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## CONFERENCE ABSTRACT

# Core Governance Competencies for Successful Operational Leadership: Implications for Integrating Care for Older People

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**Rationale:** Although, there has been significant academic focus on organisational leadership development, limited attention given to the pragmatic application of governance competencies to support sustainable quality healthcare within an ever-evolving governance framework.

**Context:** The current restructuring, of the Irish community healthcare system, lacks clear strategic direction, operational engagement, and collective commitment, from clinical and operational managers. This suggests an opportunity to consider pragmatic strategic leadership development opportunities with a priority focus on governance. Although, governance structures have been established in some integrated care areas for older people areas e.g., integrated discharge planning structures, broader more inclusive processes are required to build on existing informal professional and managerial networks, to fulfil the required core functions.

**Aims:** The study aimed to identify a governance competence framework to support operational-based governance leadership of integrated care for older persons (ICPOP) in Dublin South Kildare West Wicklow Community Healthcare area (DSKWW-CH). It also aimed to generate practical pathways to accelerate the adoption of a governance competence framework, relating to operational leadership that can be utilised to navigate the evolving integrated care funding and legislative environment.

**Methodology:** Two data collection tools were utilised: an online survey of individuals employed as operational leaders (n=30) of an integrated care team for older person countrywide and a focus group with senior managers within older person services (n=15), with either local or national engagement with integrated care work. A mixed methodology approach adopted utilising both qualitative and quantitative processes, including a comparative analysis of the survey and focus group findings. This provided rich descriptive context based on a pragmatic paradigm, underpinning the validity of the governance competence framework applied as locally applicable.

**Results:** The sampled population evidenced knowledge-based competence, self-awareness of competence gaps, and transformational leadership behaviours aligned with the proposed governance competence framework. Five key themes emerged: 1. the importance of a clear strategic intent; 2. governance competence gap analysis to underpin team development activities; 3. structure redesign to reduce organisational barriers and challenges; 4. establishment of a safe accountability working culture and; 4. the use of systems for performance evaluation.

**Conclusion:** The adoption of the proposed six-factor governance competency framework can successfully support operational leadership of an integrated care teams for older persons. This

framework promotes self-awareness of competence gaps and the application of transformation leadership behaviours.