



# The Way We Respond

*Practical leadership guidance for  
managers and HR in aged care*

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**Developed by Mary Ellen Doyle**

People & Culture (HR) | Leadership & Workforce Strategy Advisor

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# Introduction

Aged care services depend on skilled, committed employees to deliver safe, compliant, and high-quality care. In a sector shaped by regulatory change, workforce shortages, and increasing complexity, keeping good employees engaged has become one of the most important leadership tasks managers carry.

2025 ABS Australian labour market data shows that while overall job mobility has declined, health care and social assistance continues to account for the largest share of job changers. At the same time, broader economic conditions, including cost-of-living pressures and visa settings, mean many workers are less able to leave roles even when dissatisfied.

For aged care services, this means employee engagement, not just unwanted turnover, poses as a key operational risk.

## Why Employee Engagement Matters in Aged Care

Employee disengagement rarely starts with resignation. It shows up much earlier — in how care is delivered, how concerns are raised or withheld, how teams function, and how reliably standards are upheld.

Research on retention consistently shows that people rarely leave roles because of a single incident, rather unwanted turnover tends to accumulate through unmet expectations, unresolved friction, and erosion of trust over time.

In aged care, this is compounded by a strong vocational and altruistic component. Many people enter the sector because they value contribution, purpose, and meaningful work.

Studies on caregiving professions shows that when this sense of purpose aligns with daily experience, people demonstrate higher commitment, resilience, and discretionary effort. When it does not, the more common pattern is not immediate exit, but gradual disengagement.

Employee engagement in aged care settings depends heavily on alignment between:

- what is promised and what is lived,
- stated values and daily decisions,
- effort given and impact seen.

When these align, people tend to remain engaged even in demanding environments. When they diverge, trust erodes and disengagement becomes an adaptive response.

In practice, this alignment is shaped less by formal messages or organisational intent and more by how work is experienced day to day — particularly how concerns are received, how workload is responded to, and whether follow-through is visible.

Over time, these repeated experiences shape what employees come to expect about effort, safety, and whether raising concerns will lead to meaningful action, which directly affects care quality, escalation, and retention.

## Managers as the Conduit Between System and Staff

Managers sit between organisational systems and the lived experience of work. They translate policy, regulatory and compliance requirements, and operational decisions into day-to-day reality for employees.

In practice, managers often carry the emotional and relational load of decisions they did not make, while being the most visible representative of the organisation to staff.

This resource does not suggest that managers control employee engagement or culture in isolation. Systems, workload design, resourcing and funding models, and organisational decisions matter deeply. Even the most capable manager will struggle to sustain engagement within a poorly designed system.

However, research across leadership, psychological safety, and team performance consistently shows that managers act as a primary conduit between the organisation and the individual experience of work.

While managers may not control the system itself, they strongly influence how the system is experienced day to day — through how concerns are received, how workload is acknowledged and managed, and whether follow-through is visible and consistent.

Over time, these everyday responses shape expectations about safety, effort, and escalation more powerfully than formal communications or stated values alone.

*“culture is built through signals, not statements” - Daniel Coyle*

## Signals, Trust, and Everyday Leadership

Every leadership response — a conversation, a decision, or the follow-through that comes after — sends a signal about:

- what is safe to raise
- what will be taken seriously
- what effort is worth investing
- and what actually matters in day-to-day practice

As Daniel Coyle’s work on group dynamics shows, culture is built through signals, not statements. In aged care services, managers are the most consistent signal carriers. Across shifts, handovers, and daily interactions, their responses shape what an employee comes to expect.

Over time, these repeated signals influence:

- **Psychological safety** — whether people believe it is safe to raise concerns or ask questions
- **Mattering** — whether people believe their input has impact
- **Escalation behaviour** — whether risks are surfaced or managed around
- **Engagement** — how much effort and commitment people invest
- **Retention** — whether people choose to stay over time

This matters acutely in aged care, where services rely on experienced, stable workforces to deliver safe, compliant care under sustained regulatory and workforce constraints.

It is particularly relevant in multicultural and linguistically diverse teams, which make up a significant proportion of the aged care workforce. Where expectations about hierarchy, communication, or escalation differ, employees rely even more heavily on leadership behaviour to interpret what is safe and expected. Consistent, predictable responses reduce reliance on interpretation or confidence-based judgement and support fairness across diverse teams.

# Purpose of This Resource

This resource focuses on strengthening leadership responses at the point where staffing, employee engagement, and compliance intersect in regulated aged care environments. It provides practical, evidence-informed tools to support more consistent and predictable leadership practice — particularly in moments where capacity, behaviour, or risk needs to be addressed early and clearly.

It introduces three structured leadership tools suited to aged care services:

- **The Traffic Light Check-In** – to make capacity visible early
- **The 3 Cs (Curiosity, Compassion, Commitment)** – to support consistent, fair leadership responses
- **The FBI Model (Feelings, Behaviour, Impact)** – to structure clear, professional conversations when behaviour needs to be addressed

Together, these approaches support managers to:

- identify early signs of disengagement or overload
- respond without relying on assumption, personality, or ad hoc judgement
- maintain standards while preserving working relationships
- reduce avoidable people risk before issues escalate

Throughout this resource, the terms *manager* and *leader* are used interchangeably to describe anyone with responsibility for people, decisions, or expectations in day-to-day work. Titles vary across services, but leadership is defined here by influence, not position.

The focus is on what leaders can consistently control and strengthen over time:

- how concerns are received
- how reliably they are followed up
- how clearly they are translated into action

Small, repeatable responses in these moments shape what employees learn about whether raising concerns is safe and worthwhile.

The approaches in this resource are designed to support fairness, clarity, and consistency across diverse teams and regulated care environments.

# Part I

## What Shapes Behaviour

Behaviour in the workplace is largely shaped by what people experience day to day.

Patterns such as late escalation, reduced initiative, workarounds, quiet withdrawal or overt frustration are often interpreted as performance or capability problems. More often, they reflect capacity strain and what people have learned about whether their input is noticed and acted on.

These patterns reflect everyday experiences of: whether it feels safe to speak up, how leaders respond and whether follow-through is reliable.

The sections that follow focus on two conditions that strongly influence these behavioural patterns: psychological safety and mattering.

***Psychological safety enables learning, early escalation, and effective risk management in high-stakes environments.***

### Psychological Safety in Practice

Psychological safety, as defined by Amy Edmondson, reflects whether people believe that raising concerns, asking questions, or admitting uncertainty will be met with attention, follow-through, and fairness.

In aged care services, this belief influences far more than whether people speak up. It shapes:

- whether concerns are raised early
- how much effort people invest
- whether strain is surfaced or absorbed
- whether employees remain engaged when work becomes more demanding

Psychological safety is built through repeated leadership responses. It is shaped less by stated expectations and more by what happens after concerns are raised.

- When concerns are acknowledged and followed up, people continue to escalate early.
- When concerns are raised and nothing changes, escalation slows and issues tend to surface later in more complex forms.

Psychological safety is not about comfort. It is about predictability.

## Mattering and Effort

Mattering exists when people can see that they are noticed and that their contributions influence decisions and outcomes. People invest more effort when they can see that their input has impact.

In aged care services, mattering is not created through recognition programs, remuneration, or appreciation alone. While these have a role, they do not substitute for employee seeing that their input or concerns are taken seriously and acted on.

*Example:* A Personal Care Assistant raises concerns that a resident increasingly requires two staff for transfers. They document this in progress notes and mention it at handover.

No changes are made to staffing, equipment, or the care plan, and no follow-up conversation occurs.

Over time, the PCA continues to document the issue as required but stops raising it verbally or asking for review. The concern is raised again only after a near-miss during a transfer.

What changed is not the employee's awareness of risk. What changed is their expectation that raising it will lead to action.

From the outside, this may look like reduced initiative or poor escalation.

In practice, it reflects what the employee has learned: raising the concern earlier did not lead to review or action.

People adjust how much energy they put into speaking up, following up, and pushing issues forward based on what they expect will happen next. When they do not expect their input to influence decisions, they conserve effort rather than escalate.

This can show up as: fewer follow-up conversations, completing required tasks, but no longer pushing issues or seeking review, reduced discretionary effort, avoidance of raising concerns until risk is obvious.

These patterns are often labelled as performance or behaviour problems.

More accurately, they reflect employees calibrating their effort to match the impact they believe it will have.

Understanding psychological safety and mattering helps leaders make better decisions earlier, before people issues become quality, compliance, or operational risks.

In aged care, leaders make decisions about workload, oversight, and risk every day. Most often, those decisions are triggered once strain becomes visible - through missed or delayed care tasks, complaints, tension between staff, roster changes, noticeable changes in behaviour, or documentation quality declining. By that point, capacity has usually already been stretched and risk has increased.

Part II introduces practical tools that support earlier, clearer leadership responses by making capacity, expectations, and impact more visible.

### Leadership Check

If someone were observing your responses over multiple shifts:

- What types of concerns would they see you consistently follow up?
- What types of concerns would they see stall, be deferred, or remain unaddressed?

# Part II

## The Traffic Light Check-In

*Making capacity visible so leaders can respond early and consistently*

The Traffic Light check-in provides a simple, shared way for people to signal capacity explicitly, before behaviour changes, workarounds develop, or escalation occurs late. It does not replace professional judgement, documentation, or escalation pathways. It strengthens them by improving the quality of information leaders are working with.

When used well, it helps leaders distinguish between capacity (how placed someone is to do the work), capability (skill and competence), and conduct (behaviour) — three elements that are often conflated in busy care environments.

### How it works in practice

At the start of a shift, handover, team meeting, or scheduled check-in, staff are asked to indicate their current capacity using one of three signals:



#### Green

I am clear on expectations and able to manage my workload safely.

#### Amber

I can meet expectations, but something is making this more difficult. I may need clarification, adjustment, or closer oversight.

#### Red

I am at or beyond capacity. Without intervention, there is a risk to performance, safety, or wellbeing.

No explanation is required in the moment. The signal functions as operational information, not a personal disclosure.

Some services use a verbal check at handover. Others use coloured cards, whiteboard markers, or simple digital indicators. The format matters less than consistency and follow-through.

## Why this approach works in aged care services

Studies on psychological safety and team performance shows that when leaders rely primarily on inference - interpreting behaviour without explicit signals of capacity or constraint - problems tend to surface later and in more complex forms.

Leaders respond to what is visible on the surface, often without clear information about the underlying factors shaping workload, performance, and decision-making.

The Traffic Light check-in addresses this by making capacity explicit rather than inferred.

Across care settings, structured signalling approaches like this have been shown to:

- surface workload and risk earlier
- make safer allocation and oversight decisions
- reduce misinterpretation of behaviour
- improve consistency across shifts and leaders
- strengthen quality, safety, and compliance outcomes

Its effectiveness does not come from the colours themselves, but from how leaders respond to them over time.

In real teams, people bring different communication styles, confidence levels, accents, experience, and expectations of leadership to work. Some speak up readily. Others are more measured or cautious. This is not a capability issue. It is a normal human variation.

The Traffic Light check-in reduces reliance on fluency, confidence, or familiarity in the moment. It gives everyone the same, simple way to communicate capacity using shared language that does not require explanation or justification.

Saying “I’m amber today” is operational information. It is not a personal disclosure. It does not require storytelling or self-advocacy.

For leaders, this supports more consistent and fair responses. Decisions are anchored to the same signal, rather than to who speaks most easily, who is most familiar, or who is most comfortable raising things publicly.

Over time, employees learn that:

- capacity can be signalled without penalty
- leaders notice and respond, regardless of who raised it
- expectations remain clear and consistently applied

This is how trust is built across diverse teams.

### What the Traffic Light check-in is — and is not

#### It is:

- An operational signal about current work capacity
- A structured prompt for earlier leadership action
- A shared language used consistently across shifts and roles

#### It is not:

- A wellbeing disclosure tool
- A replacement for supervision, documentation, or escalation pathways
- A mechanism for avoiding work or lowering standards

## What Sustains the Traffic Light Check-In Over Time

Across services where the Traffic Light check-in is embedded effectively, three leadership behaviours are consistently present:

- the purpose of the check-in is clearly understood
- responses are predictable and proportionate
- follow-through is visible

Aged care services operate across multiple shifts and leaders. Consistency therefore matters. Over time, the signal takes its meaning from leadership response — not from policy or process alone.

When leaders treat the check-in as operational information rather than a wellbeing gesture, it becomes a core leadership tool for: managing capacity early, responding to behaviour clearly, and reducing avoidable operational and clinical risk.

### Application in residential aged care

In residential aged care settings, the Traffic Light check-in works best when it is brief, routine, and clearly led.

At handover or shift commencement, the leader invites staff to indicate their colour before finalising allocations.

- Amber may prompt clarification of priorities, pairing adjustments, or closer direction.
- Red may require redistribution of tasks, increased oversight, or a follow-up conversation later in the shift.

The check-in informs how leaders support staff to meet expectations. It does not remove accountability or alter care standards.

Where behaviour breaches policy or care standards, it is addressed directly and separately.

### Application in community aged care services

In community settings, employees often work independently and capacity is less visible.

Here, the Traffic Light check-in provides a shared reference point that allows managers to detect changes in capacity earlier, during supervision, brief check-ins, or scheduled team contact.

Some services use simple messaging or digital indicators visible to the manager. Others incorporate the check-in into regular supervision.

What matters most is not the mechanism. It is the consistency of leadership response.

Where leaders act on the information reliably, trust builds quickly.

# Modelling the 3 Cs: Curiosity, Compassion, and Commitment

Leaders in aged care make frequent decisions about behaviour, workload, and risk, often with limited time and incomplete information.

When demands are high, leaders can move quickly to judgement. This is human. The brain looks for patterns and shortcuts to decide what to do next. The risk is that speed replaces accuracy.

Effective leaders slow the moment just enough to respond deliberately.

They remain clear on standards while being intentional about how they respond to the person in front of them.

The Curiosity, Compassion, and Commitment (3 Cs) framework supports this balance.

The approach aligns with evidence-based leadership research, including:

- Radical Candor (Kim Scott): caring personally while challenging directly
- Psychological safety (Amy Edmondson): people speak up when responses are predictable and fair
- Mattering (Zach Mercurio): people invest effort when they believe they are seen and their input has impact
- Manage Yourself to Lead Others (Margaret C. Andrews) – effective leadership begins with awareness and regulation of one's own reactions.

Collectively, these bodies of work point to the same conclusion:

**How leaders manage themselves and respond to others teaches people what is safe, worthwhile, and expected.**

Used together, curiosity, compassion, and commitment allow leaders to remain firm without becoming defensive, and to address difficult behaviour without individuals avoiding accountability.

When these elements are combined:

- conversations are clearer
- expectations are better understood
- issues are raised earlier and addressed more directly
- fewer people matters escalate into formal complaints or repeated concerns.

Most importantly, employees learn two things at the same time:

- they are seen as an individual
- standards are upheld and consistently applied

*"Between stimulus and response  
there is a space.  
In that space is our power to choose  
our response."  
— Viktor Frankl*

# Curiosity

## Ask before assuming

Curiosity is a deliberate leadership choice. It is about slowing the moment just enough to understand what is driving behaviour before deciding how to respond.

In aged care, leaders make frequent decisions that affect care quality, workforce stability, operational flow, compliance, and resident safety. The quality of those decisions depends on accurately understanding what is shaping behaviour

Surface behaviour can look like resistance or poor judgement. Curiosity tests whether it is actually workload strain, unclear expectations, handover gaps, competing priorities, or uncertainty about escalation pathway.

In practice, curiosity sounds like:

- *What made this difficult to raise earlier?*
- *What was happening at the time this decision was made?*
- *What options did you feel you had in that moment?*

These questions surface practical factors such as workload design, unclear roles, handover gaps, or concern about how issues will be received. That information allows leaders to respond proportionately and set expectations that are more likely to hold.

***Curiosity improves accuracy.  
It reduces the risk of solving  
the wrong problem.***

# Compassion

## Recognise experience without excusing behaviour

Compassion in leadership is not about agreeing with behaviour or lowering standards. It is about recognising a person's experience so that expectations can be addressed clearly and professionally.

People often carry demands that are not immediately visible. Those demands may come from work (workload, competing care priorities, unclear expectations, skill mix, or previous experience that raising concerns did not lead to action) or from outside of work (family, health, or personal stressors).

Even challenging behaviour is a response to something. Naming this does not excuse behaviour. It reduces defensiveness so accountability can land.

Compassion shows up when leaders briefly acknowledge experience before addressing expectations.

*Example Responses:*

- **When behaviour has affected others:**

*"I can see there's been a lot going on. At the same time, the way this was handled has affected the team and we need to address that."*

- **When someone is defensive:**

*"I hear what you're saying and I want to understand it properly. I also need to be clear about what's expected going forward."*

- **When someone feels unheard:**

*"I can see you've been carrying this for a while. Let's talk about what support or clarity was missing and what needs to change now."*

These statements do not validate the behaviour. They acknowledge experience so the leader can move quickly and clearly to standards and accountability.

When people feel their perspective has been heard, they are more able to hear what is required of them.

# Commitment

## Anchor conversations in purpose and standards

Commitment prevents curiosity and compassion from becoming permissive. It brings the conversation back to why expectations exist and what must change.

In aged care services, commitment means consistently linking behaviour to:

- quality and safety of care
- impact on residents, clients, and colleagues
- regulatory and professional standards
- shared responsibility within the team
- Commitment is demonstrated through clarity and follow-through.

Committed leaders:

- name the expected standard
- explain why it matters
- reinforce responsibility without personalising the issue
- confirm next steps
- follow through on what is agreed

This creates predictability. Predictability is what builds trust.

In practice, commitment sounds like:

- "I want to be clear about why this matters for resident safety and the team."
- "I understand the context, and we still need to meet this standard."
- "This isn't about blame. It's about safe, reliable care."
- "This is what I expect to see going forward, and this is how we'll review it."

Consistent follow-through is what turns a single conversation into a predictable leadership signal.

## How the 3 Cs Support Psychological Safety and Mattering

The 3 Cs in practice	Psychological safety	Mattering
Curiosity	Lowers interpersonal risk	Signals "your perspective is worth understanding"
Compassion	Reduces defensiveness	Signals "you are seen as a person"
Commitment	Creates predictability	Signals "your contribution has impact"

# Practical Leadership Self-Check

*A 60-second pause before, during and after an important conversation*

This self-check translates Curiosity, Compassion, and Commitment into a simple pause you can use in real time.

## Before the conversation (*Curiosity & Commitment*)

- Do I have enough context to understand what's happening - not just what's visible?
- Am I clear on the standard or expectation that needs to be addressed?
- Can I explain why this matters in terms of care quality, resident safety, compliance, or team impact?
- Am I approaching this with curiosity rather than assumption?

## During the conversation (*Compassion & Commitment*)

- Have I acknowledged the person's experience without excusing the behaviour?
- Have I clearly stated the expectation and the required change?
- What does this person need in order to meet the standard? (clarity, training, resources, prioritisation, oversight?)
- Have I checked understanding? ("Can you talk me through how you'll do this going forward?")

## After the conversation (*Commitment*)

- Have I been clear about next steps and review timing?
- Have I followed through in similar situations before - or do I need to correct that pattern now?
- Should this conversation be briefly documented or summarised in writing?

### Clarity reduces risk.

Brief written follow-up after key conversations supports fairness, understanding, and consistency - particularly in diverse teams and regulated environments.

*"Radical Candor is caring personally while challenging directly."  
— Kim Scott*

# The FBI Model

## Structuring clear, professional conversations when expectations are not being met

Where the Traffic Light check-in supports early visibility of capacity, the FBI model supports clear and timely leadership response when behaviour needs to be addressed.

Most managers recognise when a conversation is required. What often gets in the way is how to raise it without: escalating emotion, personalising the issue, or softening expectations to avoid discomfort.

The FBI model (Feelings, Behaviour, Impact), developed by Simon Sinek, provides a simple structure that helps the conversation stay grounded in observable behaviour, anchored in leadership responsibility, and focused on impact and expectations.

It works because it slows the interaction just enough to prevent reactivity and keeps the focus on what needs to change.

### The FBI Structure

**F-Feelings:** the leader names their response

**B - Behaviour:** describe what was observed, factually and specifically

**I - Impact:** explain why it matters if it continues

The order can vary. What matters is that all three are present.

In this model, *Feelings* refers to the leader naming their own response - not interpreting the other person's emotions. This keeps the conversation human without shifting into speculation or debate.

### Before you start the conversation: set the conditions

Effective leaders do not assume that because they are ready for a conversation, the other person is equally able to engage.

A brief readiness check protects the conditions required for the message to land.

Use one short opener:

- "I need to raise something from earlier. Is now a workable time?"
- "There's an issue I want to address. Do you have the headspace now, or should we come back to it shortly?"

## Example (Residential Aged Care)

### Context:

A Personal Care Assistant repeatedly does not attend their allocated wing and instead moves to another area without direction.



### Opening (set the frame):

"I want to talk about how allocations are being followed during the shift. Is now okay?"



### F - Feelings (leadership response):

"I'm concerned about what I've been seeing."



### B - Behaviour (observable and specific):

"On three shifts this week, you were allocated to Wing B but moved to Wing A without checking in first."



### I - Impact (why it matters):

"This leaves Wing B short, disrupts care continuity, and makes it difficult for the RN to manage oversight."



### Expectation and next step:

"Going forward, I need you to remain in your allocated wing unless directed otherwise. If something isn't workable, I expect you to raise it with me directly at the time."

## After Stating Expectations: Invite Response

After stating expectations, invite response to check understanding - not to reopen the issue.

Use one neutral prompt:

- "How does that land with you?"
- "Is anything unclear?"
- "What do you need to meet this expectation?"

Then close with clarity:

- "This is what I expect going forward. I'll check back in."

Predictable follow-up matters more than a long discussion.

## Close with Clarity

- "This is what I expect going forward. I'll check back in."

Predictable follow-up matters more than a long discussion.

## Why the FBI Model works in Aged Care

Managers who use the FBI structure consistently report:

- clearer expectations being understood
- fewer emotionally escalated conversations
- less repetition of the same issues
- stronger documentation if matters progress

The model works because it:

- avoids speculation about intent
- anchors feedback in leadership responsibility
- keeps focus on behaviour and impact
- supports fairness and consistency across teams

# Bringing It All Together

Strengthening everyday leadership where care, workforce, and compliance intersect

Leadership in aged care is exercised in everyday moments - in how leaders respond when pressure shows up, when concerns are raised, and when expectations are tested. Over time, these responses teach people what is safe to raise, how much effort is worth investing, and whether escalation leads to action or avoidance.

This resource has focused on that reality. Engagement, early escalation, and retention are shaped less by intent or messaging and more by repeated leadership behaviour. Psychological safety and mattering were included because they explain why capable employees sometimes stop escalating early or quietly withdraw - patterns that directly affect quality, safety, and compliance.

The tools introduced are deliberately simple:

- The Traffic Light Check-In makes capacity visible early.
- The 3 Cs support deliberate responses that balance understanding the person, maintaining standards, and following through.
- The FBI model structures clear conversations when expectations are not being met.

They do not replace judgement or formal processes. They support more consistent responses and predictable follow-through across shifts and leaders.

What ultimately shapes culture is not the tools themselves, but how consistently they are used. Predictable responses build trust. Inconsistent responses drive adaptation.

In aged care, small, repeatable leadership behaviours shape risk, effort, and care outcomes more reliably than policies alone.

***“What we do every day matters more than what we say we believe.”  
— Brené Brown***

# Evidence Base and Further Reading

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## About the Author

This resource has been developed by Mary Ellen Doyle - HR & Leadership Advisor, who works with managers and executive teams across aged care services on leadership, workplace culture, and conflict management.

Her approach draws on contemporary research and experience working with leaders managing workforce pressures, regulatory obligations, and competing operational priorities.

