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Leadership Styles of Nursing Home Administrators and Their Association With Staff Turnover

Christopher Donoghue, PhD,[1,2] and Nicholas G. Castle, PhD[3]

Purpose: The purpose of this study was to examine the associations between nursing home administrator (NHA) leadership style and staff turnover. ***Design and Methods:*** We analyzed primary data from a survey of 2,900 NHAs conducted in 2005. The Online Survey Certification and Reporting database and the Area Resource File were utilized to extract organizational and local economic characteristics of the facilities. A general linear model (GLM) was used to estimate the effects of NHA leadership style, organizational characteristics, and local economic characteristics on nursing home staff turnover for registered nurses (RNs), licensed practical nurses (LPNs), and nurse's aides (NAs). ***Results:*** The complete model estimates indicate that NHAs who are consensus managers (leaders who solicit, and act upon, the most input from their staff) are associated with the lowest turnover levels, 7% for RNs, 3% for LPNs, and 44% for NAs. Shareholder managers (leaders who neither solicit input when making a decision nor provide their staffs with relevant information for making decisions on their own) are associated with the highest turnover levels, 32% for RNs, 56% for LPNs, and 168% for NAs. ***Implications:*** The findings indicate that NHA leadership style is associated with staff turnover, even when the effects of organizational and local economic conditions are held constant. Because leadership strategies are amenable to change, the findings of this study may be used to develop policies for lowering staff turnover.

Key Words: Management style, Consensus management, Organizational characteristics, Local economic characteristics, Staffing

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A recent report by the General Accountability Office (GAO) indicates that the harms caused to nursing home residents by poor-quality care have declined over the past 20 years, but poor quality still persists in nearly 20% of all facilities (GAO, 2007). The gains that have been accomplished on quality indicators have been attributed to several factors, including the expanded role of the Center for Medicare and Medicaid Services in monitoring deficiencies and increasing the severity of sanctions for noncompliance. These policies have necessarily placed pressure upon nursing home administrators (NHAs) to employ new quality management initiatives to raise their standards of care.

Efforts to improve the quality of care are arduous especially because they often depend upon the satisfaction levels and capacities of the caregiving staff, which is prone to high levels of turnover (Castle & Engberg, 2006). Staff turnover has been associated with many burdens for nursing homes, including higher rates of infection and hospitalization (Halbur & Fears, 1986; Munroe, 1990; Spector & Takada, 1991; Zimmerman, Gruber-Baldini, Hebel, Sloane, & Magaziner, 2002). Thus, the management of caregiver turnover is an essential component of any strategy to improve the quality of care. Yet, the number of studies exploring the impact that NHAs have on staff turnover is surprisingly low.

The goal of this study was to examine the association between the leadership strategies employed by NHAs and caregiver turnover (i.e., turnover of registered nurses [RNs], licensed practical nurses [LPNs], and nurse's aides [NAs]). In one prior study, the prevalence of specific types of leaders among a national sample of NHAs was described (Donoghue & Castle, in press). Using the Bonoma–Slevin leadership model (Slevin, 1989), this study

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revealed that most NHAs tended to be consensus managers, consultative autocrats, or autocrats (defined subsequently), but this study did not estimate the effects that these leadership types had on any organizational outcomes. We extend this prior research by examining the association between NHA leadership style and caregiver turnover in a multivariate context that incorporates both organizational and local economic characteristics.

Conceptual Model and Hypothesis

Prior research has found that job satisfaction among nursing home caregivers is a key predictor of turnover (Coward et al., 1995; Grau, Chandler, Burton, & Kolditz, 1991; Humphris & Turner, 1989; Irvine & Evans, 1995; Kiyak, Namazi, & Kahana, 1997). Using the individual as the unit of analysis, these studies demonstrate the importance of maintaining a satisfying work atmosphere for caregivers. This can be particularly challenging for NHAs who must also manage the constraints that are imposed by organizational conditions beyond their control. Organizational-level research has found that nurse staffing ratios, profit status, and Medicaid census are all associated with staff turnover (Anderson, Corazzini, & McDaniel, 2004; Banaszak-Holl & Hines, 1996; Brannon, Zinn, Mor, & Davis, 2002; Castle & Engberg, 2006; Donoghue & Castle, 2006). Local economic conditions such as urban or rural location and local unemployment rates have also been linked to turnover (Donoghue & Castle, 2007a).

Castle, Engberg, Anderson, and Men (2007) recently developed a theoretical model predicting turnover that incorporates the effects of the individual, the organization, and the environment (or local economic conditions). This model was developed from the extensive prior work of Price (Price, 1977, 2000; Price & Mueller, 1981), a noted expert on turnover. An important strength of this model is that it is representative of the nursing home context; for example, facility characteristics having prior associations with lower turnover are included (Castle, Engberg, Anderson, et al., 2007; Harrington & Swan, 2003). These facility characteristics include lower bed size (Castle, Engberg, Anderson, et al., 2007), nonprofit ownership status (Harrington & Swan), higher staffing (Harrington & Swan), and lower Medicaid census (Harrington & Swan). This model is also well specified, with numerous characteristics included, such as personal characteristics (e.g., age), role-related characteristics (e.g., tenure), and turnover opportunities (e.g., local unemployment rates). Both personal and role-related characteristics have been associated with turnover when controlling for organizational and environmental characteristics (Castle, Engberg, Anderson, et al., 2007).

A central component of this turnover model is the influence of job satisfaction. That is, caregivers with low job satisfaction are more likely to turn over. Evidence of this pattern is found in Castle, Engberg, Anderson, and associates (2007), which identified an association between NA job satisfaction and turnover. In that study, items such as work schedule, training, and rewards were influential on job satisfaction. Thus, NHAs may be capable of influencing caregivers' job satisfaction through their management of operating conditions such as scheduling, training, and rewards. No research, to date, has examined the influence of NHAs on caregiver job satisfaction. Nevertheless, findings such as an association between caregiver turnover and NHA turnover (Castle, 2005) suggest that such a relationship may exist.

In the current study, we modified this prior model of turnover by including the leadership style of NHAs (see Figure 1). Following existing nursing home work in this area (Donoghue & Castle, 2007b), we used the Bonoma–Slevin leadership model to identify leadership strategies most commonly employed by NHAs. The Bonoma–Slevin leadership model utilizes Likert-scale indexing to place managers into one of four different types of leaders, based upon the amount of participation in decision making that managers exchange and the extent to which they utilize the input they receive (Slevin, 1989). The first leadership type is labeled a "consensus manager." A consensus manager seeks input from the work group and allows the work group's input to influence decision making. The second type, a "consultative autocrat," also seeks input but makes all important decisions on his or her own. An "autocrat" does not seek any input and makes all decisions on his or her own. Finally, a "shareholder manager," which Slevin (1989) described as the weakest of the four types, not only fails to solicit input from the staff on decision making but also neglects to share important information with the staff that would enable them to make better decisions on their own.

The Bonoma–Slevin leadership model is well adapted to research on top administrators in nursing homes because of its dual emphasis on

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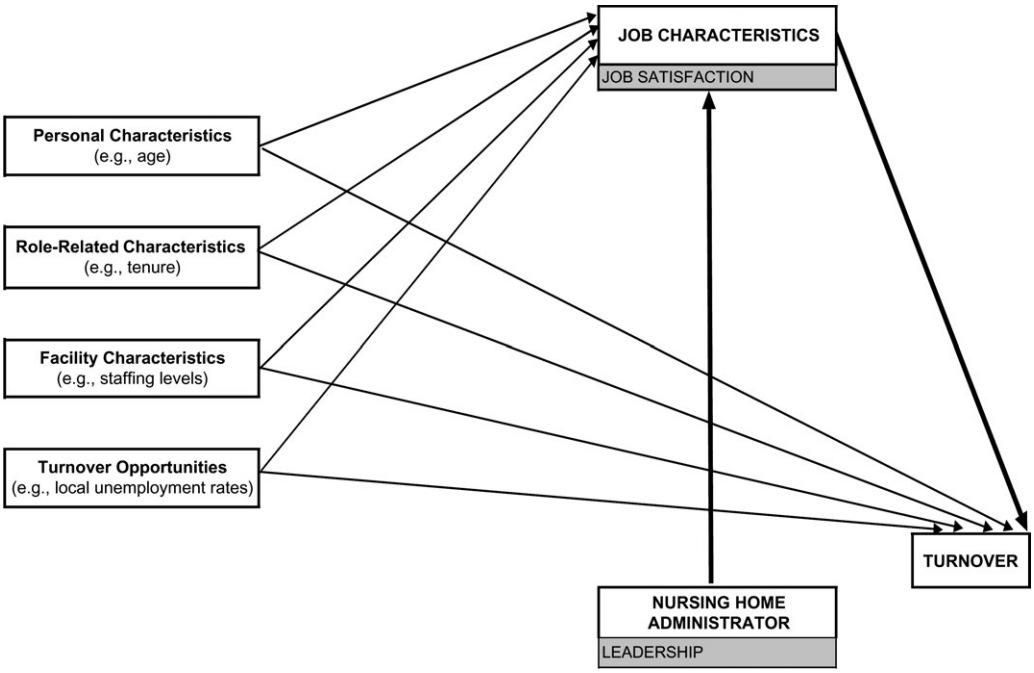

Figure 1. Conceptual model for the effects of nursing home leadership, individual characteristics, facility characteristics, and turnover opportunities on nursing home staff turnover.

transformative leadership and managerial accountability. Previous studies of leadership in caregiving have found that nurses experience higher job satisfaction and are less prone to turnover when their midlevel managers exhibit transformative leadership styles (Kleinman, 2004; McDaniel & Wolf, 1992; Taunton, Boyle, Woods, Hansen, & Bott, 1997; Volk & Lucas, 1991). Transformative leadership is based on the principle that workers become more motivated when they are permitted to take part in their own governance and engage in a participatory work climate. This approach to management is a stark contrast to the transactional leadership style that seeks to motivate workers solely through reward systems (McDaniel & Wolf, 1992). In addition, the Bonoma–Slevin leadership model considers managerial accountability by probing for the amount of input that managers encourage among their employees while also considering the extent to which managers act upon the ideas that come from their staff. Implementing all the ideas that come from the staff may improve employee satisfaction, but it is normally prudent for managers to use their own expertise by selecting the best ideas and rejecting those which would not bring about positive results. Accordingly, when managers permit a sufficient level of information exchange without sacrificing their obligation to supervise and control the situation, an effective work climate should result (Slevin, 1989).

The consensus manager achieves this goal most successfully by genuinely considering input from all members of the staff but preserving the necessary power to make the final decision. This method is consonant with the transformative style of leadership because it empowers lower level employees through shared governance (Kleinman, 2004; McDaniel & Wolf, 1992), and it is also compatible with Hassemann's (2004) "authoritarian" type that emphasizes broad open-mindedness but also firm and decisive leadership. Thus, we hypothesize that caregiver turnover will be lowest in nursing homes with NHAs exhibiting a consensus manager leadership style.

Methods

Data

Data from the National Nursing Home Turnover Study (NNHTS) were utilized to measure the leadership styles of NHAs and the turnover levels in their facilities for caregiver staff. The NNHTS is a nationally representative survey of NHAs and their facilities (Castle, Engberg, & Men, 2007). It is part of a larger project designed to examine leadership, turnover, and resident safety. All facilities in the United States were divided into market areas with low, medium, and high unemployment rates. Then, within each of these categories, 1,333 nursing homes were randomly selected to receive a survey.

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The mailing information for these nursing homes came from the Online Survey Certification and Reporting (OSCAR, 2004) database. During the spring of 2005, the survey was mailed to these 4,000 NHAs, and 2,900 returned it in usable form (representing 72% of the original sample).

As part of the data collection strategy, follow-up reminder postcards were mailed 2 and 4 weeks after the survey mailing. No follow-up phone calls were used, but if requested, a repeat questionnaire was sent to the administrator. The author's telephone number and e-mail address were also included in the mailings, and administrators were directed to call if they had any questions or needed any clarification.

This primary data collection was used because staffing information, such as turnover, is generally not found in commonly used secondary sources of nursing home data. Likewise, information on leadership style is not found in any secondary sources of nursing home information.

OSCAR contains data collected as part of state/federal nursing home inspections. Facilities that accept residents with Medicare or Medicaid payments, or both, are surveyed. This includes most (i.e., 97%) nursing homes in the United States (see Hillmer, Wodchis, Gill, Anderson, & Rochon, 2005, for an extensive description of these data). The primary data from the NNHTS were merged with OSCAR to obtain facility information such as profit status and current occupancy. The OSCAR data set is a widely used source of secondary data on nursing homes; nevertheless, the reliability of the data is subject to debate (Kash, Hawes, & Phillips, 2007). The specific variables used in this analysis are considered to be the most reliable. The OSCAR data representing information from 2005 were utilized in the current study, matching the time frame of the primary data, to minimize errors due to changing organizational conditions. Local economic data on employment and nursing home market concentration were used from the Area Resource File (ARF, 2005). The ARF contains information on more than 6,000 health, social, and economic indicators for all counties in the United States. (Extensive details regarding these data can also be found on the World Wide Web at http://wonder.cdc.gov/wonder/sci_data/census/arf.)

Variables

Leadership Styles.—The Jerrel–Slevin management instrument (Slevin, 1989) was completed by NHAs as part of the NNHTS. The respondents were asked to identify the extent of their agreement with 20 opinion statements about their preferred methods of leadership. The response options were *strongly disagree*, *disagree*, *neither*, *agree*, and *strongly agree*. The first 10 items refer to the amount of input that the NHAs solicit from their staff. The responses are assigned a value of 1 to 5 based on the degree of openness they express to the opinions of others. This portion of the index is referred to as the "I score." The remaining 10 items reflect the extent to which the NHAs delegate decision authority. The sum of these responses makes up the "D score."

The leadership types are obtained using the Bonoma–Slevin leadership model. The model is computed by converting the raw I scores and D scores to percentiles reflecting the NHAs' scores relative to the entire sample. In descriptive analyses, a scatter plot is used to identify four quadrants, which represent the following four leadership styles: consensus manager (top left quadrant: I = 50–100, D = 0–50), consultative autocrat (top right quadrant: I = 50–100, D = 50–100), shareholder manager (bottom left quadrant: I = 0–50, D = 0–50), and autocrat (bottom right quadrant: I = 0–50, D = 50–100). In the current analysis, these four domains all had Cronbach's alphas exceeding the recommended .7 level.

Organizational and Environmental Characteristics.—The staffing levels and turnover rates for RNs, LPNs, and NAs were reported by the NHAs. The facility's profit status and membership in a chain were gathered from OSCAR. The OSCAR data were also used to gather the facility's number of beds, occupancy rate, and Medicaid census.

We also control for local economic conditions that can influence staff turnover by including a measure of competition and the county unemployment rate. The Herfindahl index is used as a measure of competition in the facility's local nursing home market. The index ranges from 0 to 1, with 1 representing a monopoly market and lower values representing locations with facilities owning smaller market shares.

Analysis Strategy

Bivariate analysis revealed that several of the independent variables were significantly correlated but that multicolinearity was not a problem, as all the variance inflation factor (VIF) values were less

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Table 1. Descriptive Statistics (N = 2,900)

	M (or %)	SD
NHA leadership styles (%)		
Consensus manager	30.9	
Autocrat	28.4	
Consultative autocrat	26.5	
Shareholder manager	14.2	
Turnover rates (%)		
RN turnover (past 12 months)	36.1	24.7
LPN turnover (past 12 months)	37.0	37.1
NA turnover (past 12 months)	59.4	37.0
NHA turnover (past 36 months)	160	140
Organizational characteristics		
FTE RNs/100 residents	21.2	6.0
FTE LPNs/100 residents	20.4	4.0
FTE NAs/100 residents	31.0	10.4
Number of beds	113.5	57.7
For profit (%)	57.3	
Chain membership (%)	44.1	
Average occupancy (%)	87.4	12.5
Medicaid census[a] (%)	66.5	19.5
Local economic characteristics		
Herfindahl index[b]	2,135.1	2,240.1
Unemployment rate	3.8	3.3

Notes: NA = nurse's aide; RN = registered nurse; LPN = licensed practical nurse; FTE = full-time equivalent; NHA = nursing home administrator.

[a]Percentage of residents using Medicaid as primary form of payment.

[b]Measure of local nursing home market competition.

than 2.0. Analysis of variance was used to examine the relationship between caregiver turnover and leadership type. Multiple comparison was conducted using the Student–Newman–Keuls (SNK) test. We used a general linear model (GLM) to examine the association between leadership style and caregiver turnover. General linear models analyze responses for continuous dependent variables as a function of their categorical or continuous independent variables. Three models were used, one to predict turnover for each type of caregiver (i.e., RN, LPN, and NA). The turnover variables were log transformed because their raw distributions were highly skewed. Organizational and local economic characteristics were used as control variables for each model.

Results

The variables describing the NHAs, the nursing homes, and their economic environments are shown in Table 1. The NHAs were divided almost equally among the consensus manager (30.9%), autocrat (28.4%), and consultative autocrat (26.5%) types. Only 14.2% of the sample of NHAs were classified as shareholder managers. The average 3-year turnover rate for NHAs was 160%, or approximately 53% per year, which is a rate similar to other studies.

Consistent with prior research, the 12-month turnover rate for NAs (59.4%) was much higher than that for LPNs (37%) and RNs (36.1%), but the difference in the turnover rates between LPNs and RNs was smaller than in previous studies (Castle & Engberg, 2006; Donoghue & Castle, 2006). The staffing levels for RNs and LPNs were also similar (21.2 RNs per 100 residents and 20.4 LPNs per 100 residents) but lower than that for NAs (31 NAs per 100 residents). The average number of beds and the occupancy rate were similar to national estimates from the National Nursing Home Survey (2004), but the current sample had a smaller percentage of for-profit homes and chain members.

The cross-tabulation in Table 2 indicates that the turnover rate for RNs, LPNs, and NAs is lowest in the facilities where the NHA is identified as a consensus manager, followed by the consultative autocrat, autocrat, and shareholder manager. The percentage point difference in RN turnover between the facilities that have shareholder manager NHAs and autocrat NHAs is 25.8%; for LPNs, the percentage point difference is 31.1%; and for NAs, the percentage point difference is 2.9%. The percentage point differences in the turnover rates between autocrats and consultative autocrats range from 10.1% to 14.6%, with lower turnover for consultative autocrats. Analysis of variance showed that caregiver turnover was significantly different ($p < .05$) between each of the leadership styles for all nurse types, except for the difference in NA turnover rates between shareholder managers and autocrats.

The results of the regression analyses are shown in Table 3. In the three models, NHA leadership type, the organizational characteristics, and the conditions in the local economic environment are all used to predict the levels of turnover for RNs, LPNs, and NAs. Nursing home administrators' leadership style is the first variable reported in each of the models. The shareholder manager type was used as the reference group because it was found to have the highest level of turnover for all nurse types in the bivariate associations (see Table 2). The coefficients for the consensus manager, consultative autocrat, and autocrat types indicate significant differences when compared with those for shareholder managers; t tests were also performed

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Table 2. RN, LPN, and NA Turnover Rates by NHA Leadership Style

	NHA leadership style			
	Shareholder manager (%)	Autocrat (%)	Consultative autocrat (%)	Consensus manager (%)
RN turnover	44.3	18.5	8.4	6.5[a]
LPN turnover	57.1	26.0	13.7	5.4[a]
NA turnover	74.3	71.4	56.8	47.4[b]

Notes: NA = nurse's aide; RN = registered nurse; LPN = licensed practical nurse; NHA = nursing home administrator.
[a]Analysis of variance (ANOVA) SNK test found significant differences between all figures in the row ($p < .05$).
[b]ANOVA SNK test found significant differences between all figures in the row, except for the difference between shareholder managers and autocrats ($p < .05$).

(not shown) to identify significant differences between the other leadership types.

In all three models, the consensus manager style is associated with the lowest level of turnover compared with shareholder managers (the reference group). For RNs and LPNs, the consultative autocrat style shows the second lowest turnover rates, and the autocrat style ranks third. For NAs, the autocrat style is associated with the second lowest turnover rate. The differences in turnover rates between the leadership types are all significant at the .05 level or higher in all three models. The shareholder manager style is associated with the highest level of turnover for all three nurse types.

A further way of gauging the impact of these leadership styles is to examine the point estimates in the complete model (calculations not shown). The turnover rates for each leadership style were calculated by doing the antilog transformation with both estimated coefficients and the variance term, accounting for lognormal distributions. We find that for RN turnover, if all the NHAs had a consensus manager style, the predicted rate of turnover would be 7%; for the consultative autocrat style, the predicted rate of turnover would be 10%; for the shareholder manager style, the predicted rate of turnover would be 32%; and for the autocrat style, the predicted rate of turnover would be 18%. We find that for LPN turnover, if all the NHAs had a consensus manager style, the predicted rate of turnover would be 3%; for the consultative autocrat style, the predicted rate of turnover

Table 3. General Linear Model Regression Coefficients for the Effects of Leadership Type, Organizational Characteristics, and Local Economic Characteristics on Nursing Home Staff Turnover

	RN turnover	LPN turnover	NA turnover
Leadership type			
Consensus manager	−1.8238*** (0.0567)	−2.9221*** (0.0535)	−1.3215*** (0.0848)
Consultative autocrat	−1.4562*** (0.0570)	−1.3834*** (0.0538)	−0.1892* (0.0852)
Autocrat (reference group: shareholder manager)	−0.8527*** (0.0556)	−0.8981*** (0.0525)	−0.6744*** (0.0831)
Organizational characteristics			
NHA turnover	−0.1844 (0.0323)	−0.1656*** (0.0304)	0.1176** (0.0482)
RN staffing (RNs per 100 residents)	−0.0096** (0.0036)	−0.0104** (0.0034)	0.0005 (0.0054)
LPN staffing (LPNs per 100 residents)	−0.0163*** (0.0038)	−0.0161*** (0.0036)	−0.0112* (0.0057)
NA staffing (NAs per 100 residents)	−0.0073*** (0.0018)	−0.0080*** (0.0017)	−0.0039 (0.0026)
Number of beds	−0.0004 (0.0003)	−0.0000 (0.0002)	0.0001 (0.0004)
For profit	−0.0179 (0.0461)	−0.0861* (0.0434)	0.0021 (0.0688)
Chain	0.0745* (0.0303)	0.0714* (0.0324)	−0.0123 (0.0514)
Occupancy	−0.0995 (0.1254)	−0.0061 (0.1182)	−0.0028 (0.1873)
Medicaid census	−0.0726 (0.0790)	0.0514 (0.0745)	−0.1299 (0.1180)
County economic characteristics			
Herfindahl index	0.2214** (0.0784)	0.1112 (0.0740)	−0.1097 (0.1172)
Unemployment rate	0.0303*** (0.0051)	0.0329*** (0.0048)	−0.0226** (0.0077)
Observations	2,899	2,899	2,899
Log likelihood	−3,878	−3,563	−4,717

Notes: Standard errors in parentheses. NA = nurse's aide; RN = registered nurse; LPN = licensed practical nurse; NHA = nursing home administrator.
*Statistically significant at $p < .05$. **Statistically significant at $p < .01$. ***Statistically significant at $p < .001$.

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would be 14%; for the shareholder manager style, the predicted rate of turnover would be 56%; and for the autocrat style, the predicted rate of turnover would be 23%. We find that for NA turnover, if all the NHAs had a consensus manager style, the predicted rate of turnover would be 44%; for the consultative autocrat style, the predicted rate of turnover would be 138%; for the shareholder manager style, the predicted rate of turnover would be 168%; and for the autocrat style, the predicted rate of turnover would be 85%.

The organizational and environmental factors were also related to turnover for all caregiver types. High NHA turnover was significantly associated with high NA turnover but also with low LPN turnover. No relationship between NHA turnover and RN turnover was evident. High levels of RN, LPN, and NA staffing were associated with low turnover for RNs and LPNs; but only high LPN staffing was associated with low NA turnover. High unemployment was significantly associated with high levels of RN and LPN turnover but significantly lower NA turnover.

Discussion

Nursing home staff turnover has been previously described as a product of individual, organizational, and local economic factors (Castle & Engberg, 2006; Donoghue & Castle, 2007). Few studies have considered the role played by the NHA. The findings of this multivariate analysis indicate that NHA leadership style is associated with staff turnover, even when the effects of organizational and local economic conditions are held constant. Considering the known harms in the nursing home industry caused by high levels of staff turnover, the evidence found here is promising because it indicates the potential for NHAs to stem these difficulties from within their own facilities. Unlike many organizational or environmental conditions, leadership strategies are amenable to change. They can be taught in workshops and training sessions or developed through self-improvement methods.

Many NHAs have already transformed their work environments by developing resident-centered approaches to quality improvement. Resident-centered approaches emphasize individualized care and frequently involve the inclusion of the resident, their family members, and NAs in decision making (Robinson & Rosher, 2006; Scalzi, Evans, & Hostvedt, 2006). To be successful, these strategies normally require the empowerment of the nursing staff. Nurse's aides cannot make even minor decisions for residents without being granted at least some additional authority compared with what they are permitted in traditional nursing home settings. In most cases, resident-centered approaches require that the entire nursing staff be afforded greater influence over the ways that residents are served so that they may individualize the nature of care and respond to the desires of residents and their families. These changes may also lead to higher resident satisfaction and higher employee satisfaction.

The findings of this study indicate that the consensus manager leadership type is associated with the lowest level of turnover. This was hypothesized by our conceptual model, which predicted that turnover will be lowest when the nursing staff is permitted the greatest degree of input on decision making. Consensus managers may also be effective leaders because they place rational limits on the amount of freedom they permit. The shareholder manager, in contrast, neither accepts input on decision making nor provides information to the staff about how to make good decisions. We found shareholder managers to have the highest level of staff turnover.

The consensus manager style was the most common among NHAs in our sample, but the consultative autocrat and autocrat styles were almost just as typical. Because neither of these two styles offers meaningful ways for caregivers to become involved in decision making, it appears that staff empowerment has not yet become the norm in nursing homes. Autocrat NHAs delegate no authority and consultative autocrats seek input but act unilaterally. Neither the autocrat nor the consultative autocrat style appears likely to enhance employee satisfaction among caregivers considering the evidence found in prior research indicating the preference among caregivers for shared governance and broad open-mindedness (Hassemann, 2004; Kleinman, 2004; McDaniel & Wolf, 1992). In contrast, they may foster lower employee satisfaction because they tend to deskill the profession by denying caregivers the opportunity to use their intuitive skills. For example, caregivers under this sort of management may be forced to limit the amount of time they allow to feed a particular resident even if it is obvious to them that more time is required. The consensus manager style may also be the most appropriate for resident-centered approaches to quality improvement because it enables caregivers (who have gained firsthand knowledge

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of their residents' needs through individualized care) to have a voice in decision making.

Limitations to the Study and Suggestions for Further Research

Although the consensus manager style appears most conducive to lower turnover, it is evident that nearly 70% of NHAs do not practice this leadership style. It is also unclear whether NHAs will become sufficiently motivated or incented to adopt this style and use it effectively. Some studies have found that efforts to change organizational culture are stymied by the resistance among NHAs to share governance. In one study, Scalzi, Evans, and Hostvedt (2006) found that an attempt to induce culture change failed when NHAs did not involve the nursing staff in culture change training and activities. Further evidence of this resistance can be found in Deutschmann's (2005) interview research with chief executive officers of nursing homes in western New York. One of Deutschmann's main conclusions was that strong leadership techniques and communication skills are greatly lacking, and difficult to transform, among NHAs. This problem was partly ascribed to the nursing home industry's failure to restructure managerial hierarchies to adapt to the advent of new forms of resident care. Thus, if consensus management is to become a preferred leadership style among NHAs, a firm organizational commitment to shared governance may be needed.

Some limitations to the research findings are also evident. Because our data are not longitudinal, we cannot determine if NHA leadership style causes lower turnover or if lower turnover leads NHAs to adopt different leadership styles. For example, the association between the shareholder manager style and high turnover may be a sign that NHAs are having difficulty performing well in their managerial roles due to a preexisting state of staff instability. We are also unable to measure the effects of other management policies and standards such as salaries, fringe benefits, and work scheduling. However, the significant associations found in this cross-sectional analysis offer some evidence that nursing home staff turnover can be controlled even when external conditions are not conducive to lower turnover. Additional studies would benefit this area of research by further isolating the effects of NHA leadership style from other factors within the workplace environment. Smaller, and more in-depth, studies of nursing home caregivers would also help researchers to determine whether caregivers do respond positively to consensus manager leadership strategies that empower individuals but maintain managerial accountability.

In addition, we examined the leadership style of only the NHA. The director of nursing (DON) in many nursing homes is an integral part of the managerial team. The leadership style of only the DON may also influence staff turnover. It may be productive to examine whether DONs influence different staff from the NHA and whether their influence is additive or multiplicative.

Conclusions

Encouraging contributions from caregivers and granting them the power to make meaningful decisions in their work can be transformative. The tenets of transformative leadership require this type of delegation that makes it possible for problem solving to start at the bottom where problems are actually experienced and reach the top where managers can enact policies aimed at bringing about organizational change. Our findings indicate that the consensus manager style is associated with the lowest level of staff turnover, and the shareholder manager, the highest. The consensus manager leadership style may be best suited for NHAs not only because it empowers the nursing staff but also because it preserves the necessary authority for the NHA to exercise in the organization's best interest.

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