

Leadership Manifestations in Care for Older Adults: A Qualitative Study in a Care Innovation Program

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Key Words: care for older people; care innovation; case study; leadership; nursing older people.

Summary. *Background.* Leadership is considered to be a necessary condition to successful care innovation. Most research on leadership in nursing care focuses on hospital settings, whereas little is known how leadership works in practice of care for older people. This study focused on leadership (styles and context) in care for older people as this setting is in need of quality improvement. The aim of this study was to gain insight into leadership manifestations within a care innovation program in organizations providing care for older people.

Design. Multicase study.

Methods. Data collection involved semistructured interviews with 4 innovation project managers and 5 project team members; observations of daily activities of 3 project managers and 4 care innovation meetings in 3 nursing homes and 1 hospital ward. Framework analysis was used for the analysis of interviews and observations.

Results. The themes of leadership, subdivided in aspects, involved the following: 1) leadership and leadership factors addressing implicit and explicit leadership styles, leading position, role model behavior, and self-assurance; 2) individual leadership characteristics addressing personal ambition, self-reflection, care background, and gender; and 3) the contextual aspects of leadership addressing accessibility, presence on a ward, and match between organizational and personal views and ambitions.

Conclusions. Leadership in care innovation in care for older people shows salient aspects such as accessibility, role model behavior, care background, and presence on a ward that may be unique to this setting. These aspects might be specific to leadership in care for older people and thus worthwhile carrying out a further study.

Introduction

Leadership is a key to care innovation, since effective leadership both develops and sustains the quality of care in nursing (1–3). Nursing scientific research in hospital settings has resulted in various leadership theories (3, 4). Two systematic reviews have shown that effective leadership in nursing in hospital settings includes people- and relationship-focused leadership styles such as transformational leadership (5, 6). The characteristics of people- and relationship-focused leadership styles are the following: empathy, development of others, conflict management innovation, visionary inspiration, and empowerment (5, 6).

Leadership in care for older people has only recently become the focus of scientific research (7–9). Havig et al. (7) state that leadership is important for the quality of care in nursing homes. They emphasize that leaders in nursing homes should focus on active leadership and task-oriented behavior characterized by monitoring task execution, correcting, pacesetting and commanding. Havig et al. found a

stronger effect on quality of care for a task-oriented leadership style compared with a more relation-oriented leadership style (7). Lynch et al. (9) developed a model of situational leadership in residential care for older people. This new theoretical model that integrates both the concepts of situational leadership as well as the concepts of person-centered care, however, lacks an empirical base, especially when it comes to facilitating a sustainable culture change aiming to improve the quality of care in long-term care.

Numerous care innovation programs have been facilitated by governments in western countries to improve the quality of care (10, 11). Care innovation is a complex process. Organizations have to take into account factors at different levels within an organization: the (external) context level including the group level and the individual level (9, 12, 13). Various strategies contribute to successful innovation (14–16). Innovation strategies often address the individual level, e.g., intrinsic motivation, competencies, and attitudes of individual care professionals. Caregivers, however, usually work in teams. A focus

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on leadership implies a strategy that addresses the individual and the group level (16). Therefore, various authors describe leadership as an essential condition to successful care innovation (2, 4, 5, 16, 17).

So far, much research on leadership in care innovation has focused on hospital settings (1, 3, 5, 6, 14). Although various authors stress the importance of leadership in care innovation for older adults (7–9, 18), little is known how leadership works in these practices (8, 9). The present study therefore focuses on leadership in a care innovation program in organizations providing care for older people. The aim of this study was to gain insight into leadership manifestations within a care innovation program in organizations providing care for older people.

The research questions were as follows: “What kind of leadership (styles) can be identified in a care innovation program?” “What are important characteristics of identified leadership styles in a care innovation program?” “Which contextual aspects of leadership can be identified in a care innovation program?”

Care Innovation Program. This multicase study is part of a research project focusing on the development of a new regional type of the care innovation program aiming to achieve sustainable results (19). This new innovation program is constructed by adding new ingredients to the regular care innovation program.

Regular Innovation Program. Regular care innovation programs aim to improve a certain aspect of care within a specified timeframe (usually 12 months) with the quality improvement teams of different organizations (10). In a regular care innovation program, a multidisciplinary care innovation team develops and implements a care improvement plan on a certain aspect of care. The program incorporates “plan-do-check-act” routines, regular meetings and training sessions of care innovation teams, and consultations of experts on the content of innovation and improvement strategies (10, 11, 20). The team includes relevant professionals, staff members, and managers of the organization and client representatives. Project managers lead the multidisciplinary care innovation teams. The selection of project managers by healthcare organizations is based on their education, experience, and helicopter view.

New Innovation Program. The new care innovation program contains the effective ingredients of regular care innovation programs as mentioned above. New elements involve the following: 1) a regional, rather than a national setting, including regional team meetings and exchanging expertise and products; 2) training of project managers in Practice Development techniques (21); and 3) participation of bachelor nursing students as members of care innovation teams (19). Students support teams.

Furthermore, 4) teams are facilitated by lecturer coaches concerning innovation strategies and may refer to a team of experts at the level of innovation content, in this case falls prevention, and 5) a longer specified timeframe is used that includes an implementation phase.

As in the regular care innovation trajectories, care innovation teams consists of a project manager, a general manager, an official in charge of quality care, a client or a client representative, and a care staff member. Teams may also include other professionals.

Methods

A multicase study with a comparative design (22) was conducted to investigate how leadership is manifested in care for older people. This qualitative multicase study involved 4 of the 10 care innovation teams that started their 12-month innovation program on falls prevention in March 2010. The 4 exemplifying teams included were chosen because they illustrate a broader category of teams reflecting a maximum of diversity in regard to sex and a formal leading position of the project manager and the setting (nursing home versus hospital) (22).

The regional ethical committee considered that formal ethical approval was not required. All respondents gave their informed consent. Every effort was taken to create a safe and confidential surrounding for the respondents. We respected the wish of one respondent who did not want to be observed.

Data Collection. Data were collected during the first 6 months of the care innovation trajectories. The project managers were trained during this period in Practice Development techniques (21), and follow-up meetings were organized for the project teams to enhance the progress of the care innovation. Six project managers of 5 nursing homes and 1 hospital ward led the 10 participating care innovation teams. Two project managers led more innovation teams (2 and 4, respectively); the others led 1 innovation team.

Data collection involved semistructured interviews with and observations of 5 care innovation team members. Semistructured interviews were conducted to get insight into a respondents' view on leadership in the context of this innovation program. Purposive sampling was used to include respondents that reflected a maximum of diversity in regard to sex and a formal leading position of the project manager and the setting (22). The participating 5 team members were members of the project teams of the participating project managers. The interview questionnaires included basic questions that allowed the interviewer to vary or explore the questions and enabled the interviewer to attune to the respondents and an atmosphere (22). The interviews with

Table 1. Interview Questions

Team Members	Project Managers
Leadership (styles and characteristics) What is your experience with leadership? How does a leader encourage you regarding your work? What reduces your motivation? What does leadership mean to you? What makes someone a good/bad leader? What is the meaning of leadership to your daily work?	Leadership (styles and characteristics) What is your experience with leadership? How was your interest in leadership stimulated? What is your leadership style? Why? Which features of leadership are important to you? What does leadership mean to you? What kind of leader do you want to be? Do you have a role model? How did you prepare yourself as a project leader?
Context How do you experience the atmosphere of the ward/organization characterized? What is the focus of the organization (e.g. staff, procedures, etc.)? What strengthens staff retention? What are important shared values in the organization?	Context How is the atmosphere of the ward/organization characterized? What is the focus of the organization (e.g. staff, procedures, etc.)? What strengthens staff retention? What are important shared values in the organization?

4 project managers and 5 team members focused on how respondents described their leadership style, experienced leadership, perceived important leadership characteristics, and contextual aspects based on Cummings et al. (Table 1) (3). The interviews were audio taped, and field notes were recorded during the interviews. The interviews took 30 to 75 minutes. The interviews were transcribed verbatim to maintain data integrity. The respondents were asked to comment on the transcribed interviews by means of member check. All the respondents agreed with the content of the transcripts.

In addition, unstructured participant observation was used to complement the interview data (22). The daily activities of project managers and care innovation meetings were observed by the first author (M.S.), focusing on the behavior and attitude of the participants and interactions among them. The researcher observed 3 project managers for 8 hours during their daily activities. The respondents were the same as the ones that were interviewed. One project manager refused to be observed because of privacy rules for patients. Next, the researcher observed 4 care innovation meetings, led by the 4 aforementioned project managers, which lasted from 60 to 90 minutes each. The complete care innovation team, including the project managers and the team members, attended innovation meetings. The observations focused on how leadership is manifested within the context: which characteristic behavior can be identified in the project managers; what leadership characteristics can be distinguished in daily practice and do these characteristics match with the information of the interviews? Field notes of the observations were taken and elaborated on the same day. Table 2 provides a brief description of the composition of the 4 care innovation teams.

Data Analysis. The 5 stages of Framework Analysis of Ritchie and Spencer (1994) were used for analyzing the interview and observation transcrip-

tions: familiarization, identification of a thematic framework, indexation, charting, and mapping and interpretation (23, 24). After reading and rereading the interviews, the relevant sections were coded with the thematic framework: leadership style and leadership factors, individual leadership characteristics and context (3). All sections could be coded with the existing codes. Thematic charts were made of the resulting codes, which were interpreted and subdivided into subcodes. The results of this systematic analysis were continually discussed and evaluated by the researchers. The elaborations of the observations were used to supplement the interviews and checked the stated and actual behavior of the project managers. This data triangulation refined ideas and hypotheses and secured the trustworthiness of our data (22).

Results

The included innovation teams were situated in nursing homes and at a hospital ward for mainly elderly patients with internal, oncologic, and hematologic disorders. Table 2 provides a brief description of the 4 resulting cases. The project managers, both male and female, were aged between 27 to 50 years. Some project managers had a leading position whereas others had no hierarchical leading position in the organization and worked as a policy adviser or a specialized registered nurse. The age of the 5 interviewed team members varied from 24 to 52 years. Most of them were women and nurse assistants (Table 3).

The analysis of the codes resulted in 3 themes subdivided in 11 aspects corresponding to our research questions. The first theme, *leadership and leadership factors*, consisted of the aspects of implicit and explicit leadership styles, a leading position, role model behavior, and self-assurance. The second theme, *individual leadership characteristics*, involved the aspects of personal ambition, self-re-

Table 2. Case Descriptions

Case 1	Case 2
<p>Project team composition Ward manager, nurse assistant, physiotherapist, client representative, nurse student and project manager</p> <p>Leadership context Little contact between staff and higher management: top-down Innovations in organization: top-down Vision of higher management is unknown Team members need more contact with project manager Care innovation program participation with 1 ward</p>	<p>Project team composition Two specialized registered nurses, nurse student, and project manager</p> <p>Leadership context Organization has talent pool: project manager was able to test (leadership) ambition Motivated project team: highly educated members Team members appreciate how the project manager manages the project Vision of higher management is unknown Care innovation program participation with 1 ward</p>
Case 3	Case 4
<p>Project team composition Geriatrician, manager client care, physiotherapist, occupational therapist, 4 students and the project manager. Each participating ward has a smaller team consisting of the ward manager and 2 nurse assistants</p> <p>Leadership context Good relationship with higher management Management welcomes innovations Management shares the same values and vision Good accessibility of management to staff Focus of management on client and employee Care innovation program participation with 4 wards (1 internal, 3 external)</p>	<p>Project team composition Quality employee, nurse assistant, student and the project manager</p> <p>Leadership context Hierarchical leadership in function Ambivalent relation with higher management Change of organizational management during innovation program No explicit management vision Management is ambiguous to innovations Enthusiastic project team Care innovation program participation with 1 ward</p>

Table 3. Main Characteristics of Respondents

	Project Managers	Team Members
Participants	N=4	N=5
Gender		
Male	2	1
Female	2	4
Age, years	27-50	24-52
Type of institution		
Nursing home	3	4
Hospital (ward with older patients)	1	1
Role in institution		
Policy adviser in nursing home	1	
Specialized registered nurse in hospital	1	
Manager of nursing home	1	
Ward manager in nursing home	1	
Nurse assistant in nursing homes		4
Registered nurse in hospital		1

flection, care background, and gender. The third theme, *contextual aspects of leadership*, consisted of the aspects of accessibility, presence at a ward, and clarity of a match between organizational and personal views and ambitions.

Leadership and Leadership Factors. The findings concerning the first theme, *leadership and leadership factors*, and the leadership aspects addressed the first research question concerning which kind of leadership (styles) can be identified.

Leadership was related by the behavior and practices of individual leaders. 1) Different leadership styles were identified in the 4 cases in this care innovation program, both more explicit and implicit styles. Some project managers had a clear vision on good care and leadership. Clients and staff had a central position in these visions. Explicit leadership styles that were named and observed were serving leadership and modern leadership. The features such as coaching, stimulating, empathic attitude, listening, and open communication were important. The explicit leadership styles were reported by project team members and during the observations of project meetings. Some project managers could not name their leadership style but described it as “doing things together” and “doing a bit of this and that.” These implicit leadership styles were difficult to recognize by team members. The reported behavior by the project managers did not always match with the actual behavior of the project manager experienced by project team members and during observations. 2) The next leadership factor was a leading position. Project managers with a leading position in their organization mentioned that project management was part of their job. These were the project managers with a more explicit leadership style. These project managers were used to deal with individual and organizational problems and developed leadership vision and skills before in their career. 3) Self-assurance was another leadership factor. The self-assured project managers appeared to

know what they were doing and what they were capable of. Team members appreciated a self-assured attitude of project managers. 4) Finally, role model behavior was named by project managers and team members as an important leadership factor. The project managers that were aware of the importance of setting an example practiced it consciously, even at their lunch hour (Table 4).

Individual Leadership Characteristics. Several individual leadership characteristics could be distilled from the data addressing the second research ques-

tion concerning the important characteristics of identified leadership styles. 1) The ability of self-reflection, critical reflection on one's behavior, and adjustment of that behavior is reported by all project managers, but not always actually experienced by project members and observed by researchers. 2) Personal leadership ambition differed among the project members. To some project managers, this ambition had been funded in their youth. They became aware of their leadership ambition at a young age, sometimes due to the problems encountered

Table 4. Themes, Aspects, and Quotations of Leadership in a Care Innovation Program

Themes	Aspects	Quotations
Leadership and influencing factors	Leadership style (implicit and explicit)	Explicit: "Within our organization we have a vision of serving leadership; I'm a serving leader. I'm a coach; I'm a stimulator, initiator (...). I am not a distant leader." (Project manager, 46 years old) Implicit: "I'm just doing a bit of this and that. To me it's important that things are supported by the team... that it's not my choice." (Project manager, 43 years old) "Well, I'm the one that organizes the meetings. But we decide all together." (Project manager, 27 years old)
	Leading position	"Project management is part of my job." (Project manager, 50 years old) "Well you have a group ... and a group needs to be led, otherwise you can ... every member goes his own way ... maybe what is missing is that a leader has to be alert to what is in the group, what are the individual qualities and how can he or she use them ..." (Team member, 25 years old)
Self-assurance		"... He asked me to be a project leader. At first I wasn't enthusiastic, I didn't recognize the qualities needed in myself." (Project manager, 27 years old) "... and you know as leader in middle management... they expect a lot of you, but you also know a lot (...) people often call me and ask me for help. Basically, I really know a lot ..." (Project manager, 50 years old)
		Role model behavior
Individual leadership characteristics	Self-reflection	"Well, I know my limitations in that. And I think that's a strength, knowing what I'm good at and knowing my weaknesses." (Project manager, 46 years old) "In my opinion, self-reflection is very important for a leader ... but for that one needs input, feedback ... from team members ... so an open vulnerable attitude is important to me." (Project manager, 50 years old)
	Personal leadership ambition	"... I always wanted to be a leader (...) I was a formal or an informal leader, so my family told me. Mostly informal, just from my character, and how I am as a person. It's something I always showed, in sports or whatever I did." (Project manager, 46 years old) "But at that time I wasn't interested in it ... during the training ... in that period ... No ambition to do anything at all in senior management." (Project manager, 43 years old) "I don't know yet ... I like what I'm doing now. I'm 27 years old ... may be in ten or twenty years ... Yet, I wouldn't quit care. And when I look at C and M and the problems they have to deal with ... I don't think I would happily leave for work in the morning. It is important to me that I enjoy my job. I would rather earn less ..." (Project manager, 27 years old)
	Care background	"It is perhaps because PM has a care background, making him more aware of certain things and that feels more comfortable." (Team member, 42 years old) "That's why the question arises in this innovation program ... is the leader capable ... shouldn't the leader be involved in the team ... a primary nurse assistant ... well may be that created more support from the team. Because now the feeling prevails that it happened top-down." (Team member, 25 years)
	Gender	"Well ... I think ... men are more business minded ... women are more sensitive. Men and women lead differently ..." (Team member, 52 years old) "Women are more sensitive ... men are more capable in making decisions." (Team member, 42 years old)

Table 4. Continuation

Themes	Aspects	Quotations
Contextual aspects of leadership	Accessibility	"Yes, and it was about something small, and PM had just started here. It was something small, but to me it wasn't. It was about a resident whose personal alarm was out of order and there was no substitute alarm for her. There was no one to fix it for her because it happened during the weekend. And I thought, 'Well, that's impossible, somebody has to fix it for her, because she was afraid without her personal alarm'. No technician could help so I mailed PM about the situation and in no time the lady had a working personal alarm. And PM told me that it was no problem that I had contacted him. Yes, an open attitude, knowing that I can count on PM." (Team member, 42 years old)
	Presence at ward	"He ... when he comes to the ward then he also speaks with residents ... and that is very good, because I've also seen managers who never showed up at the ward ... yes, involvement in this sense is very important." (Team member, 42 years old) "... But, I'm not a distant leader although I couldn't help being one over the last year ... so, actually, I wasn't happy anymore ... eh ... then I don't perform well." (Project manager, 46 years old) "... He also shows up at the ward. (...) ... every day he asks how things are, he tells us where we can find him and what his plans are for the day ..." (Team member, 52 years old)
	Clarity of and match between organization and personal views and ambition	"I was just thinking ... me myself ... I think serving leadership is very important. That's what this unit advocates. And what I advocate. We are very aware of it." (Team member, 42 years old) "... Because that is surely one of the handicaps I hear and signal ... uh ... in senior management that staff feel that the regional manager ... who is that? I have been working here for two years now, so to speak, and I've never seen them. This distance is very large. Do they know what happens, do they come along and have a coffee? I think middle management is a very important key; we are like sensors, especially for senior management. To hear what is going on, and occasionally face people in senior management with the facts ... and that makes it very interesting and pleasant ... to see both sides. Sometimes it also presents us with dilemmas ..." (Project member, 50 years old)

An ellipsis indicates a pause; an ellipsis in parentheses indicates the omission of words.

during that period in their life. The project managers with lower leadership ambition named formal leadership as a possible future option, "maybe in the future." Sometimes they had been asked to be a ward leader or a project manager. 3) The professional discipline of the project managers differed: an occupational therapist, a specialized nurse (a certified nurse assistant), a psychiatric nurse assistant, and an older people nurse assistant. A discipline match with the team members was important to team members. Both project managers and team members named a care (nursing) background as an important aspect of a leader. It influenced the way staff acted toward their leader. Most project managers were aware of this although they did not think about it as *a conditio sine qua non*. 4) The team members named gender differences. They found female leaders more empathetic compared with their male counterparts who were characterized as more business minded. The data presented illustrated how men and women weigh the pros and cons of their career ambitions. The female project managers in this study were invited to become project members. They accepted the offer but were not sure about their leadership competencies. The women in this study also reflected on what they observed in their female managers. It influenced their intrinsic motivation and decreased their leadership ambition. The men in this study were role models, and although they could not point out their own role models, they were aware of their career wishes and needs (Table 4).

Contextual Aspects on Leadership. Three contextual aspects were identified that addressed the

third research question; which contextual aspects of leadership can be identified. 1) The accessibility of the project manager was highly appreciated by team members. It influenced their commitment to the project manager and the project. Some project managers were aware of this and tried to meet those wishes. 2) The presence of the project manager on a ward was closely related to accessibility. The project members on a ward wanted to be seen by the project manager. It was important to staff that leaders personally knew them, their names, as well as their positions. At the same time, they wanted a visible project manager, someone who showed up at the ward and was interested in the daily activities of the team members. Visibility gave credits to the project manager. Invisibility led to negative assumptions about the capacities of project managers and their interest in staff members.

Another contextual aspect of leadership is 3) clarity of and match between organizational and personal views and ambitions. In this study, the organizational ambitions varied. The ambitions of some organizations appeared not to be explicit and well communicated, whereas those of others were. In one case, the project manager proclaimed an explicit personal and organizational leadership vision. This vision was described and recognized at different levels of the organization. A clear and explicit vision on good care and leadership throughout all the levels of the organization was associated with involved and inspired employees and reflected the way how the organization encountered innovations (Table 4).

Discussion

This study focused on how leadership is manifested in a care innovation program implemented in organizations providing care for older people. The interviews with and observations of the members of 4 care innovation teams participating in a care innovation program resulted in 3 themes: 1) leadership and leadership factors consisting of an implicit and an explicit leadership style, a leading position, self-assurance, and role model behavior addressing the research question 1; 2) individual leadership characteristics consisting of self-reflection, personal ambition, care background, and gender addressing the research question 2; and 3) the contextual aspects of leadership consisting of accessibility, presence on a ward, and clarity of and match between organizational and personal views and ambition addressing the research question 3.

The findings on a leadership style suggest that the identified explicit leadership styles such as serving leadership and modern leadership match with people- and relation-focused leadership styles (5, 8). The findings on the aspects of leadership such as self-reflection, self-assurance, and clarity of vision are in line with those described in research literature addressing leadership in hospital settings (3, 13). The importance for leaders of being a role model is affirmed by Eaton et al. (25). They describe role modeling in best practices, but these best practices have not been implemented in health care. In the specific care setting of care for older people, the salient aspects of leadership such as accessibility, role model behavior, and especially a care background and presence on a ward are important. Presence on a ward seems to be related to "being involved in frontline care," which was found to be effective supervisory behavior of charge nurses in long-term care mentioned by McGilton et al. (26). In line with Cameron et al. (8), team members in our study regarded project managers who invested in personal relationships and support as good leaders. Team members also wished to be acknowledged, respected, and valued by their project managers.

Both team members and project managers named accessibility, role model behavior, a care background, and personal and spatial presence on a ward as important aspects of leadership. These may be aspects of leadership that are specific to care for older people, which is characterized by a largely female care staff that very much focuses on personal relationships, both with clients and colleagues. A perceived distance between project managers and team members hampers the building and maintenance of relationships, which is highly appreciated in this context (20). Perhaps, the limited education of care staff also explains the importance of these leadership aspects, as a personal distance may be ex-

perienced to be large when a project manager differs in both educational background and discipline (17, 18).

The contextual aspects of leadership such as care background, presence on a ward, and clarity of and match between organizational and personal views and ambitions affirm the importance of cultural aspects in care innovation as mentioned by Cretin et al. (12). Furthermore, Lynch et al. (9) and Suhonen et al. (13) emphasize the importance of (project) culture in relation to leadership, e.g., trust, ethical treatment of individual employees, and shared values. Leaders should be aware of cultural aspects and focus on the impact of the context. The empirical data of our study underline the theoretical model of leadership of Lynch et al. (9); the specific setting of care for older people needs attuned leadership.

Across the 4 case studies, gender appeared to be underlying various personal leadership dimensions. Gender may be an important issue in the shape of leadership in innovation in care for older people. Female professionals provide most care. The Dutch society has a long tradition of male breadwinners. Although it has become the rule for women in the Netherlands to continue work after marriage and childbirth, the majority of women works part-time and many managerial functions are still taken by men, even in female-dominated areas such as care for older people. Discussions about the "glass ceiling" for women usually focus on a perceived lack of ambition in female employees and the way they weigh their family and professional career (27). This gender issue could not be elaborated on in the present study, as the female managers of the project did not have a leading position, whereas the men did. Furthermore, as the data for this study were collected at the beginning of a care innovation program, we do not know which role gender may play in care innovation over time. Future research could address this issue.

Limitations of the Study. The conclusions to be drawn from this study are to be seen in the context of a limited number of cases, participants, and the Dutch context of care innovation in care for older adults. Nevertheless, data triangulation, in-depth and comprehensive data collection, thorough analyses, and the resulting diversity of cases and leadership themes and aspects are the basis for some provisional conclusions.

Conclusions

As in other case studies, results cannot be readily generalized to other settings. Nevertheless, the findings are relevant to the discussion of the role of leadership in care for older people. We identified both explicit and implicit leadership styles, individual leadership characteristics, and influencing

contextual aspects of leadership in a care innovation program. Particularly, the aspects like accessibility, role model behavior, care background, and presence on a ward may be specific to leadership in care for older people. This conclusion is an important addition to the discussion on the role of leadership in care innovation. Thus, it is worthwhile to continue research on this topic in the specific context of care of older people. It is also valuable to explore the progress of case studies, since this may result in data on the development of personal and contextual leadership aspects. This is of relevance to care practices too, because efforts to improve care may benefit from insight into the role of leadership in the process of care innovation.

Thus far, the selection of care innovation project managers was based on the educational level (bachelor) and on an unspecified notion of sturdiness. The matching discipline and presence on a ward may also be useful criteria in the selection and organizational facilitation of project managers and wards. Finally, although we cannot draw any conclusions on causes and effects, our findings suggest that the match of organizational and personal visions and ambitions may facilitate care innovation.

The present findings show that an organizational context, in this case care for older people, may add both to the scientific leadership discussion and to care innovation practice. Furthermore, although leadership issues have thus far been presented to graduate students, there may be a lack of specific leadership education in care for older people. Moreover, it may be worthwhile to pay attention to leadership roles and competencies in bachelor nurse education. Investment in future leaders cannot start too early, particularly not in female ones.

Implications for Practice

In care innovation programs, matching discipline between project managers and team members and distance to the ward of the project manager deserve attention in the selection and organizational facilitation of project managers and wards.

Nurse education curricula should pay more attention to leadership roles and competencies.

Investment in female leadership in care for older people is worthwhile.

Ethical Approval

Ethical approval was discussed and sought with a regional ethical committee. The committee did not consider approval necessary. All the respondents who participated in this study gave their informed consent. All the data were accessible only to the researchers and remained confidential. Participants' names were coded to keep them anonymous.

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Statement of Conflict of Interest

The authors state no conflict of interest.

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Lyderystės apraiškos pagyvenusio amžiaus žmonių priežiūroje: priežiūros inovacijų programos kokybinis tyrimas

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Raktažodžiai: pagyvenusio amžiaus žmonių priežiūra, priežiūros inovacijos, atvejo analizė, lyderystė.

Santrauka. Įvadas. Lyderystė – tai esminė sėkmingo priežiūros naujovių įdiegimo sąlyga. Daugelis tyrimų, nagrinėjančių lyderystės klausimus slaugoje, susiję su ligoninės paslaugomis, tuo tarpu ne daug žinoma apie lyderystės apraiškas pagyvenusio amžiaus žmonių priežiūroje. Šio tyrimo objektas – pagyvenusio amžiaus žmonių priežiūroje demonstruojamos lyderystės stilius ir turinys.

Tyrimo tikslas. Išnagrinėti lyderystės apraiškas, diegiant priežiūros inovacijų programą organizacijose, kurios teikia priežiūros paslaugas pagyvenusio amžiaus žmonėms.

Tyrimo medžiaga ir metodai. Atliktas atvejo analizės tyrimas. Duomenys surinkti organizavus pusiau struktūrinius interviu (juose dalyvavo keturi inovacijų programos vadovai ir penki projekto grupės nariai), stebint trijų projekto vadovų dienos veiklas ir keturis priežiūros inovacijų grupės susitikimus trijuose slaugos namuose ir vienos ligoninės skyriuje. Interviu ir stebėjimų duomenys analizuoti sisteminės analizės būdu.

Rezultatai. Lyderystės temos, suskirstytos į aspektus, apėmė: 1) lyderystę ir susijusius veiksnius, rodančius akivaizdžius ir užslėptus lyderystės stilius, lyderiavimo pozicijas, vaidmens modelio elgesį ir saviklioq; 2) individualius lyderystės požymius, susijusius su asmeniniais tikslais, priežiūros sąlygomis ir lytimi; 3) lyderystės turiniu (kontekstu), kuris atskleidė prieinamumą, buvimą skyriuje, organizacinių požiūrių ir tikslų suderinimą su asmeniniais tikslais.

Išvados. Lyderystės diegimas pagyvenusio amžiaus žmonių priežiūroje susijęs su šiais esminiais aspektais: prieinamumas, vaidmens modelio elgesys, priežiūros sąlygos ir buvimas skyriuje. Šie aspektai nėra įprasti organizuojant pagyvenusio amžiaus žmonių priežiūrą, jie gali pasižymėti savitumais, todėl juos tikslinga nagrinėti kituose tyrimuose.

References

- Cummings G, Midodzi WK, Wong C, Estabrooks CA. The contribution of hospital nursing leadership styles to 30-day patient mortality. *Nurs Res* 2010b;59:331-9.
- Berwick DM. Successful innovation strategies. Keynote speech during congress Kennis beter delen III, ZonMw, Veldhoven; 2006.
- Cummings G, Lee G, MacGregor T, Davey M, Wong C, Paul L, et al. Factors contributing to nursing leadership: a systematic review. *J Health Serv Res Policy* 2008;13:240-8.
- Jackson JP, Clements PT, Averill JB, Zimbardo K. Patterns of knowing: proposing a theory for nursing leadership. *Nurs Econ* 2009;27:149-59.
- Cummings G, MacGregor T, Davey M, Lee G, Wong C, Lo E, et al. Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. *Int J Nurs Stud* 2010;47:363-85.
- Wong CA, Cummings GG. The relationship between nursing leadership and patient outcomes: a systematic review. *J Nurs Manag* 2007;15:508-21.
- Havig AK, Skogstad A, Kjekshus LE, Romoren TI. Leadership, staffing and quality of care in nursing. *BMC Health Serv Res* 2011;11:327.
- Cameron S, Harbison B, Lambert V, Dickson C. Exploring leadership in community nursing teams. *J Adv Nurs* 2011; 68:1469-81.
- Lynch BM, McCormack B, McCance T. Development of a model of situational leadership in residential care for older people. *J Nurs Manag* 2011;19:1058-69.
- Strating MMH, Zuiderent-Jerak T, Nieboer AP, Bal RA. Evaluating the Care for Better collaborative. Results of the first year of evaluation. Institute of Health Policy and management. Rotterdam; 2008.
- Schouten LM, Hulscher ME, van Everdingen JJ, Huijsman R, Grol RP. Evidence for the impact of quality improvement collaboratives: systematic review. *BMJ* 2008;336:1491-4.
- Cretin S, Shortell SM, Keeler EB. An evaluation of collaborative interventions to improve chronic illness care. *Framework and study design. Eval Rev* 2004;28:28-51.
- Suhonen M, Paasivaara L. Nurse managers' challenges in project management. *J Nurs Manag* 2011;19:1028-36.
- van der Weide M, Smits J. Adoption of innovations by specialized nurses: personal work and organizational characteristics. *Health Policy* 2004;68:81-92.
- Grol R, Wensing M, editors. *Effectieve verbetering van de patiëntenzorg. (Effective improvement of patient care.)* 2nd ed. Maarssen: Elsevier Gezondheidszorg; 2007.
- Holleman G, Poot E, Mintjes-Groot J, van Achterberg T. The relevance of team characteristics and team directed strategies in the implementation of nursing innovations: a literature review. *Int J Nurs Stud* 2009;46:1256-64.
- Dogherty EJ, Harrison M, Graham ID. Facilitation as a role and process in achieving evidence-based practice in nursing: a focused review of concept meaning. *Worldviews Evid Based Nurs* 2010;7:76-89.
- Dwyer D. Experiences of registered nurses as managers and leaders in residential aged care facilities: a systematic review. *Int J Evid Based Healthc* 2011;9:388-402.
- Smits CHM. Regionale borging van Zorginnovatie: Ontwikkeling van een HBO gebaseerd Zorg voor Beter-format met als casus Valpreventie van ouderen. (Regional sustainability of care innovation: the development of a Care for Better program focusing on falls prevention in older adults.) Project plan. Zwolle, The Netherlands; 2008.
- Stoopendaal A. Zorg met afstand. Betrokken bestuur in grootschalige zorginstellingen, dissertatie Erasmus University Rotterdam. (Care with distance. Involved management in large-scale care organizations.) PhD thesis. Koninklijke Van Gorcum, Assen. Rotterdam: Erasmus University; 2008.
- Rycroft-Malone J, Kitson A, Harvey G, McCormack B, Seers K, Titchen A, et al. Ingredients for change: revisiting a conceptual framework. *Qual Saf Health Care* 2002;11: 174-81.
- Bryman A. *Social research methods.* 3rd ed. New York: Oxford University Press; 2008.
- Ritchie J, Spencer L. Qualitative data analysis for applied policy research. In: Bryman A, Burgess RG, editors. *Analysing qualitative data.* London: Routledge; 1994.
- Lacey A, Luff D. Qualitative research analysis. The NIHR RDS for the East Midlands/Yorkshire & the Humber Yorkshire & the Humber; 2009.
- Eaton E, Henderson A, Winch S. Enhancing nurses' capacity to facilitate learning in nursing students: effective dissemination and uptake of best practice guidelines. *Int J Nurs Pract* 2007;13:316-220.
- McGilton KS, Bowers B, McKenzie-Green B, Boscart V, Brown M. How do charge nurses view their roles in long-term care? *J Appl Gerontol* 2009;28:723-42.
- Ambition and gender at work. Institute of Leadership and Management; 2011.

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