

**Importance and performance of managerial skills in the
Australian Aged Care sector – a middle managers’
perspective**

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3 **Summary**

4 **Aim(s)** – This study examine the importance and performance of middle
5 managers' skills to provide a starting point for a sector-wide leadership and
6 management framework.
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9 **Background** – There is an increasing consensus, that the quality of
10 management, leadership and performance of any organization is directly
11 linked to the capabilities of its middle managers and the preparation and on-
12 going training they receive.
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18 **Method(s)** – A total of 199 middle managers from three aged care
19 organizations in Australia participated in a questionnaire conducted during
20 2010-2011.
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24 **Results** – This study found that middle managers perceived the need to
25 develop their communication skills, self-awareness, change management,
26 conflict resolution and leadership skills.
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30 **Conclusion(s)** – Middle managers perceive a discrepancy between
31 performance and importance of various managerial skills. This study
32 demonstrated that provision of training needs to go beyond clinical skills
33 development and further investigation into managers' needs is necessary,
34 particularly considering the diversity of this critical group in organizations.
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39 **Implications for Nursing Management** – Future training opportunities
40 provided to middle managers need to address the 'softer' skills (e.g.
41 communication) rather than 'technical' skills (e.g. clinical skills). The provision
42 of training on these skills may improve their performance which may also lead
43 to increased job satisfaction, continuity in leadership and management and
44 ultimately, improvements in the quality of care provided.
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Introduction

An increase in the number of clients requiring aged care services brings with it an increased need for effective management of aged care organizations (Productivity Commission 2011). The management and structure of aged care organizations has changed significantly since the late 1980s in order to develop “innovative, responsive to client needs and market focused” organizations (Paulsen 2005 p. 16). These changes have been influenced by a combination of economic, medical, political and social welfare interests in order to shift the balance of care from institutional to community-based, to improve the quality of care provided and to promote the sustainable economic management of the sector (Howe 2000).

However, the aged care reforms have also resulted in a tightening of available funding for the sector. At the same time, the Australian aged care sector is experiencing an increase in clients with more complex health care needs (Commonwealth 2007; Productivity Commission 2008). The combination of changing clients’ needs and the necessity to work more effectively and efficiently with the resources available has resulted in an increased need for appropriate training and development at all levels within aged care organizations. However, the majority of middle managers in residential aged care feel ill prepared for their role (Jeon et al. 2010).

Interestingly, there is a reported disparity between the skills reported as important by organizations and by registered nurses (RNs) (Howe et al. 2012). While almost 50% of RNs reported that training in management and leadership was important; organizational management viewed dementia training as the most important (88%) and management and leadership training as the second least important (18%) (Howe et al. 2012). This disparity is important to address as career development has consistently been found to be a key driver in the retention of health care employees globally (Shen, Cox & McBride 2004). Furthermore, research has argued that, “*nurse leaders and managers need to be able to readily access education that is relevant, meaningful, and can be applied to management and leadership practice*” (Dignam et al. 2012, p.69). However, no guidance has been provided as to

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3 what education is relevant, meaningful and applicable to management and
4 leadership practice in aged care. This is even more important in an
5 environment where the professional background of middle managers is
6 increasingly diverse including not only nurses but managers with business
7 and other qualifications (Meissner et al. 2012). Therefore, this study begins to
8 address what type of training is important from a middle manager perspective.
9 To do this, this research proposes three primary research questions:

- 14 1. What skills are important to provide training to middle managers on?
- 15 2. What skills are performed well by middle managers?
- 16 3. How does the professional background of the middle manager affect
17 the importance and performance ratings provided?
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21 **Background**

22 This research is concerned with middle managers in particular; a role that is
23 little understood and seldom researched, especially in human service
24 organizations (Thompson 1994). Research has demonstrated that
25 organizational performance is heavily influenced by what happens in the
26 middle of organizations rather than at the top (Currie & Proctor 2005; Dopson
27 & Stewart 1990; Floyd & Wooldridge 2000).

28 Middle managers are an essential element of any health care organization as
29 they perform a variety of important duties that make significant contributions.
30 These duties include *administrative* (e.g. record keeping), *technical* (e.g.
31 nursing skills), and *managerial activities* (e.g. overseeing the day to day
32 running of a business) (Embertson 2006). Of these, *managerial activities* have
33 been argued to be the most valuable duty performed by middle managers
34 (Embertson 2006). Indeed Kubica (2008) argued that while technical skills are
35 important, a broader skill set is needed in order to be effective as a middle
36 manager particularly in navigating the complexity of health care organizations.
37 These skills include the ability to communicate effectively, supervise
38 employees as well as the ability to manage organizational politics, and follow
39 procedures (Kubica 2008). However, no research has identified exactly what
40 skills are performed well nor has research identified which skills are important
41 to acquire to perform the role of an aged care middle manager.
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3 Research has, however, established the role of middle managers is diverse.
4 In particular, international and national research has established that middle
5 managers not only communicate information and coordinate activities (Floyd,
6 et al. 1997; Schlesinger & Oshry 1984) but also implement strategies
7 formulated from those above them (Jackson & Humble 1995), act as change
8 agents and oversee the day-to-day running of the business (Barton & van den
9 Broek 2011). Moreover, in the Australian aged care sector, middle managers
10 are expected to be involved in the everyday service delivery (Paulsen 2003).
11 Consequently, being a middle manager in aged care involves not only
12 managing budgets, projects and general administrative activities, but also
13 leading and caring for a vulnerable group of clients, managing staff and
14 making complex decisions after weighing up budget constraints with client
15 needs (Hill 2008; Howe 1998). Therefore, the provision of effective training
16 and development opportunities to assist aged care middle managers
17 “manage” the demands of their role is essential.
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30 Considering the high demands, it is not surprising that middle managers
31 report experiencing significant stress, role ambiguity, and describe their
32 experience as being, ‘squeezed’ (Gabel 2002) and ‘the meat in the sandwich’
33 (Turnbull, 2001). While some research has established the need for specific
34 clinical competencies and skills (e.g. Abdelrazek et al. 2010; Boucher 2005;
35 Lindholm, Sivberg, & Uden 2000) strategic planning skills (Currie 2006) and
36 the ability to implement evidenced based care initiatives (Dopson & Fitzgerald
37 2006), no study has investigated the perception of middle managers in
38 regards to the level of importance and performance of various skills.
39 Additionally, with a few exceptions (e.g. Dopson & Fitzgerald 2006; Boucher
40 2005), research investigating middle management in aged care predominantly
41 focuses on nurse unit managers (Cathcart & Greenspan 2012; Shirey et al.
42 2010; Fennimore & Wolf 2011; Moran et al. 2011; Savage & Scott 2004;
43 Paliadelis 2008). No research has independently examined the different
44 layers of middle management that exist in aged care. Most research
45 examining skill sets required by middle managers has communicated only
46 blanket statements in regards to the type of management training when
47 transitioning to a management role (e.g. Productivity Commission 2011).
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Another important consideration is the professional background of the managers themselves. While traditionally, middle managers are skilled clinicians who have been promoted into middle management roles based on their technical skills (Fitzgerald & Teal 2003), there is an increasing number that do not have a clinical background, and instead come from a professional background, such as management and accountancy (Howe et al. 2012). These differences lead to middle managers placing greater emphasis on different duties in their day-to-day activities. For example, when entering the aged care environment from a business background, research has identified that a managers' initial focus is on standardization, procedures and budgeting rather than caring for individual residents (Veenswijk 2005). Therefore, it is reasonable to expect that middle managers from a professional background would have different training needs than those from a clinical background (Sambrook 2005). To date however, the different needs of these managers have been neglected in the literature. Therefore, this study begins to fill these gaps within the Australian aged care sector in order to inform future training and development activities to improve practice.

Method

Ethics approval was received from the university and from each of three Australian aged care organizations. Invitations to participate were emailed to all middle managers at the three participating organizations including a link to the online survey. To be eligible for inclusion in this study, employees needed to be working as a middle manager. In this study they were defined as those employees who had direct reports to them or who were responsible for overseeing a section of the organization. The responses were uploaded into SPSS version 20.0 for analysis.

Measures

The questionnaire measured various aspects of middle managers' experience at work including their professional identity, role clarity, job satisfaction,

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3 intention to leave and importance of managerial skills and a perceived
4 performance of managerial skills and knowledge. This paper reports on the
5 findings of two questions regarding participants' perceived importance and
6 performance.
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10 To measure the *perceived importance of managerial skills and knowledge*, 17
11 items were identified from both, previous research (e.g. Jeon et al. 2010) as
12 well as from interviews conducted in phase 1 of this study (pilot). These items
13 were rated on a 6-point scale ranging from not at all important (1) to extremely
14 important (6). The same items were used to measure *perceived performance*
15 *of managerial skills and knowledge*. Examples of these items include "being
16 hands-on", "change management skills" and "time management skills."
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22 **Data analysis**

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24 An importance-performance analysis (IPA) was applied to participants' ratings
25 of knowledge and skills required to be an effective manager in the aged care
26 sector and the perceived performance of middle managers in similar positions
27 on these skills. The mean scores from the importance and performance
28 ratings were plotted on a grid, producing four quadrants that separate items
29 into areas of greatest to least concern (Martilla & James 1977; Gill et al.
30 2010). This technique has been used effectively with proven validity across a
31 variety of cultural and contextual settings globally, especially in tourism and
32 education (Martilla & James 1977; Gill et al. 2010).
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41 **Results**

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44 A total of response rate of 199 was achieved. Of these, 87% were female and
45 13% were male. The majority of participants (74%) were 45 years of age and
46 older which is in line with the current suggestion that 80% of the labor force
47 between 1998 and 2016 will be made up of people 45 years and above
48 (AIHW, 2012). The majority of respondents (80%) had previously been
49 employed as a manager within the aged care sector (61%) before accepting
50 their current position and just over half of the respondents (53%) had worked
51 in their current position for less than three years. Not surprisingly, 119
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3 respondents held a nursing degree, whereas 68 held business/ management
4 qualifications, 36 indicated aged care and community care qualifications and
5 11 participants had no formal qualification. The survey also revealed that
6 23.6% (45 participants) were undertaken further education, mostly
7 management related (10); other areas were training and assessment (3),
8 counselling (6), quality auditing (2), psychology (1) and project management
9 (1).
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16 Table 1 provides the descriptive statistics for participants' ratings of the
17 importance and performance of 17 skills. As shown, middle managers
18 perceived the performance of middle managers in similar positions to their
19 own as quite high. No skill was rated lower than adequate (scale-point 3) with
20 'project management skill', 'clinical skills', 'self-awareness' and 'negotiation
21 skills' being rated the lowest performing skills in middle managers.
22 Interestingly, 'customer service skills', 'time management skills' and
23 'communication skills' were perceived as the highest performing skill set by
24 middle managers.
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31 Table 1 also illustrates that participants rated 'communication skills',
32 'customer service skills', 'leadership skills' and 'time management skills' as
33 the most important skills necessary to be a successful middle manager.
34 Interestingly, nothing was rated as less than moderately important for their
35 roles. The lowest importance rating was given to 'clinical skills' and 'being
36 hands-on'.
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46 To examine research questions 1 and 2, an Importance Performance Analysis
47 (IPA) was performed. One way of positioning the axes in such analysis is to
48 use the average score of importance and performance ratings (Gill et al.,
49 2010). Thus, the vertical axes were positioned at 5.19 (average of all
50 importance ratings) and the horizontal axes at 4.26 (average of all
51 performance ratings).
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56 According to IPA theory (Martilla & James 1977; Nale et al. 2000), items
57 within Quadrant One (high performance, low importance) might represent
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3 areas of potential 'overkill' where efforts could afford to be cut back. Quadrant
4 Two (high performance, high importance) are considered to being adequately
5 performed and current efforts need to be maintained. Items in Quadrant Three
6 (low performance, low importance) are commonly considered to be of low
7 priority. Finally, items in Quadrant Four (low performance, high importance)
8 are those on which attention most needs to be concentrated. The results of
9 the IPA are provided in Figure 1.
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20 As evident in Figure 1, flexibility, conflict resolution, leadership, time
21 management, communication, customer service, mentoring, negotiation, staff
22 behaviour management, change management and self-awareness skills were
23 all important to being an effective middle manager. However, clinical skills,
24 being hands on, project management skills, strategic planning skills,
25 budgeting and finance and resource management skills were rated as those
26 skills that are of relatively low importance to middle managers. It should be
27 noted that, while these skills were rated of low importance in this analysis, the
28 lowest importance rating given was moderate and are still considered
29 important skills to acquire in middle management.
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37 Upon examining the performance ranking of the skills, this study found that
38 flexibility, conflict resolution, leadership, time management, communication,
39 customer service, and resource management skills were perceived as being
40 performed well by middle managers. On the contrary, clinical skills, being
41 hands on, project management skills, strategic planning skills, budgeting and
42 finance skills, mentoring, negotiation, staff behaviour management, change
43 management and self-awareness were all perceived as being performed
44 poorly by middle managers, thus indicating that skill development training
45 should be aimed at these skills.
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51 Overall, the IPA analysis revealed that mentoring, negotiating, staff behaviour
52 management, change management and self-awareness skills were of high
53 priority to address for training and development opportunities in the future.
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3 To answer research question 3, a one-way between-groups ANOVA was
4 performed. The results of this analysis are provided in table 2.
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11 Table 2 illustrates that clinical and negotiation skills were rated as more
12 important in middle managers with a nursing background than those with a
13 professional background. Additionally, time management, being hands on and
14 customer service skills were rated as performing significantly better by middle
15 managers with a nursing background than those with a professional
16 background.
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21 22 23 **Discussion / Conclusion**

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26 This study found that change management, mentoring, negotiating, staff
27 behavior management, and self-awareness skills were all identified as highly
28 important to middle managers yet were being performed poorly in comparison
29 to other items. This provides important information to the sector, as it is the
30 first study that identifies the perceived relevance and performance of various
31 “softer” skills required to be a middle manager
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38 In an environment that is constantly changing (Productivity Commission 2011)
39 the ability to effectively manage change is an essential quality in a middle
40 manager (Hewison 2012). Change management skills have been of particular
41 interest in a sector characterized by on-going reforms and ultimately many
42 organizational change initiatives (e.g. Shanley 2007; Jeon et al. 2010;
43 Productivity Commission 2011). Middle managers are expected to adjust to
44 these changes and take on the role of change agents in implementing them
45 (Staeble & Schirmer 1992). However, this study found the performance of
46 change management skills in middle management to be lacking, which is in
47 line with previous research by Shanley (2007) who found a lack of change
48 management skills in the current residential aged care workforce (Shanley
49 2007). Therefore providing middle managers with training to develop their
50 skills in this area is critical.
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5 As others have found, middle managers in the aged care sector have limited
6 opportunities to prepare for their new roles (e.g. Jeon et al. 2010). There is
7 often a lack of clear guidelines to support their new roles, responsibilities and
8 career transition. This leads to role ambiguity and ultimately poor
9 management and leadership (Jeon et al. 2010). This study highlighted that the
10 performance as mentors / role models for staff and future managers is
11 perceived as needing improvement. This is particularly relevant and important
12 during their role transition as mentoring by senior managers supports middle
13 managers in navigating the complexity and tensions of their role (Finegold et
14 al. 2002). Additionally, providing middle managers with a more formalised
15 process would enable the organization to provide guidelines around the
16 required skills and knowledge that have to be passed on through mentoring
17 and training rather than relying on individuals to pass on 'their way of doing it'
18 through informal training.
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30 Staff behaviour management skills were another area participants' perceived
31 as needing improvement. In recent studies, negative workplace behaviour has
32 been a focus area (e.g. Lindy & Schaefer 2010). The management of this
33 behaviour is particularly relevant in the aged care sector, which is
34 characterized by a diverse workforce in regards to age, qualifications,
35 gender,, cultural and religious backgrounds. This provides unique challenges
36 for managers in aged care to respond to, which are different than many other
37 industries (Gray 2001) and makes managing staff behaviour important. It is
38 therefore not surprising that middle managers still report this area as one
39 needing improvement. While, many organizations begin to address this by
40 offering courses on frontline management and staff behaviour management,
41 our study found that middle managers still feel ill prepared and struggle with
42 this aspect of their role. One possible reason for this could be the increased
43 demands and expectations on managers force them to de-prioritize their focus
44 on managing employee behaviour. Another reason could be the lack of skills
45 developed in managing people prior to being promoted to a middle
46 management role. As this study did not have the sample size to explore the
47 differences in ratings between employees' previous experience and their
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3 important-performance ranking, further research is needed to address this
4 further.
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8 Interestingly, this study found that clinical skills were perceived as the least
9 important skill required as middle manager. Generally, it is expected that even
10 at a managerial level, clinical tasks are undertaken on a regular basis, which
11 can lead to role ambiguity among managers (Smith 2011). Our study indicates
12 that middle managers might feel more removed from the front line than other
13 roles, and therefore, managerial skills become more important than clinical
14 skills in performing the day-to-day activities of a middle manager This is in line
15 with Kubica (2008), who argued that while technical skills are important a
16 broader skill set is required to be effective.
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23 The clinical pathway is still the most common pathway into a managerial
24 career in the aged care sector (Productivity Commission 2008). Research
25 across industries internationally (including health care) has demonstrated that
26 there is a risk for organizations in focusing mostly on technical skills such as
27 promoting high performing nurses into middle management rather than
28 considering career motivation and management potential (Pepermans et al.
29 2002). Others found, that while nurses are encouraged to move into
30 administrative management roles, organizations do not support or resource
31 them sufficiently in their role (O’Keeffe 2011) which might explain the high
32 turnover reported among the group of middle managers in aged care to some
33 extend (e.g. Duffield et al. 2001). Indeed this research highlighted that this
34 results in a lack of people management (managerial) skills. Additionally, in the
35 aged care sector, it has also been pointed out that there are no career
36 pathways available currently to pursue a management career, which indicates
37 a lack of necessary formalized training in various managerial skills found by
38 this study. Therefore there is a need to address this deficit with training in
39 order to improve practice and the development of a managerial framework for
40 the sector.
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54 Studies have shown that incompatible expectations of middle managers lead
55 to increased pressure and role ambiguity (Meissner et al. 2012). Interestingly,
56 this study found that managers with a clinical background ranked the hands-
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3 on activities performed higher than professional managers. One possible
4 reason for this is that managers with a nursing background are much more
5 comfortable with performing hands-on duties as a result of their experience
6 (Paulsen 2003) and therefore are much more hands-on as a default position
7 than managers with a professional background, who may be more
8 comfortable more removed from hands on activities. Indeed previous research
9 by Paulsen (2003) found that middle managers in service organizations are
10 expected to be more hands-on rather than removed from the service
11 provisions. However, further research is needed to examine the importance of
12 hands-on duties in aged care middle managers in order to identify the
13 significance of this difference.
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23 As been pointed out in the literature review a lack of managerial and
24 leadership capabilities within the aged care sector is a major concern (Jeon et
25 al. 2010). While there has been significant investment in developing the
26 clinical skills of aged care workers, much less effort has been put into
27 improving management capacity (Productivity Commission 2008). Blanket
28 statements such as the necessity to access meaningful and relevant
29 management education does not provide an indication of what that entails
30 (Dignam et al. 20012). This paper provided some insights into what middle
31 managers themselves perceive as important skills to perform effectively in a
32 work environment characterized by high pressure, uncertainty and on-going
33 organizational change.
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41 **Implications for Nursing Management**

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44 This study found that the provision of training on change management,
45 mentoring, negotiating, staff behaviour management, and self-awareness
46 skills was needed to improve the performance of aged care middle managers.
47 These findings have important implications for managers, as recent research
48 has identified that middle managers are becoming increasingly
49 heterogeneous in regards to their professional background, skill sets and
50 career ambitions (Meissner 2011). Thus, this research provides a starting
51 point to gaining a better understanding of what managers' perceive as
52 important skills to be successful in their role.
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This research also highlighted how professional managers and nurse managers differ in their perception of importance but even more importantly, in their perception of current performance. This study showed that while individualized training and development plans are critical to developing effective middle managers, the provision of context-specific information should also be mandatory in order to enable all middle managers to join the discourse and reduce confusion in the workplace. Further research on inter-professional challenges within the aged care sector would be beneficial in providing insights into how to foster peer relationships and develop sustainable management and leadership during these times of continuous organizational change.

The findings of this research, therefore, have significant implications to nursing managers as they suggest that to develop an effective middle manager, training opportunities should be centred on managerial activities rather than clinical skills. It would be beneficial to conduct further research to determine how clinical skills might be more or less important across various managerial positions within organizational structures, as that study would be able to inform future training and development opportunities across the different levels of middle managers within an organization.

Strengths and Limitations

Even though our results make important contributions to the literature, the study was not without its limitations. Firstly, this study used a cross-sectional design to capture data on the importance and performance of selected skills in middle managers at one point in time. This limits the research in its generalizability to organizations outside those investigated. Additionally, this study only investigated middle managers from within one state of Australia. Therefore the results may be limited to this one area within Australia. Further, the Australian aged care sector might be different from other contexts and additional research investigating the importance and performance of middle managers skill sets should be conducted across different settings internationally.

Conclusion

In conclusion, a lack of managerial and leadership capabilities within the aged care sector is a major concern (Jeon et al. 2010). While there has been significant investment in developing the clinical skills of aged care workers, much less effort has been put into improving management capacity (Productivity Commission, 2008). Blanket statements such as the necessity to access meaningful and relevant management education do not provide an indication of what that entails (Dignam et al. 20012). This paper provided some insights into what middle managers themselves perceive as important skills to perform effectively in a work environment characterized by high pressure, uncertainty and on-going organizational change. In doing so, it found that by providing additional training on managerial skills, organizations are better equipping themselves to be more productive, efficient and effective in providing quality care to clients.

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Figure-1 Importance - Performance Analysis

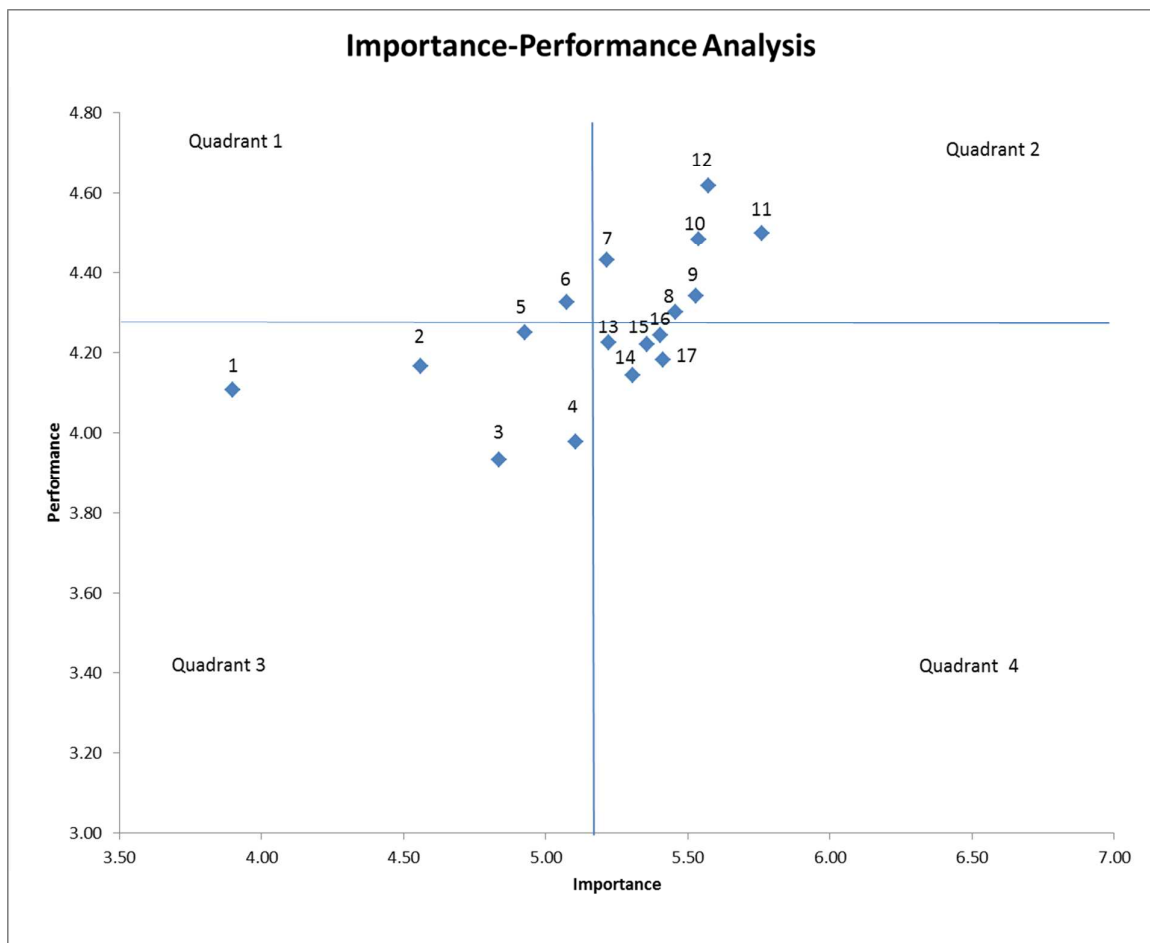


Table 1 - Importance and Performance Means Scores and Standard Deviation

Item (Number)	Importance Mean	Importance SD	Performance Mean	Performance SD
Quadrant 1 – high performance / low importance (possible areas for cut-back)				
Resource management (6)	5.07	.85	4.33	1.1
Quadrant 2 – high performance / high importance (maintain performance)				
Flexibility in the approach to task (7)	5.21	.76	4.43	.97
Conflict resolution skills (8)	5.46	.67	4.3	1.05
Leadership skills (9)	5.53	.72	4.34	1.08
Time management skills (10)	5.54	.54	4.48	.98
Communication skills (11)	5.76	.46	4.50	.94
Customer services skills (12)	5.57	.65	4.62	1.04

Quadrant 3 – low performance / low importance (lower but significant priority)

Clinical skills (1)	3.90	1.58	4.11	1.21
Be hands-on (2)	4.56	1.12	4.17	1.13
Project management skills (3)	4.84	.89	3.93	1.23
Strategic planning skills (4)	5.11	.79	3.98	1.24
Budgeting/ finance skills (5)	4.93	1.1	4.25	1.19

Quadrant 4 – low performance / high importance (high priority for attention)

Act as mentor/ role model (13)	5.22	.84	4.17	1.13
Negotiation skills (14)	5.3	.74	4.15	1.16
Staff behavior management skills (15)	5.36	.84	4.22	1.11
Change management skills (16)	5.4	.63	4.24	1.16
Self-awareness (17)	5.41	.64	4.18	1.09

Table 2 - Significant Differences between Professional Managers and Nurse Managers

Importance (significant)	Difference between groups (<i>M</i> , <i>SD</i>)	
Clinical skills	Professional manager	Nurse
[<i>F</i> (4,120)=8.176, <i>p</i> <.001]	(<i>M</i> =2.67; <i>SD</i> =0.71)	(<i>M</i> =4.61; <i>SD</i> =0.96)
Negotiation skills	Professional manager	Nurse
[<i>F</i> (4,120)=2.913, <i>p</i> =.024]	(<i>M</i> =4.67; <i>SD</i> =0.51)	(<i>M</i> =5.54; <i>SD</i> =0.56)
Performance (significant)	Difference between groups (<i>M</i> , <i>SD</i>)	
Time management skills	Professional manager	Nurse
[<i>F</i> (4,120)=3.299, <i>p</i> =.013]	(<i>M</i> =3.83; <i>SD</i> =0.71)	(<i>M</i> =4.77; <i>SD</i> =0.71)
Be hands-on	Professional manager	Nurse
[<i>F</i> (4,119)=2.402, <i>p</i> =.054]	(<i>M</i> =3.67; <i>SD</i> =0.57)	(<i>M</i> =4.72; <i>SD</i> =0.60)
Customer Service skills	Professional manager	Nurse
[<i>F</i> (4,114)=2.633, <i>p</i> =.038]	(<i>M</i> =4.00; <i>SD</i> =0.70)	(<i>M</i> =5.00; <i>SD</i> =0.93)