

# Management responsibilities in the retirement village industry: A New Zealand study

## ABSTRACT

### KEY WORDS

retirement village; aged care; nurse manager; village manager; management duties and responsibilities

*The Retirement Village/Rest Home industry is growing rapidly. Many of those fulfilling managerial roles within this industry do not appear to have management qualifications or prior managerial experience outside the public sector health system. If the industry is to effectively manage anticipated growth, managers may need to update their qualifications and knowledge base to ensure that they possess the skills and abilities required to meet changing business needs. This paper reports on an exploratory study designed to gather information that identifies the primary duties and responsibilities of retirement village managers and nurse managers, and their essential and desirable skills, attributes, and characteristics.*

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## INTRODUCTION

The aged care and retirement industry is in ascendancy. Fledgling industries are believed to move through a cycle from the entrepreneurial, start-up phase, through a growth phase and into maturity and stability phases (Greiner, 1972). This transition is often

neither easy nor assured, but there is some evidence to suggest that a similar cycle is experienced by many industries, organisations, and individual business units within organisations (e.g. Delacroix & Swaminathan, 1991; Hanks, 1993; Timmons, 1994). The managerial expertise and skills required by an organisation, at all

management levels, changes as it passes from one phase to another. Thus an industry, such as the retirement industry, moving into the rapid growth phase requires additional management competencies (Boyatzis, 1982) to those possessed by the entrepreneurial manager. Until now village managers, sometimes employed to 'sell' both the concepts of retirement village living and actual accommodation units alongside their more routine managerial duties, have been able to be entrepreneurial in their approach. Under these conditions energy, initiative and enthusiasm are as valuable as managerial skills and experience. Nurse Managers are also confronted with new challenges including the need to develop their management skills. Whilst they are qualified professionals, many being specialists in geriatric care, questions arise as to how many have adequate knowledge of such key management functions as accounting, finance, human resource management, law and marketing.

Typically the growth phase of an organizational or industry lifecycle is associated with pressures toward integration and the formalisation of management processes and structures (Robbins & Barnwell, 2002). Managing growth means that "strong professional management is needed that can introduce more sophisticated management and organisational techniques" (Robbins & Barnwell, 1989: 335). Thus, necessary competencies for effective business management within the retirement industry in its present phase are likely to range widely over administration, law, taxation, marketing, operations, finance, computer skills, as well as technical skills particular to the industry.

Numerous studies into job analysis and job design have stressed the importance of frequent accurate identification of the requirements and tasks associated with a position, and the commensurate skills and abilities of the job-holder (Clifford, 1994; Gatewood & Field, 2001; Schneider & Konz, 1989). A recent article published by the Australian Human Resources Insti-

tute (February 2000:24) stated that: "Undertaking a job analysis will not only help you develop a job description and define exactly what you are looking for in a prospective candidate, it will also help identify any weak or problem areas in an existing or envisioned role".

As Gatewood & Field (2001: 272) state, "jobs are not static entities". Thus, in the current business environment of rapid and widespread change most, if not all, jobs will be subject to frequent change in some form or another. This naturally results in changes in the nature of the skills needed to perform in these positions (Gatewood and Field, 2001). Therefore, it is essential that the job analysis seeks to gather information that permits the identification of skills required now and in the future. Even in the 1980s Schneider and Konz (1989: 53) argued that the response to environmental changes should be a more strategic approach to job analysis, the goal of which is "specification of the tasks to be performed and the knowledge, skills and abilities (KSAs) required for effective performance for a job as it is predicted to exist in the future".

This paper examines the management responsibilities of managers and Nurse Managers in the New Zealand retirement village/rest home industry. It is divided into six sections. First, we examine literature related to the management of aged care facilities. This is followed by a brief consideration of the retirement industry in New Zealand. The ensuing two sections outline the methodology adopted for this exploratory study and the aggregate results obtained from the participants. The qualitative findings of the study, and the conclusions and limitations are addressed in the final sections.

## LITERATURE REVIEW

The provision of aged care has progressed through the early stages of services provided by voluntary organisations, the public funding and regulation of the aged care industry in developed countries, to the development of the aged

care and retirement industry as big business (McCallum & Geiselhart, 1996). As the world's population ages the management of aged care residential facilities will become increasingly important and a more competitive market will require that more emphasis be given to administration, financial management as well as the welfare of residents. The delivery of quality care which provides value for money and maintains community goodwill on a sustainable basis has been identified as the primary purpose of residential aged care services (Macdonald & Grounds, 2001b). However, aged care has now become a major industry in its own right, with property developers investing significant sums in the building of retirement villages. Research indicates that there are 60,000 retirement village units in Australia (Heathcote, 2002:36). In New Zealand, in Auckland alone, there are currently over 60 retirement villages each with multiple units ('Village People', *Consumer*, August 2003:35). A recent Otago University survey indicated that, in New Zealand, women comprise over two-thirds of the retirement village population, the average age of residents is 80 years and almost 60% live alone ('Village People', *Consumer*, August 2003:34).

With the entry of business into the realm of aged care have come a number of questions associated with the efficient management of these facilities. The very nature of the industry requires both Village Managers and Nurse Managers to possess a wide and distinctive range of skills and qualifications, focused around the needs of the aged care community. Macdonald & Grounds (2001a:47) argue that:

The community of each aged care service has its own unique features. The community includes the staff and residents, their families, suppliers, other aged care providers that compete and cooperate with the provider, other health care providers and institutions in its locality and its wider affiliations.

Whether the aged care facility is publicly or

privately funded an increasingly strategic focus is becoming evident. Emphasis is placed on performing strategic and operational roles competently and effectively, with business and financial management issues growing in importance (Macdonald & Grounds, 2001a). However, "residential aged care facilities function simultaneously as providers of health care, businesses and homes" (Jones, Cheek & Ballantyne, 2002: 230) creating a unique set of circumstances for those in managerial roles.

The integration of health care (aged care) and business (for profit) requires greater technical and business skills than ever before. Traditional management, in both profit-making and not-for-profit organisations, is concerned with the attainment of organisational goals through the interaction of people and activities in a coordinated manner (Bartol et al. 2003; Fulop & Linstead, 1999). Managers of aged care facilities are faced by particular challenges shared by many service providers. Unlike manufacturers of goods, their service is intangible, thus cannot be stored, resold and transported. More importantly, the consumer is an integral part of the production process and "the production and consumption of a service cannot be clearly kept apart, since they generally occur simultaneously and at the same place" (Normann, 1991:14). Thus the manager is dependent on a special relationship with a client who is part of the 'process' of service provision that also includes the families of older residents.

General managers have the overall responsibility for managing the whole organization. They typically are understood to have a number of different roles and responsibilities, famously classified by Mintzberg (1973) under the general headings of interpersonal, informational and decisional roles, each of which was further refined into several descriptive sub-categories. Macdonald and Grounds (2001a) 'daily goal' categories for senior management of quality residential aged care facilities coincide some-

what with Mintzberg's categories. However, they are, at once, more industry-specific and broader than Mintzberg's. For example, they specify as the major goals: quality care of residents; a positive return on the funds employed; development and maintenance of the human, physical and systems assets of the provider; and productive working relationships with key agencies (MacDonald & Grounds, 2001a: 27–28). Under this framework, the roles and responsibilities, referred to as the "Expectations of the Board of Management", are more aligned with what might be considered 'general management' functions. MacDonald & Grounds describe them as:

- Management in line with the mission or values, objectives and policies of the board and relevant laws
- Management of the systems that allow the provider to fulfill its responsibility for clinical governance
- Work with other staff members to develop and improve policies and procedures for the provision and evaluation of quality care to residents
- Develop and implement organisational and staffing plans and policies
- Provide safe, satisfying employment and training to assist staff in carrying out their duties effectively and developing their full potential
- Reporting financial data regularly and accurately, and making pertinent comparisons to budgets approved by the board
- Establishing and maintaining good relationships with the local community and other health and aged care institutions
- Ensuring that financial and human resources are used to good purpose and not wasted or diverted
- Marketing the provider's services to the residents, their families and the community
- Managing workplace relations.

(2001: 27–28)

What has become increasingly clear is that these managers are also taking responsibility for such industry-specific activities as clinical governance and relationships with health and aged care agencies, thus precluding their categorisation as 'generic' managers. Additionally, research suggests that older residents and their families desire greater participation in decision making relating to their care, signifying the need for a "more democratic or flattened management style" (Chenoweth & Kilstoff, 2002: 242).

Correspondingly, evidence suggests that the role of Nurse Managers in the aged care areas is changing. Recent studies in Australia (e.g. Duffield & Franks, 2001; Duffield, Moran, Beutel, Bunt, Thornton, Wills, Cahill, & Franks, 2001; Mahoney, 2001; Drach-Zahavy et al., 2002; Jones et al., 2002) indicate that the increasing managerial responsibilities and leadership roles of senior Nurse Managers requires the pursuit of general management skills and qualifications. As acknowledged by Duffield et al. (2001:786) "The nurse manager today must be a strategic planner, human resource expert, quasi-business manager, financial analyst, risk manager, operational manager and quality expert as well as have an appreciation for the complexity of the clinical area".

## RETIREMENT INDUSTRY IN NZ

While it is acknowledged that the New Zealand retirement industry is in a state of continual change, and currently growth, there has been an unprecedented increase in the number and type of retirement living options for the elderly in New Zealand. Correspondingly, there are changes to the parameters within which the retirement industry functions. The government *Health of Older People Strategy* (2002) highlights issues such as the vulnerability of older people, their accessibility of information on health and support available to them and the need to "foster and model positive attitudes toward ageing and older people" (p. 4). The strategy document also reflects the diversity among New Zealand-

ders, stressing the need for culturally appropriate services and the requirement to “recognise the respected and honoured position accorded to older people in Maori, Pacific and other ethnic communities” (p. 4). Government funding of geriatric care, residential options available for geriatric care, superannuation changes, new entrants into the industry, and other factors beyond the control industry participants are in a constant state of flux. The industry also operates within a highly regulated environment due to concerns over the possible exploitation of the elderly and their families. These characteristics, coupled with the growth projected for the industry will place additional demands upon providers of retirement accommodation.

Statistics New Zealand (2002) estimates that the New Zealand population aged 65 years and over is expected to reach 1.18 million by 2051; 255,000 of those will be over 85 years of age (22.3% of the elderly population) (see Table 1).

Statistically, the retired population in New Zealand (those aged 65 and over) are healthier than the same age group in previous generations by virtue of improvements in modern medical techniques. They are, therefore, likely to live longer and this increase in life expectancy is also likely to stimulate an increase in the demand for nursing home beds for those who are frail and/or incapacitated in some way. Whilst the 1996 census showed that 41% of people aged 65 and over lived in homes for the elderly or hospitals, this figure is expected to rise significantly as the population ages (Statistics New Zealand, 2002).

From this information it can be seen that if the number of retired persons is to increase at the pace predicted there is a market for quality care and retirement accommodation options.

The retirement industry seems to be destined to grow as a direct result of increasing numbers of people reaching and surpassing ‘retirement’ age. Greater life expectancy is likely to mean continued growth in the demand for retirement/lifestyle accommodation. This demand will only be adequately catered for if there are sufficient properly qualified professionals available to ensure quality service.

Another factor that should assist the demand for retirement accommodation is the higher incidence of inner city living. More people are content with smaller dwellings in contrast to the ‘Kiwi quarter acre’. This style of living provides greater security and comfort at an earlier age. People living in this environment are more likely to be receptive to the idea of retirement villages or lifestyle communities than their predecessors, many of whom were less accustomed to living in close proximity to their neighbours.

As it is a relatively new industry, one which seems set to flourish, it is timely to investigate the need to develop managerial potential in terms of both retirement villages and nursing homes. The growth in the retirement industry may mean the emergence of another distinct professional specialisation within the field of health care management, that of the professional Retirement Village/Nursing Home Manager. However, before it is possible to discuss the future requirements of Retirement Village and Nurse Manager positions or the emergence of a new profession, it is necessary to identify the current duties and responsibilities of these positions. The specific purpose of this exploratory study was to determine what the primary duties and responsibilities of Retirement Village and Nurse Managers are (as perceived by the

**TABLE 1: PROJECTED NEW ZEALAND POPULATION AGED 65 YEARS AND OVER**

Age Group	1999	2021	2051
Population aged 65+ years	446,000	781,000	1,181,000
Population aged 85+ years	45,370	97,000	255,000

job holder), and conjecture the education and training needs of those fulfilling these roles. At the time of the study (2001) there were 100 Retirement Villages in New Zealand.

## THE STUDY

The impetus for this study came from two sources. First, the statistical evidence suggests that the retirement industry has a good future if well managed in the short, medium and long term. Second, given the rapid growth of the industry, and the potential problems that might be encountered, it is appropriate to examine the role of Retirement Village Managers and Nurse Managers.

### Exploratory Study

The study was exploratory, and as such it was designed to feed into and inform a broader, nation-wide study. Ethical permissions to conduct a survey were obtained from the Human Ethics Committee of the sponsoring institutions. Ethical compliance required that all respondents were made aware of their rights.

An in-depth position analysis questionnaire was designed to gather data on the current tasks/roles of Village Managers/Nurse Managers and the qualifications they hold. Questionnaires were posted to a random selection of 20 Village Managers and Nurse Managers, and consent was sought for further follow-up information or clarification, if required. Participants were selected using the yellow pages of the Telecom telephone directories and the New Zealand Retirement Guide (a publicly available document). A response rate of 40% was received.

Summary statistics were obtained from the closed questions. Responses to open questions were subject to content analysis whereby common themes or phrases were identified and categorized (Boyatzis, 1998). These categories formed the basis of Tables 2 and 3. They also enabled confirmation and clarification of the relative importance of questionnaire items, allowing for refinement of the instrument prior

to its future distribution to the broader population. An examination of the aggregated response data highlighted key duties and responsibilities and permitted the focus of future questions to be narrowed.

**TABLE 2: DUTIES AND RESPONSIBILITIES OF RETIREMENT VILLAGE MANAGERS (SELF REPORTED)**

<b>Specific duties/responsibilities</b>
<i>Sales/marketing</i>
• preparation of legal documentation
• property sales and sales administration
• sales – villas, serviced apartments, care
• maintenance/follow-up
• selling/advertising/marketing
• organising refurbishing
<i>Customer service/residential care</i>
• residential care services (monitoring/liaison)
• liaison with families
• establishing and maintaining residents services
• establishing and maintaining leisure activities
• liaison with residents and resident's committee
• social co-ordination
• counseling
• liaise with families/authorities on behalf of residents
<i>Strategic management</i>
• statutory/compliance work
• ISO9002 Quality and other
• liaising with community providers
• communication with Directors
• general administration
• community liaison/promotion
<i>Staff management</i>
• staffing issues – employment related
• staff rosters
• supervision of staff
• negotiating employment contracts
• staff management
<i>Financial management</i>
• financial
• wages and general
• financial reporting
• budget/strategic planning
• accounts and wages
• purchasing/expenditure monitoring
<i>Miscellaneous</i>
• facilities management
• administration/secretarial
• first aid
• newsletters and general communication
• meetings – staff/accountant/residents, etc.
• education.

**TABLE 3: DUTIES AND RESPONSIBILITIES OF NURSE MANAGERS (SELF REPORTED)**

**Specific duties/responsibilities**

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*Nursing*

- provision of nursing care
- implementation of physic plans

*Administration*

- documentation for ACC
- regular meeting with directors

*Staff management*

- employment of staff
- staffing/rosters
- in-service training
- OHS implementation

*Customer service/resident care*

- meeting with resident advocates
- dealing with complaints – staff/residents
- oversee activities programme
- counseling

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## RESULTS

Response data from Village Managers and Nurse Managers were analysed separately as their titles suggested that the positions would differ in terms of some key roles and responsibilities.

### Village Managers

Village Managers are typically employed by private, profit oriented enterprise. From the data analysed in the completed questionnaires it was possible to identify a list of six categories of duties and responsibilities that Village Managers perceived to be central to their roles. These are: sales/marketing, customer service/residential care, strategic management, staff management, financial management and a diverse grouping we named ‘miscellaneous’. Each category incorporated a number of related activities (Table 2).

### Nurse Managers

Nurse Managers are traditionally employed in a public sector hospital setting rather than by private sector corporate entities focused on profit and wealth maximisation. Nurse Managers identified four commonly agreed upon categories of duties and responsibilities. These broad categories are: nursing, administration, staff

management, and customer service/resident care (see Table 3).

### Weighting of tasks

All respondents were asked to consider the identified activities and allocate a weighting (with 1 being of most importance and 6 being of least importance) reflecting the perceived relative importance of each. Similarly, respondents were asked to estimate the time spent on each category of activity as a percentage of their total work time (see Tables 4 & 5).

The estimated percentage of time spent on each category of duties and responsibilities varies markedly among respondents. This could be due to several factors such as stage of the retirement village establishment, size of facility, number of staff and residents, and perception held by the job-holder of their key duties and responsibilities.

### Commentary

There was some variation in the amount of time devoted to the identified roles and responsibilities of respondents in this New Zealand study. Generally, however, respondents reported that they perceived that these activities were becoming more diverse and demanding. The common responsibilities identified by the managers incorporated a broad range of standard managerial activities, but also incorporated a unique set of activities that may relate specifically to the aged care industry. These activities include counseling, unit refurbishment, and ‘concept promotion’ relating to marketing the retirement village as a lifestyle option. Nurse Managers, in particular, found that they had some role conflict – spending increasing amounts of time on managerial responsibilities and less time on patient care. This trend was also found in a study of Nurse Managers undertaken in New South Wales, Australia (Duffield, Moran, Beutel, Bunt, Thornton, Wills, Cahill, & Franks, 2001) where it was also identified that the Nurse Managers

**TABLE 4: PERCEIVED WEIGHTING AND PERCENTAGE OF TIME ALLOCATED TO RETIREMENT VILLAGE MANAGER DUTIES AND RESPONSIBILITIES (SELF REPORTED)**

Duties/ responsibilities	Perceived weighting	Time spent on activity
Sales/marketing	2	10 – 35%
Customer service/ residential care	1	20 – 60 %
Strategic management	5	5 – 25 %
Staff management	3	10 – 30 %
Financial management	4	5 – 30 %
Miscellaneous	6	5 – 20 %

**TABLE 5: PERCEIVED WEIGHTING AND PERCENTAGE OF TIME ALLOCATED TO NURSE MANAGER DUTIES AND RESPONSIBILITIES (SELF REPORTED)**

Duties/ responsibilities	Perceived weighting	Time spent on activity
Nursing	1	30 – 50 %
Administration	4	5 – 20 %
Staff management	3	10 – 25 %
Customer service/ resident care	2	25 – 40 %

lacked the educational preparation needed to take on the roles of managers, leaders and coaches. The changing profile of the Nurse Manager was recognised by Alexander (1997) who concluded that nurses would be better prepared for these roles if they undertook a dual degree providing both clinical expertise and business administration studies.

## QUALITATIVE FINDINGS

### Required abilities and characteristics

Residential aged care is accepted as a specialist field of nursing and is considered to require specialist skills (Jones, Cheek & Ballantyne, 2002:230; International Council of Nurses [www.ICN.ch]). The differing nature of residential facilities, resident health, and a variety of other factors make it difficult to clearly iden-

tify these skills. However, registered nurses in residential care facilities have to:

attend to increasing dependency and acuity of residents, operate as an integral part of the efficient and economic running of a business, document in order to contribute to the validation and justification of funding, and create a home environment for the residents (Jones, Cheek & Ballantyne, 2002:231).

With this comes increasing demands and management challenges, resulting in the need for a select range of individual abilities and characteristics.

Comparable responses were received from both Retirement Village Managers and Nurse Managers with regard to questions about necessary abilities and characteristics. Apart from the usual skills and knowledge associated with their positions, time management, interpersonal skills, and communication skills were considered to be either essential or necessary abilities. Particular emphasis was given to the ability to manage time effectively. The characteristics of initiative, ingenuity, ability to use professional judgment, compassion and empathy were also considered to be essential or necessary. The latter two characteristics might be especially vital given the emphasis that respondents placed on their counseling and liaison roles. Both Village Manager and Nurse Manager respondents pointed out that dealing with resident death and bereaved relatives were distinctive features of their professional roles.

### A new profession?

A profession is usually understood to be a social specialism, or specialised work function, within society. The term often refers to fields such as nursing, engineering, accountancy or law, each of which is associated with extended formal study of a defined body of knowledge, mastery of which leads to professional certification, or proof of expertise. Nursing is well established as a profession in its own right, management is



not. The nature of management in New Zealand seems to be that individual paths to management differ depending on the type of industry and organization. As long as there is no recognised standard educational prerequisite, it is unlikely that management will acquire professional status.

However, even a cursory glance at the duties and responsibilities of Retirement Village Managers and Nurse Managers (presented in Tables 4 and 5) shows the inclusion of activities not normally associated with other management or nursing positions. Few people holding managerial positions would be required to take on responsibility for such a diverse range of activities requiring such a range of specialist skills. On one hand the manager must assume general management roles related to such areas as financial management, strategic planning, and staff management. On the other, these roles are supplemented by the requirement to oversee property refurbishment and sales, to arrange social activities, to assume certain aspects of aged care and even to play the role of counselor. Thus, the listed duties and responsibilities support the view that aged care nursing is a specialized field of nursing; particularly for those holding Nurse Manager positions.

The employment categories of Nurse Manager and Village Manager do not, in our view, comprise a distinct professional grouping. Nonetheless fulfillment of these roles and responsibilities could be enhanced were managers required to possess appropriately targeted educational qualifications, skills and experiences. A continuous learning culture may also be needed to develop or augment industry-specific skills as they are required or incorporated into the management role.

## CONCLUSION

Findings from this exploratory study indicate that the duties and responsibilities of Retirement Village Managers and Nurse Managers may be appreciably different from those typically

undertaken by persons holding managerial positions. Whilst most managers are responsible for managing facilities and people, few are required to deal with the deceased and the families of the deceased on a relatively regular basis. This highlights the emergence of at least one exceptional function for Retirement Village Managers and Nurse Managers – grief counseling. It is premature to determine if this and other functions identified by this study represent the development of a professional specialisation within the field of health care management, the emergence of a new type of manager, or the beginning of a new profession. However, some differentiation between the managerial requirements of the aged care/retirement industry and other industries is apparent. Accordingly, findings from this study imply that an upgrade, or widening, of skills and qualifications may be necessary for many of the current job-holders and for those intending to take up these positions in the future.

A more comprehensive survey is required, not only in order to investigate issues related to the distinctive nature of the industry, but also to better comprehend differentiating factors among the target group. Such a study would enable exploration of impacts on the manager's role of such situational differences as the multi-purpose nature of each facility and the location and size of the facility. It would also serve to highlight a range of other organisational variables, such as public or private sector ownership, that may influence the nature of each position.

A wider study would serve to develop profiles for both the Village Manager and Nurse Manager positions. Information elicited could help to meet the specialised needs of the management personnel and the broader industry interests by clarifying the education and training needs of Retirement Village and Nurse Managers. In turn, this would facilitate the development of customised educational programmes to enhance the professional orientation and managerial skills possessed by Village

Managers and Nurse Managers, ensuring the aged care and retirement industry is served by a professional management cadre.

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