# Qeios

### Commentary

# Redesign Considerations for a Person-Centered Nursing Home System

### Joachim Sturmberg<sup>1,2</sup>, Len Gainsford<sup>3,4</sup>, Dimity Pond<sup>5</sup>, Nicholas Goodwin<sup>6</sup>

1. College of Health, Medicine and Wellbeing, University of Newcastle, Australia; 2. International Society for Systems and Complexity Sciences for Health, United States; 3. Centre for Enterprise Performance, Swinburne University of Technology, Australia; 4. Len Gainsford and Associates, Australia; 5. Wicking Dementia Research and Training Centre, University of Tasmania, Australia; 6. Central Coast Research Institute for Integrated Care, University of Newcastle and the Central Coast Local Health District, Australia

The nursing home sector globally faces significant challenges, including meeting residents' diverse needs, adhering to regulatory demands, and addressing financial imperatives. These competing priorities often lead to fragmented care, preventable hospitalizations, workforce shortages, and systemic inefficiencies. This commentary examines the nursing home system through the lens of systems and complexity science, proposing a redesign framework that emphazises adaptive leadership, outcomes-focused governance, and alignment of organizational purpose, goals, and values. We identify systemic barriers across organizational levels and recommend principles for achieving holistic, person-centered care. Key strategies include fostering stakeholder collaboration, integrating feedback mechanisms, and redefining regulatory priorities to focus on resident wellbeing. This approach highlights the critical role of adaptive leadership in enabling systems that are flexible, sustainable, and capable of meeting the evolving needs of aging populations.

#### Corresponding author: Joachim P Sturmberg, jp.sturmberg@gmail.com

Globally, the nursing home sector struggles to meet societal expectations as it is torn between three broad competing agendas: Meeting the needs of residents, fulfilling regulatory demands of regulators, and addressing the financial imperatives of nursing home proprietors (for details see Table 1)<sup>[1][2][3][4][5]</sup> <sup>[6][7]</sup>. As the demand for residential aged care continues to rise, the sector struggles with limited capacity, leading to mounting pressures on health and social care systems. These pressures manifest in preventable hospitalizations<sup>[8][9]</sup>, workforce shortages<sup>[6][10][11][12]</sup> and the increasing financial burden on those who rely on care services<sup>[13][14][15]</sup>. In some systems, such as Australia's, residential aged care provision is capped, limiting the expansion of nursing home capacity. Consequently, the need for carer support and home care packages is becoming increasingly urgent.

Government/Policy Level	<ul> <li>Lack of funding</li> <li>Unresponsive regulatory frameworks</li> <li>Political ideology</li> </ul>	Ward Level	<ul> <li>High staff turnover</li> <li>Insufficient staffing levels</li> <li>Insufficient staff skills</li> <li>Insufficient skills mix</li> <li>High physical workload</li> <li>High emotional stress levels</li> </ul>
			• Underpaid workplace
Proprietor Level	<ul> <li>Poorly designed/maintained facilities</li> <li>Running costs</li> <li>Providing resources/equipment</li> <li>Resilience of organisation</li> <li>Meeting frequently changing regulations</li> <li>Underfunding</li> </ul>	Resident Level	<ul> <li>Overall Morbidity</li> <li>Loss of ADLs</li> <li>Multiple care needs</li> <li>Unfamiliar environment</li> <li>Expectations of care</li> <li>Resident outcomes/safety</li> <li>Financial contributions</li> </ul>
Facility Level	<ul> <li>High staff turnover</li> <li>Nursing homes are undesirable work places</li> <li>Insufficient staff skills</li> <li>Lack of autonomy</li> <li>Staff motivation/Staff satisfaction</li> <li>Lack of equipment</li> <li>Clinical ability to detect causes of decline</li> <li>Prevention of adverse events</li> </ul>		

 Table 1. Systemic issues affecting nursing home care across 5 organisational levels

Given these challenges, it is unsurprising that the system as-a-whole is not functioning in an efficient and seamlessly integrated way<sup>[16]</sup>. Afterall, systems always produce the outcomes arising from their design. Hence, a system's purpose, even if no longer explicit, can be deduced from observing its dynamics. Purpose provides a system's focus and is its driving force. Looking at the nursing home system's outcomes, the only possible conclusion is that the system is broken and requires redesign<sup>[3]</sup> Structurally, every system consists of sub-systems while simultaneously being part of a larger suprasystem, leading to a system's functional layering. Dynamically, each functional layer influences and is influenced by the dynamics of all others. A system's highest level provides its overall constraints and thereby aligns every level's work, thereby maintaining the system's stability.

## **Understanding Nursing Homes as Organisational Systems**

In this commentary, we unpick the nature of the nursing home system to demonstrate why redesign is required and the principles that must underpin such change.

Any system that has competing demands is not an integrated system, and thus – sooner or later – doomed to fail<sup>[17][18]</sup>. The current nursing home system, producing undesirable outcomes, is in need of redesign – a challenging but necessary task.

The core focus of any nursing home systems must be on meeting residents' care needs, whether physical, social, emotional or cognitive (sense-making)<sup>[6][19][20]</sup>

## **Redesign Based on Organisational Principles**

Redesign requires adherence to organisational design principles<sup>[18][21]</sup>. A seamlessly integrated organisation will have a clear understanding of its *purpose* (WHY do we exist?), its specific 3–5 *goals* it can focus on at any given time (WHAT exactly do we want to achieve?), and its *core values*, those that do not change in a changing environment. These three understandings give rise to a set of 3–5 '*simple* (or operating) *rules*' that define its operation (HOW do we interact internally and with our external stakeholders?).

### Challenges

Organisational redesign requires all stakeholders to change their way of thinking. Firstly, appreciate how the elements of the nursing home system are structurally aligned. Secondly, they need to understand how these elements interact with each other – how do they potentially perpetuate desirable and undesirable behaviours. And thirdly, they must recognise how the needs for structure and interaction vary in different contextual settings.

Organisational change requires leadership that understands the nature of complex adaptive organisations and their role within them<sup>[22][23][24]</sup>. Paraphrasing Ron Heifetz<sup>[25]</sup>, leaders are not there to solve problems, rather, they are there to facilitate the necessary adaptive work that people in the organisation have to do. Leaders must trust that their staff will develop the best adapted solutions for their particular circumstances.

System regulators are entrusted with ensuring proper governance and accountability<sup>[26][27][28][29]</sup>. They also have to embrace the complex adaptive behaviour of nursing homes, particularly the need to use different responses to quickly changing care needs<sup>[30]</sup>. Needs-focused care cannot be delivered in a prescriptive process-focused fashion, it demands the freedom to adopt a variety of responses to achieve the overall purpose and goals of the system. Hence, regulators need to prioritise outcomes-focused governance that assures residents' needs and well-being have been achieved<sup>[31][32][33]</sup>.

#### A Strategic Approach

A 'systems and complexity thinking' approach<sup>[26][34][35][36]</sup> is essential to guide a *whole-of-system* redesign (Figure 1). This approach can simultaneously improve care quality and outcomes for residents, strengthen regulation and accountability, and ensures financial viability.



Figure 1. Nursing Home Redesign – Translating Organisational Theory into Adaptive Practice

### The Limiting Factor – Adaptive Leadership Skills

Well-functioning, horizontally and vertically integrated organisational systems require adaptive leadership able to maintain everyone's focused on the system's overall purpose<sup>[21][37][38]</sup> a difficult but necessary task to ensure its long-term stability and adaptability to changing contextual demands<sup>[22][24]</sup>.

# Applying Redesign Principles to Nursing Home Redesign

Nursing home redesign must adhere the three essential systemic redesign principles: First, clearly define the organization's purpose, specific goals, core values, and guiding '*simple*' rules to ensure a seamless

#### system integration<sup>[18][21][34][36]</sup> What might that look like in practice?

The purpose definition of the nursing home system should be to 'provide individuals with care that meets their needs (physical, social, emotional and cognitive<sup>[6][20][40][41]</sup>) while maintaining their dignity<sup>[30]</sup>. Core values cannot be prescribed, they should naturally emerge from within the system reflecting the collective understandings of stakeholders in their contextual setting. While the '*simple*' or guiding operational rules must align with purpose and core values, they should (generically) embrace notions of: First and foremost, focus on the purpose of the system – to provide care that achieves residents' desired quality of life and maintains their dignity<sup>[30]</sup>; adapt your behaviours and actions to emerging challenges – within your level of expertise and responsibilities; share your concerns; and engage in the problem-solving processes of your work environment.

Given that organisations are typically functionally layered, their leadership must clearly define and articulate roles and responsibilities, ensuring that all activities at all functional levels focus on realising the organisation's purpose.

And lastly, an effective and efficient nursing home system relies on transparency. It requires leadership that nurtures the free bottom-up feedback, enabling top-down adaptative changes in resource allocation (in particular staffing levels, staff skills, and staff composition<sup>[1][6][12][42][43][44][45][46][47][48][49][50]</sup>) and policy settings (especially infrastructure requirements<sup>[42][51][52]</sup> financial arrangements<sup>[13][14][15][42][52]</sup> [53][54][55]</sup> and care delivery standards<sup>[56]</sup>) in response to evolving care delivery needs.

Challenges to systemic redesign include entrenched mindsets and a lack of systems and complexity thinking<sup>[35][36][39]</sup> Leaders must understand system dynamics, foster a culture of respect and trust, and invest in the system's agents to improve overall function. This involves adapting education curricula, building community linkages, and promoting positive attitudes towards aging.

# Conclusions

A 'fit-for-purpose' nursing home system should:

- Define and Align Purpose: Clearly articulate the system's purpose and ensure all components align with it.
- Adopt Holistic Management: Ensure changes in one part benefit the system as-a-whole.
- Implement Effective Governance: Shift from process-focused to outcomes-focused governance.

• Encourage Democratic Engagement: Involve all stakeholders in a participative process to address complex challenges.

By focusing on the system as-a-whole, ensuring clear purpose alignment, and adopting effective governance, it is possible to achieve high-quality, resident-centered care, accountability, and financial viability of the nursing home sector.

# **Statements and Declarations**

### Funding

The research topic was funded by *The Royal Academy of Engineering* as part of their *Safer Complex Systems* Initiative. Grant No: CFCS1B100001.

### **Conflicts of Interest**

The authors declare no conflicts of interest.

### Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

### References

- 1. <sup>a, b</sup>Braithwaite J, Makkai T, Braithwaite V. Regulating Age Care. Ritualism and the New Pyramid. Cheltenha m, UK: Edward Elgar Publishing Ltd; 2007.
- 2. <sup>^</sup>Close to home. An inquiry into older people and human rights in home care. Manchester, UK: Equality and Human Rights Commission. 2011.
- 3. <sup>a, b</sup>Royal Commission into Aged Care Quality and Safety. Interim Report: Neglect (Vol 1). Canberra: Commo nwealth of Australia. ISBN: 978-1-920838-86-7. 2019.
- 4. <sup>^</sup>Long-Term Care COVID-19 Commission. Ontario's Long-Term Care COVID-19 Commission: Final Report. T oronto, Canada: Ontario's Long-Term Care COVID-19 Commission. 2021.
- 5. <sup>^</sup>Mills L. US: Concerns of Neglect in Nursing Homes. Pandemic Exposes Need for Improvements in Staffing, Oversight, Accountability. New York: Human Rights Watch. 2021.

- 6. <sup>a, b, c, d, e</sup>National Academies of Sciences, E., and Medicine. The National Imperative to Improve Nursing Ho me Quality: Honoring Our Commitment to Residents, Families, and Staff. Washington, DC: The National Ac ademies Press; 2022.
- 7. <sup>△</sup>Morri S. Living and care for the elderly: What the Netherlands can learn from other countries The Dutch re sidential care market in international perspective. 2024. last accessed: 10-Jan-2025. https://www.cbre.nl/en-gb/insights/reports/living-and-care-for-the-elderly-what-the-netherlands-can-learn-from-other-countrie s
- 8. <sup>△</sup>Pandolfi MM, Wang Y, Spenard A, et al. Associations between nursing home performance and hospital 30day readmissions for acute myocardial infarction, heart failure and pneumonia at the healthcare communi ty level in the United States. Int J Older People Nurs. 2017;12(4). doi:10.1111/opn.12154
- 9. <sup>△</sup>Dwyer R, Stoelwinder J, Gabbe B, Lowthian J. Unplanned Transfer to Emergency Departments for Frail Eld erly Residents of Aged Care Facilities: A Review of Patient and Organizational Factors. J Am Med Dir Assoc. 2015;16(7):551–562. doi:10.1016/j.jamda.2015.03.007
- <sup>^</sup>Havig AK, Skogstad A, Kjekshus LE, Romøren TI. Leadership, staffing and quality of care in nursing homes. BMC Health Serv Res. 2011;11(1):327. doi:10.1186/1472-6963-11-327
- 11. <sup>△</sup>Department of Health and Aged Care. Nursing Supply and Demand Study. Canberra: Department of Healt h and Aged Care. 2024.
- 12. <sup>a, b</sup>Shin JH, Kim HJ. Comparison of nursing home workforce with acute-care setting nursing workforce: Usin g a national sample survey. Geriatr Nur (Lond). 2024;60:699-707. doi:10.1016/j.gerinurse.2024.10.033
- 13. <sup>a, b</sup>Morton R. The Collapse of Aged Care (Part One). The Saturday Paper, 2020. https://www.thesaturdaypa per.com.au/news/politics/2020/09/12/the-collapse-aged-care-partone/159983280010409
- 14. <sup>a. <u>b</u></sup>Morton R. The Collapse of Aged Care (Part Two). The Saturday Paper, 2020. https://www.thesaturdaypa per.com.au/news/politics/2020/09/19/the-collapse-aged-care-parttwo/160043760010442
- 15. <sup>a</sup>, <sup>b</sup>Yong J, Yang O, Zhang Y, Scott A. Ownership, quality and prices of nursing homes in Australia: Why great er private sector participation did not improve performance. Health Policy. 2021;125(11):1475–1481. doi:10.101 6/j.healthpol.2021.09.005
- 16. <sup>^</sup>Sturmberg JP, Gainsford L, Goodwin N, Pond D. Systemic failures in nursing home care—A scoping study. J Eval Clin Pract. 2024;30(3):484-496. doi:10.1111/jep.13961
- 17. <sup>^</sup>Sturmberg JP. Losing the focus on the system's purpose guarantees failure—Lesson's for health system rede sign. J Eval Clin Pract. 2024;30(3):481-483. doi:10.1111/jep.13932

- 18. <sup>a, b, c</sup>Collins JC, Porras JI. Built to Last. Successful habits of visionary companies. London: Random House; 2 000.
- 19. <sup>^</sup>Sturmberg JP, Gainsford L, Pond D, Goodwin N. Fit-for-purpose—The bottom-up redesign of the nursing ho me system: The Australian Aged Care System. J Eval Clin Pract. 2024;30(3):511-520. doi:10.1111/jep.13987
- 20. <sup>a, b</sup>Australian Medical Association. Putting health care back into aged care. (2021) 2021.
- 21. <sup>a, b, c</sup>Sturmberg JP. Health System Redesign. How to Make Health Care Person-Centered, Equitable, and Sust ainable. Cham, Switzerland: Springer; 2018.
- 22. <sup>a, b</sup>Lichtenstein B. Generative Emergence: A New Discipline of Organizational, Entrepreneurial, and Social I nnovation. Oxford: Oxford University Press; 2014.
- 23. <sup>△</sup>Uhl-Bien M, Arena M. Complexity leadership: Enabling people and organizations for adaptability. Organ Dyn. 2017;46(1):9-20. doi:10.1016/j.orgdyn.2016.12.001
- 24. <sup>a, b</sup>Uhl-Bien M, Arena M. Leadership for organizational adaptability: A theoretical synthesis and integrativ e framework. The Leadership Quarterly. 2018;29(1):89-104. doi:10.1016/j.leaqua.2017.12.009
- 25. <sup>a, b</sup>Heifetz R. Leadership Without Easy Answers. Cambridge, Ma: Harvard University Press; 1994.
- 26. <sup>a, b</sup>Ackoff RL. Systems thinking and thinking systems. System Dynamics Review (Wiley). 1994;10(2/3):175-18
  8. doi:10.1002/sdr.4260100206
- 27. <sup>△</sup>Brinkerhoff DW. Accountability and health systems: toward conceptual clarity and policy relevance. Healt h Policy Plan. 2004;19(6):371-379. doi:10.1093/heapol/czh052
- 28. <sup>^</sup>Sullivan H, Dickinson H, Henderson H. The Palgrave Handbook of the Public Servant. In 2021, Cham, Switz erland: Palgrave Macmillan.
- 29. <sup>△</sup>Hawkins K. Law as Last Resort: Prosecution Decision-Making in A Regulating Agency. Oxford: Oxford Univ ersity Press; 2002.
- 30. <sup>a, b, c</sup>Burack OR, Weiner AS, Reinhardt JP, Annunziato RA. What matters most to nursing home elders: qualit y of life in the nursing home. Journal of the American Medical Directors Association. 2012;13(1):48-53. doi:10. 1016/j.jamda.2010.08.002
- <sup>A</sup>Rosenbaum L. Peers, Professionalism, and Improvement Reframing the Quality Question. New England Journal of Medicine. 2022;386(19):1850-1854. doi:10.1056/NEJMms2200978.
- ASturmberg J, Gainsford L. Measures that matter should define accountability and governance frameworks. Journal of Evaluation in Clinical Practice. 2024;30(3):503-510. doi:10.1111/jep.13943.

- 33. <sup>△</sup>Pross C, Geissler A, Busse R. Measuring, Reporting, and Rewarding Quality of Care in 5 Nations: 5 Policy Le vers to Enhance Hospital Quality Accountability. The Milbank Quarterly. 2017;95(1):136-183. doi:10.1111/1468 -0009.12248.
- 34. <sup>a, <u>b</u></sup>Meadows, D. H. & Wright, D. e. b. Thinking in Systems: A Primer. White River Junction, VT: Chelsea Green Publishing Company; 2009.
- 35. <sup>a, b</sup>Ackoff, R. L. Re-Creating the Corporation: A Design of Organizations for the 21st Century. Cary, US: Oxfor d University Press; 1999.
- 36. <sup>a, b, c</sup>Ackoff, R. L., Magidson, J. & Addison, H. J. Idealized Design. Creating an Organization's Future. Upper Sa ddle River, NJ: Wharton School Publishing; 2006.
- 37.  $\stackrel{\wedge}{-}$  Doerr, J. Measure what Matters: Penguin; 2018.
- 38. <sup>△</sup>Dolan, S. L., García, S., Diegoli, S. & Auerbach, A. Organisational values as "attractors of chaos": An emergin g cultural change to manage organisational complexity: Department of Economics and Business, Universit at Pompeu Fabra. 2000.
- 39. <sup>a, b</sup>Rouse, W. B. Health Care as a Complex Adaptive System: Implications for Design and Management. The Bridge 2008;38(1):17-25.
- 40. <sup>^</sup>Sturmberg, J. P. Health: A Personal Complex-Adaptive State. In Handbook of Systems and Complexity in H ealth (eds. J. P. Sturmberg & C. M. Martin), pp. 231-242, New York: Springer. 2014.
- 41. <sup>A</sup>Aged Care Act 1997. Canberra, Australia: Office of Parliamentary Council; 1997.
- 42. <sup>a, b, c</sup>Kerrison SH, Pollock AM. Absent voices compromise the effectiveness of nursing home regulation: a cri tique of regulatory reform in the UK nursing home industry. Health & Social Care in the Community. 2001;9 (6):490-494. doi:10.1046/j.1365-2524.2001.00329.x.
- 43. <sup>△</sup>Sury L, Burns K, Brodaty H. Moving in: adjustment of people living with dementia going into a nursing ho me and their families. International Psychogeriatrics. 2013;25(6):867-876. doi:10.1017/s1041610213000057.
- 44. <sup>^</sup>Castle NG, Ferguson-Rome JC. Influence of Nurse Aide Absenteeism on Nursing Home Quality. The Geronto logist. 2015;55(4):605-615. doi:10.1093/geront/gnt167.
- 45. <sup>△</sup>Longo DR, Young J, Mehr D, Lindbloom E, Salerno LD. Barriers to timely care of acute infections in nursing homes: a preliminary qualitative study. Journal of the American Medical Directors Association. 2004;5(2 Su ppl):S4-10. doi:10.1097/01.Jam.0000027250.76379.B2.
- 46. <sup>^</sup>Rosenfield Z, Branch A. TOPS: the Optimum Performance Scale approach to improving nursing home perf ormance. Care Management Journals. 2005;6(4):191-202. doi:10.1891/cmaj.6.4.191.

- 47. <sup>△</sup>Ogletree AM, Mangrum R, Harris Y, et al. Omissions of Care in Nursing Home Settings: A Narrative Review. Journal of the American Medical Directors Association. 2020;21(5):604-614.e606. doi:10.1016/j.jamda.2020.0 2.016.
- 48. <sup>△</sup>Allan, S. & Vadean, F. The impact of workforce composition and characteristics on English care home quali ty. Canterbury, UK: Personal Social Services Research Unit, University of Kent. 2017.
- 49. <sup>△</sup>Cameron N, Fetherstonhaugh D, Bauer M, Tarzia L. How do care staff in residential aged care facilities con ceptualise their non-verbal interactions with residents with dementia and what relevance has this for how residents' preferences and capacity for decision-making are understood? Dementia. 2020;19(5):1364-1380. d oi:10.1177/1471301218798422.
- 50. <sup>△</sup>Kable A, Chenoweth L, Pond D, Hullick C. Health professional perspectives on systems failures in transition al care for patients with dementia and their carers: a qualitative descriptive study. BMC Health Services Res earch. 2015;15(567). doi:10.1186/s12913-015-1227-z.
- 51. <sup>△</sup>O'Neill D, Briggs R, Holmerová I, Samuelsson O, Gordon AL, Martin FC. COVID-19 highlights the need for un iversal adoption of standards of medical care for physicians in nursing homes in Europe. European Geriatri c Medicine. 2020;11(4):645-650. doi:10.1007/s41999-020-00347-6.
- 52. <sup>a, b</sup>Fried TR, Mor V. Frailty and hospitalization of long-term stay nursing home residents. Journal of the Am erican Geriatrics Society. 1997;45(3):265-269. doi:10.1111/j.1532-5415.1997.tb00938.x.
- 53. <sup>△</sup>Zinn J, Mor V, Feng Z, Intrator O. Determinants of performance failure in the nursing home industry. Social Science & Medicine. 2009;68(5):933-940. doi:10.1016/j.socscimed.2008.12.014.
- 54. <sup>△</sup>Kumar V, Norton EC, Encinosa WE. OBRA 1987 and the quality of nursing home care. International Journal of Health Care Finance and Economics. 2006;6(1):49-81. doi:10.1007/s10754-006-6862-9.
- 55. <sup>Δ</sup>Baldwin R, Chenoweth L, Dela Rama M, Liu Z. Quality failures in residential aged care in Australia: The rel ationship between structural factors and regulation imposed sanctions. Australasian Journal on Ageing. 20 15;34(4):E7-12. doi:10.1111/ajag.12165.
- 56. <sup>△</sup>Australian Aged Care Quality Agency. Guidance and Resources for Providers to support the new Aged Care Quality Standards. 2018. available at: https://www.aacqa.gov.au/providers/standards/new-standards/guida nce/Standard18.pdf.

### Declarations

Funding: The research topic was funded by The Royal Academy of Engineering as part of their Safer

Complex Systems Initiative. Grant No: CFCS1B100001.

**Potential competing interests:** No potential competing interests to declare.