Leadership in the care home sector

Nadeem Moiden examines the effects of leadership styles on the work and home lives of healthcare staff in the elderly care home sector.

Leadership is viewed as a complex phenomenon involving leaders, followers, situations and the variables that impact on them (Yura, Ozimek and Walsh 1981). A grasp of proficient leadership skills and concepts enables leaders to understand and control events more effectively in the workplace.

The area of leadership is well researched, but literature related to the elderly care home sector is scarce. While nursing leadership develops, what literature there is focuses on higher level leadership with little at lower levels where care is delivered. The time has surely come for leaders to think carefully about the quality of support provided to staff working in the elderly care home sector.

Clients' physical needs are being met according to the health and safety at work legislation, but promoting a balance between the personal and work lives of staff demands understanding from leaders. It is paramount that nurses and care assistants providing frontline care are satisfied with the complex interaction of work, family and social life (Nazarko 1996), so clinical leaders can improve their working lives by considering their psychosocial needs (Binnie 1998). Leaders therefore must create and maintain environments that support and motivate staff (Barnum and Mallard 1989) in order to have an effective workforce.

This study uses a case study approach to investigate whether current leadership styles in the elderly care sector promote a balance between personal and work lives for healthcare workers, and so optimise care provision.

Method
This study was carried out at two sites: one in the private sector and one in the voluntary sector. The sample was purposive and consisted of 18 participants; three nurses and seven carers from the private care home unit, and two nurses and six carers from the voluntary organisation. All participants had been in service for at least six months.

Structured and semi-structured interviews were undertaken and participant observation data were collected to increase the study's reliability and validity by having a mixed approach. Literature review, knowledge and experience were used to inform the research methods. The important issues that emerged from the structured interviews informed the areas to be explored in the semi-structured interviews.

Due to the study's explorative nature, ethical approval was sought from the local ethics committee. Access to the subjects was agreed with the care home matrons and, due to competition in the elderly care sector, declarations of confidentiality were signed with both organisations. Written and verbal consent was obtained from participants and confidentiality and anonymity were assured.

Structured interviews were used to discover what experience interviewees had of particular topics or situations and to broaden the data. They also identified important issues. The results helped develop the semi-structured interview schedule for key informants. Interviews were tape-recorded, transcribed and transferred to disk, and the data managed using Ethnograph software (Seidel, Friese and Leonard 1995). Weber's (1995) framework was used to analyse the content of the semi-structured interviews.

A participant observation approach was adopted as it emphasises the importance of human meanings, interpretations and interactions (Jorgensen 1989). Data were recorded using the molar approach (Pollt and Hungler 1999). After three months in each setting, staff
were observed on 'long' day shifts of 12 hours and 'normal' day shifts of six hours for eight days. Subjective and objective data from subjects in their natural environments were noted. Analysis was undertaken by immersion in the data through repeated reading and constant noting and thinking (Lofland and Lofland 1995). Data were analysed in narrative form and confirmed the results from the structured and semi-structured interviews.

**Results**

**Leadership in different settings**

From the structured interviews, 92 per cent of the staff in the private sector perceived one leader as participative and democratic in her approach and 58 per cent viewed the other as autocratic. There was confusion due to the difference in style and 45 per cent of staff claimed that their psychosocial needs were not met and that this resulted in high staff turnover.

On the other hand, structured interviews in the voluntary sector revealed that 90 per cent of staff perceived both leaders as democratic. There were therefore similar leadership styles, a stable work environment, shared control, and support. Seventy five per cent claimed that their psychosocial needs were met partly by their leaders and partly by themselves.

Participant observation confirmed that leadership styles in the private and voluntary homes were different but that it depended on variables such as management structure, ownership, financial issues and recruitment.

**Leadership styles**

The semi-structured interviews revealed that the staff perceived their leaders to be autocratic. For example, one nurse said: ‘This is what the policy dictates, this is what the policy says, this and this … Don’t go on any side. Just follow the policies and at the same time he wanted me to accommodate everything and be inflexible …’ (Private sector male nurse private, 36 years old, married).

The above quote confirms Grohar-Murray and Dicroce (1997) assertion that autocratic leaders make all decisions and allow subordinates no influence in the decision-making process.

On the other hand, this study demonstrates that staff perceived leaders as democratic because they shared responsibility, gave support and help, praised where needed, were kind, gave advice, were approachable, listened willingly and empowered staff. Referring to his leader, one carer said: ‘She also shares all the responsibility …’ (Voluntary sector male carer, 60 years old, married).

This study also confirms that democratic leaders adopt a humanistic approach and so build effective work groups. Interaction between leaders and staff can be open, friendly and trusting (Cribben 1972), where workers are treated with dignity and fairness (Grohar-Murray and Dicroce 1997) and so increases staff feelings of self-worth and importance, which results in high productivity (Prentice and Elton 1997). Similarly, some staff also perceived the leaders as too liberal: ‘… She is very easy going person … she does not really know who to treat like what …’ (Voluntary sector female carer, 33 years old, married).

The structured interviews however show that none of the staff favoured laissez-faire style of leadership. Grohar-Murray and Dicroce (1997) argue that this is because such leaders avoid responsibility by relinquishing power and the bulk of the work to followers and so assume small roles.

**Inconsistencies, conflicts and interactions**

The structured interviews revealed that voluntary home leaders have complementary styles whereas those from the private home have opposite, or conflicting, styles. The semi-structured interviews emphasise that not only are the styles incompatible but so too are the leaders’ personalities and characters: ‘… There is no consistency with them. That’s what I experience. They are not always the same. It depends on what mood they are in and some of them try to find an excuse, saying sometimes (that it) must have happened the day before or whatever. But there’s no consistency …’ (Voluntary sector male carer, 60 years old, married).

However, all private care home staff perceived their leaders to be inconsistent, which affected decision making and initiative taking abilities. The organisation’s attitude of ‘if you are not happy, then go’, voiced by the 60-year-old voluntary sector male carer, contributed to this problem. Workers stayed because they needed to survive. Staff felt uncomfortable that they worked under threat and intimidation and could not complain. The conditions created by inadequate and inconsistent leadership styles appear to be unhealthy for workers and invite further investigation.

Inconsistencies also create conflicts in the workplace (Fritchie and Leary 1998). Results from the structured interviews show that all staff perceived their leaders in conflict. This was confirmed by the semi-structured interviews: ‘… They are always one against another, not
because they don’t like each other, just because they want to show they know better than the other. That’s all it is, really ‘…’ (Voluntary sector male carer, 60 years old, married).

Conflict arises not only from insufficient follower stability, insufficient-shared experience, or there being many subgroups with different kinds of shared experiences (Martin 1991), but also from envy. Conflict is destructive and requires high-level technical skills, as well as commitment to the moral and philosophical elements of character, an issue that has yet to be emphasised in most leadership training (Krausse 1997).

It also emerged that all leaders and staff were actively involved in social conversation. This was confirmed by semi-structured interviews and participant observation results: ‘… I have never worked in such a place where people gossip so much. It’s worse than being at school and some of it is just so pathetic. They just want to grow up. That’s my honest opinion ‘…’ (Voluntary sector female nurse, 34 years old, married).

Social conversation that is perceived as ‘gossip’ is unpopular in work settings, distresses staff and causes conflicts. Its impact on staff is poorly known, so research in this area is needed and should be incorporated into leadership courses.

Followers and effects of leadership styles
The need for mutual respect between employers and employees is gradually being recognised. There has been no research relating age, gender, marital status, dependents, education, experience, position, and language barriers to leadership styles. Therefore, a concept of ‘followership’ is needed to increase leaders’ understanding of followers. Further research is needed therefore to obtain in-depth knowledge of these variables and their relationship to leadership.

Carer and leader
The structured interviews show that 46 per cent of private home staff were comfortable with their leaders compared to 62 per cent of those in the voluntary home. This finding is also revealed by the semi-structured interviews and confirmed by participant observation, which show that staff liked their leaders to be understanding, caring, trusting, pleasant, supportive, encouraging, approachable, open, flexible, good listeners and motivators. One interviewee said: ‘… I trust her a lot and she’s one of the few people I know (that), if you ask her not to discuss something with somebody else, that’s it ‘…’ (Private sector female nurse, 34 years old, married).

Effective relationships between leaders and staff improve tolerance and understanding, which promotes feelings of security. On the other hand, participant observation findings reveal that followers are unhappy because they see leaders as liberal, autocratic, pressuring, inflexible (Hurst et al 2000), unapproachable, unsupportive, contradictory, victimising or providing poor duty rosters (Wedderburn-Tate 1999). They are also unhappy when leaders encourage gossip and fail to promote teamwork (Ootim 2000), or as found in this study when they are inconsistent or have conflicting leadership styles.

Flexibility of the leader
The structured interviews of this study reveal that 67 per cent of the staff perceived leaders as flexible compared to 33 per cent who felt they were not. But perception of leaders’ flexibility differed with followers. This is confirmed by the semi-structured interviews and participant observation: ‘… They’re very flexible. They’ve let me change my hours, change my contract. I’ve asked for my shifts to be put together and that’s been met, even though that’s quite difficult because someone always has to work opposite me all the time ‘…” (Voluntary sector male carer, 60 years old, married).

This finding confirms Gulranik (1980), who asserts that flexibility brings integration and removes barriers so as to permit free and equal association and open dialogue among staff. On the other hand, findings from the study show that followers perceive leaders as inflexible due to their lack of support and two-way relationships. This is also revealed in the semi-structured interviews: ‘… He does not want to be on your side. If anything happens, he will not help you. So, if there is any problem, he will not be on your side ‘…” (Voluntary sector female nurse, 34 years old, married).

It is concluded therefore that perception of leaders’ flexibility depends on particular followers and circumstances. However, while flexibility brings cohesion, inflexibility leads to disintegrated teams with unhealthy working relationships.

Flexibility of the carer
Staff flexibility is an important factor in work environments. Staff are flexible mostly because they enjoy the work. Extracts from the semi-structured interviews show staff comments about their flexibility: ‘… The motivation is that when I arrive I know exactly what I am doing and I start to do what my leader expects me to
do and they don’t even bother to tell me what to do. I know they trust me and I am very happy with it. It could not be any better motivation really …’ (Voluntary sector male carer, 60 years old, married).

But staff flexibility depends on whether leaders are supportive and lead group cultures (Schein 1992); an issue that needs further investigation.

Relationship between work and personal life

Work effects have been shown to carry over into family life (Karaek, Gardell and Lindell 1987), a phenomenon that is confirmed by this study. Structured interviews show that 59 per cent of staff found that work affected their personal lives compared to 41 per cent who felt it did not.

This is also confirmed in the semi-structured interviews: ‘… really suffered for about three months and, Hmm, lost faith; two months I actually suffered. I was ill twice because I was not sleeping well. I was all the time thinking about how I can achieve my goals. My family life was not at all going well. I was falling out with everyone and, say, out of 24 hours I was working 20 hours. And sometimes I don’t sleep the amount of sleep I should have had (so) that when I get up I think straight away. My mind is always set at (the) workplace. The family life … was not in line with what I should have …’ (Private sector male nurse, 36 years old, married).

Participant observation revealed that duty rosters including internal rotation, shift work, pressure and workplace stress were of concern when it came to balancing work and personal life. Of course, adverse job conditions can be buffered by good family support but the effects of the working environment extend beyond working hours.

On the other hand, 55 per cent of staff found their personal lives affected their work compared to 45 per cent who did not. Personal life affected work for some staff, mainly those with dependents, more than others; 73 per cent of staff with dependents said their personal lives affected work. This is also shown by the semi-structured interviews: ‘… I think on a truthful line (that) my family life has affected my work, I have recently just been off with anxiety through a lot of stress, what I have had at home over the last few months, and it began to take on me …’ (Voluntary sector female carer, 37 years old, married).

This finding supports Fontana (1989) in his claim that the main sources of stress in and around the home can be summarised as stress caused by partners, children and domestic arrangements.

Staff preference of leadership style

The structured interviews revealed that none of the staff preferred their leaders to be liberal, and that 8 per cent preferred leaders who were autocratic. This was confirmed in the semi-structured interviews: ‘… (The leader) has to be someone who’s quite autocratic really so you know the bottom line …’ (Private sector female nurse, 34 years old, married)

However, 92 per cent of staff said they would prefer to be led by leaders who are democratic. This was also confirmed by semi-structured interviews: ‘… Hardworking … Do not want to sit there and let the others work … You should be working at the same time that your other staff are working … If you want to be a good leader yourself you have to lead a good team …’ (Voluntary sector female carer, 33 years old, married).

It can be concluded therefore that most followers prefer democratic leadership as this offers opportunities to negotiate and work in partnership with leaders and maintain a balance between personal and professional lives without compromising the client needs.

Leadership in the elderly care home sector

Having been privileged to share with the participants their experience, it becomes increasingly evident that greater sensitivity to understanding followers is needed, especially in the elderly care home sector where staff differ from the NHS workforce. Leaders must be aware of staff needs in order to promote a balance between personal and professional lives so the workforce will be happy and provide high standards of care.

Government initiatives for the NHS should also be implemented in this sector. If NHS employers and education providers are obliged to offer flexible working (Jaloba 2001) as well as training patterns that enable staff to achieve a balance between work and home they need (Department of Health 1999, NHS Executive 2000), then why not in the elderly care home sector too? Employers should be valued as organisations ‘most important resource; well treated and involved routinely and deeply in the making of important decisions (Jaryam and Scullion 2000). This should be demonstrated to staff. Individual and team creativity and suggestions should be encouraged actively and rewarded constantly (Jaryam and Scullion 2000), as should employee involvement (Sluyter 1998) and effective teamwork (Martin 2000).
It is evident that the impact of followers on leader effectiveness is as important as the impact of leaders on follower effectiveness, and that leadership can only be developed when the symbiotic nature of the relationship between leaders and followers is recognised and valued (Caldwell and Maiden 2000). To provide supportive environments in which high quality care can flourish, it is therefore important that leaders within the elderly care home sector have high levels of knowledge and understanding about staff.

Conclusion

Lack of supportive working environments for staff affects quality of care for patients (RCN management consortium 2000). It is well documented that if the nursing profession supports nurses, standards of care improve, morale is heightened, job satisfaction and efficiency are improved and the number of complaints decreases. The result is happy healthcare workers caring for happy patients (Le-Mon 2000). Some organisations have responded creatively to this challenge and introduced several initiatives to encourage staff. In today’s climate of difficult staff recruitment, employers would be wise to retain staff by motivating them to reach their fuller potential (Cubbon 2000). Clearly these will affect the delivery of safe and good quality patient care.

From this study it can be said that current leadership in the elderly care home sector will fail to promote a personal and work life balance among staff unless its style is more democratic in a way that staff like and the concept of ‘followership’ is understood better. Research into leadership has been carried out mostly in hospital settings and there are no studies that identify the need for leadership in the elderly care home sector. Therefore, as well as a need for more literature, there is also a need for leadership development in this sector.

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References

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