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Challenges to managing quality of care in northern Queensland residential aged care facilities

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ABSTRACT

Background: Senior management teams in residential aged care facilities (RACFs) face a range of challenges in providing quality health care services. With increasing attention directed at quality problems in Australian RACFs, there is an urgent need to better understand the experiences of this crucial cadre. This qualitative study sought to identify challenges from the perspective of current senior managers in residential aged care (RAC) organisations and map their influence on the quality of health care provided within.

Methods: 20 semi-structured interviews were conducted with senior managers in 14 RACFs in northern Queensland, Australia. Thematic analysis was used, combining inductive identification of managerial challenges and a mapping exercise to locate these encounters against health system quality dimensions in the Australian National Health Performance Framework (NHPF).

Results: Reported challenges to promoting and sustaining quality health care within RACFs included barriers to recruiting and retaining skilled staff, service constraints resulting from geographical isolation, limited access to quality fiscal resources, and a recent change to regulatory and administrative requirements. Identified challenges touch on all sub-dimensions of the NHPF.

Conclusion: Several forces, many structural, currently challenge quality health care services in northern Queensland RACFs. Senior management teams come under substantial pressure and are developing short term solutions to protect quality in the face of often chronic and structural challenges. Alongside work to address macro-level issues, more work is needed to understand the personal and professional attributes of senior managers who are successful in positively influencing facility-level quality issues.

1. Introduction

With aged populations growing globally, demand for residential aged care facilities is increasing in many countries (Australian Bureau of Statistics, 2020). Australia is no exception, with the proportion of people aged 65 years or over projected to increase from 15% (2017) to 23% in 2066 (Australian Bureau of Statistics, 2020). Depending on the context, residential aged care may be referred to as 'aged care', 'long-term care', 'skilled nursing facilities' or 'nursing home care' (Cleland et al., 2021). These facilities provide accommodation and personal care, access to healthcare, and social and emotional support to older persons who can no longer reside independently within a community dwelling (Woolford et al., 2022).

Quality of care in residential aged care is a long-standing concern internationally and in Australia (Australian Institute of Health and Welfare, 2019). Indeed, in 2019, the shortcomings of Australian aged care services were made public as part of the *Royal Commission into Aged Care Quality and Safety*, in which the national system designed to care for older Australians was described as "woefully inadequate". [5(p12)] The *Royal Commission into Aged Care Quality and Safety - Interim Report* described numerous incidences of neglect and substandard clinical services, resulting in significant harm and premature loss of life (Caughey et al., 2020). Even before the Commission, consumers reported concern regarding the limited skill set of staff, turnover, and low staffing ratios, each linked to reduced care quality and safety in the residential aged care settings (Royal Commission into Aged Care, 2020).

High-quality care is indicative of care that is accessible, continuous, effective, and safe, as well as responsive (to clients' needs and expectations), efficient and sustainable (Castle & Decker, 2011). Both structural contexts – including political, economic and technological – and

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agential factors – such as choices and decisions by a chain or facility-level managers and providers – shape the design, delivery and accountability of RAC health services (Kruk et al., 2018). Organisational and management sciences literature and studies from medical sociology in particular point to the impact of leadership and direction on quality of care (Figueroa et al., 2019).

Traditionally RACF's daily operations are controlled by the senior management team, which generally includes the director of nursing (DON), the Chief Executive Officer (CEO), and, depending on the organisation, a clinical care director (Royal Commission into Aged Care, 2020). The title and responsibilities of each senior management role may differ depending on the facility's profit and chain affiliation status. Parand et al. (2014) (Parand et al., 2014) note, however, that senior managers play an essential and prominent role in determining the quality of care by balancing sometimes competing legal, financial, and moral obligations and consumer and regulatory expectations at the facility level (Cameron, 2011; Dawes & Topp, 2019). As is the case in many health services, the challenge presented, and skills required to balance these considerations is often heightened in facilities located in more geographically isolated areas (Caughey et al., 2020).

Despite the increasing attention directed at quality problems in Australian RACFs, and the critical role and responsibilities of aged care senior management teams vis-à-vis that quality, little research has been conducted in Australia to understand facility-based senior managers' experiences or perceived challenges to delivering high-quality care. In a scoping review of the international literature focused on senior management leadership to promote quality in residential aged care, Dawes and Topp (2019), identified 14 studies, the majority of which (n = 12) reported on RAC in the United States of America (U.S) and only two including a qualitative exploration of senior managers' experiences or concerns regarding factors influencing care quality (Dawes & Topp, 2019). In one narrative synthesis, Jeon et al. (2010) sought to examine the issues associated with, and progress made, in residential aged care leadership and management. While findings demonstrate the influence of staff productivity and workplace culture on health-related outcomes, the study maintained a largely U.S.- centric focus and scanned managerial roles across multiple organisational levels rather than senior managers specifically (2010) (Jeon et al., 2010). An original qualitative research study by Savvy, Warbuton and Hodgkin (2017) additionally examined service managers' experiences of the challenges of providing aged care services in rural Australia (Hodgkin et al., 2017a). Key findings included issues with staff recruitment and retention and their impact on quality of care (Savvy, Warbuton and Hodgkin, 2017), however, the study was specific to the context of community-based services and did not consider the residential aged care setting (Hodgkin et al., 2017a).

With a view to addressing a gap in the literature regarding the experiences of senior managers to promote quality in the increasingly complex Australian residential aged care setting, this study aimed to explore the experiences, challenges and solutions adopted by senior managers in 14 Australian RACFs. The study took a consciously 'remote and regional' focus to recognise the additional challenges associated with service delivery in more geographically remote areas and the importance of managing the quality of care to all aged care residents. Findings forms part of a broader project that aims to enhance knowledge and evidence of what is needed to improve management practice for quality of care within Australian RACFs in the future.

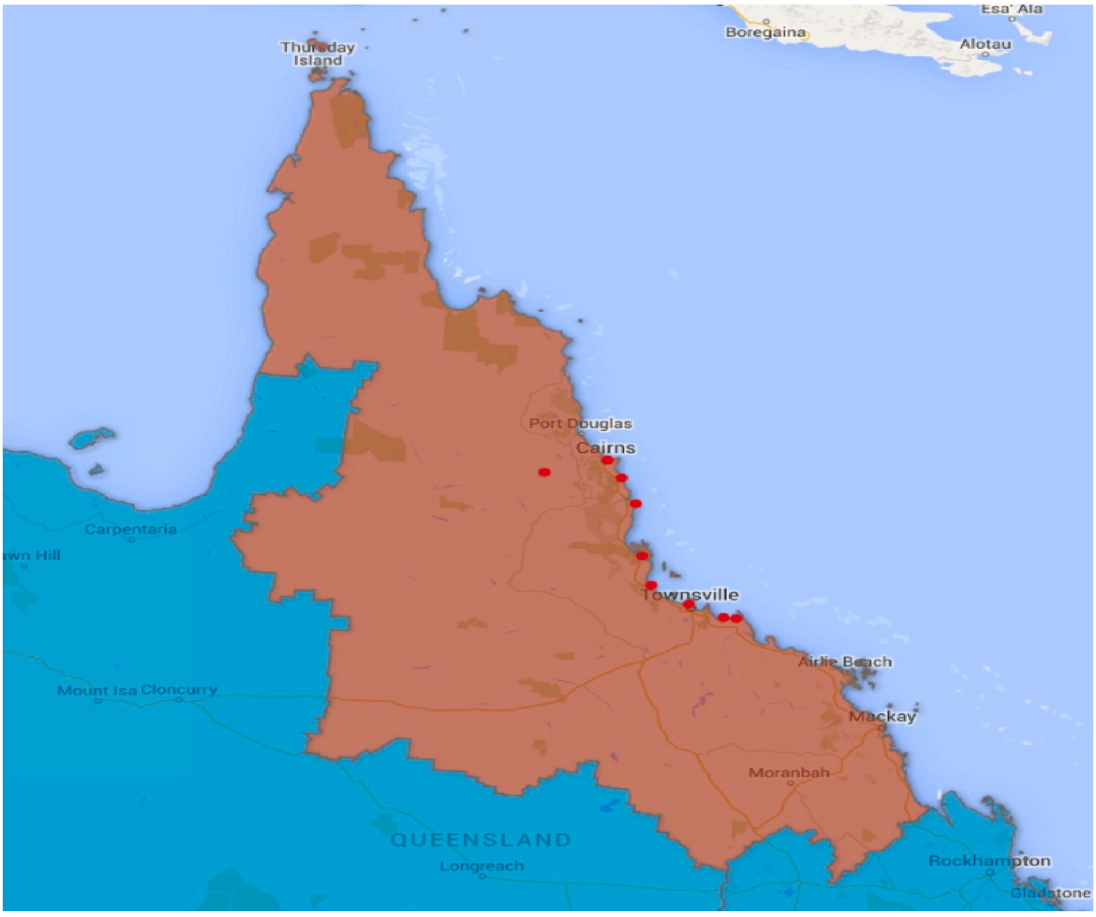

Fig. 1. Northern Queensland Primary Health Network Region - Study locations
Note: Source: (Adapted from Northern Queensland Primary Health Network website, 2020).

2. Methods

2.1. Study setting

The study was conducted across the Northern Queensland Primary Health Network (NQPHN) region (Fig. 1). (Northern Queensland Primary Health Network, 2020) The NQPHN region contains various degrees of geographical remoteness, including inner and outer regional, rural and remote localities (Hodgkin et al., 2017a). Facilities are located in Modified Monash categories 2–7[16] (with 7 equivalent to 'very remote') and include for-profit, not-for-profit, chain affiliated and non-chain affiliated organisations. Chain affiliated RACFs form part of a broader organisation, usually consisting of multiple facilities in different locations. Non-chain related facilities are standalone, independently owned, and managed organisations (Royal Commission into Aged Care, 2020). Inclusion of these different types of RACFs enabled exploration of potential differences in the experiences of senior managers working under other organisational and funding structures.

2.2. Study design and conceptual framework

From the perspective of senior managers, we conducted an exploratory qualitative study seeking to understand the challenges of delivering high-quality health care in regional, rural and remote RACFs. Qualitative methods were deemed appropriate in that they support examining individual participants' underlying reasons, opinions, and motivations (Austin & Sutton, 2014). We conducted in-depth interviews (IDIs) using probes such as 'why', 'how' and 'what' to gain a deeper understanding of participants' views and experiences regarding the challenges of managing care quality.

As a reference to the quality domains relevant to health service delivery in RACFs, we were guided by the Australian National Health Performance Framework (2019), which supports benchmarking for health system improvement and facilitates the use of data at facility level quality benchmarking purposes (Australian Institute of Health and Welfare, 2020).

The National Health Performance Framework (NHPF) provides a non-hierarchical conceptual framework to understand and evaluate the health of Australians and the health system (Australian Institute of Health and Welfare, 2020). The framework has 14 health dimensions grouped under three domains: health status, determinants of health, and health system performance. *Domain 3 – Health system performance* comprises six sub-dimensions utilised to evaluate health care service performance (Table 1). Five of these sub-dimensions have quality indicators specific to service provision within RACFs. These indicators can assist in assessing the residential aged care, quality of care, and whether the care provided delivers value for money (Australian Institute of Health and Welfare, 2020).

Issues surrounding quality of care, as described in the Royal Commission into Aged Care Quality and Safety – *Interim report,* and prior industry experience of one author (ND) provided the investigator team with additional insights regarding the broader and systemic issues influencing care quality in Australian RACFs.

2.3. Site selection

Site selection was purposive and designed to represent 'high-performing' RACFs across different areas of geographical remoteness in northern Queensland. The study focuses on 'high-performing' RACFs to explore the mechanisms employed by senior management teams who positively influence quality health care outcomes within their respective organisations. This insight could assist in determining management strategies that address quality issues across the broader Australian aged care sector.

First, a comprehensive list of Queensland aged care service providers was sourced from the Australian Institute of Health and Welfare – *GEN Aged Care Data* (Woolford et al., 2022). Organisations classified as multi-purpose service or a home care service were excluded as they did not align with the definition of a RACF. Due to the time-intensive governance requirements imposed on research in government facilities, it was not possible to include these facilities in this study; however, future research is planned to address this gap. To be classified as 'high performing', the facility must have obtained the maximum score (44//44) during the most recent site audit conducted by the Aged Care Quality, and Safety Commission (Caughey et al., 2020). Purposive targeting of invitations to 'high performing' RACFs in the NQPHN ensured representation of different geographic and organisational (chain, FP, NFP) status.

Table 1
Health system performance sub-dimensions and quality indicators (Adapted from Australia Institute of Health and Welfare, 2020) (Australian Institute of Health and Welfare, 2020).

Domain 3 – Health system performance		
Sub-dimension	Description	Quality indicators relevant to residential age care services
Accessibility	People can obtain health care at the right place and time irrespective of income, physical location and cultural background.	Residential and community aged care places per 1000 population aged 70+ years (and Aboriginal and Torres Strait Islander people aged 50–69 years), *Source National Health Care Agreement, 2021 Pg.26.* Aged care assessments completed. *Source: National Healthcare Agreement, 2021: Pg. 54.* Residential and community aged care services per 1000 population aged 70+ years. *Source: National Healthcare Agreement, 2021. Pg.49.*
Continuity of Care	Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	This sub-dimension has no specific quality indicator relevant to health care services provided within residential aged care facilities.
Effectiveness	Care/intervention/action provided is relevant to the client's needs and based on established standards. Care, intervention, or action achieves the desired outcome.	PI 06–Life expectancy, *Source: National Healthcare Agreement, 2021. Pg.6.*
Efficiency & Sustainability	Achieving desired results with cost-effective use of resources. The capacity of the system to sustain workforce and infrastructure, innovate and respond to emerging needs.	Full-time equivalent employed health practitioners per 1,000 population (by age group), Source: National Healthcare Agreement, 2021: Pg 33.
Responsiveness	Service is client orientated. Clients are treated with dignity and confidentiality and encouraged to participate in choices related to their care.	Patient satisfaction/experience. Source: National Healthcare Agreement, 2021 Pg. 32
Safety	The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.	Falls in residential aged care resulting in patient harm and treated in hospital, 2012 Health, *Source: National Healthcare Agreement: Retired June 25, 2013*

2.4. Recruitment

Recruitment was conducted using a combination of email with phone follow-ups. The first author emailed all potential participants (n = 42) using public access contact information. The initial email included a

copy of the study 'Information Sheet', which provided each prospective participant with detail of the study purpose, the role and experience of the first author and interviewer (ND) as an aged care occupational therapist and current PhD candidate. To be included in the study, participants were: i) aged 18 years and above; ii) in a senior management role; iii) employed at a RACF that was not government-owned or operated and iv) employed within the NQPHN region.

Overall, a response rate of 48% was achieved with 20 in-depth interviews conducted by the first author (ND) between December 2019 and January 2020, face to face (n = 18) and via telephone (n = 2). Generally, the duration of each interview was between 30 and 45 min and each face-to-face discussion occurred with the participant within the residential aged care facility in which they operated. The interview guide (Appendix 1) canvassed the role of the senior manager, the processes through which care quality improvement processes were devised and evaluated, and the challenges associated with delivering high-quality health care in the northern Queensland setting. Interview questions and exploratory probes were piloted for acceptability and focus and to ensure that each question elicited responses with the intended focus on the challenges and solutions adopted by senior managers to manage quality of care. All participants provided written informed consent and agreed to the interview being audio-recorded and transcribed. Each participant was provided with a copy of the interview transcription and an opportunity to correct or remove data before the analysis.

2.5. Data management and analysis

Inductive thematic analysis was conducted, and data was managed using QSR International Pty Ltd. (2018) *NVivo* (Version *12*) (Zamawe, 2015). To identify major and minor themes, we took the following steps: i) handwritten memos were collated immediately after each interview to ensure that a reflexive stance was maintained concerning the research situation, participants and documents under study; ii) familiarisation through careful and repeated reading of transcripts and research memos, noting emergent themes; iii) each participant was emailed a copy of the transcribed verbatim to ensure that the investigators records corresponded with those of the participants from whom those data were derived. Three participants (n = 3) provided feedback regarding the interview content, which was considered during the subsequent stages of analysis; iv) open coding was conducted in which codes were created based on identified themes. Codes were assigned to specific sections of transcripts and verified by the co-author (ST) to enhance the precision and consistency of the coding process; vi) the development of organisational descriptions, which included an account of each interview and discussed the findings relevant to the RACF organisational structure, profit status, policy and regulatory directives, facility geographical location and the role and each senior manager and other participants and vi) data display using matrices including summary tables (Braun & Clarke, 2006).

2.6. Ethics and consent

Ethical clearance was obtained from the James Cook University Human Research Ethics Committee (H6652) in August 2019.

3. Findings

3.1. Overview

In this section, findings are organised to reflect major themes relating to RACF senior managers' experiences supporting quality of care. The themes are not simply a list of challenges but rather incorporate data relating to both *challenges* and senior managers' *responses* to those challenges in pursuit of high-quality care. The three themes include i) staff recruitment, retention, and development; ii) resourcing and regulatory requirements; and iii) geographic isolation. Within each of these themes, we map the influence of challenges across the six quality-relevant sub-dimensions of the NHPF.

3.2. Staff recruitment, retention, and development

3.2.1. Barriers to recruitment and retention

All participants described challenges to recruiting, supporting and retaining competent employees at northern Queensland RACFs. Senior managers also experienced recruitment competition from mainstream health care services that often provide higher pay rates, flexible working arrangements and more career progression opportunities.

> "Aged care pay isn't fantastic. We are up against other facilities and community organisation that do pay a lot more money. We're possibly the second job for many of our employees and trying to get staff to dedicate themselves to us is a real challenge." *Senior Administration Officer, MM2, Chain affiliated RACF – Participant 5.*

3.2.2. Negative public perceptions

Negative perceptions about working in aged care, in part driven by negative findings of Australia's current Royal Commission into Aged Care Quality and Safety, have made the sector less desirable as a career option for nurses and other health care practitioners. As one senior manager observed:

> "Of course, the stress levels are higher because of the media and the Royal Commission that just bombard everyone. So, you've got this outlook of the family that comes because the Royal Commission and the media is just sweeping everything up" *Director of Nursing, MM4, Non – chain affiliated RACF – Participant 18.*

Recruitment competition and working conditions can result in high levels of staff turnover. Staff turnover is linked to the NHPF sub-dimension (SD) *Continuity of Care* as it can interrupt the provision of coordinated care in an organisation over time. Moreover, as reported by one senior manager, staff turnover contributes directly to the loss of revenue through costs associated with recruiting and training new employees. Some senior managers reported that staff turnover resulted in higher clinical workloads and RACF employee burnout. Three senior managers said that low staffing levels resulted in substandard service provision and increased frustration for residents and their families.

> "I tell everybody when they walk in here, families and residents alike, we run on the smell of an oily rag. If we cannot do something for you straight away, then we will tell you why. And if we can't do it at all, we'll look for the next best thing." *General Manager, MM4, Chain affiliated RACF – Participant 14.*

On occasions, managers reported having to explain to families that a resident could not be sufficiently cared for and that the "second best" would have to suffice as a result. Low staffing levels resulting in substandard care quality is linked to SD - *Efficiency and Sustainability* as an example of when a health care system does not possess the capacity to sustain workforce-staffing ratios to respond to consumer expectations and care needs adequately. Reduced staffing levels are also linked to SD – *Accessibility,* as residents have a reduced opportunity to access the care that they require at the right time.

3.2.3. Recruitment and development in geographically isolated areas

Participants described social and geographical barriers to recruiting given the region's relative isolation and limited numbers of suitably qualified and experienced aged care workforce. Due to poor staffing ratios and challenges with recruiting and retaining skilled (qualified) workers, rural and remote RACFs employ several individuals who do not possess formal healthcare qualifications or work experience in the Australian aged care sector. Compounding the lack of skilled workers, three senior managers operating in isolated areas (MM 5 & 6) reported

limited and expensive access to accredited training programs to upskill personnel. Employees lacking clinical knowledge and skill proficiency are less likely to recognise and deliver client-orientated care (SD – *Responsiveness*) that aligns with established aged care treatment standards (*SD – Effectiveness*). Limited training opportunities for RACFs with a high proportion of unskilled staff were reported to compromise care quality and resident safety (SD – *Safety*).

> "So, our biggest issue is getting qualified support people. Most people do not have a university degree. Most of them, particularly the workers on the floor, other than the registered staff and allied health left school at 14, 15 and have little idea of what the residents need." *Facility Manager, MM5, Chain affiliated RACF – Participant 7.*

Senior managers operating in rural and remote areas reported difficulty accessing 'online' training packages due to poor internet connectivity and dated IT infrastructure to provide ongoing professional development opportunities.

> "So there's not only challenges of getting people to deliver the training, there are additional challenges of even getting online to do training due to all of our internet problems" *Facility Manager, MM6, Chain affiliated RACF – Participant 12.*

3.2.4. External service providers and international sponsorship

For some managers in 'outer regional' and 'rural' localities, one solution to staffing shortages was to employ external agency staff. This strategy was reported to help improve staffing ratios (SD – *Continuity of Care*) however introduced other challenges. Agency staff were expensive to hire, and reliance on these external and high-turnover providers made it difficult for residents to develop rapport (SD – *Continuity of Care*). Although, in more rural localities, participants described how agency staff were scarce and difficult to recruit, particularly skilled professionals. As a result, two senior managers reported relying on video-link for most assessments and treatment interventions.

> "So, I've worked in smaller regional towns, which has been really difficult. I've done things like speech therapy assessments over FaceTime, which is not best practice and can affect the quality of care delivered and the practitioner – patient relationship." *Facility Manager, MM6, Chain affiliated RACF – Participant 12.*

International visa sponsorship was another expensive but medium-term solution to increasing staff, especially nursing and allied health professionals. Several senior managers noted the benefits of being able to source international staff, including lower turnover than agency staff, but still described challenges. These included written and verbal communication barriers (among international staff who spoke English as a second language), which reduced individuals' capacity to recognise, address, and document residents' expressed needs (SD- *Responsiveness*).

> "Look, we've got a lot of staff here that are sponsored. English is their second language, which poses some concerns around communication and providing ongoing quality care." *Facility Manager, MM5, Non - chain affiliated RACF – Participant 13.*

Senior managers also noted that employees who migrated to Australia were particularly susceptible to verbal abuse and harassment from RACF residents. This situation was described as traumatising for the providers, risking conflict, resulting in an unsafe situation for both the resident and staff member (SD – *Safety*). Such competition also increased the chance of the staff member ceasing to work with an individual, the organisation or even the sector as a whole (SD – *Continuity of Care*). One senior manager observed that racism was a likely contributor.

> "But it becomes increasingly difficult when they're [employees] being abused by residents and families. I think the clientele that we have in our aged care facilities - some within that generation can be bit racist" *Facility Manager, MM2, Non – chain affiliated RACF – Participant 6.*

3.3. Resources and regulatory requirements

3.3.1. Fiscal resourcing constraints

Most senior managers interviewed in this study described their facility as experiencing recent financial hardship. Some reported they are often required to reduce staff hours, increasing the workload of those rostered to work and limiting the frequency of resident care (SD – *Accessibility*).

> "It's a really hard balancing act at the moment because all facilities are struggling financially and trying to provide as much care as we possibly can with funding we get" *Director of Nursing, MM2, Chain affiliated RACF – Participant 9.*

Most interviewees characterised Australia's current aged care national payment model (ACFI) as inadequate and inaccurate, inhibiting the provision of high-quality services across the sector but particularly affecting the viability and sustainability of smaller facilities in rural and regional locations (SD – *Efficiency and sustainability*).

> "I don't understand how a lot of providers can provide quality health care in the dollars that are set by the department under the ACFI model." *Chief Executive Officer, MM2, Non – Chain Affiliated RACF – Participant 10.*

> "The reality is you're not going to get a five star gold service, paying 50 bucks a day, or whatever it is, the two just aren't going to come together." *General Manager, MM4, Chain affiliated RACF – Participant 6.*

3.3.2. Changes to regulatory requirements

Many senior managers reflected on challenges related to the introduction of the Aged Care Standards in July 2019, which signalled a regulatory shift away from task-orientated care towards the consumer-centred model. The new Quality Standards reshaped how many organisations were required to deliver their health care services and consumer perceptions about care delivery (SD – *Responsiveness*).

> "Because of the new standards. People are saying, "Well that's my choice." And so that expectation is rising, especially with the royal commission." *Facility Manager, MM2, chain affiliated RACF – Participant 11.*

More than two-thirds of the study participants reported challenges associated with the new standards. Some said that the expectations of the new Aged Care Standards (2019) were not clearly stated or well understood, undermining efforts to shift to more client-oriented approaches across facilities (SD – *Effectiveness*) (SD – *Responsiveness*). Lack of guidance regarding the standards meant that senior management teams in different RACFs interpreted standards differently and developed various non-standardised internal care structures. One senior manager described how this had profound implications for some RACFs that had previously been assessed as 'high performing' but failed when reassessed against the new standards.

> "So, we got reassessed under the new standards in the last week of July (2019) and we got absolutely hammered. The report was about 88 pages long and as far as my perspective, not very professionally written and with little recommendation regarding how we can improve." *Facility Manager, MM2 –Chain affiliated RACF – Participant 8.*

Two managers described how embedding the new standards into routine operations was a stressful and intimidating process for which they received little support. Some participants observed that limited education materials were provided to assist the regulatory transition.

Five senior managers specifically described challenges to educating staff regarding the new standards and shifting their facility-wide approach to care.

> "There's so much unsettledness out there when the quality agency turns up. Because different - we're all just getting our heads around the other standards and now they've changed it." *Facility Manager, MM4, Chain affiliated RACF – Participant 17.*

Reflecting a particular challenge for regional and remote facilities that were chain affiliated, two senior managers described how internal policies and regulations developed to transition chain affiliated services to the new Standards had been devised mainly concerning the metropolitan experience and failed to engage with the unique practices and processes required to deliver high-quality care in outer regional/rural areas (SD – *Effectiveness*).

The increased administrative and documentation requirements required to satisfy quality compliance under the Aged Care Standards was noted to reduce the amount of time available for (already limited) health care practitioners to complete care interventions. This, in turn, influenced practitioners' time to attend to resident needs, sometimes undermining the quality and safety of interventions provided (SD – Effectiveness & SD – Safety)

> "My fear when I'm dealing with the quality is it takes those nurses away from giving that bedside care and that hands-on care because we're more caught up at the moment with documentation." *Facility Manager, MM2 – Chain affiliated RACF – Participant 2.*

Senior managers also described how the Aged Care Standards had increased the number of consumers and their families requesting additional services. While supportive in principle of these demands, senior managers observed that with no other resources, these requests and quality standards were often unable to be met due to resourcing constraints (SD – *Effectiveness*).

> "It's becoming increasingly difficult to keep up quality and the expectations that the general public have of aged care compared to the funding and resources that we get." *General Manager, MM4 – Chain affiliated RACF- Participant 14.*

The challenges brought by complex and expensive information technology systems were linked to, but distinct from administrative requirements, paradoxically designed to help meet RACFs administrative and regulatory demands. Participants broadly acknowledged that generic information technology systems were designed in part to support quality compliance processes. Yet several noted that, in the context of vastly different organisational profiles (chain, for-profit, not-for-profit) of Australian RACFs, the inability to tailor such information systems resulted in a considerable (downstream) administrative burden. Three senior managers described the pressure to ensure regulatory compliance by adopting new information systems, which had created an additional unfunded workload for already stretched staff (SD – Effectiveness). As one participant observed, moreover, despite these information system changes, in some cases, there are no programs available to satisfy the current quality criteria.

> "There's no off the shelf product that's actually meeting the standards that we're aware of, as they are, as they have emerged and then all off sudden, there's another two or three to be added to that list" *Facility Manager, MM2 – Non – chain affiliated RACF - Participant 4.*

The mismatch between heightened consumer expectations in line with Royal Commission findings and recommendations increased the administrative workload associated with the Aged Care Standards. Several participants described the largely static human and financial resources as contributing to a highly stressful work environment. One senior manager reported that increased stress had resulted in a large exodus of senior managers from the industry and high staff turnover, further interrupting the coordination of services across facilities (SD – *Effectiveness and SD – Continuity of Care*).

> "The complaints are rising, the expectations are rising, the administrative burden is rising, and it's becoming an extremely stressful environment for senior managers." *Chief Executive Officer (CEO), MM2, Non – chain affiliated organisation – Participant 1.*

3.3.3. Geographic location

Previous sections have described some impacts of geographic isolation on RACF senior managers' experiences, including the difficulties in recruiting and retaining skilled professionals. Here we briefly report several other distinctive challenges related to geographic location and technology.

3.3.3.1. Access to technology. Senior managers operating in isolated areas reported that the increasing reliance within the RAC sector on information technology (IT) was a challenge for facilities in outer regional and rural locations. Often, internet connections were poor, resulting in a facility having no access to IT platforms – and thus essential quality assurance systems - for an extended period. Similar challenges with internet connectivity and speed were described as magnifying challenges in accessing training and professional development opportunities between rural and metropolitan localities.

> "Our internet access isn't great, so there's not a lot of Telehealth type of training that we can do, because we're constantly cutting out, or those sorts of things; even though we've upgraded, it's still not perfect." *Facility Manager, MM5, Non - Chain affiliated RACF – Participant 7.*

3.3.3.2. Managing natural disasters. Geographic location was described as pertinent to the quality of care, with some areas more prone to environmental disasters and cut off from essential services. One senior manager reflected that outer regional northern Queensland areas are prone to natural disasters, influencing service access and continuity at a RACF. Very isolated RACF facilities are often cut off for long periods because of flooding and subsequent damage to connecting inroads. This adds another element of planning and management to ensure that all resources, including food and health care infrastructure, is available to support ongoing and high-quality service provision (SD – *Efficiency and Sustainability*). It also determines the type and access to external services during a disaster (SD – *Accessibility*).

> "I've never lived in north Queensland, then I had about two floods, two cut-offs, and I've worked in a flood –, but not as a manager at that time. When a natural disaster hits, it can be a very overwhelming time for the residents and staff, and we need to be prepared for that." *Facility Manager, MM6, Chain affiliated RACF – Participant 12.*

4. Discussion

Drawing on interviews with 20 individuals across 14 facilities in remote, rural and regional locations, this study addresses a gap in the literature vis-à-vis the challenges experienced by senior managers in delivering high-quality health care in Australian RACFs. While all participants recognised the importance of health care quality, they described multiple and overlapping challenges to effectively delivering on that goal. Many challenges were a product of forces external to the facility, including well-known and sector-wide challenges such as chronic underfunding and struggles with recruitment and retention of skilled health professionals (Caughey et al., 2020). Participants also reported difficulties not previously well documented, such as interpreting and responding to regulatory directives. Although managers reported strategies to mitigate barriers to quality, many of these strategies presented challenges of their own.

Study findings provide further evidence of technological and fiscal resource constraints as barriers to quality residential aged care (Caughey et al., 2020). Participants, particularly those working in the most isolated areas, described challenges to accessing reliable IT infrastructure, including unstable internet that resulted in temporary interruptions to software systems, including those required to fulfil mandatory reporting. A majority of managers also emphasised how the "flawed" and "inadequate" national payment model (ACFI) placed critical limitations on their capacity to hire both sufficient numbers *and* appropriately skilled health workers. Moreover, interview data highlights the interaction between these well-known funding constraints and the particular challenges of recruiting experienced professionals in regional and rural locations, where intense competition for the same limited pool of skilled health workers from better funded and often more flexible mainstream health services (Burgess et al., 2020; Community Affairs References Committee, 2020).

Despite the recent formation of voluntary-industry codes and other regulatory directives to counter workforce concerns, many RACFs are challenged to interpret and respond to such requirements (Hodgkin et al., 2017b). The current study found the communications from commissioning bodies around new regulatory expectations to be unsupportive and non-transparent. Participants' accounts also emphasised the critical importance of adequately resourcing and supporting the facility-level implementation of new regulatory directives and the unintended consequences of not doing so. Such findings align with reports from governing bodies, including the Australian Government Department of Health, who described the Australian aged care system as lacking fundamental transparency while highlighting that available support providers to enact new regulatory requirements were limited (Caughey et al., 2020). Notwithstanding these concerns, well-reported and ongoing issues around skilled workforce shortages, it is observed that directives, including the Aged Care Workforce Strategy (2018), do not stipulate the resources or knowledge required by managers to embed, often complex strategic actions within their facilities. Moreover, directives rarely detail recommendations to curb current systemic issues that detract from aged care roles being a desirable career option despite intense competition from other health care sectors (Hodgkin et al., 2017b).

Another important study finding relates to the quality challenges of introducing the Aged Care Quality Standards (2019). Organised under the Quality of Care Principles (2014), the Aged Care Quality Standards were devised to highlight the core rights of central importance for consumers who access an aged care service, with directives to increase the quality of care through a person-centred lens (Australian Government Department of Health, 2020). Findings highlighted the paradoxically negative impacts of these evidence-based and person-centred standards, as senior managers struggled to adjust workplace routines, administrative systems, and professional development strategies to meet the revised audit requirements without additional funding and limited sector guidance. Consequently, study participants described redirecting their own time and staff into guideline interpretation, system re-design, and intensive audit requirements at the expense of direct monitoring of client services. These findings provide insight into revelations from the 2019 Royal Commission, which described the Australian aged care regulatory regime as 'unfit for its purpose' and lacking the ability to 'adequately deter poor practices' (Royal Commission into Aged Care, 2020). Indeed, as part of the Commission's Final Report (2021), several recommendations targeted regulatory reform, including the establishment of an 'Aged Care Safety and Quality Authority' responsible for devising a new overarching Aged Care Act with transparent quality standards that are easier for providers to interpret and embed within their respective organisations (Royal Commission into Aged Care, 2022).

Notwithstanding the variety of challenges highlighted by study participants, our findings did reveal ongoing efforts to manage and mitigate these in several ways. For example, several RACFs utilise external agency staff despite their expense to address skilled worker shortages. In addition, some organisations sponsor international staff, whose levels of English proficiency and lack of familiarity with the Australian aged care system have quality implications. This strategy resembles those employed by mainstream healthcare organisations, particularly those located in isolated areas that have trouble recruiting experienced healthcare personnel (Burgess et al., 2020). RACF senior managers also reported their awareness of managing the complex relationships between clients and providers – many of whom come from different cultural and linguistic backgrounds – in ways that protected both clients and providers and ensured high-quality of care. In this sense, the capabilities of RACF senior managers were noted to be an essential contributing factor to quality through providing a positive work environment and organisational culture more broadly (Howe et al., 2019).

Maintaining and developing a competent aged care workforce in light of regulatory challenges technological and fiscal resourcing constraints is critical and requires senior managers with the capacity to focus on job quality, employee satisfaction and employment conditions (Hart et al., 2020). Yet, the compounding, primarily structural, challenges reported by senior managers in this study shine a spotlight on the high-stress work environment of RACF senior managers, with several participants describing their perception of recently increased turnover among senior personnel. Just as in general staff, a high turnover of senior managers is likely to have negative quality impacts (Caughey et al., 2020). With this in mind, further research is urgently needed to understand the various competencies required and professional pathways to ensure RACF senior managers can achieve personal and professional resilience and successfully deliver high-quality care in this complex environment.

4.1. Limitations

This study did not include residential aged care facilities owned and managed by government organisations. This is a potential limitation as the unique regulatory and funding structures influencing the senior management role in government organisations are not represented in the study findings. In addition, 'lower-performing' institutions or those that did not obtain the maximum Audit score against the Accreditation standards were not eligible for participation. As a result, overall, the findings are likely to be, if anything, a conservative representation of challenges experienced in the broader residential aged care sector.

5. Conclusion

Quality of care is critical to the wellbeing of those receiving a health care service and highly relevant to residential aged care clients who require frequent and often complex health care interventions. This study improves understanding of the challenges experienced by senior management teams in delivering quality of care in regional and remote Australian RACFs, mapping those challenges against NHPF subdimensions of service performance. Findings demonstrate how sector-wide challenges such as chronic underfunding and poorly supported regulatory reform have intersected with location-specific issues such as geographic isolation and skilled workforce shortages to compound the challenge of delivering high-quality care – across all NHPF subdimensions. Findings also reveal the critical role senior management play in developing 'work arounds' to maintain quality of care in the short term in the face of such chronic and structural challenges. Work to address macro-level constraints and better understand the professional attributes required by RACF managers to cope with these issues successfully remain urgent priorities.

Consent for publication

All participants provided verbal and/or written consent for data to be

published.

Availability of data and materials

The datasets used and analysed during the current study are available from the corresponding author on reasonable request.

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Credit statement

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Declaration of competing interest

The authors reported no potential conflict of interest.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ssaho.2022.100300.

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