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Leadership Style and Organizational Citizenship Behavior in Community-Based Mental Health Facilities

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This is to certify that the doctoral dissertation by

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Walden University
2017

Abstract

Leadership Style and Organizational Citizenship

Behavior in Community-Based Mental Health Facilities

by

Paula Ann Lucey

MS, Marquette University, 1988

BS, University of Wisconsin-Milwaukee, 1976

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

A dramatic and historic evolution has occurred as mental health care has shifted from institutional-based care to community-based care. Framed by the social exchange theory, the purpose of this study was to identify the correlation of the leadership style of supervisors in residential care facilities with the organizational citizenship behavior of the residential care workers. The research questions focused on the correlation between the leadership styles and organizational citizenship behavior (OCB) with a secondary focus specifically on transformational leadership. Residential care workers in 3 states working in 65 facilities within a single organization completed 2 surveys: the Multifactor Leadership Questionnaire and the Organizational Citizenship Behavior Checklist. Forty-nine completed surveys were returned. The transactional leadership style was correlated to OCB in 2 defining subfactors: contingency reward $r(42)=.424$, $p < .001$ and management by exception/active $r(42)=.417$, $p <.001$. The transformational leadership style was correlated to OCB in 4 defining subfactors: idealized behaviors $r(42)=.388$, $p <.001$, instrumental motivation $r(42)=.417$, $p <.001$, idealized influence $r(42)=.395$, $p <.001$, and individual consideration $r(42)=.371$, $p <.005$. These findings have not been previously reported in mental health residential care settings. The generalizability of this study is limited by sample size and scope, because the employees come from facilities within a single corporate organization. Residential care is part of the overall positive social change in care of the mentally ill, by offering the mentally ill the opportunity of an enhanced, community-based life. This study begins the process of ensuring that sufficient evidence-based knowledge and scholarly practitioners are available to lead work that benefits this vulnerable population; additional study is recommended.

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Dedication

This work is dedicated to my family. First to my parents, the late Joan Lucey, Tom Lucey, and his wife, Nancy Lucey, for their support, encouragement, and love. My Aunt, Sister Rita Rathburn was also an unfailing cheerleader. Next, to my sisters and their husbands: Marirose, Ruth and Greg, and Maureen and Marc, thank you for your love and strength. Then, to the very special people in my life: my nieces and nephews, Joe, Ellen, Siovhan, Katie, Kurt, Kristen, Erica, and Ben, you all mean more to me than you will ever know.

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A special nod goes to my friend Kate (AKA Louise). We started this journey together. You finished ahead of me, but you kept us moving forward. Thelma will always appreciate your love and fun.

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Section 1: The Problem

Introduction

The first hospital in America was founded in 1754 in Philadelphia and housed individuals who we now refer to as mentally ill or cognitively disabled (U.S. National Library of Medicine, 2013). Oral tradition holds that during full moons, attendants would let the patients out into the courtyard and charge onlookers a nickel to observe the so-called lunatics in person. Today, society would recognize this as exploitive and such behavior would not be tolerated. Yet, this early example demonstrates the essential role frontline caretakers play in the ethical treatment of individuals with mental health needs.

The purpose of this investigation was to determine the relationship between the leadership style of residential care supervisors and the organizational citizenship behavior (OCB) of residential care workers in community-based mental health residential care facilities. The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality reported that as of their most recent 2010 data, 60,764 individuals lived in 2,274 mental health residential facilities (U.S. Department of Health and Human Services [USDHHS], 2014). Leadership must create an environment for staff to provide safe care for these vulnerable individuals.

Bennis (2003) asserted there were three important reasons to study leadership. First, the responsibility for an organization's effectiveness is placed squarely on the shoulders of the leader. Second, with a rapid pace of change, followers need a leader from whom they can seek guidance and direction. Third, in an era of moral conflict, leadership is critical to assist in the development of conscience and integrity. Individuals

who come from a nursing or social work background and lack formal leadership or managerial training currently manage many residential care communities (Axer, Donohue, Moore, & Welch, 2013).

Ethical considerations and moral leadership are paramount when caring for vulnerable populations. Bennis (2003) pointed to the recent scandals on Wall Street, within the Roman Catholic Church, and of the financial dealings of some government officials as examples where a lack of ethical leadership led to immoral outcomes. This trend of unethical behavior on the part of leaders also contributed to the historic 2008 fiscal crisis (Rivkin, Diestel, & Schmidt, 2014).

From the foundation of the first hospital to modern times, the history of care given to the mentally ill and cognitively disabled has presented challenges. Optimal placement for these individuals has cycled from family-based care, to large institutional warehousing, to the state hospital system medical model of care, and finally, back to community-based care (Dobransky, 2014; Grob, 1994). Community care is only possible if supportive services are in place for caregivers to meet client demands.

Decreasing the dependence on hospitalizations to community care for some forms of mental illness, such as depression or anxiety, has worked well. However, a small but significant population remains in need of a more intensive level of care (Dobransky, 2014). Thornicroft and Tansella (2013) commented on the value of community homes (residential care facilities) as alternatives to traditional inpatient psychiatry wards, “There is some evidence on the effectiveness and the cost-effectiveness of types of residential care” (p. 855). However, the authors called for additional research to create a foundation

for an evidence-based practice. As residential care expands, leadership practices must be addressed to allow for the scalability needed to provide this mode of support and treatment.

While care in community-based residential facilities may offer many advantages, the business model does not permit the same investment in staff or the same level of staffing that would be available in a formalized hospital environment (Thornicroft & Tansella, 2013). Rather than employing primarily registered nurses, the community care model depends on residential care workers. In this study, I sought to explore the role leadership plays on the enhancement of frontline staff's ability to contribute significantly to quality of the care environment.

Residential care requires creating an environment that balances the needs of multiple residents with the goal of creating a homelike setting while meeting regulatory requirements (Dodevska & Vassos, 2013). This level of complexity requires that the residential care workers be flexible and engage in OCB (Lee, Kim, & Kim, 2013). OCB includes the extra efforts or activities of employees, which are not officially required by the employing organization (Organ, 1988). Researchers in other settings have found a positive relationship between transformational leadership and OCB (Lee et al., 2013).

Literature on the leadership behavior of residential care supervisors is largely nonexistent. Residential care worker's OCB has also been understudied. My investigation of the relationship made this study relevant and important. Continued public policy and programmatic efforts to encourage community placements in mental health community-based facilities and to develop the workforce that works in the community make this gap

especially troubling and urgent to address (DeSilvia, Samele, Saxena, V.Patel, & Darzi, 2014).

Potential positive social change from community mental health placements include greater integration of individuals with mental health needs into the community, greater opportunities for employment, better interaction with families, increased community diversity, and decreased taxpayer costs. A decrease of stigma is another critical potential social benefit. Pescosolido (2013) noted that stigma related to mental illness "emanates from social relationships and the solution must be similarly embedded in social relationships and structures" (p. 15), which includes the success of the residential care model.

The performance of the residential care worker is pivotal to the success of this model. The residential care worker is with the client most of the time. In this study, I will provide evidence-based recommendations for supporting the workforce, which is driving this positive social change.

In this chapter, I will present the research process in greater depth. This will include the problem statement, purpose of this study, and research questions and hypotheses. In Chapter 1, I will also discuss the theoretical foundation; nature of the study; definitions; assumptions; scope and delimitations; and the significance of the study to theory, practice, and social change.

Background of the Study

My review of the literature related to the scope of this study topic spanned an investigation into leadership and OCB and the relationship between them. As context for

social change, I reviewed the evolution of mental health care. My summary of social exchange theory provides an in-depth theoretical background for the study. I also reviewed two additional theories with roots in social exchange theory, the leader-member exchange and the organization support theory.

Leadership pioneers Bass and Avolio (1994) defined the full range of leadership (FRL) model. Within this model, they included several approaches to leadership, including laissez-faire, transactional, and transformational leadership. In laissez-faire, which is actually no leadership, the leader does not engage with the followers at any meaningful level; the leader assumes that the followers will be self-organizing and managing (Bass & Riggio, 2006).

Transactional leadership can be defined broadly as leadership based on an exchange (Bass & Riggio, 2006). Followers are rewarded for meeting the expectations set by their leaders. In contrast, a leader with a transformational leadership approach can transform individuals and individual efforts into followers and collective achievement by creating a shared vision (Bass & Riggio, 2006).

Leadership has been an organizational struggle for many sectors and organizations (Bottomley, Mostafa, Gould-Williams, & Leon-Cazares, 2016). Researchers of transformational leadership have documented its positive influence in a number of settings, but not in community mental health. One outcome discovered in industrial settings is that transformational leadership has a positive effect on OCB (Lee et al., 2013; Olcer, Floescu, & Nastase, 2014). This outcome has not yet been documented in mental health residential care.

There are many definitions of employee performance. Bambale (2014) reported on three categories of employee job performance: task performance, extra-role performance, and counterproductive work behavior. The author stated that task performance refers to completion of the activities outlined in a formal job description, while counterproductive work behavior is purposeful behavior that obstructs the achievement of the organization's mission. Bambale identified the remaining activities as OCB.

Organ (1988) first described this set of behaviors as the good soldier syndrome. Bambale (2014) described OCB activities as such things as assisting new colleagues, working additional hours, and suggesting innovations. OCB is defined as "individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and in the aggregate promotes the effective functioning of the organization" (Organ, 1988, p. 4).

Lee et al. (2013) recognized that for current organizations to achieve peak operational effectiveness and efficiency, flexibility and innovation is required. The authors suggested one way to achieve this is by the encouragement of OCB. Lee et al. surveyed 1,100 manufacturing employees concerning three factors and the influence of those factors on OCB. The first factor was procedural justice. Related to procedural justice, the researchers determined that to the degree employees perceived that decision making related to the employees was fair, the employees responded with OCB. Second was transformational leadership. Related to transformational leadership, Lee et al. found the more employees perceived that they were encouraged by the leader to contribute to

the mission of the organization by their work and were secure in their ability to achieve that contribution to the mission, the more they would contribute OCB. Irshad and Hashmi (2014) documented a similar finding in banking through a sample of 300 individuals in Pakistan. The third factor in the Lee et al. study was complexity. The researchers observed that in a more complex organizational structure, OCB decreased. Lee et al. suggested this related to a decrease in organizational identity, where the employee does not feel a part of the mission or overall outcome of the enterprise.

The role of residential mental health facilities became more important as the mental health system transitioned from a hospital-centric approach to a community-based network of care globally (Thornicroft & Tansella, 2013). This ongoing social change provides the context for this study. The magnitude of the social change and the vulnerable population involved demands the discovery of new knowledge to facilitate the development and enhancement of a community-based mental health system based on evidence.

Gap in the Literature

DeSilvia et al. (2014) reached a disappointing conclusion, “Globally, the majority of people with mental health problems do not receive evidence-based interventions that can transform their lives” (p. 1595). In their study, DeSilvia et al. identified two areas of priority for future action. They recommended research to build a diverse mental health workforce and the development of collaborative and multidisciplinary teams.

My review of the literature in the field revealed considerable research had been conducted on leadership and OCB. The dramatic changes that have taken place in mental

health care had some documentation in the literature, both in the United States and internationally, but most of the research was not current. A gap in knowledge exists in the disciplines of both leadership and mental health literature related to the administrative or personnel issues at residential facilities for the mentally ill. In manufacturing and banking, a relationship between leadership style and OCB has been well documented and demonstrated to enhance productivity (Irshad & Hashmi, 2014; Li & Wu, 2015; Ozsahin & Sudak, 2015).

As of 2010, 60,734 individuals resided in 2,254 mental health facilities (USDHHS, 2014). These 24-hour residential care settings present a unique leadership and management challenge; however, research on the relationship between leadership style and OCB in this setting is missing. With this study, I provided the first investigation into the potential relationship between leadership influences on the residential care worker's job performance of OCBs.

Problem Statement

Mental health costs ($2.5 trillion/year globally) eclipse cardiovascular, cancer, or diabetes expenditures due to the cost of care and the burden of unemployment, housing, and social support (Bloom et al., 2011). The National Institute of Mental Health (NIMH; n.d.) reported that 18.5% of Americans have a mental, emotional, or behavioral disorder. Over 9.8 million American adults have a serious mental illness and 60,774 require 24-hour residential care in the 2,256 mental health facilities available to meet their safety, medical, and treatment needs (USDHHS, 2014). The general research problem was a gap in the literature related to residential care, which is reflected in DeSilvia et al.'s (2014)

comment, “Globally, the majority of people with mental health problems do not receive evidence-based interventions” (p. 1595). The specific research problem was that researchers have established that resident care worker job performance directly impacts the quality of life for clients (Riches et al., 2011); however, little is documented about how the leadership of the residential facilities within a community-based mental health system influences resident care worker job performance. My investigation of the impact of leadership style on residential care workers’ OCB in this study contributes to the disciplines of leadership and mental health care.

Purpose of the Study

Specifically, the activity of the residential care workers has been understudied (Axer et al., 2013). The purpose of this quantitative study was to correlate the leadership style (Bass & Riggio, 2006) of supervisors with the OCB (Organ, 1988) of residential care workers in community-based residential facilities for individuals with serious mental health needs. I chose residential care workers as the target population because they have direct, continuous, day-to-day interpersonal contact with residents, and therefore, have the greatest influence on the residents and the residential environment. Leadership style was the independent variable and OCB was the dependent variable for this study.

I asked 592 residential care workers, lead workers, and supervisors to compete two surveys. All participants were employed by a single organization at the time of the request. Survey questions related to the identification of leadership behaviors they observed in their immediate supervisor and self-reported behaviors that are consistent with OCB. I conducted this study within the residential care facilities owned by one

community-based mental health system. The system does business in four states: Wisconsin, New Jersey, South Carolina, and Illinois. I invited workers from all the facilities to participate, and as such, the workers were from the Midwest, East, and Southeast United States. The director of the Illinois facilities decided to not permit employees in that state to participate, despite corporate approval, which ultimately meant that only 531 residential care workers were given the opportunity to participate.

The results of this study help to support the social change of moving mental health care to community-based mental health facilities, including residential care. The pace of this dramatic, positive social change could be accelerated by research if evidence could demonstrate effective administration, workforce development, and management practices for this vital component of community-based mental health systems is cost and quality effective. With the closure of mental health hospitals and inpatient units, it appears that the number, type, and quality of community-based care options may be deficient (Knable, Cantrell, VanderMeer, & Levine, 2015). Evidence-based practice is needed to promote trust for all stakeholders, including residents, families, providers, regulators, funders, and taxpayers.

Research Questions and Hypotheses

My findings in the literature review suggested that a relationship existed between the two variables of leadership style within the FRL model and OCB. Although a relationship has been documented in a range of occupational settings, the relationship has not been previously studied in the setting of residential care facilities for residents with mental health needs. In this quantitative study, I examined these variables within a

network of community mental health residential facilities across three states. I developed the following research questions (RQs) and hypotheses to guide this study:

RQ1: What, if any, are the significant differences in the level of residential care workers' self-reported OCB based on their supervisor's leadership approach?

$H_0$1: Leadership style does not impact OCB of employees in community-based mental health residential facilities.

H_a1: Leadership style does impact OCB of employees in community-based residential facilities for individuals with mentally health needs.

RQ2: What, if any, are the significant differences in residential care workers' self-reported OCB based on their supervisor's transformational leadership behavior?

$H_0$2: Transformational leadership does not impact OCB of residential care workers in community-based mental health residential facilities.

H_a2: Transformational leadership does impact OCB of residential care workers in community-based residential facilities for individuals with mental health needs.

Theoretical Framework

I used the theory of social exchange (Blau, 1964) as the theoretical framework for this study, along with the other theories based in the social exchange theory, the leader-member exchange theory and organizational support theory. Blau's social exchange theory is "among the most influential conceptual paradigms for understanding workplace behaviors" (Dasgupta, Suar, & Singh, 2013, p. 174). Social exchange theory is based on the fundamental principle that the exchange of resources of all types is a basic form of

human interaction (Blau, 1964). As the social exchange theory addresses relationships, it has been used as the framework for research on diverse topics, including leadership (Birtch, Chiang, & Esch, 2016).

Interpersonal relationships have become an area of increasing interest in the study of leadership (Dasgupta et al., 2013). Social relations and communication are essential parts of organizational life and success. Blau's (1964) social exchange theory provides a framework for considering organizational relationships. Blau explained that social exchange involves "unspecified obligations in which there are favors that create diffuse future obligations, not precisely defined ones" (p. 93).

The leadership-member exchange theory added depth to the foundation of this study (Gooty & Yammarino, 2016). Based on the social exchange theory, the leader-member exchange theory examines the relationship between employees and their leaders (Gerstner & Day, 1997). This theory suggests that leaders do not treat employees equally, but instead create specific individual relationships built on varying levels of obligation and trust (Gooty & Yammarino, 2016). Gerstner and Day (1997) pointed to the uniqueness of this theory, as opposed to other leadership theories. The authors explained that the leader-member theory seeks to look specifically at the two-way relationship between a leader and employee/member as the level of analysis rather than look at personal characteristics of the leader or the situation as the level of analysis, as other theories do (Gerstner & Day, 1997).

In addition, Gerstner and Day (1997) concluded that the leader-member exchange includes the same fundamental aspects that the social exchange theory includes—respect,

trust, and mutual obligation. A close or positive leader-member exchange can mediate a perceived negative or breach in organizational relationship (Lu, Shen, & Zhao, 2015). A positive leader-member relationship can encourage an employee to participate in OCB, but if the employee has a negative opinion of the overall organization, a positive leader-member exchange cannot overturn an intention to leave the organization (Gooty & Yammarino, 2016).

The relationship between supervisors and employees can have significant impact on a number of outcomes for an organization. OCB, commitment, innovation, and creativity are just a few of the areas of performance examined in past research (Jha & Jha, 2013). However, as the relationships are not always equal, the inequality may result in negative outcomes, as well.

Leaders are more than just titled individuals in an organization. A leader's role is to influence effective performance from others (Giltinane, 2013). The FRL model established by Bass and Avolio (1994) offers a model that provides three profiles of leadership. The laissez-faire leadership profile is the least effective and characterized by a leadership vacuum. The transactional leadership profile includes components of rewarding behavior or offering exchanges for completing an assignment; this type of leadership can be useful in some situations (Bass & Riggio, 2006). Transformational leadership is the third profile within the FRL model. Within this pattern, the leader creates a vision and communicates that vision and the supporting values and expectations to the followers in a way as to challenge them to participate in the achievement of that goal (Bass & Riggio, 2006). Transformational leaders convince followers to place the

benefit of the organization above their self-interest (Beck, Tornquist, & Edberg, 2012). I will provide additional details about the FRL model and the approaches in the description of the variables.

Organizational support theory is also rooted in social exchange theory (Eisenberger, Huntington, Hutchison, & Sowa, 1986). Over time, employees develop a set of perceptions about how their organization treats its employees and appreciates their efforts. These perceptions are based in part on the employee's relationship with their supervisor, and eventually, they develop into universal beliefs about their organization (Eisenberger et al., 1986). Positive perceptions of organizational support have been associated with many positive outcomes, which include employee retention, job satisfaction, and organizational loyalty (Eisenberger et al., 2014). Related to the concept of exchange, the employee contributes effort and participation in achievement of the organizational goals, while the organization offers both economic exchange (pay) and social exchange (self-esteem, group membership) (Baran, Shanock, & Miller, 2012).

Organizational support theory is built on three mechanisms: felt obligation, group identification, and outcome expectancy (Yu & Frenkel, 2013). Felt obligation is defined as an external reward, expectations established by the organization or manager on the employer or employee group. Group identification and outcome expectancy are defined as internal rewards, expectations and rewards established by the employee or employee group (Yu & Frenkel, 2013). Creativity and extra-role (OCB) activity was observed more frequently when the participants rated themselves as having higher group identification and outcome expectancy (Yu & Frenkel, 2013).

Blau (1964) explained that repaying a social exchange obligation is something that "cannot be formally bargained about," but rather has to be left to the determination of the parties involved (p. 93). Social exchange theory is multidimensional, as there are many different kinds of resources that can be exchanged, and the rules for transactions are unwritten and unspoken, only implied (Colquitt et al., 2013). The resources exchanged may be defined as anything transacted within the context of the relationship and could be concrete or conceptual (Colquitt et al., 2013).

Understanding the exchange between residential care supervisors and residential care providers in community-based residential mental health facilities is the first step toward appreciating their relationship. By recognizing opportunities for enhancing performance, including the contribution of OCB, supervisors can develop superior treatment facilities. I will present a more detailed explanation of the theoretical foundation for this study in Chapter 2.

Nature of the Study

In this quantitative study, I used a survey methodology to provide a descriptive-correlational cross-sectional analysis. This analysis provided information regarding the relationship at a given point in time, measuring the relationship between leadership styles and OCB without the influence of changes that may occur at the facility. I selected the survey method as it would determine the incidence, frequency, and distribution of characteristics relevant to the study of this population of residential care workers, as both constructs have measurable characteristics (Sufian, 2015).

The participants did have access to a computer at their place of work; however, to ensure that resident care was not disturbed, I asked participants to complete the surveys on their own time via a paper and pencil test. This also reinforced the confidential and anonymous nature of the study. The two primary variables of this study were leadership style and OCB. Leadership style was the independent variable for this study and OCB was the dependent variable. All surveys were confidential and anonymous.

The FRL model proposed by Bass and Avolio (1994) defined the leadership styles I examined in this study as the independent variable. This model identified three styles of leadership: laissez-faire, transactional, and transformational. Laissez-faire refers to a lack of leadership, a leader in name or title only, who is not involved in the activities or outcomes of the work group (Bass & Riggio, 2006). A transactional leader establishes expectations for workers and monitors their performance to evaluate achievement (Bass & Riggio, 2006).

Transactional leadership is characterized by the employment of contingent reward, management-by-exception/active, and management-by-exception/passive approaches (Bass & Riggio, 2006). Leaders utilizing the contingent reward approach establish expectations and offer recognition and rewards for achievement of those expectations. The management-by-exception/active leaders set expectations, then carefully monitor performance and provide negative consequences when expectations are not achieved. The management-by-exception/passive leaders create expectations and only monitor when failure becomes evident (Bass & Riggio, 2006) .

Some employees may appreciate transactional leadership. Researchers suggest that transactional leaders allow followers to fulfill their own self-interest and that the style minimizes workplace anxiety (Beck et al., 2012). In some situations, this can lead to enhanced production, decreased cost, and increased quality production.

Transformational leaders encourage and motivate followers to achieve outcomes and aim to develop their followers into leaders (Bass & Riggio, 2006). Followers highly respect and esteem transformational leaders. Within transformational leadership are four main facets: idealized attributes and behaviors (measured separately in the Multifactor Leadership Questionnaire [MLQ]), inspirational motivation, intellectual stimulation, and individualized consideration. Idealized attributes refer to the desire of the followers to emulate the characteristics of the leader, while idealized behavior refers to the desire of the followers to emulate the actions of the leader (Avolio & Bass, 2004).

Transformational leaders foster inspirational motivation by helping followers find meaning in their work. Intellectual stimulation occurs when a transformational leader promotes creativity and innovation in the workplace or in the work process (Bass & Riggio, 2006). This also occurs by reframing old problems and questioning assumptions (Beck et al., 2012). Individualized consideration relates to the transformational leader acting as an adviser and helping the follower to grow (Bass & Riggio, 2006).

Related to the theories of social exchange and leader-member exchange, transformational leadership requires trust between the leader and the followers (Giltinane, 2013). The followers need to trust the vision of the leader, while the leader needs to trust

the work of the followers. The followers also trust that individualized consideration will occur to assist them in their professional and perhaps even personal life needs.

OCB, the dependent variable, is defined as discretionary behaviors beyond job requirements that are displayed by employees (Organ, 1988). These behaviors, although not rewarded formally by the organization, are behaviors that contribute to positive organizational performance (Organ, 1988; Yoon, 2009). Research has shown that OCB fosters effective functioning of organizations (Shore, Coyle-Shapiro, Chen, & Tetrick, 2009).

Briefly, the method I used in this research was survey. I sent all residential care workers invitations via their supervisors to complete two surveys. I distributed a packet to the supervisors for the potential participants, which contained the consent letter introducing the study, including a statement that choosing not to participate would not have any consequences to the individual; the survey instrument; an addressed, stamped envelope; and a small gift certificate ($5.00) for a fast food restaurant. I asked the employees to complete the survey on their own time.

Definitions

Full range leadership (FRL) model: A model that outlines three levels of leadership influence on followers, including laissez-faire, transactional, and transformational leadership (Bass & Riggio, 2006).

Individuals with mental health needs: An individual who, due to disruptions in mental processes, needs support and supervision to achieve activities of daily living, including meeting personal hygiene needs; ensuring personal safety; and receiving

adequate nutrition, housing, and health/medical care. The disruption in mental capacity may be due to a variety of causes, including, but not limited to, mental illness, brain injury, and autism.

Laissez-faire leadership: Hands-off leadership while still expecting results (Bass & Riggio, 2006).

Leadership: Bennis (2003) offered five components of leadership: a leader must have self-awareness/knowledge and be able to create a vision for the future of the organization, communicate the organizational vision to the employees, inspire trust with the employees in the leader and in the vision, and motivate the employees to participate in the actions needed to achieve the vision.

Mental illness: A "medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning" (National Alliance on Mental Illness [NAMI], 2016, para. 1). Mental illness can result in a diminished capacity for managing the activities of daily living.

Organizational citizenship behavior (OCB): Individual behaviors that are "discretionary, not directly or explicitly recognized by the formal reward system, and that, in the aggregate, promote the effective functioning of an organization" (Organ, 1988, p. 4).

Residential care facilities: A facility that provides care to persons who, because of physical, mental, or emotional disorders, are not able to live independently. These facilities are not federally regulated. States are organized differently, and therefore, approach management of these facilities differently; although, most require that facilities

meet state and local standards related to safety, program development, quality of care, and staff. Each state has developed standards and survey procedures (Park-Lee et al., 2011)

Residential care workers: Different organizations may have different job titles, but, for the purpose of this study, residential care worker will refer to the direct worker assigned to care for the individuals in need of residential care support and supervision. The minimum qualification for this position is a high school diploma or equal.

Transactional leadership: A leadership approach that establishes expectations and manages in various ways to monitor and achieve those expectations (Bass & Riggio, 2006).

Transformational leadership: A leadership approach that involves establishing a vision and mission and engaging workers/employees in the achievement of the mission (Bass & Riggio, 2006).

Assumptions

The assumptions critical to the meaningfulness of this study included assumptions about the residential care workers and the culture of the research site. The following assumptions were necessary in the context of this study to gain insight about the residential care workers' perceptions of their supervisor's leadership style, as well as their own OCB. My awareness of these assumptions guided the design of the study.

My first assumption about the residential care workers participating in this study was that they were honest and forthcoming in their response to the survey. The survey responses were anonymous and confidential, and all data were reported in an aggregate

manner. As a result, there was no way to verify the truthfulness or validity of the answers received from a particular individual. It is a paradox that the very design elements put in place to encourage honest participation prevent any opportunity for validating honesty.

The second assumption about the residential care workers participating in this study was that they were intellectually, emotionally, physically, and mentally capable of completing the survey. The study design did not include specific verification of their capabilities. The fact that the survey respondents are gainfully employed in their position as a residential care worker would suggest that they were intellectually, emotionally, physically, and mentally capable of completing the survey.

My third assumption about the residential care workers participating in the study was that they had enough in-depth interaction with their supervisor to develop a perception of the supervisor's leadership style. The study design did not include verification of the participant's level of interaction with their supervisors. I attempted to adjust for this in the design of the study by excluding workers who had not completed orientation.

The assumption about the culture of the research sites was that they allowed OCB to occur. I assumed there would be a range of leadership styles and a range of OCB in a community-based facility. The very nature of a community-based residential care facility is that it is a homelike setting, made so by OCB. I attempted to adjust for these assumptions in the design of the study by inviting all residential care workers to participate.

The fourth operational assumption I made may have been an important error. I assumed that the supervisors would distribute the surveys to the employee mailboxes, as requested. In retrospect, I should have asked the supervisors to sign a sheet indicating that employees had received their packet and hold a randomized drawing for the supervisors that submitted a completed signed sheet. This would have given me greater confidence that the surveys were actually distributed.

Last, I assumed that corporate approval and support would assure state director participation. That did not happen, as one state director declined to participate. Attempts from both the corporate representative and me could not discern the reason.

Scope and Delimitations

In this study, I sought to address the call for additional research related to residential care facilities (Thornicroft & Tansella, 2013). Residential care facilities achieve their results through their frontline staff—residential care workers; therefore, research on this workforce should be a priority and could lay the foundation for future research. I chose the focus of leadership style and OCB based on my professional experience in the field of mental health and residential care. In a number of my leadership roles, I recognized that OCB added value to vulnerable residents' experiences of wellness and strengthened the organization. Finding limited documentation on the impact of leadership on the OCB of staff in the mental health setting, I chose to investigate this phenomenon.

The target population of this study was limited to residential care workers and their direct supervisors. Given the vulnerable nature of the population living in residential

care facilities for individuals with mental health needs, residents were excluded from this study. I established this boundary to protect patient rights. It would have been very difficult to achieve true informed consent from this client population, which included minors and adults with legal guardians.

I also excluded administrators from this study. I made this choice because I was determined to make residential care workers the priority for this study. As they are the largest group of employees, employees with the most direct contact with residents, and the employee group on site 24 hours a day, residential care workers and their direct supervisors have the greatest potential for impacting the care of the residents.

I asked the supervisors to distribute the packets to all residential care workers at the sites who were over 18 years of age and had completed their orientation period as an invitation to participate. The rationale for excluding individuals on orientation was to ensure that the employee had sufficient time to observe their direct supervisor and to have impressions of the supervisor's leadership style. I did not exclude workers based on any disciplinary actions. By excluding those individuals with a disciplinary issue, the study might have become biased toward the *good* employee.

In the study, I did not look at other factors that may have influenced OCB, including the impact of unionization; employee morale; or supervisor variables, such as education or amount of supervisory experience. The study included limited residential care worker demographics related to gender, age, educational level, length of employment, family experience with mental illness, educational experience with mental

health, and interest in additional information about mental illness. I did not look at ethnic, religious, or cultural background or beliefs.

Consideration of Alternative Theories of Leadership

There are many theories related to leadership that I considered as frameworks for the design of this study, such as theories related to servant leadership, authentic leadership, and situational leadership. The applicability of the FRL model to investigating OCB, particularly the inclusion of transformational leadership, made it an appropriate choice as a framework for inquiry for this study. The strengths of transformational leadership are its practical approach, orientation to innovation, and attention toward inspiring staff.

In addition, my use of the FRL model allowed a two-step review, first a review to see if a style of leadership expectedly made a difference, then an investigation into the correlation with transformational leadership. The other leadership theories, such as servant leadership, did not offer that level of distinct comparison; although, servant leadership has been shown to have greater influence on the psychological health of employees, which could decrease burnout and stress in a caregiving position (Rivkin et al., 2014). Washington, Sutton, and Sauser (2014) studied 207 employees concerning their perception of their supervisor's servant leadership. The researchers found that employees' perceptions of servant leadership shared much in common with other theories of leadership, especially transformational leadership. Other researchers have seen servant leadership as augmenting transformational leadership (Grisaffe, VanMeter, & Chonko, 2016).

Consideration of Alternative Variables Related to Employee Behavior

I also considered other variables related to specific employee behaviors. After careful review, I concluded that theories related to job satisfaction, organizational commitment, and organizational communication were valid and interesting variable options for this investigation. My personal experience had triggered an interest in OCB. I found that such behaviors contributed in making residential care facilities more comfortable and homelike for residents. I concluded that the aptness of social exchange theory to explain OCB made it an ideal overall conceptual map for this study.

A number of factors impact generalization. First, the residential care industry itself may attract workers with greater willingness to perform OCB, so self-report of OCB may be higher than in the general population. In addition, individuals who desire to work in the mental health field, regardless of setting, may also have a higher willingness to help the organization and their coworkers, hallmarks of OCB. Their self-report of OCB may be greater than in other fields. Further, the participants I chose for this study were part of one organization. As the culture of that organization may influence the leadership style or the OCB of the staff working within their organization, the results of this study may not be generalizable to other organizations.

Limitations

None of the eight classic threats to validity was a threat to validity of this study. The first three threats—history, maturation and instrumentation—happen when an experiment occurs over a period of time and participants physically or mentally change or

when participants master the test by taking it repeatedly. I avoided these threats to validity in this study by asking participants to complete the survey only once.

The fourth threat, instrumentation, occurs when an observer is involved in research and may not utilize the same approach or criteria for evaluation. In this case, I did not base the study on observation, but rather based it on the perception of the residential care worker. One threat may have been that the residential care worker felt the need to please their supervisor by answering in a way that showed them in a better light. However, I mitigated this threat to validity in this study by explaining to the participant that survey results would be reported only in aggregate and all responses would be anonymous, emphasizing that their supervisor would never know how they portrayed them in the investigation.

The last four threats to validity—regression, differential selection, experimental mortality, and selection interactions—all refer to issues with the sample selection. Inviting all eligible workers to participate in the study eliminated these risks. I recruited participants from all of the eligible residential care workers in all locations. Since it was a one-time survey, there was no issue of dropouts or changes in the sample size.

Construct validity refers to the extent that the items included in the instrument or tool represent the element being tested. As discussed in Chapter 1, the Organizational Citizenship Behavioral Checklist (OCB-C), which I used to measure organizational citizenship behavior, was developed in a qualitative manner (Fox, Spector, Goh, Bruursema, & Kessler, 2012). The MLQ, which I used to measure leadership style, was

developed through multiple stages to ensure that the items in the survey represented the concepts of transformational leadership (Bass & Avolio, 2004).

The OCB-C evolved by asking 38 subject matter experts to generate a list of incidents they could recall that demonstrated coworkers' extra efforts (Fox et al., 2012). A multiple step process pared 214 incidents down to 42-, 36-, and 20-item versions of the checklist. The checklist items are behavioral items, which ask the respondents to define the frequency rather than agreement with an attribute. The developers believed this to be more objective and easier for participants to form specific observations (Fox et al., 2012).

Bass and Avolio (2004) began to develop the quantitative MLQ tool in a qualitative manner by interviewing executives with experience working for a transformational leader. This exercise resulted in 142 behavioral statements. In the next phase of instrument development, an 11-member panel judged the statements. The panel was given detailed descriptions of transactional and transformational leadership. Experts determined which of the142 statements were reflective of either transactional or transformational leadership. The panel identified 72 indicators of leadership style to move to validity testing. To establish initial construct validity, 175 military officers examined the 72 statements to rank their superior's leadership style. Nine leadership factors and their related statements emerged. The MLQ has been revised numerous times as research on leadership styles has evolved.

I did not expect confounding variables, and questions in the demographic section of the survey tool related to the length of employment, job satisfaction, and education did not reveal unexpected correlations. Of particular interest to me was the inclusion of two

demographic items asking the participant if there is a person with mental illness in their family and if they have completed educational coursework on mental illness. I asked the question related to family related mental illness due to a personal observation.

A self-selection bias may have occurred if the employees who volunteered to participate in this research study were more likely to engage in OCB than their nonparticipating peers were. I collected the data related to OCB via self-report. Any self-reported data may be tainted by a desire to show oneself in the best light or social desirability. With my choice of a design that was confidential and anonymous, I sought to control that limitation.

Additionally, a self-selection bias may have occurred if the employees with family members with mental illness took a special interest in improving the care for all clients with mental illness. In the consent letter, I did make the point that no individual benefit would come from participation. However, the consent letter also made the point that they would be contributing to knowledge that might be utilized to improve mental health community care.

Significance of Study

Significance to Theory

This study has significance in three areas: theory, practice, and positive social change. The results of this project advance leadership theory because in it I addressed an under researched setting where leadership practice is critical to the health and safety outcomes of a vulnerable population. The results of this study can provide much needed insight into the impact of leadership styles on the OCB of residential care workers in

community-based residential mental health facilities. Knowledge from this study could aid the development of evidence-based leadership practice and provide the foundation for future intervention research, including leadership development.

As alternatives to mental health hospitalizations are developed, utilized, and funded, it is essential that policy makers and other stakeholders are comfortable and confident with the care provided (Yampolskaya, Mowery, & Dollard, 2013). The search for better ways to support individuals with mental health needs is fueling a wave of social change that will strengthen and challenge our society. Evidence is needed to continue that movement forward.

Significance to Practice

The results of this study have the potential to advance leadership in the practice of mental health care and public policy in the mental health system. Public policy has been moving toward an ongoing approach of community-based care for those with mental health needs(Thornicroft & Tansella, 2013). Residential care is part of that overall strategy, even as the Affordable Care Act is fully implemented (Goldman & Karakus, 2014). The employees who provide community-based residential mental health services have not been widely studied.

In this study, I sought to determine the impact of leadership style on the OCB of those employees working in community-based residential facilities. Results from this study could provide recommendations for evidence-based leadership development and staff development for supervisors seeking to create a positive environment of care for the clients they serve and a productive workplace for their employees. Development of

workforce has been widely recommended as a critical component in enhancing the community-based mental health system (Saraceno et al., 2015).

Significance to Social Change

The results of this study have potential implications for positive social change for individuals with mental health care needs. Care for individuals with mental illness has undergone a profound social change in the last 50 years (Hamden, Newton, McCauley-Elsom, & Cross, 2011; Kiesler et al., 1983). Many factors were involved in creating that change, including medication development, emerging brain research, and changes in a basic understanding about mental illness (Knable, 2015). Beyond or because of these changes, the most visible change has been the change to move away from a hospital system of care and establishment of new community-oriented therapeutic approaches (Thornicroft & Tansella, 2013). In this study, I sought to strengthen this movement in positive social change by identifying factors that contribute to the job performance of residential care workers in community-based facilities. Residential care workers are key workers. From my experience as a previous manager of residential care facilities, resident care workers who are in the facility day to day and have the most one-on-one interaction with the clients have the greatest opportunity to make the facility a true home.

OCB performed by residential care workers promotes the worth, dignity, and development of individuals with mental health needs living in residential care facilities. Residential care facilities, as part of an overall community-based mental health system, have the potential to reduce the stigma of mental illness, enable a fuller recovery, and ensure a more productive life for those with mental health needs. Society can benefit

from a greater level of diversity by integrating individuals with mental health needs into the community.

The focus of mental health services has shifted from a disease eradication model to the enhancement of a full, quality of life in the community (Ng, Pan, Lam, & Leung, 2013). Enhanced understanding and acceptance of mental illness could result from greater community integration. This may encourage others with mental health needs to seek help and stimulate the development of additional resources. The lack of research to support evidence-based practice threatens this potential for positive social change (Ng et al., 2013).

Summary

Based on a profound shift in society's understanding and norms related to mental health, the care for individuals with mental illness has evolved from warehousing to a medical approach, to full integration into the community. The essential skill set and competencies of caregivers working in these differing models of care has changed accordingly (Axer et al., 2013). In this study, I sought to examine the relationship between leadership style and OCB in the current model of care—community-based residential treatment.

In the next chapter, I will present a review of the literature related to the key elements of the study. I will review the theory of social exchange in Chapter 2, as well as current research surrounding each of the variables. Historical and contextual material regarding the mental health system of care will also be included in Chapter 2.

Chapter 2: The Methodology

Introduction

The role of residential mental health facilities has become more important as the mental health system has evolved from a hospital-centric approach to a community-based network of care (Ng et al., 2013). The problem was that little research is available to support evidence-based leadership practice within facilities that provide care for individuals with mental health needs. Internationally, there is early evidence that smaller, community-based units have better quality results than hospital-based units (Cardoso et al., 2016). However, the quality measures are inconsistent. Researchers call for a greater understanding of the dynamics of residential care facilities to determine quality of community-based care (Killaspy et al., 2016). Investigating the impact of leadership style on residential care workers is current, relevant, and significant to the disciplines of leadership and mental health care (Grob, 1994; Mukaetova-Ladinska, Perry, Baron, & Povey, 2012; Sproli & Costa, 2011).

The purpose of this quantitative survey study was to investigate the relationship between the leadership style within the FRL model (Bass & Riggio, 2006; Burns, 1978) of residential care supervisors and OCB (Organ, 1988) in residential care workers in community-based residential facilities for individuals with mental health needs. In this descriptive-correlational study, I used analysis of survey data. My intent with the study was to determine if a correlation existed between the independent variable of leadership style (Bass & Riggio, 2006) of the residential care supervisors and the dependent variable of OCB exhibited in workers.

Leadership style and OCB were the variables for this study. Leadership style was defined as a style within the FRL model. OCB was defined as positive, volunteer, work-related, or work-enhancing activities performed by resident care workers without a promise of reward or compensation (Organ, 1988). Researchers have suggested that transformational leadership, a style within the FRL model, will inspire workers to achieve at a higher level, including performance of OCB (Bottomley et al., 2016).

In this chapter, I will share relevant research about leadership and OCB that informed my investigation of the correlation between these two factors in residential care workers caring for individuals with mental health needs in community-based residential settings. The significance of the profound social change away from institutional care for those with mental health needs demands the discovery of new knowledge. Evidence can be used to facilitate the development and enhancement of the emerging community-based network of care (Ng et al., 2013; Thornicroft & Tansella, 2013).

I will begin this chapter by sharing the approach I used to search the literature. In the chapter, I will review the theoretical framework of social exchange theory to establish the foundation for the examination of leader/worker interactions. I will also explore the leader-member exchange theory and organizational support theory, both with roots in the social exchange theory. I will then appraise the FRL theory as part of the theoretical framework. The context of the study includes a review of the history of mental health care and recent system changes. System changes have made a significant impact on the model of care. This review will provide support for the importance of this study and the study's potential impact on social change.

An introduction of the concepts of leadership and OCB, the variables in this study, will be the next major section of the chapter. A summary of the research documenting the relationship between leadership and OCB will follow. Most of the studies demonstrating a relationship between these behaviors have been conducted in industrial settings, not in mental health care settings. I will conclude the chapter with a review of the tools available to measure leadership and OCB and supporting rationale for my selection of the tools used for this study.

Literature Search Strategy

I reviewed literature from the past 10 years, as well as historical research, in three major areas to develop a comprehensive foundation of evidence for this study: the social change in mental health care, the theoretic framework, and literature surrounding the variables. Peer-reviewed studies and seminal works were included in the literature review. The lack of dissertations and conference proceedings related to resident care workers confirmed the need for this research.

To establish the context for the research, my first area of literature review was related to the history of the mental health system. To examine the literature related to the social change in the mental health environment from institutional care to community-based residential facilities, I accessed the EBSCOHOST system from the Walden University Library, the University of Wisconsin-Milwaukee library, and the local city library. I also searched the Medline, CINAHL, and ProQuest Nursing and Allied Health Source databases using the following terms and combinations of these terms to obtain the most robust collection of literature: *cost of residential care, deinstitutionalization of*

mental health, residential care of the mentally ill, history of care of the mentally ill, group homes, organizational leadership behavior in mental health organizations, and *residential care workers.*

The social exchange theory evolved as a likely theoretic framework. To examine the literature related to the theoretical framework, I accessed the EBSCOHOST system using the Walden University Library, the University of Wisconsin-Milwaukee library, and the local city library. I searched Business Source and ABI/ Inform Complete databases using the following terms and combinations of these terms to obtain the most robust collection of literature: s*ocial exchange theory, workplace incivility, reciprocity, trust in the workplace, organizational support theory, leader-member exchange theory, P. M. Blau,* and *A. Gouldner.*

The challenge related to finding literature on the variables was to focus on the setting of mental health and the relationship between the variables. To examine the variables of leadership style and OCB, I accessed the EBSCO HOST system using the Walden University Library, the University of Wisconsin-Milwaukee library, and the local city library. I searched Business Source and ABI/Inform Complete databases using the following terms and combinations of these terms to obtain the most robust collection of literature: *full range leadership model, history of leadership theory, measurement of leadership, measurement of organizational leadership behavior, transformational leadership, transactional leadership, trust, servant leadership, organizational citizenship behavior, Dennis Organ, B. M. Bass,* and *J. M. Burns.*

Theoretical Framework

Social Exchange Theory

The social exchange theory provides a framework for considering the relationship between an employee and the employee's manager. Blau (1964) explained that social exchange involves "unspecified obligations in which there are favors that create diffuse future obligations, not precisely defined ones," and repaying an obligation is something that "cannot be bargained about," but rather left to the determination of the parties involved (p. 93). Social exchange theory is multidimensional, as there are many kinds of resources that can be exchanged, and the rules for exchanges are unwritten and unspoken, only implied (Colquitt et al., 2013).

Table 1 demonstrates some of the key differences between social exchange and economic exchange. As has already been discussed, trust is a key component in social exchange. In part, this explains why time and investment are important as trust develops over time.

Table 1

Comparison between Social and Economic Exchange

	Social Exchange	Economic Exchange	Rationale
Trust	Necessary	Not necessary	Economic exchange is impersonal
Investment	Critical	Not an aspect	Both parties invest in each other, trusting that favors will be returned in social exchange
Time	Long-term or open-ended relationship	Not required	Economic exchanges represent relationships, such as pay for performance

The resources exchanged may be defined as anything transacted within the context of the relationship and could be concrete or conceptual (Colquitt et al., 2013). Understanding the exchange between leaders and direct care providers in community-based residential mental health facilities is the first step toward appreciating the relationship. This understanding could then lead to opportunities for workplace improvement.

Compared to economic exchange, social exchange requires a deeper investment in the relationship (Shore et al., 2009). An economic exchange has specific obligations, and the parties are quite confident that the obligations will be met (Shore et al., 2009). Social exchange is more of an investment, where one party invests in the other with the hopes of exchange. This recognition of an investment has been defined as important in creating an environment of reciprocity (Gouldner, 1960). However, economic exchange conditions must be met before the investors are able to develop social exchanges. For example, an employee must be paid their wages before becoming receptive to entering into a social level of exchange (Shore et al., 2009).

Reciprocity. Gouldner (1960) felt that for a social exchange to be effective, a sense of reciprocity was needed. The author believed that the parties in the exchange had to recognize the value of investment each was making to the relationship. Then, over time, reciprocate or exchange valued resources of perceived equal value.

As significant as reciprocity is, it is difficult to define the concept (Gouldner, 1960). The closest definition is “a pattern of mutually contingent exchange of gratifications” (Gouldner, 1960, p. 161). In social exchange, the valued resource is

different from the straightforward economic exchange (for example, a wage for an hour of work), but must include more of a personal commitment or participation in the organization.

Particularistic resources, resources that are specific or individualized based on the needs or preferences of the exchange partner, are of much higher value than a universal resource that is not personalized to the exchange partner (Colquitt et al., 2013). For example, if the leader rearranges the schedule to grant an employee a special request for a day off, then the obligation to repay and fill in a future vacant shift is stronger for that employee than for a second employee who did not receive a special favor, even if that second employee has an overall positive relationship with the supervisor. The second employee has no specific reciprocity obligation.

Social exchange relationships occur within a long-term relationship, with the realization that the exchange is not specific. Blau (1964) pointed out that the quality of the relationship is also an evolving element in the social exchange. As the cycle of exchanges continues and trust is built or not built in the relationship, the level of trust and willingness to accept additional risk grows or diminishes between the parties (Shore et al., 2009).

Scott, Restubog, and Zagenczyk (2013) looked at the opposite of a trusted employee relationship to examine workplace exclusion. They argued that exclusion has been a part of human interactions throughout history, pointing to everything from shunning to incarceration. In the workplace, this exclusion can lead to dire behavior, such as bullying and aggression, and negatively affect productivity. Scott et al. focused on

uncivil employees, which they defined as those who, for whatever reason, do not engage in reciprocal exchanges, thus preventing the establishment of "mutually beneficial and supportive relationships" (p. 39). The researchers found that these individuals could be perceived negatively or as a threat to the group and, as a result, find themselves excluded from the group. Trust or distrust is a major factor in the social exchanges that occurred or did not occur (Scott et al., 2013).

Trust. Trust can be defined as "confident, positive expectations about the words, actions and decisions of the trustee" (Colquitt et al., 2013, p. 202). Shore et al. (2009) stressed that trust was a critical component of social exchange, meaning there must be trust that favors will be repaid or exchanged in the future. Blau (1964) pointed out social exchange should occur over time, and as additional exchanges occur, the exchange and the level of trust deepens.

Intertwined with trust is the concept of investing in an employee (Shore et al., 2009). Specifically, each party invests in the other with some trust that the investment will yield future benefits. Both trust and investment are components not found in an economic exchange, which helps to distinguish the difference. Lin, Chiu, Joe, and Tsai (2010) found trust strongly related to team commitment. Trust in a team encouraged each team member to contribute and meet obligations within the team's workload.

There are two different types of trust (Zhe & Akhtar, 2014). The first type of trust is affect-based trust built on expressions of concern; this includes appreciation expressed within a trusting relationship that resulted in an emotional investment. The second type of trust is cognition-based trust, based on the leader's character, including integrity,

reliability, and ability (Zhe & Akhtar, 2014). Research in China, which included 348 sales employees in four private retail companies and five private manufacturing companies, showed that both types of trust mediated a relationship between transformational leadership and followers' helping behavior toward coworkers (Zhe & Akhtar, 2014).

Diverse utilization of social exchange theory. The social exchange theory has served as the foundation for a number of avenues of study in the arena of human interactions. Studies have been diverse, including business areas, marital relations, and decisions made by teens. Ironically, Surma (2015) found that social exchange increased the use of social media. Consistent with the hypotheses related to reciprocity, the researcher found that users who interacted with others received the most interactions or posts to their messages on Facebook, which reinforced that social behavior in all formats depends on exchange (Surma, 2015).

Social exchange has recently been studied as a way to create value with customers in service recovery situations. Choi, Lotz, and Kim's (2014) research showed that if the customers felt support and justice from the organization, they felt positive feelings for the organization, even if there was a service breakdown. By offering services over and above the contractual obligation to a client, similar to OCB, the organization can impress a customer. This can overcome a service gap and not only recover the previous level of trust, but also an increased level of affection (Choi et al., 2014).

The opposite effect was reported related to a strong emotional reaction that can occur when there is a perceived violation of social exchange (Leary, Diebels, Jongman-

Sereno, & Fernandez, 2015). Social exchange requires a high level of trust. The reaction may seem out of proportion to the event. The hypothesis is that an exchange violation is not just a violation of trust at the current time, but puts future exchanges at risk. A violation or disappointment calls into question the trust that future exchanges will occur, especially exchanges currently owed (Leary et al., 2015). Blau (1964) noted that trust requires a level of vulnerability—both parties must accept the risk that the exchange will not occur as expected. Risk taking is an essential leadership component.

Social exchange in work settings. Social exchange theory has been utilized extensively as a concept to explain activities in a workplace issues. Shore et al. (2009) stated, "Social exchange theory has gained prominence as a framework for understanding the employee-organization relationship" (p. 289). Social exchange theory has been utilized to study the relationship between an employee and their manager, their organization, and/or their coworkers. Shore et al. concluded that a robust finding could be perceived between a positive social exchange relationship with an employee and positive outcomes, including stronger employee contributions, higher commitment, decreased intent to quit, noticeable OCB, and better job performance.

Leader-Member Exchange Theory

The social exchange theory has given rise to the leader-member exchange theory based on the relationship between a supervisor (leader) and their employee (member). This theory focuses on each specific dyadic relationship, recognizing that a leader will have many dyadic relationships (Gerstner & Day, 1997; Jha & Jha, 2013). This theory also recognizes that each member has a different level of relationship with the leader

(Gooty & Yammarino, 2016). Leader-member exchange theory proposes that the relationship between a leader and member could range from a low quality relationship in which the majority of the exchanges are of an economic nature to a high quality relationship in which the exchanges include economic with the additional complexity of social exchanges.

Within a higher quality relationship, the leader provides tangible and intangible resources to employee members. High quality relationships arise out of trust and reciprocity (Gouldner, 1960; Jha & Jha, 2013). Formal job descriptions, defined duties, and written memos are the limiting characteristics defining a lower quality relationship. It is also interesting to note that both parties may not view the relationship the same way. The leader may rate the relationship as being of a high quality, but the member may not share that assessment (Gooty & Yammarino, 2016).

Rashid, Nordin, and Salleh (2014) found that the importance of a high quality leader-member exchange related to safety. A stronger leader-member exchange led to a greater compliance with safety communication from the leader and, as a consequence, a stronger safety culture. The researchers noted that to promote safety, the leader/member relationship should be carefully monitored and nurtured in high-risk situations (Rashid et al., 2014).

One feature of social exchange in the leader-member exchange may relate to the leader as the gateway to the greater organization. The leader, in addition to the exchanges, is also in a position to represent the member to those higher in the organization by pointing out positive work, getting special assignments for the member,

or mobilizing organizational resources to support the member (Jha & Jha, 2013). In return, this may increase the member's perceived organizational support, job satisfaction, and commitment to the organization, ultimately leading to enhanced job performance. An interesting twist to this exchange is that in order for the higher level of support to be available, the leader also must have a positive relationship with his/her leaders or organizational superiors (Jha & Jha, 2013).

It would seem logical that one of the factors of leader-member exchange would be the wisdom of the leader. In a study of 75 religious leaders and 158 of their employees, Zacher, Pearce, Rooney, and McKenna (2014) researched the influence of wisdom on the leader-member exchange. They defined wisdom as having "superior knowledge, understanding and acceptance of life and human nature; the ability for self-reflection and self-examination and the ability to be empathic and compassionate to others" (Zacher et al., 2014, p. 172). Wisdom was a positive influence in promoting high quality leader-member exchanges. Zacher et al. looked at the factors in transformational leadership and found that wisdom positively predicted individualized consideration. The researchers suggested that "a wise leader will engage in more supportive practices than a less wise leader which in turn creates a stronger leader-member relationship" (Zacher et al., 2014, p. 181). One interesting finding in the Zacher et al. study was that wisdom did not have an impact on intellectual stimulation. The researchers suggested that this may not be important as part of the leader-member exchange, but may show up in other areas, such as critical thinking or self-development. Zacher et al. suggested additional research to show the value of leaders with *lived* wisdom.

A positive relationship between the leader and member can reduce job stress, but the opposite may also be true. International nursing shortages have led to concerns about retaining and supporting staff nurses. In a British nursing study, Hesselgreaves and Scholarios (2014) noted that nursing supervisors were under increased pressure to have strong relationships with their junior staff. While this had the desired effect of decreasing stress for the junior staff, the responsibility and an increasing number of staff to supervise due to budget issues increased stress for the senior nurses (Hesselgreaves & Scholarios, 2014).

Leader-member exchange has been investigated with some non-traditional workers, as well. Sollitto, Martin, Dusic, Gibbons, and Wagenhouser (2016) studied 210 part-time college students to determine the influence of the relationship with their supervisor in that temporary work environment. Part-time workers with a positive relationship with their supervisor had three positive outcomes: (a) they on-boarded to the part-time job to a greater degree, (b) they were more loyal to the organization, and (c) they recognized that the skills and work of the part-time job had value for their future career (Sollitto et al., 2016).

In an international study, Yang, Ding, and Lo (2016) found that the leader-member exchange was a mediating factor between the leadership effect on OCB. The practical aspect of this study suggested that by developing a positive relationship with a worker, the worker is more likely to engage in OCB. Having the relationship with the leader, may give the worker the confidence to move past exact job descriptions to perform OCB (Yang et al., 2016).

Another change in the workplace is the growing dependence on teams to accomplish goals. The concept of team-member exchange brings forth another set of relationships to consider. Also based on the social exchange theory, team-member exchange is the "exchange (of) quality with other team members, not as unique individuals but in their shared role as team members" (Banks et al., 2014, p. 275). In a meta-analysis of literature, Banks et al. (2014) found that a positive team-member relationship could contribute over and above a positive leader-member relationship in the areas of organizational commitment and job satisfaction. However, the leader-member exchange was most predictive related to job performance and intention to leave the organization. The researchers suggested that administrators consider these findings when planning work teams to ensure that the teams have positive relationships, but still have a positive relationship with their individual supervisors (Banks et al., 2014).

Leader-member and transformational leadership. Burch and Guarana (2014) studied 280 employees in Brazil to determine the relative influence of transformational leadership versus leader-member exchange. The researchers documented that a positive leader-member exchange led to a greater level of follower engagement that, in turn, led to greater levels of OCB and decreased employee turnover (Burch & Guarana, 2014). In a different study, a strong leader-member exchange was found to be the mediating factor for ethical leadership (Yang et al., 2016).

Leader-member and organizational citizenship behavior. Studies have also found a strong relationship between leader-member exchange and OCB. A study in Taiwan demonstrated a relationship between the OCB focused on the organization and

leader-member exchange in over 600 supervisor-employee dyads (Yang et al., 2016). Michel and Tews (2016) suggested that change, which is often enhanced by OCB, could be helped or hindered by the perceived relationship the employee has with the leader.

Organizational Support Theory

Also rooted in the social exchange theory is the theory of organizational support (Eisenberger et al., 1986). As opposed to a relationship between the individual leader and the employee, the organizational support theory suggests that employees perceive organizations as having an almost human-like characteristic of recognition and appreciation of employee efforts. Employees want to feel that the organization is supportive of their efforts on behalf of the organization (Eisenberger et al., 1986).

Consistent with the changes in the workforce, research has focused on four emerging workforce trends: non-traditional employees, cultural considerations, the wellbeing of workers, and exploring ways to demonstrate organizational support though the actions of supervisors or mid-level supervisors (Baran et al., 2012). The researchers reviewed 43 studies, and two important themes emerged from their review. First, the need for perceived fairness has become increasingly important, and second, a perceived positive feeling of organizational support relates positively with organizational commitment, enhanced job performance, and OCB (Baran et al., 2012).

Communication is an important leadership and management skill. A study completed at a social services agency found that employees (N = 236) who perceived positive open communication from the organization also perceived a high level of organizational support (Neves & Eisenberger, 2012). Those employees with a high level

of perceived organizational support were associated with a high level of both in-role and extra-role (OCB) job performance. Anecdotal comments indicated that employees felt that with more communication, they had a stronger understanding of the organization's mission and goal and, therefore, how they could contribute to that mission (Neves & Eisenberger, 2012)

One way organizations can grow is through the innovation of their employees, but innovation requires various levels of risk taking. Neves and Eisenberger (2014) looked at perceived organizational support and risk taking with the risk of failure. To evaluate this concept, the researchers looked at pairs from diverse organizations (N = 346) and asked the employee and their supervisor about risk taking and potential failure. The key moderator determined in this relationship was trust, consistent with the social exchange theory. Employees who felt a high degree of trust that their supervisor would support them felt greater comfort with risk taking behavior on behalf of the organization (Neves & Eisenbeger, 2014) .

Another recent study points to a three-step interdependence between supervisors and members (Eisenberger et al, 2014). The first critical link is between the supervisor and the employee, the leader/member relationship, which sets the stage for other relationships. The relationship between the leader and the employee or member determines to a large extent how the employee will view the broader organization (Eisenberger et al., 2014). If the leader/member relationship gives a positive perception, the employee will likely have a positive perspective of the organization as a whole. This second link helps the employee to develop the final link, which is the commitment the

employee makes to the organization. One of the most visible commitments is continued employment or lack of turnover (Eisenberg et al., 2014).

Full Range Leadership Model

A leader's role is to influence effective performance in others (Giltinane, 2013). Burns (1978) initially introduced two distinct approaches to leadership: transformational and transactional. Bass (1985) evolved the theory to be a continuum (eventually the FRL model), with transformational leadership on one extreme and laissez-faire on the other.

Transformational leaders develop a vision of organizational objectives. Transformational leaders seek to develop follower commitment to that vision by (a) making the followers aware of the importance of the vision, (b) positioning the followers to achieve the vision by performance that may exceed standard activities, (c) appealing to the followers' intrinsic needs for achievement or recognition, and (d) empowering the followers to achieve the activities needed to reach the vision (Giltinane, 2013). Additional detail and information about transformational leadership is contained in the variable literature review within this chapter.

Transactional leadership, as the name implies, is essentially an exchange process (Bass & Riggio, 2006). The leader recognizes the needs of the followers, which are exchanged for meeting the needs of the leader in completing the work of the organization (Washington et al., 2014). Additional detail and information about transactional leadership is contained in the section in the literature review detailing the variables within this chapter.

The extreme style contained in the FRL model is laissez-faire. Bass (1985) described this pattern as no leadership. The leader takes no effort to provide direction to the followers or to meet their needs, but still expects results. The leader expects the workers to organize and lead themselves.

While the descriptions of the leadership styles are separate and clear, in reality, a leader may move between the styles (Hannah, Sumanth, Lester, & Cavarretta, 2014), mostly between transformational and transactional styles. The FRL model recognizes this movement between transformational and transactional leadership, with the understanding that one may have a preferred style and that some individuals are unable or unwilling to implement the transformational profile of leadership (Hannah et al., 2014). The researchers recognized that even transformational leaders need to manage the logistics of their organizations, which requires transactional activities, such as payroll, human resources, and budgeting (Hannah et al., 2014).

Summary Related to Theoretical Framework

I used social exchange theory as the foundation for this study. Social exchange proposed by Blau (1964) involves the exchange of favors. Blau did not define the favors, or the time, method, or repayment for those favors. Social exchange requires a high degree of trust between the parties. Social exchange has been studied in diverse settings, including leadership. Leader-member exchange originates in social exchange.

This theory posits that each leader has a separate and distinct relationship with each member of his or her staff. Each of these dyads has their set of exchanges and, therefore, their own level of relationship. The same key elements of trust are necessary

for a high quality leader-member exchange. Organizational support theory utilizes the same concepts of exchange related to the worker perceiving support and appreciation by their organization. Understanding the leader-member relationship may be the key to understanding how members perceive leadership and how leadership produces results that are important to the organization.

Contextual Background of Social Change in Mental Health Care

Social change is defined as a significant alteration of mechanisms within the social structure, characterized by changes in cultural symbols, rules of behavior, social organizations, or value systems. A profound social change has occurred related to care for the mentally ill. Care has moved from institutions to the broader community.

The NAMI (2016) defines mental illness as a "medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning [and] can result in a diminished capacity for managing the activities of daily living" (para. 1). The NIMH (n.d.) estimated that 18.4% of all Americans are diagnosed with a mental disorder at some point in their life.

Mental illness does not discriminate. Mental illness affects persons of all ages, races, religions, genders, sexual preferences, and income levels. Mental illness is a chemical brain disease; it is not a sign of personal weakness, lack of religious conviction, lack of character, or other character fault. Mental illness includes a wide range of disorders, from mild depression or grief in reaction to a situation to a life-altering illness. Current medications and therapy can often assist those who have a milder illness without need for additional support from the mental health system. However, NIMH

(n.d.) reported that those affected by a major, chronic, and significant mental illness, which affects their ability to function independently in society, often require a level of intervention and treatment that is persistent and lifelong.

The NIMH (n.d.) estimated that 10 million Americans over the age of 18 suffer from this more intrusive level of mental illness. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder, panic disorder, and borderline personality disorder. In this study, I focused on the care of those with serious mental illness who are unable, at a particular point in their life, to live independently in the community.

Autistic spectrum disease affects each person differently, but is generally characterized by a deficit or disability in communication, social interaction, and social imagination (Mukaetova-Ladinska et al., 2012). Many individuals with mental health needs related to autism may be high functioning and live independently, but need lifetime support and supervision in various degrees. The Centers for Disease Control and Prevention (CDC; 2016) reported that one in 68 children are diagnosed on the autism spectrum and between 45,000 to 50,000 individuals with the diagnosis turn 18 years of age yearly. The aging and demise of their family support will lead to new demands on the mental health system to provide appropriate residential care facilities for these individuals.

Another growing population in community-based mental health facilities is the group of individuals acquitted of crimes by reason of mental illness. In Oregon, a recent study found that 389 individuals were on monitored conditional release (Novosad,

Follansbee, Banfe, & Bloom, 2014). The community setting deemed appropriate for the released individual ranges from facilities with 24-hour awake care to independent care apartments with occasional case managers checking to assist and assess the client.

History of Care

Care of individuals with severe mental health needs was originally managed within the home, as were the needs of those with physical illness (Grob, 1994). Family members cared for those *touched* in the head or *distracted*. The mentally needy were hidden from the public and cared for in back rooms or on farms. In Colonial America, mental illness was seen as a social and economic problem, rather than a medical concern (Grob, 1994). Early public policy called for the community to support the people who were unable to provide for themselves. As urbanization occurred, "The informal manner that communities cared for such persons no longer seemed adequate" (Grob, 1994, p. 17). Almshouses began as a way to care for all dependent individuals, such as the distracted, the elderly, orphans, and the poor.

Eventually, it was deemed important to have a separate facility for the distracted to keep them away from the vulnerable due to the potential for violence. Benjamin Franklin assisted with fundraising for the first hospital to care for the mentally ill when he asked colonists to provide funds for a hospital to care for those who were a risk to their neighbors due to the "violence they may commit" (Grob, 1994, p. 19). To protect the public, the mentally ill were shifted to hospitals that were little more than warehouses. No active treatment occurred and often no humane personal care occurred. Grob (1994) reported that the role of the hospitals was also to protect mentally ill individuals from

"ill-disposed persons wickedly taking advantage of their unhappy condition and drawing them into unreasonable bargains" (p. 19).

The concept of large state hospitals can be traced back to Dorothea Dix, who is credited with the creation of mental hospitals in 30 states (Kiesler et al., 1983). These hospitals started with great hope, but did not meet their expected outcome. "Although based on moral treatment and developed with humane motives, state hospitals soon developed into large custodial institutions with little active treatment of patients" (Kiesler et al., 1983, p. 1293). Individuals placed there had little hope for discharge.

World War II called attention to care for individuals with mental health needs, and a number of changes occurred in the philosophy of care. When many World War II veterans returned with battle fatigue, care and research shifted to the search for a cure (Baker & Pickren, 2006). Treatments developed, including medication, electro-shock therapy, and lobotomies; but unfortunately, the consequences of these early treatments could result in lifelong disabilities (Grob, 1994). As the approach became more scientific, the model of care became more of a medical model, with the goal of treating the illness rather than warehousing the patient.

Medical Model of Care

The mental health hospitals were modeled on physical health hospitals, with nursing staff, wards, and routines (Baker & Pickren, 2006). As research became more sophisticated and new knowledge generated, the previously blunt instruments of treatment became more accurate, and treatments led to recovery for individuals. Kiesler et al. (1983) reported that between the mid-1950s and the 1980s, significant and dramatic

strides were made in the areas of psychopharmacology and social and behavioral science that led to effective alternatives to mental hospitalizations. This presented a new challenge for the care system—how to integrate the now recovered individuals into the greater society.

Emergence of New Model

Deinstitutionalization began in the 1980s, with mass discharges of recovered clients with little or no post discharge support. Kiesler et al. (1983) noted that the system was ill prepared for these discharged individuals due to numerous factors, including inadequate preparation of patients for discharge, disorganized community services, limited range of treatment options, and stigma associated with mental health clients. When deinstitutionalization occurred, mental health professionals globally identified a revolving door phenomenon of patients moving between inpatient care, homelessness, jail, and substance abuse (Thornicroft & Tansella, 2013).

In Portugal, this change occurred at a slower pace, which gave them time to learn from the experience of other countries. Portugal has recently added many new residential units and implemented a nationwide quality program (Cardoso et al., 2016). Portugal has been able to document improved quality for those receiving long-term care in residential settings versus hospital settings.

As the system recognized the need to provide support to maintain individuals in the community, a number of components of a modern mental health system emerged. Systems evolved differently in different countries, states, and communities, but most included drop-in centers, day hospitals, community case management, and community

residential centers. Thornicroft and Tansella (2013) concluded that despite an increase in options available to the acutely mentally ill, there were still patients who needed around-the-clock care, but did not need placement in an inpatient psychiatric unit. This led to the creation of community-based alternative care sites and to the emergence of residential care facilities for individuals with mental health needs.

Community-based residential care facilities, sometimes called group homes, provide structured living centers. Individual states license and regulate community-based residential care facilities (Park-Lee et al., 2011). Residential care facilities provide meals and hygiene assistance, ensure safety, offer structured activities, supervise medication administration, monitor health, oversee therapeutic treatment plans, structure interpersonal relationships, and support personal care. The larger the facility, the more likely it is they offer additional professional services, such as physical therapy (Park-Lee et al., 2011).

Residential care facilities that focus on mental health have supervision and oversight by mental health care professionals, including nurses and social workers at a supervisory level, but are staffed on a day-to-day basis with paraprofessionals (Knable et al., 2015). These frontline workers can have a variety of titles. For the purpose of this study, I refer to them as resident care workers. Resident care workers are charged with implementing individual care plans established by the professionals, along with house protocols and plans (Axer et al., 2013). Organizations vary in their hiring requirements, but the resident care worker is an entry-level position, and the employer usually provides on-the-job training.

James Muller, research director of the National Center for Assisted Living (NCAL), confirmed that comprehensive data about residential care workers is currently not available (Personal communication, March 7, 2016). The NCAL (2014) reported that in 2012, the turnover for residential care workers was 31.4%; however, the participation was low, so generalization of the data is not possible. The NCAL pointed out that staff stability is essential to providing quality care, which NCAL has defined as person-centered care delivered by well-trained staff.

The skills needed by residential care workers include technical skills, such as medication administration and meal preparation, as well as interpersonal skills, such as encouraging residents to participate in activities, addressing areas of stress, and creating a positive environment (Axer et al., 2013). Resident care workers also must encourage and manage personal hygiene needs for clients, while encouraging independence. Safety needs require the ability of resident care workers to react to any potential risk, ranging from fire, severe weather, falls, inappropriate use of a sharp knife, and resident outbursts of violence directed toward others or self (Axer et al., 2013).

Perhaps, the most important resident care worker responsibility is to develop and sustain a positive interpersonal relationship with the residents (Nelson & Shockley, 2013). Resident care workers must be able to communicate with residents, who appreciate and need a sense of caring and concern from the workers (Dodevska & Vassos, 2013). Burnout and stress is a common issue for mental health workers at all levels (Puig et al., 2012). Community psychiatric workers in Australia identified a need

to learn more about mental illness, the concept of recovery, and case review of difficult clients (Shepherd & Meehan, 2013).

Beck et al. (2012) reported that workers in residential care for the elderly experience a lack of support from their supervisors related to both practical care matters and emotional support. Staff recognized that more direction was needed than what was provided on formal job descriptions (Beck et al., 2012). Formal job descriptions provide a listing of specific duties, which are often task-oriented lists and do not take the interpersonal aspects of care into account. However, the success of any residential care facility depends on the extra contribution of the workers toward making the facility a true home for the resident. This over and above contribution is OCB.

The acuity of the individuals residing in community-based facilities may be underestimated. For example, the acuity of youth residing in a community-based facility is affected by the pathway they took to get to the facility, which may have included trauma, involvement with violence, or interaction with public social service agencies (Hurley, Wheaton, Mason, Schnoes, & Epstein, 2014). Hurley et al. (2014) discussed the need for staff to assess youth for suicide intentions and provide safe environments.

Patterson, Dulmus, Maguin, and Perkins (2016) found that health disparities based on ethnicity was another large issue. Patterson et al. reviewed 165 youth residential facility discharges in New York and found that clients coded as Black, biracial, Hispanic, or other had a greater chance of leaving the treatment by AWOL or by an unfavorable discharge than White youth. Patterson et al. question the ability of current programs to engage ethnic minority youth successfully in effective treatment.

The implementation of the Affordable Care Act (ACA) has the potential to impact mental health services in several ways (Goldman & Karakus, 2014). Mental health care is a required component of the essential services of an acceptable health plan within the ACA marketplace, potentially giving many additional individuals access to mental health coverage. The workforce within mental health is unlikely to meet this increase in demand. It remains to be seen if demand will result in incentives for workforce development.

One approach to increase access currently utilized by the federal government is to require integration of mental health services with physical health services at federally qualified health centers (FQHC) (Jones & Ku, 2015). Despite less than 100% state acceptance of the ACA, early ACA implementation and federal policies, such as the requirement of FQHCs, seems to indicate that community-based residential care will continue to be part of the future of mental health services (Goldman & Karakus, 2014). Evidence-based practice in residential care will continue to be a priority

In this study, I sought to investigate the correlation between supervisory leadership style in community-based residential facilities and the OCB of residential care workers. It is important to appreciate the environment of change in which community-based residential facilities function. To study this, it is necessary to understand the conceptual foundations of leadership, OCB, and the relationship between them.

Leadership

Leadership theory has evolved from a belief that leadership was a birthright, as in royal birth, to a study of the traits of leaders and to an understanding that leadership is a

complex social interaction. Leadership is a subject of great interest and study. According to Steers, Sanchez-Runde, and Nardon (2012), “More articles and books have been written about leadership than any other topic in the field of management” (p. 479) .

The Importance of Leadership

Leadership expert Bennis (2003) asserted that there are three major reasons why leadership is important. First, leaders are responsible for the effectiveness of organizations, all organizations. Second, with a rapid pace of change, followers need a leader from whom they can seek guidance and direction. Third, in an era of moral conflict, leadership is critical to assist in the development of conscience and integrity. Bennis recognized that moral leadership is an area of emerging need and pointed to scandals on Wall Street, within the Roman Catholic Church, and of the financial dealings of some government officials as examples where a lack of ethical leadership led to immoral outcomes. Bennis believed that everyone is expected to lead in some capacity at some time. We may be called on as leaders to solve small or large issues or be assigned as a leader long term, during a crisis, or for only a short term.

Chemers (1997) suggested that there is a leadership need in organizations to meet internal, as well as external, organizational challenges. Internally, the needs relate to creating stability within the organization, giving the staff structure, and creating consistent products. The internal goals are to create reliability, predictability, and accountability. In direct opposition to the need for internal stability is the need to adapt to external changing market conditions. To achieve this, the organization must first be aware of change surrounding them. Once the organization identifies a need for change,

the organization must be flexible and responsive to meet the emerging challenges. Leadership is required to balance the competing internal and external forces within an organization (Chemers, 1997).

Psychological approaches to leadership versus business approaches to leadership were recently conceptualized as the how and what of leadership (Kaiser, McGinnis, & Overfield, 2012). In a large study of 421 senior managers and 4,670 employees, Kaiser et al. (2012) reviewed the evaluations of managers in the areas of interpersonal performance (how) and organizational performance (what). By studying these performances, the researchers tested a model that showed that both components are necessary for effective leadership by creating both team vitality and team productivity (Kaiser et al., 2012).

Defining Leadership

Defining leadership is a complex issue. Bass and Avolio (1994) pointed out that while there have always been leaders, defining, teaching, and nurturing leadership is a modern concept. Burns (1978) defined leadership, "Leadership over human beings is exercised when persons with certain motives and purposes mobilize, in competition or conflict with others, institutional, political, psychological, and other responses so as to arouse, engage, and satisfy the motives of the followers" (p. 18). This definition offers some key concepts. First, it recognizes that if the course of action is clear and no conflict or competition for action is present, then leadership is unnecessary. Second, it points to the need to have a mutual motivation of the leader and the followers in order to be considered leadership (Burns, 1978). Burns contrasts this with the use of power, that

when exercised, does not recognize any conflicts and does not take the motives or other needs of the followers into consideration.

Chemers (1997) offered a related, but slightly different, definition of leadership, "Leadership is a process of social influence through which one person is able to enlist the aid of others in reaching a goal" (p. 5). Looking at the different challenges of organizational leadership, this definition suggests that different times require different leadership actions and skills. For example, when leading in periods of stability, the primary leadership activities relate to providing guidance and motivation; however, when leading in eras of change, the primary leadership activities require adaptability, with the critical emphasis on problem solving, strategic planning, and innovation (Chemers, 1997).

Greenleaf (2002) declared that the mark of a leader is one who is "better than most at pointing the way" (p. 29). The development of a goal can be done via group consensus or by the leader's inspiration or intuition. Once a goal is developed, the challenge of leadership is to state the goal and its action steps in a manner that makes it clear to all the followers (Greenleaf, 1977). Servant leadership facilitates the development of affective commitment, "an emotional connection" leading to support for an organization and its vision, mission, and activities (Zhou & Miao, 2014, p. 382).

Bennis (2003) offered a definition of leadership that incorporates many components of other definitions of leadership. According to Bennis, a leader must have self-awareness/knowledge and be able to create a vision for the future of the organization. The leader must communicate the organizational vision to the employees, inspire trust

with the employees in the leader and in the vision, and motivate the employees to participate in the actions needed to achieve the vision.

Leadership Traits

Self-awareness. In the first half of the 20th century, social scientists focused on determining the traits of leaders. Early researchers sought to determine if leaders shared height or intelligence traits. However, as leadership theory evolved, the traits of leadership also evolved from physical traits to social interaction talents and skills. Consistent with the social exchange theory, trust is a key leadership trait.

Trust. Trust is a key component in Bennis' (2003) definition of leadership, as it is also a key element of social exchange and a positive leader/member exchange. Character, value-based integrity is the cornerstone of trust. Followers need to have trust in their leaders. Discussed previously, trust is essential for social exchange to occur. Trust as a key function is effective management (Cho & Poister, 2014), which is consistent with the concepts of social exchange.

Nichols and Cottrell (2014) asked 113 employees to rank qualities they felt were important for leaders to demonstrate. Trust was by far the highest rated trait. Trust was found to contribute to high quality leader-member exchanges (Nichols & Cottrell, 2014). Cho and Poister (2014) evaluated the relationship of three types of leadership trust with team performance: trust in the department, trust in the leadership team, and trust in the supervisor. Individual performance was related to trust in department leadership, while performance through teamwork was more likely influenced by trust in the leadership team and trust in the supervisor (Cho & Poister, 2014).

Integrity. Servant leadership is serving the organization and followers in a manner that places them first before the leader's personal agenda (Greenleaf, 2002). This type of leadership style requires some skills specific to servant leadership, but can be applied to other theories or approaches, as well. This includes integrity, meaning that words and actions match and values do not change as circumstances change. By practicing leadership within a framework of integrity, the leader can expect some positive outcomes in their organization. Outcomes of integrity can lead to high standards and a solid reputation. High standards come from role modeling of values and principles (Greenleaf, 2002).

Emotional intelligence. Emotional intelligence has gained attention as a measure of an individual's ability to manage and understand interpersonal relationships (Dapke, 2016). Emotional intelligence has been studied in a variety of settings, but is a natural variable to consider in leadership studies. Dapke (2016) studied 200 managers. Their subordinates and superiors rated the managers on emotional intelligence and perceived leadership effectiveness. As expected, managers rated with higher levels of emotional intelligence were also rated as having higher levels of perceived leadership effectiveness. However, when the supervisors measured actual leadership effectiveness, aspects of transformational leadership were more important than emotional intelligence (Dapke, 2016).

Leadership Skills

Listening. The most important skill in building trust is communication, and with servant leadership, the emphasis is on listening (Greenleaf, 2002). Listening is a skill that

servant leaders must have to gather data from employees, as well as from outside clients and stakeholders. Leaders must listen to understand emerging concerns and to learn about trends, as well as to identify and to vet resources and potential solutions. Listening is important in a social exchange; by identifying the resources of importance to the follower, the leader can prioritize exchanges. For one follower, time off for a child's event might be extremely important, while to another follower, time off to attend a rock concert might be the top priority. By listening to the followers, the leader can discern clues of which resources are most important and worthy of an exchange (Greenleaf, 2002).

In addition to listening, the servant leader must have a greater awareness of the organizational environment. A servant leader must not be afraid to learn the truth of the situation as a starting point for any change. This form of truth telling and seeking is part of creating trust, as the other stakeholders recognize that the leader acknowledges the same truth they recognize.

Caring for the caregivers. The servant approach to leadership has long been a part of nursing administrative practice. From Florence Nightingale to contemporary nursing leaders, the importance of caring for the caregiver so they can care for the patient has been a fundamental principle. Nursing administrative leaders have recognized that in order for nursing staff to have the physical and emotional resources to provide care and support to the patients, the nursing staff members need to feel they are supported, appreciated, and encouraged to create a healthy balance in their lives (Anonson et al., 2014).

Communication. Communication is a critical skill for leadership and a component in the Bennis' (2003) definition of leadership. In a case study, Mertel and Brill (2015) found that employees were more likely to engage in the work and remain in the organization if the managers had stronger soft skills, including communication and kindness. Mertel and Brill concluded that employees leave managers, they do not leave organizations.

Vision. Much of transformational leadership literature speaks of the concept of vision. Transformational leaders use vision and the communication of vision as a cornerstone of their practice. Related to the concept of trust, Bulatova (2015) found that as part of the leader-member exchange, as the member gained trust in the leader, they also gained trust in the leader's vision.

Three Leadership Approaches

Building on these leadership theories, the FRL model evolved to include three leadership approaches: laissez-faire, transactional, and transformational (Bass & Riggio, 2006; Burns, 1978). I describe each of these greater detail below.

Laissez-faire. Laissez-faire leadership is no leadership (Bass & Riggio, 2006), including the avoidance of conflict, decision-making, and action. Clearly, this is a hands-off approach to leadership and organizational development. This type of leadership is more position-based and not an active approach to leadership for change. A laissez-faire leader expects that the workers will organize and manage themselves (Bass & Riggio, 2006).

Transactional leadership. Transactional leadership is an approach to leadership in which the leader and the followers exchange things of value to meet the individual goals of each (Bass & Riggio, 2006). The classic example of transactional leadership is salary (which is of value to the employee) for the performance of work (which is of value to the leader). This is done in order to meet the needs of the worker (support self and family) and the need of the leader (production of work). For a political example, it might be the exchange of votes for support for a political agenda.

Transactional leadership emphasizes this economic level of exchange. The exchange is most effective if the leader is clear about the expectations and conditions, as well as defining the rewards and the conditions under which they provide the rewards. Having defined expectations, rewards, and exchanges is characteristic of an economic exchange.

Classically, there are three sets of behaviors associated with transactional leadership (Avolio & Bass, 2004). Contingent reward leaders establish expectations and offer rewards, such as recognition, when the goals are reached. They also provide assistance in helping individuals and the group in achieving the established goals. Management-by-exception/active leaders also establish standards for compliance, but focus on what comprises noncompliance and the consequences for noncompliance. This type of leader is very active in monitoring employee activity for errors and failure (Avolio & Bass, 2004). Another profile of leadership is management-by-exception/passive, which is grouped in some models with laissez-faire as a passive-avoidant leadership style. This type of manager waits for problems to become serious

before intervening or taking any action (Avolio & Bass, 2004), which is a passive approach to leading.

The public sector offers some unique leadership challenges. In a study of federal employees, researchers found that employees reacted positively to both transactional and transformational leadership (Asencio & Mujkic, 2016). Higher levels of trust were necessary for employees to follow transformational leaders. The authors suggested that leadership development include techniques and education to increase trust between leaders and employees as a way to maximize organizational effectiveness (Asencio & Mujkic, 2016) .

Transformational leadership. Building on the theories of charismatic leadership, the theory of transformational leadership suggests that a leader can transform individuals, individual efforts of followers, and collective achievement by creating a vision. Bass and Riggio (2006) offered a crosswalk, describing the foundation of charismatic leadership to transformational leadership. Conceptually, transformational leadership is charismatic, where followers seek to identify with the leader. Bass and Riggio stated, "The leadership inspires the followers with challenge and persuasion, providing both meaning and understanding. The leadership is intellectually stimulating, expanding the followers' use of their abilities" (p. 5).

Transformational leaders focus on individuals and empower their followers by coaching and providing learning opportunities. Charismatic leaders are often seen as leaders who are change makers, with the ability to act as organizational reformers or entrepreneurs and "the ability to recognize the need for change and express it in a vision

for the future" (Zehir, Muceldili, Altindag, Sehitoglu, & Zehir, 2014, p. 1366). The motive of a charismatic leader may often be to meet personal ego or financial needs.

In contrast, transformational leadership is a process in which the needs of the followers and the needs of the leader are satisfied in a way in which both are transformed and elevated by the relationship and their collective work toward the realization of a vision (Burns, 1978). The process of influence in this theory is mutuality, since achieving the vision enhances both the followers and the leader. The power is shared and followers are empowered to actively participate in the process. Transformational leaders function at a social exchange level by establishing a vision and exchanging resources with the followers, so that both the followers and the leaders achieve the mission and vision (Burns, 1978).

In relation to trust, Asencio and Mujkic (2016), in a recent study of 263,475 federal employees, found that both transactional and transformational leadership activities could engender trust. However, when the supervisor demonstrated the transformational leadership characteristic of individualized consideration by giving attention to the needs of the employees, the trust was greater (Asencio & Mujkic, 2016). This is consistent with the social exchange theory, when the leader provides consideration to the need of the employee, the employee, trusts the leader

Aspects of Transformational Leadership

There are four defined components of transformational leadership: idealized attribute and behavior, inspirational motivation, intellectual stimulation, and

individualized consideration. Each is described in greater detail below. In some models, idealized attribute and behavior are considered separately.

Idealized attribute and idealized behavior. Consistent with the characteristics of integrity and trust, transformational leaders possess attributes and perform in ways that allow them to be role models for the followers. The followers identify with the leader's character, capabilities, and behaviors and wish to emulate them (Avolio & Bass, 2004). In part, this component allows the leader to set a mission and vision and help the followers adopt that mission and vision as their own. Sometimes, these are separated into two factors; the MLQ tests for them separately.

Inspirational motivation. By their behavior and communication skills, transformational leaders are able to provide meaning and challenge to the work of the followers (Bass & Riggio, 2006). By allowing the workers to see their individual contributions as part of a greater, larger goal, the work takes on enhanced significance. This leads to greater job satisfaction and team spirit. Within the social exchange network, the leader assists the followers to achieve their highest level of achievement and offers them the resource of self-esteem, self-achievement, and recognition for achievement.

Intellectual stimulation. Transformational leaders move followers to new levels by fostering innovation and creativity. This requires a level of comfort on the part of the leader to accept new approaches, changes in assumptions, and a willingness to experiment (Bass & Riggio, 2006). Strong communication and risk taking skills are needed to create an environment of innovation. By encouraging followers to try new solutions to problems, the leader must both empower the follower and accept that failures

might occur. Related to social exchange, this requires that the leader can be trusted and that by giving their idea, the followers will receive something in exchange.

Individualized consideration. Recognizing the value that followers can add to a situation, the transformational leader must pay close attention to the growth needs of the followers (Bass & Riggio, 2006). The followers are individuals, with individual needs and goals. Some may want greater authority, while others may want a more limited role, and others may want educational opportunities. A transformational leader must plan for the individualized approach while keeping the needs of the greater organization in mind. Again, this component depends on strong communication skills and an establishment of trust between the leader and the follower. The follower sharing growth needs must trust they will not be criticized and that the leader will move forward to meet those needs.

One emerging area of research is the concept of personal wisdom as a contribution to individual consideration (Zacher et al., 2014). If the leader shares personal experiences and conceptual development with followers, the followers receive individualized attention and education from the leader. As a result, this enhances their individualized consideration and creates a higher quality leader-member exchange (Zacher et al., 2014).

The four components (idealized attribute and idealized behavior, inspirational motivation, intellectual stimulation, and individualized consideration) allow the leader and follower to meet their mutual goals in an atmosphere that is mutually beneficial and stimulating. To achieve the mutual goals, the transformational leader functions as the

vision-builder, standard-bearer, integrator, and developer (Bottomley, Burgess, & Fox, 2014). Research suggests that transformational leadership is the most effective and most active approach to leadership.

Considerations of Transformational Leadership

Impact of transformational leadership on quality. Quality is the ultimate outcome for any organization. Salagean (2014) offered research on the value of transformational leadership related to the total quality movement in industry. Quality is a moving force in many professions, and outcome measurement is an essential component of any quality program. Salagean described outcome measurement as a system of continuous assessment of programs and outcomes through data collection and analysis, utilizing the resulting information to improve or support existing programming. After reviewing different styles of leadership, transformational leadership was determined to be the style most likely to successfully implement a program of total quality management (Salagean, 2014).

Many social service funders, including the United Way of America, the Robert Wood Johnson Foundation, and other private foundations, require program evaluation. Public funds available via government grants or contracts for services also require accountability and demonstration of stewardship. Outcomes measurement also helps social service administrators report useful information to other stakeholders, such as consumers, the community, and employees. Implementing and maintaining an outcome measurement program requires a high level of staff buy-in and participation.

Unfortunately, outcome measurement programs often experience staff resistance. Resistance may come from concerns related to how and if the outcome data will be utilized. Employees may fear that the data may be used against them if the outcomes are not what the funders or management expect. Other concerns may lead to staff resistance to the collection of data, including appreciation of the importance of data collection as opposed to the real work of the social intervention. If employees do not see the value of the collection or see it as distracting from provision of services, they may not collect the data on a routine basis or with accuracy (Salagean, 2014).

Transformational leadership is an ideal approach to overcome these challenges. Salagean (2014) noted that the communication ability of a transformational leader is a great benefit to planning and implementing an outcome measurement program. The development of a plan is best accomplished using a team approach, including the staff who will eventually be responsible for the collection of data and likely be impacted by the results. Salagean pointed to several of the hallmark characteristics of transformational leadership as valuable to this process, including stimulating creativity, increasing mission awareness, enabling coworkers to expand their potential and abilities, and motivating others to see their work as part of an overall mission.

Limits of transformational leadership theory. While the majority of literature is supportive of the transformational leadership theory, Andersen (2015) suggested the model is overutilized. The author suggested that transformational theory is a leadership approach that should be applied to political and religious situations and not to business or agency situations. Andersen also pointed to the use of the word *follower* rather than

employee or subordinate, which he believed was another indication that the theory was inappropriate in the business world. While making an interesting point, Andersen does not offer an alternative.

Leadership Definition Reviewed and the Essential Work of Leadership

Utilizing these leadership theories, skills, and understandings, the essential work of leadership is to establish a vision for the followers in which the followers trust the leader and trust the achievement of the vision by taking the actions requested. In addition, the followers trust that the leader will ensure they receive benefit from their actions. Defining leadership can be complex. Bennis (2003) offered a definition that incorporates many of the components of other definitions of leadership: a leader must have self-awareness/knowledge and be able to create a vision for the future of the organization, communicate the organizational vision to the employees, inspire trust with the employees in the leader and in the vision, and motivate the employees to participate in the actions needed to achieve the vision.

Bennis' (2003) approach created some structure to investigate leadership. Each component of this definition is related to and includes other theories of leadership. For the purposes of this paper, transformational leadership style within the FRL model is the approach most likely to achieve this vision of leadership.

Organizational Citizenship Behavior

OCB illustrates the behavior and activities needed from employees for leaders and followers to achieve their mutual goals. There are many indicators of employee performance. Bambale (2014) reported that there are three categories of employee job

performance: task performance, extra-role performance, and counterproductive work behavior. Task performance refers to completion of the activities outlined in a formal job description. Counterproductive work behavior is defined as intentional employee behavior that is harmful to the organization. The remaining activities are identified as OCB.

Organ first described this set of behaviors in 1988 as the good soldier syndrome. Bambale (2014) gave examples such as helping new colleagues at work, improving the workflow of a process, working extra hours, participating in corporate activities, and making other suggestions for improvement. OCB is defined as "individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and in the aggregate promotes the effective functioning of the organization" (Organ, 1988, p. 4). By discretionary, Organ (1988) described the behavior as behavior that is "not an enforcement requirement of the role or the formal job description … the behavior is a matter of personal choice" (p. 4). The concept was further defined as work over and above the formal job description and behaviors that help the organization, but are not formally prescribed by the organization (Batool, 2013). While OCB is a relatively new concept in organizational study, it brings forward the very old human behavior of voluntary action and performing community service and aid when a need arises, with no request for pay or reward.

Organizational Citizenship Behaviors

Organ (1988) suggested that OCB in the aggregate contributes to organizational effectiveness. Organ recognized some specific behaviors: altruistic behavior,

conscientiousness, sportsmanship, courtesy, and civil virtue as the organizational citizenship behaviors. These behaviors are described below in greater detail.

Altruistic behaviors. Altruistic is a somewhat broad term for behaviors that could be viewed as simply helping a coworker or subordinate. This includes helping a new employee learn how to use the copying machine, helping a coworker who is behind in work, or offering advice. Organ (1988) defined this as "discretionary behaviors that have the effect of helping a specific person with any organizationally relevant task or problem" (p. 8).

Conscientiousness. A second type of OCB relates to the "various instances in which organizational members carry out certain role behaviors well beyond the minimum required levels" (Organ, 1988, p. 9). Some of the examples suggested by Organ (1988) include outstanding attendance, helping to maintain the cleanliness and order of the work environment, and other ways to preserve the resources of the organization. Altruistic behaviors are those in which the behavior is directed to an individual, while conscientiousness is a behavior directed to the workplace or work group as a whole. An example might be to clean an employee refrigerator. Citizenship behaviors benefiting an individual, as well behaviors benefiting the overall work environment, are necessary for an effective workplace to exist.

Sportsmanship. A third factor is one that Organ (1988) was unable to define in a positive term, but rather as an absence of negative behaviors. Every manager or administrator recognizes this behavior and, perhaps to a greater extent, recognizes the lack of sportsmanship. Organ stated, "Those participants who demonstrate sportsmanship

avoid complaining, petty grievances, railing against real or imagined slights, and making a federal case out of small potatoes" (p. 11).

Courtesy. Courtesy is the act of helping the organization by communicating upcoming events to individuals or departments impacted or involved with some organizational activity (Organ, 1988). Examples of this might be to call human resources before an unhappy employee comes to meet with them or to let the production department know of a large order. Courtesy differs from altruism; altruism is working to solve a problem that exists, while courtesy is working to prevent or minimize a problem.

Civil virtue. Organ (1988) described civil virtue as "responsible participation in the political life of the organization" (p. 12). This may sound overwhelming and verge on an attempt to influence employees to make public political decisions based on their employment, but it can be demonstrated by such behaviors as attending organizational meetings, reading policies and taking steps to implement them, providing input to proposed changes, and speaking up. An employee may also demonstrate civil virtue by participation in the corporate citizenship of the organization, such as United Way or other community activities supported by the employer.

As OCB is beneficial for the organization, it is reasonable for leaders to consider ways to encourage OCB within their employees. OCB can enhance organizational health, both at the organizational level and at the intra-personal level between employees (Perreira & Berta, 2015). OCB can improve organizational effectiveness by allowing employees to create innovation, manage resource transformation, and maximize adaptability.

A wide variety of research has been completed to determine factors that predict OCB. Organizational justice has been one area that has been studied related to OCB (Batool, 2013; Chen & Jin, 2014). The results in this area are mixed. Batool (2013) found a limited association between organizational justice and OCB, while Chen and Jin (2014) found a stronger positive relationship. Researchers suggested additional efforts be made to better understand how to foster OCB in organizations (Chen & Jin, 2014; Perreira & Berta, 2015). Batool found that organizational commitment had a positive relationship to OCB in the banking industry in Pakistan.

Researchers have identified three main motives that stimulate employees to engage or perform OCB. First is prosocial value, defined as an employee's desire to help and connect with others. This relates to the OCB aspects of altruism and civic virtue (Takeuchi, Bolino, & Lin, 2015). Second is organizational concern, which relates to an employee's wish to contribute and to be fully involved with their employing organization. The OCB aspects of conscientiousness, civic virtue, and sportsmanship relate most closely to this motive. Lastly is impression management, which is the employee's aspiration to be perceived positively and to avoid being seen negatively (Takeuchi et al., 2015). Phipps, Prieto, and Deis (2015) found that leaders without strong personality traits that normally encourage OCB, such as conscientiousness or openness to experience, can use impression management to overcome that potential shortcoming and create the impression of having the personality traits by managing the image they present to staff and still achieve encouragement of extra-role activities.

Negative Aspects of Organizational Citizenship Behavior

Bambale (2014) described OCB as helpful to the functioning of organizations. Other researchers raised some concerns to balance the perspective. The concerns relate to the cost of OCB professionally and personally to the employee, the cost to the organization, and unintended consequences (Bolino, Klotz, Turnley, & Harvey, 2013).

Regret. One cost of OCB is regret. Anderson and Bolino (2014) reported that employees can regret both their performance of OCB and their nonperformance of OCB. While the employee and their manager can positively perceive OCB, OCB can have negative consequences, the most common of which is *job creep*. Job creep means that what started as doing something extra becomes something expected (Anderson & Bolino, 2014). Eventually, if this expanded job responsibility or expectation does not translate into an economic exchange by enhanced compensation or a promotion, it can lead to job dissatisfaction.

Anderson and Bolino (2014) reported that employees may also regret missed opportunities to engage in OCB. In this case, they may see the benefit that another worker receives in the form of social exchange for completing OCB and regret they were not the one to do the behavior and receive the social exchange. One of the bigger regrets is the failure to speak up. The authors reported this is especially difficult if a negative consequence occurs due to the failure of the employee to speak up (Anderson & Bolino, 2014).

Another aspect of OCB that may become a cost to the organization is that employees may engage in positive OCB and later use that as a license to engage in

counterproductive work behaviors (Klotz & Bolino, 2013). The two behavior sets may seem like direct opposites and seem unlikely to occur in the same person. Klotz and Bolino (2013) offered several potential explanations. First, the employee may feel guilt if the counterproductive behaviors came first, then perform OCB to make up for the bad behavior. Second, an employee may feel anger if the employee feels the OCB is not recognized or appreciated, justifying a counterproductive bad behavior. Third, both behaviors may occur because the employee is bored or frustrated and looking to do activities that are not within the formal job duties (Klotz & Bolino, 2013).

Fatigue. Another factor that has been described in the literature is citizenship fatigue (Bolino, Hsiung, Harvey, & LePine, 2015). Citizenship fatigue occurs when an employee, who would otherwise perform OCB, feels worn out or tired and can no longer contribute. Researchers suggested citizenship fatigue is rooted in feelings of frustration, under appreciation, or unequal sharing of workload (Bolino et al., 2015). Lam, Wan, and Roussin (2015), who suggested that OCB was a positive experience for both the employee and the organization, addressed the issue of citizenship fatigue. Lam et al. examined the behavior of 67 hospital housekeepers and found that OCB contributed to the overall ratings they gave to the meaningfulness of their work. The authors called for additional research to determine if OCB was job enriching to individuals (Lam et al., 2015). Research in India found a similar result. External motivation was not found to be a significant influence on OCB, but “intrinsic process motivation [was] derived from the sheer enjoyment of performing a task” (Lavanya & Kalliath, 2015, p. 15). The

researchers observed that a cultural effect may be involved, as helping is a core value in the Indian culture.

As OCB has gained notice, managers have begun to pay attention to which employees are engaging. This may lead to an employee participating more from a need to manage their image with the managers rather than an interest in improving the service to clients or improving the organization (Badawy, Shaughnessy, Brouer, & Seitz, 2016). Eventually this may cause a shift in the value of OCB.

Determining the Antecedents of Organizational Citizenship Behavior

Public employment. Sharma, Bajpai, and Holani (2011) sought to determine differences in the degree of OCB in public employees versus private employees. The researchers surveyed 100 public sector and 100 private sector employees in India. Sharma et al. found the public employees had a greater degree of OCB. In both employee groups, the level of job satisfaction increased as the degree of OCB increased.

Positive leader-member exchange. In an Australian study, Farrell and Oczkowski (2012) found a conduit between a positive leader-member exchange and relationship, positive perception of the organization, and OCB. The researchers found that the customers were the ones who benefited from the positive relationship. The employees improved customer service by OCB, and did so by improving customer service (Farrell & Oczkowski, 2012).

Values. Artaud-Day, Rode, and Turnley (2012) evaluated the influence of values on OCB. Their researchers viewed the activities of 582 university students involved in 135 class project teams. The students were surveyed about their own behavior and the

behavior of their peers. Three values were identified as having a positive correlation with OCB: achievement, benevolence, and self-direction (Artaud-Day et al., 2012). Power had a negative relationship to OCB. Another threat to OCB is organizational silence. A lack of supervisor or corporate communication leads to employees withholding constructive ideas, suggestions, or thoughts (Kilinc & Ulusoy, 2014).

Job satisfaction. Arif and Chohan (2012) evaluated the relationship between job satisfaction and OCB in bank employees in Pakistan. The researchers defined job satisfaction as the "manifestation of his positive and negative feelings about his workplace and the work itself" (Arif & Chohan, 2012, p. 77). In the study of 350 bank employees, the researchers found a positive relationship between job satisfaction and OCB. Arif and Chohan found that employees with a higher degree of job satisfaction were more likely to exhibit OCB.

Gratitude. Gratitude is another predictor of OCB (Spence, Brown, Keeping, & Lian, 2014). Gratitude was difficult to define; it was determined to be a positive emotion, which included a degree of indebtedness. Spence et al. (2014) determined that the perception of gratitude changes on a daily basis and may account for differences in the levels of OCB performed on a daily basis.

Organizational climate. Organizational climate, primarily created by the supervisor, was an aspect found to have a positive impact on OCB. Organizational climate includes environmental dimensions, such as supervisory presence, performance comment, mission and culture clarity, and participation in decisions (Randhawa & Kaur, 2015). To achieve a climate conducive of OCB, leadership is necessary.

Leadership and Organizational Citizenship Behavior

The influence of leadership on an organization in achieving goals of the organization has been studied from several perspectives. Bass and Avolio (1994) focused on the actions of a leader. For most employees, their direct supervisor represents the leadership of their organization. The leader-member exchange relationship with their direct supervisor is the gateway experience to the organization and the organization's leadership. Michel and Tews (2016) defined this as a boundary condition and sought to determine how the leader-member relationship influenced employee performance of OCB. The authors defined three types of leader behaviors: task-oriented, relations-oriented, and change-oriented (Michel & Tews, 2016).

Leader-Member Exchange and Organizational Citizenship Behavior

Michel and Tews (2016) found that members who reported a high quality leader-member exchange relationship were more likely to respond to relations and change-oriented leaders by performing additional OCB. Those in low quality relationships did not perform high levels of OCB. Neither group responded to task-oriented leaders. The authors questioned the level of trust that employees have with task-oriented leaders or the time and effort that task-oriented leaders put into generating a trusting relationship with employees (Michel & Tews, 2016).

As noted by Gouldner (1960), reciprocity is an essential component of creating the sense of trust, a cornerstone of social exchange theory. Matta, Scott, Koopman, and Conlon, 2015) discussed the component of reciprocity to determine if both the leader and the member rate their dyad relationship at the same level. The researchers asked each

member of the dyad to rank the relationship. Matta et al. found that even if both members agreed the relationship was of low quality, it was more productive than a relationship where there was disagreement about the status of the relationship.

Transformational Leadership and Organizational Citizenship Behaviors

My goal in this study was to determine if a correlation existed between leadership behavior and style demonstrated by supervisors and OCB exhibited by residential care workers in community-based residential facilities. This relationship has not previously been studied in the mental health arena. This study addresses a gap in the literature.

Leadership, specifically transformational leadership, has been shown to promote OCB (Lopez-Dominquez, Enache, Sallan, & Simo, 2013). Utilizing a sample of 602 Spanish employees in higher education, the researchers were able to demonstrate that the transformational leadership component of individualized consideration especially had an impact on the employee performing OCB. Employees perceived that doing OCB was performing an act of reciprocity (Lopez-Dominquez et al., 2013) or paying off a past or future favor.

Lee et al. (2013) studied 1,100 employees in Korea to determine the factors that foster OCB in a manufacturing complex. The researchers revealed three factors that had a positive impact on employee OCB: procedural justice, transformational leadership, and complexity. The researchers also found that OCB created job satisfaction, not that job satisfaction led to greater levels of OCB (Lee et al., 2013).

In contrast to the majority of studies, Olcer et al. (2014) were unable to document a relationship between transformational leadership and OCB. The research included 120

Turkish manufacturing participants and documented a positive effect related to emotional intelligence of the manager, but found no effect from transformational leadership on OCB. Olcer et al. recommended additional research to determine if workers react positively to the leadership of the manager or to his/her emotional intelligence, recognizing that a manager with a high level of emotional intelligence may utilize a transformational leadership approach.

Moderating Factors

Emotional Intelligence. Two studies looked at the relationship between transformational leadership and OCB with the mediating role of emotional intelligence. The first study was completed in the banking industry, where the researchers concluded that emotional intelligence was a characteristic of a transformational leader (Irshad & Hashmi, 2014). They further concluded that a higher level of emotional intelligence displayed by the leader was associated to a higher level of OCB. The second review defined the qualities of emotional intelligence as being individuals with high levels of self-regulation, self-awareness, empathy, and an ability to motivate (Shanker, 2012). The researchers were able to create a model demonstrating that the characteristics of emotional intelligence leveraged the power of transformational leadership. By utilizing talents of the individual's emotional intelligence, the activities of OCB were strengthened (Shanker, 2012).

Altruism. Authentic leadership has emerged as a leadership theory based on the individual personality traits of the leader, such as self-awareness, transparency, and high ethics (Avolio & Gardner, 2005), which are born in transformational leadership style.

Tonkin (2013) sought to determine if authentic leadership was a stronger predictor of employee OCB than transformational leadership. Altruism, one of the subscales of OCB, did have a positive and significant relationship with three of the four subscales used to measure authentic leadership (Tonkins, 2013). However, the series of hypotheses surrounding the central belief that authentic leadership would be a stronger predictor of OCB than transformational leadership had mixed nonconclusive results. Tonkin called for additional research in this area.

Prosocial. As leadership development increases and education occurs, more managers learn that transformational leadership is the preferred style. However, employees are not easily fooled. In a study in China, Li and Wu (2015) investigated the relationship between transformational leadership and prosocial voice. Prosocial voice is a form of OCB; by making suggestions for improvements, it promotes organizational growth and innovation (Li & Wu, 2015). In a Chinese study, 167 auto-manufacturing workers demonstrated different levels of prosocial behavior based on their perception of the motive of the leader. Two types of motives were determined: altruistic motive, which Li and Wu (2015) defined as "leaders that truly care about their needs and growth" (p. 118), and instrumental motive, which the researchers defined as " behaviors driven by self-interests … the leaders engage in transformational behaviors only because they want to create a favorable image" (p. 118). Workers who perceive their supervisors as having an altruistic motive were more likely to have a prosocial voice than workers who perceived their supervisors as having an instrumental motive. This is consistent with the

trust aspect of social exchange theory and leader-member theory. This finding may have some implication for those involved with leadership development.

Innovation. A successful organization cannot be stale or function at a status-quo level, as the world and market conditions continue to change and evolve. Innovation is the creative process in an organization to encourage and support new ideas which may result in new routines, products, or services (Ozsahin & Sudak, 2015). Studying a large sample of 1,041 employees at 237 firms in the service industry in Turkey, Ozsahin and Sudak (2015) found that leadership encouraged OCB that promoted innovation in two major areas: positive leadership style and innovation. Consistent with the findings of Li and Wu (2015), a positive leadership style was more likely to promote suggestions for innovations. When innovations such as new technology were introduced and leaders possessed a leadership style that allowed employees to feel supported when taking a risk, the employees were willing to try the new technology. The employees could trust that failure would not be used in a negative way (Ozsahin & Sudak, 2015).

As stated previously, I found no research with mental health care facilities as a site or residential care workers as subjects. This research will begin to fill that gap in the literature. Future contributions are needed to the body of knowledge related to OCB and leadership style in the area of residential care to ensure evidence-based practice.

Tools for Measurement

Measurement of Organizational Citizenship Behavior

Since the emergence of the concept of OCB, researchers have attempted to measure OCB presence in numerous workplace settings (Fox et al., 2012; Podsakoff,

Podsakoff, Mackenzie, Maynes, & Spoelma, 2013). Fox et al. (2012) designed and published the OCB checklist (OCB-C). This checklist is available in three different versions: 42, 36 and 20 items. Each of the checklists has items that measure the subscales related to OCB—the organization-oriented dimensions of conscientiousness, civic virtue, sportsmanship, and courtesy and the person-centered behavior or dimension of altruism (Fox et al., 2012).

The OCB-C offers enhancements over previous tools to measure OCB, as the items ask participants to comment on behaviors and on the frequency of observing those behaviors, where previous instruments asked study participants to judge attributes. The checklist utilizes a 5-point frequency scale, ranging from 1 (*never*) to 5 (*every day*). Scores are computed by summing responses across items, with a total score a sum of the responses. The items are classified into two subscale scores: acts that benefit the organization and acts directed toward coworkers and provides an overall OCB score.

Measurement of Leadership Style

Bass and Riggio (2006) reported that research in leadership, especially transformational leadership, has been greatly enhanced by the development of the MLQ. This is a widely accepted measurement tool to assess the construct of transformational leadership, as well as transactional leadership and laissez-faire leadership, developed by Bass and Avolio in 2004. The MLQ assesses perception of leadership behaviors exhibited by supervisors based on the FRL model, which describes laissez-faire, transactional, and transformational leadership.

In this study, I sought to find the correlation of a transformational leadership style of their supervisor on the performance of OCB by the resident care worker. The MLQ has been widely used for over 25 years in diverse settings, including military, government, education, manufacturing, technology, religious, correctional, hospital, and volunteer settings. The tool has been translated into Spanish, German, Indonesian, Swedish, Turkish, Arabic, Korean, and Hebrew (Bass & Avolio, 2004).

Both the OCB-C and the MLQ describe observable, specific behaviors. This allows the individual taking the survey to make decisions and complete the form without having a deep knowledge, or any knowledge, about leadership or OCB. I describe additional detail on these tools in Chapter 3.

Gap in the Literature

The relationship between leadership and OCB has been studied in other settings and industries (Purvanova, Bona, & Dzieweczynski, 2006). However, the relationship has not previously been studied in community-based mental health residential setting. In fact, I found limited research related to employees working in community-based mental health settings related to management or outcomes. To develop a comprehensive program of research that could lead to evidence-based management practice, foundational studies must first be completed.

The significant and continuing social change related to mental health care requires knowledge related to direct care providers. Transformational leadership is an approach to leadership that empowers followers to be innovative and creative. A correlation has been shown in other settings between transformational leadership and OCB, but it has not been

established in community-based residential facilities. To achieve the intended outcomes of deinstitutionalization of mental health care, new knowledge must continue to emerge to capitalize on and achieve the full benefit of community-based care.

Summary and Conclusions

The goal of this chapter was to develop the background and theoretic structure for this study by examining pertinent literature, with the goal of determining the relationship between the leadership style of supervisors and the OCB in residential care workers in community-based residential mental health facilities. The theoretical framework of this study was the social exchange theory, which provided a robust basis from which to discuss the interaction and contributions between an employee and their supervisor and/or organization. The leader-member exchange theory and organizational support theory build off the social exchange theory and provided depth in approaching the relationship and subsequent behavior of employees, in this case, resident care workers.

A significant and ongoing social change has occurred related to the care of individuals with mental health needs. I included a contextual background in the chapter to provide the history of the social change and stress the importance of the work in the area of residential care facilities. These providers are in the pivotal position to ensure the successful care of vulnerable clients. Although formal job descriptions are in place, cultivation of OCB (doing extra-role activities) could greatly enhance the consumer experience.

The chapter concluded with a review of the research related to the variables in leadership, with a focus on the FRL model and OCB and their relationship with each

other. Within the FRL model, the literature would suggest that transformational leadership would provide an area of focus. Researchers have studied both transformational leadership and OCB in a wide variety of settings and administrative practice areas. In this chapter, I also included information about the tools available to measure these variables.

In Chapter 3, I will provide details on the research and procedure based on the research problem established in Chapter 1 and the important literature gaps identified in Chapter 2. I will also discuss additional information about my use of the tools in this study. In the next chapter, I will also outline how I approached the residential care worker participants in the study.

Chapter 3: The Project

Introduction

My purpose with this study was to determine the influence of supervisors' leadership style on the OCB of those they supervise. Specifically, I examined the correlation of supervisors' leadership styles on resident care workers, as measured by OCB at residential care facilities for individuals with mental health challenges. In this descriptive-correlational study, I used analysis of survey data. This chapter will include the research design and rationale, methodology, data analysis, and threats to the validity of the study.

Background

Care of individuals with mental health needs has undergone a significant social change (Thornicroft & Tansella, 2013). The evolution to community care for those with mental health needs has shifted the caregiver role from hospital-like institutions to community-based residential facilities. Care in the community offers many advantages, such as a homelike setting, greater integration with the community, and enhanced opportunities to interact with family and others. For some, this may include the opportunity for employment or quality day programming, renewed family involvement, or the potential for occupational training or education (Thornicroft & Tansella, 2013).

However, the financial business model does not permit the same investment in staff or the same level of staffing that would be available in a formalized hospital environment. The move to community-based care is widely discussed as cost effective (Knable et al., 2015; Thornicroft & Tansella, 2013); however, the studies these authors

and others cite are older. Rather than employing primarily registered nurses, the community care model depends on residential care workers. The minimum qualification for a residential care worker is a high school diploma or its equivalent (Axer et al., 2013).

Residential care workers in a community-based setting receive an orientation and ongoing training from the employing organization. Three shifts of residential care workers provide round-the-clock care for residents (Park-Lee et al., 2011). These mental health paraprofessionals often have the most frequent and direct contact with the mentally needy individuals. Residential care workers have a direct impact on the outcome of their stay and treatment in the facility (Axer et al., 2013).

Supervisor leadership and specialized educational programs are essential for effective staff development (Axer et al., 2013). The supervisor is responsible for managing all shifts of resident services, sometimes at more than one facility. While it is not possible for the supervisor to be onsite at all times, they create the culture of care for the facility, which influences the performance of the residential care worker (Axer et al., 2013).

Research Design and Rationale

Variables

The two major variables of this study were leadership style and OCB. Leadership style was the independent variable, while OCB was the dependent variable for this study.

Independent variable. The FRL model proposed by Bass and Avolio (1994) defined the leadership styles examined in this study. This model defines three styles of leadership: laissez-faire, transactional, and transformational. The laissez-faire profile is

the least engaged style of leadership, where the manager does not interact with the employees or the process they manage. In this style, the employees are expected to self-organize and manage.

A transactional leader establishes expectations for workers and monitors their performance to evaluate achievement (Bass & Riggio, 2006). The contingent reward approach involves establishing expectations and offering recognition or other rewards for achievement of those expectations. The contingent reward leader assists with the achievement of the goal by coaching and active participation in the activities of working toward the goal (Bass & Riggio, 2006). Bass and Riggio (2006) define two additional transactional leaders. The management-by-exception/active approach involves establishing expectations, then closely monitoring achievement and providing negative consequences for unmet expectations. This type of manager only provides negative feedback to employees. Management-by-exception/passive is at the extreme of the transactional leadership model. In management-by-exception/passive, the leader does not engage in the work until things are significantly in trouble (Bass & Riggio, 2006).

Transformational leaders stimulate and inspire followers to achieve outcomes and help to develop their followers into leaders (Avolio & Bass, 2004). Transformational leaders are highly respected by their followers. Within transformational leadership are five main facets: idealized attributes, idealized behavior, inspirational motivation, intellectual stimulation, and individualized consideration (Avolio & Bass, 2004).

Idealized attributes refer to the follower's desire to emulate the characteristics of the leader, while idealized behavior refers to the follower's desire to emulate the actions

of the leader (Avolio & Bass, 2004). Transformational leaders foster inspirational motivation by helping the followers find meaning in their work (Bass & Riggio, 2006). Intellectual stimulation occurs when a transformational leader promotes creativity and innovation in the workplace or in the work process. Individualized consideration relates to the transformational leader acting as an adviser and helping the follower grow (Bass & Riggio, 2006).

Dependent variable. OCB is defined as discretionary behaviors displayed by employees that go outside of the standard job description; these behaviors are not formally rewarded or punished by the organization, yet are behaviors that contribute to positive organizational performance (Organ, 1988; Yoon, 2009). Research has shown that OCB contributes to the smooth functioning of an organization. OCBs benefit either the organization or the coworkers (see Table 2).

Table 2

Dimensions of the Organizational Citizenship Behavior

Benefits	Dimension	Definition
Coworkers	Altruism	Helping behaviors directed to coworkers
Organization	Conscientiousness	Not wasting time, attendance beyond the norm
Organization	Civic virtue	Participation in organization's processes, such as meetings
Organization	Sportsmanship	Tolerance of inconveniences and annoyances of organizational life
Organization	Courtesy	Prevention of problems by keeping others informed of your decisions and actions

Survey Method

In this quantitative study, I used a survey methodology providing a descriptive-correlational cross-sectional analysis. Leedy and Ormrod (2015) recommended a quantitative method when the research question is predictive, the available literature is extensive, and variables can be measured, as was the case in this study. My cross-sectional analysis provided information regarding the relationship at a given point in time, measuring the relationship between leadership styles and OCB, without the influence of changes that may occur at the facility. The survey method is appropriate when seeking to "determine the incidence, frequency, and distribution of certain characteristics in a population" (Leedy & Ormrod, 2015, p. 100), which was relevant to the study of this population of residential care workers, as both constructs have measurable characteristics.

I estimated that distributing the surveys into employee mailboxes and making an announcement at a staff meeting about the survey would take no more than 30 minutes of the supervisor's time and completing the survey would take no more than 15 minutes of the employee's time. Resident care is the highest priority; therefore, I instructed resident care workers to complete the survey on their own time. I included a modest incentive ($5.00) in the form of a gift card for a fast food restaurant in the packet as a gesture of respect for the worker's time.

Methodology

Population

The target population was resident care workers working in community-based mental health facilities. The sample for this study was resident care workers employed by a Midwest health care organization. The organization owns and operates over 85 residential care facilities for individuals with mental health needs. Resident care workers are the frontline care providers for the residents. I previously worked for this organization as a consultant and later as a member of the administrative staff. I have remained in their professional network, but I was not employed by this organization at the time of the study.

The minimum qualification for a resident care worker within this organization is a high school diploma or equivalent. The residential care workers receive company-based education for initial on-the-job training and continuing education. English literacy is required for the position. Each residential care facility has a designated supervisor. Some supervisors have responsibility for more than one facility. Each facility has a staff complement of between six and 15 residential care workers.

Sampling and Sampling Procedures

In this study, I conducted a convenience sample. Initially, I sent packets to the supervisors of all 592 identified frontline residential care workers and requested that the supervisors distribute the packets to their employees inviting them to participate. As of February 2016, the employees included 496 frontline residential specialists, 53 lead

frontline residential specialists, 45 residential supervisors, and one residential program manager.

I sent participant survey packets to each group home supervisor to distribute to all workers at the facility with the identified job titles. However, I did not have a feedback loop to determine whether the supervisors actually distributed the packets to their employees. The individual participant survey packets included a study introduction letter (consent letter) with a request for their voluntary participation. Additionally, each packet contained the survey tool, a gift card for appreciation for participation ($5.00 gift card), and a stamped, addressed return envelope.

Using all current residential care workers (592), at a 95% confidence interval and a return rate of 25%, I would have needed 184 responses to ensure a margin of error of less than 5% for two-tailed hypothesis tests (Cohen, 1988). For a one-tailed hypothesis, at the margin of error of 5%, 145 responses would have been required. This would have been an outstanding margin of error. Using the available 531 residential care workers, with 49 returned surveys, the margin of error at the 95% confidence level was 13.4%. To look at the 90% confidence level, the margin of error is 11.2%. As I mentioned earlier in the study, it is unclear if all the available residential care workers actually had the opportunity to participate.

The survey was a paper and pencil survey. I considered using an Internet platform survey, as all facilities have Internet access and data management would have been easier. However, computer responses could not be completely confidential, and I felt that employees would be more likely to respond to a paper and pencil survey they could

complete offsite and return in a sealed envelope. When I was an employee of the organization, it was widely believed that corporate leadership monitored employee computer use, which was a source of great distrust. Whether that was true or not, I felt that asking employees to do a survey that made some observations of their supervisor via a computer would not be successful.

To be eligible to participate in this study, the resident care worker had to be at least 18 years of age and had to have completed their orientation period. Both part-time and full-time workers on all shifts were eligible to participate in the study. Employees contracted by a temporary help agency were not eligible to participate. Being in the disciplinary process did not exclude participation. Participation was voluntary and had no impact on employment. Employment at the organization requires at least a fourth grade English reading and writing level, so there were no concerns about English reading skills. To encourage participation and express appreciation, I included a gift card for a fast food restaurant.

Procedures for Recruitment, Participation, and Data Collection (Primary Data)

I sent survey packets and instructions to each group home supervisor via UPS for distribution to all eligible residential care workers at the facility. The shipment included a letter from me for the supervisor requesting distribution of the survey packets to the participants, inclusion criteria for participants, instructions for distributing the participant packets, a poster to put in the staff meeting room, and a gift card for the supervisor as a token of appreciation. I also sent an e-mail to the state directors alerting them that the shipments were on the way. I reminded them that corporate had approved this study,

employees would complete the survey off duty, the survey was confidential and anonymous, and I would report data only in aggregate form. They also received a copy of the consent letter for reference.

The survey participant packet included the study introduction letter (consent letter) that requested their voluntary participation, the survey tool, a small incentive for participation ($5.00 gift card), and a stamped, addressed, return envelope. All resident care workers over 18 years of age and having completed their orientation were to receive a packet. There was no penalty for nonparticipation. The demographic information I collected included gender, age bracket, highest level of education, length of employment, a family member with mental illness, a course on mental illness, willingness to know more about mental illness, and basic job satisfaction rating.

The consent letter indicated that participation in the study was voluntary and all responses would be anonymous and reported only in aggregate form. The instructions on the survey stated: “Filling out this survey indicates that I am at least 18 years old and that I am giving my informed consent. This research project has been approved by the university Institutional Review Board for the Protection of Human Subjects.” I transcribed the items from the tools onto a Teleform. This form is widely used for exams and asks participant to fill in an oval with a pencil to indicate their selection; the form is then scanned and scored. The software can collect the score and create descriptive statistics. I asked participants to complete and return the form. Included in the participant packet was a pre-addressed envelope for the individual participant to return the survey to me.

Participants and supervisors were not debriefed. I provided aggregate results to each resident care facility. The administration has also received the aggregate results and potential staff development implications, especially related to supervisor leadership development education.

Instrumentation and Operationalization of Constructs

Measurement of leadership style. Bass and Riggio (2006) reported that research in leadership, especially transformational leadership, has been greatly enhanced by the development of the MLQ, a widely accepted measurement tool to assess the construct of transformational leadership developed by Bass and Avolio in 2000. The MLQ assesses perception of leadership behaviors exhibited by supervisors based on the FRL model, which describes laissez-faire, transactional, and transformational leadership. In this study, I sought to find a difference in the frequency of OCB when the resident care worker perceives the supervisor to display traits consistent with transformational leadership.

The MLQ has evolved to the fifth version (5X), which is now shorter and currently the only version in use. The coefficient alpha for the measure of individualized consideration is 0.875; for inspirational motivation, 0.832; for intellectual stimulation, 0.917; and for idealized influence, 0.938. The developer charges a fee for the use of the tool. I paid the fee and received written permission to use the tool for this study.

The MLQ tool has been widely used for over 25 years in diverse settings. The settings have included the military, government, education, manufacturing, technology, religious, correctional, hospital, and volunteer settings. The tool has been translated into

and used in diverse languages, such as Spanish, German, Indonesian, Swedish, Turkish, Arabic, Korean, and Hebrew (Bass & Avolio, 2004).

Measurement of OCB. Since the emergence of the concept of OCB, studies have been conducted to attempt to measure its presence in numerous workplace settings (Fox et al., 2012; Podsakoff et al., 2013; Schnake & Dumler, 2003). Fox et al. (2012) designed and published the OCB-C. This checklist is available in three versions: 42, 36, and 20 items. Each of the checklists has items that measure the subscales related to organizational behavior: the organization-oriented dimensions of conscientiousness, civic virtue, sportsmanship, and courtesy; and the person-centered behavior or dimension of altruism (Fox et al., 2012). The OCB-C offers enhancements over previous tools to measure OCB. The items ask participants to comment on behaviors and on the frequency of observing those behaviors. The items on previous instruments asked study participants to judge attributes.

The authors have published permission for use of the checklist tool for academic and research purposes. They request that results be sent to them at the conclusion of studies to add to their body of knowledge on OCB (Fox et al., 2012). The developer gave written permission to me to use the instrument in this particular study. The developer has also expressed interest in learning about the results of the study.

The checklist utilizes a 5-point frequency scale ranging from 1 (*never*) to 5 (*every day*). Scores are computed by summing responses across items. A total score is the sum of the responses. The items are classified into two subscale scores: acts that benefit the organization (OCB-Organization [OCB-O]) and acts directed toward coworkers (OCB-

People [OCB-P]). Fox et al. (2012) utilized the checklist in three different published studies between 2009 and 2014. The sample sizes ranged between 149 and 259 university employee participants. Fox et al. reported coefficient alphas for the 42-item version of .97 for the entire total scale, .92 for the OCB-O, and .91 for the OCB-P.

Data Analysis

Software and Statistics

I calculated descriptive statistics of frequencies, percentages, means, and standard deviations using SPSS Version 20 to describe the sample. I scored the instruments electronically. I computed Pearson product moment correlations to determine the relationship between the variables. I entered data electronically using Teleforms software, which required validation of responses and transfer of data from Scantron forms to SPSS. I computed frequencies and inspected values out of range. I entered a random sample of surveys into SPSS manually and compared to the electronic data.

Research Questions and Hypotheses

The overall RQs for this study were:

RQ1: What, if any, are the significant differences in the level of residential care workers' self-reported OCB based on their supervisor's leadership approach?

$H_0$1: Leadership style does not impact OCB of employees in community-based mental health residential facilities.

H_a1: Leadership style does impact OCB of employees in community-based residential facilities for individuals with mentally health needs.

RQ2: What, if any, are the significant differences in residential care workers' self-reported OCB based on their supervisor's transformational leadership behavior?

$H_0$2: Transformational leadership does not impact OCB of residential care workers in community-based mental health residential facilities.

H_a2: Transformational leadership does impact OCB of residential care workers in community-based residential facilities for individuals with mental health needs.

To test these hypotheses, I evaluated the following relationships.

1) How did the demographic characteristics impact the relationships?
2) What was the relationship between the nine subscales of leadership that define the FRL model and the three scores of OCB?

To evaluate the first relationship question, I evaluated the relationships of the subscales within each variable using a Pearson product moment correlation. OCB has five dimensions or subscales. Four are subscales related to behaviors that support the organization; in the Fox checklist, these items are scored as one score, OCB-O (Fox et al., 2012). Another subscale relates to behavior that supports activities that support coworkers; this is scored as OCB-P. Leadership has nine subscales or dimensions. One of the subscales measures laissez-faire leadership style and three subscales measure aspects of transactional leadership, management-by-exception/passive, management-by-exception/active, and contingent reward.

The remaining five dimensions measure aspects of transformational leadership, which include idealized attributes, idealized behaviors, inspirational motivation,

intellectual stimulation, and individual consideration. For example, the OCB tool includes questions about improving the work place, one about improving how the work is done, and one about improving the work environment (Fox et al., 2012). These questions score into the OCB-O. One could hypothesize that most likely this would relate positively to a transformational leadership style.

Other Relationships

To evaluate the second set of relationships, I conducted independent *t* tests to examine both the role of the demographic characteristics (gender, having a friend or family member with a mental illness, past course work in mental health, interest in learning more about mental health) in relationship to OCB. Anecdotally, it has been my observation that employees with personal or family experience of mental illness have a stronger level of commitment as an employee or student than one who does not have a personal connection to mental illness. That commitment does show as additional OCB. By including this question in the demographics, I expected it would be possible to review the impact of personal experience on OCB behavior.

Threats to Validity

External Validity

External validity is concerned with the extent to which the findings of one study can be applied to other situations. The topic of the relationship between leadership style and OCB has been of interest in a variety of settings. However, in my study, I focused on a previously undocumented workplace—residential facilities for individuals with mental health needs.

The most notable threat to external validity was the small sample size. This is a significant threat to generalization to other settings. The small sample size may mean this is not completely reflective of the population and, therefore, should not be applied to other settings. The ability to apply the findings to settings external to this specific work setting may also be limited by the unique nature of the persons served, the vulnerability of persons served, and the intrinsic reasons people choose to work in these settings.

Testing reactivity occurs when the researcher or the tool interacts with the participant in such a way as to influence the participant. In this case, I was not present when the participant completed the survey. Therefore, this was not a threat to the study either.

Internal Validity

There have been eight threats identified to internal validity. None of the eight classic threats appears to be a threat to the validity of this study. History, maturation, and instrumentation occur when the experience occurs over time and the participants either physically or mentally change due to the passage of time or personal development or they learn how to take a test by taking it repeatedly. With my study, I asked the participants to do a survey only once.

Instrumentation occurs when an observer is involved in research and may not utilize the same approach or criteria for evaluation. In this case, I based the research on the perception of the residential care worker. There was no observer involved to alter the approach or code behavior differently. I provided direction that was written and uniform. The only threat may be the resident care workers felt the need to answer in a way to make

their supervisor seem like a better supervisor or answer in a way to please their supervisor. I limited this temptation through the introduction to the study, which stated that the results would be reported only in aggregate form and all responses would be anonymous. Individual supervisors would not know individual results.

Regression, differential selection, experimental mortality, and selection interactions all refer to issues with the sample selection. The population in this study was all residential group homes and all of the eligible residential care workers in those homes. It was a one-time survey, so there was no issue of dropouts or changes in the sample size.

Construct Validity

Construct validity refers to the extent that the items included in the instrument or tool represent the element being testing. Both the OCB-C and MLQ were developed in qualitative ways to ensure that the items in the survey represent the concepts. The OCB-C evolved by asking 38 subject matter experts to generate a list of incidents that demonstrated coworkers doing extra efforts. A multiple step process pared 214 incidents down to 42, 36, and 20 item versions of the checklist. The checklist items are behavioral items, and the respondents are asked to define the frequency of, rather than agreement with, an attribute. The developers believe this is more objective and makes it easier for participants to form precise observations (Fox et al., 2012).

Bass and Avolio (2004) began to develop the MLQ in a qualitative manner by interviewing 70 executives who reported they had experienced working with a transformational leader, which resulted in the capture of 142 behavioral statements. In the next phase of instrument development, an 11-member panel judged the statements. The

panel was given detailed descriptions of transactional and transformational leadership. The panel was charged with identifying which of the 142 statements were reflective of either transactional or transformational leadership. The panel then identified 72 statements as reliable indicators of leadership style. Those statements then moved forward for validity testing, where 175 high-ranking military officers were asked to rank their superiors using the 72 statements, which then led to the initial construct validity, where nine leadership factors and their related statements emerged. Numerous revisions have been made to the MLQ as research about leadership styles evolved, which ensures that the language is current and the concepts are contemporary.

Ethical Procedures

I contacted administrators of the mental health care organization to determine interest in participation in this research study. I am a former leadership team employee and a former organizational and nursing consultant to the organization. As such, I was aware of the pivotal role of residential care workers in creating a culture of care in a residential care center. I have not been employed by the organization for the past five years. With a strong commitment to a learning environment, the organization welcomed the opportunity to be involved in this research study.

Walden University Institutional Review Board (IRB) for the Protection of Human Subjects approved all research procedures (#01-06-17-0090630) prior to any data collection. There were no identified ethical concerns about the recruitment material or processes. Participation was anonymous and voluntary, and there was no penalty for not participating. The sample size accommodated a predictable nonparticipation rate.

Participation was a one-time activity, and only returned surveys were included in the study, so early withdrawal was not an ethical issue. I collected no identifying information, such as name, group home, or state where the home is located. I reported all data in only aggregate form. The survey instrument had a notation that stated that completing the survey constituted consent to participate in the study. All raw and processed data are stored in a locked cabinet with no identifying information. Only the statistician and I have access to the electronic data, which I deidentified and stored on a computer in a locked office. The statistician signed a letter of confidentiality. I will destroy the data upon conference of degree.

My prior employment relationship with the organization could raise conflict of interest. However, I left employment on good terms and sufficient time (over 5 years) has elapsed to ensure neutrality. The use of small incentives for both the supervisors distributing the surveys and the participants was justified to show respect for their time.

Summary

In this chapter, I described the plan I implemented to research the relationship between the leadership style of supervisors and the OCB in residential care workers in community-based residential mental health facilities. In this quantitative study, I used a survey methodology providing a descriptive-correlational cross-sectional analysis. I asked a convenience sample of resident care workers to voluntarily participate by completing two surveys. Their answers were confidential and anonymous. The data are in aggregate form only. The design of the study has addressed threats to internal validity. Generalization might be limited due to sample size. Additionally, all research sites come

from one mental health care organization. I reviewed potential ethical issues, with no ethical issues identified; IRB approval was received.

In Chapter 4, I will review the procedure I used in the recruitment process, the barriers encountered, and the results obtained from the returned surveys. I will display and analyze the data, as well. I will answer the RQs based on the results of the study.

Chapter 4: Results

Introduction

The purpose of this investigation was to determine the relationship between the leadership style of residential care supervisors and the OCB of residential care workers in community-based mental health residential care facilities. The SAMHSA Center for Behavioral Health Statistics and Quality (2010) reported that as of their most recent data, 60,764 individuals lived in 2,274 mental health residential facilities (USDHHS, 2014). Leadership must create an environment for staff to provide safe care for these vulnerable individuals.

My review of the literature revealed considerable research in leadership and OCB. Researchers have documented some of the dramatic changes in mental health care, both in the United States and internationally, but most was not current. A gap in knowledge existed in the disciplines of both leadership and mental health literature related to the administrative or personnel issues at residential facilities for the mentally ill. In manufacturing and banking, a relationship between leadership style and OCB has been well documented and demonstrated to enhance productivity (Irshad & Hashmi, 2014; Li & Wu, 2015; Ozsahin & Sudak, 2015). To address this gap in the literature, I developed two RQs.

Researchers had suggested that a relationship would be found between these two variables of leadership style within the FRL model and OCB. Although a relationship has been documented in a range of occupational settings, the relationship had not been previously studied in the setting of residential care facilities for residents with mental

health needs. In this quantitative study, I examined these variables within a network of community mental health residential facilities across three states.

In this chapter, I will focus on the results of the study. I will start by reviewing the RQs, and then I will describe the data collection process and move on to the data display of the demographic information. Next in the chapter, I will review my analysis of the data and make conclusions about the RQs.

Research Questions and Hypotheses

I developed the following RQs and hypotheses to guide this study:

RQ1: What, if any, are the significant differences in the level of residential care workers' self-reported OCB based on their supervisor's leadership approach?

$H_0$1: Leadership style does not impact OCB of employees in community-based mental health residential facilities.

H_a1: Leadership style does impact OCB of employees in community-based residential facilities for individuals with mentally health needs.

RQ2: What, if any, are the significant differences in residential care workers' self-reported OCB based on their supervisor's transformational leadership behavior?

$H_0$2: Transformational leadership does not impact OCB of residential care workers in community-based mental health residential facilities.

H_a2: Transformational leadership does impact OCB of residential care workers in community-based residential facilities for individuals with mental health needs.

In this chapter, I will report the data collection procedure for the study, the results of the study, and status of the RQs based on the results.

Data Collection

In this quantitative study, I used a survey methodology to provide a descriptive-correlational cross-sectional analysis. My analysis provided information regarding the relationship at a given point in time, measuring the relationship between leadership styles and OCB without the influence of changes that may occur at the facility. I selected the survey method as it determined the incidence, frequency, and distribution of characteristics relevant to the study of this population of residential care workers, as both constructs have measurable characteristics (Sufian, 2015). The participants did have access to a computer at their place of work; however, to ensure that resident care was not disturbed, I asked participants to complete the survey on their own time via a paper and pencil test. The two primary variables of this study were leadership style and OCB. Leadership style was the independent variable for this study, and OCB was the dependent variable. All surveys were anonymous and confidential.

The target population was resident care workers working in community-based mental health facilities. The sample for this study was resident care workers employed by a Midwest health care organization. I established an agreement with the corporate leadership of the organization to conduct this study at their 85 residential facilities across four states—Wisconsin, Illinois, South Carolina, and New Jersey. The facilities employ 592 resident care workers.

I did not set a deadline for the return of the survey. I sent the surveys out via UPS and then sent reminder letters out via U.S. Postal Service twice, each 10 days apart. So all together, the employees had 20 days to complete the surveys. I did receive some surveys after each reminder but the returns were diminishing.

Each facility supervisor received a packet for each employee stationed there, with directions to place one packet in each care worker's mailbox. Each employee packet included a consent letter, a survey, a pencil, a $5.00 gift card to a fast food restaurant, and a return envelope stamped and addressed to me. A poster was also included to encourage participation, which I requested be posted in the staff lounge. I reminded the executive directors of each state that corporate had agreed to participate in this research and thanked them for their assistance. Very unexpectedly, one executive director declared that her state would not participate. She expressed concerns about some of the survey questions. Multiple attempts to determine the concerns by me and by my corporate contact were unsuccessful. Fortunately, this state was the smallest group. The resultant potential recruitment size was 75 facilities and 531 individuals.

Challenges of Survey Method Research

The use of survey as a research method in health services has become an important tool (Halbesleben & Whitman, 2011). Survey-based research has contributed much to health care based on gathering opinions from providers, patients, and other stakeholders. Survey research has advantages that include convenience and adaptability; however, researchers have noted that getting the attention of the respondents can be difficult (Price, Murnan, Dake, Dimming, & Hayes, 2004). The response rate creates the

largest challenge of the survey method. During the planning and implementation of this study, I used the CDC's (2010) best practices for enhancing survey response rates.

The CDC (2010) best practices suggest sending a prenotification to the stakeholders, which I did by sending an e-mail to the executive directors of each state and asking for their assistance and encouragement. I sent the survey with a cover letter and an addressed postage paid return envelope. I included a pencil to make it very convenient for the participant to complete the survey. The CDC stresses that to increase response rates the cover letter should explain the importance of the survey, the confidential nature of the answers, and the use of the results. I included all of these items in the cover letter for this study. The CDC also suggests having a light blue or green background to aid in reading; I used pale green as the background. The CDC (2010) best practices also encourage two to three follow-up reminders. I sent three follow-up reminders, with a flyer to be posted in the staff lounge area. Each follow-up reminder stressed the importance of the contribution each survey would make to the study. Following the first two reminders, there was an uptake in responses, but the third reminder was not successful.

Descriptive and Demographic Characteristics of Respondents

The return rate was 8.9% (47 surveys). This assumes that the supervisors distributed all the packets as requested. Price et al. (2004) discussed several types of sampling type errors, including an error that occurs when the respondents are not reached when they are identified as being part of the sample. In this sampling error, the sample members do not have the opportunity to participate (Price et al., 2004).

Table 3 displays participant demographics. Table 4 includes information on whether a participant has a family member with mental illness, if they have taken a course on mental illness, and whether they would like additional information about mental illness. Table 5 displays results to the questions concerning job satisfaction.

Table 3

Participant Demographics (N = 47)

	Frequency	Percent
Gender		
Male	15	31.9
Female	30	63.8
Missing	2	4.1
Age		
18–25 years	5	10.6
26–50 years	27	57.4
≥ 51 years	14	29.8
Missing	1	2.1
Education		
Some high school	5	10.6
High school/GED	9	19.1
Some college	21	44.7
College or more	10	21.3
Missing	2	4.3

Table 4

Mental Health Related Questions (N = 47)

Question	Frequency	Percentage
I have a family member with mental illness.		
Yes	33	70.2
No	14	29.8
I have taken a course in mental illness.		
Yes	34	72.3
No	13	27.7
I would like to know more about mental illness.		
Yes	38	80.9
No	9	19.1

Table 5

Participant Job Satisfaction (N=47)

Job Satisfaction	Frequency	Percent
Very satisfying	15	31.9
Satisfying	24	51.1
Not satisfying	5	10.6
Very unsatisfying	1	2.1
Missing	2	4.3

Study Results

The FRL model proposed by Bass and Avolio (1994) defines the leadership styles that I examined in this study. This model uses three styles of leadership: laissez-faire, transactional, and transformational. I used the MLQ developed by Bass and Avolio to measure leadership in the study. The 45-item survey scores into nine factors, five related to transformational leadership, three related to transactional leadership, and one related to laissez-faire leadership. The survey uses a 5-point scale for rating the frequency of

observed leader behaviors. The scale ranges from 0 (*not at all*) to 4 (*frequently, if not always*). Table 6 displays the results of the MLQ.

Table 6

Leadership Factors (N=44)

Leadership Factor	Minimum	Maximum	*M*	*SD*	Cronbach's Alpha
Laissez-faire (one factor)	0.00	3.25	1.22	1.02	0.823
Transactional leadership (three factors)					
Contingency rewards	0.00	4.00	2.21	0.99	0.831
Management by exception-passive	0.25	3.67	1.61	0.80	0.261[a]
Management by exception-active	0.00	3.75	1.78	0.89	0.637
Transformational leadership (five factors)					
Intellectual stimulation	0.50	3.25	1.96	0.70	0.368[a]
Idealized behavior	0.25	4.00	2.35	1.01	0.870
Instrumental motivation	0.25	4.00	2.42	1.07	0.847
Idealized influence	0.00	4.00	2.37	1.09	0.863
Individual considerations	0.00	4.00	2.21	1.13	0.888

[a]Subpar alpha measures, indicating reliability concerns with results.

The measurement of OCB has not had as long of a history as the MLQ has had, but the OCB-C has been developed to measure behaviors indicative of OCB (Fox et al., 2012). The tool consists of 36 items. The checklist uses a 5-point frequency scale ranging from 1 (*never*) to 5 (*every day*). Scores are computed by summing responses across items. A total score is the sum of the responses. The items are classified into two subscale scores: acts that benefit the organization (OCB-O) and acts directed toward coworkers (OCB-P). A total indication of OCB is computed as well. Tables 7 and 8 display the results of these three subfactors.

Table 7

Measurement of Organizational Citizenship Behavior (N=44)

	Minimum	Maximum	*M*	*SD*	Cronbach's Alpha
OCB – Comprehensive	51.43	150.17	101.57	25.09	0.948
OCB – Organization	21.00	61.00	38.89	10.79	0.895
OCB – People	12.00	38.00	23.80	6.03	0.816

Table 8

Correlation between Leadership Factors and Organizational Citizenship Behavior (N=44)

	OCB-O		OCB-P		OCB-C	
	Pearson Correlation	Sig (2-tailed)	Pearson Correlation	Sig (2-tailed)	Pearson Correlation	Sig (2-tailed)
Laissez-faire	.157	.309	.107	.409	.168	.276
Transactional						
Contingency rewards	.425**	.004	.408**	.006	.424**	.004
Management by exception/active	.338*	.025	.479**	.011	.417**	.003
Management by exception/passive[a]	.296	.051	.277	.139	.305	.044
Transformational						
Intellectual stimulation[a]	.557**	.000	.452**	.002	.545**	.000
Idealized behavior	.389	.009	.366**	.015	.388**	.009
Instrumental Motivation	.427**	.004	.412**	.005	.417**	.005
Idealized influence	.394**	.008	.390**	.011	.395**	.008
Individual Considerations	.370*	.013	.397*	.011	.371*	.031

[a]Low Alpha
*Significant at .005 2-tailed
**Significant at .001 2-tailed

RQ1: What, if any, are the significant differences in the level of residential care workers' self-reported OCB based on their supervisor's leadership approach?

$H_0$1: Leadership style does not impact OCB of employees in community-based mental health residential facilities.

Laissez-faire leadership did not demonstrate correlation with OCB at any level of significance. Transactional leadership level had one factor, management-by-exception/passive, with a poor level of reliability, and therefore, must be discounted. Transactional *leadership* had two defining subfactors that demonstrated correlation with organizational citizenship behavior. Contingency rewards showed a correlation to organizational citizenship behavior at the comprehensive level, r(42)=.424, *p<.001*. Management by exception/active also demonstrated a correlation to OCB, r(42)=.417, *p<.001*..

Relate to transformational leadership, one factor, intellectual stimulation, had a poor reliability score and had to be discarded. The other defining subfactors demonstrated a correlation with organizational citizenship behavior: idealized behavior r(42)=.388, *p< .001*; instrumental motivation r(42) = .417, *p<.001*; idealized influence r (42)=.395, *p<.001,* and individualized considerations r (42) =.371, *p<.001*. Therefore, I rejected the null hypothesis. While laissez-faire leadership style did not show a correlation to organizational leadership style, both transactional and transformational leadership did show levels of correlation.

The results indicated that transactional and transformational leadership by their defining subfactors both have an impact on OCB. The alternative hypothesis can be accepted.

RQ2: What, if any, are the significant differences in the level of residential care workers' self-reported OCB based on their supervisor's transformational leadership style?

$H_0$2: Transformational leadership does not impact OCB of residential care workers in community-based mental health residential facilities.

I rejected this null hypothesis. There are five factors in the MLQ associated with transformational leadership (some models combine idealized behavior and idealized motivation, the MLQ, measures them separately). One factor must be discarded due to an unacceptable Cronbach's alpha of .368 (intellectual stimulation). Three of the other four factors had significant correlations: idealized behavior r(42)=.388, $p< .001$; instrumental motivation r(42)=.417 $p<.001$; idealized influence r(42)=.395, $p<.001$ and individualized considerations r(42) =.371, $p<.001$, and the fourth, individualized considerations r(42)=.371 $p<.005$. This indicated that transformational leadership was positively associated with OCB.

Other Results

Unfortunately, the smaller response rate limited the opportunity to do some of the additionally planned data analysis. I completed independent *t* tests with both job satisfaction and the presence of a family member with mental illness. For both items, the responses were not well distributed: 70.2 % of the respondents had a family member with mental illness and 81% of the respondents reported being satisfied or very satisfied with their job. While these were not RQs, I was hoping to see if any potential future avenues of research could be discerned in these areas. Significant information was not obtained from either test.

Summary

In this chapter, I presented a review of the purpose of the study and RQs. I reviewed the process of recruiting participants, including unexpected barriers and attempts to encourage returns. Forty-seven surveys were returned. I calculated the demographic and descriptive statistics and included them in this chapter.

To answer the RQs, Pearson correlations were performed to compare the nine factors of leadership against three scores of OCBs. The nine factors relate to the FRL model developed by Bass and Avolio (1994), including laissez-faire, transactional, and transformational. Organizational citizenship was scored into two subcategories and into an overall score.

The null hypothesis of both RQs could be rejected. Leadership style did correlate with OCB. Additionally, transformational leadership correlated with OCB. I attempted additional data analysis, but it was not possible due to the distribution of sample. The possibility of a Type 1 error does exist as the margin of error is 13.4% at the 95% confidence level.

In Chapter 5, I will interpret these findings and discuss the limitations of the study. I will also discuss the implications for social change in the next chapter. Finally, I will make recommendations about potential next steps along this line of research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The model of mental health care has changed from institutional to community-based care, but the research in the field has not kept up with the movement of clients and the social change that has occurred. My review of the literature revealed considerable research in leadership and OCB. Researchers have documented some of the historic and dramatic changes in mental health care, both in the United States and internationally, but most was not current. A gap in knowledge existed in the disciplines of both leadership and mental health literature related to the administrative or personnel issues at residential facilities for the mentally ill. In manufacturing and banking, a relationship between leadership style and OCB has been well documented and demonstrated to enhance productivity (Irshad & Hashmi, 2014; Li & Wu, 2015; Ozsahin & Sudak, 2015).

The purpose of this quantitative leadership study was to determine the relationship between the leadership style of residential care supervisors and the OCB of residential care workers in community-based mental health residential care facilities. For the 60,764 individuals living in 2,274 mental health residential facilities (USDHHS, 2014), leadership must create an environment for staff to provide safe care. Evidence-based leadership practice requires research.

In this study, I was able to demonstrate that a relationship between leadership style and OCB also existed for residential care workers in their relationship with their supervisors. The results of this study also demonstrated that a significant relationship between transformational leadership and OCB existed in this work setting. A moderate

relationship between transactional leadership and OCB existed in residential mental health workers.

Interpretation of Findings

OCB has been defined as employee behavior that is relatively discretionary and "is considered vital to an organization's performance and long-term viability" (Takeuchi et al., 2015, p. 1239). OCB has been shown to contribute to the effectiveness and overall productivity of organizations (Podsakoff et al., 2013). There are two types of OCB—one that supports the organization and one that supports coworkers (Fox et al., 2012).

Significant research has been completed to determine the factors that influence the performance of OCB, and one area of interest has been in the area of leadership. Researchers have shown leadership to be related to OCB (Ozsahin & Sudak, 2015). One way to classify leadership is the FRL model (Bass & Riggio, 2006). Transformational and transactional leadership are described as part of the FRL model, and I investigated both types in this study.

In this study, I was able to confirm a significant relationship between transformational leadership and OCB among residential care workers. The results of this study were also able to confirm a relationship with transactional leadership. This was consistent with the findings of Ling, Chang, Hong, and Chen (2012).

While not one of the RQs, a high percent of respondents reported they had a family member with mental illness. This was an interesting finding for future potential study. Job satisfaction was also quite high for the responders.

The unique contribution of this study was the setting in which it took place. A significant gap in the literature exists related to personnel management and leadership in mental health residential care. The addition of any evidence to support practice in the care of this vulnerable group is a valuable contribution. I will also present additional recommendations related to this in the discussion of social change section in this chapter.

Limitations of the Study

The major limitation of this study was the return rate of the surveys. The return rate of 8.9% is a limit to generalization. As I noted elsewhere, this is the lowest potential return rate, as it is unclear how many surveys the supervisors actually distributed. I made significant efforts and investment to overcome the inherent barriers to a paper and pencil survey. The only thing I might have added was to have the supervisors return a signed sheet stating they had placed the packets in the employee mailboxes and then had a thank you gift for the supervisors. This may have promoted more engagement from the supervisors. Another limitation was that all the workers were from one organization. I conducted the study in three different states, but only one organization. This may have created some bias in the responses. The third limitation was there could have been some self-selection issues. A high rate of respondents reported they were either very satisfied or satisfied in their job. In the consent letter, I did explain that the research would help to share the work of residential care workers. Perhaps those who were proud of their work were more interested in participating than those who did not see their work as a point of pride.

The design of the study did eliminate the threats to internal validity. However, two of the variable scores, intellectual stimulation and management-by-exception/passive, were below acceptable standards. I disregarded all results related to those factors as a result.

Implications of the Small Sample Size

External validity is threatened by sampling error, which results in a sample that is not reflective of the population being studied. In this study, I sent all residential care workers an invitation to participate. A potential source of error identified by Price et al. (2004) is an error that occurs when the identified potential participant does not receive the survey material. I did plan for this potential in the study design. I depended on the supervisors to distribute the materials to the residential care workers, but did not have a system for requesting verification of that action. The stated response rate, which is the ratio of the returned surveys divided by the invited participants, may be incorrect if not all potential participants had the opportunity to participate.

A second threat to external validity was the possibility of a nonresponse bias. As I have mentioned in other sections within this chapter, answers to some of the demographic questions were not evenly distributed. Halbesleben and Whitman (2011) suggested that no matter the response rate, researchers must consider the potential message of the nonresponders. Eighty percent of the responders were satisfied or very satisfied with their job. The potential nonresponse concern is that individuals with low satisfaction chose not to respond. It is important to consider what effect nonresponders had on the overall

results of the study. It is not possible to know the reason for not responding; however, both of these issues raise concerns over generalizability.

Recommendations

There is a critical gap in management research in the area of community mental health and, specifically, residential mental health. I noted gaps in the literature in areas related to management development, human resources, workforce development, and lateral violence. Essential basic management issues are at a critical level, affecting staff turnover and recruitment (NCAL, 2014).

This study should be replicated across more organizations to confirm the findings. Based on longstanding mistrust with this specific organization, I decided to avoid using an electronic approach to data collection. With other organizations, this may not be an issue and use of an electronic application may create a larger return rate. Building from this study, researching other areas would be beneficial. To address the issue of high turnover, research should be done on turnover factors and employee intent to stay. Leadership has been shown to influence turnover rates, as well as OCB (Caillier, 2016), both of which conceptually relate to employee engagement in the organization for the benefit of the organization and the employee's career.

In this study, I looked at leadership style, but as I noted in the literature review, the leader-member exchange may be as powerful or even more powerful in motivating employees (see Michel & Tews, 2016). A study that utilized leader-member exchange as a variable would be interesting. This type of study would help to clarify the need for leader education.

The findings in this study related to the number of respondents with family members with mental illness who are working in a mental health facility should be further investigated. The rate of mental illness in the greater society may mean this finding is not statistically significant (NAMI, 2016). However, the continued shortage in the mental health workforce is a major issue nationally. Finding a way to identify likely candidates for recruitment might be helpful.

Implications

This study has implications in three areas: theory, practice, and positive social change. Each is important in leadership development. I will discuss each in detail.

Significance to Theory

The findings from this project advance leadership theory because they address an under-researched setting where leadership practice is critical to the health and safety outcomes of a vulnerable population. The results of this study provide much needed insight into the relationship of leadership styles on the OCB of residential care workers in community-based residential mental health facilities. Knowledge from this study could aid the development of evidence-based leadership practice and provide the foundation for future intervention research, including leadership education and development.

Alternatives to mental health hospitalizations continue to be developed, utilized, and funded. It is essential that policy makers and other stakeholders are comfortable and confident with the care provided (Yampolskaya et al., 2013). The search for better ways to support individuals with mental health needs is fueling a wave of social change that will strengthen and challenge our society.

Significance to Practice

The results of this study have the potential to advance leadership in the practice of mental health care and public policy in the mental health system. Public policy continues to move toward an ongoing approach of community-based care for those with mental health needs. Residential care is part of that overall strategy, even as the Affordable Care Act is fully implemented (Goldman & Karakus, 2014). The employees who provide community-based residential mental health services have not been widely studied.

In this study, I sought to determine the impact of leadership style on the OCB of those employees working in community-based residential facilities. Based on the results from this study and previous literature in other sectors, I recommend that administrative staff or owners of residential facilities provide for evidence-based leadership development and staff development for supervisors. This education should focus on transformational leadership techniques to create a positive environment of care for the clients they serve and a productive workplace for their employees. Development of the workforce has been widely recommended as a critical component in enhancing the community-based mental health system (Saraceno et al., 2015).

Significance to Social Change

The results of this study have potential implications for positive social change for individuals with mental health care needs. Care for individuals with mental illness has undergone a profound social change in the last 50 years (Hamden et al., 2011; Kiesler et al., 1983). Many factors were involved in creating that change, including medication development, emerging brain research, and changes in a basic understanding about

mental illness (Knable, 2015). Beyond or because of these changes, the most visible change has been the change to move away from a hospital system of care and establish new community-oriented therapeutic approaches (Thornicroft & Tansella, 2013). In this study, I sought to strengthen this movement in positive social change by identifying factors that contribute to the job performance of residential care workers in community-based facilities. Residential care workers are the key to making a facility a home.

The focus of mental health services has shifted from a disease eradication model to the enhancement of a full, quality of life in the community (Ng et al., 2013). Enhanced understanding and acceptance of mental illness could result from greater community integration. Community integration may encourage others with mental health needs to seek help and stimulate the development of additional resources. The lack of research to support evidence-based practice threatens this potential for positive social change (Ng et al., 2013).

Conclusions

The results of this study contribute to both the leadership and mental health bodies of knowledge by documenting a relationship between leadership styles, as defined by the FRL model, and OCB in the community-based residential care setting. In the study, I further documented the relationship between transformational leadership and OCB. However, the unique contribution is that I found these correlations in residential care workers observing their supervisor and their own OCB. To date, I found no research occurring in that setting, and social change continues to transition care from the institutional setting to the community.

OCB performed by residential care workers promotes the worth, dignity, and development of individuals with mental health needs living in residential care facilities. Residential care facilities, as part of an overall community-based mental health system, have the potential to reduce the stigma of mental illness, enable a fuller recovery, and ensure a more productive life for those with mental health needs. Society can benefit from a greater level of diversity by integrating individuals with mental health needs into the community. Research is vital to ensure that the care provided in this and other emerging community-based mental health treatment options is of high quality and effective. The clients receiving care in these organizations are vulnerable. The stakeholders include the clients, but also their families, the community members, mental health providers, and taxpayers, who all need to trust that leadership is making decisions based on evidence.

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Appendix A: Organizational Citizenship Behavior Checklist (OCB-C)

How often have you done each of the following things on your present job?	Never Once or twice Once or twice per month Once or twice per week Every day
1. Picked up meal for others at work.	1 2 3 4 5
2. Took time to advise, coach, or mentor a co-worker.	1 2 3 4 5
3. Helped co-worker learn new skills or shared job knowledge.	1 2 3 4 5
4. Helped new employees get oriented to the job.	1 2 3 4 5
5. Lent a compassionate ear when someone had a work problem.	1 2 3 4 5
6. Lent a compassionate ear when someone had a personal problem.	1 2 3 4 5
7. Changed vacation schedule, work days, or shifts to accommodate co-worker's needs.	1 2 3 4 5
8. Offered suggestions to improve how work is done.	1 2 3 4 5
9. Offered suggestions for improving the work environment.	1 2 3 4 5
10. Finished something for co-worker who had to leave early.	1 2 3 4 5
11. Helped a less capable co-worker lift a heavy box or other object.	1 2 3 4 5
12. Helped a co-worker who had too much to do.	1 2 3 4 5
13. Volunteered for extra work assignments.	1 2 3 4 5
14. Took phone messages for absent or busy co-worker.	1 2 3 4 5
15. Said good things about your employer in front of others.	1 2 3 4 5
16. Gave up meal and other breaks to complete work.	1 2 3 4 5
17. Volunteered to help a co-worker deal with a difficult customer, vendor, or co-worker.	1 2 3 4 5
18. Went out of the way to give co-worker encouragement or express appreciation.	1 2 3 4 5
19. Decorated, straightened up, or otherwise beautified common work space.	1 2 3 4 5
20. Defended a co-worker who was being "put-down" or spoken ill of by other co-workers or supervisor.	1 2 3 4 5

Appendix B: Permission to Use OCB-C

Dear Paula:

You have my permission to use in your research any of my instruments I have provided on my website, including the OCB-C. You can find details about them in the Scales section of my website http://shell.cas.usf.edu/~spector. I allow free use for noncommercial research and teaching purposes in return for sharing of results. This includes student theses and dissertations, as well as other student and nonstudent research projects. Copies of the scale can be reproduced in a thesis or dissertation as long as the copyright notice is included as indicated on the website. Results can be shared by providing an e-copy of a published or unpublished research report (e.g., a dissertation). You also have permission to translate any of my scales into another language under the same conditions in addition to sharing a copy of the translation with me. Be sure to include the copyright statement, as well as credit the person who did the translation with the year.

I don't know of studies other than my own. I've attached some studies that used it.

Thank you for your interest in my scales, and good luck with your research.

Best,

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Received via e-mail 6/23/2015

Appendix C: Examples of Questions from the MLQ

Per the authors, the full MLQ questionnaire may not be reproduced. Following are examples from the MLQ questionnaire.

Forty-five descriptive statements are listed on the following pages. Judge how frequently each statement fits the person you are describing. Using the following rating scale:

Not at all	**Once in a while**	**Sometimes**	**Fairly often**	**Frequently, if not always**
0	1	2	3	4

THE PERSON I AM RATING. . .

Question related to Laisses-Faire leadership

Avoids getting involved when important issues arise

Questions related to Transactional leadership

Makes clear what one can expect to receive when performance goals are achieved.

Provides me with assistance in exchange for my efforts

Questions related to Transformational leadership

Talks about their most important values and beliefs

Articulates a compelling vision of the future.

Appendix D: Permission to Use MLQ

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To whom it may concern,

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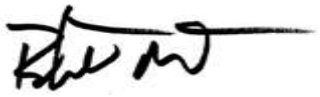

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