ABSTRACT
This paper reviews the international need for aged care and discusses a model for creating an entrepreneurial environment for sustainable innovation based on an empirical study of five Australian aged care facilities that act entrepreneurially and support innovation to deliver resident valued services and meets policy guidelines aligned to community and government expectations and standards. Four validated and adapted audit instruments are used to: assess the opportunities for delivering socially sustainable entrepreneurship within the Australian aged care industry, through; assessment of the CEO-Board relationship; identification of entrepreneurial profiles; evaluating the stewardship of the board and management to establish an entrepreneurial culture; and measuring the intensity for sustainable innovation. Analysis indicates that the research instruments can both assess the climate for social entrepreneurship, identify both the training areas for sustained innovation and the dynamics associated with an effective CEO-Board relationship within aged care organisations.

INTRODUCTION
Care of the aged has become a topic for sustained discussion as all societies consider ways to cope with world-wide, rapidly increasing interest in socio-economic demography. This is particularly so for the dramatically changing aged structure of both Western and Eastern/Asian cultures. Individuals, as they age, have always been concerned about the ‘who, what, where, why and how’ of their future. Families and significant others have become increasingly concerned with the quality of aged care services at all levels – decision making, access to quality services and bedside care are three such areas of concern. Aged care is a major industry that consists of many components to make a functioning whole.

There are close to two million Australians over the age of seventy and the number is set to double in the next twenty years (Ansell, 2008). In Europe, it is estimated that by 2010, 17% of the population is expected to be 65+ (a growth from 9% in 1950); in the USA the demographic is estimated to be 13% (compared with 8% in 1950), and in Japan 19% (compared with 5% in 1950) (Nijkamp, Rossdorf and Wilderson, 1991). Data from the fifth national census for China (2001) identifies the proportion of people over the age of 60 was 10% of the population and for those over 65 had reached 7%. (Wong, 2007) thus lifting China into the ranks of ‘ageing societies.’
The far-reaching impact of these demographics for the socio-economic lifestyle of the aged is significant: notably regarding the social security system; pension schemes; medical and social care; and in general the services planning for the aged (e.g. intramural versus extramural care) (Nijkamp et al, 1991). The national reaction to the consequential increased demand for pensions, health and other services for the aged has meant that more resources must be found, and that governments have developed social care policies that reflect their own philosophy in relation to the type and extent of care required, and the responsibilities to be exercised by elderly individuals and their families.

In China, the government is “neither willing nor able to perform the main role in providing aged care” (Zhang, 2004). For centuries, the care of the elderly was a family responsibility, but with the new freedoms for individual work and professional careers, the elderly must adjust to the new order. According to Chang (2000), “state homes are expensive to run, management is poor, staff morale is low, and the attitude of managers rigid, passive and fearful of change.” The European community is characterized by a welfare state in which national governments have taken responsibility for policies associated with care of the aged but handed down to regional governments the responsibility to deliver the services. The budgets provided to these regional ministers of health are universally inadequate to meet the current needs and have involved local councils to both deliver services and seek to raise additional resources through taxes, etc. Interestingly, in Italy, there is a resistance to involve the private sector in the delivery of such services. A novel approach is used by offering employment to Eastern European immigrants at $1,000 euros/month to live in the home and care for the elderly resident. There is little regulation of this industry with a resultant black-market for these services (Bruno Ciancio, 2009 University of Modena, Italy, private communication).

Central to the philosophy of assisted living in the USA is greater resident control of his or her environment, including what services are received, when, and how. This philosophy is in contrast to the more medically oriented model, where the resident is a patient, being cared for according to an institutional schedule. Assisted living is "a more consumer focused model that organizes the setting and the delivery of service around the resident rather than the facility" (Chapin and Dobbs-Kepper, 2001). The key to an ‘aging-in-place’ philosophy is for a facility to adjust its service provision and level of care criteria to meet residents' changing needs and to avoid having to discharge individuals to a higher level of care prematurely. The facility that adopts an aging-in-place philosophy will allow for the provision of routine nursing care and medication assistance. This aging-in-place philosophy means residents will have to relocate to a new setting less often. One practice that facilitates a resident's aging in place is "managed" or "negotiated" risk. This practice allows facilities to negotiate a written agreement with a resident who prefers to receive services in a nonstandard way, so long as it does not place others' health and safety at risk (Chapin and Dobbs-Kepper, 2001).

In a recent survey, the Australian residential aged care system was considered outdated in regard to regulatory practice and pricing arrangements which threatened the viability of the aged care sector. Also identified were the diminishing returns on private investment in the industry at a time of unprecedented demand and growth. The average return on investment for new, single-room facilities is now just 1.1% and falling. Almost half of the current facilities are over twenty years old. There is a need to overhaul the system to offer quality, equitable, efficient and sustainable care (Ansell, 2008). Importantly, the common theme is the provision of quality residential and community services for the aged, but such services are costly and result in a high financial burden on the tax-paying members of the society.

All this uncertainty in developing sustainable aged care presents opportunities for innovation and entrepreneurial stewardship in aged care facilities and the industry as a
whole. This paper will explore the factors in the current practice for management of aged care and identify the role of innovation and the establishment of a sustainable social entrepreneurship culture.

**MODEL FOR SUSTAINED ENTREPRENEURSHIP & INNOVATION**

A fact often overlooked in national policy debates is that innovation and entrepreneurship does not surface in an organisational or operational vacuum (Cutler, 2008; Ireland, Kuratko, Morris, 2006a). Ireland and his colleagues define a Corporate Entrepreneurial Strategy (CES) “as a vision directed, organisation wide reliance on entrepreneurial behaviour that purposefully and continuously rejuvenates the organisation and shapes the scope of its operations by recognising and exploiting entrepreneurial opportunities that are oriented to innovation” (Ireland et al 2006a, p21). Indeed, for a corporate social organisation, it is argued that board members, management staff and care employees throughout the organisation who are engaging in entrepreneurial behaviour are the very foundation for organisational entrepreneurship and innovation (Spring & Gillin 2005, Bartlett & Choshal, 1994, O’Reilly & Tushman, 2004). Ireland et al (2006b) define this entrepreneurial behaviour as “a process through which individuals (all levels) in an established organisation pursue entrepreneurial activities to innovate without regard to the level and nature of currently available resources” (p10), (Zahra and Covin, 1995, Zahra, Nielsen, and Bogner, 1999). Innovation is commonly described as “creating value by doing things differently” or “creating value through doing something in a novel way”, or “good ideas put to work” (Cutler, 2008, p10) and where value in elder care facilities is that perceived by the resident or in the bottom-line. It is the active appreciation of the dynamic processes associated with innovation that leads to change and entrepreneurial behaviour.

As outlined in the introduction, the growth in aging numbers of 65+ is an international phenomenon with ever increasing demands for quality facilities and services in aged care. Illustrative of this reality, the model shown in Fig 1, bases the aged care industry firmly within the external environment. Creating an internal environment for socially sustainable entrepreneurship and innovation must take cognisance not only of the external environment but also the impact of policies, regulations and practices associated with providing an effective aged care facility.

From the international literature it is clear that the external environment has common elements such as: government policies; education and practice standards; type and purpose of facilities; best practice concepts; access and use of medical and science contributions to gerontology; and the processes of accreditation (Fig 1). In establishing an aged care facility to meet the physical and philosophical needs of the expected residents, all the elements of the external environment must be accommodated in the new entity.

Within the Australian system of aged care provision the Board (Fig 1) is recognized as the ‘approved provider’ and under Government policy has to juggle these multiple parts to ensure successful outcomes. In consideration of governance, hospitals as the historic health care service had Boards of Management which were typically comprised of doctors, lawyers, accountants and more recently a trend towards inclusive memberships, with members of other professions (nursing, social work) and lay people (Griffith 1999). Boards of Management for aged care services have followed this traditional path of membership and governance structure. Similarly the approved provider or board in the aged care industry has been slow to develop strategic innovations for effective programs that deliver sustainable and innovative resident focused outcomes.

However, in developing a model for socially sustainable entrepreneurship and innovation in the aged care industry it is important to recognise that the approved provider has responsibility for establishing both the structure and culture for delivery of the aged care services within their facility and a governance structure that supports the achievement of the
strategic vision for the aged care facility. Such a Board is responsible for its stewardship in the delivery of services and that ensures the residents are satisfied, the staff is happy and committed to their service, and which results in a socially acceptable bottom line. Within this facility it is essential to maintain the functional health patterns for residents and establish an activity scenario that delivers a satisfying experience of daily living for each resident. Specifically, such a “maintenance requirement” (Figure 1) will include hydration, medication, nutrition, physical, emotional and social needs. Government policy considers these requirements as mandatory and the basis for seeking Government funding for the facility. The major control to receiving Government funding is the achievement and maintenance of a Department of Health accreditation process to provide care for the aged. This accreditation process is assessed against four standards which cover such things as: management, care, lifestyle, quality and safety issues, and the assessed performance of the staff and facility to meet forty-four measured outcomes. This stage of the model is identified as ‘Compliance focus’ (Fig 1) where the majority of facilities find much of the staff time is occupied in form-filling and recording daily/weekly activity practices. Management staff is preoccupied with this stage such that little time is available to develop a culture looking for opportunities associated with improving resident experiences.

The next stage is “efficiency focus” (Fig 1) which is associated with ensuring that continued compliance practices can be delivered efficiently both in respect of staff time, staff numbers and overall service costs. If this stage is treated predominantly as a necessary accounting style function little capability or input will be provided to look for opportunities and innovations that can both improve the delivery of services and be provided at an effective use of resources.

In the “innovation focus” stage (fig 1) it is essential that a structure and culture are established to both identify and evaluate opportunities by creating an internal environment that supports sustainable innovation. Indeed Board members, management staff and care employees throughout an aged care facility who are engaging in entrepreneurial behaviour, are the very foundation for organisational entrepreneurship and innovation. Thus the “pivotal crucible for innovation” is the entrepreneurial activity of deploying new ideas, inventions or services within the resident facility and marketplace (Cutler, 2008).

A review of the literature identifies a number of approaches to evaluating innovative opportunities. Reinhard, Young, Kane, and Quinn (2006) identified the issue of nurse delegation of medication administration as an opportunity to identify new mechanisms within the organisation structure and culture. They highlighted the fundamental barrier to innovation as a lack of clarity in understanding statutory and regulatory scope of delegation (p78). A further example of the potential to impose severe limits on the board’s capacity to facilitate change is the significant level of industry and facility regulation and conforming to uniform quality requirements (Ozanne, 2007, Cullen, 2007). In The USA, Guo (2003) has sought to apply an entrepreneurship understanding to assessment of innovation in health care organisations and managed programs and concluded that a link exists between effective health care and entrepreneurship (Moon 1999). A similar finding has been observed amongst the care of the aged in Finland (Drayton, 2002, Karttunen, 2000). These examples of government policy (national and state) provide impetus for aged care boards (approved providers) to take directions that may well result in the recognition described by Ireland, Kuratko, & Morris (2006b p13) that “interactions among organisational characteristics, individual characteristics and some kind of precipitating event in the firm’s internal work environment and external work environment are the precursors of corporate entrepreneurship in organisations”. We label these conditions and events as ‘triggers’. So, within a corporate social organisation (aged care facility) it is likely that such ‘triggers’ could result from outside the organisation, such as rapid technological change within the industry and imposed changes in government policy, government regulation and law requirements that may tend to produce entrepreneurial projects that are more innovative or
that represent major departures from the status quo (Ireland et al, 2006, Davis, 2002). From inside the organisation "triggers" could result from management and resident recognition of opportunities, or as stated by Cutler, (2008 p13) “the pursuit of innovation involves change processes within a societal or community context. It is about promoting purposeful and meaningful change inside a complex system” (Cutler p13). In considering innovation priorities, Cutler (2008, p112) includes “the need for cost-effective solutions for an ageing population”.

Entrepreneurial opportunities (O’Connor & Rice, 2001) are situations in which new services can be delivered to satisfy the expectations of the stakeholders in aged care in a reliable and sustainable context. To be sustainable the impact value will exceed the cost of development, distribution and support and be valued by the aged care recipient. This context includes resident focused service, optimal outcomes, inclusivity of staff to achieve successful programs that are aligned to community and government expectations and standards. To research these decision making processes associated with developing a strategic entrepreneurial culture that impacts the effective delivery of resident focused care, requires an examination of the following dynamics between: the executive-non executive members of the Board members; the Chairman-Board; the CEO-Chairman; and CEO-Director of Nursing (DON) in the Aged care facility. In summary, opportunity to research the entrepreneurial and innovative behaviour within the organisation and the presence or otherwise of ‘innovation decision making’ within an organisation may lead to a new model for sustainable and resident focused aged care service delivery. “Innovation is not the problem: it is the answer. Innovation is not the opportunity: it is the imaginative response to opportunities” (Cutler, 2008). Whilst there has been a significant focus of attention on entrepreneurial behaviour, understanding how entrepreneurs make decisions and or Board contribution entrepreneurial culture in corporate settings has been less researched and therefore understood. Yet high quality human capital is critical to entrepreneurship and innovation (Cutler, 2008).
Most scholars agree that what differentiates an entrepreneur within management is their behaviour. Nevertheless, attempting to differentiate entrepreneurial behaviour leading to effective stewardship from that of general management practice has thus far proved difficult (Keh, Foo et al 2002; Mitchell, Busenitz et al 2002; McGrath, MacMillan 2000). Also the concept of corporate entrepreneurship within traditional organisations has been poorly understood resulting in a lack of strategic innovation in board direction and policy formulation. Hence equipping people with the skills to innovate is essential, not only the generation and application of new knowledge, but also to use and adapt the knowledge produced elsewhere (Cutler, 2008).

**MEASURES of INNOVATION & SOCIAL ENTREPRENEURSHIP**

An important outcome in this paper is the application of reliable measures of innovation and entrepreneurial culture that are associated with sustainable and effective practice. “Many of the submissions to the Cutler Review (2008) that included data on innovation relied on traditional measures of Research & Development and intellectual property. ‘Indicators were then developed from combining these partial, proxy measures, often using sophisticated econometrics. The somewhat mysterious assumption is that if you get the maths right, you will obtain something meaningful from raw data of limited relevance” (Dodgson, 2008). However in consideration of the aged care industry, the complex interaction of both domestic and global opportunities that impact on the innovation initiatives and entrepreneurial culture of the Board, internal stakeholders and the regulated environment of the operation’s activities requires that any relevant measuring instrument/s must incorporate the relationship with external stakeholders such as government policy makers, regulators, professional practice requirements, programs and structures for delivering viable aged care services, and also the practices of internal stakeholders such as the Board, staff, and management if sustainable efficient and satisfied resident care is to be achieved.

**Methodology**
The case studies are sourced from five innovative Aged Care Residential Homes. In this research a purposeful approach was taken to selecting the Aged Care Facilities which could be identified as exhibiting characteristics appropriate to the research questions around Board dynamics and entrepreneurial culture. Such characteristics were: a professional board as the approved provider; an understanding of corporate social entrepreneurship; well structured relations between Board/CEO/staff innovation initiatives at all levels; and a commitment to assess resident satisfaction.

The research seeks to assess the Board’s capacity (unit of analysis) to create an internal environment (independent variable) that supports sustainable social entrepreneurship. The first two questionnaires assess Board Dynamics and a ‘visioning profile’. The Board dynamics dimensions are used to rate the chairman, executive and non-executive board members, strategic decisions, governance, risk management, style, qualities, and overall performance (adapted from Kakabadse & Kakabadse, 2008). In addition the ‘visioning map’ profile is used to capture how individuals, together with their colleagues envisage their stewardship and subsequent action. This map has four dimensions relating to centredness, behavioural orientation, interfacing and cognition (Profiling by Margerison, Drake, Lewis and Hibbert and adapted from Kakabadse & Kakabadse 2008). The third questionnaire comprises a Social Entrepreneurship Climate Indicator (SECI) to assess the innovation climate of the Aged Care environment: four central components (dependent variables) - structure, controls, human resource management and culture (Ireland et al 2006) are evaluated using the adapted Social Entrepreneurship Climate Instrument’ (SECI). Some questions were modified to reflect the social dimension in an aged care facility without changing the focus of the survey instrument. In addition a fourth instrument (Ireland et al, 2006b) was used to assess the Entrepreneurial Intensity (EI) within the organisation. This instrument seeks to measure innovativeness (creative, unusual or novel solutions), risk-taking (committing significant resources to opportunities) and proactiveness (anticipating...
and acting in light of recognised opportunities). In addition, the Board chair/member, CEO and DON (Director of Nursing Operations) were interviewed to assess the perceptions and reality of the leader’s commitment to entrepreneurship and innovation using a content analysis profile. All interviews are analysed using Nvivo content analysis software.

**Results & Implications**

The data identifies four entrepreneurial measures associated with socially sustainable aged care in Australia: 1) Opportunity leadership (Chairman-CEO understanding of vision and discretionary choices); 2) Innovativeness (creative, unusual or novel solutions); 2) Risk taking (committing significant resources to opportunities), and 3) Proactiveness (anticipating and acting in light of recognised opportunities).

**Board Dynamics:**

Within the Australian regulation of the aged care industry it is the Board that is recognised as the “provider” of the service and as such carries full and total responsibility for the care of the residents. It follows that the Chairman of the Board is ultimately responsible for what the aged care facility does and along with all members of the Board is legally accountable for performance and facility behaviour. The chairman as the leader of the Board is responsible for the governance of the facility and according to Kakabadse et al (2008) “the task cannot be delegated”. On the other hand the chairman must give the CEO a clear mandate to manage day-to-day operations and maintain accountability of CEO performance. The Board Dynamics questionnaire rates 6 dimensions of the chairman’s performance, and one dimension for each of the Board, CEO and Deputy Chairman. Fig 2 summarises a number of measures of the chairman as perceived by non-executive directors with those of executive directors and based on a wide Australian study of corporate boards.

Importantly the non-executive directors consider the chairman’s performance significantly higher than that of executive directors on every measure shown. What are significant are the results: for enabling board understanding of organisation strategy; driving the vision; and determining organisation strategy. These dimensions are critical for assessing responsiveness to linking vision to opportunity recognition and implementation strategy. Results from the assessed aged care facilities continue to show the dichotomy between the two types of directors but significantly the chair and CEO have greatly enhanced performance in the areas of vision and strategy over their commercial colleagues. Adding the dimension of “seeking and exploits opportunities” the aged care team show strong performance measures.

**Intensity of sustained innovation:**

In assessing the Entrepreneurial Intensity (EI) (Fig 3) of the five Aged Care Facilities the focus was on the social enterprise as a deliverer of services rather than product supply. The screen assesses facility characteristics (mean values); and level of decision making (mean), for the Board, CEO and DOM surveyed. The analysis provides an index by which the facility can benchmark itself with other providers of aged care. Importantly the Board and CEO report a strong intensity in service introductions, continuous improvements and a ‘live and let live’ philosophy when dealing with other service providers, but the Board and DOM assess the level of risk-taking in seizing and exploiting opportunities as low. Only the CEO considers this characteristic as reasonable. This reverse view by the CEO is also seen in the
Figure 2, Board Dynamics (Australia)-Executive Directors vs Non-Executive Directors

measure of ‘emphasis on proven services’. If this data is collected annually then it can be used to assess progress in achieving innovative performance and, if measured in different parts of the organisation, provide a basis for staff development.

**Stewardship and entrepreneurship culture**

Data from the Social Entrepreneurship Climate Indicator (SECI) provides an insight into how the respondents perceive their workplace and organisation and how the aged care facility has developed to achieve the current level of entrepreneurial intensity. Importantly, the SECI is used to access, evaluate and manage the organisation’s internal work environment in ways that support entrepreneurial behaviour and the use of a social entrepreneurship strategy. As discussed above, the internal environment that supports social entrepreneurship is characterised by the organisation structure, controls, human resource management systems and culture. The SECI is constructed around scales to measure: management support for corporate entrepreneurship; work discretion; rewards/reinforcement; time availability; organisation boundaries; and specific climate variables.
6. a top management philosophy that emphasises proven services, and the avoidance of heavy new service development costs

Figure 3 Social Entrepreneurial Intensity (SEI)

Figure 4 SECI Innovation Profiles for Aged Care Organisation

Figure 4 shows the SECI profile for the aged care organisations (means) in terms of the first five measures and as a function of the innovation perceptions of each leader/managers surveyed with a maximum scale of five. The profiles for the CEO and DON are very similar except for the measure of time availability where the DON perceives minimum time availability for individuals and groups to create and pursue innovation at the frontline.
service needs. Interestingly the Board members agreed with the CEO on the value of the measures associated with perceptions of management support for innovation, but had a low appreciation of work discretion at the operational level.

**Chairman/CEO profiles:**
Fig 5 is an example of the profiles generated for a chairman and CEO for one of the case studies. In regard to *centredness* the CEO is more strongly extroverted compared to the chairman and tends to interact with a larger number of people. This aligns with a greater propensity for both creativity and opportunity recognition. In respect of the *behavioural orientation* the CEO is more attuned to the exercise of authority and command such that he may seek to control other people’s actions and even ways of thinking. On this dimension the chairman is more consultative and team oriented which is valuable in facilitating shared responsibility within Board discussions. *Interfacing* examines how the CEO/chairman relate and or cooperate across status and organisational boundaries. In this case both the chairman and CEO tend to place a greater reliance on logical and rational decision making with less sensitivity to the feelings of other members of the staff or Board. As such this aged care facility tends to focus on getting the job done tending to favour efficiency rather than building relationships. *Cognition* on the other hand refers to ways of knowing and can include utilising other forms of knowledge such as instinct and intuition to grasp the realities of the wider world. In this case the CEO demonstrated a strong commitment to creative thinking to search for new opportunities but also showed a strong sense of pragmatism and attention to design detail when building new facilities. The chairman was balanced and

![Chairman – CEO Profiles of Decision Making](image)

**Figure 5 Chairman – CEO Profiles of Decision Making**

facilitated the Board’s considerations when evaluating new challenges. An important corollary to this profiling is gaining the agreement of the Chairman and CEO to share these insights with each other. Such a process enhances the respect and trust between the two individuals with a resulting willingness to seek new opportunities and challenges for growth.

**Environmental factors and social entrepreneurship:**
Content analysis (Figure 6) of the semi-structured interviews with all levels of leadership in the five cases reveals a number of entrepreneurial environment factors that are associated
with the culture, strategy and performance in the delivery of resident focused services within the aged care facilities. Overall there is strong commitment to a change culture, community focus, opportunity focus, innovative resourcing and education and training. Interestingly the Board rate a resident focus much lower than CEO or DON whereas the DON marks opportunity focus much less than Board and CEO. The analysis shows an absence of comments on failure tolerance and low levels of comments on innovator rewards. Importantly the DON and care staff recognised higher levels of awareness for team culture, leadership amongst care staff and education training compared to Board and CEO. All levels surveyed indicated significant awareness on the availability of innovative resources.

DISCUSSION
As shown by Kakabadse et al (2008), the Chair of the Board is responsible for governance. It cannot be delegated. Within the aged care cases studied, the Chairman is rated as understanding the importance of this responsibility. However the ratings from fig 2 indicate the non-executive directors consider the Chairman’s performance more highly than the CEO/Executive Directors which may suggest a natural polarity of perspective. Given the importance of the last four measures in Fig 2 to the development of an entrepreneurial culture in the facility, and the consistently higher ratings compared to that of the overall Australian findings, it can be inferred that a high value focus on resident satisfaction and dynamic governance will be associated with a well articulated understanding of facility strategy, vision and an enhanced support for the exploitation of opportunities.

As to be expected in a well balanced governance structure, the Chairman/CEO profile analysis (Fig 5) indicates the drive of the CEO to get results is informed by a strong creative and intuitive style of cognition and implemented in a rational and logical framework. This style of leadership sits well with a CEO having a clear vision for the strategic direction of the facility, a confidence that ‘he runs the show’ and committed to bringing the necessary resources together to achieve radical innovation and growth in service performance.
Interestingly the Chairman’s profile complements the CEO role through consultation and rational decision making. Based on the five case studies a trusting, respectful relationship and clear demarcation between responsibilities of the Chairman/CEO roles is associated with high levels of innovation in the delivered services.

Stewardship, or the values ‘held in trust’ for delivery of resident focused services, are well identified from the entrepreneurship climate indicator (Fig 4). The measured parameters of management support, work discretion, reward reinforcement, time availability and organisation boundaries are elements associated with the delivery of effective and responsible stewardship of both resources and services as experienced by Board, staff and residents. Indeed, for the cases studied, the findings confirm the power of this entrepreneurial cultural or climate indicator to discriminate between various perspectives or innovation assessments from differing management positions in the organisation, such as Board member, CEO or DON and identify areas that need improvement to achieve greater levels of stewardship. Taking the means of the five cases studied (Fig 4), both the Board and CEO consider management support and reward reinforcement meet the innovative behaviour expected of delivered stewardship but in time availability and crossing organisational boundaries more needs to be done. From the operational staff perspective there is a reduced assessment for each of the innovation measures presented and particularly in terms of time availability and crossing organisation boundaries. This finding suggests a need to provide appropriate training to the staff to improve their overall perception and particularly their contribution to recognising opportunities and delivered services and bring the entrepreneurial climate to a satisfactory level.

The content analysis of the structured interviews (Fig 6) confirms that each of the participants reflects differing perspectives but all identified and understood the basic elements characterizing an innovative organization. Indeed the 14 factors identified as major nodes in the content analysis can be used as the elements to build appropriate training programs to reinforce innovative behaviour.

Overall these low care facilities included in the study and with an expressed commitment to consider resident focused values were economically viable and consistent with the sustainable innovation model of figure 1. This is an important result for government regulators and policy formation. In measuring innovation intensity it is noted that the mean index as measured on the five Aged Care organisations is low relevant to other industries such as telecommunications and nearer that of the consumer food industry (Ireland et al, 2006). This difference may be associated with the degree of compliance existing in highly regulated industries. In addition the assessment of the innovation climate enables the organisation to assess, evaluate and manage the internal work environment in ways that support innovative behaviour and the use of socially sustainable entrepreneurship. Fig. 1 provides a stage model concept of the progress from a purely maintenance approach to aged care, through a process of compliance and efficiency to a sustained innovation commitment to achieving a strategic value of resident focused care. Such findings enable an Aged Care organisation to develop appropriate training interventions that raise the culture and intensity of innovation that meets the need for improved resident valued care.

CONCLUSIONS
Importantly this study has focused on the complimentary roles of Chairman and CEO to provide innovative services to residents in aged care facilities and establish an entrepreneurial culture that recognises and exploits opportunities. The two instruments adapted from Kakabadse et al 2008, measures of Board dynamics and Chairman/CEO profiles, can be used to facilitate improved governance and understanding of stewardship within aged care facilities.
Analysis indicates that the health audit as adapted from the Ireland et al 2006 are relevant instruments to assess the propensity for social entrepreneurship and innovation within aged care organisations. It is likely that resident focused performance is enhanced when a facility’s entrepreneurial intensity exceeds the industry average.

The importance to the aged care facility completing the entrepreneurial health audit is in providing measurement and feedback that will allow the board, management, and care staff to understand the relevance of stewardship to the provision of resident valued innovation services. In particular such measurements identify innovation weaknesses and point to the need for specific training in innovation related skills.

In addition the assessment of the entrepreneurial climate or culture enables the organisation to assess, evaluate and manage the internal work environment in ways that support entrepreneurial behaviour and the use of a social entrepreneurship strategy.

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