically address their leadership challenges.

3. To enhance leadership performance it is recommended that the NFP ACC Leadership Framework be implemented at all levels of the organisation to assist teams to identify and respond to spiritual, business and service delivery leadership needs. Staff should receive coaching to support them in the use of the framework. We recommend that this includes the following elements:

    - Staff training throughout an organisation which provides an understanding of the framework and the situations that it can be used for. These include needs analysis, tackling difficult situations, enhancing communication and leadership development.
    - Process guidelines on "how-to-use" the framework in identified situations.

4. NFP ACC organisations need to develop the knowledge, skills and expertise of their staff. Organisations should provide both formal and informal leadership developmental activities for their staff and should make non-traditional forms of learning available. Leadership development is dynamic, ongoing and constantly changing in response to the organisation's situational needs. Leadership development should be systematic and should align with the organisation's strategic direction. An *ad hoc* approach to developing leaders within the organisation is unlikely to provide the leadership capability the organisation requires. NFP ACC organisations should develop a leadership development strategy that aligns leadership development activities with the organisation's overarching strategic direction. Organisations should consider a range of formal training and informal "on-the-job" training when planning professional development for current and future leaders.

LIMITATIONS

This study has several limitations. Firstly, the organisations that participated in this research are Christian organisations, each with a distinctive Christian theology. The framework is likely to be generalisable to organisations with other Christian theological bases, however, this was not explicitly explored in this research. Further, the ability to generalise the framework to organisations whose spiritual ethos is not Christian has not been tested.

Secondly, although the field work for this study was conducted in two of Australia's most populated States (Queensland and New South Wales), the applicability of the framework to other states and territories and to other faith-based organisations internationally has not been explored. Aged and community care is a rapidly changing environment within Australia that is influenced by the actions of both Australian and jurisdictional governments. Given the influence of State and Territory politics on the context and challenges facing NFP ACC organisations, the degree to which the findings from this study apply to other jurisdictions is uncertain.

In spite of these limitations, the framework that is proposed identifies and provides guidance on how to address leadership needs in a systematic way. We believe the framework is adaptable to other faith-based organisations and geographical contexts.

FURTHER RESEARCH

The study found there to be a paucity of published research evaluating the effectiveness of different leadership development strategies generally and no studies were found to have been conducted investigating this at the management level of faith-based NFP ACC organisations. Further research in this area is recommended in particular to evaluate the effectiveness of formal and informal training. Further research is also needed on how best to develop a distributed model of leadership and the processes involved in doing so.

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BAPTIST COMMUNITY SERVICES

17th August 2010, BCS, Epping

Question 1: Imagine 10 years from now. Your organisation is the best organisation in the world in your business. How do you know?

1. Having long term management team

2. Employer of choice

3. Clear vision for future direction

4. All our programs fulfil our mission

5. Strong client service focus

6. Internal funding of agreed initiatives

7. More influencing society and Government policy

8. Culture that empowers, not controls

9. Singularly aligned

10. Care model of excellence

11. Really well supported diversity of services

12. Standardised IT and processes, best practice across organisation

13. Innovation and growth embedded in organisation

14. Partnerships that encourage best practice

15. Financially viable

16. Gender balance especially at senior level

17. Continually building capacity of leaders

18. Building learning culture

19. Provider of choice

20. Community respect

21. Coherent legislation

22. Horizontal and vertical communication

23. Trust and engagement of staff

24. Board represents geography, consumer mix, skill requirement

25. Clear strategy known at all levels

26. Full range of service options, all sites

27. Good at managing cross-cultural services

Question 2: What do leaders at all levels (at all levels) do now that helps to achieve this vision?

1. Increasing trust at senior management levels that our regions etc. are capable of self-management

2. Openness and consultation

3. Self-fund initiatives

4. Planning processes well developed

5. Learning and development, staff benefits, etc.

6. Opportunities to be innovative

7. Communicating and inculcating mission and values

8. Building capacity of leaders

9. Feed everybody very well

10. Highly committed, good work ethic, passionate, role models

11. Take time out to smell the roses

12. Share knowledge across organisation

13. Up until now, stability of leadership

14. Better at benchmarking

15. Very diverse service profile

16. Good skill set on Board

17. Provider of choice

18. Invest in facilities and people

19. Good sense of humour , camaraderie

20. Christian ethos / commitment at senior management levels

21. June very empowering of people

22. BCS open to external accountability

23. Good financial management

24. Strong influence in Government, community and industry

25. Strong R & D process

26. Prepared to challenge existing laws

Question 3: What could leaders do more of/less of/differently?

1. Generating our own funding through partnerships

2. More establishing full range of services

3. Cross-cultural services

4. Promoting our faith, mission and values

5. Communication better between teams, organisations wide – engage with staff

6. Systems, processes, technology

7. Care model – more clarity, including about philosophy

8. Better articulate how we manage spectrums of care

9. Planning and resourcing of projects and implementation

10. Less entrepreneurial – get the basics right

11. Build front-line managers

12. CALD – cross cultural (NESB)

13. Connect Life care with aged care

14. Partnerships with area health programs – professional partnerships

15. Succession planning and pathways

16. Less employer of choice – balance between staff and clients

17. Refocus our service delivery model

18. More time for leaders to lead (presently operational)

19. Recruitment, selection, induction for attitude

20. Invest more ahead of any benefit

21. Model and measure excellence in Christian care

22. 80% systemised, 20% innovation

Question 4: What do good leaders do and say and what does good leadership look like?

1. Relationship building with all – walking in the shoes with people

2. Do what they say they'll do

3. Not avoiding conflict

4. Being inspirational and passionate

5. Modelling behaviour

6. Emotionally intelligent

7. Vulnerability

8. Open to learning

9. Robust and able to take challenge

10. Self-awareness and reflection

11. Empower and grow their people

12. Ethical – truthful

13. Being politically astute – knowing people and environment

14. Good judgement

15. Challenge status quo

16. Hold others accountable

17. See the future – paint the future

18. Take people along with them

19. Have courage to make difficult decisions

20. Listen and observe

21. Consult expertise of team

22. Acknowledge team effort

23. Go hard yards

24. Consistent

25. Have good people around then

26. Command excellence

27. Accountable for failure

28. "We" focussed language

29. Servant leadership

30. Being visible and available

31. Idealised leadership

Question 1: Imagine 10 years from now. Your organisation is the best organisation in the world in your business. How do you know?

1. Maintaining staff/client ratios whilst compensating staff at market-leading rates

2. Clients have resources to live integrated and full life

3. Business overall thriving and growing

4. Consistent and clear understanding about purpose

5. Achieve outstanding positive client outcomes

6. All services profitable, capable of funding own development, high staff retention ratio

7. Strong market brand

8. Offer real choice for service delivery

9. Far exceed regulatory standards

10. Outside recognition

11. Setting standards for industry

12. Key influencer of future policy

13. Happy healthy staff

14. Ability to turn on a coin regarding feedback

15. Waiting lists for staff and clients

16. IT fully integrated

17. Encouraging innovation by commissioning research

18. Multiple years of excellence service delivery demonstrated by sound track record

19. Seen to be environmentally responsible

20. Seen as altruistic

21. Seen as world leader in mental health illness

22. Consistent and higher level of buildings

23. Active learning by all staff

24. Transparent and robust systems

25. Multiple aged care sites, rural and regional

Question 2: What do leaders at all levels (at all levels) do now that helps to achieve this vision?

1. Leaders open to ideas

2. Gap closing between services and support

3. More proactive recruitment processes…

4. Knowing people by name; approachable; personal recognition; …

5. Support centre provides more support

6. Provision of learning opportunities for all staff and manager

7. A "Yes" culture

8. Improving management structure in tune with needs of service

9. Participating in forums

10. Operate within "freedom within limits" model

11. Good and succinct philosophy

12. Senior executives seen to be involved in policy and industry bodies

13. Strong work ethic demonstrated

14. Seen as providing good mental health

15. Take responsibility for stewardship

16. Strong character – honest, trustworthy, passionate

17. Leaders demonstrate they listen

18. Camaraderie

Question 3: What could leaders do more of/less of/differently?

1. Clear and constant message of who we are and what we are trying to do

2. Leaders being open to acknowledge feedback

3. More specific focus on relationship building

4. More direct and timely feedback downwards

5. More effective performance management

6. More effectively harness our human resource assets

7. Review of responsibility and resources

8. Proactive program to break down barriers (e.g. Ball for all staff)

9. More effective response to staff needs and ideas

10. More effective use of own staff to manage problems

11. More proactive to problems

12. Improve staff knowledge and buy-in on carbon management and sustainability issues

13. Increased understanding of each others' roles

14. Prioritise more effectively

15. Prioritise external partnerships (e.g. quick turnaround on accounts payable)

16. Better understanding of who our customers are

17. More effective use of collaborative partners

18. Increase our deliverables (more action!)

19. Harness our collective creativity, genius and enthusiasm

20. Real and perceived support between services and support centre, both ways

21. Lead by example

Question 4: What do good leaders do and say and what does good leadership look like?

1. They tell the truth (don't tell lies) – confront the issue

2. Demonstrate emotional intelligence

3. They say "thank you" and acknowledge the work

4. Good leaders have a clear vision

5. They say "good morning" etc.

6. They listen

7. They develop people

8. They acknowledge people by name

9. They follow through

10. Show vulnerability

11. Integrity, honesty, fairness, ethics and trust

12. Calm in a crisis

13. Develop good structure and processes

14. Ability to challenge

15. Delegate effectively

16. Hold people accountable

17. Work within a bigger picture

18. They create harmony and culture

19. Adapt to various situations

20. Act early when issues identified

21. Share wisdom and experience

22. Create meaning by walking the walk and talking the talk

23. Create problem solving

24. Celebrate successes

25. Willingness to learn

26. Lead (as opposed to manage)

27. Understand roles of their team, and the environment

28. Set the tone

29. Often a physical presence

30. Smell nice

31. Happy harmonious workplace with good results

32. Have a succession plan

33. Decisive

34. Humble

35. Situational / responsive

36. Negotiating / conciliatory

37. Sense of humour

38. Honourable

39. Passionate

40. Treat all equally

Baptist Community Services - NSW & ACT

Dear Sir / Madam

Re/: Strengthening leadership capacity in Australia's aged and community care sector

You are invited to participate in a research project that seeks to develop a leadership capability framework for not-for-profit (NFP) organisations in the aged and community care sector in Australia. The research is being led by Professor Colleen Cartwright, Director of the ASLaRC Aged Services Unit of Southern Cross University in partnership with Lutheran Community Care, Baptist Community Services, University of Southern Queensland and the University of Technology Sydney.

If you agree to participate in the survey you will be asked for your perspective on how to develop and improve leadership capacity in the NFP aged and community care sector, based on your experience and understanding of NFPs.

This research involves completing a survey that will take less than 30 minutes to complete.

There are no foreseeable risks or discomforts to you in taking part in the survey. To facilitate analysis of results, demographic information will be collected as part of the survey. This will consist of your age, gender and role within your organisation. This information will allow the research team to better understand the breadth of perspectives that are identified in the survey. No other personal information will be

collected. Your name or other identifying information will not be attached to the survey so it will not be possible for any participant to be identified. All information provided will be treated confidentially.

Results of the study will be published in a peer-reviewed journal and / or presented at a relevant conference but all reporting will be at a group level.

All data collected and analysed from this research will be stored in a secure location at Southern Cross University for 7 years, and then destroyed.

Participants Consent

If you complete the questionnaire, this will demonstrate that you have consented to participate in the research.

Inquiries

This form is yours to keep for future reference. If you have any questions at any time please feel free to ask the Chief Investigator, Professor Colleen Cartwright.

Professor Colleen Cartwright
ASLaRC Aged Services Unit
Southern Cross University
Hogbin Drive
Coffs Harbour NSW 2452
Email: colleen.cartwright@scu.edu.au
Phone : (02) 6659 3382

Feedback

You will be able to access published results of the study. A report will be produced at the completion of the study. This will be made available on the ASLaRC website – http://aslarc.scu.edu.au. However, if you would like us to email you a summary of the report, please send your email address to: Jocelyn.craig@scu.edu.au.

This research has been approved by the Human Research Ethics Committee at Southern Cross University. The approval number is ECN-10-085

Complaints about the research/researchers

If you have concerns about the **ethical conduct** of this research or the researchers, the following procedure should occur.

Write to the following:

The Ethics Complaints Officer

Southern Cross University

PO Box 157

Lismore NSW 2480

Email: ethics.lismore@scu.edu.au

All information is confidential and will be handled as soon as possible.

Welcome to the Aged and Community Care Leadership Survey. This survey is funded by the Australian Research Council and is being conducted by Southern Cross University in conjunction with Lutheran Community Care (Qld), Baptist Community Services (NSW and ACT), the University of Technology Sydney and the University of Southern Queensland.

The accompanying letter explains the purposes of this survey and provides details regarding ethical conduct of the survey.

The following questions relate to various approaches to leadership that are commonly described in the research literature. We are interested in your approach to leadership, the approaches of other leaders currently within your organisation and the approaches that you believe your organisation could benefit from.

1a   Rank from 1 to 7 (1 being the most preferred and 7 the least preferred) which of the following approaches to leadership that you as a leader tend towards?

I AM A LEADER WHO:	RANK
a. is adaptive and flexible - I encourage change within the organisation in order to assist the organisation to meet the 'challenges of our times'	
b. expects followers to agree with, accept or comply with me in exchange for reward and / or for the avoidance of disciplinary action	
c. combines high moral character and self-awareness with transparency in order to have a synergistic and positive impact on performance in my organisation	
d. leads because I want to serve others	
e. varies my leadership approach according to the degree of difficulty of the task at hand and / or the degree of direction or support required by those I lead	
f. builds commitment of followers by developing relationships that are ethical, empowering for followers, and are inclusive of people and of diverse points of view	
g. encourages those I lead to look forward to the future by providing them with a sense that their work has meaning and purpose, and that they are 'making a difference'	

1b.   To what extent do you agree with the following?

I AM A LEADER WHO:	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
a. can identify and respond to emotions in the nonverbal communication of others					
b. can manage emotions in myself and others to best meet desired workplace outcomes					

2. How would you rate the approach of the majority of leaders currently within your organisation (please provide one response only for each statement below)?

LEADERS WITHIN MY ORGANISATION:	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
a. are adaptive and flexible - they encourage change within the organisation in order to assist the organisation to meet the 'challenges of our times'					
b. expect followers to agree with, accept or comply with them in exchange for reward and/or for the avoidance of disciplinary action					
c. combine high moral character and self-awareness with transparency in order to have a synergistic and positive impact on performance in my organisation					
d. lead because they want to serve others					
e. vary their leadership approach according to the degree of difficulty of the task at hand and/or the degree of direction or support required by those they lead					
f. create positive relationships within the organisation that are ethical, empowering for followers, and are inclusive of people and of diverse points of view					
g. keeps those they lead looking forward to the future by providing them with a sense that their work has meaning and purpose, and that they are 'making a difference'					
h. can identify and respond to emotions in the non-verbal communications of others					
i. can manage emotions in themselves and others to best meet desired workplace outcomes					

3. **To what extent do you agree that the following approaches to leadership would improve your organisation (please provide one response only for each statement below)?**

MY ORGANISATION WOULD BE IMPROVED BY HAVING LEADERS WHO:	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. are adaptive and flexible - they encourage change within the organisation in order to assist the organisation to meet the 'challenges of our times'					
b. expect followers to agree with, accept or comply with them in exchange for reward and/or for the avoidance of disciplinary action					
c. combine high moral character and self-awareness with transparency in order to have a synergistic and positive impact on performance in my organisation					
d. lead because they want to serve others					
e. vary their leadership approach according to the degree of difficulty of the task at hand and/or the degree of direction or support required by those they lead					
f. create positive relationships within the organisation that are ethical, empowering for followers, and are inclusive of people and of diverse points of view.					
g. keeps those they lead looking forward to the future by providing them with a sense that their work has meaning and purpose, and that they are 'making a difference'					
h. can identify and respond to emotions in the non-verbal communications of others					
i. can manage emotions in themselves and others to best meet desired workplace outcomes					

4. **Comments you wish to add on approaches to leadership (if any) or any other comment on the preceding questions:**

Leadership performance:

The following questions relate to the performance or effective leaders in your organisation.
For the purposes of the following questions:
Board equivalent: for organisations that do not have a Board, the Board equivalent is the governance structure to whom the CEO of equivalent is accountable.
Senior Manager: refers to a person who is part of the senior executive team of an organisation, who most likely reports directly to the CEO or equivalent and has wide ranging responsibilities. In a large organisation they be a Regional Manager with responsibility for a large number of sites across a geographic area.
Local Manager: has full responsibility for a site, or facility, or programme. The person might be the Director of Nursing, or Executive Manager, of a residential aged care facility, or Manager of a Community Aged Care programme.

5. **Within your organisation, who has a role in the following? (Please tick all that apply)**

	The CEO or equivalent	The Board or equivalent	Senior Managers	Local Managers	Clients residents
a. Strategic planning					
b. Defining organisational performance goals					
c. Defining organisational performance measures					
d. Determining how to balance competing demands of stakeholders					

6. **Within your organisation, who should have a role in the following? (Please tick all that apply)**

	The CEO or equivalent	The Board or equivalent	Senior Managers	Local Manager	Clients residents
a. Strategic planning					
b. Defining organisational performance goals					
c. Defining organisational performance measures					
d. Determining how to balance competing demands of stakeholders					

7. **Which of the following attributes and skills listed below are important for CEOs, Board members, senior managers and local managers to possess? (Please tick all that apply)**

	The CEO or equivalent	The Board or equivalent	Senior Managers	Local Managers
a. Build rapport with people at all levels in the organisation				
b. Create, participate in, and lead teams				
c. Recruit, retain and manage performance of staff				
d. Articulate priorities of the organisation with external stakeholders including government decision-makers				
e. Create and maintain a learning environment for staff of the organisation				
f. Understand prevailing ethos in the political system in optimising aged and community care outcomes				
g. Possess personal commitment to lifelong learning, research and teaching				
h. Make decisions without consulting when required due to time pressures associated with the task at hand				

8. **On a scale of 1 to 10, with 1 being most important and 10 being least important, rank the following performance goals in order of importance to your organisation. For example, if environmental responsibility is the most important performance goal for your organisation in this list, rank 'Environmental responsibility' as 1.**

	PERFORMANCE GOALS	RANK
a	Strong organisation culture	
b	High quality and safety of services	
c	High client satisfaction	
d	Financial sustainability	
e	High workforce retention	
f	Innovation in service delivery	
g	Meeting accreditation requirements	
h	Organisational growth	
i	Strong market brand	
j	Environmental responsibility	

9. **Comments you wish to make on performance of leaders (if any)**

Mission and leadership

Many aged and community care organisations articulate overarching goals for their organisation in a Mission Statement.

Others may not have a Mission Statement but are, nonetheless, motivated by a mission for their organisation. The following questions relate to the mission of your organisation.

10. **My understanding of and commitment to the mission of my organisation enhances my ability to do the following (please provide one response only for each statement below)**

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. Build rapport with people at all levels in the organisation					
b. Communicate organisational mission, vision, objectives and priorities					
c. Create, participate in, and lead teams					
d. Recruit staff					
e. Facilitate program coherence					
f. Respond to challenges that face the organisation					
g. Retain clients					
h. Retain staff					
i. Sustain the trajectory of the organisation					

11. **Within your organisation, who has a role in the following (please tick all that apply)**

	The CEO or equivalent	Board Members	Senior Managers	Staff	Clients
a. Determining the mission					
b. Support achievement of the mission					
c. Monitoring organisational progress against the mission					
d. Interpreting the mission where concrete decisions have to be made					

12. **To what extent do you agree with the following statements? (Please provide one response only for each statement below)**

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. It is important that leaders within my organisation are propelled by a strong sense of mission					
b. The mission is relevant to the success of my organisation					
c. The mission of my organisation ensures the high quality of how services are provided					
d. My religious beliefs influence my commitment to the mission of the organisation					
e. My philosophical beliefs influence my commitment to the mission of the organisation					

Leadership and the Board

The following questions relate to the role of the Board (or equivalent) in leadership within your organisation

13. **Should the Board (or equivalent) have an active role in the following activities? (Please select one option only for each statement)**

	Yes	No
a. Staff recruitment		
b. Staff retention		
c. Performance management of staff		
d. Conflict management within the organisation		
e. Overcoming business obstacles		
f. Business planning		
g. Financial management of the organisation		
h. Advocacy for residents, families and communities		
i. Asset management		
j. Strategic planning		

14. **To what extent do you agree with the following statements? (Please select one option only for each statement below)**

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. Diverse Board membership is associated with higher performance of the Board					
b. Board members who are motivated by an emotional attachment to the organisation are more effective than those without emotional attachment					
c. Board members should have an individual position description outlining their individual role					
d. CEOs can help Board members to understand their role and facilitate active engagement of members within the organisation					
e. Board members who are paid are more committed than volunteers					
f. Board members should receive training to assist them in their roles					
g. Board members who are paid perform better than volunteers					
h. The performance of individual Board members should be regularly appraised					
i. Board members who are volunteers are reluctant to assume leadership roles					
j. Directing the Board's attention to governance issues as opposed to operational issues of the organisation improves Board effectiveness					

15. **Comments you wish to make on the role of the Board (or equivalent) (if any):**

Tools to support leadership development

> **The following questions relate to resources and tools required to improve the leadership capability within your organisation**

16. **Which of the following resources or tools are used by your organisation to develop the leadership capability of staff?**

		Available resources or tools (Please select all that apply)	Who has access to these? (Please select all that you are aware of) CEO or equivalent; Board Members Senior Managers; Local Managers
a	None		
b	Education and training delivered face-to-face by external provider		
c	Education and training delivered face-to-face by internal trainer		
d	Online resources		
e	Written resources		
f	Succession planning		
g	Mentoring or coaching		
h	Secondment to other organisations		
i	Project work involving leadership opportunities		
j	Higher duties or job rotation		
k	Peer groups		
l	Other (please specify)		

17. **Which of the following resources or tools would you like to be able to access to develop the leadership capability of staff?**

		Resources or tools you would like to access (Please select all that apply)	Who would you like to have access to these? (Please select all that you are aware of) CEO or equivalent; Board Members Senior Managers; Local Managers
a	None		
b	Education and training delivered face-to-face by external provider		
c	Education and training delivered face-to-face by internal trainer		
d	Online resources		
e	Written resources		
f	Succession planning		
g	Mentoring or coaching		
h	Secondment to other organisations		
i	Project work involving leadership opportunities		
j	Higher duties or job rotation		
k	Peer groups		
l	Other (please specify)		

18. **Do you have any comments you wish to make regarding resources and tools to improve leadership capability in your organisation, including availability according to the location of your facility?**

About your organisation

In order to assist us to understand how different groups of people think about leadership, please complete the following questions about your organisation.

19. **Is your organisation:**
    o For profit
    o Not-for-profit
    o Government
    o Other (please specify)

20. **Which of the following areas does your organisation provide services in? (Please select all that apply)**
    o Aged care services
    o Disability services
    o Mental health services
    o Youth health services
    o Other (please specify)

21. **Which of the following areas do you work in? (Please select all that apply)**
    o Aged care services
    o Disability services
    o Mental health services
    o Youth health services
    o Other (please specify)

22. **How many employees does your organisation have?**
    o < 100
    o 101 - 500
    o 501 -1000
    o > 1000

23. **Does your organisation provide?**
    o Residential services
    o Community services
    o Both
    o Neither

24. **Does your organisation have a Board?**

- o Yes
- o No

25. **Does your organisation provide services specifically to Aboriginal and/or Torres Strait Islander peoples or to people from another specific culturally and linguistically diverse background?**

- o Yes (please specify)
- o No

26. **Is your organisation affiliated with a particular religious or philosophical organisation?**

- o Yes (please specify)
- o No

About you

In order to assist us to understand how different groups of people think about leadership, please complete the following questions about you.

27. **What is your age group?**

- o Less than 30 years old
- o 30 -39 years old
- o 40 -49 years old
- o 50 -59 years old
- o 60 -69 years old
- o 70 years or over

28. **What is your gender?**

- o Male
- o Female
- o Other

29. **Are you:**

- o Aboriginal
- o Torres Strait Islander
- o Both
- o Neither

30. **What is your postcode of residence?**

31. **What is your role in the organisation?**
- o CEO or equivalent
- o Senior manager
- o Board member
- o Other (please specify)

32. **What is the highest level of education you have achieved?**

33. **Please indicate if you have qualifications in any of the following fields**

	Please indicate 'yes' or 'no'		If yes, please specify your qualifications	How many years' experience do you have in this area?
	Yes	No	Qualifications	Years' experience
Health or a health related field	○	○		
Business or a business related field	○	○		
Ministry or ministry related field	○	○		
Other relevant field	○	○		

34. **What religious or spiritual affiliation (if any) do you have?**

○ Catholic	Baptist
○ Anglican (Church of England	Islam
○ Uniting Church	Lutheran
○ Presbyterian	Other (Please specify)
○ Greek Orthodox	No religion
○ Buddhism	

35. **Are there any comments you would like to add about this survey, about leadership in general or about your experiences of leadership (your own or that of others) in the aged or community care sector or anywhere else?**

APPENDIX 3 – DELPHI SURVEY (Sent by email)

Dear Sir/Madam,

My name is Alan Davies and I have been asked by Professor Cartwright of the ASLaRC Aged Services Unit, Southern Cross University to conduct an e-mail based Delphi-like process as a part of ARC funded study into leadership in the not-for-profit (NFP) aged and community care sector in Australia.

If you have already been briefed about the purpose and process move straight to the questionnaire below.

A mud map of the overall project can be found in the attachment.

In the year 2010 a series of focus groups were conducted aimed at leaders in your organisation. The next stage is to involve groups of Board members, CEOs, Faith or value leaders, Service managers, Support managers, Regional General Managers, DONs /Executive Care Managers, Life Care Group Managers, Support Services General Managers, Community Managers, stakeholders and the research team in this Survey (Delphi). In addition, as a separate but parallel process, we will use workshops, which you may or may not be involved in, to identify leadership behaviour in pre-determined scenarios.

The Survey process is an iterative one. I will collate and feed back to you the responses from all participants and ask you to select those responses that best correspond with your considered views in the light of the range of responses. We may undertake a third round if needed. The outcomes will then be triangulated with those from the focus groups and the scenario-building exercise to hopefully provide us with more robust conclusions.

We will request limited amount of personal information from you regarding your professional role, your age and gender for use in the final analysis but please be assured that any identifying information will be kept completely confidential. When compiled and fed back to the group, your individual contributions will stripped of any of this biographical information.

Key Dates:

1. Monday 12th September – please complete survey and return to
   atdavies@bigpond.com
2. Monday 26th September ….Second Round posted.
3. Monday 10th October ….Last day for return of second round survey.

I am sending an RTF attachment of the questionnaire as well as including it in the body of this email (see below) for your convenience. You may have to save it in another name to ensure your responses are not lost. Use the format that you find simplest or most convenient.

If you require clarification please email me or call me on 02 6688 2104 or 0418 663 214.

Thank you in advance for your cooperation.

 Alan Davies

QUESTIONNAIRE

By "leadership" we mean the process of leading all or part of an organisation and its people towards desirable outcomes, short term and long term. Leadership may be provided by anyone, not only people with official authority.

By "capabilities" we mean skills, abilities, personal qualities and the like.

By "management" we mean the carrying out of day-to-day tasks by people in positions of authority.

In this survey we're interested in identifying what capabilities you use to provide leadership, and what was useful in developing them.

In answering the following questions, we encourage you to draw on your specific experience of providing actual leadership within your present organisation. We also ask you to take into account your experience of being led by others.

QUESTION 1
What are the five most essential capabilities for a person to have if they are to provide effective leadership within your present organisation?

1	
2	
3	
4	
5	

QUESTION 2
Of these capabilities, which of them can be acquired by someone who doesn't at first have them?

1	
2	
3	
4	
5	

QUESTION 3
In your experience, which of these important capabilities are most often lacking in your present organisation?

1	
2	
3	

QUESTION 4
In your experience, which personal qualities and behaviours in a leader inhibit their exercise of effective leadership?

1	
2	
3	
4	
5	

QUESTION 5
Reflecting on your own experience of leadership, what are the most effective ways of developing leadership capabilities? Please list at least two or three. (If different leadership capabilities are best developed in different ways, please indicate this in your answer.)

1	
2	
3	

QUESTION 6

What are the most important things your present organisation does that help you and others to exercise effective leadership? Please list at least two or three.

1	
2	
3	

QUESTION 7

What else could your present organisation do (that it doesn't already do) that would further help you and others to exercise effective leadership? Please list at least two or three.

1	
2	
3	

QUESTION 8

What does your present organisation do that hinders you and others from exercising effective leadership? Please list at least two or three.

1	
2	
3	

QUESTION 9

What are the most important things you do in your present management role to help your direct reports to develop their leadership capabilities? Please list at least two or three.

1	
2	
3	

QUESTION 10

What have your direct reports done to assist you to develop your leadership capabilities? Please list at least two or three.

1	
2	
3	

QUESTION 11

What differences, if any, are there in the leadership requirements of for-profit and not-for-profit organisations?

QUESTION 12

What differences, if any, are there in the leadership requirements of faith-based and non-faith-based organisations?

QUESTION 13

What else would you like to say about leadership capabilities and their development?

QUESTION 14

Which of the following best describes your official position in the organisation? -- circle, underline or highlight one:

Board member;   CEO;   Faith or value leader;   Service manager;   Support manager; Regional General Manager;   DON /Executive Care Manager;   Life Care Group Manager;

Support Services General Manager;   Community Manager;   Other (Please indicate :)

QUESTION 15

How many years' experience have you had in a management position?

QUESTION 16

What is your age and gender? (20-30, 30-40, 40-50, 50-60, 60-70, or Over 70)

Age:

Gender:

Organization: (LCC, BCS, Other – please specify)

IDENTIFIED SKILLS, QUALITIES AND CAPABILITIES

BCS Workshop 1 (n=11), in the order in which the items were contributed:

- ability to assess and change
- supportive (social work) approach
- motivated change agent
- understand level of difficulty
- conflict resolution
- entrepreneurship
- being flexible
- commitment
- communication skills (including listening)
- knowledge of disability (to understand challenges)
- existing staff to think differently
- passion and belief
- admitting accepting and learning from failures
- understanding social needs
- counselling/mentoring
- negotiation skills
- consistency

BCS Workshop 2 (n=14), in the order in which contributed:

- strategic thinking
- ability to create industry representation
- ability to remain non-anxious in anxious environment
- experienced leadership team, diverse, tough decisions
- emotional intelligence
- lead through collaborative facilitation
- building trust across the organisation
- creative and lateral thinking
- effective communication and public speaking skills

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- a Godly approach to implementation
- being aware of gaps across team
- ability to "train" the Board
- margin vs mission, courage vs service
- committed to building solidarity and consensus
- being disciplined and focussed in implementation
- ability to be challenged
- resilience

LCC Workshop 1(n=14), in the order in which contributed:
- people skills: communication, inspiration, motivation
- integrity
- trust our team
- courage
- adaptable/flexible
- timely and informed decision-making with clear vision
- equip effective people
- macro-manager, results driven and target focussed
- respect, both ways
- responsive and proactive
- diversity
- honest, open and transparent
- reflect and action any gaps
- resilience
- calm and consistent communication
- democratic and consultative
- innovative
- visionary
- delegation
- team player

LCC Workshop 2 (n=11), in the order in which contributed:

- being able to see big picture
- willing to accept and embrace change
- decision-making skills
- authentic -- lead by example
- open and honest communication
- negotiation skills
- compassion and empathy
- grounded, accept reality, can invoke the vision
- consultative
- broad skill set -- multi-talented
- high integrity
- discerning about advisors
- courageous and confident
- tenacious
- knowledge of industry
- passionate
- ability to inspire and motivate
- taking firm action and follow through
- decision into action

BAPTIST COMMUNITY SERVICES
19th December 2012, BCS, Epping

A. HIGH-PERFORMING TEAM

Q1. Think of a leader you've experienced who built and motivated a high-performing team. What did the leader do to achieve that outcome?

1. Relationship and attitude of leader towards the team

2. Love and protect the team

3. Continuous improvement – solving real problems

4. Communication the "why" of change

5. Clarity of expectations

6. Mentors and coaches the team – opportunity to grow, not stifling – enabling

7. 2 way open communication, trust, integrity, follow through

8. Identifying and drawing out strengths of individual team members

9. Identifying and addressing problems – especially behavioural; constructively

10. Model the Christian walk

11. Allow and encourage people to grow

12. Giving regular and prompt praise

13. Purposeful in objectives

14. Focus on customer

15. Very strong business focus

16. Everything we do is motivational with positive attitude

17. Pushes limits, challenges limiting self-concepts

18. Bringing groups appropriately together on occasions

19. When it starts to move, thank them

B. TRUST AND INTEGRITY

Of the leaders you've experienced, which of them demonstrated the highest levels of trust and integrity? What did that leader do and say that indicated to you the high trust and high integrity?

Trust and integrity – what does it look like?

1. Christ-centred people focus – observable behaviour in line with mission and values
2. Their word is "it"
3. Acknowledging and admitting weaknesses
4. Safe and secure environment physically and emotionally
5. Consistent
6. Openness about what's really happening ("that's confidential")
7. Continue to show support even when things are not going so well
8. Understands and takes into account the impact their action and decisions on others
9. Decisions are valued based
10. Humility – taking the "I" out
11. Same off-site as at work
12. Open and honest consultation in an appropriate time and place
13. Forgive you without retribution
14. Respect confidentiality – cabinet solidarity
15. Admitting and redressing mistakes – "trust" is a bank account
16. They don't gossip
17. Gives others credit
18. Organisational vision, not personal vision
19. Doing what you say you do; explain why you can't
20. Relationship strong
21. Treat people the same – look for good in all people

C. COMMUNICATION

Of all the people you've known in positions of leadership, who was the best communicator?

What were the most important aspects of that person's communication?

1. Consistency with messages delivered – include examples

2. Hear the meaning beyond the words – hear the full impact, and act

3. Active listening – taking the time; acknowledging what you've understood

4. Often initiator of dialogue, then invites others to share ideas, and listens

5. Able to reflect on what they're hearing – reach common understanding

6. Knowing which approach (face-to-face/phone/email) for each situation

7. Personally available, being vulnerable, showing whole person

8. Hears feedback, adjusts if required, models 2-way communication

9. Studies their audience, uses appropriate communication

10. Use other mediums – meetings, workshops, newsletters, ……

11. Motivates others, glass half full, "we can do this together"

12. Able to communicate big picture and drop into detail if needed

13. Demonstrates empathy (informed and well read)

14. Personal and professional

15. Smiles, engages, is visible, praises publicly, looks for opportunities to praise

16. Articulates how a decision is being made

17. Great planning

18. When you get to the end, celebrate

19. Allow others to carry message for you

20. Importance of praying

21. Asking questions

22. Ability to help people understand what the message is

D. BARRIERS

What prevents people exercising more effective leadership?

1. Irregular leadership training for our managers – opportunities for practice

2. Consultation before decision-making

3. Coaching in undertaking difficult conversations

4. Being able to develop operational leaders

5. Engagement of broader leadership group in whole picture

6. Have more mentors

7. Trying to make decisions at right level

8. Get better at whole project thing

9. Better foundation for future leaders

10. Articulate reason why

11. More clarity around roles of "leader" and "manager" when it come to compliance

A. HIGH-PERFORMING TEAM

Q1. Think of a leader you've experienced who built and motivated a high-performing team.   What did the leader do to achieve that outcome?

 1. Communicates a clear vision supported by sound structure

 2. Set specific goals and expectations

 3. Don't be afraid to fail

 4. Freedom within limits, with support

 5. Enabling team members to play to their strengths

 6. Lead by example

 7. Trust people -- let ownership go

 8. Supportive and protective of the team

 9. Encourage upward management

10. Present, visible, know everyone

11. Nurture and encourage innovation

12. Thoughtful in the way they implement

13. Frexible and progressive -- adaptable -- evaluate and adapt

14. Delegate to competent people we trust to do the job

15. Recruit and select people who can do the job

16. Everyone's opinion valued

17. No hidden agendas

18. Performance management -- regular feedback, timely, formal and informal

19. Celebrate success

20. Sharing information and expertise

21. Reward and acknowledge success

B. TRUST AND INTEGRITY

Of the leaders you've experienced, which of them demonstrated the highest levels of trust and integrity? What did that leader do and say that indicated to you the high trust and high integrity?

 1. Do what they say they are going to do

 2. Trust the team with an expectation they will trust you

 3. Don't lie, don't deceive; open and honest

 4. Being fair and consistent (including "under the pump")

 5. Maintain confidentiality

 6. Responsible for making hard decisions

 7. If you have an issue you stay in control of it -- your way, not their way

 8. Upholding ethos of organisation, not just lip service

 9. Self-awareness and insight into own strengths and shortcomings

10. Be aware they may be perceived as being blunt

11. Be frank about the organisation's position

12. Integrity comes with consensus -- loyalty

13. Attack problems, not people

14. Don't need to be popular

15. Allow people to make mistakes and accept their failings -- accept that people will make mistakes

16. "Give and take" personality and culture

17. Flexibility (etc.) applies to everyone

18. Sensitive to needs and emotions

19. Respect other people's differences

20. Go into bat

21. Be true to your word

22. Lead with firm supportive style in bad times

23. Avoid micro-management

C. COMMUNICATION

Of all the people you've known in positions of leadership, who was the best communicator?

What were the most important aspects of that person's communication?

 1. Active listening

 2. Appropriate posture, body language, eye contact, non-verbals

 3. Know (or at least research) your subject

 4. Two-way exchange

 5. Give positive and negative feedback with ease

 6. Content is well-considered

 7. Reach the individual

 8. Delivered without hyperbole

 9. Ask questions, seek clarity

10. Seeks to put people at their ease

11. Recognise differences in communication style (and modify own style)

12. Use appropriate channel

13. Use silence appropriately

14. Tell the whole team

15. Maintain calm in heated conversations

16. Always seek best outcome

17. Never mischievous

18. "No such thing as a silly question"

19. Call a spade a spade

20. Make the time

21. Check for understanding

22. Empathy

23. Be considerate and thoughtful

24. Be concise

25. Talk to you, not at you

26. Humour

27. Ability to inspire -- set a vision

D. BARRIERS

What prevents people exercising more effective leadership?

 1. Too many chiefs

 2. Resources

 3. Lack of autonomy

 4. Lack of individuality

 5. Failure to pick up phone or answer emails

 6. Apathy

 7. Lengthy process in making decisions

 8. Punitive and arbitrary decision-making

 9. Non-clinicians making clinical decisions

10. Little acknowledgement / rewards

11. Leaders spread too thin

12. Not understanding policies and processes

13. Limited investment in professional development

14. Lack of empathy

15. Lack of confidentiality

16. No or limited succession planning

17. Inconsistency, processes and protocols

18. Societal changes -- hard to be a manager (teacher, police, etc)

19. Hard to attract quality people

20. Excessive emphasis on external expertise

21. Emphasis on pieces of paper

22. Accreditation / compliance