

# IN AUTHENTICITY, WE TRUST – THE INFLUENCING FUNCTIONS AND BEHAVIOURS OF AGED CARE LEADERS TO BRIDGE THE INTENTION-EXPERIENCE DISPARITY OF FOLLOWERS

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## ABSTRACT

### STUDY DESIGN

This paper is an output from a mixed methods study of aged care employees in which the quantitative results examining the effects of leadership style on organisational identification (OID) and job satisfaction (JS) of aged care employees populated the agenda for semi-structured interviews and the transcripts subjected to interpretative phenomenological analysis (IPA).

### PURPOSE

The purpose of this paper is to identify the influencing functions and relate them to associated influencing behaviours of authentic leaders to assist in reducing the intention-experience disparity (IED) found in the thematic analysis of the transcripts of semi-structured interviews of the study participants.

### FINDINGS AND RESEARCH OUTCOMES

Job burnout and organisational disengagement were prevalent in participants. The researcher identified that while aged care leaders worked assiduously to engage their staff, an Intention-Experience Disparity (IED) was operating. Leaders' influencing functions and behaviours are documented from the evidence-based literature and a conceptual model based on authentic leadership principles developed.

### RESEARCH LIMITATIONS/IMPLICATIONS

The research deployed quantitative measurements to determine the differences in responses to an online questionnaire that deployed the Multifactor Leadership Questionnaire™ (MLQ5X[Short]), the Identification with a Psychological Group Scale (IDPG) and the Measure of Job Satisfaction (MJS) and differences between responses from leaders and their raters between measured. These differences were used to explore participants' lived experiences and how they made sense of their personal and social worlds at work. In the quantitative study, there may be an overstatement of the strength of the relationship between variables among those motivated to participate in the study. The qualitative study required the researcher to describe the research context thoroughly. Those who wish to transfer the results of this study to a different context than aged care must judge the transferability of findings.

### RESEARCH IMPLICATIONS

Decreasing job disengagement and burnout will reduce attrition and turnover and, thus, the availability of the aged care workforce. It will inform leadership development programs and training in aged care and other health and social care sectors. The workforce is a primary consideration for aged care in Australia and globally. Reducing burnout and disengagement will reduce workforce attrition, thus improving the care for some of the most vulnerable in the population.

## KEYWORDS

Authentic Leadership, Trust, Job Satisfaction, Aged Care, Seniors Care, Elder Care

## INTRODUCTION AND BACKGROUND

This paper reports on outputs from original mixed-methods research into leadership style and two constructs of organisational identification (OID) and job satisfaction (JS) in aged care employees. It also builds on the author's recently published work that organisational identification was not evident within the population under study [1]. The same study also found significant levels of moral distress, job stress, and disengagement of aged care employees that lead to turnover intentions of aged care staff and, therefore, contribute to job burnout and, eventually, workforce attrition [2]. The results and findings of this research led to further enquiry into the influencing behaviours of leaders (IBoLs) that support the Influencing Functions of Leaders (IFoLs) that support the authenticity and ethicality of leaders expected by their followers.

## METHOD

The quantitative study (n=187) deployed the MLQ5X[Short] [3], the Identification with a Psychological Group Scale [4] and the Measure of Job Satisfaction [5] via an online questionnaire. The questionnaire provided socio-demographic data, measured the internal consistency for each tool, the data distributions, the significant relationships between factors of one tool and the others and measured differences in responses of the two groups of leaders and raters with detailed results reported by the author in two published papers [1, 2]. The group differences provided the means of populating the semi-structured interview agendas, and Interpretive Phenomenological Analysis (IPA) was the method used to undertake thematic analysis of the transcripts of the digital recordings of the interviews.

## FINDINGS

The research found that organisational identification was not evident in the sample in quantitative and qualitative studies conducted for this research [1]. This null finding is important evidence as many aged care organisations rely on their reputation and brand to attract staff. The researcher contends that it is unlikely to be effective in

attracting staff in aged care based on reputation and brand alone. Consequently, different strategies are required to achieve the necessary recruitment to satisfy the demand for aged care workers.

Relative to job satisfaction, the quantitative results demonstrated a significant negative correlation for those leaders classified as passive-avoidant (also known as laissez-faire) leadership styles by the MLQ5X[Short]. Transformational and transactional leaders returned a positive correlation with job satisfaction. The quantitative results were consistent with the qualitative findings that leaders who exhibited a laissez-faire leadership style negatively impacted follower job satisfaction. The reverse was true for those leaders classified as transformational or transactional.

The results and findings confirmed that the aged care employees in the sample expected that their leaders would exhibit positive behaviours of authenticity and ethicality in their leadership. These findings led the researcher to the literature to inform leaders' influencing behaviours that support their influencing functions. The researcher labelled those Influencing Behaviours of Leaders, IBoLs and their Influencing Functions of Leaders, IFoLs. The other output from this part of the research is an evidenced-based conceptual model for leadership development and performance assessment that directly relates to authentic leadership and ethical leadership principles (see figure 1.) and would provide a good fit in the aged care sector. It was concluded that there are four future focus areas for aged care leader development and performance assessment. These are authenticity, trustworthiness, empathy, and presence.

Based on available evidence, such programs would target self-awareness, self-regulation capacities, and ethical competency [6-8]. The programs would also train leaders to engage with their followership and provide an opportunity for a voice in the workplace [9, 10]. Mindfulness-based stress reduction [11] and building moral resilience appear important in leadership development [12]. However, on balance, some reservations emerge from the literature on the effectiveness of moral resilience training [8]. It is also important that systemic change must accompany these strategies [13], as the aim is not simply

to equip staff to withstand toxic cultures or to suggest that the cause is the lack of resilience.

### LEADER POWER RELATIONSHIPS AND FOLLOWER TRUST

Research into organisational power focuses on the leader being the holder of power and the follower as a target of the power. However, this is only effective when there is a level of trust operating in the follower group. There are two documented types of trust that are important here:

**Affect-based trust** is built by social and emotional bonds that regularly inform business or professional relationships and these emotional ties link individuals and provide the basis for affect-based trust [14].

**Cognition-based trust**, which is the trust built by self-perception and self-interest on the cues of performance and accomplishments through direct interactions with a partner, the basis of which is cognitive reasoning [14]. Cognition-based trust facilitates emotional attachments, embraces an obligation to respond to leaders, and facilitates co-workers' helping behaviours [15] and followers draw inferences about their leaders' characteristics, such as ability, reliability, and integrity, which underpin cognition-based trust [15].

### PERSONAL DEVELOPMENT AND THE DEVELOPMENT OF SELF-AWARENESS

Personal development and self-awareness training are important in a leadership development program [16, 17]. This quest for self-awareness is consistent with the authentic leader's objectives and it is central to the leader being "true to oneself" which is the basis of authenticity [18]. Two strategies for personal development associated with increasing authentic leadership behaviours are reflexivity and self-authorship [19]. Participants in a leadership development program must develop a clear sense of self, expressed as self-narratives, which form the base of their authentic leadership by explicitly defining themselves by their values and beliefs [19].

### DEVELOPMENT OF AUTHENTIC LEADERSHIP PRACTICE

It is imperative to address the weighty issues of moral distress, role stress, and disengagement causing job burnout and turnover intention among aged care staff. These contribute to the chronic workforce shortages experienced in the sector [2].

Authentic leadership development must include interpersonal leadership. Wulffers and colleagues found that an authentic leadership program, designed around their guidelines, had a proximal effect of increasing authentic leadership behaviours and recommended that leadership development programs commence with personal development, interpersonal leadership skills, and professional development leadership skills [20]. This position is consistent with the earlier work of Bass, who described the attributes exhibited by authentic leaders [21] and assisted in informing the development of the conceptual model shown in Figure 1.

Professional leadership is the third component described by Wulffers and colleagues [20]. Professional leadership is the development of willing cooperation, the provision of direction, the process, and the coordination of organisational members to attain organisational goals. Professional leadership encompasses the formal part of leadership, such as setting or interpreting the organisation's vision and mission and creating a process to achieve the stated organisational goals. The components necessary to achieve professional leadership are trust, sharing, and morals, as vital components of authentic and ethical leadership [22].

The contemporary evidence of leadership in health and social care suggests leaders demonstrate trustworthiness in an interdisciplinary team environment [21, 23]. Table 1., lists the characteristics of authentic leaders identified in the literature. The researcher used these characteristics to inform the conceptual model for leadership development and assessment programs.

**TABLE 1. CHARACTERISTICS OF AUTHENTIC LEADERS THAT INFORMED THE CONCEPTUAL MODEL FOR LEADERSHIP DEVELOPMENT AND ASSESSMENT**

Authentic Leaders Characteristics	Researcher
Competence	[21, 23, 24];
Understanding and caring for others	[21, 23, 24]
Fostering and maintaining good relations and communication	[21, 24]
Conflict management	[23, 24]

Authentic Leaders Characteristics	Researcher
Delegating and empowering.	[21, 24];
Fostering happiness	[24]
Promoting collective decision-making	[24]
Recognising, developing, and motivating others	[25]; [24]
Encouraging innovative thinking	[25]; [24]
Supporting others	[25]; [24]

The aged care sector must train existing and emerging leaders through a leadership development program in which each of the functions and associated behaviours of authentic leaders guides the design of a leadership development program. Such a program may reduce the incidence, and the severity of moral distress [26], job burnout [27, 28], and disengagement [29] observed in this study's population. Implementing and evaluating such a program and its impact on employee JS would require further empirical enquiry.

### MINIMISATION OF THE INTENTION-EXPERIENCE DISPARITY

The participants' lived experiences in the study demonstrated a considerable disparity between leaders' intentions and the experiences perceived by followers. The qualitative analysis found that all participants in this study were well-intentioned and motivated to improve the care process and outcomes for aged care consumers. It was evident that the leaders maintained a genuine interest in consumer welfare, the welfare of their follower groups, and a sense of purpose in their aged care work. Most followers perceived that achieving organisational financial and activity targets was significantly more important to their leaders than the quality of care delivered and the support needs of staff to deliver it. Thus, while leaders stated their intention to support the quality of care and the staff that provide it, all but one follower experienced a top-down approach to managing organisational outcomes. The author asserts this stems from a "command and control culture" rather than a participative culture immersed in distributed leadership [30-32] in the interests of consumer care. Command-and-control cultures [33], appear to exist in organisations where it is perceived that nothing matters except that people do as their told and that tasks are accomplished efficiently, on time and within budget [34]. The question then emerges as to whether this command-and-control culture could cause a lack of transparency, empathy, and engagement evident in the followers' responses in the qualitative analysis. The findings and conclusions of this study are that followers are more

satisfied when there is a demonstration of authentic and ethical leadership and this is consistent with previous research [35-37]. Thus, the outcome of this research further supports an urgent need for leadership training and development concerning authentic and ethical leadership attributes, previously categorised as falling within the power and influence theories of leadership in a framework created by the author [38].

It was apparent from the qualitative study conducted as part of this research that all leaders intended to lead with a transformational style and inspire their followers to provide care for aged care consumers by caring for their staff. However, this was not the lived experience of staff, and it became apparent that there was a disparity between the intention of leaders' and followers' experiences. The author named this phenomenon Intention-Experience Disparity (IED). The IED demonstrated in this study underpins the need for authentic and ethical leadership development efforts to target leader training in areas that assess and increase followers' perception of the authenticity and ethicality of their leaders.

It appears that congruence between leaders' self-perceptions and followers' perceptions of authentic leadership is beneficial. Both must be at high levels to ensure the most beneficial results relating to follower job satisfaction (JS) [39]. Another extensive study that used hierarchical linear modelling analysis demonstrated a positive relationship between authentic leadership, employees' JS, and work engagement [40]. More recently, there were similar findings that employees who perceived their leader as authentic reported increased JS with a reduction in employees' intentions to leave their employment [41].

Rushton and colleagues identified strategies that individuals and systems could use to mitigate the detrimental effects of moral distress and foster moral resilience [42]. Rushton and colleagues' findings suggest that one approach to dealing with moral distress is adding

resilience training to the services of staff development programs to increase moral agency. Moral agency refers to an individual's ability to make moral judgments based on right and wrong notions and accountability for acting accordingly [43]. Moral resilience assists in using learned responses to minimise distress and preserve integrity [44]. Moral resilience training provides strategies for choosing how to respond to ethical dilemmas to minimise personal suffering. However, the evidence base regarding the effectiveness of moral resilience training is scant [45]. Francis and colleagues used simulated moral actions in a virtual reality environment common to the occupational group in the study, which were firefighters [46] and they found that trained individuals made the same moral judgements and actions as those in the untrained group. Further, they demonstrated less arousal and regret, and they suggested that concerns regarding empathy decline in health care professionals reflect the development of a necessary emotional resilience to distressing events [46].

The concept of resilience training is complex, contextual and affected by the interplay between individuals and their environment [47]. Any intervention promoting resilience in healthcare workers must recognise and address structural and organisational factors and individual responses. Further, resilience-based approaches are often grounded in a strength-based model, emphasising elements that promote success while overlooking factors contributing to failure [47].

The evidence suggests that resilience training is an incomplete intervention without examining and addressing factors in the work environment contributing to burnout. Despite an extensive search of the literature, the evidence supporting the long-term effectiveness of resilience training, and therefore, the outcomes of moral resilience training were not apparent. The evidence did, however, demonstrate the importance of moral agency and suggests that developing moral agency in leaders is an essential dimension of organisational leadership development [48-50].

### **APPLICATION OF THE RESEARCH TO LEADERSHIP TRAINING AND DEVELOPMENT**

The qualitative analysis showed that both groups were concerned about similar issues for different reasons. Job burnout is reported to be caused by ongoing moral distress resulting from high workloads [49, 50], a lack of genuine reward and recognition in the workplace [51] and persistent role stress in the followers' group [52]. The

intention-experience disparity between leaders and their followers in this research further exacerbates the factors contributing to moral distress, role stress, and disengagement [49, 53, 54]. Thus, the intention-experience disparity contributes to burnout of aged care staff at all levels and resultant workforce turnover. A recent study by Greason reports on the ethical reasoning process and experiences of moral distress of long-term care staff in the provision of social care [55]. The Greason study of seven interdisciplinary focus groups consisting of 25 front-line staff found that they typically did not have difficulty determining the ethical decision or action; however, they frequently experienced moral distress [55]. It is contended that appropriate development and training of aged care leaders in authentic leadership theory may facilitate contextually based curricula for organisations to help identify and ease the previously described contributory factors that lead to job burnout and underpins many of the recommendations from this research relating to the need for a conceptual model for leadership development based on the principles underlying authentic leadership.

### **INFORMING LEADERSHIP DEVELOPMENT AND TRAINING PROGRAMS**

Authentic leadership theory intersects leadership, ethics, and positive interpersonal relationships within organisational teams [56, 57]. Authenticity relates to acknowledging individual experiences, thoughts, emotions, needs, preferences, beliefs, and processes culminating in knowing oneself and demonstrating to others that the leader is following their true self [58]. Authentic leadership is multidimensional and describes how leaders should behave when viewed from a normative perspective. It examines the antecedents and consequences of leader behaviour when viewed from a social scientific perspective [59].

In considering the existing body of literature on authentic leadership, and the insights and outcomes of this study, Table 2 synthesises the characteristics of authentic leaders into four themes:

1. Developing self,
2. Developing positive interpersonal behaviours,
3. Developing ethical leadership practices,
4. Developing others.

It is further proposed that if leaders could consistently exhibit personal behaviours of leaders (PBoLs) over time, they could exert influence and demonstrate the influencing behaviours of leaders (IFoLs) in their leadership

role. The author grouped moral distress, job burnout, and disengagement follower groups as the Three Workplace Maladies. Preventing or alleviating their effects in the workplace will help to prevent the complications of job dissatisfaction and eventual job burnout, and workforce

attrition. The researcher acknowledges that establishing a causal link between leader behaviour, leader influence, and follower experience concerning job burnout requires further empirical investigation and evaluation.

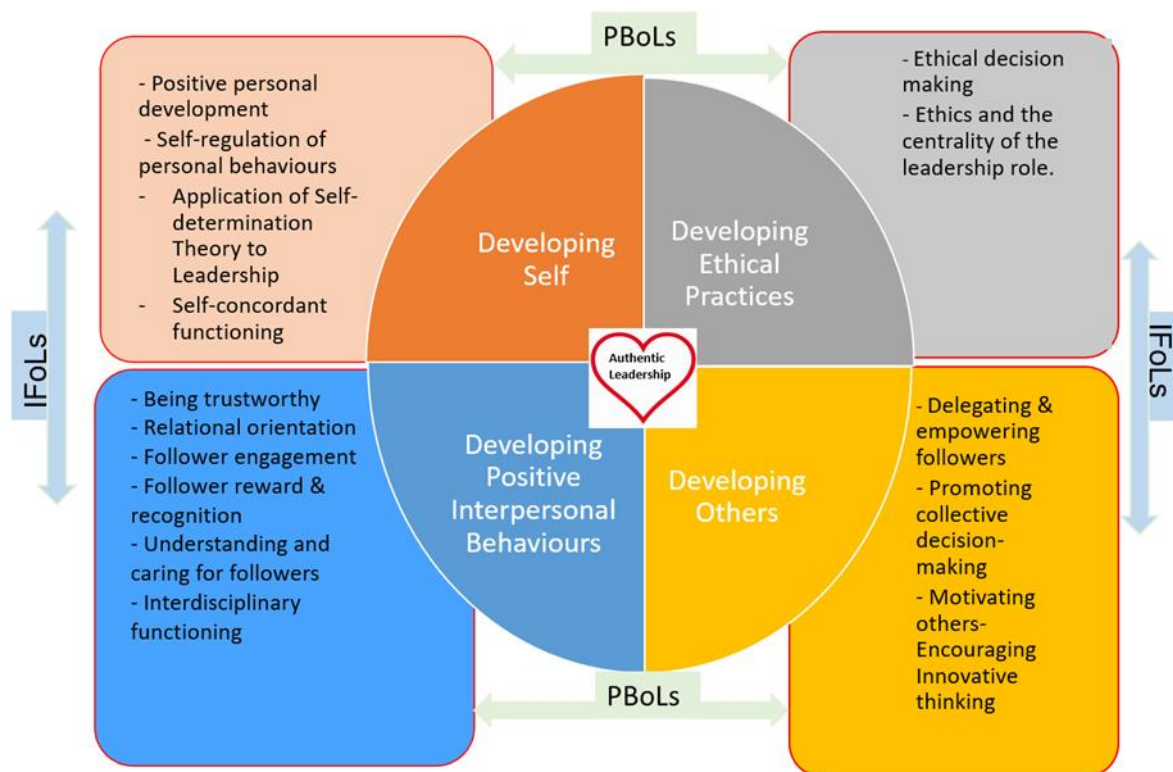
**TABLE 2. PERSONAL BEHAVIOURS OF LEADERS (PBOLs) AND INFLUENCING FUNCTIONS OF LEADERS (IFOLs)**

PBOL	IFOL
1. Developing the self <ul style="list-style-type: none"> <li>a. Self-awareness, self-regulated behaviour, positive personal development, and self-determination [60].</li> <li>b. Self-concordant values-based functioning               <ul style="list-style-type: none"> <li>i. Personal and professional goal-directedness.</li> <li>ii. Personal need satisfaction.</li> <li>iii. Longitudinal well-being [61]</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Reflective practice when making decisions examining their strengths and weaknesses without bias. Leaders draw on their experience and learn from the leader's real-world life, professional experiences, and life stories.</li> <li>• Focuses on long-term results without wasting time being overly concerned with temporary setbacks or lower-than-expected results in the short term. Subscribes to the view that patience and hard work take time and yield rich results.</li> </ul>
2. Developing positive interpersonal behaviours <ul style="list-style-type: none"> <li>1) Unbiased and balanced processing of information.</li> <li>2) Authentic relational orientation toward others, including:               <ul style="list-style-type: none"> <li>a) Being open and transparent to others [56, 60, 62].</li> <li>b) Fostering and maintaining positive interpersonal behaviours [24]</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Balanced processing of objective evaluation of information before deciding, including encouraging others to question or challenge one's values.</li> <li>• Relational transparency by being true to one's values and expressing this to others, open sharing of information about one's thoughts and feelings.</li> <li>• Devising and maintaining valid and reliable employee recognition and reward strategies.</li> <li>• Listening skills, including when another disagrees. Willing to consider all ideas with an open mind and change their opinion if the arguments and evidence make sense.</li> </ul>
3. Developing ethical leadership practices <ul style="list-style-type: none"> <li>a. Adherence to ethical standards in decision-making [63].</li> <li>b. Conceiving the leader role as central to the leader's self-concept [58]</li> </ul>	<ul style="list-style-type: none"> <li>• Integrity - words and actions are consistent. Being truthful and transparent.</li> <li>• Sharing success with the team and giving credit where due.</li> <li>• Leading with heart and demonstrating courage and empathy by actively listening to others and acting decisively when appropriate.</li> <li>• Strong commitment to the collective good and demonstrates this to others.</li> <li>• Confident perception of self and others exhibiting moral courage.</li> </ul>
4. Developing others <ul style="list-style-type: none"> <li>• Delegating, empowering [21, 24] and caring [21]for others.</li> <li>• Encouraging innovating thinking [24]</li> </ul>	<ul style="list-style-type: none"> <li>• Consistency and adherence to principles, so that leader behaviour is consistent and not swayed by superficialities. Supports follower groups to achieve personal and team goals.</li> <li>• Providing a work environment conducive to employee engagement and voice. Providing the right tools and the best work environment ignites creativity and innovation, satisfying organisational priorities and follower success and advancement.</li> </ul>

A conceptual model emerged from the literature synthesis related to the characteristics of authentic leaders expressed in Table 2 and the four themes that incorporate leaders' influencing behaviours and influencing functions.

This model considers the attributes of authentic leadership described by George (2004) and the PBoLs and IFoLs described in Table 2, thus providing a curriculum framework for a leadership development program for aged care

FIGURE 1. CONCEPTUAL MODEL FOR AN AUTHENTIC LEADERSHIP DEVELOPMENT PROGRAM FOR AGED CARE



## CONCLUSION

Significant and consistently documented workforce challenges faced by aged care providers in the aged care workforce are documented in successive reports [64, 65]. The ageing of the population and the changing fiscal climates in many countries, including Australia, mean greater demand for aged care services [66, 67]. The aged care system must strive to decrease attrition among aged care workers to stem the workforce attrition and attract new workers to address the burgeoning demand for quality, safe services for older people.

This research found that the intention-experience disparity (IED) between aged care leaders and workers requires attention from aged care leaders. The leader development program focuses on reducing the IED by a leadership development program focusing on authentic and ethical leadership. Developing aged care leaders concentrating on authenticity and ethicality in their leadership practice will reduce the IED. The researcher

found no previous studies that measured the extent of IED in any workforce group, and there is room for the development of an evidence-based tool that could measure this. The conceptual model for a leadership development program focusing on authentic and ethical leadership principles would facilitate greater congruence between the influencing functions of leaders and their behaviours. The following recommendations would enhance the body of knowledge about the phenomenon investigated by this study.

## RECOMMENDATIONS:

It is recommended that:

1. Leadership training and development and leader performance assessment target authentic and ethical leadership practice to bridge the intention-experience disparity between leaders and their followers from the conceptual model represented in this paper.
2. Training and developing aged care leaders in programs that are contextually aligned to the aged care sector and address authentic

leadership principles to help identify and ease the contributory factors that lead to job burnout, moral distress and role stress will assist with the recruitment and retention of aged care workers.

3. Valid, reliable, evidence-based metrics be developed to measure leader performance against criteria vested in authentic and ethical leadership theories.
4. The outcomes of moral resilience training are evaluated for effectiveness in preventing moral distress among aged care workers.
5. The phenomenon that the author labelled The Intention-Experience Disparity (IED) is further researched to measure the extent and effectiveness of leadership efforts to bridge the disparity.
6. The causal link between leader behaviour, leader influence, and follower experience of disengagement, role stress and moral distress be further empirically investigated.

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