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EMPIRICAL RESEARCH QUALITATIVE

What constitutes brilliant aged care? A qualitative study of practices that exceed expectation

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Abstract

Aim: This study aimed to explore what constitutes brilliant aged care.

Background: Although many aged care services do not offer the care that older people and carers need and want, some perform better. Rather than focus on problems with aged care, this study examined brilliant aged care—practices that exceeded expectation.

Design: The methodology for this study was informed by grounded theory, underpinned by constructionism to socially construct meaning.

Methods: This study invited nominations for a Brilliant Award via a survey, and interviews with the nominees via web conference. After receiving survey responses from 10 nominators, interviews were conducted with 12 nominees. Data were analysed using reflexive thematic analysis and documented according to COREQ guidelines to optimise rigour and transparency.

Results: According to participants, brilliant aged care involved being relationally attuned to older people, a deep understanding of the older person, recognition of aged care as more than a job, innovative practices and permission to reprioritise.

Conclusions: This study suggests that, in aged care, brilliance happens. It emphasises the importance of meaningful connections and relationships in aged care, where thoughtful acts acknowledge an older person's value and humanity as well as creativity and innovation.

Relevance to Clinical Practice: For those who manage and deliver aged care, the findings suggest that small practice changes can make a positive difference to older people. Brilliant aged care can involve acts of empathy; enthusiasm for aged care;

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innovative practices, even those that are small scale; and reprioritising workplace tasks to spend time with older people. For policymakers, this study highlights the need to recognise and raise the profile of the pockets of brilliance within the aged care sector. This might be achieved via awards and other initiatives that serve to celebrate and learn from brilliance in its myriad forms.

Patient or Public Contribution: The nominees, who included carers, were invited to participate in workshops with other carers and older people to co-design a model of brilliant aged care, during which workshop participants discussed and critiqued the findings constructed from the data.

KEYWORDS
aged care, brilliant care, positive deviance

JEL CLASSIFICATION
Carers, General Practice, Primary Care, Health Services Research, Qualitative Approaches

1 | INTRODUCTION

> there is a difference between providing care … [and showing] you actually care.
>
> (Diana)

Populations worldwide are ageing, partly due to advances in health and social care (UN, n.d.; WHO, 2021). While many people age without difficulty, some experience complex and chronic issues, like frailty and dementia (Collier et al., 2020; Koria et al., 2022), often in combination. These issues can be associated with negative personal, social, organisational and economic consequences (WHO, 2022). Specifically, individual well-being can be compromised; the burden of care within families and communities can be exacerbated; organisational resources can be strained; and public funds can be used ineffectively and/or inefficiently.

Aged care services are those that 'provide support to older people to help them with everyday living and other needs' (DHAC, n.d., para. 1). While they include residential facilities, like nursing homes (Sanford et al., 2015), they also include non-residential services, like homecare and social outings, regardless of whether these are provided by paid staff or volunteers. As such, aged care represents a broad sector.

Many aged care services have a limited capacity to offer the care that older people and carers need and want. Internationally, this was demonstrated by reviews that found a high prevalence of elder abuse in institutions (Yon et al., 2019) and a range of adverse incidents in aged care homes, including falls, pressure injuries and loneliness (St Clair et al., 2022). Similarly, in Australia, the Royal Commission into Aged Care Quality and Safety revealed 'many flaws', with 'substandard care … widespread' (2021, pp. 1–24). Consequently, it espoused a need to rethink how we offer care to older persons.

While some services perform poorly, others perform considerably better. For instance, Testa et al. (2020) conducted an integrative review of models of care to avoid or improve the transition from a residential aged care facility to a hospital. They found benefits in those that involved the use of standardised communication tools and those that provided quality improvement and outreach to a residential aged care facility. In Australia, the aforesaid Royal Commission (2021, p. 72) found 'government-run residential aged care providers perform better on average than both not-for-profit and, in particular, for-profit aged care providers'.

The aforesaid positive findings raise the question of how and why some individuals and teams positively deviate from the many suboptimal practices that permeate the aged care sector—that is, how and why are they brilliant? Accordingly, this study aimed to explore what constitutes brilliant aged care.

This study clarifies what constitutes brilliant aged care. This focus on brilliance is important because a continued focus on that which is negative can itself be a problem. For instance, it can silence

What does this paper contribute to the wider global community?

- This qualitative study suggests that in aged care, brilliance happens—it involves a deep understanding of the older person, recognising aged care as more than a job, innovative practices and permission to reprioritise.
- For those who manage and deliver aged care, the findings suggest that small changes in the workplace or in aged care practices can make a positive difference to older people.
- For policymakers, this study highlights the need to move beyond the achievement of standards and quality indicators in the pursuit of brilliant aged care by, for instance, recognising and raising the profile of the pockets of brilliance within the aged care sector.

patients' and carers' positive experiences with the care they receive, diminish help-seeking behaviours and subsequent access to timely care (Barney et al., 2009), unfairly stereotype clinicians and health services as part of a systemic problem (Butterill et al., 1992), diminish learning opportunities and innovation (Ashby et al., 1999), as well as direct policymaker support and public funds to poor clinical and managerial practices. Furthermore, it is important to raise the profile of positive experiences because positivity begets positive (Lyubomirsky et al., 2005). For instance, in their study involving 13 award-winning pharmacists, Austin and Gregory (2020, p. 494) found that they shared 'a virtuous cycle in which positivity begets … opportunities, success, and awards'.

To redress the imbalanced focus on negativity, this study identifies and learns from brilliance within the aged care sector. This is achieved by identifying individuals in the aged care sector deemed to be brilliant, via an award nomination process, and interviewing the nominees. Before presenting the study and the associated findings, the following section presents a brief overview of brilliant care.

1.1 | Brilliant care

Brilliant care can be conceptualised in ways that are not tied to specific health outcomes. It is a relational experience that exceeds expectation, bringing joy and delight to those who experience or witness it (Fulop et al., 2018). Brilliant care can be unconventional and serendipitous, and it does not necessarily represent business-as-usual within a service or a sector. Furthermore, brilliant care is interpersonal, uplifting, inspiring and/or energising (Dadich et al., 2018). As such, aspiring for brilliance in care goes deeper than meeting or exceeding performance indicators.

Theoretically, brilliant healthcare is undergirded by three key aspects—the first involves the recognised benefits of positive emotions in diverse contexts including healthcare. Fredrickson's broaden-and-build theory helps to understand this important feature of brilliance—this is because the theory 'posits that momentary experiences of mild, everyday positive emotions broaden people's awareness in ways that, over time and with frequent recurrence, build consequential personal resources that contribute to their overall emotional and physical well-being' (Fredrickson & Joiner, 2018, p. 194). The experience of healthcare can benefit from upward spirals, as positive emotions and the expanded thinking they promote become mutually reinforcing.

A second important aspect concerns an ethic of care, which awards primacy to connections (Gilligan, 1995). It recognises the importance of 'trust and responsibility, protection of individuality, the context in which the relationship takes place, and the quality of the relationship' (De Panfilis et al., 2019, p. 3). Furthermore, it recognises listening as a way to fortify trust, strengthen relationships and diversify voices. Of particular relevance to brilliant healthcare is the resistance that an ethic of care epitomises—it counters assumptions and norms that sustain injustice (Gilligan, 2011). It recognises a need to 'negotiate relations between self and other in ways that resist the hierarchies that maintain existing relations of power' (Robinson, 2020, p. 13). Correspondingly, brilliant healthcare defies what might be expected to foster connections that enable individuals or collectives to flourish.

A third germane aspect is positive deviance. Positive deviance is a 'collection of behaviours that depart from the norms of a referent group, in honourable ways' (Spreitzer & Sonenshein, 2003, p. 209). These behaviours are honourable because of the associated effects, enabling organisations to flourish. Positive deviants depart from expected practices to invigorate, strengthen or galvanise a group of individuals who pursue a common goal (Dadich et al., 2018). Although Gary (2013) described positive deviance as intentional, the value of the behaviour might only become apparent when positive outcomes and/or experiences emerge. Thus, positive deviance might encompass both intentional and unintentional behaviour. Conceptually, positive deviance is asset- (rather than deficit-)based; it recognises the value of local (rather than external) expertise to address intractable issues; and it is socially driven and sustainable, whereby positivity begets positivity. With this theoretical backdrop, this article considers what constitutes brilliant aged care according to individuals identified via an award nomination process.

2 | METHODS

2.1 | Methodology

To advance a theory of brilliant care, the methodology for this study was informed by grounded theory (Corbin & Strauss, 1990; Morse, Bowers, Charmaz, et al., 2021), underpinned by constructionism to socially construct meaning with the nominators and nominees (Crotty, 1998). Specifically, this study served to advance brilliant care as a provoking theory to reveal unconventional understandings of aged care. As Sandberg and Alvesson (2021, p. 504) explained

> Provoking theory … show[s] alternative, often eye-opening and disruptive ways of seeing phenomena. Its focal concern is to challenge established mind-sets and open up other modes of thinking through dialectics between existing theory and a counterpoint. Provoking theory thereby suggests … that things are already otherwise than the ways in which they are represented.

The researchers therefore, drew on Corbin and Strauss' (1990) methodological counsel about 'fit' and 'work' as ways of ensuring the validity and relevance of their approach. Thus, the researchers' use of grounded theory does not reflect formal varieties but was informed by the analytic procedures pioneered through the development of grounded theory.

For three reasons, it was appropriate for the researchers to draw on grounded theory. First, it 'enables the description and identification of … significant social processes and generates concepts used

to document and explain … "what is going on" in a setting' (Morse, Bowers, Clarke, et al., 2021, p. 4). Second, progressive understandings of this methodology (Charmaz, 2006; Corbin & Strauss, 2015) recognise it as a flexible approach to harness the strength of 'multiple realities [and] … diverse perspectives' (Charmaz & Thornberg, 2021, p. 311). Third, it aids the construction of (provoking) theory, 'offer[ing] … an abstract understanding of one or more core concerns in the studied world' (Charmaz & Thornberg, 2021, p. 305). For these reasons, the researchers drew on this methodology to construct a theory of brilliant care, guided by Charmaz's (2021) actions (see Table 1).

2.2 | Participants

Following clearance from the relevant human research ethics committee (approval number: 2021/ETH01195), a call was circulated widely via email (from August to October, 2021, inclusive), inviting nominations for a Brilliant Award. The purpose of the award was to recognise contributions to brilliant aged care. To diversify the manifestations of brilliant aged care, nominees could include (but were not limited to) clinicians, service managers, practitioners, auxiliary staff members (e.g. janitors, etc.), academics, consumers, carers and policymakers. However, nominators were required to be aged 18 years or over, conversant in the English language, as well as willing and able to indicate implied consent to complete a brief online survey.

The call for nominations was circulated via Maridulu Budyari Gumal—also known as the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE). This nationally funded partnership is comprised of 16 partners, including local health districts, speciality health networks, universities and medical research institutes. Given these organisations collectively have over 50,000 staff and more than 100,000 students, Maridulu Budyari Gumal represented an expansive practice-focused research network through which to extend the invitation.

The nomination process involved the completion of a brief online survey via Qualtrics^{XM}. The nominator was invited to indicate demographic information, how they defined brilliant aged care, the individual they wished to nominate for the award and the nominee's contact details and the reason for this nomination. Specifically, they were invited to describe what the nominee did that was brilliant by recounting what happened, how it happened and the associated effects. As such, rather than constrain brilliance to particular competencies or indicators of quality care, the nominators were purposely encouraged to describe how they defined brilliant aged care.

TABLE 1 Ground theory actions (Charmaz, 2021, p. 157).

Action	How this was demonstrated
1. 'Conducting data collection and analysis simultaneously in an iterative process'	Data collection and analysis occurred simultaneously and iteratively—as such, they were closely connected and conducted cyclically to be mutually informing
2. 'Analysing actions and processes rather than themes and structures'	To clarify how and why some individuals and teams positively deviate from the many suboptimal practices that permeate the aged care sector, data analysis focused on what constitutes brilliant aged care
3. 'Using comparative methods'	Data were collected via a brief online survey and semi-structured interviews
4. 'Drawing on data (e.g. narratives and descriptions) in service of developing new conceptual categories'	During the semi-structured interviews, the 12 award nominees were invited to contribute stories and accounts to exemplify how brilliant aged care occurred, what it involved, and the associated effects—this was aided by the artefacts they were invited to bring to the interview
5. 'Developing inductive categories through systematic data analysis'	To advance a theory of brilliant care, the data were inductively coded, whereby the codes were informed by the data—to ensure this process was systematic, it was guided by Braun and Clarke's (2020) phases
6. 'Defining patterns in the data'	The qualitative data were subject to reflexive thematic analysis to construct and contrast concepts that reflect patterns within the dataset. This was aided by documenting reflexive memos to reflect on and 'learn about the … data' (p. 167)
7. 'Emphasising theory construction rather than description or application of current theories'	To advance a theory of brilliant care, existing theories were not described or applied to the data set
8. 'Engaging in theoretical sampling (seeking more data to ascertain the properties and robustness of a theoretical category, not to assure representation of a population)'	Given the modest number of award nominees that were interviewed, theoretical sampling involved iterative cycles of analysing actions and processes of brilliant aged care, after each interview and identifying lines of inquiry to pursue in subsequent interviews
9. 'Searching for variation in the studied categories or process'	As per Braun and Clarke's (2020) phases, the data were systematically coded, which involved pensively reflecting on similarities and differences between and among the codes
10. 'Pursuing developing a category (or categories) rather than covering a specific empirical topic'	Data analysis culminated with four constituents of brilliant aged care, representing concepts that reflected patterns within the data set, rather than topics (or specific subjects)

Fourteen nominations were received from nine nominators who chose not to remain anonymous—the remaining two nominator(s) decided to remain anonymous, as was their prerogative (see Table 2). The nominations were primarily from those who identified as female; furthermore, they primarily identified as academics, clinicians, a clinician researcher, a nurse, or a service manager.

2.3 | Data collection

The 14 nominees represented nine distinct organisations—as one nominee was nominated twice, 13 individuals were nominated. The nominees represented organisations in the public health sector, not-for-profit sector, academic sector and private sector.

The 13 nominees identified via the award nomination process were invited via email to participate in a semi-structured, digitally-recorded interview via web-conference. However, to participate, the nominees were required to be aged 18 years or over, conversant in the English language as well as willing and able to indicate informed consent. Those who did not meet these criteria were excluded from participation.

The purpose of the interview was to collect demographic information, clarify the nominees' understandings of brilliant aged care, and understand how they enacted brilliant aged care as well as the conditions that enabled it. To aid the interview, the nominees were invited to bring an artefact to the discussion that epitomised brilliant aged care to them (e.g. a photograph, an artwork, aged care paraphernalia, etc.). This approach was used given its demonstrated ability to prompt illustrative dialogue (Liebenberg, 2018; Woda et al., 2018). Akin to the method of found objects (Camic, 2010), the use of artefacts in this way can be a respectful way to discuss potentially sensitive topics, like aged care; 'promote critical dialogue and knowledge about important issues' (Wang & Burris, 1997, p. 369); and introduce 'Imaginative Variation' (Turley et al., 2016).

Of the 13 award nominees, 12 agreed to be interviewed. The remaining nominee could not be contacted, despite several attempts. These nominees who were interviewed were mostly female and identified as a clinician, a professional affiliated with a not-for-profit

TABLE 2 Participants.

Nominators ($n = 9$)				**Number/ years**
Gender				
Female				7
Male				2
Identity				
Academic				3
Clinician				3
Clinician researcher				1
Nurse				1
Service manager				1
Years in aged care sector				
Range				1–40
Average				20.2
Nominees ($n = 12$)				
Pseudonym	**Sector**	**Gender**	**Identity**	**Service/setting**
Abigail	Private	Female	Professional	Aged care service
Amelia	Public	Female	Clinician	Hospital
Christian	Public	Male	Clinician	Aged care service
Claire	Public	Female	Clinician	Hospital
Diana	Public	Female	Clinician	Hospital
Emma	Not-for-profit sector	Female	Clinician	Aged care service
Grace	Not-for-profit sector	Female	Professional	Consumer organisation
Kayla	Academia	Female	Academic	Research institute
Lily	Public	Female	Clinician	Hospital
Paul	Public	Male	Clinician	Hospital
Sarah	Public	Female	Clinician	Aged care service
Tracy	Private	Female	Professional	Aged care service

or private organisation or an academic (see Table 2). The services or settings represented by the interviewees included hospitals, aged care services, a consumer organisation and a research institute. On average, the interviews transpired for approximately an hour (average = 56.25 min, range = 36.09–80.44 min).

2.4 | Ethical considerations

Despite the study's focus on brilliant aged care, nominees might have chosen to share matters that caused discomfort to them. To manage, if not avert the risks associated with this discomfort, the researchers ensured informed consent before interviewing a nominee; reminded nominees that consent could be revoked at any time, without reason or consequence; and informed nominees of support sources they might wish to access, if required. Furthermore, during data collection, the researchers regularly convened to discuss the interviews and whether particular nominees required support—no nominees required support during or after their interview. These meetings also provided the researchers with opportunities to reflect on and refine how they established rapport with the nominees, how they respectfully probed for clarification and how they interpreted the nominee's contributions. To optimise the accuracy of data analysis, the nominees were invited to participate in workshops to discuss and critique the findings constructed from the data—the nominees who participated in these workshops confirmed that the findings resonated with them.

2.5 | Data analysis

The qualitative data collected via the award nomination process and the semi-structured interviews were subject to reflexive thematic analysis using NVivo-12 Pro. For this purpose, the interview recordings were transcribed verbatim. Reflexive thematic analysis is a way to make sense of qualitative data by constructing and contrasting themes that reflect patterns within the dataset—relative to other approaches, reflexive thematic analysis recognises the researcher's active role in the construction of knowledge. Such reflexivity is pivotal to grounded theory to 'excavate … preconceptions, encourage developing methodological self-consciousness, and expand … knowledge of our place in the research and of the research process' (Charmaz, 2021, p. 154). Furthermore, there are myriad exemplars of how grounded theory was used to construct themes (Allen & Davey, 2018; Lopez-Aguado, 2012). This might be because, as Chapman et al. (2015, p. 204) noted, 'Thematic analysis in the context of grounded theory offers a systematic approach to the analysis of qualitative interview data in the healthcare setting'. Informed by Braun and Clarke's (2020, p. 331) phases, two researchers analysed the qualitative data. Specifically, they: (re)read the data and (re)listened to the recordings to familiarise themselves with the content and document notes; systematically coded the data, paying heed to data that clarified what constitutes brilliant aged care; constructed themes using the codes, pensively reflecting on similarities and differences; reviewed and refined the themes, merging and deconstructing them and their content, when appropriate, to optimise coherence; and (re)named and (re)defined the themes. During the coding process, reflexivity was demonstrated by 'a continual bending back on oneself—questioning and querying the assumptions we are making in interpreting and coding the data' (Braun & Clarke, 2019, p. 594). The rigour of the findings was optimised by involving two additional researchers who reviewed, discussed and refined the themes. Given the use of reflexive thematic analysis, there is no claim of thematic discreteness—but rather, the themes are interrelated. To illustrate the themes, they are accompanied by images of the nominees' artefacts, as appropriate. Also, excerpts are accompanied by a pseudonym to protect participant identity. To optimise rigour and transparency, the consolidated criteria for reporting qualitative studies (COREQ; Tong et al., 2007) was followed (see Appendix S1).

3 | FINDINGS

The analysis served to clarify the nominators' and nominees' comparable understandings of brilliant aged care. The analysis of the interview transcripts also helped to construct its four key constituents—namely: a deep understanding of the older person, a recognition of aged care as more than a job, innovative practices and a permission to reprioritise what you do and how you do it (see Table 3). The findings, which are addressed in turn, constitute the four ingredients of a theory of brilliant care, helping to explain 'what is going on' when brilliant aged care occurs (Morse, Bowers, Clarke, et al., 2021, p. 4).

3.1 | Brilliant aged care

Those who submitted an award nomination defined brilliant aged care as 'exceptional', regardless of the setting. They suggested that brilliant aged care was underpinned by a bona fide respect for older people and a commitment to social justice. It was enabling, receptive, and flexible:

> respectful and responsive to the preferences, needs and values of the individual person in all circumstance. It involves understanding what is important to a person and working together to plan care.
>
> (Melissa, clinician researcher)

> Brilliant aged care seeks to bring about social justice and social change as it changes attitudes towards older people, and provides older people value, voice and agency. Brilliant aged care banishes the fear of ageing.
>
> (Juliette, academic)

TABLE 3 Constituents of brilliant aged care.

Constituent	Meaning	Relevance to theory	Properties	Dimensions	Conditions
Deep understanding of the older person	An active orientation towards the needs and preferences of older people	This served to understand the older person to find ways to bring joy and delight and exceed expectation	• Efforts to understand older people by spending time and speaking with them, their family members and carers • Appreciating an older person's uniqueness • An ability to readily connect with and support older people	• An orientation to older people • Empathy • Consistency • Meaningful engagement	• Consistent staff members • Small aged care facilities that felt homely • Activities for meaningful engagement
More than a job	An enthusiasm for and a commitment to aged care	This served to demonstrate how important older people and practitioners were, thereby fostering joy and delight, and deviating from sector norms	• Enthusiasm for and commitment to aged care	• Enthusiasm • A career mentality • Recognition	• Awareness of how an uninspired carer can impact the people who are supported • Vetting prospective employees to determine how they perceived their role and the aged care sector • Recognition of aged care as a career • Regular professional development opportunities • Staff recognition initiatives to reinforce reciprocity
Innovative practices	Efforts to try different ways of working to optimise service delivery	This served to award primacy to practices that exceeded expectation, rather than merely meeting performance indicators	• Being unsatisfied with the status quo • Recognising value in change • Defying rudimentary routines	• Reciprocity • Improving the status quo • Respectful nudges • Manager support	• Encouragement to proactively make a positive difference to older people • A prompt, like a challenge that required a novel solution • Respectful nudges to support change, informed by an understanding of colleagues' needs, preferences and capacities • Manager support
Permission to reprioritise	An ability to exercise professional judgement and use resources, including time, to be with older people, without negatively impacting the organisation or older people	This served to reinforce the importance of connecting with older people and celebrating their diversity, rather than merely complete organisational tasks	• Space for conversations and relationships to flourish	• Carving out time • Valuing relationships • Staff awareness and skill development	• Time to learn from and with older people • A shift away from a task-focused approach to aged care, towards an approach that valued relationships • Efforts of promote staff awareness of and skill development in how to foster a culture of care

The 12 nominees who were interviewed spoke of brilliant aged care in similar ways. They suggested that it involved being relationally attuned to older people to work with them, rather than for or on them. This meant tailoring what you did, how you did it and when you did it, to accommodate their changing needs and preferences. In contrast to routinised, if not unremarkable forms of aged care, brilliant aged care was therefore imaginative and inspired:

> my interest in geriatrics was that it wasn't necessarily algorithmic about … what the right management for someone was … it was very much centred around … [the] individual … it's not only … formulating individualised medical plan[s], but it's also who they are.
>
> (Amelia)

> it needs to be individualised for the person … a lot of people pay lip-service, but … it's … making sure that's happening—that's really important … you need to think outside the box … not just … focus … on what's in front of us … [It involves] trying to make that person's … experience better, as opposed to make … someone easier to care for [or] … manage.
>
> (Caleb)

Like their nominators, the nominees recognised brilliant aged care as enabling. With brilliant aged care, older people had aims, they had options to pursue those aims and they felt assured to do so. Rather than being overprotected, if not marginalised, they were encouraged and supported to exercise agency:

> we're medicalising ageing … that's … about dependence; it's about not being able to manage … it also has a great deal of control attached to it … I find it a really very oppressive system. So, brilliance is … enabling people who do have to access that system but it's also about trying to keep people out of that system.
>
> (Grace)

It was clear from both the nominators and nominees that delivering aged care that was brilliant involved more than providing quality care that met the medical and physical needs of older people. Brilliant aged care was holistic. It involved caring for the whole person with an understanding of their life story, culture and context. Brilliant aged care recognised that there was more to an older person than their diagnosis, ailments and care needs.

Brilliant aged care was enacted via shared moments—or, as one nominee described, 'the smallest things'. Brilliant aged care was found in a shared smile or laugh, a shared cup of tea and a biscuit, a shared interest in music, or creating a meaningful 'cherished' moment. According to the nominees, these instances made a significant difference in the lives of older people. Consider, for instance, the nominee who described placing a pair of warm socks on the cold feet of an older person—although a simple act, this shared moment extended warmth and humanity to an older person (see Figure 1):

FIGURE 1 A pair of warm socks. [Colour figure can be viewed at wileyonlinelibrary.com]

> I can give medications; I can do lots of different treatments. But probably what people notice and probably what is important for people is kindness.
>
> (Amelia)

3.2 | The constituents of brilliant aged care

3.2.1 | Deep understanding of the older person

The nominees indicated that an active orientation towards the needs and preferences of older people was key to brilliant aged care. This chiefly involved empathy—that is, efforts to understand the older person they supported by spending time and speaking with them, their family members and carers. It also involved the use of unconventional practices to formally acknowledge the older person's uniqueness:

> the person-centredness … [is] about getting a good story about where that person's come from and how the dementia developed and look at what else has been going on in their life before the dementia developed and meeting their family or … whoever's involved in their care and making sure you've got a good understanding of where they've come from … it is about … making those connections with people … to get a really good feel for how they got to this point where I've started looking after them … it's individualised care plans … not … blanket assumptions … everyone's got a different story, so not … making assumptions … if something's worked for one person, it's not the same answer for someone else.
>
> (Caleb)

This orientation to older people enabled the nominees to readily connect with and support them. They described how the insights they garnered about their personal life enabled them to know what practices were likely to be helpful and unhelpful. Rather than make assumptions about an older person's situation, the nominees acted with thoughtfulness:

> We have a … document [called] … 'How Am I Unique?' … to really understand who this person was, who they are, their challenges, their triumphs—the things that they love to do, the things that they don't like to do; the music that they like listening to; how they like their tea, their coffee, their day; what are the things that create distress and anxiety? And that document gives us an enormous amount of colour and context about who this person is.
>
> (Tracy)

One nominee's artefact, a potato masher, epitomised the needs and preferences of each older person, and how these can be overlooked when they transition into an aged care facility (see Figure 2). The nominee had reflected on what they would miss if they moved into an aged care facility. To them, the humble potato masher symbolised independence and personal preference and enabled them to make mashed potatoes how they chose. This would be lost if they had to give it up. The potato masher also represented a 'memory anchor' to family and childhood. Furthermore, it represented consistency—despite technological advances, little (if anything) about potato mashers has changed—despite the ups and downs of life, one could always rely on making mashed potatoes to suit personal taste.

A deep understanding of the older person was enabled by consistent staff members, often within a small aged care facility that felt homely. This is because, within a facility that supported small groups of older people, consistent staff members had regular opportunities to build and maintain a relationship with each older person, appreciate their changing needs and preferences and learn about their family members and carers. When staff members knew an older person, they could better assess their situation, readily identify changes and address these accordingly:

> we're trying to get in a bit more of a homely feel … the end goal is … to … have consistent staff in the households … that will increase staff satisfaction.
>
> (Emma)

> we're encouraged to spend time with … residents … they have get-togethers, and the staff are encouraged to stay around and really … enjoy time … if you're looking for brilliance … it's … normal … it's like home and if you're doing stuff that's good fun … [and] you're not stuck in a room.
>
> (Claire)

FIGURE 2 A humble potato masher. [Colour figure can be viewed at wileyonlinelibrary.com]

An orientation to older people was also demonstrated by creating activities for meaningful engagement. Rather than directing older people to activities they could not do or did not want to do, the nominees spoke of offering variety to meet older people where they were at. Sometimes this involved group activities with like-spirited individuals; sometimes this involved spending time independently; and sometimes this involved practices that optimised inclusivity:

> we can offer certain activities in a group setting … we also do individual programs … that's really important because … not everybody [is] sociable … people are … quiet, more reserved, introverted, and prefer that one-on-one opportunity to do an activity. So, we do a combination of that and that's the way that we can achieve meeting the diversity of everybody's interest.
>
> (Sarah)

For one nominee, a scarf knitted by their grandmother represented the importance of meaningful engagement (see Figure 3). Knitting was something that kept their grandmother's mind active, enabling her to create something for others. It gave her purpose and opportunities to connect with others, while not necessarily spending extended periods with others.

3.2.2 | More than a job

According to the nominees, brilliant aged care involved an enthusiasm for their roles—it was more than a job. While they were

FIGURE 3 Grandma's knitted scarf. [Colour figure can be viewed at wileyonlinelibrary.com]

aware of how difficult it can be to be a carer, they were equally aware of the impact an uninspired carer can have on the person they supported. To address this, they highlighted the need to attract and sustain an aged care workforce that wanted to be in the aged care sector:

> it's not an easy industry … that's why you need to be passionate about it and want to be here, because it's not a job you just come to … and go through the motions … If you do that, you're not going to inspire joy in … the people you're looking after … you can't deliver brilliant aged care if your residents get a sense of, you're just here because you have to be getting paid … that's not going to give them quality of life or make them feel valued.
>
> (Emma)

In some of the organisations represented in this study, prospective employees were carefully vetted during the recruitment process to determine how they perceived their role and the aged care sector. This involved requesting them to demonstrate how they embodied or could embody the values of the organisation they sought employment in. Equally important was intentionally listening to the language candidates used when responding:

> when we're doing the recruitment, we're asking people, 'Tell me about a time where your integrity was challenged; tell me about a time where … you had to demonstrate or built trust' … to [clarify] who they are … [determine if they can] demonstrate it … they might not have had many opportunities, but we want to know that they have the core will. We can give them the skills, but we want to understand that … core will … we're hiring for leadership, we're hiring for people that want to … see … career growth … working in healthcare, they might want the task focus of showering, toileting, feeding, and not knowing the families and [not] making conversation and engaging with the residents … that's fine, but then they can't work in my organisation.
>
> (Tracy)

To encourage and maintain the desired sentiment among staff members, nominees alluded to several strategies. For instance, one noted how the staff members they employed were frequently reminded that employment within the organisation represented a career, rather than a job. As such, staff members were regularly offered professional development to qualify them for greater managerial and leadership roles. This investment helped to retain staff members who embodied the organisation's values—furthermore, it helped to reduce relational disruption between staff members and older people who accessed the organisation:

> it's hiring for leadership and giving them a career path that they might start as a homemaker, then they might become a homemaker supervisor assistant, then they might become a homemaker supervisor, then they might become a neighbourhood manager and there's opportunity for them to grow and they can see that growth.
>
> (Tracy)

Another strategy to sustain enthusiasm was recognition. Staff members who epitomised brilliant aged care were acknowledged in ways that were meaningful to them—these included: peer-nominated awards, scholarships to pursue education or extracurricular activities and birthday leave:

> this year, we supported at least six staff … through our scholarship program [for] care staff to do the enrolled nursing [course] and we've got a big group that are about to become registered now … scholarship programs … support other things too, like, we've had staff that want to learn to play [the piano]; so, we paid for piano lessons … [We have] nominated rewards and recognition; so, every quarter, three staff members … get a reward, a certificate, and a gift certificate to spend and we [are] rewarding staff that are … showing exceptional caring qualities … they get a percentage, on top of their pay … they might get their birthday off every year … and get a gift certificate … we need to really support these people and show them they are valued … that we do appreciate all the … good work they do.
>
> (Emma)

This suggests the importance of reciprocity—by investing in staff members, the staff members invested in the organisation and their

FIGURE 4 A photographic montage. [Colour figure can be viewed at wileyonlinelibrary.com]

relationships with older people and colleagues. What mattered most to staff members were visible indications that they were valued and that they mattered to the organisation, which bolstered positive attitudes and the quality of care:

> we've had a new team member join us recently and … she had to be trained up … she was just she was freaking out … the first telehealth session that she observed, of course, something went wrong; but the team just never get flustered. They're like, 'Okay, let's just figure it out, alright? How is this going? … Now, can you try this?' and it all worked out in the end. And now, this team member, after just a few weeks, she's feeling very confident, because … it's just a mindset.
>
> (Kayla)

That aged care was more than a job captured in one nominee's artefact—a video montage of photographs of the small, yet significant moments of older people and staff members within the organisation, smiling and enjoying different events (see Figure 4). The video montage was often broadcast on a large television within the organisation for the viewing pleasure of older people who resided at the facility, their visitors and staff members. For the nominee, this artefact reminded them of how their colleagues created a positive impact through their work:

> people [were] coming to me all the time sending … lovely photos of the residents smiling and … different events … The staff that were working would often send photos … and I was like, 'These are so wonderful; we need to do something with them', so … we … put them into a PowerPoint and saved it as a video in and bought this huge TV and put it on the wall in the facility so that residents could watch it … and relatives … and for staff to see too … Sometimes, we don't always have great days at work, [so we can] … look and go, 'Okay, this is why I work in aged care. Look at those smiles'.
>
> (Emma)

3.2.3 | Innovative practices

Brilliant aged care often involved trying different ways of working to optimise service delivery. Each nominee shared a story of innovative practices to improve the status quo. Some of these changes were large-scale, while others were relatively small, yet no less significant. The former included implementing a new project, introducing a model of care, and reorienting health services and resources to better serve older people's needs. The latter included: efforts to reframe how aged care was perceived and understood; advocating for a safe and comfortable environment for older people; sourcing educational opportunities to upskill staff members; and regularly reminding staff members that quality aged care is everybody's business, irrespective of whether you are a clinician or janitor. Regardless of whether a change was large or small, the nominees and the organisations they represented defied rudimentary routines and encouraged colleagues to proactively make a positive difference to older people:

> we start each meeting, or we call it a gathering, actually; but we started gathering with appreciations. It's really important that people are acknowledged and that we learn to verbally acknowledge people … 'You had a great week; you did a great job' … really appreciating why what you did was great, how it impacted me, or impacted a resident … a homemaker … a family member or a colleague, and … that encouragement to do more of that … All gatherings begin small—start with appreciations and we end with gratitude. And we do that … anonymously, so we have a few different channels to be able to do that … it's … about reflecting on … what you've heard, what you've learnt, if you've been challenged, if you've been able to grow, if you've been inspired by a story either from a resident or a family member or a team member … it's those kinds of things where you embed them … you have to be consistent … not just once a month or once a year, but it happens every single day … it takes a bit more work and … I found it absolutely challenging, coming from … a corporate background … I'd heard about and read about

> and studied heart-centred leadership … but that's hard … For an organisation like us to absolutely lead with those values is the practice every single day … is super important.
>
> (Abigail)

The drive to trial different strategies was often prompted by a challenge that required a novel solution. For instance, the nominees spoke of a need to reduce falls with limited resources, including time, or improve the environment of a facility for the increasing number of patients living with dementia:

> there's just not enough funding and if I think about what I need people to do in aged care is to be active … but there are no physios … there's just none available … it's an essential part of care … so the way we have approached this is by providing options … where we are actually helping the nurses … to help people to be more active. So, rather than taking over all the activities, to actually find ways to do things with the residents in a more active way … you don't need to be a physio for that … you can just be someone who cares.
>
> (Kayla)

Cognisant that staff members did not always welcome change, the nominees did not force a different way of working; rather, they found respectful ways to nudge colleagues' practices towards ways that were likely to bring joy and delight to older people. This involved developing a better understanding of, and addressing colleagues' needs, preferences and capacities, lest they feel overwhelmed by the request for change:

> we were encouraging them … grab a Sunshine Program Box [which contains materials for different activities] or take a resident for a walk or do something … then it became quite fluid. It just evolved … but I think it was helpful … to begin with … 'Okay, well you've identified that these times of the day would work for you' … and then it just evolved.
>
> (Sarah)

Sustaining innovation required the support of managers within the organisation. For instance, managers of the organisations represented in this study: actively encouraged staff members to participate in new programs; prioritised continuous improvement, enabling staff members to pursue different ways of working; and democratised decision-making processes via an upturned organisational structure:

> To actually understand what it is that we're doing, why we're doing it … [it is important to consider our] … inverted org[anisational] chart. So, our homemakers, who are care staff, sit at the very top … [A] traditional nursing home would [have an] … executive team [at the top] … but in our world … I'm part of the support team [rather than part of the executive team] … Our role is [as] … administrators … to ensure that our homemakers have everything they need.
>
> (Abigail)

The importance of innovative practices was captured by one nominee's artefacts—three books that had inspired her to reflect on aged care and experiment with different ways of working to ultimately promote brilliant aged care:

> [Regarding Frankl's, 'Man's Search For Meaning'] Ageing is constantly about redefining a person's meaning through the vulnerability of ageing … Frankl's story is about the challenges he endures, the space in between stimuli and response, and the ability to choose a response. I felt that the ageing process was one that is challenging and vulnerable, but there is still meaning to be found … [Regarding Gawande's, 'Being Mortal'] For me it's about asking the questions what matters to the person at the end. In aged care, we need to learn to become curious about each person individually … Gawande shares his insights as a physician, son, friend … asking those difficult questions, not always being able to fix, as many doctors are trained to fix. Ageing is not always about fixing, but … a different approach … [And de Saint-Exupéry's, 'The Little Prince'] … is all about the people you meet and creativity. Aged care is made up of many professionals … [who] need to learn to be curious and inquisitive like the little prince.
>
> (Tracy)

3.2.4 | Permission to reprioritise

According to the nominees, brilliant aged care was enabled by implicit permission to reprioritise—an ability to exercise professional judgement and use resources, including time, to be with older people, without negatively impacting the organisation or older people. This implicit permission enabled the nominees to create space for conversations and relationships to flourish, enhancing the experience of care for those who delivered it and those who received it:

> The other day I was … walking around [the facility] … it was really nice because … I had some really good conversations with … residents … they were sitting down and chatting to me.
>
> (Emma)

The participants found ways to serendipitously carve out time to connect with and learn from and with older people. Sometimes, this simply involved sitting and chatting about a common interest or sharing the experience of a meaningful activity:

> We had a retired AFL [Australian Football League] player … the neuropsychologist talked to her brother and found these like, 'Best Of' reels from the 80s and he's in them and his friends are in them and [the older person] would sit and watch TV … and the security officer would sit beside him and … find a point of contact … they're … really interested that there's this old AFL player and … it just … changes the whole atmosphere … this [older person] is somebody who's lost tenure in three facilities and no one can care for him; it's just impossible. Turns out the key is … doing stuff that's important to him and that's why the security officer is there … you can interact in a different way.
>
> (Lily)

Several nominees noted the value of moving away from a task-focused approach to aged care, towards an approach that valued relationships. Establishing a connection with the older person not only benefitted the older person but made working in aged care rewarding and meaningful:

> for this bloke's birthday … the bloke's on a modified diet … thick fluids … and [the staff member] … made this … amazing … basically puree … high-tea celebration for the bloke, which was his thing … [The staff member] did it on his own time … [because of] the connection he had with … this resident.
>
> (Caleb)

To reinforce the importance of this orientation to older people, some organisations purposely embedded practices to promote staff awareness and skill development—this enabled the staff members to reprioritise what they did, when they did it, and how. For instance, one organisation institutionalised ways of working and being with older people, helping staff members to remain perceptive to the changing needs and preferences of older people and remain cognisant of their supportive role in their life. These practices pertained to staff members' position titles, their dress code, their roles and the language used within the organisation, among others. Collectively, these practices infused a culture of care:

> We have a concept, called the 'Seven Pieces of the Puzzle' and it's about understanding the resident—their life story, who they are, what made them who they are, their occupation, their triggers, their triumphs, their challenges … It's understanding the brain changes in terms of the stimuli … and it's understanding the role of the homemaker [a staff member who remains at the aged care home] of how that's going to impact.
>
> (Tracy)

Similarly, another organisation espoused the use of metaphors to recognise people with dementia as prized gemstones. Recognising the power of discourse, the nominee affiliated with this organisation emphasised the need to value each older person, particularly individuals with dementia, rather than focus on their illness and the oft-cited burden of care:

> it is a brilliant model because … instead of talking about people in terms of stages of illness, it's talking about them as precious gems, but which differ overtime.
>
> (Grace)

The nominee built on this metaphor through their chosen artefact—three shells (see Figure 5). Relative to the first two shells, the uglier oyster shell represented an older person in the late stages of dementia. On the outside (the front view), the person might appear like a gnarled oyster shell; yet inside the shell are pearls (the rear view). Each person with dementia contains pearls as a beautiful human being. The people caring for this person have the task of opening the shell and continuing to find the pearls to enable the older person to 'live a good life':

> people in the late stages of dementia are like an oyster, one of the ugliest, kind of gnarled shells you could possibly think of. There are so many beautiful shells in the world. The oyster isn't one of them and yet when you open it up, it has this extraordinary little pearl inside it and that's what we need to find in every older person. Every older person, no matter … what their state of health or wellbeing, still has that pearl that is that beautiful human being inside them and it's our job, not their job, it's our job to open that up and find that pearl.
>
> (Grace)

4 | DISCUSSION

This study aimed to explore what constitutes brilliant aged care. Rather than continue the focus on problems within the aged care sector, this study identified and highlighted practices that exceeded expectation, bringing joy and delight to those who experience or witness them (Fulop et al., 2018). This was achieved via interviews with individuals nominated for a Brilliant Award for their brilliant contributions to aged care.

The findings suggest that brilliant aged care involves more than realising good patient outcomes, quality standards or performance indicators. Brilliant aged care is inherently relational, where staff members work with older people and their families in ways that sought to deeply know and understand older people. Brilliant aged care occurs when primacy is awarded to an older person's well being; their changing needs and preferences are accommodated; and—rather than encourage dependence on others—older people are enabled to maintain their identity, autonomy, agency and dignity.

FIGURE 5 Three shells. [Colour figure can be viewed at wileyonlinelibrary.com]

The aforesaid understanding of brilliant aged care reflects and builds on previous research, which suggests two points. First, person-centred care is pivotal to quality aged care (Backman et al., 2020; Porock et al., 2020). Echoing the findings in this article, it can be epitomised by 'being seen and respected as a person and … being informed and involved in one's own care and treatment' (Nilsen et al., 2022, p. 573). Second, person-centred care can be difficult to realise, largely due to limited resources, including time and competencies (Garratt et al., 2021; Watson & Hatcher, 2021). Extending previous research, this study demonstrates that despite the oft-cited challenges that hinder quality aged care, brilliance happens. Rather than require a novel model of care or initiative (Sunner et al., 2022), it can be evidenced by the conversations had, and relationships established with older people to understand their life story, culture and context. Brilliant aged care need not be expensive or time-consuming to implement, for it is the little acts of kindness that can mean so much. This point of difference demonstrates the significance of the findings.

According to the nominees who were interviewed, brilliant aged care appears to be bolstered by (at least) four ingredients (see Figure 6). First, it requires a deep understanding of the older person, developed via shared moments and meaningful connections with them. Thoughtful acts can acknowledge an older person's value and humanity and be significant to the older person and the person caring for them. Second, brilliant aged care recognises that aged care is more than a job—it involves zeal and a want to be in the aged care sector. As such, organisations represented in this study purposely used strategies to promote and sustain this enthusiasm among their staff members. Third, brilliant aged care is demonstrated through innovation—efforts to trial different strategies to optimise service delivery. While some of these changes were large-scale, others were small, yet impactful—this suggests that brilliant aged care does not necessitate extensive or costly change efforts; rather, even 'the smallest things' can make a significant difference. Fourth, brilliant aged care is aided when those who deliver aged care can reprioritise what they do and how they do it. Rather than solely concentrate on task completion, akin to that critiqued by the Royal Commission into Aged Care Quality and Safety (2021; e.g. showering older people, recording their vital signs, etc.), the nominees highlighted the importance of spending time with older people to create and sustain meaningful connections.

The aforesaid ingredients reflect previous research. For instance, innovative practices and the permission to reprioritise are indicative of job crafting, whereby staff members make

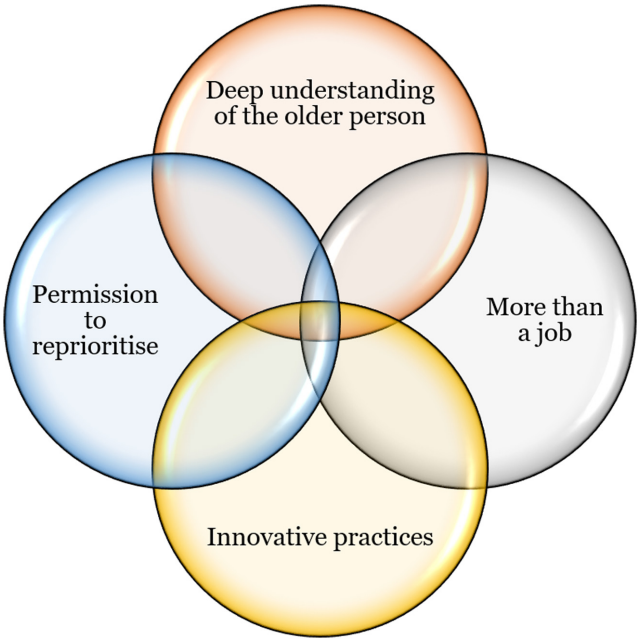

FIGURE 6 Ingredients of brilliant aged care. [Colour figure can be viewed at wileyonlinelibrary.com]

'self-initiated changes … in their own job demands and job resources to attain and/or optimize their personal (work) goals' (Tims et al., 2012, p. 173). These changes enable a person's work to become more 'meaningful, engaging, and satisfying' (Demerouti, 2014, p. 237). By taking time to engage with older people in meaningful ways, the nominees exhibited relational job crafting (Wrzesniewski & Dutton, 2001), which occurs when staff members modify the 'social features and interactions' that make up their work (Svicher & Di Fabio, 2021, p. 2). Similarly, reframing how aged care was perceived and understood is suggestive of cognitive job crafting, where modifications are made to how work is interpreted (Wrzesniewski & Dutton, 2001)—consider, for instance, the creation of the video montage. This and other examples demonstrate how the nominees bolstered the meaning of their aged care practices, for themselves, their colleagues and the older people they supported.

4.1 | Limitations

Given the recruitment and sampling methods, this study limited involvement to individuals in Australia who submitted nominations

for a Brilliant Award, of their own volition, as well as their nominees. However, given some of the similarities between aged care in Australia and that in other nations, including the importance of homely aged care facilities (Jain et al., 2019; van Hoof et al., 2016), the findings are likely to be transferable further afield. The cross-sectional study design and reliance on self-reported data also make the findings specific to the historical context in which the study was undertaken. In particular, the COVID-19 pandemic and the Royal Commission into Aged Care Quality and Safety (2021) revealed 'systemic weaknesses' (Cousins, 2020, p. 1322) in Australia's aged care, intensifying criticisms about the sector during this period—however, given the expressed focus of this study, it is unclear how these key events affected the study participants. Additionally, because recipients of aged care and their loved ones were not interviewed, the interview findings were not triangulated with data from this source—as such, there is considerable opportunity to extend this research through the greater involvement of people who receive aged care and their loved ones.

5 | CONCLUSION

This qualitative study suggests that in aged care, brilliance happens. Such brilliance involves a deep understanding of the older person, recognising aged care as more than a job, innovative practices and permission to reprioritise. These ingredients combine to foster meaning and value for those who deliver and receive aged care.

6 | RELEVANCE TO CLINICAL PRACTICE

These findings have two key implications for clinical practice. First, for those who manage and deliver aged care, the findings suggest that small changes in the workplace or in aged care practices can make a positive difference to older people because brilliance is not necessarily resource-intensive—this lesson might be reinforced via professional development opportunities. Second, for policymakers, this study highlights the need to move beyond the achievement of standards and quality indicators in the pursuit of brilliant aged care. Specifically, it is important to recognise and raise the profile of brilliance within and beyond the aged care sector.

AUTHOR CONTRIBUTIONS

Ann Dadich conceived and designed the project, conducted interviews as well as developed the introduction, methods and discussion sections. Rachael Kearns analysed the data and constructed the themes. Ann Dadich and Ben Harris-Roxas analysed data, informed theme construction and contributed to the development of the findings. All authors critically revised the manuscript and approved the final version to be published.

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CONFLICT OF INTEREST STATEMENT

The authors declared no potential conflicts of interest with respect to the project, authorship and/or publication of this article.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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