



Developing a competency framework for general managers at non-profit organisation retirement facilities

IH Scholtz

 [rcid.org/0000-0001-8106-3633](https://orcid.org/0000-0001-8106-3633)

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Supervisor: Prof PA Botha

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SOLEMN DECLARATION

I, Izak Human Scholtz, declare that the assignment I submit to North-West University, in partial fulfilment of the requirements for the MBA degree, is my own work.

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, is written over a thin horizontal line.

Signature of student

IH SCHOLTZ

Signed at Bloemfontein on 31 March 2026

DEDICATION

I dedicate this work to my wife, Tanya, and our two sons, Jano and André Scholtz.

ACKNOWLEDGEMENT

I want to take this opportunity to express my gratitude to Prof PA Botha for his dedication and guidance during my studies. I also want to thank my mom for her support with language editing and for the countless hours she spent reviewing my thesis.

Abstract

Aged-care managers in South African retirement facilities are currently grappling with urgent and persistent competency gaps, most notably in leadership and clinical governance, financial and strategic management, and formal management education. These gaps are significantly undermining the quality of care and operations, necessitating immediate attention and action.

Aim and research questions. The study aimed to (1) identify the critical managerial competency gaps and (2) design an integrated competency framework to address them, asking: What gaps are most salient, and how should a framework be structured to close them?

Design. A positivist systematic literature review (PRISMA 2020) with quantitative content analysis. Searches yielded 110 records; screening left 46 peer-reviewed studies for analysis.

Data and sources. Purposive sampling of 46 English-language studies from Scopus, Web of Science, and PubMed, published January 2015–June 2025.

Measures/analytic approach. Texts were analysed in Word Stat 9 using a custom dictionary to generate frequency counts and cross-tabulations of competency domains and gaps.

Key findings. The most frequently reported gaps were leadership and change management (38/46; 82.6%), communication/interpersonal skills (37/46; 80.4%), workforce development and retention (36/46; 78.3%), and quality and safety management (35/46; 76.1%); governance/business/financial acumen was also prominent (33/46; 71.7%). The review also confirms that gaps are primarily managerial and relational, rather than clinical.

Contribution. The study proposes a comprehensive and integrated framework grounded in the Resource-Based View (RBV) and Dynamic Capabilities (DC). This framework specifies nine interrelated domains (leadership and strategy, workforce, communication, clinical/health-systems knowledge, regulatory awareness, quality/risk, culture and staff wellbeing, ethical/person-centred care, and digital

literacy) to guide recruitment, training, and appraisal, providing a robust solution to the identified competency gaps.

Practical relevance. The proposed framework is not just a theoretical construct, but a practical tool that providers and policymakers can use to target leadership programmes, strengthen supervision, and build data and digital skills. By doing so, they can significantly improve service quality and retention, making the framework highly applicable and valuable in the real-world context of aged-care management.

Scope/limitation. Evidence is secondary and English-language only (2015–2025), with no primary fieldwork; findings are scoped to retirement facilities in South Africa.

Keywords: aged-care management; competency framework; South Africa; systematic review; leadership; workforce retention.

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List of Abbreviations

Abbreviation	Meaning
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5M	The 5M Model is a widely recognised framework in geriatric care that bridges clinical expertise with person-centred approaches. It emphasises five key domains that are essential for optimising health outcomes in older adults: • Mobility: Focuses on maintaining physical function, balance, and independence. It includes fall prevention and rehabilitation strategies. • Mentation: Addresses cognitive health — such as dementia, delirium, and depression — and promotes mental well-being. • Medication: Encourages safe prescribing practices, minimising polypharmacy, and reducing adverse drug effects. • Multi-complexity: Recognises the interplay of multiple chronic conditions, psychosocial factors, and the need for coordinated, interdisciplinary care. • What Matters Most: Centres care around the individual's goals, values, and preferences — ensuring that treatment aligns with what truly matters to the patient
ACEL	Australian Council for Educational Leaders
CPD	Continuing Professional Development
DEA	Data Envelopment Analysis — a method for assessing efficiency
EQ	Emotional Quotient — emotional intelligence
IQ	Intelligence Quotient — cognitive intelligence
NGOs	Non-Governmental Organisations
POPIA	Protection of Personal Information Act (South African law)
SBM-DEA	Slack-Based Measure within DEA — includes input/output excesses.

CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Aged care managers often lack the required competencies to manage facility operations effectively. The areas where the managers need improvement include leadership, clinical governance, financial management, and strategic planning. The aged care managers also lack the required management training. The lack of required competencies affects the quality of care and the facilities' ability to achieve positive outcomes for residents (Dwyer, 2011; Bocheńska-Brandt *et al.*, 2024).

Leadership and clinical governance are the most challenging areas for aged care managers. The aged care managers lack the required people-related competencies. Bocheńska-Brandt *et al.* (2024) emphasise the need to develop social and personal skills; however, aged care managers often overlook the importance of developing soft skills. Dawes and Topp (2022) state that development programs for aged care managers are largely inadequate, particularly for geriatric care managers. Dwyer (2011) found that registered nurses working as aged care managers lacked the required clinical leadership competencies. The competencies of aged care managers also vary by work environment. Erjavec & Starc (2017) found that nurse managers in the public sector often feel less confident in their leadership competencies than those in the private care sector.

Managers also tend to have a poor opinion of their ability in financial and strategic planning. Dwyer (2011) supports this assertion with a synthesis that indicates a general lack of financial competencies across diverse environments. This indicates a pressing need to improve this area of training. The problem is further compounded by the fact that many managers have no formal management education. Other obstacles, such as resource constraints and sectoral differences, further hinder managers' ability to develop (Furåker & Nilsson, 2010). Because many managers have never had formal management training, they rely on trial and error, making it even more imperative to provide them with proper training.

Certain leadership competencies are critical in aged care management. Some of them include communication, team management, relationship development, and governance (Dawes & Topp, 2021; Stanley & Spence, 2014). Successful leaders tend to be servant leaders, which helps them manage their staff during periods of change (Cloutier *et al.*, 2015). Interventions aimed at developing competencies in gerontological nursing have shown positive outcomes, supporting staff recruitment and retention (Traynor *et al.*, 2024). Situational leadership, which is person-centred, is also critical, and training needs assessment indicates that lower-level leaders need development in communication and procedural execution (Kvas & Seljak, 2014). Therefore, a comprehensive competency framework that incorporates clinical, managerial, and leadership competencies is critical to aged care management in retirement facilities. Such competencies can be categorised into cognitive, functional, social, and meta-dimensions, and critical competencies include self-management, health/clinical, and ethical/legal competencies (Bharwani & Talib, 2017; Pillay, 2010). Addressing this multifaceted competency gap is critical in improving the quality of aged care management in retirement facilities in South Africa.

1.2 BACKGROUND

According to the Australian Aged Care Leadership Capability Framework, effective leadership is related to improved quality of care and lower turnover rates (Jeon *et al.*, 2010, 2014). Middle-level managers need to have the following capabilities: workforce development, governance, health system navigation, and regulatory knowledge (Dawes & Topp, 2022). Leaders who are accessible, have clinical knowledge, communicate, and are flexible are also associated with high-quality care (Jeon *et al.*, 2010). However, many people take up these positions without training, underscoring the need for sector-wide training (Jeon *et al.*, 2015; Meissner & Radford, 2015). Compassionate behaviour is also an important factor in the workplace, having significant effects on the culture and the quality of care (O'Toole *et al.*, 2021). The Australian Council for Educational Leadership's (ACEL) framework assists in the development of managers' roles and professional development (Lewis, 2009; Jeon *et al.*, 2014).

In England, Skills for Care issued the Manager Induction Standards to lift practice in services for older adults (Williams *et al.*, 2016; Orellana, 2014). These standards outline the knowledge, values, and behaviours expected from care leaders. Their success depends on the learner's attitude, organisational support, and the design of the training (Williams *et al.*, 2016). The Care Certificate, introduced in 2015, sets fifteen performance markers for new support staff and has raised the status of care work even though participation is voluntary (Manthorpe & Purcell, 2023; Wright, 2014).

Australia's National Leadership Framework for Residential Aged Care, validated in 2024, responds to the higher expectations following the Royal Commission (Dawes *et al.*, 2024). It emphasises compassionate leadership and identifies five core skill sets: workforce growth, governance, health-system insight, stewardship, and regulatory understanding (Dawes & Topp, 2022a; O'Toole *et al.*, 2021). Effective communication and relationship management enable leaders to navigate policy shifts, foster high-quality partnerships, and prepare for public health crises (Blackman & Mudd, 2022; Haunch *et al.*, 2021; Usher *et al.*, 2021). The framework aims to enhance the overall quality of care across residential services (Dyer *et al.*, 2020).

Beyond English-speaking contexts, Song *et al.* (2022) developed a twenty-eight-item index for leaders in "smart" senior care centres in China. It encompasses nursing knowledge, technical skills, personal qualities, and professional demeanour. Related studies include chart service capability (Liu *et al.*, 2022), infection control skills (Kung *et al.*, 2025), and caring efficacy (Hwang *et al.*, 2016). Instruments gauge gerontological competence in student nurses (Tohmola *et al.*, 2020) and outline essential skills for care-home nurses (Kiljunen *et al.*, 2017). Researchers are also exploring the use of artificial intelligence and wearable devices to enhance the safety of long-term care (Wang & Hsu, 2023; O'Connor, 2022).

South African work centres on nursing managers in the public and private sectors. Core skills include self-management, planning, control, leadership, and legal knowledge (Pillay, 2009; Pillay, 2010). Managers in the private sector judge themselves to be superior to their counterparts in public service, but both groups identify gaps in their legal, ethical, and organisational skills (Pillay, 2008; Pillay, 2011). Primary care research identifies 9 competency domains and emphasises the need for

adequate infrastructure and proper supervision (Strasser *et al.*, 2005). As few studies focus directly on managers in aged care, this gap in the literature is a specific focus of this study.

1.3 PROBLEM STATEMENT

Managers of aged care facilities demonstrate considerable competency deficits that significantly affect the effectiveness of their leadership and overall performance. Competency deficits among aged care managers primarily occur in three key areas: leadership and clinical governance; financial and strategic management; and a lack of formal management education. For instance, aged care managers demonstrate inadequate clinical leadership competence and soft skills, which are important for ensuring effective governance and the delivery of quality care (Bocheńska-Brandt *et al.*, 2024; Dawes & Topp, 2022; Dwyer, 2011). The lack of formal management education restricts the manager's professional development opportunities, implying the use of only experiential learning (Furåker & Nilsson, 2010).

It is imperative to address the complex competency deficits of aged care managers using a competency framework to improve their leadership effectiveness and overall performance in retirement facilities in South Africa. So far, there is no research on the competency framework for aged care managers. Thus, the study makes a significant contribution to the field by developing a competency framework for aged care managers that fills an existing information gap.

1.4 RESEARCH OBJECTIVES AND RESEARCH QUESTIONS

Based on the problem statement, the following research objectives and questions have been formulated.

Research Objective 1: To identify and analyse the significant gaps in managerial competencies of managers of aged care facilities.

Research Objective 2: To develop a comprehensive competency framework which addresses clinical, managerial, and leadership competencies to improve the effectiveness of managers of aged care facilities.

Corresponding research questions:

Research Question 1: What are the significant gaps in managerial competencies of managers of aged care facilities?

Research Question 2: How can a competency framework be developed to address leadership competency gaps and improve the effectiveness of managers of aged care facilities?

1.5 PRELIMINARY LITERATURE REVIEW

The preliminary literature review focuses on the competency domains relevant to aged care managers. To effectively perform their roles and responsibilities, aged care managers need to acquire specific competencies. Empirical evidence from different studies indicates that effective management in such facilities depends on the aged care manager's competence in leadership and strategic management, communication, clinical management, and business management. These competency domains are shaped by contextual factors such as geographical location, types of facilities, regulatory environment, workforce, and technological change (Alford *et al.*, 2024; Dawes & Topp, 2022a, 2022b).

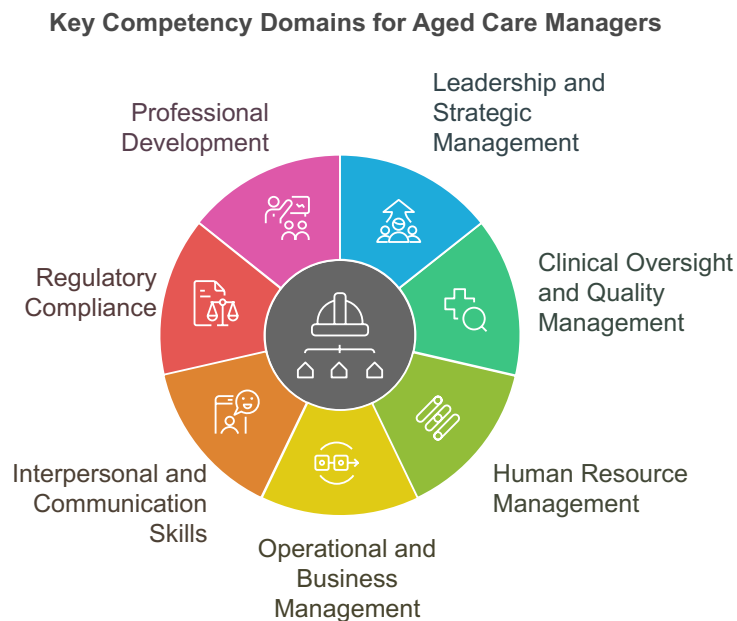


Figure 1.1 Competency domains for aged care managers

The competencies of leadership and strategic management appear fundamental, emphasising their role in facilitating organisational change, team management, and culture building in aged care facilities. Leadership and people management are fundamental competencies for aged care managers, as Alford *et al.* (2024) found them in 61% of aged care managers' job descriptions. Additionally, Dawes and Topp (2022a, 2022b) emphasise the significance of governance, stewardship, and strategic leadership competencies in aged care management. These competencies can facilitate the building of solid structures, culture building, and support for strategic goals in aged care facilities. Aged care managers must also possess the competencies to lead change in the aged care setting. Planning competencies in aged care management are essential for the operation of aged care facilities (Shanley, 2007; Dawes & Topp, 2022b).

Similarly, communication and relationship competencies are essential for aged care managers. These competencies can help aged care managers work collaboratively, show empathy, and manage relationships with stakeholders in aged care facilities. Alford *et al.* (2024) found that communication competencies were included in 47% of job descriptions for aged care managers, second only to leadership competencies. Similarly, Dawes and Topp (2022b) emphasise the importance of stakeholder communication and complaint handling in aged care management. Meissner and Radford (2015) argue that communication and conflict-resolution competencies are essential in aged-care management.

Clinical oversight and quality management are other vital competencies. These include knowledge of healthcare systems, clinical work, safety, and risk management. These competencies were mentioned in 43% of job descriptions (Alford *et al.*, 2024; Dawes & Topp, 2022a). Managers must understand how healthcare works. They must also guide clinical work, adhere to safety rules, and continually improve quality over time (Dawes & Topp, 2021, 2022a; Pillay, 2008, 2010).

Operational and business competencies are also critical. These include managing finances, planning, utilising digital tools, and operating tech systems. Many job ads highlighted gaps in financial planning, budgeting, and technology use. These gaps can have a detrimental impact on a facility's operational efficiency (Alford *et al.*, 2024; Dawes & Topp, 2022a). Without these competencies, managers struggle to utilise digital tools and management systems that are now integral to daily healthcare work (Dawes & Topp, 2022b).

Additionally, numerous studies identified specific gaps in aged care managerial competencies, including regulatory knowledge, adaptability, crisis management, cultural competence, advocacy, emotional intelligence, self-awareness, and ethical decision-making (Meissner & Radford, 2015; Furåker & Nilsson, 2010; Pillay, 2008, 2010; Asumeng, 2014). Each skill gap presents unique challenges, underscoring the complexity of managing diverse resident needs and navigating complex regulatory landscapes, reinforcing the necessity of tailored professional development programs.

Table 1.1 Competency domains relevant to aged care managers

Competency Domain	Key Components	Critical Indicators	References
Leadership and strategic management	Strategic planning, forecasting, organisational change, resource allocation, team management, coaching	The most frequently identified competency (61% of job descriptions) is achieving strategic goals and organisational growth.	Allen (2008); Trydegård (2000); Dawes & Topp (2022a, 2022b); Alford <i>et al.</i> (2024); Jeon <i>et al.</i> (2010)
Clinical oversight and quality management	Clinical knowledge, care directives, continuous quality improvement, safety and risk management, and maintaining resident care standards	Quality assurance outcomes, compliance with clinical standards, health outcomes, and accreditation results	Dwyer, (2011); Hurley & Brewer (1991); Orellana (2014); Alford <i>et al.</i> (2024); Dawes & Topp (2022a, 2022b)
Human resource management	Staff recruitment, training, professional development, performance management, and staff retention	Staff satisfaction, staff turnover rates, completion of training programs, and application of knowledge	Allen (2008); Furåker & Nilsson (2010); Denise <i>et al.</i> (2018); Dwyer, (2011)
Operational and business management	Facility operations oversight, financial acumen, budgeting, strategic financial planning, digital proficiency, operational efficiency	Resident satisfaction, operational efficiency, financial performance, and cost-effectiveness	Allen (2008); Trydegård (2000); Orellana (2014); Dawes & Topp (2022a, 2022b); Alford <i>et al.</i> (2024)
Interpersonal and communication skills	Effective stakeholder communication, empathy, relationship management, managing resident concerns, and building community environments	Stakeholder satisfaction, quality of life measures, frequency (47% of job descriptions)	Hurley & Brewer (1991); Alford <i>et al.</i> (2024); Dawes & Topp (2022b); Kiljunen (2019)
Regulatory compliance	Legal and ethical decision-making, documentation and reporting, adherence to industry and governmental standards	Compliance audit results, incident reporting accuracy, and documentation quality	Allen (2008); Oh <i>et al.</i> (2006); Orellana (2014); Dawes & Topp (2022a); Alford <i>et al.</i> (2024)
Professional development	Self-reflection, continuous learning orientation, adaptability, and staying current with industry trends	Participation in professional training, successful integration of new competencies	Furåker & Nilsson (2010); Dwyer, (2011); Alford <i>et al.</i> (2024)

1.6 CLARIFICATION OF CONCEPTS

Competence

Competence is a multifaceted construct encompassing the knowledge, skills, and qualities essential to performing a specified role or function (Birnbaum & Daily, 2009).

Competence framework

Competence frameworks are systematic instruments that identify the knowledge, skills, and behaviours essential to proficient performance in a specified role or profession (Spencer-Oatey & Stadler, 2009).

Aged care manager

The nursing home manager, also known as the aged care manager, is responsible for overseeing day-to-day operations in a residential facility for the elderly. The responsibilities include managing staff, ensuring compliance with health and safety regulations, maintaining financial records, and providing quality care (Social Care People, 2023).

1.7 DEMARCATION, DELAMINATION, AND LIMITATIONS

The focus of this research is the development and implementation of a competence framework applicable to aged care managers in retirement facilities in South Africa. The demarcation is the limitation on the geographical scope, which, in this case, is retirement facilities in South Africa. The subject matter is the competencies of aged care managers. Delimitations refer to the intentional narrowing of the scope of the research. The main basis of this secondary research is existing literature and secondary data, which signifies competencies related to practical management practices. The research is based on specific theoretical frameworks that support each competence area. The theoretical framework may also cause bias in the research. The research is based solely on secondary data, which may limit its scope and prevent the incorporation of recent ideas and concepts. To maintain privacy, direct contact with older adults is not made. Though this minimises ethical issues, it also limits the scope

of the research. The scope of this research is limited to managerial competencies alone; thus, important areas of research, like community and culture, are not covered.

1.8 RESEARCH PHILOSOPHY

The research philosophy of this study is evidence-based, as is appropriate for systematic reviews. Though this concept originated in medicine, its scope has extended to many other fields of study (Kitchenham, 2003; Munn *et al.*, 2018). Reviews may also be conducted following a positivist approach (Nirwana *et al.*, 2023). In addition, reviews may also follow a constructivist, interpretive, or pragmatic approach (Nirwana *et al.*, 2023). The research philosophy of this study is positivist, as its main aim is to identify objective facts through data (Maretha, 2023; Acton, 1951).

1.9 RESEARCH METHODOLOGY

This study uses a quantitative research method, focusing more on data analysis than on directly collecting people's opinions. The main aim of this study is to identify trends, gaps, and patterns in managerial competence. This method uses a structured problem-solving approach and relies on evidence-based data (Patel & Patel, 2019).

1.10 RESEARCH DESIGN

The study employed a systematic literature review (SLR), a research method that identifies, evaluates, and synthesises existing studies (García-Peñalvo, 2022). This process, based on the PRISMA 2020 guidelines, consisted of four steps: search, screening, appraisal, and synthesis. Databases such as Scopus, Web of Science, and PubMed, with a publication time frame of 2015 onwards and focusing on aged care manager competencies, yielded 110 studies, which were then filtered to 46 peer-reviewed articles. A quantitative content analysis of the studies quantified the gaps in leadership, communication, workforce retention, and quality, with clear implications for practice and policy development.

1.11 SAMPLING METHOD

Purposive sampling was used, and 46 English-language, peer-reviewed journal articles from reputable databases, published from 2015 onwards, were selected to examine gaps in managerial competency in aged care environments, thereby providing a robust basis for the quantitative analysis.

1.12 DATA COLLECTION METHODS

A systematic search of Scopus, Web of Science and PubMed (2015–2025) yielded 46 English-language studies and policy documents on aged-care management competencies; these texts were analysed in Word Stat 9 with a custom dictionary that quantified terms relating to competency gaps and frameworks, producing frequency counts and cross-tabulations (Manganello & Blake, 2010; Provalis Research, 2023).

1.13 DATA SOURCES

The SLR process involves fact-based selection of studies with a similar theme. This study employed this method to identify similar themes and trends concerning managerial competencies in retirement facilities.

1.14 ETHICAL CONSIDERATIONS

Many ethical considerations were considered, specifically regarding general managers in retirement facilities. A few ethical conditions were followed, including maintaining privacy and protecting personal information and facts. No permission was required because the SLR method was used instead of the initially presented content analysis method.

As stated above, the SLR method reduced the bias introduced by partiality. The study aimed to provide accurate and relevant information tailored to the needs of general managers and other stakeholders in retirement facilities.

1.15 SIGNIFICANCE OF THE STUDY

This study aims to examine key competency gaps in the management of aged care facilities. It presents a framework for building more decisive leadership, improving clinical oversight, and enhancing financial and strategic planning. It presents a critical discussion of leadership and clinical governance. High levels of these competencies can lead to better care and support for older people. The article presents a recommendation for management training to help aged care managers improve their professional competencies.

Some aged care managers lack confidence concerning financial and strategic planning. To address this, the article presents tools to build these competencies. This can lead to more stability in the sector. The article presents a framework for developing flexible leadership styles, including servant leadership. This can lead to a positive organisational culture, improving morale.

This study presents a comprehensive model of competencies, laying the foundation for future research and applications on managerial practices in retirement facilities. It presents an opportunity to continue researching effective management styles suited to the unique needs of retirement facilities.

1.16 CHAPTER OUTLINE OF THE DISSERTATION

Chapter 1: Background of the Study

Chapter 2: Literature Review

Chapter 3: Research Methodology and Design

Chapter 4: Data Analysis/Interpretation of Results

Chapter 5: Discussion of Results, Recommendations, and Conclusion

1.17 FIELD OF STUDY

This research falls under the category of Human Resource Management. This study combines Leadership, Clinical Governance, Financial and Strategic Management, and Formal Management Education. The interdisciplinary approach seeks to advance management practices and the quality of care in retirement facilities.

1.18 SUMMARY

Significant gaps in the competency level of aged care managers in retirement facilities, with emphasis on leadership, clinical governance, financial and strategic management, and formal management education, are the focus of Chapter One. The gaps are detrimental to the quality of care and operational efficiency in the facilities. The research aims to identify gaps and develop an overarching competency framework to improve the effectiveness of facility management. The literature review, though brief, highlights the importance of key competencies, including leadership, strategic management, communication, clinical governance, and operational management.

The research focuses on South African aged care managers and utilises a quantitative approach, including a systematic literature review (SLR), to identify trends and gaps in managers' competency levels. Ethical issues addressed the privacy and bias of the research. The importance of the research lies in its potential to improve the quality of care and operational efficiency by addressing competency gaps among managers and the urgent need for effective leadership in South African retirement facilities.

CHAPTER 2: LITERATURE REVIEW ON THE COMPETENCY GAPS AND FRAMEWORKS FOR AGED CARE MANAGERS

2.1 INTRODUCTION

This chapter presents a comprehensive literature review of the theoretical foundations of the competency domains deemed critical for aged care managers. It critically discusses leadership and strategic management; clinical governance and quality management; human resource management; business and operation management; interpersonal and communication competencies; regulatory compliance; and professional development competencies, among others. Based on multidisciplinary theories of management, psychology, educational theory, and systems theory, the chapter highlights the importance of the competency domains in ensuring effective performance and quality service delivery in response to the dynamic needs of aged care settings. However, despite the strong theoretical base, some gaps remain in the clarity of definitions, application methodologies, and the inclusion of newer competency domains such as digital literacy and crisis management.

2.2 THEORETICAL FOUNDATION OF COMPETENCY DOMAINS

The development of competency frameworks is grounded in multidisciplinary theories and evidence-based practice. Competency, as a framework, is an integrated set of knowledge, skills, and personal attributes required for effective performance in a professional context (Li *et al.*, 2024). The development of competency frameworks is usually done through a rigorous process, including literature reviews and consultations with key stakeholders, to ensure the context and sectoral demands are met (Batt *et al.*, 2021). The theories and frameworks supporting competency frameworks are multidisciplinary, drawing on management, psychology, and educational theories, providing clear guidelines for their development (Meding *et al.*, 2009; Eschenbrenner & Nah, 2014; Froyd *et al.*, 2000). Theories of systems science are used to improve the framework's structural integrity and functional integration, enabling a holistic depiction of professional competence (Bradley & Keating, 2014).

An important point to note is the distinction between competence and qualifications, which are closely related to performance outcomes. However, the measurement and definition of competence remain challenging, especially in context-dependent environments (Vonken, 2017). Competency frameworks are used for various purposes, including delineating professional practice, developing and implementing curricula, and assessing performance, thereby underscoring their importance and value in human resource development and educational strategies (Batt *et al.*, 2023). The importance of competency frameworks cannot be overstated, yet the need for more precise guidelines and for evaluating competency frameworks across various fields and industries cannot be overemphasised (Batt *et al.*, 2023; Vonken, 2017). There is a need to improve the methodologies used to develop competency frameworks.

These seven competency domains are essential and are discussed in the following sections.

2.2.1 Theoretical foundations of leadership and strategic management competencies

Leadership competencies have evolved from traditional theories to more contemporary approaches. Grounded in psychological and sociological theories, transformational leadership is recognised as effective in modern organisations (Alshehri, 2024). The philosophical foundations of leadership competencies draw from ancient wisdom, offering a holistic understanding of leadership mega-competencies and metaheuristics (Kessler, 2020). Self-determination theory has prompted a rethinking of leadership development, suggesting new motivation-based competencies (Fowler, 2018). For millennial workers, a contingency approach proposes three complementary leadership practices: ethical-tournament, servant-tolerant, and authentic-stringent (Farhan, 2021). The competency approach is a viable option for 21st-century leadership, emphasising the need for evolving practices (Chow *et al.*, 2017). Leadership competencies are crucial for organisational development and individual career opportunities (Andriukaitienė *et al.*, 2017). College student leadership development programs often use transformational leadership as a theoretical foundation (Ingleton, 2013).

Strategic management competencies are grounded in theories that explain how organisations become effective and remain competitive. The Resource-Based View (RBV) posits that those unique resources — those that are valuable, rare, inimitable, and non-substitutable — confer a competitive advantage on firms (Barney, 1991).

The Dynamic Capabilities Theory builds on this idea. This discussion focuses on how an organisation responds to change by adapting and coordinating its internal and external capabilities (Teece *et al.*, 1997). It is not enough for an organisation to have resources; rather, it is how effectively it can mobilise and adapt them to changing conditions. Kabue and Kilika (2016) argue that competencies help bridge the gap between the availability of resources and the firm's ability to differentiate itself, a factor that is particularly important when resources are abundant and readily accessible. In such a case, success is no longer based on the possession of resources, but rather on how they are managed and utilised. Developing strategic management competencies is not only about demonstrating technical capabilities but also about critical thinking, ensuring that actions taken align with overall goals, and taking steps that improve the organisation's position. Grant and Baden-Fuller (2018) argue that a viable strategic capability includes critical thinking, sound judgment, insight, creativity, and communication, which can help managers interpret complex information, make informed decisions, and integrate organisational activities towards a common sense of direction. Moreover, the contribution of core behavioural competencies should not be overlooked either. Kurniawati and Widodo (2024) list communication, teamwork, and self-management skills as key factors in improving strategic performance, arguing that these core competencies provide the foundation for translating strategic intent into organisational action. Thus, strategic competence lies in the organisational capacity to leverage its analytical skills with its practical competencies, which are the foundation for decision-making, cooperation, and control. Without integrating all these factors, strategic intent would remain theoretical rather than practical, reinforcing the importance of strategic management for organisational success.

Moreover, integrating economic theories, such as evolutionary and institutional economics, further supports strategic management theory by providing deeper insights into the dynamics of organisational behaviour (Barcadurmus, 2000).

Moreover, the theory of competence-based strategic management highlights the importance of integrating knowledge, technology, and organisational competencies for organisational success (Sanchez & Heene, 1996). For practical applications, particularly for non-governmental organisations in post-disaster rebuilding, integrating strategic management principles with disaster management and project management would further enhance organisational efficacy in responding to disaster challenges (Meding *et al.*, 2009).

2.2.2 Theoretical foundations of clinical oversight and quality management competencies

Clinical supervision competencies are a significant area of interest in healthcare education and practice. A competency-based approach facilitates greater accountability and is more consistent with evidence-based practice (Falender, 2014). The key components are the collaborative identification of knowledge, skills, attitudes, specific learning strategies, and evaluation strategies (Falender & Shafranske, 2004). Clinical oversight involves routine, responsive, and behind-the-scenes supervisory activities to ensure the delivery of high-quality care (Kennedy *et al.*, 2007). The clinical competencies of advanced practice nurses include the ability to assess patients, establish caring relationships, engage in teamwork, and demonstrate leadership (Nieminen *et al.*, 2011). The integration of learning, assessment, and supervision is a key component in developing competency frameworks that are more closely aligned with the realities of the work setting (Embo *et al.*, 2015). Although significant steps have been taken toward operationalising clinical supervision competencies, further consensus is required (Olds & Hawkins, 2014). The knowledge, attitudes, and skills approach can help to address the lack of consensus regarding clinical supervision competencies for nursing practice (Cutcliffe & Sloan, 2014).

However, the theoretical underpinnings of quality management (QM) competencies have developed and include several aspects. QM was initially based on the principles of Shewhart and Deming, who focused on value improvement through process refinement (Koskela *et al.*, 2019). Their principles transformed quality from being associated with the final product to being associated with the process by which an organisation undertakes its operations. However, QM has also been described as an

aspect of organisational culture, where quality is more than an organisational objective and is associated with organisational values and processes (Kujala & Ullrank, 2004). Martin *et al.* (2019) have described QM as an integration of human, process, conceptual, and contextual skills that, when owned by an organisation, enable it to manage quality effectively across different settings. QM has also shifted from being associated with efficiency and control to greater flexibility and creativity, incorporating aspects of learning and innovation (Martin *et al.*, 2019). Therefore, QM practitioners require an expanded set of skills and knowledge.

Several theoretical underpinnings of QM have provided explanations of quality management from different perspectives, including resource-based theory, knowledge-based theory, contingency theory, and institutional theory (Somsuk, 2010). However, some scholars have argued that QM is not grounded in sound theory and that its weak theoretical foundation may be one reason it is not highly visible as an aspect of management (Koskela *et al.*, 2019). Therefore, QM theory and its relevance need to be re-constructed and re-established in modern organisational settings.

2.2.3 Theoretical foundations of human resource management competencies

The various strands of theory underlying HRM competencies reveal the role of individuals or organisational systems in influencing performance. The first is the competency approach. This is based on work and organisational psychology and asserts that functional competencies need to be related to tasks and transferable across different situations (Schaper, 2004; Hofrichter & Spencer, 1996). In the context of Strategic HRM, different viewpoints are acknowledged. Wright and McMahan (1992) identify three dominant orientations: the behavioural approach, cybernetic models, and the resource-based view. These frameworks reveal the role of HR practices in influencing performance. The empirical literature also reveals certain skills that are particularly important for organisational performance, including business acumen and change management. These skills are seen to link individual HRM practices to broader organisational performance objectives (Ulrich *et al.*, 1995). Organisations are better off focusing on developing these skills. Nevertheless, HRM theory has not been unified on a specific way forward. Instead of converging on a single core theory, HRM theory is characterised by a range of mid-level ideas derived

from psychology, sociology, and economics (Ferris *et al.*, 2004). This is largely because of HRM's broad role, which poses challenges to unifying a theoretical framework.

Other emerging areas influencing this domain include green HRM, which integrates environmental goals into HRM (Arulrajah & Opatha, 2016), and internal partnerships that enhance HRM in this area (Chong Kok Wai *et al.*, 2021). These developments highlight the evolution of HRM from its initial focus on administration to its current role as a primary business driver (Boxall *et al.*, 2007). Other researchers have also aimed to formalise this domain of HRM through logic-based approaches to structuring competency theory (Fazel-Zarandi & Fox, 2010) and through General Systems Theory to understand the relationship between HRM practices and employee competency (Alsabbah & Ibrahim, 2014). The development of a single, clear and precise theory of HRM, however, is proving difficult. The differences between nations, as well as changes in research paradigms, continue to affect this process, which is proving limiting in this regard. The various contributions to theory presented in this paper, however, highlight that a clear understanding of HRM competencies is possible, including their inherent value in advancing organisational success.

2.2.4 Theoretical foundations of operational and business management competencies

Operational management competencies are based on a range of theoretical frameworks. The resource-based view and contingency theory are two theoretical frameworks that continue to hold significant value in operations management (Walker *et al.*, 2015). Over the past decades, there has been a significant evolution of various theories in the context of operational management. Although several studies were atheoretical and empirically focused (Walker *et al.*, 2015), several core theories were developed in the context of operational management. The core theories include the resource-based view, contingency theory (Walker *et al.*, 2015), and constraint management (Boyd & Gupta, 2004). Operational management is defined as the conversion of resources into products or services (Karpenko & Pienova, 2020; Korobka, 2020). Operations management encompasses a range of functions, including planning, organising, directing, and controlling production. Ten core

principles bring together a century of operations management knowledge (Holweg *et al.*, 2018), as noted in contemporary literature.

Business management competencies are based on numerous theoretical constructs. Core competencies such as communication, teamwork, and self-management are essential for enhancing strategic performance (Kurniawati & Widodo, 2024). Competency-based management has gained prominence as a strategic tool for sustainable competitive advantage (Rosso & García-Salirrosas, 2023). Classical theories, such as Taylor's scientific management and Fayol's administrative theory, underpin modern business management practices (Picado Juárez & Golovina, 2023). While important, the concepts of competencies and soft skills lack consensus in their definitions and theoretical foundations (Marin-Zapata *et al.*, 2021). Managerial competence, including strategic thinking and entrepreneurial skills, is linked to organisational performance (Ngumo, 2021). Context-specific competency frameworks are proposed for middle managers in education (Corbett, 2021). Digital competencies are increasingly essential for business and management education (Uzule & Kuzmina-Merlino, 2021). Management frameworks provide valuable insights for financial service professionals in areas such as competitive advantage and data analysis (Kline *et al.*, 2021).

2.2.5 Theoretical foundations of interpersonal and communication competencies

Recent research on interpersonal relationships highlights their importance in various contexts, including education and environmental behaviour. In learning contexts, teacher-student relationships are crucial for student engagement and achievement (Li, 2021; Spilt *et al.*, 2023), particularly in the more delicate setting of online education, where intentional care is crucial (Kostenius & Alerby, 2020). Mindfulness training has been shown to strengthen connections and interpersonal interactions through self-awareness, self-regulation, and prosociality (Khouri *et al.*, 2023). Beyond the classroom, interpersonal relationships shape the human-nature relationship and provide pathways to sustainable behaviour (Lengieza *et al.*, 2023), while theories such as situational interdependence in close relationships shed light on attachment theory and long-term relationship maintenance (Columbus *et al.*, 2020). Collectively, these studies emphasise the importance of multidimensionality when creating and

encouraging effective interpersonal relationships across multiple aspects of life. A key dimension underpinning these relationships is communication competence, a multidimensional construct that captures an individual's ability to communicate effectively and appropriately across different contexts (Hokianto, 2023; Pin'ska & Kalashnikova, 2024). It encompasses cognitive, behavioural, and affective dimensions, as well as interpersonal skills, social competence, and social intelligence (Pin'ska & Kalashnikova, 2024). Presented as a two-dimensional model, this research is also divided into two strands: in the first strand (psychology and culture), communication competence was considered a primarily psychological construct, whereas in the second strand (health and education), communication competence became an object of research in health and education (Rakhmani *et al.*, 2024). Recent studies highlight that intercultural and multimodal communicative competencies are crucial in the digital age (Mootoosamy & Aryadoust, 2024). The Cognitive Competency Development Model (Jajoo & Deshmukh, 2024) posits that individual, social, and environmental variables govern the development of communication competence. It is vital, especially in religious organisations and for preparing students for the workplace (Muindi & Thinguri, 2022). Despite this, a disconnect remains among communication skills, workplace communication, and pedagogical approaches (Muindi & Thinguri, 2022).

2.2.6 Theoretical foundations of regulatory compliance competencies

This section presents an overview of the theoretical foundations of regulatory compliance competencies. Various theoretical frameworks are used. The pure deterrence approach, which focuses on punishment, is just one theoretical explanation of regulatory compliance (Sutinen & Kuperan, 1999). Although useful, it is not sufficient; economic, psychological, and sociological theories provide a broader approach that includes moral obligation and social influence (Sutinen & Kuperan, 1999). Goal Framing Theory is a theoretical framework for making sense of the diverse yet integrated reasons for regulatory compliance (Etienne, 2011). The theoretical perspectives include regulatory culture, social bonds, and adaptive modes (Braithwaite, 1995). The theoretical framework of compliance culture, based on legitimacy, permeability, and control, has been suggested (Interligi, 2010). The

theoretical framework of regulatory compliance for requirements engineering is used to define, differentiate, and create testable hypotheses (Jureta *et al.*, 2010). The theoretical framework of a compliance management system is used to improve processes, increase stakeholder trust, and decrease risks (Sahaidak & Maryniuk, 2024). Despite these theories, there is still a lack of a cohesive, cumulative theoretical framework (Etienne, 2011).

2.2.7 Theoretical foundations of professional development competencies

The theoretical basis for the professional development competencies draws on a variety of frameworks. Sociocultural theory, multicultural pedagogy, and critical theory are considered essential for addressing power issues in special education (De Valenzuela *et al.*, 2000). Vygotsky's developmental theories are applied to teacher growth, emphasising social interaction and scaffolding (Eun, 2008; Eun, 2019). Other relevant theories include professional development, career development, organisational behaviour, and human capital theories (Borodiyenko, 2019). Similarly, Adult Education Theory and Rational Choice Theory explain teacher participation in continuing professional development (Njenga, 2022). The Zone of Proximal Development theory aligns with constructivism to understand transversal competencies (Yasmin & Islam, 2021). Competencies for Education for Sustainable Development are explored in the Vietnamese context (Nguyen Phuong *et al.*, 2021). Additionally, seven core competencies for engineering education are grounded in pedagogical theories (Froyd *et al.*, 2000).

2.3 COMPETENCY DOMAINS FOR AGED CARE MANAGERS

Competency is a multifaceted concept encompassing the knowledge, skills, and attributes necessary to effectively perform a specific role or task (Birnbaum & Daily, 2009; Helmold, 2021). It involves accountability, practice-based learning, self-assessment, and the application of skills across various domains (Tilley, 2008). Competency is an inherent quality that combines skills and knowledge, distinguishing it from learned skills (Helmold, 2021). They are crucial in defining professional qualifications and measuring workforce quality (Trinder, 2008). In organisational contexts, competencies are essential for achieving goals and are considered valuable

assets in employees (Karpagam & Sujatha, 2020; Ulrich *et al.*, 2008). Leadership competencies, for instance, are specific skills that equip individuals to lead effectively (Cragg & Spurgeon, 2018). Competency development involves cultivating these abilities to meet organisational challenges (Karpagam & Sujatha, 2020). The learning environment for competency assurance should involve learner assessment, accountability, and individualised experiences (Tilley, 2008).

Chapter One, a preliminary literature review, identified seven competency domains for aged care managers. Based on an initial literature review, the typical competency domains include leadership and strategic management; clinical oversight and quality management; human resource management; operational and business management; interpersonal and communication skills; regulatory compliance; and professional development.

2.3.1 Leadership and strategic management competencies for aged care managers

The integrated leadership competencies provide a comprehensive synthesis that reflects the complexities of contemporary organisational environments, characterised by volatility, digital transformation, and ethical considerations (Kwiatkowska *et al.*, 2022; Bolden & Gosling, 2006). Leaders must develop a range of competencies organised into distinct categories: cognitive and strategic thinking; intrapersonal and self-regulatory skills; emotional and relational intelligence; change and innovation; digital and operational expertise; and societal, ethical, and systemic competencies.

Cognitive and strategic thinking competencies are essential for effective leadership. Leaders must cultivate a strategic perspective and a visioning ability to anticipate long-term trajectories and integrate systems thinking to align internal capabilities with external conditions (Rohana & Abdullah, 2017; Yoon *et al.*, 2010). Effective leadership requires a broad set of cognitive, emotional, and behavioural skills. At the core are critical thinking and decision-making abilities. These help leaders evaluate complex problems, especially in uncertain conditions (Hertelendy, 2021). Analytical and cognitive intelligences are the basis for this process, as they enable leaders to analyse information and draw meaningful conclusions (Rohana & Abdullah, 2017). Good leadership is also dependent on intrapersonal and self-regulatory abilities. Self-

regulation enables leaders to recognise their strengths and weaknesses. When leaders align with their personal values, they are more effective in addressing various issues (Ashley & Reinter-Palmon, 2012). Remaining calm under pressure enhances a leader's confidence (Hertelendy, 2021). Ethical reasoning is also important for leaders, as it enables them to act with integrity amid complex situations (Yoon *et al.*, 2010).

On the other hand, relational and emotional intelligence abilities include self-regulation, empathy, and awareness of the social world (Giles, 2016). This enables leaders to communicate effectively and build trust with their team members. Leaders who communicate effectively and with cultural sensitivity are more effective at influencing their team members, thereby promoting greater commitment (Croft & Seemiller, 2017; Hopkins & Figaro, 2021). Good teamwork and collaboration are also important for leaders, as they foster a sense of shared purpose and team cohesion (Yoon *et al.*, 2010).

Good leaders must also be innovative and agile, especially in dynamic environments (Fotso, 2021). Change agility enables leaders to guide their team members in adapting to the dynamic nature of their work environments, ensuring they remain connected and productive (O'Brien & Robertson, 2009). Having an innovation orientation enables leaders to foster innovative ideas, thereby improving their ability to pursue continuous improvement (Fotso, 2021). Developing talent is also important for leaders, as it enables the creation of the tools team members need (Hopkins & Figaro, 2021).

These digital and operational capabilities are now considered integral to fundamental leadership capabilities. Digital capabilities enable the leader to interact effectively with data and technology (Kwiotkowska *et al.*, 2022). Hybrid leadership, combining face-to-face and virtual leadership, is necessary for leading distributed teams (Hopkins & Figaro, 2021). Project and performance management capabilities are significant, as leaders need substantial skills in these areas to establish goals, measure results, and hold people accountable (Yoon *et al.*, 2010).

The societal and ethics-based leadership competencies are also essential. The sustainability mindset enables the leader to promote responsible behaviour in

environmental or social contexts (Bolden & Gosling, 2006). The cultural awareness component enables the leader to navigate differences in identity, values, and belief systems (Rohana & Abdullah, 2017). Public value leadership enables the leader to promote fairness, transparency, and accountability in the public sector (Kaudela-Baum & Nussbaum, 2022). Stakeholder engagement capabilities enable the leader to promote trust and leadership through relational means (Hertelendy, 2021).

The leadership competencies in the residential aged care industry include the following: building relationships, conflict management, regulatory environment, mentoring, clinical oversight, financial management, digital capabilities, and project management. The combined capabilities enable the leader to deliver high-quality services while ensuring they are safe, efficient, and effective. The integrated leadership capabilities enable the senior managers in the aged care industry to navigate the complex environment while delivering quality services (Dawes & Topp, 2022). The leadership competencies promote a relational, ethics-based concept of leadership, moving beyond the traditional mechanistic view (Bolden & Gosling, 2006). The current evolution of the concept of effective leadership focuses on what the leader can achieve or who the leader is in the position, consistent with the current leadership model, which recognises the complex landscape of a globalised, values-based leadership environment.

Table 2.1 Integrated Leadership Competencies for Aged Care Managers

Competency	Definition	References
Strategic thinking	The ability to think long-term, align goals with vision, and anticipate future challenges.	Croft & Seemiller (2017); Ruben (2019)
Cultural intelligence	The capability to relate and work effectively across cultures.	Jokinen (2005); Cumberland <i>et al.</i> (2016)
Emotional intelligence	The capacity to recognise, understand, and manage one's emotions and those of others.	Bolden & Gosling (2006); Ruben (2019)
Communication	The ability to clearly convey messages and actively listen in leadership interactions.	Croft & Seemiller (2017); Ruben (2019)
Adaptive leadership	The ability to remain flexible and respond effectively to changing circumstances.	Hertelendy (2021); Heifetz & Linsky (2017)

Competency	Definition	References
Ethical leadership	Leading with integrity, honesty, and strong moral principles.	Bolden & Gosling (2006); Ruben (2019)
Collaboration	Working effectively with others towards shared goals.	Cumberland <i>et al.</i> (2016); Ruben (2019)
Visionary thinking	The ability to craft and articulate an inspiring future for the organisation.	Conger & Ready (2004); Ruben (2019)
Data-driven decision-making	The ability to utilise big data and analytics to inform strategic decisions.	Schmidt <i>et al.</i> (2023)
Crisis leadership	Leading during emergencies with competence in tasks, people, and adaptive domains.	Hertelendy. (2021)
Social intelligence	The capacity to understand and manage social interactions effectively and adapt behaviour based on situational awareness.	Mohamad Rohana & Abdullah (2017); Bass (2001)
Cognitive intelligence	The ability to solve complex problems and make reasoned decisions, reflecting intellectual agility.	Boyatzis (2009); Mohamad Rohana & Abdullah (2017)
Interpersonal intelligence	The skill to interact effectively with others, understand interpersonal dynamics and build positive relationships.	Mohamad Rohana & Abdullah (2017)
Intrapersonal intelligence	The capacity for self-awareness and self-regulation enables individuals to understand their motivations and feelings.	Mohamad Rohana & Abdullah (2017)
Hybrid leadership competency	The ability to lead effectively in hybrid and virtual work environments by enhancing communication and social cohesion.	Hopkins & Figaro (2021)
Innovation leadership	Creating an innovative and culture-friendly environment and supporting structures to stimulate creativity and drive change.	Kaudela-Baum & Nussbaum (2022)
Strategic perspective	The ability to maintain a future-oriented vision and align organisational resources to long-term objectives.	Kwiotkowska <i>et al.</i> (2022)
Team empowerment	Facilitating team development through trust,	Kwiotkowska <i>et al.</i> (2022)

Competency	Definition	References
	delegation, and collaborative decision-making.	

Significantly, the evolution of strategic management competency frameworks has moved from a resource-based approach to a competency-based approach. Prominent strategic management competency frameworks include Porter's Competitive Positioning, the Resource-Based View, and the Delta Model (Hax, 2010). Recent studies have shown that core competencies play a vital role in improving strategic performance (Kurniawati & Widodo, 2024). Furthermore, these studies suggest that a general competency framework should address both strategic and personal competencies. Competency frameworks for specific job roles, such as strategic planning managers in multi-business holding organisations, have also been developed (Ershadi *et al.*, 2023). Bibliometric analyses have shown that competency-based management is gaining importance in the 21st century (Rosso & García-Salirrosas, 2023).

Strategic management competencies include cognitive, behavioural, and relational capabilities that help organisations successfully manage and maintain effective competitive strategies. Strategic management competencies can be explained by two main theoretical perspectives: the Dynamic Capabilities Framework (Teece *et al.*, 1997) and the Resource-Based View (Barney, 1991), which help organisations achieve sustainable competitive advantages in highly uncertain, changing environments. Core strategic competencies include strategic thinking, visioning, and analytical thinking. Strategic thinking enables a leader to approach decision-making with a future orientation and a holistic perspective, considering both the organisation's dynamics and environmental conditions. Strategic thinking enables a leader to integrate both perspectives to create a more comprehensive understanding of organisational realities (Goldman & Scott, 2016). Strategic thinking allows a leader to create a vision for the future and to motivate others towards a common goal (Nuntamanop *et al.*, 2013). Effective decision-making is facilitated by strong analytical thinking that uses relevant data and accurate analysis (Ershadi *et al.*, 2023).

The relational competencies are also important for strategic leadership. These include communication, team leadership, and the ability to engage diverse stakeholders. A

strategic leader who can influence, collaborate, and inspire is better placed to execute strategic changes (Kamaria & Lewis, 2009; Pinto-Carral-García *et al.*, 2021). The second group of strategic management competencies is execution-oriented competencies. These include the ability to align organisational systems. This is important for executing strategic changes (Vakola *et al.*, 2007; Ershadi *et al.*, 2023).

Finally, we have organisational learning and innovation. These are also important for strategic adaptability. Organisations that can learn are better placed to adapt to changing environments (Salamzadeh & Mirzadeh, 2016; Rosso & García-Salirrosas, 2023). Techniques such as scenario planning are also important for strategic adaptability. These techniques enable strategic leaders to prepare for different possible futures (Herrmann, 2005). Additionally, we have systems thinking and resilience. These are important for strategic leadership since they enable strategic leaders to manage complexity (Grant & Baden-Fuller, 2018).

The strategic management competencies are not fixed. Instead, they are dynamic and need support at both the individual and organisational levels. Strategic management competencies are also important for strategic leadership, as they form the foundation of strategic agility, strategic transformation, and strategic learning.

Table 2.2 Integrated strategic management competencies for aged care managers

Competency	Definition	References
Strategic thinking	The ability to conceptualise the organisation and anticipate changes in a complex and dynamic environment.	Goldman & Scott (2016)
Visionary thinking	The capacity to articulate a future direction and mobilise resources and commitment toward that vision.	Nuntamanop <i>et al.</i> (2013)
Analytical thinking	The ability to deconstruct problems, analyse data, and draw conclusions that inform strategic action.	Nuntamanop <i>et al.</i> (2013)
Synthesising ability	Integrating diverse information sources to create coherent and actionable strategic insights.	Nuntamanop <i>et al.</i> (2013)
Learning ability	The capacity and disposition to continually acquire new knowledge and skills, enabling strategic adaptation.	Salamzadeh & Mirzadeh (2016); Nuntamanop <i>et al.</i> (2013)

Competency	Definition	References
Scenario analysis	The process of exploring alternative futures through the structured evaluation of potential scenarios.	Ershadi <i>et al.</i> (2023); Grant & Baden-Fuller (2018)
Decision-making	Making informed choices under ambiguous conditions and time pressure to support strategic objectives.	Grant & Baden-Fuller (2018)
Creativity and innovation	Generating and applying novel ideas that yield a competitive advantage.	Salamzadeh & Mirzadeh (2016); Herrmann (2005)
Leadership	The ability to inspire, influence, and guide individuals and groups toward achieving organisational goals.	Darling & Venkitachalam (2021); Kabii & Kinyua (2023)
Communication	Effective exchange and transmission of ideas, intentions, and strategic objectives across stakeholders.	Kabii & Kinyua (2023). Pinto-Carral <i>et al.</i> (2022)
Teamwork	Working collaboratively and constructively with others to achieve shared strategic outcomes.	Kabii & Kinyua (2023)
Stakeholder engagement	Establishing and nurturing strategic relationships with internal and external stakeholders.	Kamaria & Lewis (2009); Darling & Venkitachalam (2021)
Knowledge transfer	Transferring critical knowledge across functions and boundaries to enhance strategic capacity.	Darling & Venkitachalam (2021)
Strategic alignment	Aligning individual and organisational activities with the overarching strategic direction.	Sohmen (2015); Vakola <i>et al.</i> (2007)
Customer competence	The ability to understand and serve customers' needs better than competitors.	Danneels (2002); Enginoğlu & Arıkan (2016)
Technological competence	The ability to develop and integrate technological knowledge to support strategic initiatives.	Danneels (2002); Teece <i>et al.</i> (1997)
Staff engagement	Fostering employee commitment and participation in achieving strategic objectives.	Darling & Venkitachalam (2021)
Partnership working	Collaborating across organisational boundaries to enhance joint value creation.	Darling & Venkitachalam (2021)
Judgment and intuition	Drawing on deep experience and intuitive understanding to make strategic judgments.	Grant & Baden-Fuller (2018); Herrmann (2005)
Social and communicative skills	Interpersonal capabilities that facilitate trust, influence, and	Pinto-Carral <i>et al.</i> (2022). Goldman & Scott (2016)

Competency	Definition	References
	cooperation in strategic contexts.	

2.3.2 Clinical oversight and quality management competencies for aged care managers

Integrating clinical supervision with geriatric care competencies represents a crucial step in enhancing the quality and effectiveness of management in aged care settings. Clinical supervision is now recognised as a unique and intricate professional skill that requires its own foundation in terms of education and experience. Considering the aforementioned need for holistic geriatric and healthcare skills, especially in an ageing population, it is evident that aged care management requires a highly multifaceted and evolving skill set encompassing clinical, interpersonal, ethical, and organisational elements. Falender (2014) suggests that clinical supervision is a unique professional skill that requires formal training and focuses not only on administrative tasks but also on the development of clinical skills. The process of clinical supervision involves the collaborative identification and monitoring of the knowledge bases, attitudes, and practices that define professional competencies (Falender, 2014). Such a competency-based approach to clinical supervision is especially pertinent in aged care settings, where it can address quality and staff support in an increasingly complex clinical context. In this regard, Kennedy *et al.* (2007) developed the concept of clinical oversight as part of clinical supervision, which includes routine, responsive, and backstage oversight. Such a model requires aged care managers to assess competence and ensure safety and continuity through multi-tiered engagement with frontline teams.

Competency frameworks for clinical supervision typically encompass professional values, theoretical knowledge, and applied skills (Jamshidi *et al.*, 2016; Cutcliffe & Sloan, 2014). Borders (2014) distinguishes best practices in supervision from technical competencies, highlighting that effective supervision is relational, reflective, and strength-based. Falender (2014) further notes that supervision quality depends not only on the supervisee's growth but also on the supervisor's ability to build strong alliances and practice multicultural and ethical competence. These principles are directly relevant to aged care leadership. Kiljunen *et al.* (2017) propose a framework

for clinical oversight in aged care that incorporates attitudinal, ethical, pedagogical, and evidence-based domains. Aged care managers are expected to combine leadership, strategic planning, and human resource skills to meet the demands of regulated care environments (Alford *et al.*, 2024). These expectations have grown as ageing populations require leaders with specialised knowledge of geriatrics. The Comprehensive Geriatric Assessment (CGA) has become a primary clinical intervention, focusing on the early detection and management of frailty, polypharmacy, cognitive decline, and co-occurring health conditions. Dimitriadou *et al.* (2025) identify four primary domains for the provision of CGA: clinical competence, interpersonal awareness, system awareness, and a commitment to quality improvement.

Ethical leadership and interpersonal awareness are the foundation for effective supervision in aged care. The studies conducted by Tohmola *et al.* (2022) and Catalão *et al.* (2024) emphasise the importance of professionals being able to convey messages, respect individual autonomy, and operate within ethically complex care environments. This is consistent with the supervision literature, which highlights the significance of trust, communication, and ethics in enhancing the quality of care and the nature of professional relationships.

Leadership in the context of aged care involves considering complex systems. The significance of interprofessional collaboration, which involves nursing, allied health, medical, and administrative staff, has become a primary consideration in the provision of care to the elderly (Bhattacharya *et al.*, 2021; Damron-Rodriguez *et al.*, 2019). The significance of relational leadership and the stewardship of resources is a primary consideration in the context of aged care (Dawes & Topp, 2022). This is consistent with the study by Weissbrot-Koziarska *et al.* (2024), which highlights that managers in Germany's aged care sector are increasingly engaged in strategic, clinical, and advocacy roles.

Learning and mentoring are ongoing processes that remain a priority. However, many organisations have failed to incorporate essential gerontological competencies into formal education. Boscart *et al.* (2017) highlighted a significant gap in pedagogy for aged care competency within training programs. Mezey *et al.* (2008) emphasise the importance of core competency alignment among different health professionals for

better care coordination. Chen *et al.* (2023) highlighted that several nurse specialists lacked confidence in providing professional development. Hence, a supervisory role must be educative by incorporating reflection, feedback, and skills development into daily practice.

The “5M” model for aged care competency includes Mobility, Mentation, Medications, Multi-complexity, and What Matters Most. This provides a clear guide for aged care managers on promoting the health and well-being of geriatric populations (Costley, 2016; Bhattacharya *et al.*, 2021). Aged care managers must incorporate these principles into practice by ensuring that staff structures promote staff engagement, dignity, and safety. Advocacy is essential for aged care managers to support staff well-being, reduce burnout, and create a psychologically safe environment for staff and residents.

Clinical supervision based on a competency framework is a strategic tool for aged care managers. It improves staff performance, provides ethical care, and helps aged care managers deal effectively with the complex needs of geriatric populations. The literature consistently shows that aged care leadership depends on integrated clinical, ethical, interpersonal, and organisational skills. As populations age and care environments grow more complex, investing in supervisory and geriatric competencies will be essential for achieving quality, person-centred care.

Table 2.3 Integrated clinical supervision and geriatric competencies for aged care managers

Competency Domain	Definition	References
Clinical and diagnostic competence	Ability to perform comprehensive assessments and manage complex geriatric conditions such as frailty, multimorbidity, and polypharmacy.	Dimitriadou <i>et al.</i> (2025); Chen <i>et al.</i> (2023)
Ethical, relational, and communication competence	Skills in ethical reasoning, interpersonal engagement, and effective communication with older adults and interdisciplinary teams.	Tohmola <i>et al.</i> (2022); Catalão <i>et al.</i> (2024); Costley (2016)
Interdisciplinary care coordination	Competence in collaborating across professional boundaries to plan, deliver, and evaluate holistic care for older adults.	Bhattacharya <i>et al.</i> (2021); Damron-Rodriguez <i>et al.</i> (2019)

Competency Domain	Definition	References
Leadership and organisational competence	Capacity to lead care teams, manage resources, implement policies, and influence organisational culture in aged care settings.	Dawes & Topp (2022); Weissbrot-Koziarska <i>et al.</i> (2024)
Evidence-based practice and quality improvement	Applying research evidence and quality indicators enhances care processes and outcomes in geriatric settings.	Boscart <i>et al.</i> (2017); Mezey <i>et al.</i> (2008)
Health promotion and wellbeing	Promoting holistic health, autonomy, and psychosocial resilience among older populations.	Costley (2016); Bhattacharya <i>et al.</i> (2021)
Workforce development and education	Supporting continuous learning, mentorship, and competency development within the geriatric workforce.	Bhattacharya <i>et al.</i> (2021); Chen <i>et al.</i> (2023)
System and policy awareness	Understanding the health systems, policy environments, and regulatory frameworks that shape the delivery of aged care.	Romero-Ortuno <i>et al.</i> (2022). Weissbrot-Koziarska <i>et al.</i> (2024)

Quality management competencies for aged care managers encompass a range of skills and knowledge areas. These include technical competencies for data interpretation and strategic decision-making (Kannan & Garad, 2021), as well as social competencies for communication and leadership in decentralised environments (Kannan & Garad, 2021; Pinto-Carral *et al.*, 2022). Person-centred care is a widely accepted benchmark of quality in aged care. However, its implementation remains inconsistent due to ongoing resource constraints (Garratt *et al.*, 2021). Delivering this standard of care requires managers to develop core competencies in system management, professional development, and leadership behaviour (Karsikas *et al.*, 2022). These competencies include financial knowledge, effective communication, and staff development skills (Pinto-Carral, 2022). Understanding how residents define quality (through respectful care, clear communication, and knowledgeable staff) is crucial to meeting expectations (Smith *et al.*, 2022). Enhancing multidisciplinary competence among teams improves coordination and consistency in the delivery of care services (Poulos *et al.*, 2021). The management of care services in residential aged care facilities (RACFs) involves effective operational management and strategic management. The ageing population and the increasing complexity of aged care regulations have led to changes in the role of aged care managers, including leadership in quality improvement and system-wide accountability (Jeon *et al.*, 2010;

Taylor, 2023). This includes clinical governance, data-informed decision-making, digital innovation, stakeholder engagement, and workforce development. To manage these functions effectively, aged care managers need to demonstrate clear competence in quality management.

Strategic governance is a foundational concept in sustaining quality standards in aged care services. Aged care managers are required to align organisational systems with national policies, establish clear accountabilities, and use structured feedback tools for monitoring performance (Cleland *et al.*, 2021). This is beyond mere compliance, where aged care managers need to establish organisational cultures that sustain quality standards through the consistent application of quality principles. Engaging aged care managers with quality indicators is also important in sustaining performance (Chadwick *et al.*, 2015). In this regard, strategic leadership bridges national policies with operational care services, providing a directional impetus for quality enhancement.

The second focus area is clinical safety and person-centred care services. Aged care managers are required to manage the development, updating, and evaluation of clinical protocols, analysis of performance data, and auditing (Jeon *et al.*, 2010). However, aged care managers are also required to manage quality beyond clinical safety standards, including residents' experiences (Cleland *et al.*, 2021). The authors highlight the need for aged care managers to listen to the voices of older people (Cleland *et al.*, 2021). Boucher *et al.* (2022) highlight the role of middle managers in making evidence-based practice relevant and applicable in daily care services, where their ability to translate evidence into operational practices makes them central in frontline care services.

Operational competence is the third domain. Managers are expected to manage the physical environment, resources, and daily operations. Studies have shown that most care failures are not due to a lack of knowledge but rather a lack of coordination (Shao *et al.*, 2021; AlOmari, 2021). To address this challenge, a systems approach can be adopted to identify inefficiencies and streamline processes, promoting consistency in the provision of care services.

Good interpersonal skills also underpin effective leadership. Respect, empathy, and cultural sensitivity are important factors in the quality of care provided to residents. Studies have shown that older persons place more value on relational aspects of care, such as kindness and attentiveness, rather than the technical quality of care (Garratt *et al.*, 2021). Managers are expected to provide leadership characterised by dignity, respect, and compassion (Marquis, 2002). This is essential in the formulation of policies, staff training programs, and leadership communication.

Finally, data literacy is a critical skill set expected of the current aged care manager. Managers are expected to read data, performance indicators, and audit reports. Technology has improved the documentation of information, tracking of records, and communication (Bail *et al.*, 2022). New models of performance evaluation are being adopted by aged care facilities. The most common model is the SBM-DEA model (Shao *et al.*, 2021). With the increasing integration of technology into the health sector, the scope of the aged care manager's role is expanding. Data literacy is a non-negotiable requirement of effective leadership. Modern aged care managers are expected to understand the use of technology such as telehealth, care planning, and predictive analytics (Broday, 2022; Sader *et al.*, 2022).

A robust quality culture is underpinned by professional development and engagement. Aged care managers achieve this through coaching, mentoring, and setting expectations. Leadership is important for confidence, particularly in pressurised environments (Dwyer, 2011). Studies show that engaging frontline staff in quality planning increases ownership (Enghiad *et al.*, 2022). Balding (2012) identifies five core leadership competencies: applying systems thinking, designing a strategic quality plan, sustaining improvements, managing change, and integrating structure with innovation. Continuous quality improvement (CQI) is essential for long-term quality. The Plan-Do-Study-Act (PDSA) cycle is a tool for facilitating CQI (Endalamaw *et al.*, 2024). CQI includes data collection, identification of gaps in services, testing new approaches, and engaging stakeholders. The Senior Staff Study (2015) shows that engaging residents, families, and staff in care planning increases relevance. Aged care managers who lead these initiatives create a learning culture. The Royal Commission into Aged Care Quality and Safety (2021) found significant gaps in aged

care services in leadership, quality assurance, and regulatory compliance. The government has implemented national standards for training managers in competencies. Aged care managers must be competent in terms of knowledge, ethics, vision, and people skills. Aged care managers are essential for the delivery of quality aged care services. Aged care managers' roles include strategy, clinical governance, ethics, communication, and information technology. Aged care managers' professional development is important as the sector becomes increasingly complex and prominent. A robust competency base is essential for effective leadership. This is important for the provision of safe, dignified, and responsive aged care services.

Table 2.4 Integrated quality management competencies for aged care managers

Competency Domain	Definition	References
Strategic leadership and governance for quality	Establishing systems and structures for strategic planning, regulatory alignment, and organisational accountability to support ongoing quality improvement.	Cleland <i>et al.</i> (2021); Chadwick <i>et al.</i> (2015); Garratt <i>et al.</i> (2021)
Clinical oversight and evidence-based practice	Leading and monitoring clinical practices to ensure safe, effective, and individualised care based on evidence and regulatory standards.	Cleland <i>et al.</i> (2021); Enghiad <i>et al.</i> (2022)
Operational competence and process management	Managing organisational processes, infrastructure, and resource allocation to ensure efficiency, effectiveness, and consistent quality service delivery.	Shao <i>et al.</i> (2021); AlOmari (2021)
Relational competence and ethical practice	Fostering respectful, empathetic, and culturally sensitive interactions that support ethical, person-centred care and shared decision-making.	Cleland <i>et al.</i> (2021); Garratt <i>et al.</i> (2021); Marquis (2002)
Data literacy and performance measurement	Using data and digital tools to monitor, evaluate, and enhance care quality through real-time feedback and evidence-informed decisions.	Shao <i>et al.</i> (2021); Bail <i>et al.</i> (2022)
Workforce development and quality culture	Supporting staff development, engagement, and shared responsibility for quality improvement through education, empowerment, and psychological safety.	Enghiad <i>et al.</i> (2022); Dwyer (2011)

2.3.3 Human resource management competencies for aged care managers

Aged care managers as line managers now lead many human resource tasks beyond basic supervision (Cornelius, 2000; Liu, 2017). They handle recruitment, selection, performance evaluation, training guidance, and employee relations management (Azmi & Mushtaq, 2015; Srimannarayana, 2010). This has a positive effect on the organisation. However, it also poses a challenge to the managers (Renwick, 2003). There may be a lack of time, motivation, skill, or support from HR for the managers (Terhalle, 2009). The results may differ from organisation to organisation depending on the context, managers' abilities, and the level of interaction with HR specialists (Maxwell & Watson, 2006). There may be a conflict between HR managers and line managers. However, the two need to work together. The support of HR managers is essential for the line managers to perform their HR roles effectively (Terhalle, 2009).

The Human Resource Management (HRM) in the aged care sector is a complex task that demands a balanced integration of generalist HR competencies, sectoral knowledge, and the development of all workforce capabilities. The roles of managers in the aged care sector are complex due to high staff turnover, growing demand for care services, and the ethical requirement to deliver person-centred care. The literature reveals that the managers in the aged care sector must be proficient in the following three domains of the aged care managers' competency: the foundational HRM competencies, the sectoral care competencies, and the workforce management competencies (Dawes & Topp, 2022; Gunawan *et al.*, 2022; Purser *et al.*, 2019).

The industry is characterised by an unacceptably high turnover rate of 35%. The industry is highly dependent on inexperienced employees (Preece, 2011). The reasons for the unacceptably high turnover are supervisory relationships, compensation, work overload, and workplace culture (Jurij *et al.*, 2023; Shields, 2007). Cooke & Bartram (2025) argue that intrinsic satisfaction cannot compensate for the structural limitations of aged care work, especially under increasing population pressures and care demands.

A comprehensive HRM system for recruitment, retention, and motivation is a necessity. This system can improve staff satisfaction, consistent with research findings

that satisfaction, organisational commitment, and motivation can reduce turnover (Shields, 2007). Jurij *et al.* (2023) identify the essential managerial competencies as strategic workforce planning, performance appraisal, job design, conflict handling, and knowledge of labour laws. Positive work culture and values, such as workplace spirituality and dignity at work, are essential for a positive work culture (Jurij *et al.*, 2023).

A shift in HRM's focus from performance evaluation to staff development over the last few decades reflects a growing awareness of the importance of employee growth. The percentage of managers who saw staff development as essential rose from 58% in 1995 to 71% by 2004 (Shields, 2007). This represents a significant philosophical change. Today, best practices for HR managers involve incorporating opportunities for career growth, skill development, and leadership into the normal functions of management (Gunawan *et al.*, 2019; Meissner & Radford, 2015).

Performance management, which is another important HRM activity, must be evidence-based and contextually sensitive. Evaluative approaches must be sensitive to care quality and emotional labour in the sector. Evidence-based appraisal systems are essential, as are feedback loops (Liang *et al.*, 2018; Gunawan *et al.*, 2022). The personal characteristics of aged care leaders are important in determining employee outcomes and care quality. Transformational leadership styles are linked with increased emotional engagement, trust, and commitment among care workers (Taylor, 2023). Such leadership styles drive innovation in technology, team-based systems, and care quality, with inclusive leadership as a core component (Cooke & Bartram, 2025). Communication styles, social support, and relational competence are important in these approaches, which have been linked with increased employee satisfaction (Dawes & Topp, 2022).

Leadership is also not possible without some degree of ethical foundation and emotional intelligence. Shields (2007) found that emotional intelligence (EQ) is twice as important to successful leadership as IQ and technical skills combined. Aged care leaders need to exhibit empathetic, self-aware, and socially skilled qualities to successfully manage care dynamics, staff conflicts, and community engagement

(Dawes, 2022). Leaders who exhibit EQ-driven leadership styles are also capable of creating a safe and ethical care environment (Jurij *et al.*, 2023).

A positive organisational culture, facilitated by effective leadership stewardship, can enhance staff well-being, consumer satisfaction, and business sustainability. Dawes & Topp (2022) found that both a safe physical environment and a positive organisational culture can positively impact staff retention and care outcomes for residents. Stewardship practices that promote transparency, shared responsibility, and a service-oriented approach can also help rebuild public trust and improve workforce engagement (Dawes & Topp, 2022). Järlström *et al.* (2024) also found that HR practices based on the common good and employee dignity are essential. Ngocha-Chaderopa (2013) also found that changing organisational culture is important to improve job quality and service delivery. Investing in diverse skills and values-based recruitment can also strengthen organisational culture (Dawes & Topp, 2022).

The ability of managers to demonstrate high emotional intelligence enables them to foster empathy among care service recipients, their families, and the team (Dawes, 2022). As Goleman's initial study suggests, EQ is a major determinant of performance outcomes (Shields, 2007). Emotional intelligence is also a determinant of resilience, ethics, and trust-building, which are critical in an emotionally taxing environment such as aged care (Jurij *et al.*, 2023). An integrated HRM model for aged care services needs to transcend skill sets to incorporate emotional intelligence, ethics, and a focus on staff well-being. Aged care service managers need to be effective at adapting HRM strategies to meet the needs of aged care services and be compassionate leaders grounded in the principles of dignity, stewardship, and the common good. These are critical skill sets that increase job satisfaction, reduce turnover, and improve the quality of care for some of society's most disadvantaged citizens.

Table 2.5 Integrated HRM competency domains for aged care managers

HRM Competency Domain	Definition	References
Foundational HRM functions	Core generalist practices that keep the workforce operational: recruiting and selecting staff, running performance appraisals, coordinating training,	(Cornelius, 2000; Liu, 2017; Azmi & Mushtaq, 2015; Srimannarayana, 2010; Terhalle, 2009)

HRM Competency Domain	Definition	References
	managing employee relations, and ensuring legal compliance.	
Sector-specific care competencies	Knowledge and skills unique to aged care: person-centred care principles, ethical practice, emotional-labour awareness, integration of clinical quality indicators into appraisals, and adherence to aged-care regulations.	(Purser et al., 2019; Gunawan et al., 2022; Dawes & Topp, 2022; Liang et al., 2018)
Strategic workforce management	Long-range abilities that secure and develop the workforce: workforce planning, retention strategies, values-based hiring, transformational and inclusive leadership, culture building, data-informed decisions, and change or technology adoption.	(Shields, 2007; Jurij et al., 2023; Cooke & Bartram, 2025; Dawes & Topp, 2022; Taylor, 2023)

2.3.4 Operational and business management competencies for aged care managers

In aged care leadership, the integration process involves a combination of operational discipline and sound business judgment to achieve consistent, high-quality implementation of policy directives and resident expectations. The foundation for a good operation begins with a strong understanding of change and project management, in which the aged care leader guides teams through new forms of care and infrastructure improvements while controlling costs and scope (Shanley, 2007; Sweasey & Skitmore, 2007). Good supply chain and procurement management guarantee access to medicines, equipment, and foodstuffs while linking these aspects to fast logistics in ensuring the safety and health of the aged care residents, especially during a health crisis like COVID-19 (Prajogo & Sohal, 2013; Poulos *et al.*, 2020; Harland *et al.*, 2021). Maintaining a clean and functional environment while controlling climatic conditions requires effective facilities management in resource planning and maintenance (Ismail & Ishak, 2021). Operational reliability relies on a robust safety culture that leverages teamwork and quality-improvement tools to minimise harm (Bleich, 2018). Risk and compliance oversight, where aged care managers establish clear reporting channels, strike a balance between resident autonomy and protection, and monitor legal exposure, complements safety (Shi *et al.*, 2021; Marx & De Swardt, 2019; Green & Sawyer, 2010; Clancy & Happell, 2014). Long-range strategic planning

aligns budgets, workforce, and technology with shifting regulations and funding (Dawes & Topp, 2022a).

These technical controls succeed only when aged care managers master the human side of the equation. People-management capabilities, including recruitment, coaching, retention, and conflict resolution, build morale and underpin every improvement effort (Meissner & Radford, 2015; Jeon *et al.*, 2015). Service-delivery leadership then transforms culture into resident outcomes by embedding person-centred care and meeting regulatory requirements (Jeon *et al.*, 2010a; Dawes & Topp, 2022b). Continuous learning systems, including mentoring and knowledge-sharing platforms, sustain expertise and innovation (Poulos *et al.*, 2020). Cultural humility is proposed as a more effective approach than cultural competence, as it fosters self-reflexivity, appreciation of patients' expertise, and openness to sharing power (Lekas *et al.*, 2020; Markey *et al.*, 2021; Nolan *et al.*, 2021). Cultural competence expands learning to include inclusive language, shared decision-making, and power-aware leadership, thereby strengthening both team cohesion and resident trust (Chen *et al.*, 2023). Digital dashboards and electronic records add a final operational pillar, as information technology capabilities drive data-led decisions and remote care options (Karsikas *et al.*, 2022; Dawes & Topp, 2019).

Business management skills are built on this platform. Solvency is enhanced through integrated budgets, capital programs, fraud detection, and resident well-being (McFarlan, 2015; Bayram *et al.*, 2022; Tilse & Wilson, 2013). Advanced financial skills enable informed decision-making on staffing levels and capital investments (Dawes & Topp, 2022). Risk governance at the enterprise level extends operational risk management to address strategic, reputational, and workforce risks, underpinned by transparent communication and cycles of continuous improvement (Taylor, 2005; Alford *et al.*, 2024).

Marketing and business development skills inform growth strategies. Local markets segment growth strategies, and prices are aligned with value to maximise occupancy while maintaining affordability of care (Laurence & Kash, 2010; Meissner & Radford, 2015; Dawes & Topp, 2022; Traynor *et al.*, 2024). Quality monitoring systems provide

data that support marketing claims, thereby linking business development and clinical performance (Jeon *et al.*, 2015; Poulos *et al.*, 2020).

Quality and performance management operationalises board-level goals, targets, and objectives into specific indicators, auditing cycles, and front-line coaching, thereby demonstrating the direct impact of leadership decisions on residents' quality of life (Jeon *et al.*, 2010; Alford *et al.*, 2024). The achievement of quality standards is underpinned by effective stakeholder and partnership management, as managers act as brokers of resources with families, regulators, suppliers, and professional networks to expand service reach (Bollan & Harrison, 2018). The contracting and procurement skill sets underpin every contract for food, cleaning, or IT support, thereby securing value for the organisation and minimising supply risk (Cox, 1996; Sweasey & Skitmore, 2007).

Collectively, these operational and business skill sets create a mutually reinforcing system, with a clear strategy underpinning the budget, robust finance supporting safe staffing, human-centred leadership delivering quality metrics that underpin marketing credibility, and disciplined procurement delivering cost control with clinical reliability. The development of skill sets in each of these areas through education, mentoring, and reflective learning ensures that aged care managers can successfully navigate the challenges of regulatory change, increasing acuity, and market pressures while delivering dignity, safety, and quality of life for older people.

Table 2.6 Integrated operational and business management competencies for aged care managers

Competency Domain	Definition	References
Change and project management	Plans, leads, and sustains organisational change initiatives and project cycles to control costs, meet regulatory requirements, and improve services.	Shanley (2007); Sweasey & Skitmore (2007)
Supply chain and procurement	Sources, contracts, and tracks goods and services, integrating logistics, governance, and information systems to guarantee uninterrupted, person-centred care.	Prajogo & Sohal (2013). Poulos <i>et al.</i> (2020); Harland <i>et al.</i> (2021)
Facilities and environment maintenance	Manages buildings, equipment, and grounds through resource	Ismail & Ishak (2021)

Competency Domain	Definition	References
	planning, preventive maintenance, and sustainable operations to ensure residents' safety and comfort.	
Safety management	Uses systems science, teamwork, communication, and quality-safety tools to build a robust safety culture and prevent adverse events.	Bleich (2018)
Risk management and compliance	Identifies, analyses, and mitigates clinical, legal, strategic, and reputational risks while balancing resident autonomy with protection and meeting statutory duties.	Shi <i>et al.</i> (2021); Marx & Swardt (2019); Green & Sawyer (2010); Clancy & Happell (2014); Taylor (2005); Dawes & Topp (2022)
Strategic planning	Aligns goals with daily operations, allocates resources, embeds quality assurance, and adapts to evolving policy and funding contexts.	Dawes & Topp (2022a); Dawes & Topp (2019)
People management	Recruits, develops, and retains staff; builds positive culture through communication, relationship management, leadership, and conflict resolution.	Meissner & Radford (2015); Jeon <i>et al.</i> (2015); Dawes & Topp (2019)
Service delivery	Embeds person-centred care, ensures regulatory compliance, manages clinical risks, and turns leadership into measurable resident-outcome gains.	Jeon <i>et al.</i> (2010a); Dawes & Topp (2022b); Dawes & Topp (2019)
Ongoing education and knowledge management	Provides continuous learning, mentoring, and leadership development to sustain competencies and drive innovation organisation-wide.	Poulos <i>et al.</i> (2020)
Cultural competence	Promotes cross-cultural leadership, diversity management, and inclusive practices to deliver culturally safe, person-centred care.	Chen <i>et al.</i> (2023); Poulos <i>et al.</i> (2020)
Information-technology capability	Implements and governs digital systems and data-driven decision-making to enhance efficiency, reporting accuracy, and service access.	Karsikas <i>et al.</i> (2022); Dawes & Topp (2019)
Financial management	Prepares and monitors budgets, interprets financial statements, secures capital, and detects financial abuse to balance solvency with quality of care.	McFarlan (2015); Bayram <i>et al.</i> (2022); Tilse & Wilson (2013); Dawes & Topp (2022)
Marketing and business development	Analyses market needs, crafts value propositions, aligns pricing and promotion, and	Laurence & Kash (2010); Meissner & Radford (2015); Dawes & Topp (2022); Alford

Competency Domain	Definition	References
	integrates HR and technology to sustain occupancy and growth.	<i>et al.</i> (2024); Traynor <i>et al.</i> (2024)
Quality and performance management	Sets indicators, leads audit and improvement cycles, and links governance and staffing decisions to better resident outcomes.	Jeon <i>et al.</i> (2015). Poulos <i>et al.</i> (2020); Dawes & Topp (2022); Meissner & Radford (2015); Alford <i>et al.</i> (2024); Jeon <i>et al.</i> (2010)
Stakeholder and partnership management	Engages residents, families, regulators, suppliers, and community partners through structured communication and collaboration to expand service impact.	Harrison & John (1996); Meissner & Radford (2015); Alford <i>et al.</i> (2024); Wang <i>et al.</i> (2025)
Contract and procurement management	Negotiates, oversees, and reviews supplier agreements, using project management principles to secure cost-effective, reliable supply chains.	Cox (1996); Sweasey & Skitmore (2007)

2.3.5 Interpersonal and communication skills competencies for aged care managers

Aged care managers must demonstrate active and empathetic listening when engaging with staff, residents, and their families. Dawes and Topp (2022:5) demonstrate that active and empathetic listening is a critical soft-skill competency required of any Aged Care Manager. Bryson (2011:370) goes further, arguing that team leaders should assist in developing these soft skills among staff and employees. An active, empathetic listening approach helps build trust and respect within the organisation. Although active and empathic listening differ in meaning, they are used in complementary ways. Hargie (2011), quoting sources, shows the importance of engaged listening as an extension of active listening—not only listening but also engaging with what is heard. The fact of the matter is that this starts with active empathetic listening.

In the aged care environment, highly emotionally charged situations are commonplace, ranging from family disagreements and workplace tensions to ethical dilemmas, family bereavement, and pressure from families for optimal care of their loved ones. Aithal (2023) lists empathy-based conflict resolution and effective negotiation skills as key factors for a CEO's success. The role of the manager is to promote positive dialogue and act as a catalyst in managing interpersonal conflicts

among staff, residents, and families, while upholding ethical care practices for all parties. Fitzpatrick *et al.* (2023) emphasise the need to develop leadership skills among nurses practising in aged care settings. The review emphasises the need for professional development strategies to ensure that nurses develop appropriate interpersonal skills (Fitzpatrick *et al.*, 2023, p. 10).

In outlining teamwork skills for managers, Leggat (2007) emphasises that advanced verbal communication skills are key. Verbal skills are used for various activities such as giving instructions, conducting meetings, or resolving conflicts. The study by Van der Borg *et al.* (2017:816) emphasises the need to consider both verbal and nonverbal communication skills to enhance positive interpersonal relationships and foster a work environment characterised by trust, autonomy, and connectedness.

Equally important is proficiency in written communication. A survey of 1500 corporate recruiters across the USA found that 50% prioritised strong verbal and written communication skills (Hargie, 2011). Practical written skills are essential for documentation, compliance reporting, and both external and internal correspondence. In verbal and written communication, clarity is of the utmost importance (Hargie, 2011). Clear explanations and instructions are understood.

Leadership plays a pivotal role in affecting aged care management. Managers must be able to adapt quickly and navigate complex situations involving elderly residents, families, multidisciplinary teams, regulatory boards, external stakeholders, and other staff. Leadership capabilities directly impact the quality of care (Dawes & Topp, 2022a; Dawes & Topp, 2022b; Buchbinder *et al.*, 2017). These skills are specific strategic abilities that should be cultivated and strengthened over time through experience in aged care services (Dawes & Topp, 2022b). Another aspect that directly relates to leadership is the ability to communicate calmly and respectfully under pressure and stress (Palan, 2007). Aged care managers regularly encounter medical emergencies, deaths, or family conflict. In these circumstances, additional anxiety and/or confusion in responses should be avoided. In assessing the competence approach, Shields (2007:194) notes that even mid-level managers should exhibit a calm, controlled demeanour.

Aside from calm crisis communication, there needs to be constructive employee dialogue and a safe space for feedback. Preece (2011) suggests that senior managers in the most highly rated organisations assess work practices and keep them up to date through constructive employee feedback. The Aged Care Workforce Strategy Taskforce (2018) indicates that employee feedback helps address issues that undermine job satisfaction; therefore, it is suggested that it should be part of establishing a culture of feedback. Regular discussions, coaching, and feedback contribute to this goal.

Ethical and transparent communication is part of the foundation of all internal and external communication in the organisation. In discussing general frameworks for older people's nursing, Kiljunen (2019) argues that ethical communication and interaction form part of the gerontological competence areas. It also shapes the organisation's culture strategically and directly impacts how day-to-day operations are conducted. Aithal (2023) argues that part of the anticipated attributes of a CEO's ethical communication directly creates an atmosphere that promotes ethical behaviour and shapes ethical ideals and expectations. The same is true of the managers of an aged care facility — in Aithal's (2023:14) words, the CEO or manager must be a "Moral Advocate and Ethical Champion".

Transparency goes hand in hand with ethical behaviour. Managers must act transparently towards other employees, residents, residents' families, and other internal and external stakeholders (Aithal, 2023; Elmore, 2022, p. 75), a commitment rooted in honesty and integrity (Aged Care Workforce Strategy Taskforce, 2018). This will help strengthen the organisation's brand, reputation, and credibility (Aithal, 2023).

Table 2.7 Interpersonal and communication skills competencies for aged care managers

Interpersonal and Communication Skills Competencies for Aged Care Managers	Definition	Reference
Active listening, empathetic engagement, conflict resolution, and effective negotiation	The ability to listen actively and empathetically to residents, families, other employees and external stakeholders. Managers also need to be experts in	Dawes & Topp (2022). Bryson (2011); Hargie (2011); Aithal (2023); Fitzpatrick <i>et.al.</i> (2023).

Interpersonal and Communication Skills Competencies for Aged Care Managers	Definition	Reference
	conflict resolution and effective negotiation.	
Verbal and written communication proficiency, documentation accuracy, and interprofessional team facilitation	Managers should possess refined verbal and written communication skills to fulfil a range of tasks, from giving instructions and leading meetings to resolving conflicts.	Leggat (2007); van der Borg <i>et al.</i> (2017); Hargie (2011).
Leadership, managing pressure and supporting staff through constructive feedback and dialogue	Managers need to adapt quickly and navigate complex situations whilst managing various teams and role-players. In this regard, leadership and a calm demeanour for crisis management play a pivotal role.	Dawes & Topp (2022a). Dawes & Topp (2022b); Buchbinder <i>et al.</i> (2017); Palan (2007); Shields (2007); Preece (2011); The Aged Care Workforce Strategy Taskforce (2018).
Foundation of ethical and transparent communication	An ethical and transparent standard should be a cornerstone of both internal and external communication. Managers need to be transparent and committed to honesty and integrity. In doing so, the organisation's brand, reputation, and credibility will be strengthened.	Kiljunen (2019); Aithal (2023); Elmore (2022); Aged Care Workforce Strategy Taskforce (2018); Aithal (2023).

2.3.6 Regulatory compliance competencies for aged care managers

Compliance is not limited to a single area; it encompasses many. Managers need to be well informed about the legal protocols, rights, standards, and laws governing aged care — this enhances the quality of care (Dawes & Topp, 2022).

The Older Persons Act 13 of 2006 now serves as the primary regulatory framework for elder care (Hlongwane & Ned, 2025; Malherbe, 2007). However, challenges persist in implementing these policies effectively, particularly in addressing the long-term consequences of apartheid and structural racial inequities (Hlongwane, 2024; Lloyd-Sherlock, 2019). Additionally, the Constitution provides socio-economic rights for elderly persons, which include access to health care and social security (Mathiso, 2011). However, there are wide disparities in the quality of care between high-income and low-income regions (Kelly *et al.*, 2019). The history of the development of old-age pensions has played a crucial role in supporting elderly Africans, especially in rural areas (Sagner, 2000). Moving forward, there is a need to improve the integration of

health and social care services, strengthen workforce development, and enhance community support to better address the complex needs of older South Africans (Hlongwane, 2024). Other laws include those in South Africa, such as the National Health Act (Republic of South Africa, 2003), as well as specific acts and regulations by the Department of Social Development (2025). To this could be added the Non-Profit Organisations Act (1997) and the Companies Act (2008). In many instances, managers also need to attend to aged care housing. The Sectional Title Act (1986) outlines the administration and regulation of Sectional Titles within the Aged Care Housing framework. Strict regulation of personal information was introduced with the Protection of Personal Information Act (POPIA) (2013). This act outlines the circumstances under which personal information can be disclosed and used. In combination with POPIA of 2013, the Financial Intelligence Centre Act (National Treasury, 2002) was introduced, governing the retention of financial records, the identification and verification of clients, financial processes, reports of suspicious or unusual transactions, internal measures, and employee training.

Aged care managers require a comprehensive understanding of the acts and laws governing aged care (Dawes & Topp, 2021). At the very least, managers need to be able to read, interpret, and apply the relevant laws to specific situations. Aged care managers must have a clear understanding of where the applicable laws are located when they need to consult them. Applying these laws, although not necessarily easy, is essential and should be incorporated into systems, procedures, protocols, and training programs for both current and future staff. Lawrence (2019:30) notes that a poor understanding of the legal framework could lead to poor overall quality of care, given that many laws governing aged care are intended to improve it. Lawrence (2019:90) also notes that, according to case studies, aged care managers reported that balancing legislative requirements with residents' needs is challenging.

The practical implementation of these laws also needs to be monitored. A poor understanding of the legislative framework and its application could lead to non-compliance, increased legal liability risks, and ultimately compromise the quality and safety of care provided to residents. Dawes and Topp (2021:13) make it clear that senior managers need to be proactive in implementing and ensuring regulatory

compliance, and suggest that they initiate partnerships between regulators and the organisation.

Another critical aspect is risk management and the establishment of reporting channels that enable staff to provide honest feedback and be held accountable (Preece, 2011). Preece (2011:130) highlights the importance of accountability for complying with legislative and regulatory laws. Senior management should create a culture of accountability, integrity, and transparency as part of the organisation's ethics.

Table 2.8 Regulatory Compliance Competencies for Aged Care Managers

Regulatory Compliance Competencies for Aged Care Managers	Definition	Reference
The scope of regulatory compliance in aged care	List of different South African laws that need to be adhered to by the aged care organisation, creating a legal framework on which aged care is regulated.	Dawes & Topp (2022). Republic of South Africa (2006); Republic of South Africa (2003); Department of Social Development (2025); Non-Profit Organisations Act (1997); Companies Act (2008); Sectional Title Act (1986); Personal Information Act (2013); National Treasury (2002).
Core competencies required for regulatory compliance	Managers need to have a solid understanding of the acts and laws applicable to aged care. These laws need to be applied by the manager. The implementation of these laws requires ongoing monitoring and adjusting systems accordingly. There should be clear reporting channels by which staff can give honest feedback whilst being held accountable. The senior team should create a culture of compliance, integrity, transparency, and accountability.	Dawes & Topp (2021). Lawrence (2019); Preece (2011).

2.3.7 Professional development competencies for aged care managers

Professional development in aged care management rests on a set of core competencies that equip leaders to address clinical, organisational, and social

challenges while ensuring residents' wellbeing. Personal development competencies for aged-care managers encompass resilience and self-management, evidence-based critical thinking, strategic and systems insight, change leadership, clear communication, team building, cultural humility, digital fluency, and ethical stewardship of stakeholders and the workforce.

Self-management and resilience form the personal foundation of this competency development. Age care managers who manage stress and remain adaptable shield themselves and their staff from burnout, thereby maintaining consistent quality of care (King & Rothstein, 2010; Mahara *et al.*, 2024). Resilient managers also foster supportive climates that enhance worker morale and improve resident outcomes (McNeil *et al.*, 2019). Targeted leadership education strengthens these traits and helps aged care managers refresh their coping skills throughout their careers (Furåker & Nilsson, 2010; Avery, 2025). Practising deliberate recovery and peer reflection can sustain career longevity and ease workload strain (Cope *et al.*, 2016).

Sound decisions in aged care must rest on evidence. Evidence-based decision-making and critical thinking sharpen organisational productivity and secure long-term viability in a complex policy and funding environment (Liang *et al.*, 2018). Although many leaders report basic confidence in these skills, structured guidance still raises performance and consistency (Liang *et al.*, 2017). Lifelong learning remains central to building and refining these habits (Avery, 2025). When aged care managers draw on multidisciplinary evidence, they are better equipped to provide person-centred, integrated services for frail older adults (Poulos *et al.*, 2020). A careful appraisal of residents' capacity and consent further protects their rights as cognitive impairment becomes more common with age (Moberg & Rick, 2008).

Strategic thinking and systems insight allow managers to anticipate sector shifts, align scarce resources, and sustain competitive advantage. Conceptual, visionary, and analytical abilities, combined with creativity and structured learning, shape a competency that can be developed at both the individual and organisational levels (Bonn, 2001; Nuntamanop *et al.*, 2013). Systems thinking also offers a route to stronger accreditation processes and service improvement (Taylor, 2003). Sector-wide core competency frameworks aim to unite health and aged care workers behind

common service goals for an ageing population (Poulos *et al.*, 2020). Leadership programmes that incorporate these elements enhance the quality of day-to-day care (Jeon *et al.*, 2010).

For organisational changes to be successful, it is not just a case of effective planning but also climate readiness and leadership support. Work pressure, a culture that supports innovation, and transformational leadership are among the factors that contribute to employees' receptiveness to organisational changes (Von Treuer *et al.*, 2018). The leaders need to have adequate knowledge, skills, and attitudes to foster innovation through coaching and empowerment, rather than controlling leadership (Davy *et al.*, 2024). On the other hand, each employee also contributes to engagement practices when the organisation provides resources (Petriwskyj & Power, 2020).

Finally, communication competence and team development are critical for resident safety and staff engagement. In residential settings, good communication, relationship management, and team development skills are some of the leadership differences that distinguish effective leaders (Alford *et al.*, 2024; Dawes & Topp, 2022; Meissner & Radford, 2015). Managing resident communication needs enhances quality of life and reduces adverse events (Bennett *et al.*, 2016). Strong interprofessional collaboration also benefits integrated community teams that care for older people with complex needs (O'Donnell *et al.*, 2022).

Cultural humility and safety extend the competence agenda beyond skill to values and attitude. Leaders who reflect on their own biases and share power with clients are essential to addressing narrow health disparities and elevating patient-centred care (So *et al.*, 2023). Core competency frameworks already incorporate person-centred and culturally responsive care (Poulos *et al.*, 2020), and ongoing learning ensures relevance in diverse communities (Avery, 2025). Humility encourages ongoing self-evaluation and respect for residents' lived expertise, often proving more effective than static notions of competence (Lekas *et al.*, 2020; Markey *et al.*, 2021; Nolan *et al.*, 2021).

Digital fluency and informatics capabilities now shape service accessibility, data quality, and strategic planning. Staff throughout the care continuum require a baseline

level of digital literacy; leaders need the additional ability to manage information systems and data governance (Hariyati *et al.*, 2024; Brommeyer *et al.*, 2023). The workforce's proficiency with digital technology will help drive sectoral transformation and social connectedness within the community (Grey *et al.*, 2023; Hasan & Linger, 2016). The development of these competencies depends on sectoral partnerships and the removal of implementation barriers (Brommeyer *et al.*, 2023; Brommeyer & Liang, 2024). Finally, there is stakeholder engagement and ethical human resource management. Violence, turnover, and staffing gaps pose challenges to service sustainability. Nevertheless, these can be addressed through effective ethical human resource management and engagement (Cavanagh *et al.*, 2025). Senior-level aged care managers require competencies in workforce development, governance, and health system stewardship to establish a stable workforce (Dawes & Topp, 2022). The development of competencies in family caregiving expands the boundaries of person-centred care and makes caregiving more equitable for all (Parmar *et al.*, 2020). While stakeholder engagement in developing competency frameworks is essential for relevance and pertinence, the interests and perspectives of service users are often poorly represented and require careful consideration in competency development (Lepre *et al.*, 2021). Overall, the development of these competencies offers a balanced agenda that incorporates personal qualities such as personal resilience, analytical thinking, strategic thinking, change leadership, communication, cultural humility, digital literacy, and ethical stewardship. Such a competency development and training program will ensure that aged care managers can navigate the sector's complexity while protecting the dignity and health of older people.

Table 2.9 Integrated personal development competencies for aged care managers

Competency Domain	Definition	References
Self-management and resilience	Maintains personal well-being, manages stress effectively, adapts to changing demands, and protects staff from burnout.	King & Mitchell (2010). McNeil <i>et al.</i> (2019); Mahara <i>et al.</i> (2024); Furåker & Nilsson (2010); Avery (2025); Cope <i>et al.</i> (2016)
Evidence-based decision making and critical thinking	Uses research and data to guide actions, appraises resident capacity and consent, and supports safe, person-centred care.	Liang <i>et al.</i> (2018). Liang <i>et al.</i> (2017); Poulos <i>et al.</i> (2020); Moberg & Rick (2008); Avery (2025)

Competency Domain	Definition	References
Strategic thinking and systems insight	Anticipates sector shifts, aligns resources, and applies systems thinking to strengthen accreditation and service delivery.	Bonn (2001); Nuntamanop <i>et al.</i> (2013); Taylor (2003); Poulos <i>et al.</i> (2020); Jeon <i>et al.</i> (2010)
Change leadership and improvement.	Builds climate readiness, coaches staff, empowers teams, and guides adoption of new practices.	Von Treuer <i>et al.</i> (2018). Davy <i>et al.</i> (2024); Petriwskyj & Power (2020)
Communication and team development	Utilises clear communication, effective relationship management, and interprofessional teamwork to enhance resident safety and staff cohesion.	Alford <i>et al.</i> (2024); Dawes & Topp (2022); Meissner & Radford (2015); Bennett <i>et al.</i> (2016); O'Donnell <i>et al.</i> (2022)
Cultural humility and safety	Reflects on personal bias, shares power with residents, and supports culturally safe, person-centred care.	So <i>et al.</i> (2023); Poulos <i>et al.</i> (2020); Avery (2025); Lekas <i>et al.</i> (2020); Markey <i>et al.</i> (2021); Nolan <i>et al.</i> (2021)
Digital fluency and informatics	Applies digital tools, manages information systems, and governs data to improve access and planning.	Hariyati <i>et al.</i> (2024). Brommeyer <i>et al.</i> (2022); Gray <i>et al.</i> (2023); Hasan & Linger (2016); Brommeyer <i>et al.</i> (2024); Brommeyer & Liang (2024)
Stakeholder engagement and ethical HR management	Develops fair workforce practices, engages families and partners, and secures a stable talent pipeline.	Cavanagh <i>et al.</i> (2025). Dawes & Topp (2022); Parmar <i>et al.</i> (2020); Lepre <i>et al.</i> (2021)

2.4 GAPS IN THE CURRENT RESEARCH

Despite the growing body of literature, gaps remain in leadership preparation, technological preparedness, and integrated care coordination. A common finding across several studies is that aged care managers are inadequately prepared in formal leadership (Alford *et al.*, 2024; Dawes & Topp, 2022a). Leadership is recognised as a foundational component of quality in aged care services; however, managers often rely on experiential learning rather than formal educational preparation.

In addition, several studies have indicated that aged care managers possess novice-level skills in terms of financial literacy and familiarity with business principles (Dever, 2018; Dawes & Topp, 2022). This is a concern given the increased pressure on aged care services to remain financially sustainable amid budget constraints and reform. A

novice level of proficiency in budgeting, forecasting, and resource management limits their capacity for informed decision-making (Alford *et al.*, 2024).

The integration of quality management with adjacent fields, such as staff development/performance management, has also shown limited development in the literature (Jeon *et al.*, 2010). Aged care managers often adopt a standalone approach to quality assurance without integrating it into a larger staff development or performance management framework. This has several detrimental effects on systemic quality improvement and on the capacity of aged care services to respond effectively to residents' needs.

Despite the increased importance of digital technology in aged care services, there has been limited attention paid to digital transformation leadership in the literature. Few studies have examined the skills that managers must possess to effectively leverage information and communication technology (ICT) in aged care services (Kokkonen *et al.*, 2012). This oversight is problematic as aged care facilities increasingly adopt electronic health records and remote monitoring systems.

Although communication is well-represented as a core skill, gaps remain in cross-cultural competence (Meissner & Radford, 2015). Managers often face challenges in engaging culturally diverse workforces and resident populations; however, there is a lack of targeted strategies or training to support culturally competent care (Bocheńska-Brandt *et al.*, 2024). While relationship management is acknowledged as critical, family and community engagement are rarely studied in this context. Few studies explicitly examined how managers build trust and collaboration with external stakeholders, families, and community partners (Orellana *et al.*, 2017). The absence of guidance in this area limits the facility's ability to deliver holistic, person-centred care.

Although staff retention and development are recognised as priorities, there is limited empirical evidence assessing the long-term outcomes of existing interventions (Jeon *et al.*, 2010; Dawes & Topp, 2022). The effectiveness of different strategies on sustainable improvements in employee morale, retention, and productivity cannot be fully understood without longitudinal analysis. The integration of clinical care, social care, and personal care services is a key area that has not been sufficiently

researched. In addition, aged care services are multidisciplinary; however, the literature on the skills required to lead them is surprisingly sparse (Kokkonen *et al.*, 2012).

2.5 SUMMARY

The competency framework for aged care managers is strongly embedded in various interdisciplinary theoretical approaches. Leadership competencies are underpinned by transformational leadership theory, self-determination theory, and contingency theory to address current organisational challenges. Strategic management competencies are conceptualised within the frameworks of resource-based theory, dynamic capability theory, and economic theory, highlighting the significance of analytical, relational, and operational capabilities.

Supervisory and geriatric care theories, emphasising accountability, quality care delivery, interdisciplinary practice, and ethical leadership, support clinical oversight competencies. Quality management competencies have evolved from cultural-integrated models to culturally integrated models, supported by resource-based, knowledge-based, and institutional theories, emphasising the importance of comprehensive managerial skills.

Human resource management competencies are underpinned by psychological, sociological, and economic theories, emphasising strategic HR management, workforce planning, ethical leadership, and emotional intelligence to address the challenges of high turnover and workforce instability in the sector. Operational and business management competencies are supported by resource-based theory and contingency theory, emphasising effective project management, procurement, risk management, financial stewardship, and technological capabilities.

Interpersonal and communication skills are considered important for effective leadership, conflict resolution, and ethical interaction, supported by research on active listening, emotional intelligence, and transparent communication. Regulatory compliance competencies are integrated with deterrence theory, goal-framing theory,

and compliance culture theory, highlighting the importance of legal literacy, ethical conduct, and organisational alignment with regulatory requirements.

Professional development competencies are supported by sociocultural theory, adult education theory, and human capital theory, emphasising continuous learning, reflective thinking, and adaptive growth. These competency domains are considered holistic and comprehensive in their coverage, providing a strong foundation for aged care management, essential for responding to complexity, delivering quality care, and adapting to sectoral changes.

CHAPTER 3: RESEARCH METHODOLOGY AND DESIGN

3.1 INTRODUCTION

This chapter outlines the research methodology and design to be adopted to identify gaps in managerial competency in the aged care sector. The research methodology will clearly outline the use of a systematic literature review (SLR) to identify gaps in managerial competency. The research philosophy will also be clearly outlined and will highlight the use of a positivistic research approach to inform a systematic research design. The positivist research approach was selected for this research as it relies on objective evidence to inform decision-making. The positivist research approach was selected over other approaches, such as constructivist and interpretivist approaches, because it relies on objective evidence. The research design will also be clearly outlined and will include a systematic literature review.

3.2 RESEARCH PHILOSOPHY

Systematic literature reviews are typically underpinned by a positivist approach that encourages systematic, objective inquiry and is considered appropriate for quantitative synthesis (Ekeland *et al.*, 2012; Mengist *et al.*, 2019). The positivist approach asserts that knowledge can be gathered and analysed without bias and that findings will be replicable and comparable across large bodies of literature (Gordon, 2016; Egbunike *et al.*, 2018). In addition, constructivist and interpretivist approaches focus on subjective meaning and context (Egbunike *et al.*, 2018; Nirwana *et al.*, 2023), which are valuable for qualitative systematic literature reviews but are not often used in quantitative systematic literature reviews. In this study, a positivist approach is used, underpinned by a systematic, objective protocol that encourages critical appraisal and synthesis of the literature, with statistical methods applied throughout the review process (Kitchenham, 2011). In addition, the PSALSAR framework guides this systematic literature review (Mengist *et al.*, 2019). PSALSAR stands for Protocol, Search, Appraisal, Literature Synthesis, Analysis, and Reporting and is considered an extension of the SALSAR framework, which includes initial protocol development and final reporting (Mengist *et al.*, 2019). While qualitative approaches are valuable for providing insights into human behaviour and for understanding the study's context,

this study relies on quantitative content analysis and meta-synthesis to ensure clarity and consistency. In addition, systematic literature reviews are typically grounded in a positivist approach, given their systematic, objective nature, which encourages quantitative synthesis and analysis. Positivism is used in various areas such as environmental science and telemedicine (Ekeland *et al.*, 2012; Mengist *et al.*, 2019), and its foundation is that evidence can be collected and analysed objectively and that the results are replicable and comparable to each other to summarise large amounts of literature (Gordon, 2016; Egbunike *et al.*, 2018). However, while other researchers adopt a constructivist or interpretivist approach, this study maintains a positivist stance to ensure an unbiased overview of managerial competencies in aged care. For instance, structured methods, including protocol development, systematic searching, appraisal, and synthesis, were employed to conduct the study (Kitchenham, 2011; Turk, 2021). PSALSAR methods were used to conduct the systematic review (Mengist *et al.*, 2019). While qualitative methods can give valuable insights, quantitative methods were used in this study for clarity.

3.3 RESEARCH DESIGN

Systematic literature review design is an open, transparent, and systematic process of collecting and evaluating published literature on a given topic (García Peñalvo, 2022). A systematic literature review design ensures transparency by following an open procedure and supports reliability (Howie, 2019; Caldwell & Bennett, 2020). Systematic literature reviews synthesise data from various studies, provide high-quality evidence, identify knowledge gaps, and inform policy decisions (Pati & Lorusso, 2018). A systematic literature review design consists of four main processes: searching, screening, quality evaluation, and synthesis (Orłowska *et al.*, 2017). A systematic literature review uses an analytical approach aligned with the research question and the data collected (Manterola *et al.*, 2013). Quantitative research design was used to establish measurable evidence of competency gaps. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines were used to guide the systematic literature review (Page *et al.*, 2021). This ensures transparency in reporting, as evidenced by the systematic literature review process (Moher *et al.*, 2009). The systematic literature review searched the Scopus,

Web of Science, and PubMed databases, yielding 110 articles. No other sources were used to generate new titles, and no duplicates were found, indicating the extent of the search (Moher *et al.*, 2009). The titles and abstracts of the 110 records were screened against three screening criteria: relevance to competency gaps faced by aged care managers, discussion of the competency framework for aged care managers, and publication date of 2015 or later. The screening process excluded 64 records that failed to meet at least one screening criterion. The remaining 46 records met the inclusion criteria and were included for the quantitative content analysis. The transparent screening process ensures the relevance and currency of the 46 included articles (Page *et al.*, 2021).

3.4 SEARCH PROTOCOL

The search protocol was designed for clarity, directness, and replicability. The use of Boolean operators such as "AND" and "OR," as well as truncation, facilitated the retrieval of variations of the search terms while ensuring the relevance of the search results. The search terms included "aged care manager," "nursing home manager," "residential care leader," "competency," "skill," "capability," "gap," "deficiency," and "framework." The search was conducted using the Scopus, Web of Science, and PubMed databases due to their comprehensiveness for research on healthcare management, nursing leadership, and related areas. The search included only English-language research published between January 2015 and June 2025, reflecting changes in managerial competencies due to aged care reforms, the digital revolution, and workforce changes (Dawes & Topp, 2022).

3.5 STUDY SELECTION PROCESS

The selection of studies included two stages: title and abstract screening, followed by full-text screening. The study PDFs were imported into a reference manager to eliminate duplicates. The author and supervisor screened the studies based on specific criteria. The studies included in this review had to satisfy specific requirements: an explicit focus on managerial competencies, competency gaps, or frameworks relevant to aged care/retirement facility managers; publication within the stated date range; and empirical data/evidence-based frameworks. Of the 110 studies

screened in the first stage, 64 were excluded for focusing on direct care staff, lacking competency analyses, or being non-empirical, such as editorials. The remaining 46 studies were included in the final screening stage, and all studies were included in this review. The selection process is shown in the PRISMA diagram (Figure 3.1) (Page *et al.*, 2021). Any discrepancies during the screening process were addressed through discussion to ensure a fair and unbiased approach. The process was documented transparently using a PRISMA flowchart.

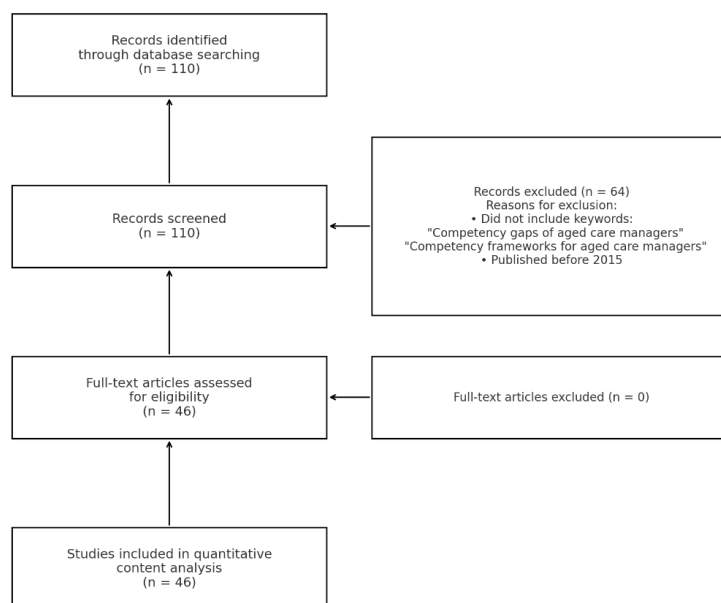


Figure 3.1 PRISMA-model

3.6 INCLUSION AND EXCLUSION CRITERIA

This section identifies the criteria for selecting studies for inclusion in the review. The criteria will focus on the relevance and quality of the studies to be included.

Inclusion Criteria

- Publication Type: Peer-reviewed journal articles and reports.

- Topic Focus: Studies that focus on managerial competencies, gaps in managerial competencies, and/or managerial competency frameworks in the context of aged care and/or facilities for the elderly.
- Language: English language publications.
- Date Range: Publications from January 2015 to June 2025.
- Research Design: Publications that use quantitative, qualitative, and/or mixed research methods.

Exclusion Criteria

- Publication Type: Editorials and commentaries without any empirical evidence to support the publication.
- Topic Focus: Publications that focus on direct care staff and/or informal caregivers without any reference to managerial competencies.
- Date Range: Publications outside the specified period.
- Language: Publications that are not written in English.

The inclusion and exclusion criteria were designed to ensure that the studies to be included are relevant and of high quality. The criteria will also ensure that the included publications have empirical support and focus on managerial competencies.

3.7 SAMPLING STRATEGY

This study used purposive sampling, which is appropriate for a systematic literature review. No primary data were collected; instead, existing research articles were used in the study. Articles were purposefully selected to address the management competency gaps in aged care or retirement facilities. Only research articles written in English, published after 2015, and addressing the competency gaps or frameworks in aged care or retirement facilities were included in the study. This study used the positivist approach, which is appropriate for secondary data collection methods, as the researcher used the literature or sources that were most likely to provide valid, reliable, and comparable information, which is important in the quantitative study design to increase the reliability of the results and avoid the inclusion of irrelevant literature or literature with low validity or reliability, which might influence the results of the study.

The study included 46 articles deemed directly relevant, academically rigorous, and appropriate for addressing competency gaps among aged care managers.

3.8 DATA COLLECTION METHODS

This study employed secondary data analysis, drawing on the literature and other sources to address its objectives. It also used quantitative content analysis. Quantitative content analysis is used to systematically analyse health-related messages in the media (Manganello & Blake, 2010). Quantitative content analysis is also used to identify the key competency gaps managers in the aged care field require (Manganello & Blake, 2010). Literature used in the study included 46 research articles, as well as policy reports, scoping reports, and competency frameworks developed in Australia, Europe, the UK, and Asia, which were identified through the systematic search of Scopus, Web of Science, and PubMed databases, as well as the use of the search terms “aged care manager competency gaps” and “retirement facility management.” Articles were written in English, published between 2015 and 2025, and included in the study after the de-duplication process and the inclusion criteria were applied to the literature, as the literature included in the study was the full-text articles, which were used in the quantitative content analysis with the help of the WordStat 9 (QDA Miner) program (Provalis Research, 2023).

3.9 ETHICAL CONSIDERATIONS

The research relied entirely on secondary research materials published in the literature. There has been no direct contact with individuals in this research. Ethical considerations have been kept in mind to maintain research integrity. The research has been referenced accurately in accordance with APA guidelines to respect the original authors and avoid plagiarism (American Psychological Association [APA], 2020). The citations allow readers to trace back to the sources of information used to reach any conclusion. The research process has been kept transparent by following the PRISMA 2020 checklist guidelines (Page *et al.*, 2021).

3.10 LIMITATIONS

The research has three significant limitations. Firstly, only studies published in the English language have been included in this research. This has led to language bias and to the exclusion of important research published in languages other than English (Edwards *et al.*, 2016). The research has been published in numerous journals across Africa, Europe, Asia, and America. Secondly, only peer-reviewed studies have been included in this research. This has led to publication bias favouring studies with positive findings (Pati & Lorusso, 2018). Although policy studies and guidelines have been included to broaden research, they do not constitute sound research. The research was conducted between 2015 and 2025. Older research has been excluded from this study. However, rapid changes in regulations, technology, and workforce trends since 2015 make this period relevant to this research.

3.11 SUMMARY

The research has been conducted using a positivist approach, with an emphasis on quantitative content analysis of aged-care managerial competencies and meta-synthesis. The research process has been clear, with a set protocol for searching databases such as Scopus, Web of Science, and PubMed. The entire research process has been in accordance with PRISMA guidelines. The research has been narrowed down to 46 studies after screening 110 studies in stages. The research synthesis has been conducted with the utmost care to present an accurate picture of the research gaps in aged-care management competencies.

CHAPTER 4: RESEARCH RESULTS

4.1 INTRODUCTION

This chapter presents the study's core findings on managerial competency gaps and domains of a competency framework for aged-care managers in retirement facilities. The research objectives were to identify and analyse key managerial competency gaps among aged care managers in retirement facilities and to develop a comprehensive competency framework that integrates clinical, organisational, and leadership competencies to enhance their effectiveness. To achieve these objectives, a quantitative content analysis of 46 peer-reviewed articles was conducted, providing a comprehensive understanding of the most critical gaps in the literature, such as leadership and change management, which were identified in 38 of the 46 studies (82.6%). This analysis also identified nine competency domains that underpin the proposed competency framework.

4.2 QUANTITATIVE CONTENT ANALYSIS OF THE MANAGERIAL COMPETENCY GAPS AMONG AGED CARE MANAGERS IN RETIREMENT FACILITIES

A quantitative content analysis of 46 peer-reviewed, accredited journals on managerial competency gaps among aged care managers in retirement facilities revealed a clear pattern of persistent and emerging deficiencies across a wide range of critical domains. The most significant gaps were identified in leadership and change management (38), communication and interpersonal skills (37), and workforce development and retention (36). The consistency in these findings across all sources reflects the importance and foundational nature of these areas in effective aged care management. Leadership and change management are recognised as critical skills in effectively managing the increasingly complex and changing environment in residential aged care. Managers need to have high-level adaptive, transformational, and distributed leadership skills. Communication and interpersonal skills remain core components of effective team management and engagement with residents and their families. The importance of communication and interpersonal skills cannot be overemphasised in ensuring accurate and consistent communication in organisations.

Workforce development and retention are acute gaps and reflect ongoing issues in staff turnover and recruitment. The next areas were quality and safety management (35) and human resource management (34), both critical to ensuring regulatory compliance and good practices and achieving good outcomes for residents. The results suggest that managers lack appropriate knowledge and skills in continuous quality improvement and human resource management. The other high-frequency gaps were governance and business and financial acumen (33%), organisational leadership and human resource management (29%), regulatory and policy knowledge (29%), clinical and health systems knowledge (28%), and person- or family-centred care (28%). These results highlight the sector's shift towards requiring managers to integrate business oversight, regulatory compliance, and clinical understanding within their management portfolios. The emphasis on person- and family-centred care further demonstrates the need for holistic, resident-focused approaches rather than purely operational or clinical priorities.

Interdisciplinary collaboration (24), technology and data literacy and skills (23), staff development and continuous professional development (21), and change management (20) represent the emerging areas of need in the aged-care sector. These areas reflect the sector's ongoing digital transformation, the rise of multi-professional teams, and the importance of fostering a culture of lifelong learning and adaptability among managers and staff alike. Conflict management and negotiation (19), as well as organisational/time management (19), continue to be areas of difficulty, often linked to operational inefficiencies and interpersonal conflicts. Gaps in cultural competence/sensitivity (17), distributed leadership (15), and critical thinking/problem-solving (15) are also seen as issues, albeit less commonly, but are arguably becoming more relevant, particularly given the increasing cultural diversity of aged care services and the recent emphasis on team-based leadership in the literature. Overall, these findings suggest that the most persistent gaps are not simply technical or clinical but, in fact, managerial and interpersonal. The ability to manage, communicate with, and develop staff, as well as to balance business needs with regulatory requirements, is now seen as comparable in significance to clinical oversight in the management of aged care services. At the same time, the increasing emphasis on digital literacy, cultural competence, and distributed leadership also speaks to the need for a broader

skill set that is perhaps more fluid in its application. This will likely require a comprehensive approach to professional development, including organisational support, for aged care managers to be adequately prepared to address the sector's complex needs.

Table 4.1 Descriptive statistics for managerial competency gaps among aged care managers (n=46)

Competency Gap	Frequency (n)	Percentage (%)
Leadership and change management	38	82.6
Communication/interpersonal skills	37	80.4
Workforce development and retention	36	78.3
Quality and safety management	35	76.1
Human resource management	34	73.9
Governance/business/financial acumen	33	71.7
Organisational leadership/HRM	29	63.0
Regulatory/policy knowledge/context	29	63.0
Clinical/health systems knowledge	28	60.9
Person-/family-centred care	28	60.9
Interdisciplinary collaboration	24	52.2
Technology/data literacy/skills	23	50.0
Staff development/CPD/lifelong learning	21	45.7
Change management	20	43.5
Conflict management/negotiation	19	41.3
Organisational/time management	19	41.3
Cultural competence/sensitivity	17	37.0
Distributed/team-based leadership	15	32.6
Critical thinking/problem solving	15	32.6

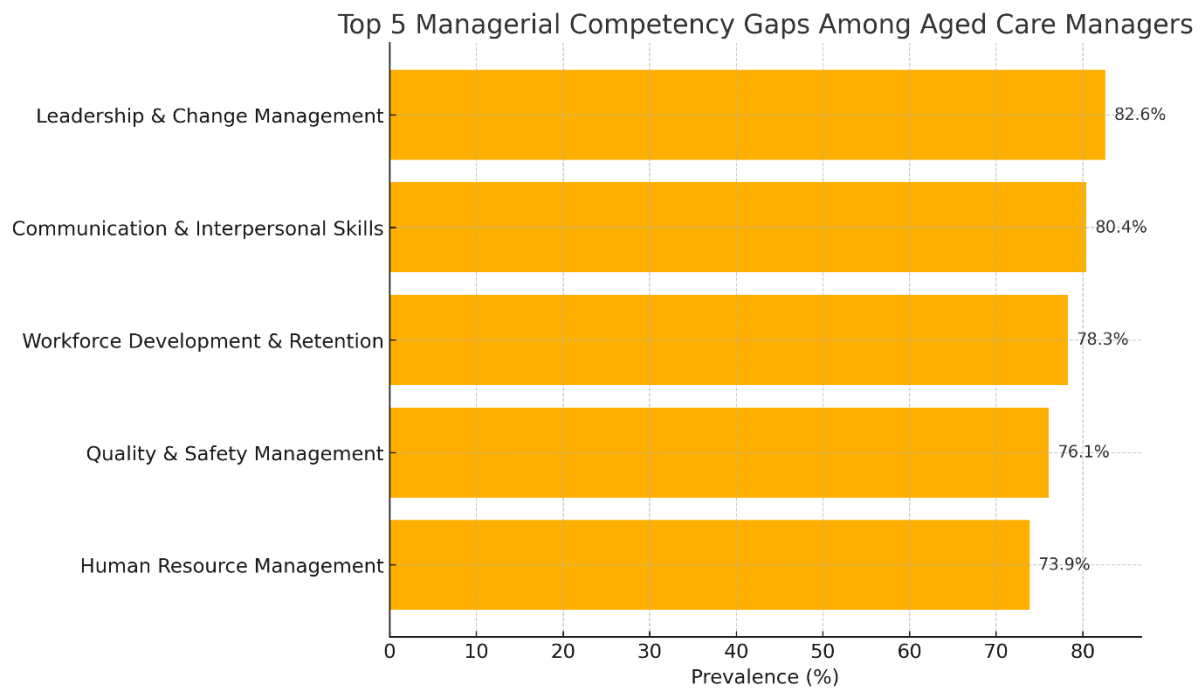


Figure 4.1 Top five managerial competency gaps among aged care managers

4.3 QUANTITATIVE CONTENT ANALYSIS OF COMPETENCY DOMAINS FOR AGED CARE MANAGERS OF RETIREMENT FACILITIES

A content analysis of 46 articles on the competencies essential for effective aged care leadership was undertaken. The domains of competency were coded based on the percentage of times each appeared in the literature. The most prominent domain was leadership/strategic management (83%, $n = 38$), which typically included visioning, change management, crisis management, governance, budgeting, and business acumen. Workforce development/retention was another prominent domain (80%, $n = 37$), with competencies such as workforce recruitment, motivation, coaching, addressing workforce shortages, and turnover.

Communication and interpersonal skills were emphasised in 78% ($n = 36$) of the articles. This again highlights the importance of aged care competencies such as communication with residents and families, difficult conversations, negotiation, and cultural awareness. Clinical/health system knowledge appeared in 70% ($n = 32$) of the articles. This again emphasises the significance of aged care competencies, such as

the management of geriatric syndromes, dementia care, medication management, safety standards, and referral systems.

Regulatory and political awareness was also recognised in 54% of the papers (n = 25), including knowledge of aged-care standards, accreditation processes, and reporting requirements, as well as advocacy for funding and policy changes. Organisational culture and staff wellbeing were recognised in 43% of the papers (n = 20), which included the need for leaders to create a culture of psychological safety and wellbeing for staff. The less frequently occurring domains were multidisciplinary collaboration (n = 18, 39%), quality improvement and risk management (n = 15, 33%), and ethical and person-centred care (n = 12, 26%). While less frequently occurring in the literature, these domains still highlight important aspects such as multidisciplinary collaboration, quality improvement processes, and the importance of ethical and person-centred care. The results suggest that the aged-care literature places a strong focus on leadership and strategic management competencies. The implication is that effective leadership is a key foundation for effective organisations. The importance of workforce development and communication skills is strongly endorsed in the literature. While aspects such as ethical and person-centred care were less frequently discussed in the literature, this implies that aged-care leaders need to be multidimensional.

Table 4.2 Descriptive statistics for competency domains for aged care managers (n=46)

Competency Domain	Frequency (n ≈ 46)	% of Papers	Typical Skills / Behaviours
Leadership and strategic management	38	83%	Vision-setting, change/crisis management, governance, budgeting, business acumen
Workforce development and retention	37	80%	Recruitment, motivation, coaching, succession planning, managing shortages/turnover
Communication and interpersonal skills	36	78%	Resident/family liaison, difficult-conversation skills,

Competency Domain	Frequency (n ≈ 46)	% of Papers	Typical Skills / Behaviours
			negotiation, cultural sensitivity
Clinical and health-systems knowledge	32	70%	Understanding geriatric syndromes, dementia, medications, safety standards, and referral pathways
Regulatory and political awareness	25	54%	Aged-care standards, accreditation, reporting, advocacy for funding/reform
Organisational culture and staff wellbeing	20	43%	Psychological safety, inclusivity, role-modelling, positive culture, wellness initiatives
Multidisciplinary collaboration	18	39%	Team-based care, cross-sector links (GPs, hospitals, community, hospice, social care)
Quality improvement and risk management	15	33%	CQI cycles, data-driven decisions, incident reviews, and safety culture
Ethical and person-centred care	12	26%	Upholding dignity and autonomy, shared decision-making, and cultural humility

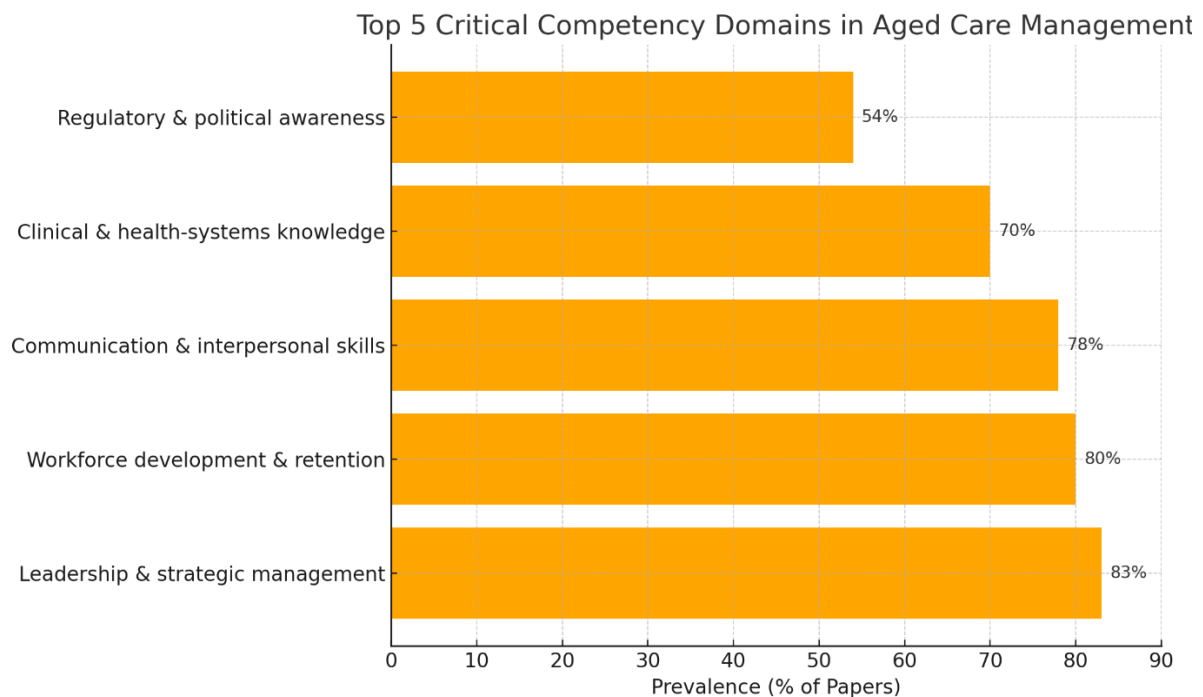


Figure 4.1 Top five critical competency domains for aged care managers

4.4 SUMMARY

Quantitative analysis revealed leadership and change management, as well as communication skills and workforce development, as the most prevalent gaps, each reported in more than 75% of the studies. Quality and safety, as well as human resource management, were also identified as important gaps in managerial competencies in aged care services. The results of these studies clearly highlight that, in addition to technical skills, managerial competence in aged care services is as much about relational and strategic skills as it is about technical skills, and for this purpose, specific training and ongoing organisational support are needed for these managers.

CHAPTER 5: DISCUSSION, MANAGERIAL IMPLICATIONS AND CONCLUSIONS

5.1 INTRODUCTION

This chapter presents the study's results, explains their managerial implications, and proposes actions for practice and future research. The investigation uncovered four competency gaps among aged-care managers in retirement facilities: leadership, communication, workforce development, and clinical knowledge. These weaknesses limit managers' ability to guide teams, uphold quality standards, and support employees. Placing the findings alongside recent scholarship shows that the same shortcomings affect the broader aged-care sector. An integrated competency framework follows. It blends clinical expertise with managerial and leadership skills, providing managers with the tools to meet regulatory demands, address staffing shortages, and maintain person-centred care.

The chapter includes concrete recommendations. It calls for structured leadership programmes, targeted communication training, organised workforce development, and stronger clinical oversight. Each recommendation is grounded in the study's evidence and aligns with the Resource-Based View and Dynamic Capabilities Theory, demonstrating how organisations can build and renew capabilities while improving care outcomes.

Finally, the chapter discusses the study's limitations and proposes areas for future research. It acknowledges that while the findings are significant, they are primarily based on a content analysis of published literature and would benefit from validation through field studies and stakeholder input.

Overall, this chapter provides a clear link between the research objectives, the results, and the practical steps managers and organisations can take to build more decisive, more effective leadership in aged care settings.

5.2 DISCUSSION OF MANAGERIAL COMPETENCY GAPS AMONG AGED CARE MANAGERS IN RETIREMENT FACILITIES

The initial aim of this study was to identify and analyse the major gaps in managerial competency levels among aged-care facility managers. More particularly, the study aimed to identify the core competency gaps among managers working in aged-care facilities. A quantitative synthesis was used to examine 46 peer-reviewed journal articles. The study found a general deficiency in key managerial competencies across different fields. The most common gaps existed in leadership and change management (82.6%), communication and interpersonal skills (80.4%), workforce development and retention (78.3%), quality and safety management (76.1%), and human resource management (73.9%).

The literature provides supporting evidence for these findings. For instance, managers working in aged-care facilities often lack the competency levels necessary for effective leadership, change management, and high-quality care (Dawes & Topp, 2022; Alford *et al.*, 2024). Leadership skills are fundamental because managers must manage complex situations effectively. Therefore, managers must employ transformational leadership styles to improve the quality of care in aged-care facilities (Cloutier *et al.*, 2016).

Effective communication skills are also essential for managers working in aged-care facilities. For instance, managers must communicate effectively by delivering clear, concise messages. This helps in improving team performance (Meissner & Radford, 2015; Dawes & Topp, 2022b). According to the literature, a lack of effective communication skills often leads to conflicts that may affect the quality of care in aged-care facilities (Garratt *et al.*, 2021).

Workforce development and retention are another major gap that has persisted in aged-care facilities for some time. For instance, high turnover rates in aged-care facilities are often attributed to burnout, lack of compensation, and insufficient workforce development (Jurij *et al.*, 2023; Shields, 2007; Cooke & Bartram, 2025). According to the literature, workforce development is essential in improving workforce retention in aged-care facilities (Gunawan *et al.*, 2021).

Competencies in quality and safety management are important for compliance with regulatory requirements and for enhancing patient care. Managers lack competencies in clinical oversight, risk management, and evidence-based practice, as discussed in the literature by Cleland *et al.* (2021) and Shao *et al.* (2021). The literature indicates that current scholarship focuses on the importance of developing managerial competencies that apply evidence in practice. Current literature on the topic indicates that training aimed at developing manager competencies in using quality indicators and conducting audits improves care in aged care facilities.

Human resource management is a salient skill deficiency among managers in aged care facilities. Managers lack formal education in human resource management, which influences their ability to recruit, conduct fair performance appraisals, resolve interpersonal conflicts, and motivate workers, as discussed in the literature by Terhalle (2009), Gunawan *et al.* (2018), Liang *et al.* (2018), and Gunawan *et al.* (2021). Improving manager competencies in human resource management is fundamental for a stable workforce.

The literature on manager competencies in aged care facilities indicates that current competencies are lacking in several areas, including governance, financial management, regulation, clinical practice, and person-centred care, as discussed by Erjavec and Starc (2017) and Dever (2018). In addition, inadequate financial planning competencies may compromise strategic decision-making, as discussed in Dever (2018). At the same time, changing regulations and person-centred care demands require managerial competencies to ensure compliance with regulations and person-centred care, as discussed in the literature by Garratt *et al.* (2021).

The literature on manager competencies in aged care facilities indicates that these competencies are evolving in response to shifting demands in the field. Emerging manager competencies in aged care facilities include digital literacy, interdisciplinary collaboration, continuous professional development, and cultural competence, as discussed in the literature by Bhattacharya *et al.* (2021). Manager competencies in these emerging areas are fundamental for achieving excellence in aged care facilities.

These issues can be addressed through a structured development process. An integrated model that incorporates leadership, communication, human resources, quality management, and newly developed skills, such as digital and cultural skills, will help improve managers' performance. Sector-wide commitment to a cohesive training and support model will help managers provide safe care, make sound financial decisions, and manage confidently.

5.3 DISCUSSION OF A COMPETENCY FRAMEWORK FOR AGED CARE MANAGERS OF RETIREMENT FACILITIES

To achieve the second aim of this study, a comprehensive framework of managerial competencies for those responsible for running retirement facilities had to be developed. It is well known that effective managerial leadership in high-quality aged care services requires a wide range of managerial competencies. Managers must be able to provide leadership, maintain clinical governance, develop the workforce, communicate clearly, and consistently exhibit ethical integrity. The results of this study, based on an analysis of 46 papers, are in close agreement with findings in the extant literature, which has long acknowledged that managerial competencies in an aged care context are multidimensional.

The high number of references made to leadership and strategic management in the results of this current study (83%) confirms what has been previously acknowledged in the literature that strategic managerial capability is a fundamental element of effective leadership in an aged care context (Dawes & Topp, 2022a; Alford *et al.*, 2024). The results of this study are consistent with prior findings in the leadership competencies literature, such as vision-setting, change management, and business acumen, as fundamental enablers of organisational effectiveness (Jeon *et al.*, 2010; Dwyer, 2011). The Resource-Based View and Dynamic Capabilities Theory further reinforce the proposition that strategic management competencies are those that enable organisations to respond to environmental change while maintaining a competitive advantage (Barney, 1991; Teece *et al.*, 1997).

Workforce development and retention were a recurring theme, appearing in 80% of the studies, which highlights the significance of human resource management within

the sector. The challenges are well documented, with factors including high staff turnover, burnout, and skill shortages (Preece, 2011; Dawes & Topp, 2022). The study's focus on recruitment, motivation, and coaching is consistent with the literature that emphasises the importance of workforce planning and investment in staff well-being (Gunawan *et al.*, 2021; Jurij *et al.*, 2023). The concept of transformational leadership is highly relevant to the sector, with research indicating that leaders who demonstrate caring and empathetic leadership improve staff retention and job satisfaction (Taylor, 2023; Shields, 2007).

Communications and interpersonal skills were identified as a theme in 78% of the studies, consistent with the established body of evidence supporting the importance of communication for establishing trust and providing quality care (Meissner & Radford, 2015; Dawes & Topp, 2022b). The body of evidence supporting interpersonal skills highlights that communication is not merely an exchange of information but underpins the establishment of a sense of safety (Croft & Seemiller, 2017; Hopkins & Figaro, 2021). The Cognitive Competency Development Model highlights the way communication and empathy develop through the learning process (Jajoo & Deshmukh, 2024).

Clinical and health systems knowledge was identified as a significant theme, with 70% of the studies highlighting its importance. This is consistent with the body of evidence indicating that managers in the aged care sector must have the capacity to balance operational management with sound clinical governance (Dwyer, 2011; Kennedy *et al.*, 2007). The 5M model, which considers mobility, mentation, medication, multi-complexity, and what matters most, is a good example of the way clinical knowledge can be linked to person-centred care (Costley, 2016). Comprehensive geriatric assessment competencies are essential for anticipating the complex care requirements of residents (Dimitriadou *et al.*, 2025).

Regulatory and political awareness, which was present in 54% of the literature examined, highlights the importance of compliance and advocacy skills. Research has consistently shown that working with accreditation requirements and funding bodies requires a combination of legal knowledge, ethical practice, and systems thinking

(Etienne, 2011; Dawes & Topp, 2022). This area is increasingly linked to the development of a culture of accountability and transparency (Cleland *et al.*, 2021).

Of interest was that organisational culture and staff wellbeing (43%) and multidisciplinary working (39%) featured less prominently in the literature examined; however, the literature clearly indicates that these are essential components for sustainable improvement. Research has shown that positive organisational cultures with high levels of psychological safety, inclusivity, and shared value systems are key determinants of both staff and consumer outcomes (O'Toole *et al.*, 2021; Jurij *et al.*, 2023). Similarly, working collaboratively with GPs, hospitals, and community services is essential for continuity of care, particularly for complex care (Bhattacharya *et al.*, 2021).

The relatively lower prevalence of quality improvement and risk management (33%) and ethical and person-centred care (26%) in the literature examined is also noteworthy. The literature clearly indicates that these are essential components for contemporary aged care practice (Marquis, 2002; Dawes & Topp, 2022). The Royal Commission has clearly highlighted deficiencies in quality governance and ethics into Aged Care Quality and Safety (2021) as key drivers of aged care system failure. For example, the PDSA cycle and the development of relational ethics clearly indicate that continuous improvement and ethical practice must be integral components for contemporary aged care leadership (Endalamaw *et al.*, 2024).

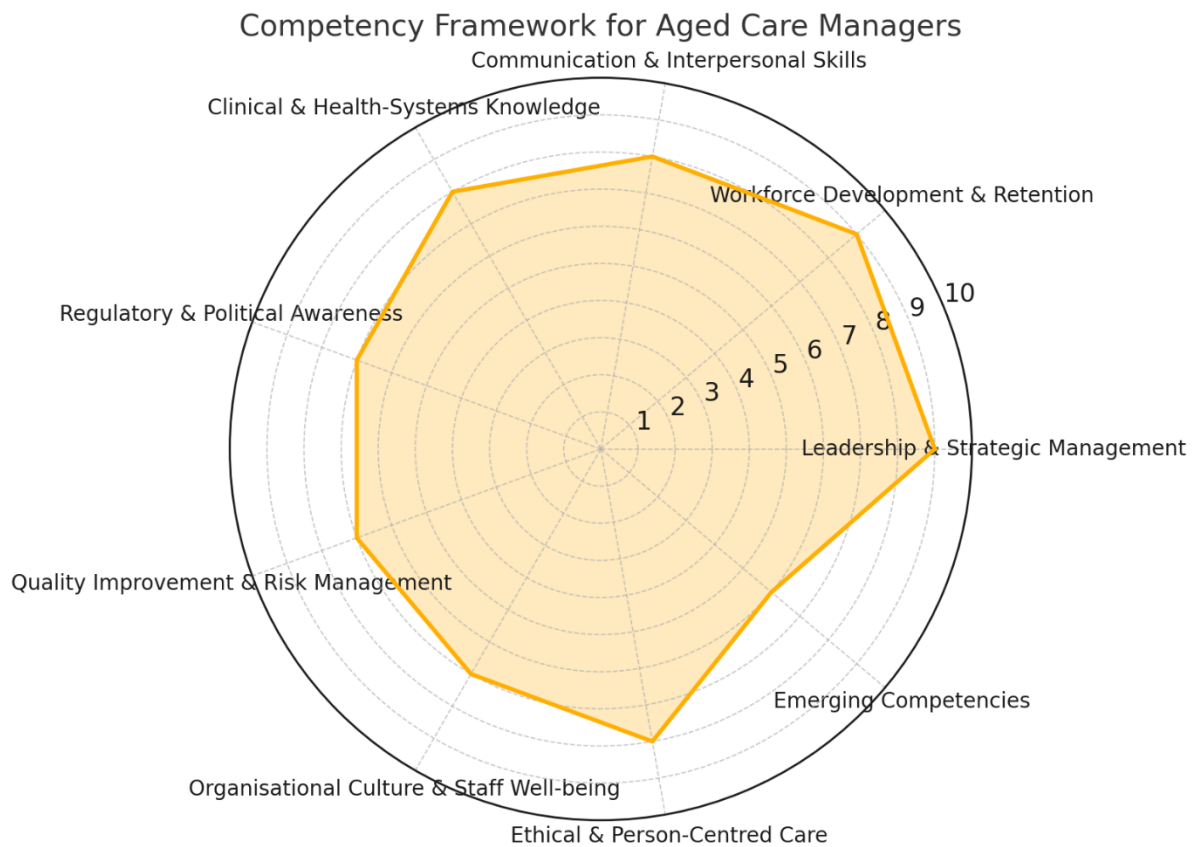


Figure 5.1 Competency framework for aged care managers

5.4 PROPOSED INTEGRATED COMPETENCY FRAMEWORK FOR AGED CARE MANAGERS

This study draws on quantitative findings and a literature review to propose an integrated competency framework for managers of aged care services. Aged care management requires a wide range of competencies, including leadership, strategic management, interpersonal skills, clinical management, and ethical issues, among others. This section offers a critical analysis of nine major competency domains, comparing them with other literature to establish their significance and relevance.

5.4.1 Leadership and strategic management

Leadership and strategic management are the building blocks for proper governance in retirement facilities. Research has shown that strategic leadership connects organisational processes with national policies and improves continuous quality improvement (Dawes & Topp, 2022a). Guidelines from Australia's National Leadership

Framework indicate that strategic thinking, governance, and stewardship are essential skills for navigating a period of change (Dawes *et al.*, 2024). The Resource-Based Theory (Barney, 1991) and the Dynamic Capabilities Theory (Teece *et al.*, 1997) explain why managers who leverage organisational resources have a competitive advantage that is hard to replicate. Research findings also support the importance of servant leadership in building trust during organisational transformation (Cloutier *et al.*, 2016). Overall, these studies confirm that transformational leadership is essential for aged care facilities.

5.4.2 Workforce development and retention

Workforce development involves building and maintaining a competent workforce capable of responding to the increasing demand for care services. Job satisfaction, organisational commitment, and supervision are essential for minimising workforce turnover (Shields, 2007). Therefore, management skills include workforce recruitment, learning and development feedback, and staff well-being. Research findings indicate that high turnover rates, up to 35% per annum, are linked to burnout and a poor work environment (Jurij *et al.*, 2023). Therefore, workforce recruitment skills, staff mentoring skills, and work environment skills are essential for building a positive work environment (Dawes & Topp, 2022b). Research findings indicate that performance management skills greatly improve workforce engagement and care services (Gunawan *et al.*, 2021). This is in line with modern management skills that emphasise compassion in aged care management (Cooke & Bartram, 2025).

5.4.3 Communication and interpersonal skills

Alford *et al.* (2024) found that communication and interpersonal skills were reflected in 47% of job descriptions for aged-care managers. According to Meissner and Radford (2015), effective communication is vital in stakeholder relationships and in the development of collaborative care plans. The importance of emotional intelligence in maintaining psychological safety is also highlighted by Shields (2007). The literature also highlights that effective communication is important in negotiating regulatory changes and ensuring residents' satisfaction and engagement (Croft & Seemiller, 2017; Dawes & Topp, 2022).

5.4.4 Clinical and health systems knowledge

Clinical supervision is important in ensuring that the delivery of care meets safety and quality requirements. According to Kennedy *et al.* (2007), clinical supervision is a responsive and proactive approach to performance monitoring. The Royal Commission into Aged Care (2021) highlighted that aged-care managers need to possess strong knowledge in geriatric care. Boscart *et al.* (2017) found that training programs focused on gerontological knowledge can boost the confidence and competence of aged-care managers. Furthermore, Dawes and Topp (2022a) revealed that knowledge of health system standards and clinical records is a key component in effective clinical supervision. The importance of clinical supervision in aged care cannot be overstated, as it is essential for ensuring the safety and satisfaction of older adults and for regulatory compliance.

5.4.5 Regulatory and political awareness

Regulatory compliance is one of the key managerial activities. The Australian National Leadership Framework emphasises regulatory understanding as a key skill (Dawes & Topp, 2022a). A study by Jeon *et al.* (2010) showed that regulatory understanding positively influences operational quality and staff responsibility. Recent studies have found that many facility managers are uncertain about legal and ethical requirements, which negatively affects their decisions (Bocheńska Brandt *et al.*, 2024). Therefore, reporting, advocacy, and accreditation skills are key for facility managers who have mastered the skills to protect residents' rights while improving their organisation's credibility.

5.4.6 Quality improvement and risk management

The foundation of safety culture is quality improvement. Balding (2012) argues that quality improvement is one of the key leadership activities for regulatory bodies. The activities are guided by quality cycles such as Plan-Do-Study-Act. A study by Shao *et al.* (2021) found that data literacy is a key skill for facility managers who have mastered quality improvement. Strategic governance, data analysis, and stakeholder engagement are positively associated with service quality (Dawes & Topp, 2022b).

Therefore, quality leaders need to have both technical and social skills to drive quality improvements.

5.4.7 Organisational culture and staff well-being

A positive culture helps reduce turnover and improve care outcomes. Shields (2007) and Jurij *et al.* (2023) relate psychological safety and value-driven leadership to burnout reduction. Relational leadership approaches create environments where staff are heard and motivated to contribute (Dwyer, 2011). Inclusive approaches that prioritise staff well-being also contribute to team cohesion (Dawes & Topp, 2022b). Managers who model ethical leadership and maintain open communication channels promote shared commitment to excellence.

5.4.8 Ethical and person-centred care

Ethics and person-centred values are foundational to aged care services. Residents' values emphasise dignity, autonomy, and respect (Garratt *et al.*, 2021). Cultural humility and advocacy skills enable managers to protect these values (Cleland *et al.*, 2021). Ethical failure compromises service delivery, reducing service quality, as highlighted by the Royal Commission (2021). Managers must therefore ensure strong ethics standards are upheld, creating spaces where residents have a voice in matters that affect their lives.

5.4.9 Emerging competency areas

The aged care sector is constantly evolving, with digital technology, interprofessional collaboration, and lifelong learning significantly influencing managerial work. Digital technology contributes to data management and care coordination (Bail *et al.*, 2022). Collaboration between professionals facilitates interprofessional service delivery (Bhattacharya *et al.*, 2021). Lifelong learning equips managers for emerging challenges and innovations (Dawes & Topp, 2022b). This is a dynamic sector that demands growth and adaptability from its managers.



Figure 5.2 Integrated competency framework for aged care managers

Table 5.1 Summary of the competency domains of an integrated framework

Competency Domain	Description	Key Competencies	Literature Examples
Leadership and Strategic Management	Set direction, guide change, and secure sustainability.	Vision setting, strategic planning, and change leadership	Barney (1991); Teece <i>et al.</i> (1997); Dawes & Topp (2022a)
Workforce Development and Retention	Build a skilled, motivated team and reduce turnover.	Recruitment, mentoring, performance feedback, wellness initiatives	Shields (2007); Jurij <i>et al.</i> (2023); Gunawan <i>et al.</i> (2021)
Communication and Interpersonal Skills	Foster precise and sensitive interactions with staff, residents, and stakeholders.	Active listening, conflict resolution, cultural sensitivity, empathy	Meissner & Radford (2015); Croft & Seemiller (2017)
Clinical and Health-Systems Knowledge	Ensure safe, high-quality care delivery.	Geriatric care principles, medication safety, and clinical governance	Kennedy <i>et al.</i> (2007); Boscart <i>et al.</i> (2017)
Regulatory and Political Awareness	Navigate legal, policy, and funding frameworks.	Compliance reporting, advocacy, and ethical decision-making	Jeon <i>et al.</i> (2010); Cleland <i>et al.</i> (2021)
Quality Improvement and Risk Management	Use data and processes to sustain service quality and safety.	PDSA cycles, data analysis, risk assessment, stakeholder engagement	Balding (2012); Shao <i>et al.</i> (2021)
Organisational Culture and Staff Wellbeing	Create a supportive environment that boosts morale and performance.	Psychological safety, values-based leadership, and team building	Shields (2007); Dwyer (2011); Jurij <i>et al.</i> (2023)
Ethical and Person-Centred Care	Uphold resident dignity, autonomy, and rights.	Cultural humility, advocacy, and shared decision-making	Garratt <i>et al.</i> (2021); Royal Commission (2021)
Emerging Competency Areas	Adapt to new tools, partners, and learning needs.	Digital literacy, multidisciplinary teamwork, and continuous professional development	Bail <i>et al.</i> (2022); Bhattacharya <i>et al.</i> (2021)

5.5 MANAGERIAL IMPLICATIONS AND RECOMMENDATIONS

The study findings reveal that aged care facility managers are likely to be deficient in leadership, communication, workforce development, and clinical skills. The following sections of this paper highlight the significance of these issues and suggest possible remedies.

The study findings reveal that aged care facility managers are likely to be deficient in leadership and strategic management skills, with approximately 82% of studies highlighting this issue. Managers who are deficient in leadership skills are likely to be poor in setting goals, adapting to changes, and leading teams. The Resource-Based View theory by Barney (1991) and the Dynamic Capabilities Theory by Teece *et al.* (1997) suggest that good strategic management is likely to contribute positively to organisational competitiveness. It is recommended that aged care facilities invest in leadership development programs that focus on adaptive leadership and transformational leadership skills, including scenario planning, system thinking, and strategic decision-making (Cloutier *et al.*, 2016; Dawes & Topp, 2022).

Approximately 78% of the studies highlighted workforce development issues in aged care facilities. The literature suggests that investments in workforce development are likely to contribute positively to aged care outcomes (Jurij *et al.*, 2023; Shields, 2007). Managers are likely to benefit from training programs that focus on coaching, mentoring, and forecasting future workforce needs (Gunawan *et al.*, 2021). Managers are likely to benefit from training programs that focus on forecasting future workforce needs, including the utilisation of data.

In addition, a deficiency in communication skills was observed in approximately 80% of the facilities. Such skills are important for teamwork. Moreover, a deficiency in these skills results in a breakdown in trust, which leads to conflicts that reduce morale (Meissner & Radford, 2015). Facilities need to provide managers with formal training in communication skills, including negotiation, conflict resolution, cultural competence, and emotional intelligence. Reflective sessions may help managers improve these skills (Croft & Seemiller, 2017).

A deficiency in clinical governance skills was observed in approximately 61% of the facilities. This includes a lack of confidence in managing risks and a lack of knowledge of geriatric care. Such skills are important for ensuring that care standards are adhered to and that residents' safety is protected. Facilities need to provide managers with formal training on clinical leadership skills. This includes training on the geriatric care framework, which involves the 5M model. In addition, managers need to be trained to use audit tools (Kennedy *et al.*, 2007; Dimitriadou *et al.*, 2025).

According to over half of the studies, a deficiency in confidence was observed among managers. This was particularly true for regulatory knowledge. This is a concern since aged care facilities require strict compliance. This is a critical aspect that requires managers to be trained on accreditation requirements. In addition, managers need to be trained on how to advocate for funding. Senior managers may help mentor aspiring managers on these skills.

Although less common (33%), deficiencies in quality improvement skills were observed in a significant number of facilities. This is a concern since a deficiency in these skills may affect safety and facility performance. A deficiency in quality improvement skills may result in breakdowns in safety and compliance (Marquis, 2002; Dawes & Topp, 2022). Facilities need to provide managers with formal training on continuous improvement skills. This includes applying the PDSA method to improve facility performance. In addition, managers need to be trained to use dashboards to improve facility performance (Endalamaw *et al.*, 2024).

Positive organisational culture promotes staff retention and quality care delivery. Research suggests that when staff feel safe and respected, they are more engaged and have lower turnover rates (Jurij *et al.*, 2023). Values-based leadership programs should be part of all training. Managers need tools to build inclusive, supportive teams. Regular staff surveys and wellness programs can help monitor and improve the work environment.

As aged care becomes more digital and team-based, managers must develop new skills. Digital literacy, cross-sector collaboration, and ongoing learning are now essential (Bail *et al.*, 2022; Bhattacharya *et al.*, 2021). Digital training should be included in core professional development. Facilities should also establish cross-functional teams to promote effective collaboration. Managers should be encouraged to join professional networks and take further courses.

5.6 RECOMMENDATIONS FOR FUTURE RESEARCH

The current study has advanced understanding of the critical managerial competency gaps among aged care managers and proposes a comprehensive competency framework to address these deficiencies. However, as aged care continues to evolve,

significant opportunities for further inquiry remain. The following recommendations are proposed to guide future research in this area:

While this study identified and conceptualised a competency framework, future research should track its implementation and impact over time. A longitudinal study can establish whether structured competency development improves quality of care, staff retention, resident satisfaction, and compliance with legislation, among other factors. This paper will focus on retirement facilities in South Africa. However, a comparison of managerial competencies across nations, sectors, and facility sizes could help determine whether context influences which competencies are most important or difficult. While many competency gaps were identified, there is limited evidence on which training approaches are most effective for closing them. Future research should investigate the comparative effectiveness of various learning strategies, including blended learning, mentorship programs, simulation-based training, and action learning, to inform the development of effective training solutions.

Emerging competency areas, such as digital literacy and data-informed decision-making, are becoming increasingly crucial as aged care continues to digitise. Future research should investigate managers' readiness to adopt digital solutions and the barriers to developing technological competence.

The findings highlighted gaps in cultural sensitivity and inclusivity. Future studies should examine cultural competence frameworks and interventions that can better prepare managers to lead in increasingly diverse settings.

Although less frequently emphasised in the results, ethical leadership and person-centred care are crucial to meeting modern standards of aged care. Future research should investigate how managers can effectively integrate ethical frameworks and relational approaches into their daily practices.

Further research is necessary for establishing a direct relationship between managerial competencies and staff outcomes, such as burnout, engagement, and turnover. Understanding these relationships will enhance the business case for investing in both leadership and staff. Furthermore, there is a need to develop effective assessment tools to measure competencies in leadership, communication, clinical

governance, and strategic management, among others. This will ensure that evidence-based standards are available to guide recruitment, performance management, and development planning.

Further research is necessary to build on these studies, particularly to assess the impact of competency frameworks and to explore different approaches to developing core competencies in a complex environment. This will ensure further progress in the professionalisation of aged care management, ultimately enhancing person-centred, high-quality care.

5.7 LIMITATIONS OF THE STUDY

This study provides significant insight into the competency gap experienced by managers. It also provides a comprehensive framework for managers working in retirement facilities under the aged care industry. However, there are some limitations to the study that need to be highlighted to provide a contextualised perspective on the findings.

The study adopted a predominantly quantitative content analysis approach to examine 46 peer-reviewed articles. This allowed the researcher to explore the literature based on the subject extensively. However, the findings may not reflect the nuances of the issues experienced by management staff working in aged care facilities. The study focused on the management of retirement facilities in South Africa. However, the researcher has extensively drawn on the international literature to underpin the findings. The study may not reflect the actual scenario experienced by management staff working in aged care facilities. The researcher has adopted a predominantly quantitative content analysis approach to examine the published literature. This may have led to publication bias tainting the findings. The published literature may be more likely to reflect competency gaps or a competency framework. However, the authors have focused on the emergent domains such as digital literacy, interdisciplinary collaboration, and cultural competency. However, the authors have not given significant importance to the emergent domains compared to the traditional domains, such as leadership skills and workforce management.

It is worth noting that although the proposed competency framework is conceptual, it has not yet been tested empirically in a real-world context. Its practicality, feasibility, and impact on organisational performance and care outcomes await validation in implementation studies and outcome evaluations. In addition, although a synthesis of widely accepted competency domains was achieved, the lack of a universally accepted conceptual model may impact its precision and clarity. The current study was primarily focused on managerial competencies from a managerial and professional viewpoint, without reference to residents, families, or carers, whose perspectives may shed light on the aspects of care most affected by competency.

In addition, given the rapid evolution of change in the aged care sector, with developments in legislative environments, technology, and demographic factors, such as the implementation of new quality standards and technological developments in care delivery, it is probable that some of the findings and competencies may change rapidly, potentially limiting their currency in the longer term without updates.

Despite these factors, it is a significant contribution in terms of systematically identifying core competency gaps and developing an integrated framework relevant to the specific needs of aged care managers.

5.8 CONCLUSION

In conclusion, this study sought to identify and address a significant gap in managerial competency among aged care managers in retirement facilities, with a view to developing a comprehensive competency framework to enhance leadership, operational, and care outcomes in these environments. Using quantitative content analysis of 46 peer-reviewed journal articles, the research sought to achieve the following two objectives: First, it identified the essential managerial competency gaps that aged care managers face. The research revealed a wide range of pervasive deficiencies, with the most common competency gaps identified as leadership and change management, communication and interpersonal skills, workforce development and retention, quality/safety management, and human resource management. This is consistent with the literature, which highlights that many aged care managers are not formally qualified in strategic leadership, governance, and clinical oversight (Dawes & Topp, 2022; Dwyer, 2011). The emerging issues of digital literacy, cultural competency,

and the ability to work with others from different disciplines reflect the increasingly complex nature of the aged care manager's job. The second objective of the research was to develop a detailed competency framework for managers of retirement villages. The framework was developed with reference to the Resource-Based View (RBV) (Barney, 1991) and the Dynamic Capabilities Theory (Teece *et al.*, 1997). The framework brings together the clinical, managerial, and leadership competencies within a single framework. The framework identifies nine related domains, which are leadership and strategic management, workforce development and retention, communication and interpersonal skills, clinical and health systems knowledge, political awareness, quality improvement and risk management, organisational culture and staff wellbeing, ethical and person-centred care, quality, and digital literacy, which are linked to lifelong learning. The results show that these factors work in an integrated manner. The strength of the managers' leadership is based on their strategic skills, clinical literacy, ethical judgment, and ability to create a supportive workplace. The results show that the absence of any of these factors can affect residents' outcomes, staff turnover, and long-term sustainability. The framework shows these relationships and thus offers a useful tool for managers and policymakers seeking to enhance service quality. The research has contributed to the advancement of human resource management and organisational behaviour in the following ways: Firstly, the research offers an evidence-based synthesis of the most important gaps in the managers' competencies. Secondly, it offers a framework to inform recruitment, training, and evaluation practices in retirement facilities. Thirdly, it offers a platform for further research on the development of the managers' competencies. The research has hence laid a solid foundation for advancing practice and further research. To remain effective in a dynamic healthcare environment, aged care organisations must invest in training managers, providing supportive supervision, and developing managers' competencies. This will ensure that managers in aged care facilities can provide quality care to the elderly.

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ANNEXURE A: EDITORS' CERTIFICATE

RUAN FOURIE

COPYEDITING CERTIFICATE

DEVELOPING AN INTEGRATED COMPETENCY FRAMEWORK TO ADDRESS MANAGERIAL COMPETENCY GAPS OF AGED CARE MANAGERS IN SOUTH AFRICA

by IH Scholtz

Be it hereby certified that the abovementioned mini-dissertation has been copyedited and proofread for accuracy, clarity, and proper English usage.



ruanfourie23@gmail.com
082 068 6077