

Servant Leadership and Job Satisfaction among Long-term Care Employees

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Abstract

The ability to provide quality long-term care to our communities into the future is significantly impacted by the growing shortage of nurses and direct care givers. New models of leadership in long-term care are needed if we are to move our organizations from a culture of control, compliance and blame to ones that value relationships and commitment. This study examined the perception of servant-leadership practice and job satisfaction among long-term care employees using a descriptive correlational research design. The Organizational Leadership Assessment survey tool was used to gather data for this research (OLA Group, 2008). Study participants included all employees of 4 long-term care Homes in Ontario, Canada. A Pearson correlation test demonstrated a significant, positive correlation between the perception of servant leadership and job satisfaction. ANOVA analysis found a significant difference in the perception of servant leadership practice by management and workforce employees. Results and conclusions of this study suggest that a servant leadership model may be a viable solution to address the ever increasing shortage of nurses and leaders in long-term care and ultimately the quality of resident care and safety. This research study is a pilot for a future longitudinal study.

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CHAPTER 1

Introduction

Long-term care, as with other sectors of the healthcare system, has become an increasingly complex and stressful work environment. It is a culture defined by high levels of external regulation, public accountability and heavy reliance on rules and enforcement as a means of control (Anderson, et al., 2005). Recruitment and retention of nurses and healthcare workers in this current environment presents some major hurdles for long-term care employers. How as leaders do we engage and engender commitment from people who are intrinsically motivated to serve others in the long-term care sector, largely because of the nature of the relationships with residents and families, in a culture that is largely extrinsically motivated to achieve compliance through hierarchal forms of regulation and control? Research related to long-term care organizational culture, leadership and worker job satisfaction suggests that most of our retention problems are related to our failure to create cultures that lead to high retention and self-actualization (Kerfoot & Wants, 2005). In a study of high-commitment cultures researchers identified employee outcomes of citizenship (caring), persistence (stick-with-it-ness), and performance (quality). Open flexible organizations that support the above noted outcomes contribute to commitment, satisfaction and retention of employees as they demonstrate support of and value in the individual (Riggs & Rantz, 2001). The desirability of commitment of long-term care employees is itself expressed in the very definition of commitment: psychological attachment, emotional bonding and long-term focus. According to JCAHO, commitment and job satisfaction among healthcare employees demonstrates an almost perfect correlation with patient satisfaction scores (Morrison, Burke & Green, 2007).

Definition of Terms

For this purpose of this study, the following terms are defined:

1. A *long-term care Home* is a residential care facility licensed by the Ontario Ministry of Health and Long Term Care, providing 24 hour nursing care and services to resident 18 years of age and older. A long-term care home and a *nursing home* may be used synonymously in literature.
2. The *administration of the Home* includes the Administrator, Director of Care (Nursing) and all other support service managers.
3. The *front-line worker or healthcare worker* includes personal support workers who provide direct resident care, registered practical nurses and registered nurses and all other support service worker team members.
4. A *personal support worker* in Ontario is an unregulated health care professional
5. *Stewardship* for the purposes of this research is defined as a willingness to be accountable for the well being of the organization by operating in service rather than in control of those around us (Berrett-Koehler, 2008).

Concepts and Dimension of the Topic

The current ways of doing business in long-term care that rely on systems of control and blame are not affecting any significant change in the safety of our residents or the commitment and job satisfaction of our people (Frankel, Leonard & Denham, 2006; Scott-Cawiezell, et al., 2006). Leadership models that force compliance and manage by hierarchy and bureaucratic control clearly do not work (Kerfoot & Wants, 2005). Referring to Maslow's republished notes on management from forty years ago, "Any student of human nature knows that long-lasting results cannot be achieved by external motivation forced by compliance models." (p.132). Riggs & Rantz (2001) note that many nursing homes continue to retain traditional bureaucratic

structures with the focus on standard operating procedures and control concentrated at the top. This type of organizational structure may provide a predictable structured work environment but it is not conducive to the kind of flexibility required to retain today's long-term care worker. In the typical healthcare environment more attention is placed on how healthcare organizations are being buffeted by turbulent environmental forces rather than on how healthcare leaders can affect change within their organizations (Gibson & Barsade, 2003).

New leadership models and skills are required to move toward a culture that embodies values impacting job satisfaction, namely those of: transparency in all communications, visible, accessible leadership, ensuring front-line staff involvement in decisions affecting the care of residents, a commitment to continuous learning and innovation and valuing diversity. A new approach to leadership and ultimately a shift in the culture of our long-term care Homes is required if we are to address the delicate balance between results and relationships. Researchers who have studied the long-term care environment give credit to the challenges of changing the culture of the organization in an environment of limited resources, both human and financial, overwhelmed leadership, a high focus on external regulatory compliance and an educationally diverse workforce (Scott-Cawiezell, et al., 2006). Studies have demonstrated a link between staff satisfaction and improved resident outcomes where specific leadership practices have been implemented that support the quality of relationships among the people working in the Homes; transparency in communication of information; commitment to a learning environment (Anderson, et al., 2005). The conceptual framework for this research is based on Greenleaf's theory of Servant Leadership (Blanchard & Miller, 2007, Greenleaf, 1998; Spears, 2004; Swearingen & Liberman, 2004) related to the relationship between leadership practice, employee job satisfaction and commitment to an organization.

Relevance of the Research

The ability to provide quality long-term care to our communities into the future is significantly impacted by the growing shortage of nurses and direct care givers across Canada and the United States. Nursing human resource studies show emerging evidence that Canada is facing a significant nursing labour shortage. This is brought on in part by an ageing workforce and early retirement of registered nursing professionals, the fact that fewer people are choosing to enter the nursing profession and that nurses in the workforce are leaving in higher rates than they are being replaced (Rondeau & Wagar, 2006). The nursing and healthcare worker shortage in long-term care is compounded by a negative image, particularly by registered nurses, of working in the long-term care sector (Weiser, 2007). Work in this specialty area is not seen as valuable as other areas of practice, which creates a challenge to attracting nurses to work in long-term care homes. According to Gibson & Barsade (2003), there is a workforce crisis in long-term care characterized by high staff turnover and absenteeism, low morale and difficulty in recruiting skilled professionals.

Although no human resources data were available on recruitment and retention of personal support workers in Ontario, Canada, the experience of the long-term care homes within the Canadian organization being studied for this research paper reflects the experience of the long-term care sector in the United States. Personal support workers or nursing assistants comprise the majority of staff in long-term care homes, providing 80 to 90 percent of the direct care to residents. Studies reveal annual rates of turnover from 99% to 400% with half of all workers hired leaving their jobs within the first six months (Riggs & Rantz, 2001). Factors such as lack of participation in decision making, access to support, timely information and lack of visible leadership impacted health care workers decisions to commit to a long-term care

organization. This high level of turnover has a significant impact on the care and satisfaction of residents and the job satisfaction and stress of registered nursing staff working in the Homes, related to lack of continuity of care and constant re-orientation of new staff.

The world of health care has changed. We can't operate on 17th century models and be successful. We don't have to argue for the movement to committed, inspired leadership models, and the death of compliance leadership. There is abundant research to document this is the way we must go. In reality, we have a moral obligation to provide the kind of work environment that provides the meaningful work that Maslow (1998) tells us makes life meaningful. (Kerfoot & Wants, 2005, p.133)

Creating an environment where employees can find their own meaning in work begins with a cultural shift to influence job satisfaction and turnover through internal rather than external motivation (Morrison, Burke & Green, 2007). Long-term care leaders must explore and examine their own sources of intrinsic motivation and support a culture that encourages this level of exploration for all employees; a key philosophy of servant-leadership (Blanchard & Miller, 2007).

This research is timely and relevant to the long-term care sector in terms of: the current and looming nursing shortage; the high costs of turnover and the impact on staff and resident satisfaction; recognition of people's basic need to find meaning in their work and a sense of community within their organizations; the current long-term care nursing leadership's struggle to motivate their people and feel motivated themselves to be effective leaders; the need to develop future leaders in long-term care.

Context of the Research Study

The context for this study is the long-term care sector in Ontario, Canada; more specifically it involves four long-term care Homes within a Canadian for-profit seniors housing organization. The Homes represent a cross section of urban (2) and rural (2) locations as well as varying size of the Homes and staff. Two of the Homes have a dual Administrator/Director of Care leadership role related to their smaller size. The nursing leaders of the four Homes were involved in an educational pilot project to introduce the concepts of servant-leadership practice eight months prior to the beginning of this research study. This research project is a pilot for a potential longitudinal study of servant-leadership practice and job satisfaction of employees in long-term care pre and post servant-leadership program implementation.

Purpose of the Research Study

The purpose of this research is to examine the potential for a servant-leadership model to affect a shift in the culture of long-term care from one of control and blame to one of commitment and ultimately job satisfaction among long-term care employees at all levels of the organization. The perception of servant-leadership practice and job satisfaction among long-term care employees will be examined to determine if there is a correlation between these variables. Specifically this study will seek to answer the following questions:

1. How do the administration and front-line staff of the long-term care Home perceive the practice of servant-leadership in the Home?
2. Are there differences in the perception of the presence of servant-leadership based on employees' position within the organization?
3. Does the perception of servant-leadership correlate to the degree of job satisfaction?

CHAPTER 2

Literature Review

Servant Leadership

The conceptual framework for this research is based on Greenleaf's theory of servant-leadership (Blanchard & Miller, 2007; Greenleaf, 1998; Spears, 2004; Swearingen & Liberman, 2004). The term servant-leadership was first coined by Robert Greenleaf in a 1970's essay entitled "*The Servant as Leader*" (Spears, 2004). Servant leaders are servants first and naturally want to lead. Servant leaders do everything in their power to nurture the professional and personal growth of their people. Servant leaders are focused on what is best for the followers. They are effective at building consensus through the ability to see and communicate a shared vision of the future. They are not possessive about their leadership position since they view leadership as an act of stewardship rather than ownership (Blanchard & Miller, 2007; Swearingen & Liberman, 2004). Stewardship implies that leaders and followers are agents for their organizations. It involves honesty and accountability, a commitment to the development of others, fostering ownership and responsibility (Irving & Longbotham, 2006).

Irving & Longbotham (2006) conducted an empirical study of servant leadership and team effectiveness using Laub's Organizational Leadership Assessment (OLA) tool and concluded that, "emphasis on truly valuing and appreciating followers for their contribution to the team and the organization is a significant factor that, based on the findings in the present study, is predictive of greater leadership effectiveness" (p.9). Robert Greenleaf observed in the 1970's a revolution among young people and suggested that one who presides over a successful business would need to evolve from being the chief to being the builder of the team. Servant-leadership involves a shift in one's mindset toward working for your people, helping people

accomplish their goals. When the traditional organizational pyramid is turned upside down, the people become responsible and the job of the leader is to be responsive to them. The need to be part of the decision-making in an organization has grown even stronger since Greenleaf's observation in the 1970's. Today's workers demand an increased level of understanding in comparison with their predecessors (Gibson & Barsade, 2003; Morrison, Burke & Greene, 2007; Tate, 2003). Leaders must possess an awareness of the team's needs and values, and must be willing to really listen. The importance of role modeling humility in the form of self-evaluation is an important characteristic of the servant-leader; the ability to grasp the idea of not knowing, understanding or having all of the answers. True understanding only happens when leaders are willing to suspend what they know, certainty, in favor of investigating the viewpoints of their employees, curiosity.

Much of the current theoretical and empirical research related to servant leadership is found in the academic sector. In Tate's (2003) study of a servant leadership model for schools and youth programs he suggests that servant leadership practices are generally applicable to any organization seeking to truly serve employees by creating a social climate that makes it safe for employees to honestly communicate. Servant-leaders are willing to allow others to challenge their views or vision, rather than seeing their own view as fact. Tate refers to Covey's theory of principle-centered leadership, the use of principles or values to guide employees to act responsibly without constantly monitoring, evaluating or controlling. Tate gives credence to the fact that servant leadership is a significant departure from traditional hierarchal systems of leadership. A study of dictatorships found resulting cultures lacking in creativity, incapable of effectively engaging in day-to-day problem solving without direct monitoring or correction. This observation is in keeping with current research in the healthcare sector regarding a culture of

control and blame in long-term care (Anderson, et al., 2005; Gibson & Barsade, 2003; Scott-Cawiezell, et al., 2006; Swearingen & Liberman, 2004).

Servant Leadership and Long-Term Care

Research conducted by Swearingen et al. (2004) speaks directly to servant leadership practices and the feasibility of such a leadership model to retain and recruit future nursing staff and nursing leaders in long-term care (LTC). The researchers note the lack of articles about servant leadership and health care and long-term care specifically. The core idea of servant leadership is that supervising has less to do with directing other people and more to do with serving them. Fulfilling associates' needs is the ultimate goal of the servant-leader. It starts with building community back into the organization at the lowest level, a view shared by other researchers of organizational culture, job satisfaction and leadership in long-term care (Anderson, et al., 2005; Karsh, Booske, & Sainfort, 2005; McGilton, McGillis-Hall, Wodchis, & Petroz, 2007; Rondeau & Wagar, 2006; Scott-Cawiezell, et al., 2006).

The Greenleaf Center for Servant-Leadership has identified specific characteristics of servant-leadership: listening, empathy, healing of relationships, awareness, particularly self-awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, building community (Swearingen & Liberman, 2004). The characteristics of listening, empathy and persuasion seem to speak most to the elements of workplace culture which have been identified as being key for nurses in long-term care in terms of job satisfaction and commitment to the organization. Applying the characteristics of servant leaders to issues facing today's nurse, the researchers suggest that truly listening to nurses about their profession is the first step to solving many of its problems. Being receptive to people and truly listening is seen as a desirable quality in leaders for both emerging and entrenched workers. 'Do it my way' is often

a characteristic that nurse managers possess. Servant leaders are able to persuade and convince through an understanding of a shared vision and values with their followers, rather than using coercion or control to reach consensus.

Job Satisfaction in Long-Term Care

All of the literature on job satisfaction reviewed for this research paper identified employee participation in decisions affecting their work as a strong indicator of job satisfaction and positively affecting retention of staff (Fleming & Asplund, 2007; Gibson & Barsade, 2003; Karsh, Booske & Sainfort, 2005; McGilton, McGillis-Hall, Wodchis & Petroz, 2007; Rondeau & Wagar, 2006). Meaningful participation requires leadership that embraces what Max DePree (1989) calls “rights of work” (p.27). No matter what our rank in the hierarchy we all have the right to be needed, to be involved, to affect our destinies, to understand our organizations.

A large study of job satisfaction and commitment of over 6500 employees in 76 nursing homes in the mid-west United States demonstrated a high correlation (0.931) between intrinsic satisfaction and total satisfaction (Karsh, Booske & Sainfort, 2005). Predictors of job satisfaction such as extrinsic economic factors had a smaller association with job satisfaction, while intrinsic job and work environment factors such as autonomy, feedback, role ambiguity, supervisory relationships, leadership and participation had a larger association with job satisfaction. The authors also note that much of the research about turnover among healthcare workers has been among hospital nurses and the results are not necessarily generalizable to long-term care staff.

The importance of a supportive organizational climate and effective interpersonal relationships emerged as a prevalent theme in a study of nursing home staff turnover and retention by Riggs & Rantz (2001). Many nursing homes have retained a traditional bureaucratic structure with a focus on standard operating procedures and control centered at the top. This

creates a predictable but inflexible work environment. The authors suggest that open flexible work environments contribute to commitment, satisfaction and retention of employees to the degree they demonstrate support for the individual workers. Referring to Peter Ducker's view of modern management, "One does not 'manage' people, as previously assumed. One leads them. The way one maximizes their performance is by capitalizing on their strengths and their knowledge rather than trying to force them into molds." (p52). The authors propose a shift from a technical, product-producing organizational model to a social system, people-centered model where "product" of nursing homes is "human caring".

A Canadian long-term care study examined the effects of perceived supervisory support by Registered Nurses on job stress and job satisfaction among nurse aides (McGilton, McGillis-Hall, Wodchis & Petroz, 2007). The researchers found that in long-term care there is increasing evidence that effective supervisors influence staff-related stress, job satisfaction and job turnover by being empathetic, dependable and building connections with staff. Nurse aides with supportive leaders who provide access to information and participation in decision making experienced less stress related to their work and working relationships. Focusing on relationships along the continuum of care from supervisor to staff to residents is the essence of a successful long-term care environment; this view was shared by Anderson et al. (2005) in their study of the power of relationships in long-term care to positively affect job satisfaction and resident care.

Canadian researchers Rondeau & Wagar (2006) examined the association of high-involvement nursing work practices with employer of choice status in a sample of Canadian long-term care Homes. The authors note that high employee involvement approaches embracing trust, employee autonomy and empowerment are consistent underlying values in strong employer-of-choice work cultures. Examples of high involvement work practices include shared

governance programs, self-managing work teams or job redesign activities. There is emerging but inconsistent evidence linking high involvement work practices to better organizational outcomes. Proponents advocate this approach as an ideal solution to many of the problems facing the contemporary health care workplace: alienation, turnover, absenteeism, diminished productivity and lack of accountability. There is a paucity of research examining these practices in health care organizations, even less in LTC. The research concluded that employer-of-choice status for nurses in long-term care is more strongly linked to a work place culture that includes values such as participative decision-making and commitment to ongoing education, rather than to specific work place practices. They also noted a difference between what nurse managers do and what they say they do. They may believe, in good faith that they have adopted certain human resource practices and cultural values consistent with employer-of-choice organizations, but the authors found these practices and values to be intermittently practiced and partly diffused. The authors recommend a more accurate assessment of staff satisfaction should come directly from staff rather than through the perception of the manager.

Organizational Commitment and Leadership in the Workplace

Much of the literature reviewed for this research paper related to organizational commitment and leadership can be tied theoretically to Greenleaf's (1998) concepts of servant leadership (Anderson et al., 2005; Gibson & Barsade, 2003; Kerfoot & Wants, 2005; Morrison, Burke & Greene, 2007; Upenieks, 2002). Positively influencing commitment by helping your people find meaning and purpose in work is one such concept.

In an exploratory study of employee engagement and commitment in healthcare organizations, Morrison, Burke & Greene (2007) suggest that extrinsic motivation to improve morale in the form of contests, buttons or other incentives do not produce long-term results. The

authors suggest that it might be more prudent to invest in influencing an employee's intrinsic motivation by creating a culture that removes barriers and increases employee's potential to find meaning in their work. "Life and livelihood should not be separated but should flow from the same source: spirit" (p100), a philosophy shared by Robert Greenleaf (1998).

A review of the literature by Morrison, Burke & Green (2007) revealed support for the growing notion that inner life, in the form of linking meaningfulness to work life is essential to addressing employee commitment and engagement across all generations of workers. The authors note, however, that Generation X, those employees born between 1963 and 1977, are a generation of workers who are particularly motivated through finding meaningful work and less so by external perks. Meaning is unique for each person and cannot be dictated by another. It can be found in ordinary tasks such as cleaning the floor and can be meaningful when the employee chooses to see the tasks as service to others and as connected to something higher than themselves. Founded in beneficence, health care offers a unique opportunity to achieve meaningful work, to embody a service-centered orientation to work; service to residents and patients.

Creating an environment where employees can find their own meaning in work starts with the leader, talking to the mission and vision, focusing on the significance of the mission in terms of its affect on residents and the community and going beyond this to walk the talk and embody the values of the organization, another important characteristic of servant-leaders (Blanchard & Miller, 2007; Greenleaf, 1998) By helping employees find their connection and understand their role in making it real, the authors suggest that turnover can be reduced when employees "see themselves as threads that hold the organization together" (Morrison, Burke & Greene, 2007, p.109). When employees are internally motivated, when they see themselves in

service to others, they experience the ultimate freedom, by exercising their ability to choose their attitude toward any work situation. When stress happens in the workplace, employees always have a choice; resign, go home, stay and be miserable or find meaning in the situation by shifting the focus off of themselves and experiencing empathy for the resident in the situation. Greenleaf (1998) expresses this trickle down effect of servant-leadership when he wrote:

I have come to connect spirit, the kind I would like to see more of, to a concept of serve as I see it in the consequences on those being served: do those being served grow as persons? Do they while being served become stronger, wiser, freer, more at peace with themselves, more likely themselves to become servants? (p.264)

Any discussion of commitment and leadership in healthcare should include studies that examine the type of organizational culture that empowers and enables nurse leaders as well as people they lead. Utilizing Kanter's theory of organizational behavior, Upenieks (2002) examined organizational structures that create conditions for nurse leader job effectiveness and leadership success in healthcare. Nurse leaders who saw their jobs as relevant, flexible and visible perceived that they have access to resources and support and can function successfully in their jobs. Upenieks' work refers to previous studies testing Kanter's theory that demonstrated a significant correlation between nurse leader empowerment, organizational commitment, work satisfaction and the manager's leadership style. Empowered nurse leaders produce positive gains in their work place and spread their influence over the nurses they manage. On the other hand, staff nurses who saw their managers as powerless felt these leaders were bossy and created an unproductive, rules-minded environment and, overall, nurses reported less satisfaction working with controlling managers. Of particular interest and relevance to this current research, interviews with nurse managers in Upenieks' study revealed principal value systems guiding

today's nurse leaders, "leading to serve; providing staff with the right tools and resources to do their jobs; striving for excellence; education opportunities and a passion for nursing" (p.629).

Sixty-two percent of nurse leaders interviewed for Upenieks' study commented on the importance of "leading to serve".

Summary

In summary, a review of the current literature reveals that many of the characteristics of servant leadership align with the values of nurses in long-term care that have been noted to impact job satisfaction and commitment: service to others, a balance of results and relationships, and having a voice in decisions affecting work. The majority of nursing job satisfaction and commitment research stems from the acute care sector and researchers acknowledge that data from the acute care sector is not necessarily transferrable to the long-term care sector. Research regarding work place culture in long-term care consistently speaks to a disconnection between a hierarchal, largely externally controlled environment of work and the mainly intrinsic factors that motivate people and engender commitment to their long-term care organizations. There is a recent ground-swell of interest in new models of leadership in long-term care that addresses an ever increasing shortage of staff nurses, healthcare workers and leaders and the quality of resident care and safety in our long-term care Homes. It is not known in any great detail whether servant leadership practice has a significant correlation to job satisfaction and commitment among long-term care employees. This research seeks to answer that question and to provide a valid argument, including both theoretical and empirical data, for moving in the direction of a culture shift in long-term care, from control to commitment, through the adoption of servant leadership practice.

CHAPTER 3

Research Methods

Design

The perception of servant-leadership practice and job satisfaction among long-term care employees was examined to determine if there is a correlation between these variables. A descriptive correlational research design was used to answer the following research questions:

- How do the administration and front-line staff of the long-term care Home perceive the practice of servant-leadership in the Home?
- Are there differences in the perception of the presence of servant-leadership based on employees' position within the organization?
- Does the perception of servant-leadership correlate to the degree of job satisfaction?

This research project is a pilot for a potential longitudinal study of servant-leadership practice and job satisfaction of employees in long-term care pre and post servant-leadership program implementation.

Study Sample

The target population for this research includes all staff: administration, management and front-line workers, as defined in Chapter 1, who are actively employed in four long-term care Homes owned and operated in Ontario Canada by a Canadian seniors housing organization. Approximately 400 staff is employed by the four Homes.

The decision to survey all staff was based on the organization's previous experience with response rate to employee satisfaction surveys over the past two years, which has been quite low (KS, personal communication, June 13, 2008) and Laub's (OLA Group, 2008) recommendation of sample size in order to obtain a "critical mass" for the organization. The OLA Group (2008)

provides a reference table for determining the, “needed size S of a randomly chosen sample from a given population of N cases such that the sample proportion p will be within $\pm .05$ of the population proportion P with a 95 percent level of confidence”. The OLA researchers cite, *Krejcie, R.V., & Morgan, D.W. (1970). Determining sample size for research activities. Educational and Psychological Measurement, 30, 607-610.*, as their reference for determining estimates of sample size. A sample size of 196 is recommended for an organization with 400 employees. The four Homes were considered one organization for the purpose of sample size. If this level of “critical mass” is reached, then the data obtained can be considered a fair representation of an adequate description of organizational perception. A decision was made to collect a sample of the whole organization given the past history of poor response to surveys.

Protection of Human Subjects

The research proposal was submitted for review and approved by the St. Joseph’s College of Maine Graduate and Professional Studies Review Board to assure that its provisions protected the rights of study subjects.

The four Homes participating in the survey were identified by an alpha and numeric code. The survey tools and corresponding envelopes were marked using this code, for example, A-1, B-20 for the purposes of tracking distribution and return of surveys only. The name of the Home and the name of the individual completing the survey did not appear anywhere on the survey, the return envelope or in the results of the study. To ensure the anonymity of participants, a notebook containing the coding information was kept in a secure location accessible only by the researcher. The only demographic information collected on the survey related to the individual’s present role/position in the Home, that is: top leadership, management or workforce/front-line employee. Data from completed surveys was aggregated for the

organization. Further top leadership and management/supervisory level of job category demographic data was aggregated for the organization due to the small number of employees in each of these groups and the possibility that they may have been easily identified if data was reported separately.

Each staff survey distributed was accompanied by the same introductory cover/consent letter (see Appendix A) explaining the purpose, relevance, confidentiality aspects, consent for voluntary participation and future reporting of results of the research study. Staff was instructed via a label on the envelope (see Appendix B) to place their completed survey in the white envelope provided, seal it and return it to the Office Manager/Receptionist of the Home.

Written permission to conduct the survey and the planned information sessions in the Homes was been obtained from the Vice President, People of the organization and the Regional Director of Operations for the four Homes. A letter explaining the purpose and relevance of the research, aspects of confidentiality, future reporting of the results and written confirmation of permission, a copy of the cover letter to staff and the OLA tool was personally delivered and reviewed by the researcher with the above respective parties on December 1, 2008 (see Appendix C).

Measurement

The variables of servant leadership practice and staff job satisfaction were measured using the Organizational Leadership Assessment (OLA) instrument (see Appendix D) developed by Dr. Jim Laub and an expert panel of researchers (OLA Group, 2008). Permission to use the OLA tool for this research was obtained from Dr. Jim Laub in accordance to the Letter of Understanding criteria set out by the OLA Group (see Appendix E, F).

Researchers who developed and tested the instrument identified six key constructs of servant leadership considered indicative of the “health” of an organization: values people, develops people, builds community, displays authenticity, provides leadership and shares leadership (see Appendix G). The survey instrument is a 66 item survey, using a five point Likert scale, from 1, strongly disagree to 5, strongly agree. Sixty (60) questions address the perception of the six key constructs of servant leadership in relation to the overall organization leadership, the individual’s direct supervisor/manager and the individual’s own role in the organization. An additional six (6) questions relate to the individual’s job satisfaction in the organization. The tool is designed to be taken by people at all levels of an organization.

The OLA tool was originally field tested with 41 organizations involving 823 people (OLA Group, 2008). Field testing in combination with ongoing research using the OLA tool has produced strong psychometric properties of validity and reliability:

Construct validity was determined by the use of an expert panel to determine the Necessary and Essential characteristics of servant leadership that became the 60 items within the instrument. A Delphi process was utilized to bring these experts to consensus on the constructs that represent the servant-minded organization. Face validity tests were run on the perceived accuracy of the six organizational descriptions utilizing over 100 adult graduate students. There was a consistently high perception of the accuracy across all six of the extended full-page descriptions. The descriptions are therefore, seen as accurate in describing, on average, the various organizational levels. This also served to confirm that the scoring break-points for the six organizational levels were placed properly.

The Job Satisfaction Scale obtained an estimated reliability, using the Cronbach-Alpha coefficient, of .81. A correlation of Job Satisfaction to the OLA scores was run utilizing a Pearson correlation and a significant ($p < .01$) positive correlation of .635 existed, accounting for 40% of the variance in the total instrument score. In the original field test the instrument showed a reliability score of .9802 using the Cronbach-Alpha coefficient (OLA Group, 2008).

Demographic data regarding the individual's current role/position in the organization was collected as part of the OLA survey. The survey tool offers three choices: top leadership that includes persons at the level of Administrator and/or Director of Care; management that includes all other management /supervisory level employees; workforce that includes all other non-management employees of the Home. The top leadership and management/supervisory level of job category was aggregated under "management" for the organization due to the small number of employees in each of these groups and the possibility that they may have been easily identified if data was reported separately. Management and workforce job categories represented the two sub categories of demographic data when answering the research questions.

The perception of servant leadership by each job category was examined under the six constructs of servant leadership characteristics as determined by Laub (1999): share leadership, provide leadership, value people, develop people, build community and display authenticity. Each subcategory represents 9 to 12 questions out of a total of 60 questions related to servant leadership practices in the OLA tool. A further 6 questions of the survey relate to the variable of job satisfaction. The overall perception of servant-mindedness of the organization was examined using Laub's six organizational categories as displayed in Table 1.

Table 1

Laub's six Organizational Categories and OLA Score Ranges

Organizational Category	OLA Score Ranges
Org1 Absence of servant leadership characteristics	60.0 – 119.4
Org2 Autocratic organization	119.5 – 179.4
Org3 Negatively paternalistic organization	179.5 – 209.4
Org4 Positively paternalistic organization	209.5 – 239.4
Org5 Servant-oriented organization	239.5 – 269.4
Org6 Servant-minded organization	269.5 – 300.0

(Anderson, 2005. p.75)

The 66 item survey took approximately 15-20 minutes to complete by pen and paper method.

Procedures

The method of data collection was a self-administered pencil and paper survey known as the Organizational Leadership Assessment (see Appendix D).

Notices of open information sessions for all Home staff regarding the purpose, relevance, confidentiality aspects and future reporting of results of the research study were posted one week in advance of the sessions (see Appendix H) and conducted by the researcher in all four Homes in the four days preceding distribution of the surveys. Sessions were scheduled in coordination with the Administrators of each Home at a time convenient for staff to attend. The researcher conducted all informational sessions personally.

Data Collection and Management

Surveys were delivered to the four Homes involved in the study by the researcher. The assistance of the Office Manager/Receptionist of each Home was obtained by the researcher

to attach a copy of the letter, survey and envelope to each staff members' pay stub and/or distributed through the employee's personal mail slot on a designated date closely following the information sessions; this same person was asked to collect and return completed surveys via mail to the researcher in a self-addressed stamped envelope provided.

The four Homes participating in the survey were identified by an alpha and numeric code. The survey tools and envelopes were marked using this code, for example, A-1, B-20 for the purposes of tracking distribution and return of surveys only. A notebook containing the coding information was kept in a secure location accessible only by the researcher. Data from completed surveys was aggregated for the organization.

Each staff survey distributed was accompanied by the same consent/introductory cover letter (see Appendix A) explaining the purpose, relevance, confidentiality aspects, consent for voluntary participation and future reporting of results of the research study. Surveys, introductory cover letters, white sealable envelopes and a large self-addressed stamped manila envelope were delivered to each of the four Homes in the week prior to survey distribution.

Staff was instructed via a label on the envelope (see Appendix B) to place their completed survey in the white envelope provided, seal it and return it to the Office Manager/Receptionist. Staff was asked to return the surveys within 10 days of distribution for mailing to the researcher. A timeframe of 10 days for the completion and return of the surveys was selected based on keeping the information sessions, receipt and completion of the survey as close together as possible to maintain interest and to allow time for part-time staff who may not attend the Homes on a regular basis to complete the survey. A further window of opportunity of 7 days was provided to staff that may have missed the deadline date for completion. A second mailing envelope was provided to the Office Manager/Receptionist to mail these "late" surveys

to the researcher. Survey completion reminder notices were posted on the staff information notice boards in all four Homes.

A small incentive and token of appreciation (herbal tea bag) for completing the survey was attached to each survey with a personal note from the researcher, "Please enjoy a relaxing cup of tea while you complete your survey, with my thanks, Judith".

Analytical Method

Data collected from the surveys was first be entered manually by the researcher into the OLA Group indicated website as per the conditions of the Letter of Understanding (OLA Group, 2008). The researcher received the raw data in Excel spreadsheet format from the OLA Group. Data were then entered into SPSS statistical research software to assist with analysis. The voluntary consultation of a post-doctoral fellow researcher was obtained to assist with statistical analysis of the data.

Data were aggregated for the organization to further protect the identity of the participants, as the administration and management level of employee represented a small group of individuals in each Home. Data were then stratified by two job categories: management as one category and workforce as a second category.

Descriptive statistics were used to examine distributions and frequencies of variables and to measure association between the variables. Laub's (Anderson, 2005) method of grouping and interpreting the results of the OLA survey data based on a mean OLA score (see Table 1) was used to classify the organization into one of the six organizational categories related to degree of servant-mindedness.

Each of the research questions was answered using the following statistical analysis:

1. *How do the administration and front-line staff of the long-term care Home perceive the practice of servant-leadership in the Home?*

Measures of central tendency (Rowntree, 1981; Shi, 1997) were used to analyze data for the 60 questions of the survey related to perception of servant leadership such a frequency, distribution and means, for the organization. A more detailed descriptive analysis of the data for the organization related to constructs of shared leadership and authenticity was conducted as these tie closely to job satisfaction factors identified by staff in long-term care in the literature reviewed for this study.

2. *Are there differences in the perception of the presence of servant-leadership based on employees' position within the organization?*

Measures of central tendency (Rowntree, 1981; Shi, 1997) were used to analyze data for the 60 questions of the survey related to perception of servant leadership such a frequency, distribution and means for the two job sub-categories, management and workforce. An ANOVA of the OLA mean servant leadership scores was used to test if there was a difference in perception of the presence of servant leadership between the two job categories.

3. *Does the perception of servant-leadership correlate to the degree of job satisfaction?*

Measures of central tendency, frequency, distribution and mean were used to determine the degree of job satisfaction for the employees in the survey sample based on responses to 6 questions on the survey related to job satisfaction and perception of servant leadership based on the other 60 questions of the survey. A Pearson correlation test (Rowntree, 1981; Shi, 1997) was used to determine the relationship between perception of servant leadership and degree of job satisfaction. As well, an ANOVA of the mean job

satisfaction scores was used to determine if there was a difference in the level of job satisfaction between the two job categories.

CHAPTER 4

Research Findings

This study examined the perception of servant-leadership practice and job satisfaction among long-term care employees to determine if a correlation exists between these variables. A descriptive correlational research design was used to answer the following research questions:

- How do the administration and front-line staff of the long-term care Home perceive the practice of servant-leadership in the Home?
- Are there differences in the perception of the presence of servant-leadership based on employees' position within the organization?
- Does the perception of servant-leadership correlate to the degree of job satisfaction?

The information following in this chapter is a summary of the findings of the study.

Review and Preparation of Data for Analysis

The Organizational Leadership Assessment (OLA) survey tool (see Appendix D) was used to gather quantitative data from all persons employed by the four participating long-term care Homes at the time of the study, totaling 408 potential respondents; 117 surveys were returned for a response rate of 29%.

All of the completed surveys were examined for missing data related to the demographic and 66 survey item questions. One survey was eliminated from the study as greater than 50% of the survey responses were missing. Missing responses were found on a further 11 surveys as follows; one ($n=8$), two ($n=1$), four ($n=1$) and five ($n=1$) missing responses. Missing responses for each question were examined and it was determined that there was no particular pattern, no single question had more than one or two missing responses and no single survey had more than five missing responses. The researcher imputed the group mean score to the above noted

questions for the missing responses. A similar treatment of missing survey response data was noted in a study by Amadeo (2008) utilizing the OLA survey tool.

Fourteen survey participants ($n=14$) did not identify their current role in the organization. Data from these surveys was collected on a separate excel spreadsheet, and coded for “no role identified”. Survey results were entered in to the designated OLA website by the researcher as per the Letter of Understanding for use of the OLA tool for research (Appendix E). An Excel spreadsheet of all of the data entered in the OLA website was e-mailed back to the researcher. All of the sample data ($N=116$) was then aggregated to the organization to remove any ability to associate a participant response with one of the four Homes in the study. The four long-term care Homes participating in this research study shall herein be referred to as the “organization”. All aggregated data were then entered into SPSS software (Grad Pack Version 17) for further analysis.

Demographic Results

Demographic data collected for this study was confined to the participant’s current role in the organization as per the three category choices on the OLA survey tool: top leadership; management/supervisory; workforce. As previously discussed, data for top leadership, management and supervisory roles were aggregated to the organization under the subcategory management, to ensure confidentiality of the survey participants in top leadership roles.

Of the total survey respondents ($N=116$), 17.2% ($n=20$) were in a management role, 70.7% ($n=82$) were in a workforce role and 12.1% ($n=14$) did not identify their role in the organization.

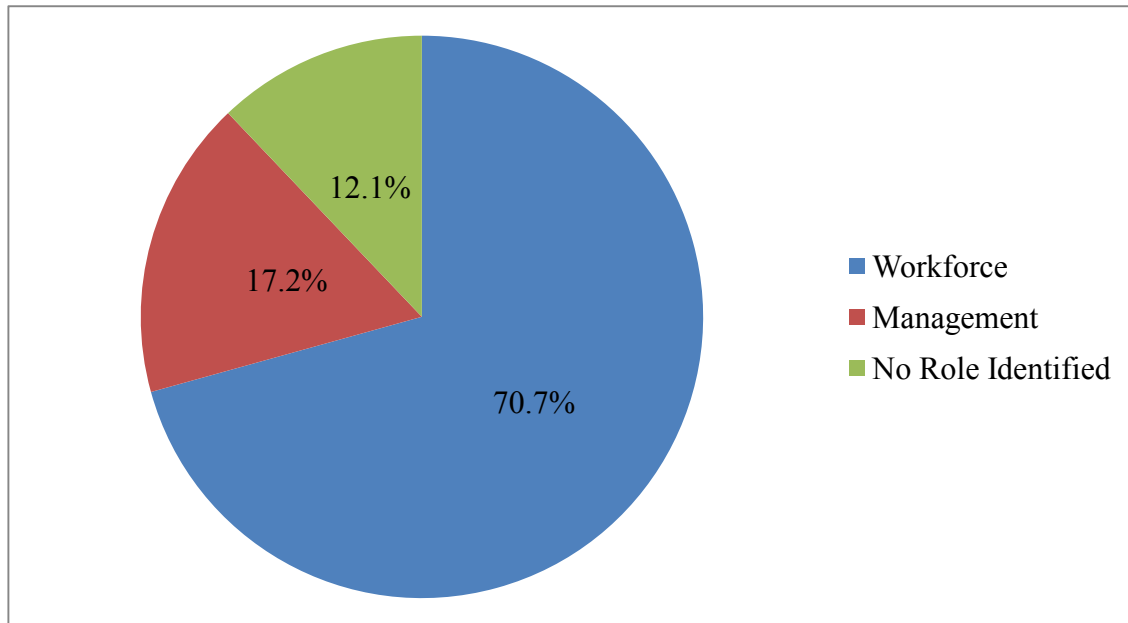


Fig. 1. Employee role in the organization.

Respondents who identified their role in the organization as management represent 77% (20/26) of all potential management respondents and those of workforce represent 21% (82/382) of all potential workforce respondents. Further, participants identifying themselves as management ($n=20$) represent 4.9% of all persons employed by the organization and those in a workforce role ($n=82$) represent 20.09% of all persons employed by the organization. The approximate 1:4 ratio of management to workforce response rate is higher than the typical management to workforce employee ratio in the organization being studied, ranging from 1:13 to 1:19, management to workforce employees. Table 2 provides a breakdown of response rate by employee job category in the organization.

Table 2

Survey Response by job Category

Job Category	Frequency Job Category Response	% Total Survey Respondents	# Possible Survey Respondents by Job Category	% Possible respondents By Job Category
Management	20	17.2%	26	77%
Workforce	82	70.7%	382	21%
Total	102	87.9%	408	98%
No role identified	14	12.1%	0	2%
Total	116	100.0%	408	100%

Research Question 1

Question 1 of this research study sought to determine how administrative employees, herein known as “management” and the front-line employees, herein known as “workforce” perceive the practice of servant leadership in the long-term care organization. Sixty (60) questions on the OLA survey, using a Likert scale of 1-5, with a maximum potential score of 300, determine the degree of perception servant leadership (Laub, 1999). The OLA score from all survey participants ($N=116$) yielded a mean score of 184.24 ($SD=43.38$) indicating a negatively paternalistic organization (Table 3).

Table 3

Mean OLA Score

	<i>N</i>	Mean OLA score	<i>SD</i>
Organization	116	184.24	43.38

A distribution of all respondents ($N=116$) by organizational category is summarized in Table 4.

Table 4

Perception of Servant Leadership

Organizational Category	OLA Score Ranges	<i>n</i>	%
Org1 Absence of servant leadership characteristics	60.0 – 119.4	10	8.6
Org2 Autocratic organization	119.5 – 179.4	37	31.9
Org3 Negatively paternalistic organization	179.5 – 209.4	37	31.9
Org4 Positively paternalistic organization	209.5 – 239.4	22	19
Org5 Servant-oriented organization	239.5 – 269.4	8	6.9
Org6 Servant-minded organization	269.5 – 300.0	2	1.7

Data obtained from those respondents who did not identify their role ($n=14$) was examined prior to its inclusion in the data set for the overall organization ($N=116$). Frequency and distribution of responses to the 66 survey questions was found to be similar to data where the employee had identified their role. The mean score for these respondents for overall perception of servant leadership was 186.71 or 62.23% of the possible score, higher than the mean score for workforce 177.19 (59.06%) and lower than the mean score for management 211.4 (70.46%),

suggesting a blend of both management and workforce respondents. Although data from this group ($n=14$) was not included in the analysis for Question 2, it is interesting to note the distribution of overall OLA scores including those who did not identify their role as depicted in Figure 2.



Fig.2. Servant leadership by job category.

The perception of servant leadership for the organization was further examined under the six constructs of servant leadership as determined by Laub (1999): values people, develops people, builds community, displays authenticity, provides leadership and shares leadership. Each construct represents 9 to 12 questions out of a total of 60 questions in the OLA tool related to servant leadership practices in the organization. Each question contains a Likert scale of possible responses from 1 to 5; 1 “strongly disagree”, 5 “strongly agree”. In order to examine the data on an even scale, the data was analyzed by adding the responses to the questions in each construct and dividing by the number of survey respondents and the potential maximum score in each construct (Anderson, 2005). This yielded a percentage of the possible responses in each of the

six constructs of servant leadership. Figure 3 depicts the breakdown of the percent of possible response under each construct of servant leadership for the organization ($N=116$).

Of particular interest to this research study are the constructs of shared leadership and authenticity as these were found to tie closely to job satisfaction for long-term care employees in the literature reviewed for this study. As seen in Figure 3, the score for the construct of Displays Authenticity (59.54%) and Shares Leadership (59.08%) were both lower than composite score for the organization (61.41%) and yielded the largest margin of response by construct of servant leadership respectively.

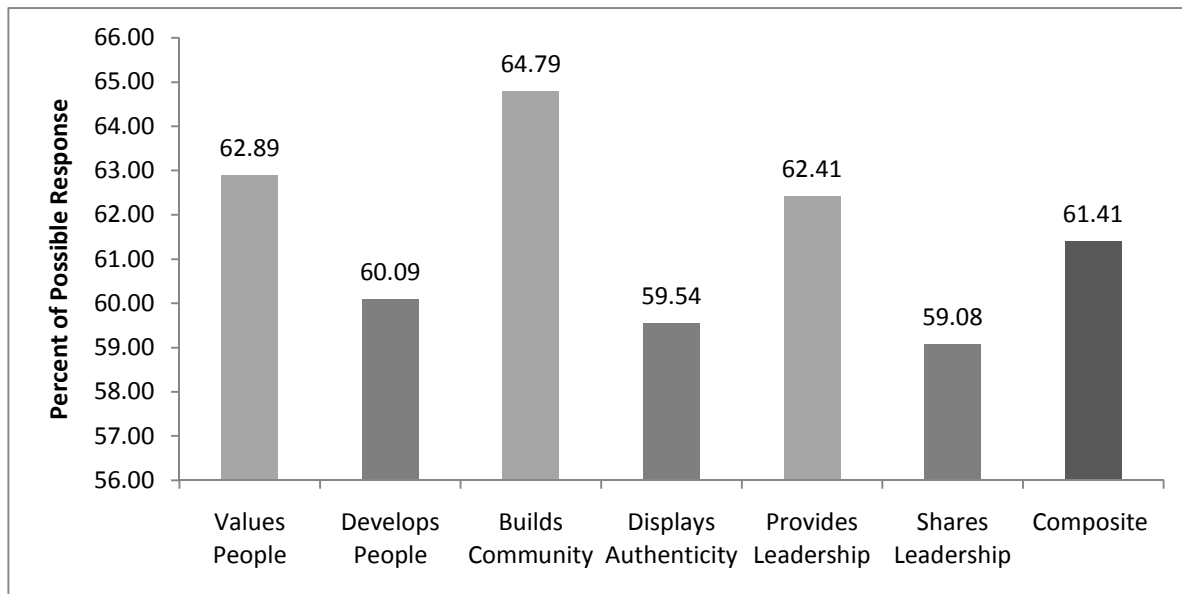


Fig.3. Constructs of servant leadership.

Research Question 2

Question two of this research study sought to determine if there were differences in the perception of servant-leadership based on the employee’s position within the organization. Table 5 shows the mean OLA score from survey participants identifying their role in the organization ($N=102$) with a mean score of 211.4 ($SD=28.03$) for management indicating a positively paternalistic organization and 177.2 ($SD=44.51$) for workforce indicating an autocratic

organization according to score ranges established by Laub’s (1999) six organizational categories. ANOVA analysis of the difference in mean OLA servant leadership scores with significance level set at $p \leq .05$ demonstrated a significant difference between management and workforce employee’s perception of servant leadership for the organization, $F = 10.724$, $p = .001$.

Table 5

Perception of Servant Leadership by job Category

Job Category	<i>n</i>	Mean	<i>SD</i>
Management	20	211.4	28.03
Workforce	82	177.2	44.51

ANOVA Summary	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Between Groups	18811.342	1	18811.342	10.724	.001***
Within Groups	175411.678	100	1754.117		
Total	194223.020	101			

*** $p \leq .001$

The difference in the perception of servant leadership by each job category was further examined under the six constructs of servant leadership as determined by Laub (1999): value people, develop people, build community, display authenticity, provide leadership and share leadership. Each construct represents 9 to 12 questions out of a total of 60 questions in the OLA tool related to servant leadership practices in the organization. Each question contains a Likert scale of possible responses from 1 to 5; 1 “strongly disagree”, 5 “strongly agree”. A distribution

of the frequency of response by OLA organizational category for the two job categories ($N=102$) is summarized in Table 6.

Table 6

Response Frequency by job Category

Organizational Category	OLA Score Ranges	Mgt (n=20)	%	Work (n=82)	%
Absence of servant leadership characteristics	60.0 – 119.4	0	0	9	11.0
Autocratic organization	119.5 – 179.4	2	10.0	31	37.8
Negatively paternalistic organization	179.5 – 209.4	7	35.0	25	30.5
Positively paternalistic organization	209.5 – 239.4	9	45.0	10	12.2
Servant-oriented organization	239.5 – 269.4	1	5.0	6	7.3
Servant-minded organization	269.5 – 300.0	1	5.0	1	1.2

In order to examine the data on an even scale, the data was analyzed by adding the responses to the questions in each construct and dividing by the number of survey respondents and the potential maximum score in each construct (Anderson, 2005). This yielded a percentage of the possible responses in each of the six constructs of servant leadership. Figure 3 depicts the breakdown of the percent of possible response under each construct of servant leadership by job category ($N=102$). The construct of Values People demonstrated the smallest margin of response by job category for the six constructs with management scoring 67.4% of possible response and workforce scoring 61.53 %. The largest margin of response was demonstrated in the construct Shares Leadership, with management yielding a possible score of 72% and workforce responding at 55.9% of possible score. Figure 4 provides a graphic illustration of the perception

gap between management and workforce employees of the presence of servant-leadership in the organization ($N=102$). Consistently respondents in a management role scored higher on their perception of all six constructs of servant leadership than did those in a workforce role.

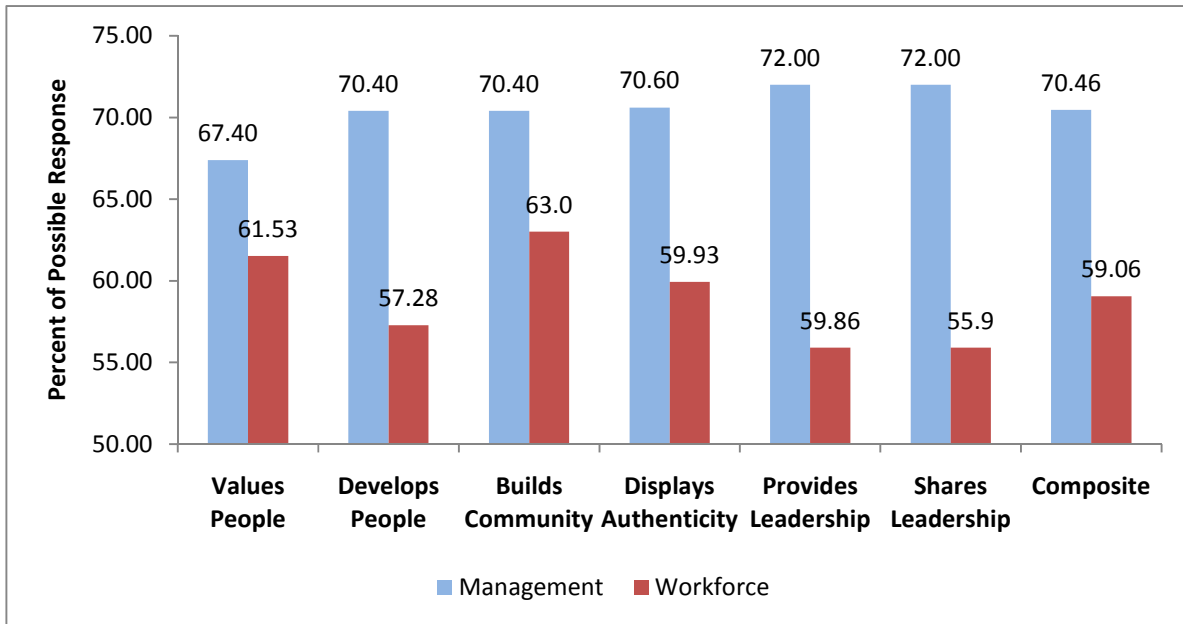


Fig.4. Constructs of servant leadership by job category.

ANOVA analysis shown in Table 7 of the difference in mean OLA servant leadership demonstrated a statistically significant difference between management and workforce employee’s perception of servant leadership under all constructs of servant leadership for the organization ($N=102$), other than Values People, $F= 2.52, p= .115$. The constructs of Shared Leadership, $F= 14.224, p= .000$ and Displays Authenticity $F= 13.814, p= .000$, yielded the largest perception gap of servant leadership practice between management and workforce. These two constructs in particular were found to tie closely to job satisfaction for long-term care employees in the literature reviewed for this study.

Table 7

Constructs of Servant Leadership by job Category

ANOVA Summary		Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Values People	Between Groups	138.193	1	138.193	2.525	.115
	Within Groups	5472.798	100	54.728		
	Total	5610.990	101			
Develops People	Between Groups	563.398	1	563.398	11.737	.001***
	Within Groups	4800.249	100	48.002		
	Total	5363.647	101			
Builds Community	Between Groups	210.074	1	210.074	4.405	.038*
	Within Groups	4769.102	100	47.691		
	Total	4979.176	101			
Displays Authenticity	Between Groups	1092.075	1	1092.075	13.814	.000***
	Within Groups	7905.739	100	79.057		
	Total	8997.814	101			

Table 7(continued) **Constructs of Servant Leadership by job Category**

ANOVA Summary		Sum of Squares	df	Mean Square	F	Sig.
Provides Leadership	Between Groups	479.495	1	479.495	12.996	.000***
	Within Groups	3689.495	100	36.895		
	Total	4168.990	101			
Shares Leadership	Between Groups	1038.453	1	1038.453	14.224	.000***
	Within Groups	7300.890	100	73.009		
	Total	8339.343	101			

*p≤.05. **p≤.01. ***p=≤.001

Research Question 3

Question three of this research study sought to determine if the perception of servant-leadership correlates to the degree of job satisfaction. In order to test for this interrelationship, a Pearson correlation test at $p < .05$ or lower was run for the overall mean score for job satisfaction and the overall mean score for servant leadership. The mean scores for job satisfaction were calculated from 6 questions (Q 56,58,60,62,64,66) on the 66 item OLA survey (see Appendix D) forming the Job Satisfaction Scale (OLA, 2008) and mean scores for servant leadership were calculated from the remaining 60 questions used to determine servant leadership practice. Table 8 shows a statistically significant, positive correlation between job satisfaction and perception of servant leadership for the organization, $r(116) = +.509, p = .000$, two-tailed.

Table 8

Servant Leadership and job Satisfaction

	SL	JS
Pearson Correlation	1	.509
Sig. (2-tailed)		.000***
N	116	116

***p≤.001

A Pearson correlation test was also run for the mean scores for job satisfaction and servant leadership by job category: management and workforce. Tables 9 and 10 show a statistically significant but different positive correlation between job satisfaction and perception of servant leadership between the two job categories. A stronger positive correlation was demonstrated for workforce employees than for management employees.

Table 9

Management Perception of Servant Leadership and job Satisfaction

	JS	SL
Pearson Correlation	1	.450
Sig. (2-tailed)		.046*
N	20	20

*p=≤.05

Table 10

Workforce Perception of Servant Leadership and job Satisfaction

	JS	SL
Pearson Correlation	1	.531
Sig. (2-tailed)		.000***
N	82	82

*** $p \leq .001$

Mean score for job satisfaction was also analyzed in terms of percent of possible response to the six questions making up the Job Satisfaction Scale in the OLA survey by job category. Management scores yielded 81.3% of possible score and workforce employee scores yielded 76.74% of possible job satisfaction score. Job satisfaction responses for employees who did not identify their role in the organization yielded a mean score of 23.35 and 77.85% of possible job satisfaction score.

Table 11 shows further analyses of the mean scores of job satisfaction by job category ($N=102$). An ANOVA test did not find a statistically significant difference in the overall mean job satisfaction score for management and workforce respondents in the organization, $F= 2.014$, $p= .159$.

Table 11

Job Satisfaction by job Category

Job Category	<i>n</i>	Mean	<i>SD</i>
Management	20	24.40	4.083
Workforce	82	23.02	3.839

ANOVA Summary	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Between Groups	30.425	1	30.425	2.014	.159
Within Groups	1510.751	100	15.108		
Total	1541.176	101			

Summary of Major Findings

The major findings resulting from data analysis for the three research questions in this study are as follows:

1. The overall OLA score for the organization suggests the perception of a negatively paternalistic organization.
2. There is a statistically significant difference in the perception of servant leadership practice by management and workforce employees of the organization
3. There is a statistically significant, positive correlation between job satisfaction and perception of servant leadership.
4. There is not a statistically significant difference between the job satisfaction score for management and workforce employees.

CHAPTER 5

Conclusions and Recommendations

The purpose of this study was to examine the perception of servant-leadership practice and job satisfaction among long-term care employees to determine if a correlation existed between these variables. A descriptive correlational research design was used to answer the following research questions:

- How do the administration and front-line staff of the long-term care Home perceive the practice of servant-leadership in the Home?
- Are there differences in the perception of the presence of servant-leadership based on employees' position within the organization?
- Does the perception of servant-leadership correlate to the degree of job satisfaction?

This study provided empirical data linking the practice of servant leadership with job satisfaction among long-term care employees of the organization.

Perception of Servant Leadership

The perception of servant leadership by all survey respondents indicated a negatively paternalistic leadership style for the organization. Laub (OLA Group, 2008) describes the characteristics of this type of leadership or manager to worker relationship as being similar to that of a critical parent and a cautious child. Leadership is seen as focused at the top of the organization. Workers may provide some decision-making but only when it is appropriate to their position. Workers in this type of organization may feel that they are more valued for what they can contribute rather than for who they are. A negatively paternalistic leadership style promotes achieving results through control and compliance.

This finding is consistent with the description of the current leadership model and organizational culture of long-term care found in the literature reviewed for this study. Many long-term care Homes continue to retain traditional bureaucratic structures with control concentrated at the top; creating a predictable structured work environment, but a stifling, inflexible one for the people working there (Gibson & Barsade, 2003; Riggs & Rantz, 2001; Scott-Cawiezell, et al., 2006). In a negatively paternalistic organization, the scales are tipped in favor of valuing results over relationships however well-meaning the leadership may perceive this type of parent–child relationship to be.

A closer look at the perception of servant leadership practice in the organization by job category revealed a significant perception gap between management and workforce employees of the organization. Management perceived the leadership of the organization more positively (mean OLA score of 211.4) than the overall survey response (184.24) and workers perceived the leadership in a more negative light (177.19) than the overall response (Figure 2). Management respondents perceived a positively paternalistic organization, while workforce respondents perceived an autocratic organization (Table 4). Leaders in a positively paternalistic organization perceive a manager to worker relationship of nurturing parent and cared-for child (OLA Group, 2008). Workers in an autocratic organization perceive that they are not valued or believed in. They perceive that their ideas are rarely sought and that most decisions are made at the top or imposed. There is a low level of trust on both sides in an autocratic organization. These characteristics are reflected in a study of dictatorships which revealed cultures incapable of engaging in day-to-day problem solving without constant monitoring or correction, an observation in keeping with the current research in the long-term care sector regarding a culture

of control and blame (Anderson, et al., 2005; Gibson & Barsade, 2003; Scott-Cawiezell, et al., 2006; Swearingen & Liberman, 2004; Tate, 2003).

The gap between management and workforce employees' perception of leadership practice is also supported in the healthcare literature reviewed for this study. Although there is a paucity of research regarding leadership best practice in the long-term care literature, a Canadian study of nursing long-term care work practices by Rondeau & Wagner (2006) revealed a difference between what nurse managers in long-term care do and what they say they do. Leaders may believe in good faith that they have adopted certain positive leadership practices but the authors found this to be intermittently practiced and partly diffused. In a related study of long-term care culture and resident safety, researchers found a significant disconnect between the degree that staff reported a feeling of connection with each other and their sense of connection with the nursing leadership of the Home (Scott-Cawiezell et al., 2006).

Examination of the perception of servant leadership by job category under each of the six constructs of servant leadership (Laub, 1999) revealed a deeper understanding of where the greatest and smallest degree of perception-gap exists between management and workforce employees in this organization. The constructs of Shares Leadership and Displays Authenticity yielded the largest perception gap of servant leadership practice between management and workforce employees; the construct of Values People yielded the smallest perception gap (Table 7). This is particularly noteworthy as sharing leadership and displaying authenticity were leadership traits noted to have the greatest impact on job satisfaction for long term care employees in the literature reviewed for this study.

Shared leadership in the form of involvement in decision-making in the workplace is a significant factor in employee job satisfaction and commitment to their organizations. All of the

literature on job satisfaction reviewed for this research paper identified employee participation in decisions affecting their work as a strong indicator of job satisfaction and positively affecting retention of staff (Fleming & Asplund, 2007; Gibson & Barsade, 2003; Karsh, Booske & Sainfort, 2005; McGilton, McGillis-Hall, Wodchis & Petroz, 2007; Rondeau & Wagar, 2006). Questions #17 and #29 of the OLA survey tool (Appendix D) forming part of the construct of Shares Leadership raise some interesting questions for further consideration by long-term care leaders related to how management and workforce employees alike define “important decisions”. For example, an individual in a top leadership position in the Home may define an important decision as relating to annual budget planning, while a Personal Support Worker caring for residents may consider an important decision to be a change that will affect their daily work routine.

The construct of Displays Authenticity similarly has a significant impact on employee job satisfaction and commitment to the organization. Tied into shared leadership, it infers that leaders must possess a clear understanding of the individual’s and the team’s needs and values, achieved through deep and receptive listening (Kouzes & Posner, 2007). Leaders must be able to ask themselves what role they played in creating a problem before assigning blame and must be able to put aside their assumptions in favor of investigating the viewpoints, hopes and wishes of their people. Humility in the form of self evaluation is the most important first step in establishing credibility as a leader and a cornerstone of servant leadership (Gibson & Barsade, 2003; Kouzes & Posner, 2007; Morrison, Burke & Greene, 2007; Tate, 2003). The lack of trust conveyed through the perception of an autocratic organization by workforce employees, may be tied to the corresponding low perception of the constructs of Shared Leadership and Displays Authenticity for this organization. This organization has also under gone significant changes in

personnel at the top leadership and management level of the Homes involved in the study over the past two years. A degree of mistrust on the part of workforce employees may be related in part to the factor of time and not enough having passed to be able to form an opinion as to consistency of leader's words and deeds.

The smallest gap in the perception of servant leadership fell under the construct of Values People. No significant difference was noted between management and workforce's perception of servant leadership under this construct (Table 7). Workforce respondent mean scores placed this construct as second highest next to Builds Community that scored the highest mean score of the six constructs of servant leadership for workforce employees in the organization (Figure 4). This finding may tie into previous research which notes a high level of internal motivation by long-term care employees related to job satisfaction and commitment in an external environment that is largely driven by control and compliance (Anderson, et al., 2005; Scott-Cawiezell, et al., 2006). Certain factors in the larger environment of the organization may also have influenced this finding. The corporate parent organization began a large corporate-wide values initiative in the year preceding this research study with a focus on respect and valuing people first. The nursing leaders of the organization in this study participated in an introductory servant leadership program over a period of 3 to 6 months prior to the distribution of the research survey in their Homes. The combination of these internal and external factors may have influenced the smaller perception gap of management and workforce employees in the organization related to Values People. A larger longitudinal study of the impact of servant leadership education in the organization would hopefully provide further data to support this observation.

Servant Leadership Practice and Job Satisfaction

Data analyses demonstrated a significant positive correlation between the perception of servant leadership and employee job satisfaction overall, a finding supported in similar research studies utilizing the OLA survey tool (Amadeo, 2008; Anderson, 2005; Drury, 2004). An interesting finding in this study was that there was no statistically significant difference in the level of job satisfaction between management and workforce employees, in fact both groups of employees scored what would be considered a moderate level of job satisfaction with management yielding 81.3% of the possible score for the job satisfaction scale and workforce employees yielding a score of 76.74%. This finding seems disproportionate to the relatively low perception of servant leadership by the workforce employees in particular. This finding has raised more questions than answers for the researcher. Do we truly understand what factors contribute to job satisfaction for employees in long term care? To what degree does internal motivation to serve others influence a person's level of job satisfaction? Anecdotal data for the organization in the study tells us that the majority of persons leaving one long-term care organization seek employment with another long-term care organization, supporting research findings that employees don't leave their jobs; they leave their managers (Kouzes and Posner, 2007). Further examination of the results of the six questions making up the Job Satisfaction Scale of the OLA tool is also warranted. Long-term care employees at all levels of the organization are frequently heard to be saying, "I'm here for the residents". Without accompanying data obtained through interview, it is difficult to determine how workforce and management employees may have interpreted job satisfaction questions; that is with a view to the residents or the organization overall.

Recommendations

This study has provided empirical data demonstrating a significant relationship between the practice of servant leadership and job satisfaction for employees in long-term care and has added to leadership research in the long-term care sector. It has demonstrated that despite an overall low perception of the practice of servant leadership by both management and workforce employees, there was a finding of moderate job satisfaction. This can be interpreted as a positive sign in terms of a foundation for potential change in the culture of the long-term care organization and the potential to break the cycle of employee turnover. The philosophy of servant leadership addresses some of the key factors of job satisfaction for long term care employees, namely the ability to share in the leadership of the organization and the importance of authenticity from their leadership. Further support for this theory is needed in the form of a larger longitudinal study examining the perception of servant leadership practice and job satisfaction pre and post servant leadership education program implementation.

In the time period since this research study was completed the parent organization has continued to roll-out introductory servant leadership programs to all levels of management in the long-term care sector of the larger organization with plans to focus on servant leadership education with registered nurses working in leadership roles in the Homes in the next phase of the program. The current declining state of the economy in the area where this study took place is a major potential influencing factor on job satisfaction and commitment of employees to their organizations. Employers are wise to seek a better understanding of what makes work meaningful for their people. External stressors and lack of alternate employment options may influence job satisfaction in the long run, when employees perceive that they do not have choices, but new models of leadership in long-term care are needed if we are to move our

organizations from a culture of control, compliance and blame to ones that value relationships and commitment.

The adoption of a servant leader model of leadership may be a viable solution to address the ever increasing shortage of nurses and leaders in long-term care and ultimately the quality of resident care and safety in our Homes. The findings of this research study may provide a launching board for meaningful dialogue about the current differing perceptions of servant leadership practice by management and workforce employees of the organization and the creation of a shared vision valuing results in balance with relationships for the future.

Limitations of the Study

The survey return rate of 29%, even though the researcher visited each facility to encourage employees to participate and sent reminders to non-respondents, was disappointing, although not surprising given results of past surveys. Shi (2008) notes that a 50% response rate for mailed questionnaires is usually considered acceptable. The low response rate decreased the representativeness of the sample, thus compromising validity of this study's findings.

As other researchers have noted, self-report survey measures create self-selection biases that can increase the chance of people responding in a socially desirable manner (McGilton, McGillis-Hall, Wodchis & Petroz, 2007; Rondeau & Wagar, 2006). As well, many of the measures in this research are based on perception, are subjective in nature and susceptible to bias of the individual.

The sample was drawn from employees of four related Homes. Findings of the study apply only to these Homes, and are not generalizable to the larger long-term care industry.

In order to assure participants of their anonymity and to encourage participation in the research study, employee job classification was not defined beyond the categories in the OLA

survey tool. Due to the small number of administrative staff in the study sample the data obtained from top leadership and management employees was also grouped together. This limits the ability to look more specifically at leadership practices and the influence on specific groups of employees such as registered nurses, although comparisons of these two administrative groups could have revealed noteworthy differences.

Using only the OLA survey tool may have been a limitation of the study and further longitudinal research with this organization may benefit from adding data collected by interviews with a particular focus on employee commitment indicators.

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Appendix A: Consent Form/Introductory Letter to Survey Participants

January 14, 2008

Dear Long-Term Care Colleague

Please allow me to introduce myself. My name is **Judith Wyllie**. I may already be familiar to some of you in my previous role as a LTC Administrator with (organization) and my current role with (organization) as a Nursing Leadership Consultant. I am also currently a graduate student in the Masters of Health Administration degree with Saint Joseph's College of Maine program, Division of Graduate and Professional Studies.

I am writing to you today, to **invite you to participate in an important long-term care research study** taking place in your Home and three other (organization) long-term care homes in (province) in support of my final research paper on **leadership and job satisfaction in long-term care**.

As a leader in long-term care and a nurse I have a deep interest in how different models of leadership can impact our job satisfaction, for all people at all levels of the Home.

The attached survey asks questions to help the researcher (me) understand your current perception of the leadership of your Home and you role in the Home. The survey will also ask you questions about your satisfaction in your job. There is no right or wrong answer. Your honest perception of what you experience as an employee of the Home is what is important. The survey should take you approximately 15-20 minutes to complete.

You will notice that the survey has been assigned a code (e.g. A-1). Your name and the name of your Home do not appear anywhere on this survey or on the return envelope. Furthermore, all of the information gathered from all four Homes will be grouped together to ensure that participants remain anonymous. I alone will be collecting and pooling the data from these surveys. I can assure that your identity will not be known to me nor identified in any way in the survey results. **By completing this survey, you are providing voluntary consent to participate in this research.**

When you have completed your survey, please seal it in the coded envelope provided and return it to (designated person/place for drop-off) who will be mailing the completed surveys to me.

Kindly return your completed survey **no later than January 23, 2009**.

Questions??? Feel free to contact me at 519-733-0035 or by email at jlakeview@cogeco.ca.

You may also contact my faculty advisor, listed below, if you have questions or concerns about this study and your participation in it.

Janet B. Douglass, RN, DNSc
 Email: jdouglas@sjcme.edu
 Telephone: (207) 893-7800

Thank you in advance for your time and interest in this research study.

Sincerely,

Judith E. Wyllie, R.N., BScN.

Graduate Student, Masters of Health Administration, Saint Joseph's College of Maine

Appendix B: Envelope Label for Completed Survey

Please place your completed survey in this envelope and seal it.

Kindly drop off your sealed envelope to (designate).

Completed surveys will be mailed to me on January 23, 2009.

Thank you for taking the time to share your point of view for this important research study.

Judith Wyllie, R.N., BScN.
Graduate Student, Masters of Health Administration

Questions??: Feel free to contact me at 519-733-0035 or at jlakeview@cogeco.ca

Code: (alpha-numeric) ** For tracking survey distribution & returns only**

Appendix C: Letter Requesting Written Permission of Organization to Conduct Research

Judith E. Wyllie
277 Lakeview Ave.,
Kingsville Ontario N9Y 2E2
519-733-0035

(Name of HR Executive, Corporate Offices)
(Name of Regional Director, Corporate Offices)
(Address)

December 1, 2008

Dear (Name)

As you are aware I am currently completing my capstone applied research paper in fulfillment of the degree of Masters Health Administration with Saint Joseph's College of Maine. As a leader in long-term care and employee of (name of organization), I have a deep interest in models of leadership that will best position us and our people to meet the future needs of residents in long-term care. Servant leadership practices and the potential to positively impact staff job satisfaction and commitment is of particular interest to me and the focus of my research.

In support of (name of organization) vision to be amongst the best 50 employers in Canada, this research has the potential to demonstrate a correlation between leadership practice and job satisfaction in long-term care and to shape the growth and development of our, current and future leaders and ultimately the commitment of our staff and service to residents . This study is a pilot research project for a potential longitudinal study of servant-leadership practice and job satisfaction pre and post servant leadership program implementation. The proposal for this research will be reviewed in December 2008 by the Institution Review Board (IRB) of Saint Joseph's College of Maine under Protection of Human Subjects legislation and does not in any way compromise our employees. I will provide you with a copy of the IRB approval letter for your information once received.

Your permission is requested to conduct this research in the form of a self-administered pen and paper survey with all of the staff including Administrators, Directors of Care, Managers and front-line workers at (names of the 4 Homes) during the month of January 2009. I am also seeking permission to hold open information sessions for all staff encouraging participation in the survey in the above Homes on the four days preceding distribution of the surveys. The target date for distribution of the survey is January 14, 2009 with a requested completion date of January 23, 2009.

Surveys will be attached to employee pay remittance envelopes along with a sealable envelope and cover letter, to be returned to the designated person (office manager/receptionist) in each Home for mailing to me after completion. A copy of the survey and cover letter for staff is attached for your information. Staff consent will be assumed through voluntary completion of the survey. Each survey will be coded and the identities of the respondents will not be known to me

nor identified in any way in the survey results. Upon completion of the research study a full copy of the research report will be made available to you at your request.

Please indicate your permission to conduct the survey research by signing and dating the attached permission form.

I look forward to your support of this research.

Sincerely,

Judith, E. Wyllie, R.N., BScN
Graduate Student, Health Services Administration
Saint Joseph's College of Maine

Permission to Conduct Research Survey:

I grant permission to **Judith E. Wyllie** to conduct a self-administered survey of all employees of (names of Homes) during the month of January 2009.

This survey is in support of an applied research study in fulfillment of the requirements of the degree of Masters Health Administration.

I have been assured that the confidentiality of all staff participating in the study will be protected and that the identity of the respondents will not be known in any way to the researcher or in the final research results and paper. Homes will be assigned a code for the purpose of assisting the researcher with tracking of completed surveys only.

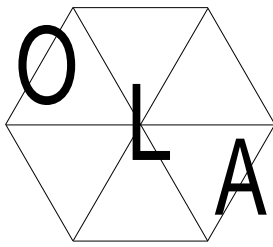
I may request a final copy of the research if desired.

Signed:

(name of HR Executive/Regional Director)

(Date)

Appendix D: Organizational Leadership Assessment (OLA) Survey Tool (OLA Group, 2008)



Organizational Leadership

Assessment

4243 North Sherry Drive

Marion, IN 46952

jlaub@indwes.edu

(765) 677-2520

General Instructions

The purpose of this instrument is to allow organizations to discover how their leadership practices and beliefs impact the different ways people function within the organization. This instrument is designed to be taken by people at all levels of the organization including workers, managers and top leadership. As you respond to the different statements, please answer as to what you believe is generally true about your organization or work unit. Please respond with your own personal feelings and beliefs and not those of others, or those that others would want you to have. Respond as to how things *are* ... not as they could be, or should be.

Feel free to use the full spectrum of answers (from Strongly Disagree to Strongly Agree). You will find that some of the statements will be easy to respond to while others may require more thought. If you are uncertain, you may want to answer with your first, intuitive response. Please be honest and candid. The response we seek is the one that most closely represents your feelings or beliefs about the statement that is being considered. There are three different sections to this instrument. Carefully read the brief instructions that are given prior to each section. Your involvement in this assessment is anonymous and confidential.

Before completing the assessment it is important to fill in the name of the organization or organizational unit being assessed. If you are assessing an organizational unit (department, team or work unit) rather than the entire organization you will respond to all of the statements in light of that work unit.

IMPORTANT please complete the following

Organization Code: *(assigned by researcher)*

Indicate **your present role/position** in the organization or work unit (Home).

Please circle one.

1 = Top Leadership (top level of leadership)

2 = Management (supervisor, manager)

3 = Workforce (staff, member, worker)

Please provide your response to each statement by placing an X in one of the five boxes

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

Section 1

In this section, please respond to each statement as you believe it applies to **the entire organization** including workers, managers/supervisors and top leadership.

In general, people within this organization

	1	2	3	4	5
1 Trust each other					
2 Are clear on the key goals of the organization					
3 Are non-judgmental – they keep an open mind					
4 Respect each other					
5 Know where this organization is headed in the future					
6 Maintain high ethical standards					
7 Work well together in teams					
8 Value differences in culture, race & ethnicity					
9 Are caring & compassionate towards each other					
10 Demonstrate high integrity & honesty					
11 Are trustworthy					
12 Relate well to each other					
13 Attempt to work with others more than working on their own					

14	Are held accountable for reaching work goals				
15	Are aware of the needs of others				
16	Allow for individuality of style and expression				
17	Are encouraged by supervisors to share in making <i>important</i> decisions				
18	Work to maintain positive working relationships				
19	Accept people as they are				
20	View conflict as an opportunity to learn & grow				
21	Know how to get along with people				

Please provide your response to each statement by placing an **X** in one of the five boxes

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

Section 2

In this next section, please respond to each statement as you believe it applies to the **leadership** of the organization including managers/supervisors and top leadership

Managers/Supervisors and Top Leadership in this Organization		1	2	3	4	5
22	Communicate a clear vision of the future of the organization					
23	Are open to learning from those who are <i>below</i> them in the organization					
24	Allow workers to help determine where this organization is headed					
25	Work alongside the workers instead of separate from them					
26	Use persuasion to influence others instead of coercion or force					
27	Don't hesitate to provide the leadership that is needed					
28	Promote open communication and sharing of information					
29	Give workers the power to make <i>important</i> decisions					
30	Provide the support and resources needed to help workers meet their goals					
31	Create an environment that encourages learning					

32	Are open to receiving criticism & challenge from others					
33	Say what they mean, and mean what they say					
34	Encourage each person to exercise leadership					
35	Admit personal limitations & mistakes					
36	Encourage people to take risks even if they may fail					
37	Practice the same behavior they expect from others					
38	Facilitate the building of community & team					
39	Do not demand special recognition for being leaders					
40	Lead by example by modeling appropriate behavior					
41	Seek to influence others from a positive relationship rather than from the authority of their position					
42	Provide opportunities for all workers to develop to their full potential					
43	Honestly evaluate themselves before seeking to evaluate others					
44	Use their power and authority to benefit the workers					
45	Take appropriate action when it is needed					

Please provide your response to each statement by placing an **X** in one of the five boxes

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

Managers/Supervisors and Top Leadership in this Organization		1	2	3	4	5
46	Build people up through encouragement and affirmation					
47	Encourage workers to work <i>together</i> rather than competing against each other					
48	Are humble – they do not promote themselves					
49	Communicate clear plans & goals for the organization					
50	Provide mentor relationships in order to help people grow professionally					
51	Are accountable & responsible to others					
52	Are receptive listeners					
53	Do not seek after special status or the “perks” of leadership					

54	Put the needs of the workers ahead of their own					
----	---	--	--	--	--	--

Section 3

In this next section, please respond to each statement as you believe it is true about **you personally** and **your role** in the organization.

In viewing my own role ...		1	2	3	4	5
55	I feel appreciated by my supervisor for what I contribute					
56	I am working at a high level of productivity					
57	I am listened to by those <i>above</i> me in the organization					
58	I feel good about my contribution to the organization					
59	I receive encouragement and affirmation from those <i>above</i> me in the organization					
60	My job is important to the success of this organization					
61	I trust the leadership of this organization					
62	I enjoy working in this organization					
63	I am respected by those <i>above</i> me in the organization					
64	I am able to be creative in my job					
65	In this organization, a person's <i>work</i> is valued more than their <i>title</i>					
66	I am able to use my best gifts and abilities in my job					

Appendix E: Letter of Understanding – OLA Group

Letter of Understanding

Thank you for your interest in the Organizational Leadership Assessment (OLA) for your dissertation or thesis. Before moving forward, please be sure that the OLA will meet your specific research needs. Be aware that the OLA is not designed to be a self-assessment of an individual leader. It is an organizational assessment that provides the perception of the workforce, managers and top leadership on the six key areas of servant leadership. Check out the www.olagroup.com website to learn all you can about the instrument and its relevance to your specific research project.

The on-line version of the OLA is now available for your research. You will work with me (by email or phone) to set up each of the organizations you are studying on the www.olagroup.com site. You will be provided through email with access codes and directions for taking the OLA that you can provide to those participating in your study. You also will be provided access to the site in order to monitor the progress of each organization taking the OLA. Once all assessments have been completed by your research participants I will provide you with ...

1) an OLA report for each organization in pdf. format, as well as

2) a copy of your raw data in MicroSoft Excel format. You may then transfer the data from the Excel file into SPSS or other statistical research software that you may be using for your data analysis. You, of course, will be responsible for all data analysis related to your study.

Cost: A major reduction in the pricing of the OLA has been made for those involved in academic research. We are now requiring the use of the OLA through the website so that the data collected through your study will be available for ongoing statistical research on the OLA instrument. The cost is \$100 per organization assessed.

Note: if your study requires the use of a paper and pencil version of the OLA this can be provided, but you will be responsible for individually entering the data from each OLA instrument into the OLAgrouop website. All usable data must be entered into the olagroup site.

In addition you will agree to ...

- *Prior to conducting your study and receiving approval to use the OLA - provide me with ... (Note: this information will be placed onto the olagroup webstie and made available to other OLA researchers - see www.olagroup.com/research for listings of Current Research)*
 -
 - *The Title of your study plus a 300-400 word summary describing your research plan. This should include your research questions, your target group and how you will be utilizing the OLA in your study.*
 - *Your personal contact information - name, phone, email*
 - *Your target completion date for your study*
- *After completion of your study - provide me with ...*
 - *a bound hardcopy plus a digital copy of your dissertation and research results*
 - *permission to use your research results on the olagroup website*

If the OLA is the best instrument for the purposes of your research project and these understandings and conditions are agreeable to you please contact me by e-mail or phone to set up your organizations. I wish you well with your study.

*Jim Laub, Ed.D.
President, OLAgrouP
jlaub@olagroup.com
561-379-6010*

Appendix F: Letter Requesting Permission to use OLA Survey for Research

Judith E. Wyllie
277 Lakeview Ave., Kingsville, ON
Canada N9Y 2E2

Dr. Jim Laub, Ed.D.
President OLA Group
jlaub@olagroup.com

December 2008

Dear Dr. Laub,

I am a graduate student in the Masters Health Administration at Saint Joseph's College of Maine, Division of Graduate and Professional Study. **I am interested in using the Organizational Leadership Assessment instrument (OLA) for my applied research paper.**

I have reviewed the OLA Group letter of understanding and agree to abide by the terms described therein. I have chosen to conduct the survey by pen and paper method and understand that I will be responsible to enter all data collected into the OLA website. I provide you with the following information regarding my study:

Title: Servant Leadership and Job Satisfaction among Long-term Care Employees

Summary:

The purpose of this research is to examine the potential for a servant-leadership model to affect a shift in the culture of long-term care from one of control and blame to one of commitment and ultimately job satisfaction among long-term care employees at all levels of the organization.

Using the OLA instrument to gather data, the perception of servant-leadership practice and job satisfaction among long-term care employees will be examined to describe these perceptions in my sample and to determine if there is a correlation between these variables. Specifically this study will seek to answer the following questions:

1. How do the administration and front-line staff of the long-term care Home perceive the practice of servant-leadership in the Home?
2. Are there differences in the perception of the presence of servant-leadership based on employees' position within the organization?
3. Does the perception of servant-leadership correlate to the degree of job satisfaction?

This research project is a pilot for a potential longitudinal study of servant-leadership practice and job satisfaction of employees in long-term care pre and post servant-leadership program implementation.

The majority of nursing job satisfaction and commitment research stems from the acute care sector and researchers acknowledge that data from the acute care sector is not necessarily transferrable to the long-term care sector. Research regarding work place culture in long-term care consistently speaks to a disconnection between a hierarchal, largely externally controlled environment of work and the mainly intrinsic factors that motivate people and engender commitment to their long-term care organizations.

This research is timely and relevant to the long-term care sector in terms of: the current and looming nursing shortage; the high costs of turnover and the impact on staff and resident satisfaction; recognition of people's basic need to find meaning in their work and a sense of community within their organizations; the current long-term care nursing leadership's struggle to motivate their people and feel motivated themselves to be effective leaders; the need to develop future leaders in long-term care.

The target group for this study is all employees (approximately 275) of four (4) long-term care Homes owned and operated by a larger long-term care organization in Ontario, Canada.

The proposal for this research study has been reviewed and approved (date) by the Graduate & Professional Studies Review Board (GPSRB) of Saint Joseph's College of Maine.

It is my goal to conduct the OLA survey in January 2009 with a target completion date for the research study of March 20, 2009.

I look forward to hearing from you and working together on this research study.

Sincerely,

Judith E. Wyllie, RN, BScN
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Saint Joseph's College of Maine

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Appendix G: Six Constructs of Servant Leadership (OLA Group, 2008)



Display Authenticity

Healthy organizations have a different view of the leader. Leaders are to be open, real, approachable and accountable to others. They are not higher than others due to their “position.” In fact, position speaks to responsibility not value. As leaders work with people within organizations they will serve them by displaying the qualities of Authenticity.

Open & Accountable

Leaders will resist the tendency to protect themselves at all cost. When they make mistakes...they will admit them. They will recognize that they are accountable to others and not just those who are “over” them. People in a healthy organization can fully risk being open with each other due to the high levels of trust.

Willing to Learn

People in a healthy organization gladly accept the role of a learner. Leaders know that they have much to learn and that each person has something important to teach them. Leaders don’t always know what is needed and what to do. They are willing to listen before making



suggestions. They ask questions...and are sincerely interested in the answers.

Honesty & Integrity

Healthy organizations refuse to cut corners on the truth. When they make a promise they do everything possible to fulfill it. People learn that they can trust what is said and that in this organization...the actions fit the words.

Value People

Healthy organizations have a different view of people. People are to be valued and developed, not used, for the purposes of the leader. Leaders accept the fact that people have present value not just future potential. People seem to have an innate ability to know whether or not they are being valued...whether or not they are trusted. Effective leaders accept a person's value up front. They give them the gift of trust without requiring that they earn it first. As leaders work with people in organizations they will serve them by displaying the qualities of Valuing People.



Serve others first

People in healthy organizations put others before themselves. They focus on the needs of others and how they can best meet them.

Believe & Trust in people

Leaders are willing to give trust...to believe that others can do the job and have positive intentions. They work to envision the potential of people while looking beyond the immediate externals to find the true value others.

Listen receptively

When leaders truly listen to others they will hear them if they listen non-judgmentally. They listen to learn...to understand. They listen because they know that it is one of the best ways to show that they value others.

Develop People

Healthy organizations have a different view of the potential of people. Leaders see it as their responsibility to help others grow towards their full potential as servants and leaders. Therefore, they seek to create a dynamic learning environment that encourages growth and development. The mistakes of others are seen as opportunities to learn. Leaders believe that people have both present value and future potential. Healthy leaders accept the responsibility of helping people realize that potential. As leaders work with people within organizations they will serve them if they display the qualities of Developing People.



Provide for learning

Healthy organizations offer people opportunities for new learning. They provide an atmosphere where mistakes can lead to new insights. Leaders join them in learning and are never satisfied with the status quo.

Model appropriate behavior

Leaders don't just tell others what to do. They model it for them and do it with them. They help people to develop by working alongside them so that can learn from their example.

Build up through affirmation

Healthy organizations encourage others...honor others...accept others...build up others. They catch others doing it right. Leaders recognize accomplishments and celebrate creativity. They speak words of encouragement and intentionally affirm.

Build Community

Healthy organizations have a different way of looking at how people work together. They desire to build community; a sense that all are part of a loving, caring team with a compelling shared vision to accomplish. They resist the tendency to "just get the job done" and are just as concerned with the relationships of the people doing the job. Leaders know that people will be more impacted by the quality of relationships than they will be by the accomplishment of tasks. Therefore they intentionally work to build a community that works together and learns to serve one other in the process. As leaders work with people within organizations they will serve them by displaying the qualities of Building Community.



Build relationships

Leaders and workers need the time and space to be together...to share, to listen, to reflect. They need to get to know one another. Healthy organizations don't encourage lone-ranger success over team accomplishment. Instead, they encourage friendships to emerge.

Work collaboratively

Healthy organizations don't allow the natural competitiveness between different individuals to characterize the atmosphere of the group. They don't want to some to "win" at the expense of the Team. Leaders work alongside the others to model a dynamic partnership of collaborative work.

Value differences

Leaders respect and celebrate differences in ethnicity, gender, age and culture. They are aware of their own prejudices and biases. They confront these boldly so that no individual or group feels less valued or set apart from the team.

Provide Leadership

Healthy organizations provide leadership for the good of those being led. Leadership is described as Initiative, Influence and Impact. Leaders do not neglect to take appropriate action, in fact, they have a bias for action. This initiative-taking comes not from being driven to personal ambition but by being called to serve the highest needs of others.



Envision the future

Healthy organizations are future oriented. They look ahead to envision what could be, and should be. The leaders recognize that they serve as partners with other leaders throughout the organization who also are looking ahead to the future. This organization shares their vision openly with the goal of creating a new and shared vision with others.

Take initiative

Leadership takes action. It doesn't hold back in order to protect the leader from making mistakes. Leaders move out in order to serve others...and to serve the agreed upon mission of the organization.

Clarify goals

Healthy organizations are clear on where they are going. Leaders use clear and open communication to point the direction that the group is committed to pursue. The leader encourages accountability to the goals set...for themselves and for others.

Share Leadership

Healthy organizations recognize that every leader has power and must continually make choices as to how that power will be used. In these organizations the leader shares the power they have with others so that others can lead, thus increasing the potential influence and impact of the total organization.

Share the vision

Healthy organizations know that the vision of an organization does not belong to a single leader. A clear vision of the future, shared by the entire group, becomes a powerful magnet drawing together all of the resources, skills and abilities of the total team. Vision comes to leaders who see, and a shared vision occurs when the collective vision aligns toward a compelling and agreed upon future.

Share the power

Power has been described as the ability to do...to act. In organizational terms it represents the ability to make important decisions, allocate resources...moving people and projects forward to make things happen. Shared leadership empowers all people to act, for the good of the group and the mission of the organization.

Share the status

Leadership is not position, status or prestige. Leaders in healthy organizations resist the strong tendency to accept the special perks and privileges of leadership position. They know that all people throughout the organization need to be affirmed and recognized for their inherent value and for what they contribute to the success of the whole.



Appendix H: Notice of Survey Information Sessions

*“Be the change you wish to see
in the World”* (Gandhi)

To All (name of Home) Staff & Managers:

Please join me, Judith Wyllie,

(date)

Drop-in between (time & place)

Hear about an exciting opportunity

to participate in a Survey Research Study of

“Leadership and Job Satisfaction in Long-term Care”

this month in your Home.

*The more we listen to each
other, the stronger our ability
to make positive changes for
everyone.*