LEADERSHIP BEHAVIOURS AND THE PERCEPTION OF SUPPORT FOR WELLNESS AMONG FRONT-LINE HEALTHCARE PROVIDERS IN LONG-TERM CARE: A POST-PANDEMIC RECOVERY EFFORT

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ABSTRACT

The COVID-19 pandemic brought to public attention extensive deficiencies in the long-term care (LTC) sector. LTC in Canada has been struggling with several challenges that reduce the quality of care delivered to residents, such as a lack of funding and standardized regulations. Front-line healthcare providers working in LTC settings have had to deal with work overload and drastic staffing shortages while trying to maintain their own overall well-being. While these workers are facing elevated stress levels, increased burnout symptoms, emotional exhaustion, and daily risks to their physical safety, it is the responsibility of direct managers and supervisors to help support them to the best of their abilities. The perceived availability of social support is associated with workers' positive well-being and leadership behaviours can impact workers' overall health. Thus, I used the social support and buffering hypothesis theory to explore what leadership behaviours can have an impact on perceived social support (PSS) among LTC workers. I used an intrinsic and instrumental case study design, which included reviewing documentary evidence and conducting in-depth, semi-structured interviews with nurses and personal support workers. The study setting was the Perley & Rideau Veterans Health Centre in Ottawa, Ontario. Collected data was analyzed using reflexive thematic analysis to answer two research questions: (1) What leadership behaviours do front-line healthcare providers perceive as being supportive of their overall well-being? (2) What types of social support (emotional, informational, social companionship, and instrumental) do front-line healthcare providers perceive as important or wish to receive from their leaders? Reflexive thematic analysis revealed four main overarching themes for supportive leadership behaviours: (1) relationship-building behaviours; (2) trust-producing behaviours; (3) safety-promoting behaviours; and (4) health-promoting behaviours. Health-promoting behaviours were most prominent in the data, likely because they are not isolated actions but are deeply intertwined with how leaders build and maintain relationships, establish trust, and create a safe working environment. Across all overarching themes, emotional support was particularly poignant to employees. This suggests that emotional support may be foundational to employees' overall perceptions of supportive leadership. The thesis results provide insights that can enhance our understanding of leadership behaviours and PSS in LTC and offer valuable recommendations that can be applied in LTC settings.

Keywords*: Leadership behaviours, perceived social support, social support and buffering hypothesis theory, well-being, wellness, post-pandemic recovery efforts, long-term care*

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CHAPTER 1: INTRODUCTION

The COVID-19 pandemic uncovered and exacerbated poor and unsafe working and living conditions within long-term care facilities throughout Canada. Pandemic-related strains, including staffing and supply shortages, work overload, and historic mortality rates within long-term care facilities (e.g., nursing homes) left healthcare workers (e.g., nurses, nursing assistants) struggling to support their patients and residents while maintaining their own mental health and well-being. According to many healthcare organizations worldwide, such as the World Health Organization (WHO, 2021) and the National Institutes of Health (NIH) (Jewell et al., 2020), the effects of the pandemic on mental health [i.e., "a state of mental well-being that enables people to cope with the stressors of life, realize their abilities, learn well and work well, and contribute to their community" (WHO, 2022a)] are far from over, with nurses, clinicians, and other front-line workers still dealing with the additional burdens and challenges associated with this recent crisis. Front-line workers are facing exhaustion, high stress, and burnout (i.e., a work-related stress syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment; Wei et al., 2022), which were already a problem prior to the pandemic (Boamah et al., 2023; Melnyk, 2022).

To combat these challenges, leaders working within long-term care facilities, such as managers and supervisors, must consider if their behaviours are contributing to the reduction of stressors and the protection of healthcare workers' wellness. Stressors are defined as "the forces acting on us that constitute either threats to or demands on our current life and are located in our social environment" (Wheaton & Montazer, 2010). Workplaces that are supportive of clinician wellness are three to nine times more likely to encourage good physical and mental health, reduce burnout, and have high professional quality of life, compared to workplaces without the

same level of support (Melnyk, 2022). In addition to the detrimental effects of burnout on clinicians' health and well-being, such as depression and anxiety, the costs associated with burnout are significant. It leads to higher rates of absenteeism and turnover, which are detrimental to the success of any organization (Melnyk, 2022).

Greater attention to healthcare worker well-being has highlighted the critical role of social support in the workplace, particularly in workplaces where certain stressors are somewhat unavoidable (Boamah et al., 2023; Jolly et al., 2021; A. Wu et al., 2021). Some examples of these stressors include increased job demands, emotional exhaustion, and moral distress [i.e., knowing the ethically appropriate action to take, but being unable to act upon due to institutional constraints (e.g. a lack of time or supervisory support); Jameton, 1984, p.6]. Social support is associated with positive well-being and improved quality of life (De Kock et al., 2021; Grey et al., 2020; Zhou et al., 2022). Based on the social support and buffering hypothesis theory (Cohen & Wills, 1985, p.312), social support can buffer the effect of stressors in two ways. First, social support can help prevent an individual from perceiving an event as stressful. For example, social support can boost an individual's self-confidence and problem-solving abilities (American Psychological Association, 2019), making them more likely to view challenging situations as opportunities for growth rather than as dangers. Second, social support can help an individual to reframe or reconsider a stressor as being less harmful. For example, social support in the form of material resources can mitigate some of the negative effects of financial stressors (i.e. financial hardship that causes a stress reaction), thereby minimizing their impact on an individual's overall health (Park et al., 2017). As demonstrated by Dimoff and Kelloway (2019) and Hammer et al. (2021), social support from leaders is particularly critical to protecting the mental health and well-being of workers, mainly when stressors are present.

Although research has demonstrated the positive influence that social support from leaders can have on workers' mental health and well-being (Inceoglu et al., 2018; Schmidt et al., 2018), more research is needed to uncover the influence of specific leadership behaviours on worker mental health and well-being, particularly in settings where stressors are high. **Thus, the purpose of my research is to determine what leadership behaviours front-line managers and supervisors exhibit that front-line healthcare providers perceive as being supportive of their overall mental health and well-being in a long-term care setting**. I conducted an in-depth case study, and collected qualitative data through semi-structured interviews and documentary evidence. Below, I present a review of the literature, followed by the research questions, and detailed methods. I then present and discuss the study findings. I also discuss the limitations of the study, and the strategies I used to mitigate them, followed by highlighting the study's strengths. Lastly, I conclude with practical implications and thoughts for future research.

CHAPTER 2: LITERATURE REVIEW

2.1 Current Ontario Long-Term Care Context

The Canadian Institute for Health Information (CIHI) defines long-term care (LTC) as a "range of health and personal care services provided to individuals, primarily seniors, with complex support needs living in designated LTC homes" (*Long-Term Care | CIHI*, n.d.). Based on census data, approximately 160,000 people lived in Canada's LTC facilities in 2016 (Statistics Canada, 2016). LTC facilities are not publicly funded under the Canada Health Act and are governed under provincial and territorial legislation. Thus, the range of services, cost coverage, mixture of private and public ownership, and funding of LTC facilities is not consistent across the country (Badone, 2021; Government of Canada, 2004). In April 2022, the Fixing Long-Term Care Act (2021), was enacted to regulate Ontario's LTC sector, replacing the Long-Term Care Homes Act (2007) (LTCHA) (Fixing Long-Term Care Act, 2021; Phase 1 Regulations, 2021). In 2021, Ontario had 77,257 beds in 626 LTC homes (Badone, 2021). Approximately 58% of LTC homes are privately owned, 24% are non-profit or charitable, and 16% are municipally owned (Badone, 2021). Regardless of ownership, all LTC homes in Ontario are licensed, regulated, and partly funded by the Ontario Ministry of LTC. Despite the fact that the legislation, regulation, and development of program requirements within the LTC sector is a provincial government responsibility, municipal governments also take on the responsibility of ensuring that local seniors have the access to quality services within the community (AMO, 2022).

Canada's LTC sector has experienced disproportionate and devastating pandemic-related impacts, such as staffing and supply shortages, work overload, and a record number of resident deaths (Yau et al., 2021). In Canada, residents in LTC facilities accounted for 81% of total

COVID-19-related deaths, compared to an average of 38% for other OECD countries (Canadian Institute for Health Information, 2020). The case fatality rate among residents in Canadian LTC facilities was about 26-29% (Hsu et al., 2020). This is approximately 10-15% higher than the global fatality rate of people aged 80 and over. Up to 2021, COVID-19 was responsible for a total of 2,877 deaths in Ontario's LTC facilities (Webster, 2021). Residents in LTC facilities are already considered a high-risk population, often living with increased multimorbidity, polypharmacy, cognitive and/or physical impairments, and susceptibility to serious infections (Badone, 2021; Office of the Chief Science Advisor of Canada, 2020). Over the past decade, several threats to the quality of care provided in Canada's LTC facilities have emerged. These include inadequate funding, a lack of standardized regulations, insufficient training, and the negative impacts of for-profit LTC facilities (Wong et al., 2021). The pandemic exacerbated long standing issues in Canada's LTC sector. The staffing shortage crisis, decline in resident and staff physical and mental health during the pandemic, increased vulnerability of older adults in LTC homes, increased infection and transmission rates, and lack of mental health support for staff need to be considered for post-pandemic recovery (Office of the Chief Science Advisor of Canada, 2020).

As part of a post-pandemic recovery effort, the Ontario Minister of LTC, Paul Calandra, stated that there is a sense of commitment from the federal government to fix the current state of LTC, quoting, "we look forward to working with the federal government as we continue to implement our plan to fix long-term care" (Health Canada, 2022). In 2022, the Government of Canada signed the Safe Long-Term Care Fund agreement with Ontario, promising to invest more than $378 million into the sector (Health Canada, 2022). Ontario plans to use these funds to support staff retention, ensure an adequate supply of personal protective equipment for both staff

and visitors, strengthen infection prevention measures, and more. The Fixing Long-Term Care Act includes key measures to improve the current state of Ontario's LTC sector, such as a commitment to provide a daily average of four hours of direct care to each resident, new compliance and enforcement tools, enhancements to emergency planning requirements, and a realignment of the Residents' Bill of Rights with the Ontario Human Rights Code (AMO, 2022; Fixing Long-Term Care Act, 2021; Phase 1 Regulations, 2021).

According to the Association of Municipalities Ontario, Ontario's Ministry of LTC greatly underestimated the funding required to implement this new *Act.* Initially, the Ministry estimated a yearly average annual direct compliance cost for each LTC facility of about $36,000. But after AdvantAge Ontario conducted a broader analysis on all aspects of the new regulations, including the need to hire additional staff, the average yearly cost for each facility reached a staggering amount of about $590,000 to $650,000 (AMO, 2022). Currently, the Association of Municipalities Ontario is urging the provincial government to allocate adequate funding to effectively implement the regulations.

2.2 LTC Front-Line Workers

LTC facilities are staffed by nurses, personal support workers (PSWs), support staff workers (SSWs), and allied health professionals (AHPs) (e.g., occupational therapists and dietitians), who are actively involved in providing care to residents. LTC facilities have dedicated teams of nurses, including both registered nurses (RNs) and registered practical nurses (RPNs). In Ontario, RNs have two options for their education: (1) enroll in a collaborative college-university nursing program or (2) pursue a four-year university nursing program, both of which lead to a Bachelor of Science in Nursing degree (BScN) or Bachelor of Nursing degree (BN)

(RNAO, n.d.). Typically, RNs are tasked with complex specialized clinical work which can involve research utilization (i.e., integrating research outcomes and evidence into their decision-making processes when caring for patients) and RPNs are tasked with the provision of resident care through monitoring and administration of medications (Aloisio et al., 2021; RNAO, n.d.). PSWs are another integral part of LTC facilities. PSW refers to any unregulated care provider whose role is to provide assistance with personal and supportive care (e.g., supporting residents with activities of daily living such as bathing and dressing) (Saari et al., 2018). SSWs, including those in housekeeping (e.g. laundry, room cleaning), food services (e.g., meal preparation), and other roles, make up the majority of staffing in LTC facilities (Kearney et al., 2016). While PSWs may perform light housekeeping duties, the primary objective of a PSW is to help residents with daily life and to take care of their personal needs, which is not a SSW's responsibility. Lastly, AHPs contribute to residents' quality of life and include members trained in various domains such as physiotherapy and occupational therapy (Government of Ontario, 2020b).

In 2021, 50,000 PSWs worked in Ontario's LTC homes, sharing the equivalent of 32,700 full-time positions (Badone, 2021). Prior to April 2020, many PSWs worked in more than one LTC facility. With the need to limit the spread of infection during the pandemic, the Ontario government restricted PSWs to working in only one LTC facility (Government of Ontario, 2020a). Many PSWs were thus forced to work part-time hours in a single facility instead of working full-time hours across multiple facilities, losing their benefits. Due to the physical and psychological challenges associated with caring for residents with complex health needs, many of them experienced burnout (Badone, 2021). Burnout was not limited to PSWs; RNs experienced high levels of burnout, whose wages are already lower than RNs in the hospital

sector (Badone, 2021). These unfavourable conditions, among others, discourage workers from entering the LTC sector, making both recruitment and retention of staff extremely difficult.

2.3 Covid-19's Impact on LTC Workers' Well-being

The WHO (2022b) spoke out about the serious negative impact that the pandemic has had on the well-being and mental health of healthcare workers, referring to this problem as a "pandemic within a pandemic". Several studies have demonstrated that frontline healthcare workers experienced high levels of psychological distress during the COVID-19 pandemic (Blanco-Donoso et al., 2022; De Kock et al., 2021; Kang et al., 2020; Lai et al., 2020; Lu et al., 2020; Weilenmann et al., 2021; WHO, 2022c), including anxiety, depression, stress, insomnia, and burnout symptoms. Elevated levels of psychological distress and mental health risk among healthcare workers may be a result of: (1) decreased sense of physical health and safety, (2) heavy workloads and increased work intensity, (3) no previous experience with a public health emergency (De Kock et al., 2021), and (4) physical distancing protocols that may have limited the emotional and physical support that healthcare workers had prior to the pandemic (Reynolds et al., 2022).

Based on a qualitative study by Reynolds et al. (2022), five major stressors emerged specifically among Canadian LTC workers during the pandemic which impacted their overall well-being: (1) constant changes in pandemic guidelines, which caused uncertainty about job performance, (2) increased workloads, (3) challenges associated with meeting the specific needs of residents and families, (4) fear of infection, and (5) concern about a negative public image of LTC staff and homes. Consequently, the pandemic had an enormous toll on LTC workers, resulting in growing anxiety, elevated stress levels (Hung et al., 2022), and increased emotional

distress (Boamah et al., 2023). A scoping review conducted by Boamah et al. (2023) on the experiences of healthcare professionals in LTC during COVID-19 revealed that workers felt moral distress caused by the cognitive, socio-emotional, and psychological burdens associated with the pandemic crisis (Boamah et al., 2023). Some workers expressed negative emotions and internal struggles, such as frustration, sadness, and helplessness, when caring for infected and dying residents. Furthermore, LTC workers lived with chronic physical and mental fatigue and increases in burnout syndromes due to persistent stressors at work. These stressors were intensified by emotional exhaustion and a lack of personal accomplishment. In addition to burnout, some LTC workers experienced mental health conditions such as post-traumatic stress disorder (PTSD; a mental health condition that is triggered by a terrifying event — either experiencing it or witnessing it [and] symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event; Mayo Clinic, 2022) and generalized anxiety disorder ("involves a persistent feeling of anxiety or dread, which can interfere with daily life"; National Institute of Mental Health, 2023) (Boamah et al., 2023). These conditions were reported due to ongoing exposure to traumatic events and the stress associated with performing daily tasks.

While much research related to job stress and the psychological well-being of healthcare workers was conducted during the outbreak stage, few studies look into the long-term effects that pandemics have on the psychological wellbeing of healthcare workers (Zhou et al., 2022). Considering the length and severity of the pandemic, the post-pandemic effects of COVID-19 may potentially surpass those witnessed in previous pandemics. Thus, the impact of COVID-19 on the well-being of LTC workers reinforces the need for positive leadership behaviours and supportive work environments (Boamah et al., 2023).

2.4 Leadership Behaviours

Leadership behaviours can affect workforce health, particularly within healthcare settings (Inceoglu et al., 2018; Schmidt et al., 2018). Schmidt et al. (2018) suggest that leadership behaviours might influence workers' health by positively affecting their abilities to react to stress and harmful situations in a way that promotes regenerative processes. Leadership behaviours can also increase worker stress and absenteeism, and decrease well-being (Kuehnl et al., 2019). Self-centered, aggressive, inattentive, and non-supportive leaders may create occupational risks for workers' health rather than being positive influences (Schmidt et al., 2018). Some of the most frequent negative outcomes of poor or abusive leadership include musculoskeletal complications and mental stress-related disorders, such as burnout, depression, and anxiety (Kuehnl et al., 2019). Generally, leadership behaviours can be observed episodically (i.e., how a leader interacts with their followers at a specific moment or moments in time) or over time (i.e., how a leader usually behaves in terms of consistent actions across many days, weeks, months, or even years) (Kelemen et al., 2020).

Leadership behaviours can affect several organizational outcomes, including job satisfaction, retention, and organizational commitment (Al-Khaled & Chung, 2020). Talent retention is a main source of organizational competitive advantage and can be heavily influenced by leadership behaviour (Mey et al., 2021). Successfully retaining top talent requires leadership that supports a sense of belonging, respect, empowerment, support for personal growth, and flexibility (Mey et al., 2021). Leadership behaviours are also highly related to organizational culture, which refers to "the belief and values that have existed in an organization for a long time, and to the beliefs of the staff and the foreseen value of their work that will influence their

attitudes and behaviour" (Tsai, 2011). Leaders who are supportive of their workers are more likely to create cultures that also support the health and wellbeing of workers (Tsai, 2011). A workplace culture that supports worker well-being is important in fostering healthy and happy environments that promote job satisfaction (Tsai, 2011). Ultimately, organizational culture, as heavily influenced by leadership behaviours, can strongly affect workers' behaviours and attitudes, creating a team that is burned out, languishing, and struggling to perform, or a team that feels respected, encouraged, and is inspired to accomplish the organization's mission and objectives (Tsai, 2011). Positive leadership behaviours refer to positive behaviours shown by leaders toward employees (Cheng et al., 2020), such as when a leader provides verbal praise and recognition to employees and shows consideration towards them as people, not simply as workers. When trying to identify and understand effective and positive leadership behaviours, the concept of transformational leadership (Bass, 1985) - introduced over three decades ago- is still very much relevant. Transformational leadership encompasses behaviours that extend far beyond the notion of economic and social exchanges between leaders and followers (i.e., transactional leadership) by drawing specific attention to stimulating team efficacy, fostering collective optimism, and energizing employees to achieve the desired collective goals and vision of the organization (Bass, 1985; Bass & Riggio, 2006).

Bass and Avolio (1994) identified four principal elements of transformational leadership: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. First, idealized influence refers to actions of a leader that lead to followers' trust, respect, and admiration. Inspirational motivation pertains to the leader's ability to motivate and inspire followers through clear expressions of expectations, goals, and the overarching organizational vision. Intellectual stimulation pertains to the degree to which the leader can

successfully stimulate followers' senses of creativity when formulating ideas, solving organizational problems, and/or accomplishing work. The last element of individualized consideration taps into the leader's ability to demonstrate behaviours that can help followers reach their full professional potential.

By engaging in positive leadership behaviours that communicate that they value employees, leaders may be able to foster environments where employees are motivated, enthusiastic, and able to take accountability and responsibility within the workplace (Cheng et al., 2020). In contrast, negative leadership behaviours refer to frequent and habitual negative behaviours of a leader towards their employees (Cheng et al., 2020). Ultimately, negative leadership behaviours can harm employees' mental or physical health (Cheng et al., 2020).

Based on the repeating themes in the literature, I identified three major categories of positive leadership behaviours which are relevant to the LTC sector: (1) trust-producing leadership behaviours, (2) safety-promoting leadership behaviours, and (3) health-promoting leadership behaviours.

2.4.1 Trust-Producing Leadership Behaviours. Trust is at the core of all healthy relationships (Thompson, 2018). Effective leaders are those who can inspire others and gain their trust through their actions (Kleynhans et al., 2022; Thompson, 2018). On the other hand, employee distrust towards leaders is a major contributor to employee withdrawal, underperformance, and lack of commitment (Thompson, 2018). Thompson (2018) identifies six trust-producing behaviours: (1) trusting in the collective wisdom of staff, (2) encouraging diversity of perspectives, (3) willingness to debate issues in situations where opinions differ, (4)

being a good listener, (5) promoting collective responsibility, and (6) responding positively to staff members when there is a disagreement.

Furthermore, a trusting leader is linked to enhanced employee health and well-being (Inceoglu et al., 2018; Kleynhans et al., 2022; Thompson, 2018). For instance, a leader who inspires trust is one with whom followers feel comfortable speaking openly about work-related issues without worrying about possible repercussions (Fulk et al., 1985). As a result of this trust, employees are more likely to experience a sense of comfort and security because they believe that their leader has their best interest at heart; hence, they perceive themselves as being less likely to be exposed to any potential harm inflicted by their leader (Kleynhans et al., 2022). On the contrary, a leader perceived as untrustworthy can result in employees experiencing heightened levels of anxiety which adversely affects their well-being (Kleynhans et al., 2022). Therefore, in order to reduce the perceived overall risk of harm and vulnerability among workers, leaders must establish the circumstances for trust and act in a way that serves both the interests of their followers and their own (Kleynhans et al., 2022).

2.4.2 Safety-Promoting Leadership Behaviours. Leaders are vital to the safety and health of workers, as they often determine the extent to which health and safety are prioritized in the workplace (May et al., 2019). This prioritization is often evident through leaders' commitment to the continuous improvement of operations and processes that help reduce and prevent workplace accidents and injuries. For example, leaders can set clear expectations for safety performance, provide necessary resources and training for workers, regularly communicate safety messages throughout the organization, and lead by example by modelling safe behaviours. Several organizational failures may pose a risk to the safety of workers, such as

inadequate systems, a lack of resources, poorly designed equipment, unsafe procedures, and a lack of appropriate training (May et al., 2019).

The healthcare sector ranks second highest for injuries resulting in time off in Ontario (Ontario Ministry of Long-Term Care, 2020). LTC workers are the most at risk for physical injuries (Ontario Ministry of Long-Term Care, 2020). The most common causes for injuries requiring a leave of absence are musculoskeletal disorders, exposure to chemicals or contaminants, slips and falls, and workplace aggression (Ontario Ministry of Long-Term Care, 2020). The implementation of fall prevention programs which may include risk assessments, actions to reduce fall risks, and prevention strategies, shows a leader's prioritization for their workers' safety. Leaders who proactively prioritize safety in the workplace will also often encourage employees to share their perceptions, skills, and values to inform safe behaviour practices (May et al., 2019).

Positive leadership behaviours are important in supporting workplace safety outcomes (Cheng et al., 2020; Shafique et al., 2020). An example of a positive leadership style that influences workers' safety is ethical leadership. Ethical leadership is often demonstrated by leaders who prioritize and show concern for the health, occupational safety, and well-being of their followers, while also building relationships founded on trust (Shafique et al., 2020). In addition, ethical leadership involves participative approaches to decision-making (Shafique et al., 2020). Ethical leaders are honest and trustworthy, while also upholding strong moral standards and following ethical norms in decision-making (Shafique et al., 2020). Another leadership style that positively influences employee safety behaviours is transformational leadership (Addo & Dartey-Baah, 2020; Ugwu et al., 2020).

Among the four principal elements of transformational leadership, individualized consideration and inspirational motivation are two dimensions that, when exhibited by leaders, tend to compel workers to reciprocate, by voluntarily exhibiting positive compliant safety behaviours in the organization (Addo & Dartey-Baah, 2020). Workers tend to respond in a favourable manner to their leaders because humans are inherently social beings, and so, favourable treatment during social interactions leads to reciprocation. As such, workers are motivated and inspired to go beyond task requirements and exhibit citizenship behaviours (i.e., "activities which are voluntary, go beyond the formal obligations of employees, and significantly affect the efficiency of the entire organization"; Grego-Planer, 2019), when leaders are supportive towards their safety. Specifically, the focus lies on safety citizenship behaviours, which are defined as discretionary and prosocial safety-related actions that play an important role in risk management and safety improvement (Tear & Reader, 2023). Safety citizenship behaviours encompass activities such as reporting safety incidents and suggesting potential safety enhancements. In the healthcare sector, Ugwu et al. (2020) found that transformational leadership behaviours have the potential to enhance an employee's compliance with safety work behaviour, irrespective of factors such as perceived work pressure.

2.4.3 Health-Promoting Leadership Behaviours. The potential impacts of leadership behaviours on employee health can be explained by three different mechanisms: (1) direct interaction and motivation in the form of support promotes employee health, and their absence lowers perceived health; (2) indirect effects of leadership behaviours have a positive health impact via moderators and mediators (e.g., improved role clarity); and (3) in accordance with the social support buffering hypothesis, supportive leadership behaviours (e.g., providing emotional support, empathy, and assistance to employees coping with a perceived stressful situation) may

have a moderating effect on the association between emotional demands at work and poor mental health (Schmidt et al., 2018). Nevertheless, all possible mechanisms have one aspect in common: the ability for leadership behaviours to affect the health of employees.

When employees are faced with several work-related stressors (e.g., high demand and low control, bullying, harassment and violence, low social support), work-related resources (e.g., respect and recognition, information/transparency) are needed to improve employees' capability to effectively cope with stress (Kuehnl et al., 2019). When workplaces are characterized by high levels of stress, high work intensity, and high emotional demands, employees are at a greater risk of developing mental disorders, such as anxiety, depression, and PTSD (Schmidt et al., 2018; WHO, 2022b).

Job strain (i.e., situations where employees are exposed to high job demands, while having low job control; Schmidt et al., 2018) has severe negative health effects (Backman et al., 2018). When individuals experience a combination of high work demands and limited control over decision making, they are prone to experiencing unhealthy stress (Schmidt et al., 2018). When there is a continued exposure to job stress over several years, employees may find themselves in situations where even the influence of supportive leadership behaviours may be insufficient to counterbalance the resulting negative effects on their health. Nonetheless, supportive leadership behaviours still help to reduce the negative effects of job strain and stress on employee health (Schmidt et al., 2018).

Flovik et al. (2020) also found that fair, supportive, and empowering leadership behaviours are significantly associated with lower risks of mental distress. Such leadership behaviours help individuals cope with challenges linked to work-related uncertainty. Some leadership behaviours that have the potential to prevent high levels of stress include a leader's

deep reflection on their leadership role and behaviours, awareness/mindfulness, expressing appreciation, and prioritizing the concerns of subordinate employees (Tsarouha et al., 2021). One caveat to this is that leaders experiencing strain may be less able to give attention to others, ultimately reducing their ability to support their employees (Tsarouha et al., 2021).

The job demand-resources (JD-R) theory proposes that the organizational environment influences both employee well-being and performance (Bakker & Demerouti, 2007, 2017; Demerouti et al., 2001). Irrespective of the sector in which individuals are employed, this theory posits that job characteristics can be categorized into two groups: job demands and job resources. Job demands encompass aspects of a job that necessitate sustained effort and are linked to physiological and psychological costs, such as handling a heavy workload and facing instances of bullying in the workplace. Job resources are elements that assist in achieving work-related goals, mitigating job demands and associated costs, and promoting personal growth and development, such as receiving social support from leaders and being presented with opportunities for career advancement. Personal resources are often mentioned in conjunction with job resources and relate to an individual's perception of their capability to successfully control and influence their environment (Xanthopoulou et al., 2007). A couple of examples of such personal resources include self-efficacy and optimism.

A fundamental principle of the JD-R theory is that job demands, and job/personal resources trigger distinct processes (Demerouti et al., 2001). Job demands can initiate a health-impairment process, as having high job demands, such as an excessive workload, can result in persistent strain and ultimately lead to burnout. Conversely, resources trigger a motivational process, as possessing ample job resources fosters motivation, leading to enhanced employee engagement. Engagement is characterized by energy, efficacy, and involvement (Maslach &

Leiter, 1997), leading to a positive work-related state of well-being or fulfillment, and stands in direct contrast to the characteristics of burnout (Bakker et al., 2014).

JD-R theory and leadership are deeply intertwined due to the inherent responsibility of leaders to impose work-demands and provide employees with work-related resources. Such leadership responsibilities can be conveyed by leaders through displaying (or not displaying) consideration toward their employees (i.e., by inquiring about their well-being, assisting them when needed, and acknowledging their accomplishments), and initiating structure (or failing to do so) through goal-setting, prioritizing essential activities, offering feedback, and emphasizing deadlines (Antonakis & Day, 2017). Thus, within the context of the JD-R paradigm, leaders' behaviours can function as job demands, inhibiting employee performance and well-being, or as job resources, supporting employee performance and well-being.

2.4.4. Relevant Leadership Behavioural Models and Frameworks. Leadership behavioural models refer to structured approaches that outline specific leadership behaviours aimed at influencing organizational outcomes, such as employee well-being, performance, and involvement (Nilsen, 2015). Frameworks, on the other hand, provide broader structures or systems that can be used to guide leadership practices by outlining key capabilities or dimensions of effective leadership (Nilsen, 2015). Below, I describe two leadership behavioural models and one framework that are particularly relevant to this thesis due to their focus on leadership behaviours that promote overall workplace support.

The R.I.G.H.T Leadership model, proposed by Gulseren et al. (2021), outlines five key behaviours that leaders can adopt to enhance employee well-being and create a psychologically healthy workplace. These behaviours are Recognition, which involves acknowledging and appreciating employees' contributions, and potential; Involvement, where employees are actively

engaged in decision-making processes; Growth and Development, which emphasizes providing opportunities for employees' personal and professional development; Health and Safety, ensuring a safe environment for physical and mental well-being; and Teamwork, promoting collaboration and mutual support within teams. The core action of this model is centered around fostering a work environment where employees feel valued, engaged, and supported, which in turn improves their overall well-being.

The S.A.F.E.R Leadership model, developed by Wong et al. (2015), builds on transformational leadership principles to promote a safer workplace culture. The model focuses on five core actions: Speak, where leaders communicate transparently and effectively to avoid misunderstandings; Act, which involves taking immediate and decisive actions to address safety concerns; Focus, where leaders prioritize safety and employee well-being; Engage, meaning leaders interact meaningfully with their employees to foster trust and support; and Recognize, which emphasizes valuing employees' commitment and achievements, while also providing feedback. This model aims to create a supportive environment where employees feel secure and valued through open communication, proactive safety measures, and recognition.

The L.E.A.D.S Framework, which is integral to health system leadership, identifies five core capabilities that are important for driving meaningful change within healthcare systems and fostering healthy workplaces (Dickson, 2010). These include Lead Self, where leaders demonstrate self-awareness, regulate their own behaviour and demonstrate character; Engage Others, focusing on building relationships and empowering others to contribute to organizational success; Achieve Results, where leaders take action to meet organizational goals; Develop Coalitions, which involves creating strong, collaborative relationships with others to achieve collective objectives; and Systems Transformation, emphasizing innovation and systemic change

to improve healthcare outcomes. The core action of the L.E.A.D.S framework is centered on empowering leaders to manage themselves and others effectively, drive results, and facilitate change within the healthcare system.

2.4.5 Leadership Styles and Leadership Behaviours in LTC. Based on various studies, both transformative and relationship-oriented leadership styles are particularly appropriate to the LTC sector (Anderson et al., 2005; Corazzini et al., 2015; Jeon et al., 2015; Zonneveld et al., 2021). Appropriateness was based on several factors such as the positive effect of these leadership styles on employees, quality of care, quality of life of residents and person-centered care (Zonneveld et al., 2021). Bourgeault et al. (2022) highlight the key role of supportive leadership in fostering high-quality care in LTC. Recent studies also move away from traditional "transactional" leadership, which is top-down and hierarchical, and towards servant leadership, which emphasizes inspiring others, fostering integrity, and building trust through a collaborative, side-by-side approach (Bourgeault et al., 2022).

A literature review study conducted by Alsarrani et al. (2021) defined leadership style as “the leader characteristic and approach of directing and motivating employees”. A leadership style combines leadership behaviours (i.e., activities of a leader that create a behavioural pattern) and leadership traits (i.e., attributes of a leader that describe their common characteristics and personality) to ultimately create an approach that has the ability to influence followers. Leadership behaviours differentiate from leadership traits since behaviours can be learned and developed (Alsarrani et al., 2021). Furthermore, integrating behavioural patterns builds diverse themes that can create a leadership style such as transformational (Alsarrani et al., 2021). Transformational leadership has already been defined, and relationship-oriented leadership can

be defined as a style of leadership that focuses on individual persons and relationships, as opposed to the accomplishments of tasks (i.e., task-oriented leadership) (Zonneveld et al., 2021). A narrative review conducted by Zonneveld et al. (2021) analyzed 44 articles to gain a deeper understanding of what leadership behaviours, as opposed to leadership styles in general, would be relevant to fostering effective leadership that would be conducive to the delivery of good quality care in LTC settings. Despite the researchers' intentions to focus on leadership behaviours, much of what was found in the literature focused on leadership styles and only more recent articles such as those by Backman et al. (2018) and Brodtkorb et al. (2019) moved away from leadership styles to focus more on behaviours to support the implementation of person-centered care in the LTC context (Zonneveld et al., 2021).

Three main categories of leadership behaviours still emerged from various leadership styles identified in the narrative review: (1) relationship-oriented leadership behaviours (e.g., focusing on relationships, using emotional skills such as empathy and listening, and encouraging the involvement of employees), (2) task-oriented leadership behaviours (e.g., rewarding and "punishing" employees, planning of tasks and activities, dividing roles among employees, and making decisions centrally without involving staff), and (3) context-dependent behaviours (i.e., exhibiting a combination of both relationship-oriented and task-oriented leadership behaviours depending on the individual and the situation) (Zonneveld et al., 2021). Of the three categories, the most positive effects on healthcare employees resulted from relationship-oriented leadership behaviours (Cummings et al., 2010; Woods et al., 2022; Zonneveld et al., 2021). Examples of positive effects include lower turnover; increased organizational commitment, job satisfaction, empowerment/growth and productivity/effectiveness; and improved health, well-being, work culture, and psychosocial climate (Zonneveld et al., 2021).

One theory to consider when exploring relationship-oriented leadership behaviours is the leader-member exchange (LMX) theory which originated in the 1970's by Graen and colleagues (Dansereau et al., 1975; Liden & Graen, 1980). The LMX theory is a leadership theory centered on relationships between individuals in a dyadic setting (Erdogan & Bauer, 2015). This theory focuses on the relationship between leaders and their followers, emphasizing the quality of the exchange. A high-quality exchange is marked by trust, mutual liking, and respect, influencing employees' job-related well-being and effectiveness. Distinguishing itself from behavioural leadership theories like transformational leadership, this theory shifts the focus from what leaders can do for their followers to emphasizing the quality of the relationships they build with employees, often referred to as members (Erdogan & Bauer, 2015). In a high-quality relationship, leaders offer support, developmental opportunities, mentorship, and other benefits to the employee (Erdogan & Bauer, 2015). Providing these resources leads to enhanced employee motivation, fostering perceptions among employees that their leaders are more supportive, trustworthy, and loyal. Some of the behaviours linked to a high-quality exchange include leader fairness, where leaders demonstrate a commitment to treating others with dignity and respect, and a leader's capacity to establish trust with newcomers by offering advice and guidance.

When researchers aim to explain the nature of the relationship between LMX quality and outcomes, another theory that becomes relevant is social exchange theory (SET). SET, which was conceptualized by Blau (1964) and Emerson (1976), posits that individuals assess the costs and benefits of their relationships or actions, whether consciously or unconsciously, with the aim of maximizing their rewards. According to this theory, when a leader demonstrates positive behaviours, followers are likely to reciprocate by engaging in positive behaviours as well. To

give a simple example, if someone does you a favor like paying for your lunch, you would anticipate reciprocating a similar gesture of equal value in return. SET emphasizes the importance of trust, commitment, reciprocity, and power when observing social interactions (Cook, 2015). A positive, high quality social exchange has a range of influences on employees' psychological health (e.g., well-being), and on emotional experiences (e.g., anxiety) (Karanika-Murray et al., 2015). When employees receive various support from their leaders, employees may become increasingly motivated to enhance their performance as a way of reciprocating their leader's investment (Yang et al., 2023). Consequently, when psychological needs are met and individuals experience increased autonomy due to enhanced personal performance, this can contribute to improved well-being (Martin et al., 2023).

Social support at work, particularly from leaders, may be especially beneficial to employees who must work collaboratively with colleagues and who must support others at work, such as teachers who must support students and healthcare providers who must care for patients (Kinman et al, 2011). For example, a study conducted by Kawaguchi et al., (2021) revealed that nurses are more inclined to maintain a positive psychological state when their relationship with their nursing manager is favorable. Moreover, the research highlighted that nurses also benefit from a positive psychological state when many of their colleagues share a strong bond with the nursing manager, irrespective of team membership.

2.5 Social Support

Social support (SS) is an umbrella term that refers to the "exchange of resources among individuals who perceive it as intended to enhance the recipient's well-being" (H.-Y. Wu & Chiou, 2020). The concept of SS is multidimensional and includes both structural support (i.e.,

sources, frequency of support, and size of network) and functional support (i.e., the different types of support which are: esteem support, informational support, social companionship, and instrumental support) (H.-Y. Wu & Chiou, 2020). Perceived social support (PSS) can be defined as a "reflection of the belief that help will be available when needed", which differs from support actually received (Smoktunowicz et al., 2019). PSS is more independent of fluctuating environmental factors when compared to SS, making it more stable over time (Smoktunowicz et al., 2019). In addition, PSS is the most commonly used indicator for measuring SS and known to be a better predictor of mental health than other measures (Li et al., 2021). PSS also has a protective effect on mental health in highly stressful situations (Li et al., 2021; Weilenmann et al., 2021).

SS may be derived from several sources outside the workplace (e.g., friends and family), but in the work context, two complementary dimensions exist: supervisors' and colleagues' support (Bonaiuto et al., 2022). While perceived colleague support includes "practical support and information related to tasks, other than socio-emotional support and empathy", perceived supervisor support refers to the employees' perception of how supportive and caring their supervisors and leaders are about their overall wellbeing (Bonaiuto et al., 2022). For the purpose of this thesis, I will focus on the supervisor/leader dimension when I refer to SS. While I continue to refer to SS due to its common occurrence in academic literature, my thesis primarily focuses on LTC workers' *perceptions* of the SS that they receive from their leaders.

2.5.1 Impact of Social Support on Well-being. Several studies have shown that SS is protective of the well-being of healthcare workers (De Kock et al., 2021; Grey et al., 2020; Zhou et al., 2022) for various reasons. First, SS can prevent and reduce general levels of stress (Bonaiuto et al., 2022). For instance, when individuals perceive that emotional support is

available to them when they face stressors, such as high job demands, this reduces psychological stress (Bonaiuto et al., 2022). Second, SS is an essential resource when coping with job-related stressors, which in turn correlates with fewer mental health problems (Backman et al., 2018; Muller et al., 2020; Zhou et al., 2022). For instance, organizational support has the ability to buffer the effects of job stressors on depression, ultimately improving quality of life (H.-Y. Wu & Chiou, 2020; Zhou et al., 2022) and reduces burnout among workers (Backman et al., 2018; Smoktunowicz et al., 2019; Zhou et al., 2022). Third, SS increases self-efficacy of workers (De Kock et al., 2021; Grey et al., 2020; Smoktunowicz et al., 2019), which is an important factor in enabling workers to reach their workplace goals (Backman et al., 2018; Smoktunowicz et al., 2019). As a result, SS is a key element in the work environment that can help confirm a person's social identity and create a sense of social recognition and acknowledgement from colleagues through the contribution to the collective fulfillment of workplace goals (Backman et al., 2018). Fourth and finally, increased SS at work leads to high levels of job satisfaction and motivation among healthcare workers despite demanding work conditions (Boamah et al., 2023; Bonaiuto et al., 2022). Job satisfaction is an important predictor of worker well-being and directly associated with worker productivity (Diakos et al., 2022), and can predict turnover intentions, particularly during times of crisis (Blanco-Donoso et al., 2022).

2.5.2 Social Support and Buffering Hypothesis Theory. The social support and buffering hypothesis theory (Cohen & Wills, 1985), refers to the ability of SS to have a protective effect when individuals are faced with the negative consequences of a stressful event. Ultimately, SS can buffer the effect of stressors by either preventing an individual from perceiving an event as stressful or by allowing an individual to reconsider an event already perceived as stressful as less harmful. The negative effects of a lack of SS when perceiving or

coping with a stressor can impair physiological processes within the body, resulting in adverse health outcomes and a reduced quality of life. In Figure 1 below, I have adapted a figure first presented by Cohen and Wills (1985) to depict the social support and buffering hypothesis theory, illustrating two instances where SS may interfere with the hypothesized causal link between stressful events and health and well-being outcomes, including illness.

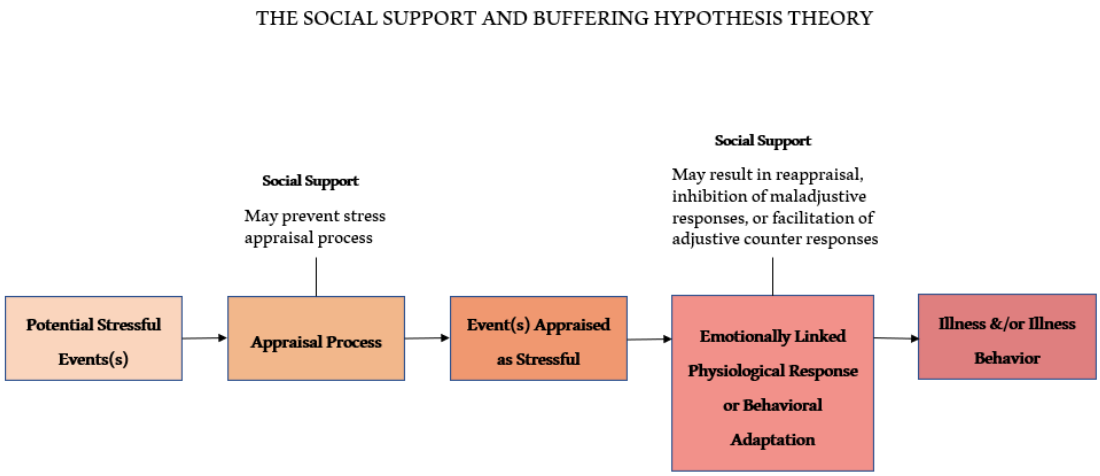

Figure 1. Potential Interference of Social Support in the Hypothesized Causal Link between Stressful Events and Illness (Cohen and Wills, 1985)

There are four main support resources, also known as functional supports, explained by the social support and buffering hypothesis theory: (1) emotional support, (2) informational support, (3) social companionship, and (4) instrumental support (Cohen & Wills, 1985). Emotional support is also known as expressive support, ventilation, and esteem support. It pertains to the information one receives that fosters a sense of acceptance which extends beyond personal faults or difficulties, enhances self-esteem, and communicates that they are valued for their unique worth. Esteem support can counterbalance some of the effects of threats on an individual's self-esteem during stress appraisal, which is the process by which individuals evaluate and cope with a stressor (Tohmiya et al., 2018). Informational support, also known as

appraisal support, refers to the help that an individual receives with defining, understanding, and coping with a stressful event. Informational support helps an individual by suggesting which coping response would be appropriate when faced with a stressor, ultimately increasing the sense of perceived control that the individual has over the situation. This type of SS may also help the individual to reappraise the stressor as less harmful. The third type of support resource comes from social companionship, also known as diffuse support or belongingness, and refers to spending time with an individual in leisure and recreational activities. Ultimately, this type of SS reduces an individuals' stress levels by fulfilling a need to feel connected with others, while also taking the focus away from the stressor, by promoting a positive atmosphere. The last type of support resource is instrumental support, also known as material support or aid, and it refers to the provision of financial aid, material resources, and any other needed services to help reduce an individual's stress levels. One option is to offer individuals the necessary resources to address instrumental stressors directly. Alternatively, individuals may be provided with additional time to engage in activities that promote relaxation and well-being.

When discussing the stress appraisal process, it is valuable to explore the stress and coping theory established by Richard Lazarus and Susan Folkman (1984). Lazarus first laid the groundwork for this theory in his book "Psychological Stress and the Coping Process" (1966), where he defined stress as a dynamic interaction between an individual and their environment, perceived as personally significant and exceeding available coping resources. According to the stress and coping theory, an individual's stress level is closely tied to their confidence in managing a threat (Lazarus & Folkman, 1984). Thus, how a person interprets or responds to an event often has a more significant impact on stress levels than the event itself. In the primary appraisal stage, individuals assess how an event may affect their well-being, considering whether

it falls within a spectrum, ranging from positive, neutral, or irrelevant to potentially dangerous outcomes. Following this, the secondary appraisal involves determining if one possesses the capability to cope with the event. This step includes assessing the availability of internal resources like experience and confidence, as well as external resources such as support from leaders or financial means. The final step involves coping strategies, which ultimately influence how well an individual manages the stressor. Problem-based coping entails practical actions, such as creating an action plan or addressing issues directly with leaders.

On the other hand, emotion-based coping focuses on handling one's emotions during stressful situations, such as taking responsibility for problems or seeking emotional support from leaders. However, emotion-based coping strategies can sometimes lead to negative behaviours such as self-blame, avoidance, or feelings of frustration and anger. For instance, consider nurses facing time constraints in delivering optimal care to residents. In response, they may employ emotion-based coping methods, leading them to assume responsibility for the situation. Consequently, they may experience self-blame for their perceived inability to offer the level of care they deem as high-quality and satisfactory to residents. In connection to the social support buffering hypothesis theory, the presence of SS can lessen the effects of stress appraisal by offering problem-solving solutions, minimizing the perceived significance of an issue, calming the neuroendocrine system so that the induvial is less reactive to stress, or promoting healthy behaviours (Cohen & Wills, 1985).

Unfortunately, there is a lack of research on the psychological well-being of healthcare workers who work outside traditional hospital settings, especially in Canada (De Kock et al., 2021). One Canadian study by Reynolds et al. (2022) surveyed 70 staff and managers working in public LTC facilities, using an online format with open-ended questions, to explore stressors,

ways of coping, and barriers to accessing mental health support. Their findings highlighted the substantial and unaddressed needs of this vulnerable population group, with one of the contributing factors being the lack of Canadian research that describes the support-related needs (e.g., need for mental health supports) and experiences of LTC front-line staff and management workers of the COVID-19 pandemic (Reynolds et al., 2022).

2.6 Research Questions

The relationship between leadership, employees' perceptions of SS, and employee well-being has been under-researched within the LTC sector, leaving theoretical and practical gaps surrounding how organizations, and leaders specifically, can best support an essential, but highly vulnerable, sector of the healthcare workforce (Backman et al., 2018). Moreover, almost all extant research on the relationship between leadership and LTC workers' well-being has focused on the role of 'leadership styles' while largely neglecting the influence of leaders' specific behaviours, leaving a practical gap between what is theoretically known about how leaders should lead (i.e., positive leadership styles) to support employee well-being and how leaders can actually enact such leadership day-to-day (i.e., leadership behaviours). My research will address these gaps, thereby contributing to this very important and limited body of research within the LTC sector. My research questions are:

1. What leadership behaviours do front-line LTC healthcare providers perceive as being supportive of their overall well-being?
2. What types of social support (emotional, informational, social companionship, and instrumental) do front-line healthcare providers perceive as important or wish to receive from their leaders?

CHAPTER 3: METHODS

In this chapter I address the study design and philosophical paradigm, sample and setting, data collection, and analysis methods I used to answer my research questions**.**

3.1 Design and Philosophical Paradigm

I conducted an intrinsic and instrumental case study with documentary evidence and data collected from semi-structured interviews. I used a case study research approach to generate an in-depth, multi-faceted understanding of the relationship between leadership behaviours and PSSs in a real-life LTC context (Crowe et al., 2011). The case study approach makes use of a variety of data, such as documents, artifacts, and interviews to capture varying individual perspectives on a phenomenon (Yazan, 2015). For this thesis, I conducted a single case study at the Perley & Rideau Veterans Health Centre (from here on referred to as "Perley Health"), a LTC facility located in the Ottawa, Ontario region. I collected documentary data about organizational initiatives, including training for managers and supervisors about psychological health and safety, and the implementation of peer support programs. I also conducted semi-structured interviews to capture workers' perceptions of direct supervisors' leadership behaviours and their impact on PSS.

In this thesis, I was guided by Stake's (1995) case study methodology. My perspective aligns with Stake's constructivist epistemological stance, which asserts that reality is subjective and emerges from diverse individual viewpoints (Adom et al., 2016). Stake (1995) classifies case studies into three distinct categories: (1) intrinsic, (2) instrumental, and (3) collective. Intrinsic cases are used when a researcher is mainly interested in exploring a specific case rather than extending a particular theory, whereas instrumental cases have a pre-determined main focus of

extending a well-established theory, and the case itself becomes a secondary focus (Mills et al., 2010). Stake also acknowledged that a single study can be both intrinsic and instrumental in nature, as the categories are not mutually exclusive (Mills et al., 2010).

Given that my thesis study aimed to explore a single unique setting, this case study was considered to be intrinsic in nature. It was also considered to be instrumental because it aimed to extend the social support and buffering hypothesis theory to the realm of leadership-focused literature in LTC.

3.2 Sample

I used a purposeful sampling strategy (i.e., intentionally selecting participants with particular characteristics, experiences, or other specific criteria) to identify eligible participants for this study, with the goal of only interviewing individuals who could provide data to help answer my research questions (Creswell & Poth, 2018). Despite there being a number of distinct purposeful sampling techniques, I used criterion sampling (i.e., intentionally selecting participants who meet a specific criterion, for instance, based on their professional role or possessing certain experience) (Palinkas et al., 2013) to help ensure that research participants met my eligibility criteria. This included individuals who (a) were members of the care team (i.e., RNs, RPNs, and PSWs) who are responsible for providing regular and recurring basic health and social care services to residents, (b) were directly employed by Perley Health, and (c) had a work email address. These eligibility criteria were selected to ensure a sample of participants with exposure to similar stressors for a more comparable analysis.

Participants were excluded if they (a) were on leave due to logistical constraints preventing contact with those individuals, (b) not employed directly by Perley Health (i.e.,

physicians and volunteers), or (c) were not involved in the direct provision of basic health or social care services to residents. To avoid competing perceptions among workers with dual roles (e.g., front-line supervisors or mid-level managers who supervise employees but who also report to their own manager), many researchers support exclusively conducting interviews with workers who are at the receiving end of the leadership behaviours of interest (Malik et al., 2022; Salehzadeh, 2019; Slack et al., 2020; Wahyuni & Rahyuda, 2021). Therefore, administrative personnel, human resource personnel, managers, supervisors, and leaders in senior positions were also excluded from this study, as their perspectives are not directly relevant to my research questions focused on employees' experiences (Herraiz-Recuenco et al., 2022; Kagwanja et al., 2020).

3.2.1 Case Site. Located in Ottawa, Perley Health is one of the largest LTC facilities in Ontario, Canada, with over 800 employees and more than 450 residents (Perley Health, 2024). Perley Health has a mission to "[achieve] excellence in health, safety, and well-being [for] Seniors and Veterans with a focus on innovation in person-centered and frailty-informed care and service" (Perley Health, 2024). Perley Health's core values include compassion, respect, integrity, and excellence. Perley Health was an ideal case site for my research due to their location, commitment to health and well-being, and history of embracing research and data-informed consultations and decisions. For instance, following community consultations, Perley Health embarked on a journey in 2019 to rebrand its name and image to align with and support their strategic objectives including pursuing excellence in care and service, ensuring sustainability, maintaining a quality workforce, and leading and advocating for change. Furthermore, Perley Health has demonstrated initiative to enhance the safety and well-being of

their workers by updating their Quality Improvement and Safety Plan, which helped emphasize the importance of protecting the psychological health and safety of employees.

At Perley Health, staff are divided into four groups across three different buildings, known as the Ottawa, Rideau, and Gatineau buildings. First, there is the care team comprised of nurses (RNs and RPNs) and PSWs. Physicians are not included in this group as they are not official employees of the organization and typically work once a week. Second, there is the allied health team, encompassing professionals with expertise in occupational therapy, spiritual health, and recreation. The third group is the support services team, which includes individuals working in areas such as food services, nutrition, and laundry. The fourth group consists of administration and management staff, who, unlike members of the other three groups, are largely non-unionized. This group includes PSW supervisors and resident care managers (RCMs). RCMs are responsible for overseeing registered staff, including RNs, RPNs, and PSW supervisors. The regular shifts at Perley Health consist of the day shift (7am-3pm), afternoon-evening shift (3pm-11pm), and night shift (11pm-7am). On a day-to-day basis, there are three RCMs, one for each of the three buildings at Perley Health. Each RCM supervises about one or two RNs and seven RPNs per day shift. For each building, there is also a PSW supervisor who reports back to the RCM. PSW supervisors have about 110 direct reports daily and each PSW supervisor oversees about twenty-two PSWs per day shift and about thirteen PSWs per night shift. There is a total of approximately 48 RNs, 129 RPNs, and 280 PSWs. The workforce at Perley Health was impacted significantly during the COVID-19 pandemic, just as most LTC facilities in Ontario (and Canada, more broadly) were affected. For instance, by July 2020 (approximately 5 months into the global pandemic), Perley Health had lost over 100 staff members (i.e., approximately 15% of their workforce, at the time) and 400 volunteers due to forced layoffs, furloughs, government-

imposed restrictions (e.g., staff limited to working at only one LTC facility), and voluntary resignations (Campbell et al., 2022).

3.3 Data Collection

Within the constructivist philosophical paradigm of qualitative research, the researcher seeks to comprehend a phenomenon by exploring the experiences and perspectives of participants through the utilization of diverse data collection methods (Adom et al., 2016). To conduct my research, I adopted a constructivist approach that involved qualitative data collected from two sources: internal documentary evidence available at Perley Health and semi-structured interviews. Ethics approval was granted from the University of Ottawa Ethics Board (S-08-23-9399) and organizational approval was obtained by senior management at Perley Health. Informed consent was obtained from all interview participants and all procedures followed according to the University of Ottawa institutional guidelines which are based on and complement the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2022) as well as the University of Ottawa policies (Canadian Institutes of Health Research et al., 2022; University of Ottawa, 2019).

3.3.1 Documentary Evidence. During the initial meeting, administrators at Perley Health shared their willingness to provide me with access to any material relating to initiatives that have been implemented in the past to target employee well-being and improve leadership within the organization. To determine if a document should be included in my study, I evaluated its relevance to the research study and questions. To be included, documents had to provide information on initiatives that target employee well-being (i.e., mental health, physical health, and safety), leadership (e.g., leadership training), SS, or results from surveys of either the

employees' perspectives or leaders' perspectives relating to SS, well-being, leadership, or workplace culture.

Furthermore, I reviewed documents prior to conducting any interviews to gain a better understanding of the case context and to refine the interview guide based on the information in the documents. The latter required me to evaluate if a document offered insights that could be further investigated through semi-structured interviews (Stake, 1995). For example, one document stated that in 2021, Perley Health launched the PEER2PEER support program, which is an initiative designed to allow employees to confidentially speak with a fellow trained employee to discuss any concerns that the employee may have. Since the document did not provide extensive details and time allowed during the interview, participants were asked an extra question to capture their perspectives on the program, should they be familiar with it.

The documentary evidence was collected from November 2023 to December 2023. Documents were sourced from senior management within the human resources team and the care team, and from the organization's publicly available website. The research coordinator on the research operations team was instrumental in securing the necessary documents. Of the ten documents that Perley Health provided, I reviewed all of them and included nine in this thesis. The one excluded document was not relevant to my research questions, as it went beyond the scope of health, wellbeing, safety, and leadership. Of the nine documents, one was used exclusively for contextual information about the organizational structure (such as the number of nurses, PSWs, managers, etc.), as such it is not included in Table 1 below.

The first document I considered relevant was a report showcasing aggregated results from the organization's Mental Fitness Index (MFI) assessment, a tool used by Perley Health to

evaluate the mental well-being of employees (Howatt HR Consulting, 2020). The second document explained the MFI assessment tool, which measures four factors related to the health and safety of an organization's workforce: (1) behavioural readiness (i.e., a person's willingness and preparedness to take responsibility for their health); (2) psychological health and safety (e.g., coping behaviours; experiences being stigmatized at work; feelings of comfort at work); (3) employer supports (i.e., programs and policies that assist employees with their mental health, psychological health and safety, and employee experience, such as Employee and Family Assistance Programs [EFAPs]); and (4) thrive index (i.e., risks to psychological health, safety, productivity, such as psychosocial hazards) (Howatt HR Consulting, 2020).

Howatt HR Consulting worked with a number of Canadian organizations and utilized both applied and academic research to create, and subsequently validate the MFI tool for employers to examine the link between employee experience in the workplace, current behaviours, and perceived participation in programs related to productivity, health profiles, harmful behaviours and psychological and occupational health and safety risk. Upon employees' completion, the MFI evaluates key factors that depict the interplay among employee and employer behaviours, employee perspectives, and employee outcomes. The MFI data regarding the utilization of current programs and resources provides employers with evidence-based insights to reduce mental harm and promote mental health. This is accomplished by evaluating employees' experiences through a psychological health and safety perspective. The assessment tool generated survey data that included information on workers' own experiences with the culture, SS, and leadership. This survey offered valuable insights into how participants felt about their well-being and about leadership at Perley Health; however, I exercised caution when reviewing the results, as survey results can be influenced by several factors such as respondent

bias, question wording, sample size, etc. The first and second documents were combined and presented as a single entity in Table 1. This consolidation was important as the first document showcased the assessment results, while the explanation of the tool provided in the second document was vital for interpreting these results accurately.

Next, I was provided with three documents related to training and education materials on leadership (e.g., training for managers and supervisors on psychological health and safety) and one document serving as a reflective exercise where employees considered how they want their leaders to communicate with them to improve mental health.

Lastly, I reviewed two documents related to SS services for employees. One document focused on the employee and family assistance program (FSEAP), while the other detailed additional support programs like the PEER2PEER program.

3.3.2 Semi-Structured Interviews. I aimed to conduct approximately 10-15 in-depth, semi-structured interviews. Interviews were conducted until thematic saturation was reached (i.e., a point where new data no longer contributes to the findings of a study due to repeating themes and comments made by participants) (Vasileiou et al., 2018). Based on previous research, it was suggested that saturation in qualitative studies can usually be attained after 9-17 interviews; in this study, saturation was accomplished after 10 interviews (Hennink & Kaiser, 2022). By working closely with the research coordinator at Perley Health, I successfully recruited participants through two methods: (1) sending recruitment emails to nurses and PSWs as part of Perley Health's weekly updates on research and opportunities, and (2) introducing my study at staff meetings in person at Perley Health. Due to relatively low levels of participation

following the first email invitation to employees, I adjusted my recruitment approach to increase awareness at in-person staff meetings.

After receiving ethics approval for the modification to my recruitment strategy, I promoted awareness of my study by providing a very brief announcement of my study to the eligible members of the care team (i.e. nurses and PSWs) at four of their bi-weekly staff meetings. I presented the study in-person in the same manner as it was described in the email invitation (i.e., introducing myself, a summary of the project, what participation involves, compensation, protection of participant data and that participation is completely voluntary). I did not make use of any posters; instead, I distributed the email invitation form, ensuring that anyone interested in participating had access to my contact information.

The interviews were conducted either virtually via the online conferencing platform, Zoom, or in-person at Perley Health, based on participant preference. Interviews were audio recorded, with participant consent, to facilitate transcription, ensure accuracy, and provide reference material. All interviews were transcribed and checked for accuracy. During this process, any identifying information was removed. Interviews lasted no more than 60 minutes. Appendix A contains the semi-structured interview guide. This guide was iterative, meaning that it changed after the documents were reviewed and as the interviews progressed, since it became clear that some questions needed to be adjusted or added. The questions and additional probes for added depth were asked in a natural conversational flow that best suited the interviewee.

All participants were thanked for their time at the end of the interview and were asked if further contact for follow-up purposes regarding clarification of any ideas would be welcomed. Every participant consented to respond to a brief series of demographic questions, returning the

completed document to me via email. The demographic questionnaire, detailed in Appendix B, facilitated the identification of patterns across various groups of participants, enabling a deeper analysis. Shortly after each interview, I took approximately 15 minutes to note any major themes and ideas brought up during the interview.

Participants were compensated for their time since they could choose to participate in the interviews outside of their shift hours. To avoid having influence on whether participants chose to be interviewed during shift hours or outside shift hours, all participants, regardless of the option chosen, were compensated equally. Participants were compensated $30 in the form of a Shoppers Drug Mart gift card. This amount was selected based on a projection of the anticipated maximum and minimum hourly earnings for potential participants, including RNs and PSWs.

3.4 Data Analysis

To analyze the data gathered through the review of documentary evidence, I created a table to concisely capture key information from each document. The table consisted of descriptive information about each document, such as the document title, date and source, as well as the summary of findings. The summary of findings varied for each document, but predominantly featured definitions of key terms utilized in employee well-being evaluations and leadership development programs. The key terms provided me with foundational knowledge regarding the focus areas for well-being and leadership initiatives at Perley Health. Overall, this approach was intended to enhance my understanding of the leadership and SS context at Perley Health. It also helped me identify elements on which to delve more deeply during semi-structured interviews. Furthermore, I have compared the insights gathered from interviews with the data obtained during the initial review of documentary evidence. This approach served as a method to enhance the quality of collected data.

I analyzed interview data using Braun and Clarke's (2006) thematic analysis approach. Thematic analysis is a flexible research tool that provides a rich and detailed account of the collected data and is often used in case study research (Braun & Clarke, 2006; Mills et al., 2010). Specifically, I used an approach known as reflexive thematic analysis which differs from other thematic analysis approaches that emphasize the measurement of the accuracy or reliability of coding (Braun et al., 2019; Braun & Clarke, 2022). Reflexive thematic analysis requires conceptualizing themes as analytic outputs in coding as opposed to inputs, where themes are created from codes through active engagement with the data (Braun et al., 2019; Braun & Clarke, 2022).

The reflexive thematic analysis method implies that there is no need for a predetermined codebook or framework to oversee the analysis. Instead, it views analysis as a process of constructing meaning at the crossroads of the researcher, the dataset, and the contexts of both analysis and data. Instead of approaching analysis with the objective of uncovering truths, reflexive thematic analysis emphasizes the creation of meaning, thereby valuing subjectivity as a strength rather than a weakness or a potential source of bias (Braun & Clarke, 2022). Consequently, having a single researcher responsible for coding is considered good practice and aligns well with the principles of this method.

Through reflexive thematic analysis, themes are not considered preexisting entities within the data before analysis; instead, they are conceptualized through the process of analysis. Using this approach allowed me to identify, analyze, and report major patterns (i.e., themes) after I familiarized myself with the entire data set by reading and rereading the data (Braun & Clarke, 2006). I kept a reflexive journal where I noted my thoughts for subsequent reflection,

interrogation, and meaning-making throughout the entire analysis process (Braun & Clarke, 2022).

3.4.1 Coding and Data Visualization. I identified codes inductively, following data familiarization (i.e., becoming "immersed" in the data). Inductive codes differ from deductive codes (i.e., driven theoretically) in that researchers usually derive potential codes from established theories or concepts in the latter (Braun et al., 2019). Rather, I inductively derived codes from the information collected during the interviews relating to specific leadership behaviours that affect PSS. I identified and noted multiple points of potential analytic interest (Braun & Clarke, 2022). Individual codes were organized into sub-themes, which were further aggregated into themes, and finally culminated in overarching themes.

The hierarchical structure of themes, ranging from the smallest level to the largest, is as follows: (1) sub-themes, (2) themes, and (3) overarching themes. For instance, two codes, like defining roles clearly to employees and specifying the procedures for employees to request assistance from different departments, were categorized under the sub-theme of leaders communicating relevant information and providing clarification, as needed, to ensure the physical safety of followers in the workplace. This communication and clarification were then grouped into a theme of leaders ensuring clear and effective communication with followers, within the overarching theme of safety-promoting behaviours. The overarching theme allowed me to emphasize the significant role that safety played throughout the dataset.

To ensure coding consistently and systematically, I considered the level at which I identified themes. Given my constructivist perspective, which aimed to comprehend individuals' perceptions, I was particularly interested in uncovering latent themes that transcend the descriptive surface level. I aimed to delve deeper and identify themes that captured underlying

patterns and assumptions, necessitating interpretation to truly grasp their significance. For the purpose of this study, the behaviours of interest were those demonstrated by leaders (i.e., managers or supervisors) at Perley Health. Although some researchers focus on exploring leadership behaviours on a daily basis, this study defined leadership behaviours as "general patterns of consistent actions in a trait-like fashion" (e.g. 'my leader is generally caring towards me' as opposed to 'my leader was caring today') (Kelemen et al., 2020).

Initially, I used NVivo, a computer software to help me illustrate the large amount of textual data that I collected from interviews, which supported the categorization of data and generation of codes. I utilized NVivo for data management and code generation, complementing it with Microsoft Word for its commenting, highlighting and bolding features to further support this process (Braun & Clarke, 2022). The use of various colours in Microsoft Word greatly aided in drawing connections between different pieces of data and in identifying repeating patterns. This approach also proved effective for emphasizing significant quotations from participants that were particularly insightful. I then created a detailed thematic map on a large Bristol board to visually represent my entire analysis which included different levels of themes such as overarching themes, themes, and various sub-themes within them. The thematic map proved instrumental in helping me to make connections, interconnections, and disconnections between the data, following the methodology of Braun & Clarke (2022). This visual representation was later transferred into a table format within a Microsoft Word document.

3.4.2 Ensuring Correct Data Storage. Interviews were audio recorded and transcribed verbatim by Zoom for the virtual meetings, and by Microsoft Word for the one in-person meeting; I reviewed each transcription and fixed any minor discrepancies**.** All documents, including documentary evidence, interview transcripts, consent forms and notes were received

and kept in electronic form. Electronic data, such as typed notes and audio recordings, were securely stored on my password-protected laptop. Each participant was assigned a unique respondent number to ensure confidentiality. Identifying information from interviews and information from the demographic questionnaires were kept in a secure manner.

3.4.3 Ensuring Data Quality. Several techniques were used in this thesis to ensure data quality. Data quality is a multi-dimensional concept that emphasizes the depth, richness, and appropriateness of qualitative data, while ensuring that the analyzed data provides enough evidence to answer the research question(s) and can be evaluated based on criteria such as credibility, confirmability, reflexivity, etc. (Stenfors et al., 2020).

The first three techniques (i.e., data triangulation; strong rationale for selected methodology; comparing and contrasting information from multiple sources) all aimed to establish credibility, which is defined as the confidence in the 'truth' of the findings (Lincoln & Guba, 1985). First, I used data triangulation by comparing data from multiple sources (i.e., interviews and documents) to help ensure trustworthiness and reduce the probability for misinterpretations of the study results (Takahashi & Araujo, 2019). The use of documentary evidence established an initial knowledge base of the context at Perley Health, which qualitative interviews expanded and validated. Additionally, involving individuals with diverse roles on the care team facilitated the confirmation of evidence across different participant types. Second, I supported the study's credibility by providing a rationale for the methodology I selected. This included a justification for the case study approach and data collection methods, as well as well-thought-out inclusion and exclusion criteria for participant recruitment and document selection (Stenfors et al., 2020). Third, I compared the data collected from interviews with the information

obtained from the preliminary review of documentary evidence. This comparison revealed discrepancies between the objectives and focus areas of leadership training programs, as detailed in the documentary evidence, and the intended impacts of these trainings as perceived by employees, which were uncovered during the in-depth interviews. By highlighting evidence that contradicts the prevailing data patterns and themes, my analysis offers a more nuanced and authentic evaluation of leadership dynamics within a real-life, LTC context.

During the write-up of the study findings, I enhanced confirmability—defined as the degree of "neutrality or the extent to which the findings of a study are shaped by the [participants] and not researcher bias, motivation, or interest" (Lincoln & Guba, 1985)—by including direct quotes from participants (Stenfors et al., 2020). In reflexive thematic analysis, incorporating a range of data extracts, such as quotes from various participants, is a favourable practice to evidence the central concept of a theme, as well as others to illustrate the different facets of a theme's expression (Braun & Clarke, 2022). Moreover, vivid data extracts are used to tell the reader a coherent and persuasive story about the dataset, while effectively addressing the research questions. Ultimately, this allows the reader to see a link between the data and the findings.

Another technique to establishing both quality data and ensuring confirmability is to consider reflexivity (Lincoln & Guba, 1985). Reflexivity involves a deliberate focus on the process of knowledge creation, particularly on the influence of the researcher, throughout all stages of the research. In reflexive thematic analysis, reflexivity entails a disciplined practice where the researcher critically examines what they do, how and why they do it and the impacts and influences of this on their research (Braun & Clarke, 2022).

As a social being and critical thinker, I recognize that my standpoint on pertinent concepts, along with my past experiences and previously acquired knowledge, have all played a role in shaping my selection of a research topic, my approach to conducting this thesis, and my choices regarding the most appropriate methods and the significance of certain findings. However, these factors do not inherently lead to bias, as acknowledging and thoroughly reflecting on one's preconceptions allows researchers to mitigate potential biases (Lincoln & Guba, 1985). I acknowledge the inherent complexity of leadership and the LTC context as multifaceted phenomena. However, I believe that the unique position, perspective, and beliefs I bring to this research offer a valid and rich way to view these topics. Lacking personal connections to anyone in a LTC environment, my exposure to the experiences of staff within these settings is minimal, rooted primarily in my interactions with staff at Perley Health during this research. Such limited exposure risks skewing my analysis, as my interactions with senior management and the research team at Perley Health were notably positive, painting an overly favorable view of the workplace culture.

My academic background in health sciences, complemented by a minor in management, heavily colours my perspectives on mental health, well-being, the impact of the pandemic, and leadership within healthcare. This could influence my expectations on the optimal functioning of healthcare environments. As a student researcher focusing on health systems, particularly in the LTC sector, my direct experience is limited. This means my grasp of the sector's complexities might not be comprehensive, with much of my insight stemming from the research conducted for this thesis. Acknowledging these sources of influence, I endeavored to mitigate their impacts, encouraging critical engagement with my findings. One method of addressing this was through maintaining a reflexive journal throughout my research. This journal served as a space for

introspection on my methodological choices, the evolution of my personal values, and interests, aiming to enhance transparency and self-awareness as I navigated my thesis journey.

CHAPTER 4: FINDINGS

In this section, I present the findings of my documentary evidence review, followed by the findings of my semi-structured interviews.

4.1 Documentary Evidence Review

During my search for documentary evidence, I identified seven relevant documents that met the inclusion criteria. Subsequently, these documents were used to enhance my comprehension of the context and to refine the semi-structured interview guide. The documents are summarized in Table 1. All documents were authorized for use by Perley Health and acquired via key personnel within the human resources team and the care team with the help of the center of excellence and research operations team.

Table 1. Summary of Documentary Evidence

Document Title, Description, and Source	***Document Summary***
Title: Mental Fitness Index Snapshot Report: Perley and Rideau, 2021 **Description**: Presents and explains the aggregate results from the organization's 2021 Mental Fitness Index assessment **Source**: Key personnel within the care team	• Explains the importance of psychological health and safety (e.g., reduces risk of psychological harm and injuries and promotes mental health) • Describes how certain factors in life can drain one's mental fitness, while others can charge it. It describes the meaning of mental fitness and presents employees like batteries, where chronic health issues and work demands are some of the negative factors that can deplete one's mental fitness, while positive relationships, adequate sleep, and effective managers are some of the positive factors that can recharge it. • Provides useful information on the MFI assessment framework. The MFI assessment collects data on key factors, such as behavioural readiness, used to evaluate an organization's overall health and safety. • Presents the joint responsibility model which highlights the importance of both employers and employees taking responsibility for promoting and supporting mental health in the workplace. Employers can contribute by building trust with their employees, showing appreciation, ensuring clear roles, minimizing workplace conflict, and creating a sense of safety. Meanwhile, employees can prioritize their mental health by focusing on nutrition, building social connections, getting sufficient sleep, pursuing their passions, and more. • The MFI results are evaluated on a scale from 0 to 100 and are segmented into five charge categories. Scores between 80-100 are classified as thriving or 'charged', 70-79 as succeeding or 'charging', 60-69 as surviving or 'half-full', 50-59 as at risk or 'draining', and 0-49 as compromised or 'empty'.

	• A total of 237 respondents completed the MFI survey, 80% were female and 18% male. The employee experience score reflects “the degree to which the organizational environment contributes to a charged workforce” and has five factors.
	  o One of these factors is management and leadership, which refers to the influence of the organization's management approach and the skills of individual leaders at all levels. The score for management and leadership was notably low at 54%, indicating that most respondents are at risk and feeling drained. In this category, individuals may be experiencing prolonged stress that can have negative effects on their happiness, outlook on life and work, as well as their overall health. Symptoms may include increased stress levels, decreased work performance, conflicts with peers, absenteeism, and questions from managers regarding performance.
	  o Another relevant factor is culture, which refers to the organization’s commitment to promoting and monitoring core values, policies, and principles that define community expectations. The score for culture was also notably low at 54%, indicating that most respondents are at risk and feeling drained.
	  o The next relevant factor is strategic HR, which refers to employee learning and development, evaluation of job fit, and performance management. The score for strategic HR was 61%, indicating that most respondents are surviving. In this category, it is not uncommon for individuals to experience frustration and stress, which means that individuals often struggle getting through the day and often feel tired and energy depleted. Individuals with this profile may hesitate to seek assistance during difficult periods, leading to a delay in seeking help or

	sometimes avoiding it altogether. o The next factor is safety, which depends on employers facilitating training, and employee participation in risk management, and return to work protocols. The score for safety was 62%, indicating that most respondents are just surviving in this regard. o The last factor was not entirely relevant to leadership behaviours as it speaks to employee alignment such as employee persistence and self-advocacy, but also speaks to the confidence in their ability to communicate with their manager. The score for employee alignment was 56%, indicating that most respondents are just surviving in this regard.
Title: Fostering Well-Being Through Leadership, 2023 **Description:** Document for leaders that describes important factors on how to foster well-being through effective leadership; includes a case study exercise, provided by the Canadian Mental Health Association (CMHA) **Source:** Key personnel within the human resources team	• Interactive handout where leaders are asked to reflect on several dimensions of wellness (e.g., physical, social, spiritual, financial, etc.) • A case scenario is provided to leaders where they are asked to apply the CMHA Ontario's 3-Gear Model. The three parts of this model include awareness (i.e., noticing the situation), connection (i.e., seeking to know more), collaboration (i.e., working together) and a necessary pause throughout. The case provided presents a manager that notices an employee who has recently not been following through on his work commitments. The scenario then allows leaders to reflect on the different parts of the model while taking on different roles such as the manager, the employee and the observer. A debrief is then conducted where the observers provide feedback to group members. • Describes a dual continuum model for mental well-being by Westerhof & Keyes, 2021 [Horizontal axis: from the presence of symptoms of mental illness to the absence of symptoms of mental illness; vertical axis: from flourishing (i.e., optimal mental well-being) to languishing (i.e., poor mental well-being)]

	• Presents 15 psychosocial factors from the Mental Health Commission of Canada, 2013. The factors include balance, civility and respect, clear leadership and expectations, engagement, growth and development, involvement and influence, organizational culture, protection from moral distress, protection of physical safety, psychological demands, psychological protection, psychological and social support, recognition and reward, support for psychological self-care, and workload management. • Presents the continuum of moral stressors and harms by Litz & Kerig, 2019 (from moral frustration to mortal distress to moral injury) • Provides helpful information on available support for healthcare workers whose mental wellness has been impacted by COVID-19
Title: Perley Health Leadership Development Institute "Together We Improve" May 18th, 2023; Agriculture Museum - Experimental Farm **Description:** Describes the context and outlines the learning objectives and the agenda of one of Perley Health's Leadership Training Initiatives/Workshops designated for people leaders (e.g., supervisors and managers) in 2023 **Source:** Key personnel within the human resources team	• Key learning areas covered in the training include psychologically safe leaders, listening skills, and leader rounding • The timetable designates 30 minutes for a small group discussion on the topic of courageous authenticity. Courageous authenticity is characterized by the capacity of a leader to speak up about sensitive issues, confront problems that the group tends to avoid, manage difficult relationships, and express personal emotions and vulnerabilities related to a particular situation. The exercise presented to staff includes several questions for self-reflection, such as "On a scale of 1-5, how much do you agree with the fact that you speak directly on controversial issues?" • A few of the learning goals encompass refreshing knowledge on promoting psychological health and safety in the workplace, developing the abilities to navigate challenging conversations with peers and employees, highlighting the significance of empathetic listening to facilitate a sense of connection and ease the duties of a leader, educating teams on how to "Coach up" [i.e., occurs when

	employees “coach” or provide suggestions to their supervisor on how they can be best supported (Baynton, 2014)], and emphasizing the importance of self-care for leaders
Title: Perley Health Leadership Development Institute “Together We Improve” October 2023; Agriculture Museum - Experimental Farm **Description:** Describes the context and outlines the learning objectives and the agenda of one of Perley Health’s Leadership Training Initiatives designated for people leaders (e.g. supervisors and managers) in 2023 **Source:** Key personnel within the human resources team	• Key learning areas covered in the training include emotional intelligence and business planning, which differs from the previous leadership development initiative which focused on the psychological safety of leaders, listening skills, and leader rounding • Explains that emotional intelligence is important to understanding and effectively using emotions including your own and those of colleagues in the workplace • The training covers the topic of emotional intelligence, with a focus on its five dimensions. These dimensions include self-perception (which covers self-regard, self-actualization, and emotional self-awareness), self-expression (which covers emotional expression, assertiveness, and independence), interpersonal (which covers interpersonal relationships, empathy, and social responsibility), decision-making (which covers problem-solving, objectivity, and impulse control), and stress tolerance (which covers flexibility, frustration tolerance, and optimism).
Title: Coaching Up Reflection **Description:** Describes an exercise adapted from Coaching Up: Helping Your Supervisor Support You through Your Mental Illness (Baynton) and Supporting Employee Success (Arnold & Arnold, et al.,) presented to staff in 2023 **Source:** Key personnel within the human resources team	• Uses prompts to allow employees to reflect on how their manager or colleagues could help them feel more psychologically safe at work • The exercise involves checking boxes that apply to the employees and making notes to better understand oneself and prepare to ‘coach up’ • Some of the prompts in the exercise include: "I prefer to receive feedback in the following manner: Verbally, in writing, I prefer a heads up, etc." or "I feel most supported at work when..."

Title: Employee and Family Assistance Program **Description:** Describes important announcements and information regarding the Family Services Employee Assistance Program (FSEAP) communicated to staff via email in 2023 **Source:** Key personnel within the human resources team, the FSEAP website which can also be accessed via the Perley Health website	• The FSEAP aims to promote workplace wellness and aid both employees and families by keeping the workforce healthy, focused, and at work, by confidently managing crises and change, and by optimizing well-being, engagement, and productivity • Notifies employees of their new login credentials and password for accessing the FSEAP and the portal for online service requests • Several emails cover different topics related to promoting wellness such as making appropriate sleep schedules, helping a coworker make a change, getting emotional release from using the EAP, finding a path with career counseling, providing nutrition advice such as meal planning and describing the benefits of adding indoor plants to the workspace • FSEAP links from 2020 available on the Perley Health website regarding solutions on stopping bad habits, overcoming everyday anxiety, improving the relationship with your boss, making the most of a bad day at work, dealing with past trauma, keeping work stress from coming home, engaging in talk therapy for depression, grief, loss and the pandemic, dealing with parenting stress and COVID-19, managing workplace criticism, managing stress, and so on
Title: The Perley Rideau News – Spring 2021 Edition **Description:** Presents important announcements for residents, tenants, family and friends, staff and volunteers in a newsletter format from Spring 2021. The focus lies on the Health & Wellness section found on page 38 **Source:** Key personnel within the human resources team, can also be accessed via the Perley Health website (Perley Health, 2021)	• Provides a Health, Safety and Wellness update for readers • Explains the PEER2PEER support program, which was newly launched in February 2021. The program is designed to give employees a chance to speak with a fellow employee who is specially trained by a FSEAP psychologist, to discuss any concerns an employee may have. For example, discussing worries around scheduling, work stress, mental health challenges, and managing life during a pandemic, etc. The 20–30-minute, non-recorded, non-documented meeting is

	designed to be confidential and offer support to employees at any time. • Within this update, an email and phone number are provided to employees to easily access this support service

The documentary evidence played an important role in shaping my understanding of the context and informing the interview guide. It highlighted the organization's leadership development programs, the aspects of employee well-being that are given priority, and the available support resources at Perley Health. The documents offered several examples of leadership behaviours that were valuable for this thesis.

The first document provided insights into how employees are feeling mentally across several dimensions, potentially also affecting their perception of SS at Perley Health. The factors included management and leadership, culture, strategic human resources, safety, and employee alignment. Based on the scores, it was apparent that survey respondents felt either at-risk or just surviving mentally. These low scores revealed important areas where leadership behaviours could be leveraged to improve how employees are feeling, particularly in terms of how supported they feel. For example, the culture factor spoke to the importance of cultivating positive working relationships and was noted as a valuable method to boost one's mental well-being. As such, it was recommended that leaders direct their behaviours towards nurturing strong working relationships with their followers. Leaders were advised to prioritize establishing trust with their employees, showing appreciation, enhancing role clarity (which was important for decreasing stress levels), minimizing workplace conflict, and supporting employees' learning and development.

The second document provided leaders with training to effectively monitor situations with their followers, build a connection with them, and work together to find a solution, aiming to enhance followers' mental well-being. Some other actionable behaviours that were drawn out of this document included showing respect to followers, communicating clear expectations,

ensuring an appropriate workload, and ensuring safeguards are in place for the protection of both physical and psychological safety.

The third document emphasized the importance of leaders creating a sense of psychological safety for their followers through their actions. Documents revealed that courageous leaders should openly address challenging or sensitive issues, confront matters that others may avoid, navigate difficult relationships, and share personal emotions and vulnerabilities with their followers when appropriate.

The fourth and fifth documents emphasized the importance of leaders who understand the preferred approach and frequency of communication for their followers, engage in active listening, and demonstrate high levels of emotional intelligence, all of which contribute to promoting the overall health and mental well-being of followers.

The sixth and seventh documents highlighted the importance of leaders actively promoting and encouraging the use of support resources available to followers. Regular promotion of programs like FSEAP and PEER2PEER through email was highlighted, with a focus on providing updates on new features, accessibility credentials, and wellness-related topics. For example, including summaries in emails explaining how FSEAP services can assist with emotional relief and managing everyday anxiety was suggested as an effective approach. Given that many employees might overlook FSEAP links due email overload, perceived ineffectiveness, or time constraints, the documents pointed to the value of leaders summarizing key points and sharing them with their teams.

4.2 Semi-Structured Interviews

Ten individuals participated in interviews including two PSWs and eight nurses (RPNs and RNs). Due to the lower number of RNs in the organization as compared to RPNS and PSWs and a request by a participant, the number of RN participants is not reported separately. Table 2 provides an overview of the study participants, summarizing their roles and key demographic information as an average across all participants. Ten interviews were conducted between December 2023 and February 2024. Interviews ranged from 36 to 60 minutes, with a median interview length of 48 minutes. One interview was conducted in person and nine interviews were conducted virtually via Zoom.

Table 2. Overview of Study Participants

Demographic characteristic	Total *n* = 10	
	n	%
Role		
RPNs/RNs	8	80
PSWs	2	20
Age Group		
25-34 years old	3	30
35-44 years old	4	40
45-54 years old	3	30
Gender		
Man	2	20
Woman	8	80
Highest educational level		
High school/ Equivalent or college diploma	3	30
Bachelor's degree or higher	7	70
Employment Length at Perley		
Less than 6 months to 3 years	1	10
4 to 6 years	3	30
7 years or more	6	60
Employment Length in LTC		
Less than 6 months to 3 years	1	10
4 to 6 years	3	30
7 years or more	6	60

To provide context regarding the environment in which participants work, I present an overview of the most common challenges and stressors participants reported in their interviews that emerged during thematic analysis (see Table 3). I organized these into four categories: (1) leadership/organization-related (2) pandemic-related, (3) resident-related, and (4) psychosocial-related. Participants expressed that they are still coping with the psychological, mental, and physical impacts of the pandemic-related stressors. This categorization helps to illustrate the multifaceted nature of their experiences and the various factors that contribute to their overall well-being in the workplace.

Table 3. Most Common Challenges and Stressors Experienced by Participants Organized by: (1) Leadership/Organization-Related, (2) Pandemic-Related, (3) Resident-Related, and (4) Psychosocial-Related

Leadership/organization-related: *Stressors stemming from organizational policies, leadership decisions, or workplace dynamics*	**Pandemic-related:** *Stressors directly arising from challenges linked to the COVID-19 pandemic*	**Resident-related:** *Stressors associated with meeting the needs of residents in LTC*	**Psychosocial-related:** *Stressors arising from internal pressures, personal expectations, or individual challenges, influenced by social, cultural and environmental factors*
Issues obtaining time off and facing denied vacation requests	Experiencing poor mental health during the pandemic	Caring for residents with progressive illnesses, which poses challenges in understanding their needs	Navigating feelings of self-blame from being unable to perform at one's best as a nurse or PSW due to time constraints
Managing limited staffing situations	Coping with the impact of residents' deaths during the pandemic	Managing interactions with upset or frustrated family members of residents	Managing overwhelming amounts of information
Struggling to train new staff due to the extra burden of carrying the load of competent employees that quit	Dealing with feelings of self-blame regarding the death of a resident	Providing care to aggressive residents	Balancing workloads and dealing with being overburdened
Managing the challenge of documentation in LTC	Dealing with unclear communication during the pandemic which caused undue stress	Adjusting to a new unit with limited familiarity with the residents' individual needs	Coping with the anxiety related to uncertainty regarding what the day holds
Navigating the power distance between management and front-line staff in the workplace	Providing rushed care to residents during the pandemic		Experiencing financial strain
Managing a rushed and fast-paced environment	Encountering safety issues, such as the correct use of PPE		Struggling to maintain a healthy work-life balance
	Experiencing isolation during the pandemic		

	as a result of limited social gatherings		
	Handling the negative stigma in the workplace related to residents who have COVID-19		

I next present the findings of the interview analysis in four overarching themes: (1) relationship-building behaviours; (2) trust-producing behaviours; (3) safety-promoting behaviours; and (4) health-promoting behaviours. The four overarching themes are divided into ten themes, twenty-two sub-themes, and sixty-five codes, as listed below in Table 4. The codes categorized under each sub-theme illustrate specific behaviours that leaders in LTC can undertake to show support to their followers.

Table 4. List of Overarching Themes, Themes, Sub-Themes and Codes/Behaviours

Overarching Themes	**Themes**	**Sub-Themes**	**Codes/List of Behaviours**
Relationship-building behaviours	1: Showing genuine interest in employees as actual people	Interacting with employees in a friendly and welcoming manner to express a sincere interest in them as individuals	• Greet employees at the beginning and end of each shift by being present at every shift change • Give employees personalized greetings, tailored to show a genuine interest by inquiring about employees' families and actively following up on those matters • Extend special greetings during holidays
		Acknowledging and responding to the personal needs and concerns of employees	• Demonstrate empathy and attentiveness to personal matters affecting employees' lives • Implement impactful measures to support followers once a concern is raised
	2: Developing personal connections through sharing	Allowing employees to get to know their leaders beyond the surface-level	• Dedicate time to engaging in discussions with followers, fostering meaningful conversations organically • Share both likes and dislikes, offering a glimpse into individual personality traits
		Being vulnerable with followers	• Share personal experiences or relatable knowledge to help followers • Offer valuable lessons and points of caution based on past experiences with similar issues
Trust-producing behaviours	3: Treating employees with respect	Working *with* followers and *not above* them	• Help with feeding residents and setting the tables, especially during outbreaks or staff shortages • Treat followers as equals, specifically by avoiding a condescending tone in communication
		Consistently maintaining a balanced perspective in conversations	• Conduct thorough research and gather all relevant information from various sources before making a conclusion about any matter involving followers, particularly in situations where issues involve several employees • Stay open to diverse perspectives and avoid bias or one-sided views
		Upholding integrity	• Show sincerity in interactions with followers and in decision-making regarding them, avoiding excessive friendliness

			• Refrain from showing favoritism amongst followers
		Being considerate in communication	• Select words carefully when offering feedback to followers (e.g., instead of saying, "You did this wrong," one can rephrase it positively by suggesting, "You can try this approach for better results) • Incorporate positive language and maintain an optimistic attitude when communicating with followers
	4: Ensuring an open-door policy	Creating a safe environment where employees do not experience any fear approaching their leaders by encouraging open communication	• Encourage followers to voice their opinions during one-on-one and team meetings, with no negative repercussions • Avoid closely monitoring followers to pinpoint areas of underperformance in a way that instills fear • Keep office doors open as much as possible to enhance approachability and a sense of comfort • Consistently reassure followers that addressing their concerns is not a burden, even amidst other managerial responsibilities
	5: Believing in employees	Trusting employees as competent individuals	• Express confidence in employees' abilities • Avoid micromanagement, but remain vigilant to potential misuse of autonomy (e.g., individuals who frequently leave work early, shifting their workload onto others)
Safety-promoting behaviours	6: Ensuring clear and effective communication	Communicating relevant information and delivering clarification to followers when needed to ensure *physical safety* of followers	• Ensure clear and pertinent communication, particularly during outbreaks [e.g., communicate systematic outbreak protocols, provide guidance on the proper use of personal protective equipment (PPE), and offer regular updates on changing policies and health guidelines] • Define roles clearly to employees • Specify the procedures for employees to request assistance from different departments (e.g., create a manual outlining common issues and the appropriate steps to seek help)
		Promoting the availability and effectiveness of support resources to ensure *psychological safety* of followers	• Send regular email updates about the availability and accessibility of FSEAP • Remind employees in meetings about the presence and convenience of FSEAP • Highlight the advantages of the PEER2PEER support initiative through emails and in-person meetings

		Utilizing more face-to-face communication, when possible, to ensure *psychological safety* of followers	• Encourage and always provide the option for in-person discussions to prevent emotional barriers in communication through email • If emails are necessary, avoid discussing emotionally heavy topics; instead, schedule a meeting to address those matters • Simply inquire about followers' communication preferences either through a survey or in face-to-face interactions
	7: Prioritizing Employee Physical Safety	Ensuring safeguards are in place to protect employees physically	• Establish realistic deadlines and manageable workloads to maintain a safe work environment, minimize workplace accidents, and reduce stress levels (e.g., engage with team members to determine their preferred workload capacity) • Refrain from insisting on immediate completion of tasks, especially when followers have other responsibilities • If an employee is hesitant to work on an unfamiliar unit, consider facilitating exchanges with other staff members to enable the employee to work on a familiar unit • Ensure adequate staffing levels to the best of your capacity and regularly communicate this as a priority to followers • Communicate to followers that their safety is a shared responsibility involving both themselves and their leaders • Lead by example as a positive role model by demonstrating correct procedures and task performance during training
Health-promoting behaviours	8: Stepping in when needed	Taking initiative to help manage stressful situations by being more present in times of distress	• Step in to manage stressful investigations, particularly those involving family concerns about residents and ask followers where they need help • Offer assistance with staff reassignments to prevent the person responsible for them from being blamed for staffing shortages or the frustrations others may experience in unfamiliar units • Aid followers to come up with a plan to strategically manage and prioritize tasks during staffing shortages • Demonstrate increased availability during evening/overnight shifts by either being accessible in-person of by phone and avoid questioning decisions made when such support was not given

			• Increase frequency of interactions with followers by being more visible on the work floor • Facilitate training of new employees by introducing an effective and modified schedule to train new hires (e.g., relieve trainer of regular tasks by assigning a replacement to take over their usual responsibilities, and by offering resources to aid the trainee in their training)
	9: Showing genuine concern for the well-being of employees, extending beyond physical health	Ensuring that employees feel validated, heard, and seen	• Engage in active listening • Create a safe space (e.g., a private meeting room) for employees to openly share stressful experiences with each other or debrief • Schedule more frequent rounds or meetings with those who find it beneficial (i.e., changing from the existing semi-annual rounds to quarterly rounds and documenting the concerns and suggestions of employees) • Regularly follow-up with followers and schedule monthly mental-health check-ins, at a minimum (e.g., discussion in leader's office over coffee)
		Supporting followers' pursuits of professional development and providing avenues for career advancement opportunities	• Show an interest in followers' aspirations for professional growth (e.g., offer educational bursaries) • Understand followers' interests in development opportunities (i.e., their specific professional goals and what they find fulfilling) and then place them in roles where they feel fulfilled that are aligned with their objectives
		Offering flexibility in taking planned vacations or time off	• Approve the entire requested leave period to prevent disruptions in followers' planning • Provide employees with sufficient notice regarding decisions on time off (i.e., well exceeding the standard two-week period)
		Being proactive in showing a concern about employee well-being	• Exhibit a higher level of emotional intelligence to effectively and accurately identify stress signals in employees • Actively engage with followers to understand their emotions and experiences through meaningful and purposeful discussions • Contact followers via email or phone to inquire about their well-being if they are on a health-related leave of absence

			• Promptly address any concerns or issues regarding followers' performance by communicating with them, well before consequences are imposed
	10: Ensuring that employees feel recognized and appreciated	Demonstrating recognition, appreciation, and positive reinforcement *through daily actions*	• Provide more regular positive feedback to followers, particularly following or during difficult periods (e.g., “Keep up the amazing work!”) • Show appreciation by giving out more kudos cards to acknowledge achievements and motivate followers
		Demonstrating recognition, appreciation, and positive reinforcement *through appreciative monetary gestures*	• Offer complimentary coffee more frequently • Increase the frequency of planned meals, such as pizza lunches • Distribute thank you cards and chocolates, especially following challenging situations and during holidays
		Demonstrating recognition, appreciation, and positive reinforcement *through organized social events and public recognition*	• Commemorate staff achievements/milestones with pins after 5, 10, 15 years, etc. (consider increasing the frequency of awarding these pins to recognize staff every two years) • Increase the occurrence of social BBQ gatherings • Consider planning different social events for various times of the year in addition to summer gatherings • Recognize exceptional staff members as "Staff of the Month"

4.3 Relationship-Building Behaviours

The first overarching theme is relationship-building behaviours. All participants expressed how important it is to them that their leader is committed to building a strong working relationship with their followers. Within this overarching theme, there are two themes: (1) showing genuine interest in employees as actual people and (2) developing personal connections through sharing.

4.3.1 Theme 1: Showing Genuine Interest in Employees as Actual People

All participants shared how they value leaders who genuinely show an interest in them as actual people, not merely as employees, reflecting a clear commitment from leaders to prioritizing strong working relationships with their followers. When leaders show a sincere interest in employees and treat them as individuals, they provide both emotional support (i.e., showing care and compassion) and social companionship (i.e., giving a sense of social belonging). Participants reported that these behaviours were lacking within the organization, and desired a more supportive environment that where they feel valued and that prioritizes emotional well-being and mental health. To build strong working relationships, leaders must first prioritize and genuinely care about the relationship. This often involves dedicating time to get to know followers through social interactions, which exemplifies both forms of SS, as listed. One nurse highlighted the importance of a strong working relationship with their leader by stating:

> *I have a good mental health, and I find that the good relationship I have with my leader has contributed to that. I have a good working relationship with my leader and that is high on my list for good mental health.* (Participant 1, Nurse)

Participants said they want to see their leaders greeting team members at the start and end of each shift. This practice is a way to offer both emotional and social companionship support; it offers emotional support by creating a positive atmosphere and showing that leaders value their employees as individuals. Simultaneously, it fosters social companionship support by building connections and camaraderie within the team, creating a sense of unity and teamwork. One participant pointed out that these interactions rarely ever happen, stating:

> *Even just showing up at a shift change and seeing the ongoing shift leaving and the new shift coming on and saying, 'Hey, how was your day?' Just saying hi to us at the start of our shifts and bye at the end of every day would really encourage a sense of family. I think just being more present in itself is huge.* (Participant 4, Nurse)

Participants expressed the desire for personalized greetings and a genuine interest in their families, especially during holidays, as a way to cultivate a familial atmosphere in the workplace. Individualized attention not only offers emotional support through care and consideration but also enhances social companionship support by strengthening relationships and creating a sense of belonging within the team. Some participants noted that leaders in the organization generally do not adopt an individualized approach with employees, as illustrated by the participant's statement:

> *I mean, I'll see them walking down the hallways and they will say hi, but that is pretty much it. But to come see me and personally say "oh good morning, how are you? How is your day going?" That doesn't happen… Even on holidays, it would*

> *be nice for management to pull you aside and say, 'Merry Christmas, how's your family doing?' I would like to see that.* (Participant 7, PSW)

One participant shared that they were uncomfortable approaching their leader in situations where their personal issues affected their work life, expressing concerns about being viewed solely as a number rather than an individual. They also hesitated due to doubts about their leader's responsiveness, questioning the likelihood of any meaningful action being taken. This reluctance from participants could hinder strong working relationships between leaders and followers. The participant articulated:

> *Maybe I was having a day, but just the fact that they want to know how I'm doing, maybe that would make me feel better. But when you don't see your supervisor, or they do not come see how you are doing physically or mentally, it really ruins your whole day. Makes me feel like they don't even care to see how you are doing… I wish they would listen to us as a human, or as a person, not just as a number.* (Participant 7, PSW)

4.3.2 Theme 2: Developing Personal Connections through Sharing

Participants highlighted how much they value leaders who create opportunities for their followers to connect with them on a deeper level, moving beyond superficial interactions to foster more meaningful and genuine relationships. For instance, leaders can provide followers with insight into their distinctive personality traits by disclosing their own likes and dislikes. This form of connection requires leaders to actively invest in developing personal connections that extend beyond their professional lives, leading to the creation of strong working

relationships with their followers. Developing personal connections requires leaders to spend time engaging in conversations with their followers, which serves as a form of social companionship support. Through these meaningful conversations, individuals can develop bonds, establish rapport, and enhance their sense of belonging with leaders. One participant expressed the lack of personal connections through sharing with their leader by stating the following:

> *I don't even know who they are, and I've known them for so many years. I would really love to know more about my leader, like what they like and don't like.* (Participant 8, Nurse)

Participants appreciated leaders who showed vulnerability and offered support with personal issues, when appropriate. This vulnerability involves leaders sharing personal experiences, lessons, and/or relatable knowledge that followers can learn from. The sharing of such advice serves as a form of informational support (i.e., helping to define, understand and cope with a stressful event), by offering advice during a time of stress. Such guidance demonstrates a leader's commitment to nurturing a mutually beneficial relationship with their followers through the development of personal connections. One participant expressed a sense of relief after receiving advice from their leader during a tough period in their life by stating:

> *Like on a personal level during a rough patch, they were very supportive, but not overbearing… My leader is very intelligent and knows a lot of things outside of work and I remember they gave me advice on something which was stressing me out and that helped me. The fact that they have knowledge and were able to share that with me really took off a lot of stress on my end*. (Participant 1, Nurse)

4.4 Trust-Producing Behaviours

The second overarching theme is trust-producing behaviours. All participants noted the value of a leader's dedication to cultivating trust with their followers. Within this overarching theme, there are three themes: (1) treating employees with respect, (2) ensuring that there is an open-door policy, and (3) believing in employees.

4.4.1 Theme 3: Treating Employees with Respect

According to multiple participants, behaviours that communicate respect were key to establishing trust. Leaders who prioritize respect will collaborate with their followers rather than exerting authority over them. Other sub-themes include consistently maintaining a balanced perspective in conversations, upholding integrity, and being considerate in communication. Participants pointed out the value of receiving practical assistance from their leaders during times of crisis such as outbreaks and pandemics. This assistance from leaders during times of crisis is a form of instrumental support (i.e., assisting with practical tasks or meeting physical needs), as leaders are working to alleviate stress of their followers through the provision of tangible aid and services. For example, leaders can help with feeding residents and setting the tables. These specific behaviours build trust by demonstrating leaders' readiness to collaborate with their followers as genuine partners, highlighting a respect for their expertise and the value of each individual's contributions. One participant observed that employees formed stronger bonds with their leaders amidst the pandemic, noting how leaders made dedicated efforts to assist their followers during this challenging time, as elaborated below:

> *It's weird because the pandemic actually brought a lot of managers closer to their staff because they were on the floor. If we were short a PSW, they would come down to the dining room, put on PPE and help us feed. I find that it really opened a lot of the staff's eyes to see the managers out there on the front lines with us.* (Participant 4, Nurse)

Participants conveyed a desire for their leaders to reduce the perceived power distance between them while working alongside their followers. Minimizing hierarchical structures encourages leaders to respect the expertise, perspectives, and autonomy of their followers. As a result, followers may likely feel more inclined to trust their leaders, potentially leading them to be more open about discussing uncomfortable matters they might not have otherwise brought up. A participant highlighted that the separation between front-line staff and management creates discomfort in addressing certain matters.

> *Generally, I feel like there's a big divide between front-line staff and management, so it makes some things uncomfortable to address. I also feel like I shouldn't be the one pursuing to fix that, like I'm the employee.* (Participant 6, Nurse)

Also aligned with the above, participants said they want to be regarded as equals and not to feel inferior to their leaders. This desire for equality reflects the importance of respect in fostering a workplace environment where all team members feel valued, respected, and empowered to contribute effectively. A leader who respects their followers as individuals, irrespective of their position, cultivates mutual respect and trust within the leader-follower dynamic. Considering someone as an equal provides social companionship support, nurturing a feeling of inclusion and belongingness in a social setting. A participant noted that their leader

considers them equals and emphasized their use of a non-condescending tone in communication as a practical way to embody this viewpoint.

> *Everybody should be equal in everything, but there is a hierarchy. My leader does not treat us like they are up here, and we are down here. They talk to us like equals, not in a condescending way or in a way that seems like they are talking down to us; not like 'you have to do what I say' kind of thing. They are very good about not doing that.* (Participant 5, Nurse)

Another sub-theme is leaders maintaining a balanced perspective in their conversations with their followers. This can include a) steering clear of jumping to conclusions without all relevant information and details on a certain matter, especially in situations where issues involve several employees and b) avoiding being one-sided or biased and instead, remaining receptive to diverse viewpoints. The first point demonstrates a leader's commitment to thorough understanding and fair assessment before drawing conclusions which shows a high level of respect towards followers. The second point demonstrates a leader's willingness to consider differing perspectives, which can create an inclusive environment where all voices are valued and respected. Both points mentioned above are forms of emotional support, centering on leaders establishing a compassionate and empathetic environment that emphasizes active listening, understanding, and validating employees' emotions and experiences. This acknowledgment and responsiveness to individuals' emotional needs help build trust by showing respect. The first quote below underlines the need for leaders to prioritize listening to employees rather than resorting to accusatory behaviours and the second quote illustrates a positive encounter where the participant's leader consistently listens to their viewpoint without showing bias.

a) *If we've done something wrong, it should never come out as accusatory or condescending. It should be a conversation, and they should hear our point of view*. (Participant 5, Nurse)
b) *Our leader is not one-sided or biased, they try to hear out your perspective, always.* (Participant 2, Nurse)

Participants also noted that leaders should uphold integrity. The two elements of integrity that were mentioned by participants include a) sincerity in both interactions and decisions, while avoiding excessive friendliness and, b) the avoidance of favoritism. A leader who demonstrates respect for their followers by being sincere and impartial upholds integrity. Respect is a reciprocal relationship, and when a leader displays sincerity towards their followers, mutual respect is established between leaders and followers. Sincerity reflects the authenticity and honesty of leaders, showcasing a genuine concern for their followers, which serves as a form of emotional support. Regarding the avoidance of favoritism, respect plays a crucial role, as showing a preference for one individual over another indicates a lack of respect for the less favoured individual's true value and contributions. When leaders refrain from displaying favoritism among their followers, they communicate that each individual is valued for their unique qualities and worth, demonstrating emotional support in action. The first quote emphasizes the importance of leaders maintaining sincerity in their interactions with followers, while the second quote depicts a negative encounter where the participant remembered a past leader who showed favoritism, leading to feelings of discontent.

a) *I don't want my leader to be overly friendly to the point where it does not seem sincere at all. So, there is that aspect of sincerity, which is really important*

because it's almost worse right? I would prefer nothing than insincerity. (Participant 8, Nurse)

b) *I had one leader that played favourites all the time which I don't like at all.* (Participant 5, Nurse)

Participants emphasized the value of considerate leaders. A leader who is mindful of their impact on followers through their words and actions demonstrates a high level of respect. One participant suggested that leaders exhibit consideration by selecting their words thoughtfully when providing feedback (e.g., instead of saying, "You did this wrong," one can rephrase it positively by suggesting, "You can try this approach for better results). This intentional word choice reflects empathy and care, offering a source of emotional support. The participant pointed out that leaders should use considerate language during interactions, stating that:

> *Communication is so important with people. The way things are said makes a difference. You can say one word and say it five different ways and it means ten different things. So, it's all in the way that you bring information to people that they're either going to take it as positive or negative. Like it's good not to use negative undertones, like don't, shouldn't. Instead, let's try this rather than don't do it that way. It's all about how it's presented, and I find when a positive attitude is used, people really are more accepting of it.* (Participant 4, Nurse)

4.4.2 Theme 4: Ensuring an Open-Door Policy

Beyond respect, another key aspect contributing to the establishment of trust between leaders and their followers is the implementation of an open-door policy in the workplace. An

open-door policy means that leaders are readily accessible to employees for communication and feedback. An open-door policy establishes trust by promoting transparency, accessibility, and open communication. It empowers employees to share ideas and concerns, resolves conflicts promptly, and demonstrates leadership's approachability, all of which cultivate trust. Ensuring an open-door policy can be actioned in many different ways. One approach is for leaders to create a safe environment by encouraging open communication, reassuring followers that they can approach their leaders without fear. An open-door policy means that employees can feel safe and secure expressing their thoughts, concerns, and ideas without fear of negative consequences. The comfort derived from followers being able to openly address concerns with leaders acts as emotional support, aiding individuals in managing their emotions and finding reassurance and relief. Participants placed an emphasis on avoiding negative repercussions from their leaders when expressing concerns, particularly safety-related issues, as exemplified by a participant who expressed discomfort while recounting a situation where they felt penalized by their leader.

> *We should be able to bring up safety concerns without feeling like we will be penalized for what we say or even when giving feedback to leaders.* (Participant 6, Nurse)

Participants expressed the desire to work in a fear-free environment, where they do not feel the need to maintain a low profile at work (e.g., hide from leaders) to avoid confrontation. Employees feeling that they are on a leader’s radar at work and being monitored or watched can create a sense of fear and discomfort, as they may feel scrutinized without an opportunity for open communication. Instead, leaders should encourage followers to address concerns openly,

seek guidance, and share feedback with leaders without the fear of being monitored. The notion of being watched and "on the radar" is illustrated below:

> *Other people at Perley have said that management has this thing, like a radar. It's kind of like they don't see you as an effective worker or you have a record of not meeting their standards, they will put you [on their] radar. So, as long as I'm not [on their] radar, I'm already happy.* (Participant 2, Nurse)

Illustrating the practice of maintaining a low profile, one participant explained that they seek to avoid rather than confront their direct supervisor at work by stating the following:

> *We try to keep everything quiet. I try to stay in the corner. I just do what I have to do to survive, so I just try to stay in my little corner. Anything they ask, I'll do. I don't want to be in the way of anything. We are just afraid that something's going to happen, and they won't see it the way everybody else sees it. I tippy toe to avoid them about a lot of stuff. I'll try to avoid them as much as possible.* (Participant 7, PSW)

In line with ensuring an open-door policy in the workplace, participants highlighted that leaders should work hard to cultivate a workplace atmosphere that encourages open communication about both personal and professional issues in a judgment-free zone. This results in emotional support as it conveys acceptance of followers' individual perspectives and ideas, fostering a sense of validation and understanding. One participant shared a positive experience with their leader, noting the absence of judgment when expressing concerns and advocating for residents' rights.

> *At least at Perley, you can voice your concerns, and they don't judge you. We are very open in conversation. You can openly communicate the rights of residents and advocate for them.* (Participant 3, Nurse)

Concerning non-work-related issues, one participant shared favourable interactions with their leader where they felt supported. This participant was provided instrumental support by their leader, granting them extra time to address their stressor without the need to worry about any challenges related to staffing shortages that could have arisen from that support provision.

> *I've had nonwork-related stresses that I've asked my leader for help with, and they've always been so great and supportive. They let us know that we can deal with what we need to do and that they will figure it out here.* (Participant 5, Nurse)

Participants also noted that they want to see their leaders keeping their office doors open as much as possible. This practice helps to build trust by fostering approachability.

> *If leaders keep their office doors open whenever possible, it will really make them more approachable. If the office is locked, no one is going to know they are there and if the door is closed, it's not very welcoming*. (Participant 4, Nurse)

Maintaining an open-door policy also requires leaders to dispel the notion that addressing employees' concerns would be perceived as bothersome or burdensome. This involves creating an environment where employees feel encouraged and welcomed to voice their thoughts, feedback, and challenges without the fear of being a nuisance. By actively working to dispel this perception through reassurance, leaders show a willingness to listen, support, and validate the emotions of their employees, which is yet another form of emotional support. A participant

shared that they do not want to impose on their already busy leaders, leading them to refrain from seeking leader guidance and support unless it was absolutely necessary.

> *I always thought that going to your manager means it has to be absolutely necessary because you don't want to bother them so much because they're so busy doing Ministry of Health things or dealing with family complaints. I have an idea about what they do, but I'm not too sure either, but I figure they are very busy and for some things, I don't want to go to the manager and bother them*. (Participant 9, Nurse)

4.4.3 Theme 5: Believing in Employees

Participants pointed out that leaders should have faith in their followers. In particular, the trust that leaders place in their employees as capable and competent individuals was emphasized. It was seen as essential that leaders demonstrate confidence in their followers' abilities and communicating this confidence to them. Ultimately, leaders who demonstrate trust in their employees' skills, knowledge, expertise, and more, offer emotional support by validating and reassuring followers. In the following quote, a participant shared their appreciation for being treated like a competent employee who was capable of performing their job effectively.

> *I actually really like my leader, and the reason is because they treat the whole team with respect. They treat us like adults who know how to do their jobs. They pretty much let us do what we have to do within obviously the confines that are on them, as well.* (Participant 5, Nurse)

Similarly, participants articulated that it is crucial for leaders to steer clear of micromanagement. The crucial balance lies in leaders being supportive without being excessively controlling, while remaining vigilant for any potential misuse of autonomy. This idea is highlighted as a participant appreciated the lack of micromanagement from their leaders but expressed apprehension about certain colleagues possibly misusing this freedom.

> *My leader is very good at letting us manage our own time. They don't micromanage. They oversee us, and if there is a problem, they talk to us, but they have always treated us with so much respect, and I appreciate that… But in some ways, I would like them to not micromanage but maybe to keep tabs on what we are doing. We are all grownups but sometimes people take advantage of the absence of micromanagement.* (Participant 5, Nurse)

4.5 Safety-Promoting Behaviours

The third overarching theme is safety-promoting behaviours which refers to behaviours that fostering a safe work environment for followers. Within this overarching theme, there are two themes: (1) ensuring clear and effective communication, and (2) seeking out the best interest of employees.

4.5.1 Theme 6: Ensuring Clear and Effective Communication

Participants highlighted the need for clear and effective communication from their leaders. Leaders ensuring clear and effective communication can promote physical safety in the workplace by reducing misunderstandings, raising awareness of safety practices, encouraging prompt reporting of concerns, and fostering trust between employees and management.

Participants shared that they want their leaders to know how much they value clear and pertinent communication during outbreaks. For example, employees expect informational support from their leaders during outbreaks, including establishing and conveying systematic outbreak protocols, including guidelines on the appropriate use of personal protective equipment (PPE) and regular updates. In addition to informational support, this represents instrumental support through the provision of physical PPE materials, demonstrating tangible assistance to help individuals manage and navigate challenging situations effectively. A sentiment echoed by many participants highlighted frustration with leaders' unclear communication during the pandemic, as exemplified by one participant:

> *First of all, there's no clear communication and the system is not easy. The protocol that they applied to us, like the infection prevention control, how to wear the PPE, how to remove it… there was no systemic protocol during the pandemic. I know they're adjusting, and they are having a trial to see what works best to mitigate the infection, but it was not very clear.* (Participant 2, Nurse)

Furthermore, participants shared that they want their leaders to effectively communicate and define role expectations to employees. Clear communication and role clarity is an example of informational support, and can enhance safety by outlining responsibilities, expectations, and boundaries for each individual. This, in turn, strengthens accountability and coordination, ultimately fostering a safer work environment. One participant expressed feeling overwhelmed by colleagues who consistently burden them with tasks, making it challenging to fulfill their own responsibilities due to unclear role expectations:

> *Sometimes I feel taken advantage of by other staff and I don't even have time to do my own job fully. Some staff ask for too much or they have very high expectations. I didn't get that support from my leader when I felt that every employee was telling me to do something different.* (Participant 9, Nurse)

Furthermore, participants emphasized that providing clear procedural instructions for requesting assistance from various departments enhances effective communication. They mentioned that this clarity boosts their confidence in knowing the correct channels and timing to seek help, illustrating the importance of informational support in fostering communication. A participant highlighted that a guidebook on where and when to seek help would benefit new staff, illustrating instrumental support through the provision of tangible resources for assistance:

> *Staff should know when and where to go when an issue arises; a book with examples given to new staff would be helpful where the steps are clear. This will help to boost confidence. I feel very confident in going to the right department because I know where the resources are and peoples' roles. You really need to forward concerns to the right department, the right person, and to the right authority.* (Participant 3, Nurse)

In the context of promoting psychological workplace safety, leaders can effectively communicate the availability of support resources. Providing this information serves as a type of informational support and is important in addressing concerns expressed by several participants regarding the insufficient awareness of essential support resources such as the FSEAP and the PEER2PEER program.

> *I do not think many people are aware of the support resource programs that Perley has*. (Participant 6, Nurse)

One participant expressed disappointment that they did not know about the valuable support resources sooner, considering the positive impact they felt:

> *I wish I knew about the EAP earlier, or that it even existed and to actually go and find it because it is very helpful for someone to talk to during stressful times.* (Participant 9, Nurse)

Lastly, some participants emphasized their preference for leaders to engage in more face-to-face communication whenever feasible. Ultimately, participants conveyed that relying primarily on email communication creates emotional barriers to effective communication. Although, if emails are necessary, leader should avoid discussing emotionally heavy topics; instead, scheduling a meeting to address those matters. One participant said:

> *It's not necessarily a negative thing, but sometimes it's hard to know how to respond to some emails because when I read them, they can be emotionally heavy… but I am comfortable approaching my leader in person. I feel comfortable raising my concerns in person.* (Participant 2, Nurse)

4.5.2 Theme 7: Prioritizing Employee Physical Safety

Participants valued when leaders genuinely looked out for their best interests. In doing so, leaders convey to their followers that their physical safety is of utmost importance. To demonstrate this commitment, leaders can ensure the presence of appropriate safeguards to

protect employees. The first safeguard involves setting achievable deadlines and ensuring safe workloads and conditions. Achieving this may necessitate a participative approach, allowing followers to communicate their requirements for a safe working environment. Leaders should also refrain from insisting on immediate completion of tasks, especially when followers have other responsibilities. One participant voiced frustration and disappointment, feeling that their leaders expect them to work incessantly, without regard for safe workloads. The participant's desire for balanced work expectations and consideration for safety indicates a need for practical support or interventions to address these concerns effectively, which is a form of instrumental support.

> *I feel like just treating staff like they're humans, like they're people. Not like people who need to do work and if they can't do work then they're bad or whatever. Just treating it like a regular professional workplace where people should be allowed to have safe workloads.* (Participant 6, Nurse)

Several participants highlighted the difficulties they faced when assigned to a new unit due to staffing shortages. Challenges typically arose from having to care for unfamiliar residents, leading to inefficiencies in their caregiving duties as they were not accustomed to working with these residents. These challenges also posed risks to employee safety, particularly when dealing with new, potentially challenging residents requiring lifting and transportation. One participant mentioned this issue to their leader and collaboratively found a solution to overcome the challenge. This solution involved their leader facilitating an exchange with another staff member to enable them to work on a familiar unit. The participant shared this positive outcome by stating:

> *I have a fantastic supervisor, I talked with them, fortunately they were in office and then they came up with a solution and switched me with someone that has worked on that unit before.* (Participant 10, PSW)

The example mentioned above highlights only one common challenge shared by participants. Some challenges, as presented in Table 3, such as accommodating staff to avoid unfamiliar units, can be addressed by leaders. On the other hand, challenges like helping staff manage feelings of self-blame due to time constraints affecting their nursing performance are beyond the direct control of leaders.

Leaders prioritizing the safety of their followers should also ensure the presence of necessary safeguards, like sufficient staffing. This proactive measure contributes to enhancing workplace safety and fostering a culture of care and safety. One participant expressed concerns about being viewed as replaceable by leaders:

> *I still don't feel that we have the reassurance that things are in place to make sure we have a safe day or adequate staffing. I feel like staff are just seen as replaceable.* (Participant 6, Nurse)

Participants expressed that they do not feel that their leaders share a collective responsibility for their safety, and thus do not prioritize employees' best interests. Had there been a joint responsibility established for employee safety between a leader and their employees, it would have clearly signaled the leader's dedication to fostering a culture centered on safety and well-being within the organization.

> *I guess I realized that it's up to us. We can't expect to have the protection that maybe we thought we had… I think we have all just normalized coping mostly on our own, pretty independently.* (Participant 6, Nurse)

Finally, participants highlighted that their leaders should serve as positive role models and showcase the correct procedures for performing job tasks during training sessions. This practice demonstrates leaders' strong commitment to their employees' best interests by ensuring that safety measures, including effective training sessions with best practices, are provided to employees to perform tasks correctly, without posing any unnecessary risks to their followers. Role modeling safe practices at work is primarily an example of informational support. By demonstrating and modeling safe practices, leaders provide valuable information and guidance to their followers on how to maintain a safe working environment. This type of support offers practical knowledge that help employees understand the importance of safety protocols and how to implement them effectively. However, it can also be considered a form of instrumental support to some extent. Role modeling safe practices not only informs employees but also equips them with the necessary skills and tools to prioritize safety in their work routines. One participant recalled their leader's guidance and role modeling of best practices during training sessions:

> *Also, during the training sessions, [the leader was] the one who came forward and gave us hands on training of how we do the reporting procedures on the residents and how we come up with some of the monitoring things… like we have to do a lot of the behaviour monitoring, and we monitor their activities of daily life. So, they came forward and they gave us full training on how exactly we would do this in a real-life situation, so you know how to do it correctly. Normally*

it's very rare that the supervisor will have a lot of time for trainings. So, that type of leadership style can be seen at Perley and that is why it is one of the best organizations to work at. (Participant 10, PSW)

4.6 Health-Promoting Behaviours

The fourth and final overarching theme is health-promoting behaviours. All participants emphasized the need for leadership behaviours that promote their overall well-being and mental health. Within this overarching theme, there are three themes: (1) stepping in when needed, (2) showing a genuine concern for the well-being of employees, and (3) ensuring that employees feel recognized and appreciated.

4.6.1 Theme 8: Stepping in When Needed

In the context of exploring behaviours that enhance health and overall well-being, participants noted that leaders should step in when needed. Specifically, participants appreciate when leaders take initiative in managing stressful situations such as investigations involving family concerns. This is but one example where a leader can intervene when needed, showcasing instrumental support through tangible acts of service that offer practical assistance to followers in addressing challenges. A participant conveyed appreciation for their manager's support:

I appreciate management's support during ongoing issues with families. Sometimes it gets to the point where staff do not have the time to answer calls all day from family so [management] will say, "just forward it to us". That is an example of a big stressor for staff that [management] helps to take on.
(Participant 6, Nurse)

Participants also highlighted the need for leaders to offer assistance with staffing, a practice that was notably lacking. They expressed a sense of relief and decreased stress when leaders provide support with staffing, especially in the context of reallocating individuals to different units. This type of support falls under informational support as it offers guidance on navigating stressful situations and avoiding conflicts with other staff members, as described by a participant below:

> *I would really appreciate if leaders stepped in to help with staffing because moving people around sometimes results in conflict. Sometimes even just starting the day off like that is just stressful. The unfamiliarity with units makes it hard and causes tension because sometimes staff get upset with decisions made because all units are short.* (Participant 9, Nurse)

Leaders who step in when necessary, have to demonstrate increased availability during challenging moments for their followers. In particular, leaders who guide their teams on prioritizing care during periods of understaffing are considered highly resourceful. This form of support aligns with informational support, as leaders provide advice on task management and prioritization during staffing shortages which can help to reduce stress and prevent staff burnout. While some leaders may provide some guidance and support during challenging times, participants expressed a desire to see more of such assistance.

> *I feel like leadership should step in and help us figure out how to prioritize care and how to get through staffing shortages safely. That just does not happen.* (Participant 6, Nurse)

Another way leaders can step in when necessary and demonstrate increased availability during times of distress for their followers is during evening/overnight shifts. Some participants shared difficulty navigating challenging situations with residents when leaders were not on duty and disliked when leaders would later question their decisions in the absence of leader support. Multiple participants shared a collective desire to have managerial support during evening shifts, by phone or in-person, as demonstrated by this quote:

> *We would really appreciate if they could provide us with managerial support during the evening shifts. Someone that we can rely on when challenging situations arise. We already have like an admin on call, on the phone, but we would rather someone that will really be our manager during our shift.*
> (Participant 2, Nurse)

Participants shared that their leaders could demonstrate that they are stepping in during a time of distress by increasing the frequency of interactions between followers and leaders, particularly by leaders increasing their visibility on the work floor. Some participants mentioned that their leader's mere presence can reduce their stress by increasing their leader's understanding of what is happening within the units.

> *I feel if we saw them more, like if they were around more, especially on the floor, interacting with staff, it would go a long way to prevent our stress. I think just being more present would really make a difference with people's mental health.*
> (Participant 4, Nurse)

Leaders can exhibit support by stepping in when necessary to aid their team in facilitating the training of new employees. One participant suggested that leaders may need to step in to modify schedules and devise a training plan that suits both trainees and staff. The participant highlighted challenges related to training new hires and advocated for leaders to address this concern. The participant's suggestions would be regarded as an instance of informational support, where the trainer receives assistance in managing a stressful situation, as well as an example of instrumental support, where the leader is expected to provide tangible support by relieving them from their regular tasks, potentially assigning a replacement to take over their usual responsibilities, and by offering resources to aid the trainee in their training.

> *Training in long-term care is not the greatest because of the staffing shortages. When the buddy shifting happens, you are overwhelmed and under pressure. So how can you train new people? The trainee gets information overload, and they don't get proper training. My solution would be to free the trainer from regular work during that time. You can also provide more resources to train new people, like courses, modules, education, and more buddy shifts. We need to prepare the new staff in terms of administration of medication, in terms of treatments, in terms of conflict management, and critical thinking.* (Participant 3, Nurse)

4.6.2 Theme 9: Showing Genuine Concern for the Well-Being of Employees, Extending Beyond Physical Health

All participants communicated valuing leaders who authentically care for the well-being of their followers, with many expressing disappointments in the extent to which they experience this care from their current leaders. Participants communicated the need to be validated, heard,

and seen. Participants believed that this could be achieved by their leaders engaging in active listening, creating a safe space for employees to openly share with each other or debrief, scheduling more frequent meetings, and conducing monthly mental-health check ins. Through active listening, leaders provide emotional support by dedicating their full attention, displaying empathy, and showcasing an understanding of their followers' emotions. This practice validates followers' feelings, fostering a sense of comfort, as described by one participant:

> *I really want my leaders to actively listen to my concerns, not just to hear them. When there is a conflict between staff, I would love to feel heard and supported. I want my leaders to be engaged and to really listen, so I don't feel alone*. (Participant 8, Nurse)

Leaders can designate rooms for employees to meet privately for debriefing sessions, directly offering emotional support by prioritizing their followers' mental well-being but also indirectly facilitate support by enabling followers to seek emotional assistance from their peers. This approach also allows for social companionship to flourish, as followers begin to feel a sense of belonging and connection with others. One participant expressed their desire for a safe space by stating:

> *We don't have a safe place to vent. I would really like a safe place to vent as a group and talk about how we are doing as individuals*. (Participant 7, PSW)

A leader's authentic care for their followers' well-being can be demonstrated by scheduling more frequent rounds or meetings with those who find it beneficial. Leader rounding is a structured method of engaging with employees individually to gather feedback on decisions

impacting their roles and to understand how the organization can enhance its operations. Several participants said they would prefer quarterly rounds instead of the existing semi-annual rounds. Given that these rounding meetings necessitate leaders to gather feedback, suggestions, and insights from followers, they encompass elements of both informational and emotional support. In this context, it can be viewed as informational support as leaders seek their follower's input to enhance decision-making processes. Simultaneously, it provides emotional support by showing employees that their opinions and perspectives are valued. One participant expressed the effectiveness of these rounds and desired to have them conducted more frequently

> *I find my manager will jot down notes of my concerns and my suggestions [during rounding meetings] and it seems very effective to me. I think quarterly would be okay too, because before it was like that. Now, I find it's every 6 months.*
> (Participant 2, Nurse)

Authentic care for well-being can also be exhibited by leaders through consistent follow-ups with employees. Participants recommended that leaders should schedule monthly mental health check-ins with their followers at a minimum. A couple of participants desired for their leaders to check in on them both professionally and causally, taking a genuine interest in their well-being at a deeper level. One participant revealed disappointment in solely being approached by their leader during challenging situations, preferring regular coffee sessions in the leader's office to talk about any subjects on their minds. In this scenario, this can be perceived as a form of emotional support, effectively showing the individual that they are valued and providing an opportunity for them to express their thoughts. Furthermore, it demonstrates an instance of social

companionship support by encouraging a feeling of inclusion and ease through casual discussions about personal topics that hold significance for the employees.

> *If managers only come see you when something is not right, it seems like they don't care to see how you are as a mental person, they only see you as an individual. I would love for management to just once a month tell you to bring a coffee to my office and let's sit down and talk for 20 minutes and see how you're doing as a professional and as a person. So least that way I could vent, and I would feel better… I find it funny when they talk about mental health. We are dealing with mental issues at work because it's a stressful job, but there's nothing coming from management about mental health for the staff. Management never calls you into their office to be like so how are you today? How's everything going with you?* (Participant 7, PSW)

Additionally, several participants pointed out that leaders should support their followers' professional development and provide avenues for career advancement opportunities. Many participants expressed how furthering their own studies keeps them motivated and is conducive to promoting their mental health. Therefore, when leaders show an interest in their followers' aspirations for professional growth (e.g., with educational bursaries), they demonstrate a sincere concern for them. Leaders can play a role in nurturing career progression and professional growth by talking with their followers about their professional objectives. This approach involves leaders offering emotional support by encouraging followers to voice their aspirations, creating a sense of recognition and validation. One participant envisioned the positive outcomes

that could arise if leaders took the time to understand their followers' skills and preferences, leveraging them in ways that benefit both the individual and the organization.

> *It would be nice for leaders to really get to know staff and their qualities because that's a win-win for both people… like "Oh, you're really good at speaking with families, or you're really good at being able to get the residents to take their medication…so let's find out how you can help other people!" … Then, the person feels good because they're doing something that they love and that they're good at.* (Participant 8, Nurse)

Leaders can also support their followers' professional growth by enabling them to partake in continuous professional development through workplace training initiatives. One participant, in particular, shared their positive encounters with a leader who provides training resources and mentors staff, especially in handling challenging situations, empowering them to address issues they previously found overwhelming. This instance illustrates informational support as followers receive guidance to address stressful situations, along with instrumental support in the form of tangible training resources.

> *They [direct supervisors] give you trainings whenever you need and they are great at coaching, facilitating, and mentoring staff. They give you training on how to cope and work under stress. Also, trainings on how to deal with emotional and ethical challenges are valuable*. (Participant 3, Nurse)

All participants shared a desire for leaders to offer flexibility in taking time off. Several participants emphasized the consequences of denied time-off requests, noting the negative

impact on their overall well-being and mental health as it hinders their ability to prioritize important aspects of their lives (e.g., time away from work to relax, participating in family events). Participants were specific in articulating what they need from their leaders: a) understanding that denied vacations can cause frustration for employees, especially when employees see their own leaders on vacation while they have been denied the opportunity to take time off, b) approving the entire requested leave period to avoid disruptions in planning, and c) providing employees with sufficient notice regarding decisions on time off.

a) *It's actually very painful when you see the note on the door saying, "on vacation" and yours has just been denied. It's very crushing.* (Participant 8, Nurse)
b) *So, you feel stuck when your time off is denied. It affects our life. It affects our families. It affects our culture. It affects our celebrations. It affects our mental health, too. At one point I considered giving up my job; I can't continue like this anymore. Sometimes, a job becomes secondary compared to your personal health.* (Participant 3, Nurse)
c) *Having your request reviewed only 2 weeks before your desired time off is very distressing… like I'm trying to plan my life outside of work and when we are not getting a response within a reasonable time, it is a challenge. Like you don't know if it is a yes or no until 2 weeks before you want to leave somewhere. This was enacted because of COVID but the habit continued... We can't afford to book a vacation like that.* (Participant 6, Nurse)

Participants pointed out various ways in which they believe their leaders could demonstrate more proactive behaviours to help them manage their stress. Proactive behaviours involve any actions in advance of a future situation, rather than behaviours that react to a situation. One way leaders can proactively demonstrate concern for their followers' well-being is by reaching out via email or phone to inquire about their status if they are on a health-related leave of absence, even if it is unrelated to work. This approach ensures that leaders are not waiting for followers to return to work or request support during their leave but are instead taking the initiative to show genuine concern by checking in on their current state. Emotional intelligence plays a key role in this proactive approach, as it involves engaging with followers and understanding their emotions and experiences through meaningful conversations. One participant highlighted how valuable it was when their leader reached out to them during their health-related leave, underscoring the impact of such proactive concern:

> *It really had to do with my personal life and my health, but I was able to discuss something with my manager, and I genuinely appreciated her. I requested a leave of absence because something suddenly happened with my health… She even called me and emailed me. She really did look concerned about me.* (Participant 2, Nurse)

Proactive leadership also entails promptly addressing concerns about staff performance well before consequences are imposed. This approach allows employees to rectify their performance issues proactively, before facing consequences. Some current leaders exemplify this practice, as mentioned by a participant:

> *Also, I like that if there is a concern regarding your work performance, or something needs to be corrected, even though I have never experienced that, but based on what my other colleagues have said, they will immediately call for your attention.* (Participant 2, Nurse)

This approach contrasts with another participant's experience where consequences were imposed before they were even aware of any issues to address:

> *... I was blown away because it was never brought to my attention that it was even an issue. I felt like the issue could have been dealt with in a much, much better way.* (Participant 4, Nurse)

Participants noted the value of seeing their leader make genuine effort to reduce their stress. Specifically, participants expressed the desire for their leaders to recognize and reassure employees that while complete stress prevention may not always be possible in certain situations, stress reduction remains a key focus for them. In such instances, leaders would provide emotional support to facilitate open expression of individuals' needs, coupled with offering diverse forms of social support to address stress-inducing situations, customized to meet each individual's specific needs.

> *My leader tries their best to alleviate our stress as opposed to trying to prevent the stress because there really is not much to prevent the stress. They will ask us if we need any help but sometimes there's just nothing they could do to prevent it because our job is very time specific. It makes me feel good because then it shows me that, you know, they are looking out for us.* (Participant 5, Nurse)

4.6.3 Theme 10: Ensuring that Employees Feel Recognized and Appreciated

All participants shared that when their leaders make them feel acknowledged and valued it contributes to their well-being and mental health. Leader behaviours that demonstrate recognition, appreciation, and positive reinforcement are a form of emotional social support because they encourage and reassure followers, which in turn can enhance self-esteem, among other things. Participants noted some examples of leadership behaviours that demonstrate recognition and appreciation, including telling them they did a great job, giving "kudos cards" (i.e., cards given as a physical token of appreciation), etc.

> *Again, I think we should see more positive reinforcement, like just tapping someone on the shoulder and recognizing their hard work and giving out more kudos cards.* (Participant 4, Nurse)

It is important to highlight that while participants value positive feedback from residents' families, they consider it inadequate and seek increased positive reinforcement directly initiated by their leaders. This preference is illustrated below:

> *We don't just want feedback from families, but we want positive feedback initiated by management… like a family member will send a nice letter, usually after someone has passed away, saying that the staff did an excellent job, my mom or my dad have been on the floor for these many years and the care was excellent. Then the manager will come and be like, okay, we got an email saying that you did an excellent job. Kudo to you guys. But there's nothing besides that coming from them… Like for them to get up from their seats and say, "oh, you' doing a*

> *good job, everything seems so clean, there were no falls, there were no complaints." We get none of those, which is sad. We are the ones that do most of the work and we don't get praise for what we do. We only get it when somebody else gives them a praise about us. A lot of us staff are feeling that way against management.* (Participant 7, PSW)

Reinforcing the aforementioned point, several participants felt that positive feedback enhances their capacity to provide better care to residents by helping them gain a clearer understanding of their performance, resulting in a greater sense of fulfillment. Without it, employees are left feeling uncertain about their performance.

> *It would be nice to know when I'm doing something really well or just all right because then I can concentrate on doing the things that give better care…. I only know when I've done something bad and that's problematic. I don't know if I'm doing a good job and that's hard to go through. So, I just hope I'm doing a good job*. (Participant 8, Nurse)

Participants indicated that leaders should offer emotional support and recognize their hard work in a demanding profession. However, participants noted that this form of acknowledgment for their effort does not happen enough, as can be seen by participants experiencing difficulty to recall instances where this occurred:

> *Recognition and appreciation do not happen enough. There really never is any personal recognition that happens. Like I really can't think of anything. I think*

> *that's what makes nursing very hard, because we work so hard, and we don't get recognized.* (Participant 9, Nurse)

Participants noted the importance of emotional support by being recognized not only for their effort but also for their individual value. This recognition for individual value helps employees feel validated and encouraged. As illustrated below, the acknowledgement of an employee of the month by leaders at Perley Health makes employees feel appreciated for their distinct qualities and uniqueness.

> *At Perley, we have an employee of the month. So, they do show their appreciation by doing that.* (Participant 10, PSW)

When leaders fail to provide emotional support through words of encouragement and recognition, expressing sympathy for challenges encountered, and valuing individual uniqueness, followers tend to feel disheartened. This results from a discrepancy between what they are actually receiving and what they believe they deserve. In such instances, employees feel let down by their leaders, as demonstrated below:

> *We feel so let down honestly. I can't remember a time where I felt appreciated or supported. Sometimes you'll see management walk by and they won't really stop to talk to you.* (Participant 7, PSW)

Participants highlighted the important role leaders play when they offer instrumental support. Specifically, participants said they appreciate gestures such as receiving complimentary coffee or food from their leaders as a small token of gratitude for their dedication, but they desired an increase in the frequency of these gestures.

> *Sometimes they give us free coffee and that is always appreciated*. (Participant 3, Nurse)

> *I remember one time they bought us pizza, but it was just that one time.* (Participant 8, Nurse)

Leaders who provide multiple types of social support can cultivate a heightened sense of appreciation among their followers. For instance, combining instrumental support through financial aid and social companionship through social events where employees can connect with others. Financial aid (e.g., paying for training) can alleviate financial strain on employees, enabling them to pursue professional goals, such as acquiring new skills or advancing their education. Social companionship can redirect employees' focus from stressors to a positive atmosphere, greatly benefiting their overall well-being and mental health. An example of combining social supports is showcased below:

> *Every year we have staff recognition, so every 5, 10, 15, 20, 25 years you get recognized with a pin and then the monetary bonus which helps… They [also] do a lot around here for the staff, like we have stuff every year, like we have staff appreciation BBQ's.* (Participant 4, Nurse)

Participants also described other combinations of support such as instrumental support and emotional support from their leaders:

> *…they also give out chocolates and cards to staff on a particular unit if they have done good during a particular outbreak. They really do show their love, appreciation and thanks to us by doing that.* (Participant 10, PSW)

> *Giving out more kudos cards would be nice. Also, on Christmas, they gave us chocolate and showed their appreciation to us*. (Participant 2, Nurse)

Participants noted the value of a combination of esteem support, demonstrated through care and attention from leaders, and informational support, reflected in feedback on employee performance, as essential acts of acknowledgment and appreciation, particularly during challenging times. Participants conveyed their frustration regarding the infrequency of this combined support, considering the perceived minimal effort leaders would need to provide it. This concept is illustrated below:

> *It would only take 10 minutes, not even, 10 seconds. Just walking by staff and saying, "hey you guys did well through that outbreak, congratulations!" Little things go a far way… and it would be nice to be coming from someone higher. Especially during the tough times, like what we've had with COVID.* (Participant 4, Nurse)

CHAPTER 5: DISCUSSION

In this chapter, I discuss my interview findings and their alignment with the documentary evidence and prior research in the field, as well as the theoretical contributions. Additionally, I identify the limitations of my study, discuss the strategies I used to mitigate them, and highlight my study's strengths.

5.1 Summary of Findings

In this thesis, I reviewed documentary evidence, conducted semi-structured interviews with front-line LTC healthcare providers, and used reflexive thematic analysis to explore LTC workers' perceptions of their leaders' behaviours. Through this case study of Perley Health, I answered two specific research questions; the first identified what behaviours front-line LTC workers perceive as supportive, and the second explored LTC workers' perceptions of social support from their leaders. By addressing these research questions, my goal was to determine the behaviours and forms of support that front-line LTC workers feel are particularly supportive of their mental health and well-being. Through the findings from my thesis, I (a) contribute to the literature on how leaders' behaviours affect employees' experiences in Canadian LTC settings, and (b) provide insight into the behaviours that leaders can demonstrate to communicate support to front-line workers in LTC environments.

5.1.1 Research Question 1: Summary of Findings. My first research question was, "What leadership behaviours do front-line healthcare providers perceive as being supportive of their overall well-being?" Interview participants shared similar views about which leadership behaviours affect how supported they feel. After a detailed analysis of experiences shared by interview participants, I found that these behaviours fit into four overarching themes: (1)

relationship-building behaviours; (2) trust-producing behaviours; (3) safety-promoting behaviours; and (4) health-promoting behaviours. Within those four overarching themes, I identified ten themes, twenty-two sub-themes, and sixty-five actionable behaviours which I labelled as codes, as seen in Table 4. Throughout the interviews, participants recalled experiences with their direct managers, noting instances where they felt supported or unsupported. Many participants shared behaviours that they wished their leaders had demonstrated, rather than supportive behaviours that they had seen or experienced.

5.1.2. Research Question 2: Summary of Findings. My second research question was: "What types of social support (emotional, informational, social companionship, and instrumental) do front-line healthcare providers perceive as important or wish to receive from their leaders?" Through my analysis of interview data, I categorized the forms of social support participants alluded to or mentioned when recalling their experiences with leaders, concentrating on how participants expressed or implied their needs for different types of support based on their experiences. Some experiences highlighted the absence of specific supports, while others revealed participants' desires to see more support in particular areas.

Within the overarching theme of relationship-building behaviours, participants discussed the importance of three types of social support (i.e., social companionship, emotional support, and informational support). For trust-producing behaviours, participants placed emphasis on the value of the emotional support they received or did not receive, but also expressed that instrumental support and social companionship were important in certain contexts. In the context of the overarching theme of safety-promoting behaviours, participants prioritized informational and instrumental support, with emotional and social companionship being less emphasized.

Similar to overarching theme of relationship-building, emotional support was perceived as being particularly salient within the context of the overarching theme of health-promoting behaviours, whereby LTC workers reported feelings of self-efficacy and motivation when their leaders discussed the importance of mental health and well-being from an empathetic, personalized perspective.

5.1.3 Comparison between Interview Data and Documentary Evidence: Summary of Findings. The comparison of interview data and documentary evidence highlighted a gap between desired leader support for overall well-being and the actual experiences of LTC workers. Participants indicated a need for effective leadership that encourages well-being, but the survey report revealed a lack of adequate support, causing increased stress and negative health consequences. While documents outlined available leadership training and employee support resources, these did not appear to translate into improved perceptions of leaders' supportive behaviours. Overall, the comparison between interview data and documentary evidence emphasized that leaders may not be fully realizing their potential to improve employee health and well-being.

5.2 Comparison of Interview Findings to the Documentary Evidence

The documents and interview data revealed overlapping areas and similar trends in LTC workers' access to, and perceptions of, mental health support from leaders. The first document (Mental Fitness Index Snapshot Report: Perley and Rideau, 2021), which included survey results of employees' experiences and perspectives on management and leadership, revealed a gap between what employees expected from their leaders and what they experienced from their leaders. For example, the low score of 54% in management and leadership indicates that

employees felt their leaders were not meeting their expectations for health-related support. This suggests a disconnect between what employees' desire—such as effective leadership that promotes well-being—and what they receive, resulting in increased stress and negative effects on their happiness and overall health. This same gap between desired and actual leadership behaviours was echoed by participants during the interviews. Additional documents (i.e., Fostering Well-Being Through Leadership, 2023; Perley Health Leadership Development Institute "Together We Improve" May 18th and October, 2023; Agriculture Museum - Experimental Farm) detailed leadership training and other educational materials related to employee mental health, suggesting that although leaders may have had access to information about supporting employee mental health, such information was not translating into improvements in employees' perceptions of their leaders' mental health-supportive behaviours. Despite factors beyond a leader's control—such as inadequate training, lack of time, or insufficient support from their own managers—these consistent gaps between what employees hoped for and what they observed suggest that leaders may not be utilizing all possible opportunities to enhance their followers' mental health and well-being.

5.2.1. Relationship-Building Behaviours. Interview participants highlighted the desire for leaders to express personal emotions and vulnerabilities with their followers to foster deeper connections and personal connections through sharing. One document indicated that courageous authenticity is important, encouraging leaders to express their personal emotions and vulnerabilities to their followers.

5.2.2. Trust-Producing Behaviours. During the interviews, participants expressed that leaders who showed respect toward employees and promoted health and safety helped foster

trust and were perceived as trustworthy. Participants shared that they felt respected when their leaders collaborated with them and worked alongside them rather than above them and minimized workplace conflict between employees by considering all perspectives. Participants also shared that they truly valued having an open-door policy in the workplace, where their leaders prioritized open communication. Through the document review, I identified trends related to trust-building content that specifically emphasized the role of leaders in showing respect, minimizing workplace conflict, collaborating between employees, creating a sense of safety, and actively listening and addressing the concerns of employees.

5.2.3. Safety-Promoting Behaviours. Participants shared a strong preference for in-person communication from their leaders instead of email, emphasizing the need for clear, direct interactions where nothing could be misinterpreted. They also highlighted the importance of leaders clearly defining roles and responsibilities and seeking out the best interests of their employees. The document review supported these insights with documents that described communication styles and the promotion of support resources. Employee exercises encouraged reflection on their preferences for receiving feedback, which could enhance psychological safety. Additionally, the email attachment, which was forwarded to me as a document, included leaders sharing FSEAP resources and distributing new login credentials to employees, aiming to improve accessibility. The documents addressed workload protection and management, as well as the concept of joint responsibility, where both leaders and employees share the responsibility of supporting mental health, as effective ways to foster sense of workplace safety. Participatory decision-making was identified as a valuable practice that enhances this sense of safety by actively involving employees in developing solutions that best meet their needs.

5.2.4. Health-Promoting Behaviours. In the interviews, I found that participants expressed the need for leaders to be proactive in showing genuine concern for the well-being of employees, demonstrating high levels of emotional intelligence to identify stress signals, and engaging in active listening to understand their followers' situations and the factors that may be affecting their well-being. Participants emphasized the importance of leaders stepping in when needed, which increases a leader's visibility among their followers. They also highlighted the value of offering flexibility for planned vacations or time off, stressing that this flexibility is essential for employee well-being. Additionally, recognition and appreciation were noted as vital components for supporting positive mental health. The documents supported these insights by emphasizing the need for leaders to stay observant of workplace dynamics, highlighting how heightened awareness can lead to more effective support. Additionally, the documents pointed out the promotion of a healthy work-life balance for employees and recognized the role of appreciation and rewards in enhancing mental well-being, aligning closely with participants' perspectives from the interviews.

5.3 Comparison of Interview Findings to the Literature

Despite not asking specifically about the pandemic in my interviews, participants shared several negative impacts of the pandemic on their well-being and mental health. These aligned with the impacts of the pandemic on healthcare workers that have been identified in the literature, such as stress, psychological distress, anxiety, and burnout (Blanco-Donoso et al., 2022; De Kock et al., 2021; Kang et al., 2020; Lai et al., 2020; Lu et al., 2020; Weilenmann et al., 2021; WHO, 2022c). Although not all participants reported experiencing these effects, they were discussed to varying extents across the interviews. Most participants indicated that although

stress levels increased during the pandemic, many of the underlying stressors, such as existing staffing shortages that strained their ability to provide quality care, were exacerbated during this period.

Reynolds et al. (2022) identified five major stressors that emerged among Canadian LTC workers during the pandemic and impacted their overall well-being. Three of these stressors were clearly noted by participants in this study: constant changes in pandemic guidelines leading to uncertainty about job performance, increased workload, and challenges in meeting the specific needs of residents and families. Additionally, fear of infection was reported by some participants, particularly when nurses or PSWs were assigned to unfamiliar units that had recently experienced outbreaks. Participants expressed concerns about the negative stigma surrounding COVID-19, most likely attributed to a lack of proper PPE education among some workers. Reynolds et al. (2022) observed general fear of infection among workers, whereas this study revealed fear related to working on an unfamiliar unit and the stigma associated with the pandemic. While concerns about the negative public image of LTC staff and facilities were mentioned in Reynolds et al.'s (2022) study, this concern of public perception was not specifically raised by participants in this thesis, who were otherwise candid about the various stressors involved in LTC work and the reality of their experiences.

A scoping review by Boamah et al. (2023) found that many LTC workers experienced negative emotions and internal struggles, such as frustration, sadness, and helplessness, when caring for infected and dying residents. These struggles were also reported by numerous participants during the interviews, as detailed in Table 3. While many of these struggles are beyond a leader’s control, there are leadership behaviours that can be implemented to help

employees cope and foster a greater sense of support. Though the behaviours below are not specific to the LTC context, they could be viewed as supportive by LTC workers struggling with ill and/or dying residents. Examples of these behaviours include: (1) supportive communication (e.g., practicing active listening and empathy) (Schmidt et al., 2018; Zonneveld et al., 2021), (2) relationship-building (e.g., prioritizing building positive relationships) (Cummings et al., 2010; Zonneveld et al., 2021), (3) respectful treatment (e.g., treating employees with dignity) (Kuehnl et al., 2019), and (4) recognition and appreciation (e.g., appreciating the contributions of employees) (Tsarouha et al., 2021). Based on my interview findings, these behaviours were desired by participants and are reflected as overarching themes, themes, sub-themes or illustrative examples.

5.3.1. Relationship-Building Behaviours. In my analysis of interview data, participants appreciated or expressed a desire for relationship-building behaviours including (1) showing genuine interest in employees as actual people, and (2) developing personal connections through sharing. The importance of relationship-building behaviours is also prominent in the literature. A 2021 review of leadership in the LTC sector found that relationship-building leadership behaviours had a positive effect on employees, quality of care, quality of life of residents, and person-centered care (Zonneveld et al., 2021). Their review identified examples of these behaviours, including focusing on relationships, using emotional skills such as empathy and listening, and encouraging the involvement of employees. Another study found that positive relationships between managers and nurses was correlated with psychological health (Kawaguchi et al., 2021), supporting the role that relationship-building behaviours play in promoting health as identified in my study.

5.3.2. Trust-Producing Behaviours. Participants expressed that (1) being treated with respect, (2) having an open-door policy, and (3) having leaders that believe in them were important elements in establishing trust with their leaders. Further, participants expressed that they felt that their health and well-being was better when they trusted their leader. Previous studies have also found that trust-producing behaviours, such as maintaining an open-door policy and believing in employees, are important to promoting employee health (Kleynhans et al., 2022; Thompson, 2018). For example, one study found that leader behaviours that increased trust created a sense of comfort and security, which resulted in decreased anxiety (Kleynhans et al., 2022).

5.3.3. Safety-Promoting Behaviours. In my analysis of interview data, participants appreciated or expressed a desire for safety-promoting behaviours, including (1) ensuring clear and effective communication, and (2) seeking out their best interest. This echoes findings by May et al. (2019), where establishing clear safety expectations and consistently communicating safety messages within the organization, setting an example by showcasing safe behaviours during trainings, and providing employees with necessary resources to promote safety (e.g., adequate staffing) were essential for the well-being of followers. The literature highlights that ethical leadership practices, as emphasized by Shafique et al. (2020), involve participatory decision-making to ensure solutions that best address employees' needs. An example of this participatory approach could be leaders' facilitation of staff exchanges, allowing employees to work on familiar units. Doing so would help mitigate resident care challenges and prevent accidents stemming from poor time management on unfamiliar units. Kleynhans et al. (2022) found that when leaders prioritize the best interests of their employees, it not only builds trust but also reassures employees that their leaders will protect them from harm. This dual effect of

fostering trust and promoting safety ultimately enhances the health of employees. As such, safety-promoting behaviours play a key role in supporting overall health.

The resource utilization model (Dimoff & Kelloway, 2016) and the conservation of resources theory (COR; Hobfoll, 1989) are relevant to a leader's responsibility to promote available mental health supports and resources, such as access to counseling or employee assistance program (EAP) services. Findings from the interviews in my study suggest that many employees are unaware of the resources their employers offer – a finding that aligns with the broader literature on resource-use among employees (Kelloway et al., 2023). The resource utilization model places leaders in the role of a 'gate-opener' (rather than a 'gatekeeper') - someone uniquely positioned in the organization who (a) knows employees individually and may be able to recognize when they could benefit from support, and (b) should be familiar with organizational policies, resources, and sources of support. Consequently, the resource utilization model posits that leaders should be able to recognize changes in employees' support-related needs, provide support directly to employees, and direct employees toward other resources or sources of supports that may be beneficial.

Increasing access to, and utilization of, resources is important to enhancing employees' perceptions of support Dimoff & Kelloway (2016), particularly given that other qualitative findings (Gilbert et al., 2023) indicate that leaders' behaviours can help overcome the typical barriers to mental health resource-use among employees. These barriers can include (a) when someone who is struggling fails to recognize that they are struggling and could benefit from resources, (b) a lack of awareness or understanding about the availability and efficacy of resources, and (c) the stigma or negative perceptions surrounding mental health, which can

reduce willingness to seek help. As proposed by Dimoff and Kelloway (2016), leaders can help reduce these barriers by raising awareness about and de-stigmatizing resources and programs, and also acting as an initial point of contact for employees. To do so effectively, leaders can engage in a variety of socially supportive behaviours and demonstrate compassion (i.e., emotional support) when addressing warning signs, allocate time to meet with struggling employees and potentially make accommodations to assist them (i.e., instrumental support), and be prepared to offer information about available resources like EAP (i.e., informational support) (Dimoff & Kelloway, 2016).

5.3.4. Health-Promoting Behaviours. The analysis of interview data revealed a collective desire among participants for health-promoting behaviours, including leaders who (1) step in to help when needed, (2) show a genuine concern for the well-being of employees, and (3) ensure that employees feel recognized and appreciated. Participants emphasized the value of leaders regularly checking in on their well-being, highlighting the importance of consistent and meaningful communication. This aligns with findings by Antonakis & Day (2017), who suggest that regularly meeting with employees to discuss various matters, referred to as initiating structure, fosters positive health for followers. Kuehnl et al. (2019) and Schmidt et al. (2018) suggest that leaders who step in to support their followers when needed and acknowledge their accomplishments promote positive health among their employees. Leaders who validate employee emotions, support their professional growth, and provide flexibility for time off offer essential resources that mitigate the physical and psychological demands of their jobs. Likewise, these supportive leadership behaviours are key to improving employee health and well-being, as highlighted by the job-demand-resources theory (Bakker et al., 2014; Demerouti et al., 2001; Tummers & Bakker, 2021; Xanthopoulou et al., 2007).

I observed that the literature on health and leadership places great emphasis on health-promoting behaviours, which is also evident in its prominence as the largest section of my findings. This does not diminish the importance of the other overarching themes but underscores that, while each overarching theme has its own distinct focus, health-promoting behaviours stand out as a central theme because all leadership behaviours have the ability to influence employee mental health and well-being to varying degrees (Yao et al., 2021). For example, participants noted that a positive working relationship with their leader had a considerable impact on their mental health, indicating that relationship-building behaviours ultimately lead to better mental health outcomes. Categorizing the health-promoting behaviours section was challenging, as it intersects with concepts of relationships, trust, and safety. Health-promoting behaviours in leadership are not isolated actions but are deeply intertwined with how leaders build and maintain relationships, establish trust, and create a safe working environment.

Yao et al. (2021) conducted a thorough literature review of "health-promoting leadership". According to their literature review, a specific perspective definition of "health-promoting leadership" focuses on the unique impacts of health promoting leaders (e.g., leaders role modeling desired behaviours) on an employee's health such as their ability to change employee health awareness, health motivation, and health behaviours through their own health awareness, health motivation, and health behaviour. Yao et al. (2021) also suggested that health-promoting leadership may affect employees' health and well-being both directly (e.g., providing health resources to employees or demonstrating care for employees' health) and indirectly (e.g., through several mechanisms underlying the distinct effects of health promoting leadership). These mechanisms function through different theories: conservation of resources theory, which influences employees' health awareness, values, and behaviour; job demands-resources theory,

which helps reduce job demands, increase job resources, and lower work pressure, ultimately improving employee health; social exchange theory, where employees perceive their leaders as caring about their health, fostering a sense of obligation to reciprocate by exhibiting the attitudes and behaviours the organization expects; and social learning theory, where leaders act as role models, encouraging employees to imitate healthy behaviours and foster a positive, health-promoting work climate (Yao et al., 2021). Based on my interview findings, I identified role modeling as a safety-promoting behaviour, despite it being classified as a health-promoting behaviour in the previously mentioned study. This illustrates that behaviours from other overarching themes can also positively influence employee health and well-being.

5.4 Alignment with Social Support and Buffering Hypothesis Theory

The social support buffering hypothesis theory posits that social support offers a protective effect when individuals face the negative consequences of a stressful event **(**Cohen & Wills, 1985)**.** Essentially, social support can buffer the impact of stressors by either preventing individuals from perceiving an event as stressful or by helping them reassess an already stressful event as less threatening. This moment of evaluating whether an event is stressful is known as the stress appraisal process, which relates to the stress and coping theory (Lazarus & Folkman, 1984). Before an event is appraised as stressful, one will usually determine if they have the capability to cope with the event. According to the stress and coping theory, an individual's stress level is closely tied to their confidence in managing a threat. To manage a stressor, one may resort to using problem-based copings strategies, such as creating an action plan, or emotion-based coping strategies, which many involve seeking emotional support from leaders. Relating this to the social support buffering hypothesis theory, the presence of social support can reduce

the effects of stress appraisal by providing problem-solving solutions or by reducing the perceived severity of an issue.

My interview results showed that participants who used coping strategies—whether problem-based or emotion-based—tended to view their leaders as more supportive. These participants generally had more than six years of experience in LTC. More experienced professionals demonstrated a greater capacity to manage stress, often utilizing emotion-focused and problem-solving strategies tailored to their situations. This experience allowed them to navigate interactions and overcome communication challenges more effectively. As a result, these individuals reported experiencing reduced stress over time, regardless of their leaders' level of support, although they still valued having supportive leadership. These observations suggest that, alongside the role of supportive leadership, experienced nurses could play a valuable role in sharing coping strategies with less experienced staff. This practice could help build the skills and confidence needed to handle high-stress situations more effectively.

My thesis results aligned with the social support and buffering hypothesis theory, extending its application to LTC settings. The theory helped explore the influence of leadership behaviours on perceived social support. Although there is abundant literature about the relationship between leadership and employee health, the literature specific to leaders' *behaviours* and employee health is somewhat sparse, with most research focusing on leadership styles and neglecting specific behaviours (Zonneveld et al., 2021). When contextualized to LTC settings, there is even less research describing what behaviours front-line employees view as supportive of their mental health and overall well-being. Backman et al. (2018) highlighted that the relationship between leadership style (as perceived by employees) and social support is not

clearly understood. Therefore, my research findings provided valuable insight into the connection between social support and leadership within LTC by examining the impact of leadership behaviours on perceived social support. The findings from this study specifically indicated the types of social support that front-line healthcare providers perceive as important or desired, provided through their leaders' behaviours, highlighting which supports are more relevant to each category of leader behaviours.

5.4.1 Emotional Support. Emotional support was the most prevalent type of social support identified in the interview data, underscoring its role in employee well-being. This form of support fosters a sense of connection and understanding, strengthening relationships and trust among staff. The literature supports this finding, indicating that when leaders demonstrate empathy and concern for their employees' well-being, they create a safe space where individuals feel valued and supported, which in turn makes them more likely to trust their leaders and feel secure in their roles (Schmidt et al., 2018). Additionally, emotional support is closely linked to employee health, as feeling emotionally supported reduces stress, enhances job satisfaction, and promotes overall mental well-being (Zonneveld et al., 2021). In the LTC context, the value of emotional support is amplified by the high levels of stress and emotional labor associated with working closely with vulnerable populations. Leaders who consistently provide emotional support enhance their followers' well-being and cultivate a compassionate environment that benefits both employees and residents (Barsade & O'Neill, 2014; Vogus & McClelland, 2020). This supportive atmosphere not only improves the quality of care provided but also strengthens the bonds between employees and their leaders, leading to a more cohesive and effective team. By prioritizing emotional support, leaders in LTC settings can help ensure that both staff and

residents experience a nurturing and understanding environment, which is essential for high-quality care and positive health outcomes (Bradshaw et al., 2022).

5.4.2. Instrumental Support. Instrumental support was also a prominent type of social support in my data across the themes of trust-producing, safety-promoting, and health-promoting behaviours, though it was less relevant to the relationship-building behaviours theme. Steinmann et al. (2018) suggested that leaders who provide instrumental support, such as practical resources and solutions, are viewed as reliable and effective, which fosters trust among their team members. In safety-promoting behaviours, this support is essential for implementing safety measures and maintaining a secure environment, such as when leaders role-model safe practices (Albright-Trainer et al., 2020). Similarly, within the overarching theme of health-promoting behaviours, instrumental support facilitates access to necessary resources and accommodations, improving employees' well-being (Koinig & Diehl, 2021). Thus, while not as prominent in relationship-building, instrumental support plays a key role in creating a trustworthy, safe, and health-focused work environment**.**

5.4.3. Informational Support. Based on the interview data analysis, informational support was prominent in the relationship-building, safety-promoting, and health promoting behaviour themes. In the relationship-building behaviour theme, informational support was evident when leaders shared relevant knowledge from their past experiences that followers could learn from regarding personal matters. Leaders who actively offer guidance and practical recommendations foster stronger connections with their followers (Kim et al., 2021). In safety-promoting behaviour, informational support helps ensure that employees are well-informed about safety protocols and procedures (Lee, 2021). Leaders who provide clear instructions and updates

on safety measures contribute to a secure work environment, reducing risks and promoting well-being. In health-promoting behaviours, informational support often involves offering followers advice on managing highly stressful work-related situations (Koinig & Diehl, 2021). Consequently, by providing this form of support, leaders can equip employees with practical strategies for managing stress more effectively, ultimately enhancing personal well-being and resilience. However, informational support was less prominent in the trust-producing behaviours overarching theme, which may be because trust is more deeply rooted in consistent, reliable actions and emotional connections rather than specific advice or information. Building trust typically requires a foundation of reliability and a display of ethical values (Lansing et al., 2023), which is distinct from the practical guidance provided through informational support.

5.4.4. Social Companionship Support. Social companionship, though the least prominent type of social support in my data analysis, was evident in the relationship-building, trust-building, and health-promoting behaviours themes. In the context of relationship-building, social companionship involves creating a supportive atmosphere where employees feel connected and valued through shared experiences and interpersonal interactions (Kim et al., 2021). In the context of trust-producing behaviours, the literature highlights that social companionship contributes to the development of trust by creating opportunities for leaders and followers to spend time together, which helps build mutual respect and understanding (Kleynhans et al., 2022). In health-promoting behaviours, it contributes to overall well-being by providing a sense of community (Drageset, 2021). By spending time together and engaging in shared activities, employees develop stronger social networks and support systems. Unsurprisingly, social companionship support was less prominent in the safety-promoting behaviours theme.

5.5 The Mapping of Themes and Sub-Themes to Relevant Theories and Behavioural Models and Frameworks

This section provides a concise overview of the relevant theories, behavioural models, and the framework explored in the literature review and/or discussion. Table 5 offers brief definitions of each, while Table 6 maps the identified themes and sub-themes to the corresponding theories, models, and framework, illustrating their relationships within the context of LTC leadership.

Table 5. Theories, Behavioural Models and Frameworks Referenced in the Literature Review and/or Discussion

Category	**Name**	**Brief Definition**
Relevant Theories	Social Support and Buffering Hypothesis Theory	Refers to the ability of social support to have a protective effect when individuals are faced with the negative consequences of a stressful event.
	Job Demand-Resources (JD-R) Theory	Proposes that the balance between job demands and available resources influences both employee well-being and performance.
	Leader-Member Exchange (LMX) Theory	Emphasizes the quality of relationships between leaders and followers, marked by trust, mutual respect, and reciprocity, which enhance well-being and effectiveness.
	Transformational Leadership	Draws specific attention to stimulating team efficacy, fostering collective optimism, and energizing employees to achieve the desired collective goals and vision of the organization.
	Transactional Leadership	Centers on structured exchanges of economic and social resources between leaders and followers to meet specific goals and expectations.
	Servant Leadership	Focuses on others, fostering integrity, and building trust through a collaborative, side-by-side approach.
	Ethical Leadership	Describes leaders who exhibit honesty, uphold high moral standards, and consistently adhere to ethical principles in their decision-making.
	Social Exchange Theory (SET)	Suggests that relationships are based on evaluating the costs and benefits of interactions, where positive leader behaviours encourage reciprocal positive actions by followers.
	Stress and Coping Theory	Proposes that stress levels are closely tied to an individual's confidence in their ability to effectively manage perceived threats or challenges.

	Conservation of Resources (COR) Theory	Emphasizes protecting, retaining, and acquiring resources to manage stress, with leaders playing a key role in recognizing changes in employees' needs and responding by providing direct support or guiding them to alternative resources that enhance their well-being.
Relevant Behavioural Models and Frameworks	R.I.G.H.T Leadership Model	Outlines five key behaviours for leaders aimed at fostering psychologically healthy workplaces: *Recognition*, *Involvement*, *Growth and Development*, *Health and Safety*, and *Teamwork*.
	S.A.F.E.R Leadership Model	Uses transformational leadership principles to define specific behaviours that promote a safer workplace culture: *Speak*, *Act*, *Focus*, *Engage*, and *Recognize*.
	L.E.A.D.S Framework	Describes the core capabilities required by leaders striving to create meaningful health system change. It integrates actions focused on patient, family, and community care while fostering healthy workplaces, encapsulated in the pillars: *Lead Self*, *Engage Others*, *Achieve Results*, *Develop Coalitions*, and *Systems Transformation*.

Table 6. Map of Themes and Sub-Themes to Most Relevant Theories, Behavioural Models and Frameworks

Theme	**Sub-Theme**	**Most Relevant Theories**	**Most Relevant Behavioural Models and Framework**	**Mapping and Brief Overarching Theme Rationale**
1: Showing genuine interest in employees	Interacting with employees in a friendly and welcoming manner to express a sincere interest	Leader-Member Exchange Theory; Social Exchange Theory	R.I.G.H.T (Recognition); L.E.A.D.S (Engage Others)	Leader-Member Exchange Theory emphasizes the importance of personalized interactions that foster strong relationships. Social Exchange Theory highlights the reciprocal nature of positive relationships, where leaders' friendly interactions encourage followers to do the same. R.I.G.H.T (Recognition) and L.E.A.D.S (Engage Others) are chosen as they emphasize recognizing others as valuable and engaging in meaningful interactions, reinforcing the importance of relationship-building. Relationship: Builds positive interpersonal connections.
	Acknowledging and responding to personal needs and concerns of employees	Social Support Buffering Hypothesis Theory; Servant Leadership	L.E.A.D.S (Engage Others)	Social Support Buffering Hypothesis Theory suggests that addressing employees' personal needs buffers stress, enhancing their emotional well-being. Servant Leadership focuses on the leader's role in caring for the needs of employees. L.E.A.D.S (Engage Others) is chosen because actively listening and addressing these concerns strengthens the emotional connection between leader and employee. Relationship: Strengthens emotional bonds.

2: Developing personal connections	Allowing employees to get to know leaders beyond surface-level	Leader-Member Exchange Theory	L.E.A.D.S (Engage Others)	Leader-Member Exchange Theory underscores the importance of leaders developing deeper connections with employees. L.E.A.D.S (Engage Others) is chosen because chosen because it emphasizes fostering engagement through personal connections, which aligns with creating authentic relationships and a healthy work environment. Relationship: Encourages openness and authenticity.
	Being vulnerable with followers	Leader-Member Exchange Theory; Servant Leadership; JD-R Theory; Stress and Coping Theory	L.E.A.D.S (Engage Others)	Leader-Member Exchange Theory supports the idea that vulnerability and open communication in leadership fosters stronger relationships. Servant Leadership emphasizes authenticity and openness, where leaders show vulnerability to promote understanding and help others. JD-R Theory highlights how information shared by leaders can serve as a valuable supportive resource for employees. This aligns with the Stress and Coping Theory, as such information is likely to enhance employees' ability to manage challenges. L.E.A.D.S (Engage Others) encourages building relationships by being open with one another. Relationship: Fosters mutual understanding.
3: Treating employees with respect	Working with followers and not above them	Ethical Leadership; Social Exchange Theory; Servant Leadership;	R.I.G.H.T (Teamwork); L.E.A.D.S (Lead Self)	Ethical Leadership stresses fairness and justice, which promotes respect between leaders and followers. Social Exchange Theory suggests that equality in relationships strengthens trust. Servant Leadership and Transformational Leadership as the theories highlight working collaboratively, using a side-by-side approach

		Transformational Leadership		and stimulating team efficacy, respectively. R.I.G.H.T (Teamwork) emphasizes collaboration, while L.E.A.D.S (Lead Self) promotes ethical self-leadership. Both models/frameworks are chosen because they align with fostering trust and fairness in the workplace. Trust: Promotes equity, fairness and respect.
	Consistently maintaining a balanced perspective in conversations	Ethical Leadership	L.E.A.D.S (Lead Self); R.I.G.H.T (Involvement)	Ethical Leadership advocates for balanced and fair communication, which is important to building trust through mutual respect. L.E.A.D.S (Lead Self) is chosen because it highlights the importance of self-regulation and balanced communication which can promote trust. R.I.G.H.T (Involvement) is chosen because it encourages involving employees in the decision-making process, especially those that concern them. Trust: Encourages fairness in communication and decisions.
	Upholding integrity	Ethical Leadership	L.E.A.D.S (Lead Self)	Ethical Leadership focuses on leading with integrity and fairness, which strengthens trust through consistent ethical behaviour. L.E.A.D.S (Lead Self) encourages personal integrity and ethical decision-making. Trust: Reinforces ethical standards and fairness.
	Being considerate in communication	Ethical Leadership; Transformational Leadership	L.E.A.D.S (Engage Others)	Ethical Leadership promotes respectful, thoughtful communication, which builds trust. Transformational Leadership emphasizes inspiring employees through positive and considerate communication. L.E.A.D.S (Engage Others) is chosen because it

				focuses on how leaders' considerate communication fosters mutual respect and understanding. Trust: Builds understanding and respect.
4: Ensuring an open-door policy	Creating a safe environment where employees do not fear approaching leaders	Conservation of Resources Theory; JD-R Theory	L.E.A.D.S (Engage Others)	Conservation of Resources Theory suggests that a safe environment prevents resource depletion (stress), fostering well-being. JD-R Theory indicates that job demands and resources must be balanced to prevent burnout, with open-door policies serving as resources. L.E.A.D.S (Engage Others) is chosen because it encourages engagement and openness. Trust: Reinforces openness and approachability.
5: Believing in employees	Trusting employees as competent individuals	Transformational Leadership; Leader-Member Exchange Theory	L.E.A.D.S (Engage Others)	Transformational Leadership emphasizes empowering followers by believing in their abilities. Leader-Member Exchange Theory focuses on trust as a fundamental element of strong leader-employee relationships. L.E.A.D.S (Engage Others) is chosen because it focuses on empowering employees through trust and belief in their potential. Trust: Builds confidence in team members.
6: Ensuring clear and effective communication	Communicating relevant information to ensure physical safety	Stress and Coping Theory; JD-R Theory	S.A.F.E.R (Speak, Focus)	Stress and Coping Theory can be used to explain how effective communication, such as role clarification, improves safety. JD-R Theory highlights the need for clear communication to manage job demands and prevent burnout. S.A.F.E.R (Speak, Focus) is chosen because it emphasizes safety through clear and focused communication. Safety: Provides clarity to mitigate safety risks.

	Promoting the availability and effectiveness of support resources	Social Support Buffering Hypothesis Theory; Conservation of Resources Theory	L EADS (Develop Coalitions), R.I.G.H.T (Health and Safety)	Social Support Buffering Hypothesis Theory suggests that having effective support resources reduces stress. Conservation of Resources Theory emphasizes the importance of providing resources to manage stress and enhance safety. L.E.A.D.S (Develop Coalitions) is chosen because it encourages developing external networks and resources to enhance safety and preparedness. R.I.G.H.T (Health and Safety) is chosen because is stresses communicating available resources for support throughout the organization. Safety: Enhances preparedness through effective resources.
	Utilizing face-to-face communication to ensure psychological safety	Transformational Leadership	S.A.F.E.R (Engage)	Transformational Leadership emphasizes empowering employees, including through communication methods that align with their preferences. S.A.F.E.R (Engage) is selected because it promotes engagement through direct interaction, which ensures psychological safety. Safety: Reinforces psychological safety.
7: Prioritizing employee physical safety	Ensuring safeguards are in place to protect employees physically	Stress and Coping Theory; JD-R Theory	R.I.G.H.T (Health and Safety); S.A.F.E.R (Focus, Act)	Stress and Coping Theory and JD-R Theory both highlight the need to ensure physical safety as a fundamental resource to prevent stress. Ensuring adequate staffing serves as a resource for physical safety by, for example, preventing physical injuries caused by rushed care. In addition, R.I.G.H.T (Health and Safety) and

				S.A.F.E.R (Focus, Act) emphasize safety through proactive measures. Safety: Directly addresses physical protection needs.
8: Stepping in when needed	Taking initiative to manage stressful situations	Conservation of Resources Theory	S.A.F.E.R (Act, Recognize)	Conservation of Resources Theory suggests that leader intervention helps preserve resources during crises, reducing stress. S.A.F.E.R (Act, Recognize) is selected because it emphasizes taking action to support employees, reinforcing health and safety during stressful situations. Health: Reduces stress by supporting employees during crises.
9: Showing genuine concern for employee well-being, extending beyond physical health	Supporting professional development and career advancement	Transformational Leadership; Social Support Buffering Hypothesis Theory	R.I.G.H.T (Growth and Development), L.E.A.D.S (Engage Others)	Transformational Leadership emphasizes supporting growth and career development as essential for employee well-being. Social Support Buffering Hypothesis Theory highlights the importance of leadership support in buffering stress and enhancing employee well-being. R.I.G.H.T (Growth and Development) and L.E.A.D.S (Engage Others) are chosen because they focus on supporting employee growth and development. Health: Encourages professional growth which enhances sense of fulfilment.
	Offering flexibility for planned vacations or time off	JD-R Theory; Stress and Coping Theory	R.I.G.H.T (Health and Safety)	JD-R Theory emphasizes providing resources, such as flexibility to take time off, to support employee well-being. This aligns with the Stress and Coping Theory, as employees are likely to feel more confident in managing challenges when experiencing well-needed relaxation. R.I.G.H.T (Health and Safety) is chosen because it

				supports a healthy work-life balance. Health: Promotes work-life balance.
	Being proactive in showing concern for employee well-being	Social Support Buffering Hypothesis Theory; Servant Leadership	L.E.A.D.S (Engage Others)	Social Support Buffering Hypothesis Theory emphasizes the importance of proactive support in reducing stress. Servant Leadership highlights the leader's responsibility to care for employees' well-being. L.E.A.D.S (Engage Others) is chosen for its focus on proactive engagement and caring behaviours. Health: Prevents burnout and promotes emotional well-being.
10: Ensuring employees feel recognized and appreciated	Recognition and appreciation through daily actions	Social Exchange Theory; Transformational Leadership	R.I.G.H.T (Recognition)	Social Exchange Theory emphasizes the reciprocal nature of relationships, where recognition fosters positive emotions and motivates employees. Transformational Leadership emphasizes the importance of energizing employees through recognition and appreciation. R.I.G.H.T (Recognition) is chosen for its focus on acknowledging employees regularly, boosting morale and emotional well-being. Health: Boosts morale and emotional well-being.
	Recognition and appreciation through appreciative monetary gestures	Social Exchange Theory; Transformational Leadership	R.I.G.H.T (Recognition)	Social Exchange Theory highlights that offering tangible rewards, like appreciative monetary gestures, strengthens the employee-leader relationship, increases job satisfaction, and reinforces a positive work environment. Transformational Leadership emphasizes the importance of energizing employees through recognition and appreciation. R.I.G.H.T (Recognition) is selected to emphasize the role of recognition, including monetary rewards, in

				motivating and appreciating employees. Health: Promotes positive emotional and financial well-being, contributing to overall job satisfaction.
	Recognition and appreciation through organized social events and public recognition	Social Support Buffering Hypothesis Theory; Transformational Leadership	R.I.G.H.T (Recognition); L.E.A.D.S (Engage Others)	Social Support Buffering Hypothesis Theory suggests that social recognition, especially in public settings like organized events, helps buffer the negative impacts of stress and enhances psychological well-being. Transformational Leadership emphasizes the importance of inspiring and motivating employees through recognition and appreciation. R.I.G.H.T (Recognition) aligns with this by encouraging public recognition as a way to enhance employees' sense of worth and improve morale. L.E.A.D.S (Engage Others) encourages leaders to build positive teams. Health: Strengthens workplace culture and promotes emotional well-being.

5.6 Limitations and Mitigations

5.6.1 Potential Social Desirability Bias. One limitation associated with conducting interviews is the potential influence of cognitive and social biases, including social desirability bias, which is "the tendency to present oneself and one's social context in a way that is perceived to be socially acceptable, but not wholly reflective of one's reality" (Bergen & Labonté, 2020). Several participants expressed concerns about anonymity during their interview and were worried about potential consequences of sharing their experiences if confidentiality was not maintained. Thus, participants may have not disclosed relevant information for various reasons, including the fear of how their responses could affect their employment status, leading to incomplete or overly positive information gathered during the interview. I mitigated this limitation by establishing rapport and a sense of trust with the participants (Creswell & Poth, 2018), reassuring them about the measures taken to protect their confidentiality. To do so, I first introduced myself, and briefly discussed the outline of the interview. I assured the participant that their identity will be kept confidential, and any data collected will not be traced back to them. I encouraged two-way communication so that the participant felt valued and made efforts to maintain a balanced power dynamic. I engaged in active listening in a quiet setting in which the participant was comfortable, and I also practiced qualities of being open-minded, flexible, reassuring, supportive, warm, empowering, empathetic, respectful, and friendly (Leach, 2005).

5.6.2 Small Sample Size. In this study, the small sample size posed a limitation, as it may have resulted in the exclusion of diverse perspectives (Young & Casey, 2018). The participants who chose to participate often felt very strongly about their experiences, which may not reflect the views of the average employee in LTC. Usually**,** participant recruitment for qualitative research is one of the most difficult and resource-demanding aspect of a study

(Archibald & Munce, 2015). Despite the existing strong connections between one of my supervisors, Dr. Grudniewicz, a professor at the University of Ottawa, and several members of Perley Health, including Akos Hoffer, Chief Executive Officer (CEO), who supported the buy-in and facilitated the collection of data, I still had to modify my recruitment strategy in order to attain the desired number of participants, as the initial email outreach did not yield the desired outcome. One possible factor for this might have been the busy schedules of front-line healthcare providers, making them more likely to overlook new emails due to the high volume they receive. Nonetheless, despite reaching the desired number of participants, the study only captured the perspectives of nurses and PSWs, excluding other members of the support services team and additional roles within the organization which could have made beneficial contributions to this study.

5.6.3 Transferability of Findings. In qualitative research, the transferability of findings refers to the degree to which results can apply or transfer to other contexts or settings (Tuval-Mashiach, 2021). Two specific limitations have been found to relate to the transferability of qualitative findings for this study: (1) the cultural context and (2) Perley Health as a unique setting.

(1) Leadership behaviours and the perceived or desired importance of social support influenced by these behaviours in the LTC context can vary significantly. Given the cultural diversity within workplaces, it is essential to consider the impact of cultural factors on the recommended leadership behaviours (Zonneveld et al., 2021). To avoid any ambiguity, this study is limited to the Canadian culture; however, it should be acknowledged that Canada is a culturally diverse nation with a wide range of ethnic backgrounds and traditions.

(2) Perley Health presented a unique setting, and as such, results and recommendations from this study may not be transferrable to other contexts. I addressed this limitation by providing a clear description of the study's context and boundaries and stating any assumptions that are central to the research (Stenfors et al., 2020).

5.6.4. Blurred Lines Between Leadership Styles and Behaviours. Although my goal was to identify leadership behaviours that can be implemented by leaders in LTC, I acknowledge that my study is just one step toward better understanding which behaviours align with specific leadership styles, a topic that could be explored quantitatively in future research, as mentioned in the section on future research. Some of my overarching themes, themes, and sub-themes align more closely with leadership styles, while only the codes more clearly reflect behaviours. Zonneveld et al., (2021) also observed this inconsistency in their narrative review, noting that leadership styles have traditionally been the focus, with the emphasis on behaviours appearing only in recent literature.

Despite the potential limitations present in this study, with the appropriate mitigation strategies I used, the research findings serve as a starting point for other research on the impacts of leadership behaviours on perceived social support.

5.7 Strengths

5.7.1 Case Study Methodology. The case study methodology allowed for an in-depth analysis of leadership behaviours with the use of various sources of evidence. Documentary evidence provided a rich description of the context around leadership and support at Perley

Health, and the interviews gave me first-hand insights into leadership behaviours and social support.

5.7.2 Focused Recruitment and Sample Eligibility. By implementing a focused recruitment approach and establishing clear sample eligibility criteria, the study successfully achieved its goal of conducting an in-depth analysis, while also ensuring thematic saturation. I focused my study on nurses and PSWs and excluded other healthcare providers. In this collaborative work environment, nurses and PSWs have similar experiences with leaders and their behaviours because they share many day-to-day stressors, especially when compared to other front-line healthcare providers, such as physicians. Despite the small sample size, my targeted recruitment strategy captured the shared experiences of nurses and PSWs. This focus makes a novel contribution because most existing research tends to concentrate on RNs and RPNs in hospital settings. Consequently, my focused sample provided a deeper analysis of how leadership behaviours impact the work environment for nurses and PSWs in a LTC setting, which is often overlooked in existing literature that refers to front-line healthcare providers as a single group.

5.7.3 Interview Approach. The semi-structured interview approach allowed for in-depth interviews, yielding rich information, and enabling follow-up questions, clarification of responses, exploration of additional details, and connection between topics. Moreover, it created a comfortable environment where individuals were likely to feel at ease and engage in conversation. The interview approach allowed me to engage with participants and gain insights into their genuine emotions and experiences. Participants' narratives effectively provided valuable context and richness that helped answer the research questions. Their shared

experiences allowed me to gain a deeper understanding of their emotions, attitudes, and perceptions, including feelings of happiness, frustration, and other sentiments expressed during the interviews.

CHAPTER 6: CONCLUSION

In this chapter, I discuss the practical implications of this study, as well as recommendations for future research.

6.1 Practical Implications

The results of this study include a list of sixty-five behaviours that can be implemented to increase perceived support among nurses and personal support workers in LTC facilities. These tangible recommended behaviours are likely to be of benefit to Perley Health and may be incorporated in their well-being initiatives and guide the development of targeted leadership interventions. The practical implications of this study extend beyond individual support; strong leader-follower relationships can significantly enhance employee fulfillment and cultivate a sense of trust within the workplace. When employees feel both psychologically and physically safe, their overall health improves, contributing to a more positive work environment. Moreover, when care workers experience enhanced social support from their leaders, it has a profoundly positive impact on employees. This emotional support includes practices such as active listening, promoting open communication, sharing valuable advice, and nurturing deep connections. Consequently, this support, amongst others, can translate into improved care delivery for residents, as engaged and supported staff are more likely to provide compassionate, high-quality care. Overall, my thesis findings offer practical recommendations that can be applied in real-world settings, emphasizing the types of social supports that workers perceive as important and what they expect from their leaders.

6.2 Recommendations for Future Research

Future studies may want to replicate this research design using this study's population in other LTC settings and also using a broader and more diverse range of interview participants, such as physicians and support service workers. Makel et al. (2022) and Tuval-Mashiach (2021) suggest that replication is relevant to qualitative research for three reasons: (1) it aligns with qualitative values by supporting transparency and intentionality; (2) it formally assesses transferability; and (3) it highlights the relevance of reflexivity. A comparative analysis of responses from different groups of front-line healthcare providers, such as physicians, support service workers, nurses, and PSWs, could yield valuable insights. Also, it may be valuable for future research to consider the cultural nuances of leadership behaviours and social support, given differences in perceptions surrounding mental health and mental illness across cultures, countries, and religions (Algarni et al., 2020; Gopalkrishnan, 2018).

Subsequent empirical studies could test the findings of this research or identify other leadership behaviours that influence followers' perception of support in other LTC settings. Future longitudinal research could also explore when identified leadership behaviours from this research study are most effective in supporting employees' mental health and overall well-being according to the social support and buffering hypothesis theory. Research questions could include: “Which leadership behaviours are perceived as most effective in preventing the stress appraisal process among front-line LTC workers?” and “Which leadership behaviours are perceived as reducing the harmful effects of stressful events for LTC workers?”

To address these questions, repeated measures would be needed to collect data from employees at multiple time points to assess their perceptions of leadership behaviours and stress

levels over time. Trend analysis would then be used to identify patterns, such as when certain behaviours are perceived as more preventive versus reactive. Additionally, evaluating contextual factors or specific stress events that may influence these perceptions would provide a clearer understanding of how and when leadership behaviours are viewed differently (Greenhalgh & Manzano, 2022). Given the ongoing challenges faced by front-line healthcare providers since the COVID-19 pandemic, it is advantageous to consider the persistent stressors affecting their well-being and mental health, continually researching the changing needs of LTC staff and management in the aftermath of the pandemic.

This study brought further attention to the blurred lines in the existing literature when distinguishing between leadership styles and behaviours. While models like R.I.G.H.T and S.A.F.E.R are not specific to the LTC context, future research should focus on developing similar behavioural models tailored to LTC settings. Quantitative research can help achieve this goal by collecting data through surveys or questionnaires to identify leadership behaviours in LTC settings that influence health and well-being of front-line healthcare providers. Statistical techniques, such as factor analysis, can then be applied to analyze these behaviours along with others, such as those collected in this study, to determine their alignment with specific leadership styles, and assess their impact on the health and well-being of employees, leading to the development of behavioural models tailored to LTC contexts.

Many organizations, including healthcare organizations, are beginning to integrate artificial intelligence (AI) into their business practices and training programs—including those designed to train leaders on how to manage and lead their workers (Ekuma, 2024). Thus, exploring the impact of AI on leadership behaviours and determining ways to leverage AI

effectively to increase the perception of support among front-line healthcare providers in LTC could be advantageous. For instance, leaders could leverage AI-powered tools like the Kudos Recognition Assistant to deliver timely and personalized recognition to their followers, thereby boosting morale and motivation (Desjardins, 2024).

Focusing on leadership behaviours and their impact on perceived support among front-line healthcare workers has identified opportunities for improvement. The results of this thesis could be used to improve worker health, boost motivation and fulfillment, and ultimately elevate the quality of care provided to residents in LTC facilities.

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Appendix A. Interview Guide

Time (Min)	Interview Guide for LTC Clinicians and Front-Line Healthcare Providers
0:00 – 0:05	***Introduction and Greetings*** Hello, my name is Catherine, and I will be interviewing you today.
	Purpose and Context of Study • This interview is for my MSc Health Systems thesis, at the Telfer School of Management at the University of Ottawa. • My thesis is looking at long-term care and leadership behaviours. I'm focusing on social support for front-line healthcare providers and how leadership behaviours affect how you perceive social support.
	Informed Consent • In order to be as accurate as possible with my study results, I would like to audio-record this interview. Your identity will remain anonymous if any direct quotes are used in my findings. Do I have your consent to audio-record this interview? Do you have any questions about this? [start recording] • I provided you with a consent form prior to this interview. Have you had the opportunity to review it? (If not, allow sufficient time for the interviewee to thoroughly review and sign the consent form before proceeding) • Do you have any questions regarding the consent form? • Before we proceed with the rest of the interview, I want to confirm that you understand that your participation is voluntary, and you can withdraw at any time without penalty. If you choose to leave the interview, you will not be asked to provide any reasoning for the decision that you have made. Also, you have the option to skip any questions that you do not wish to answer. • Do you have any questions before we begin?
0:05-0:10	***PART 1: Get to know the interviewee's role at Perley Health*** 1. Can you tell me about what you do at Perley Health? *(Prompts: What is your role and what are some of your main duties? Can you describe a particular aspect of your work that you enjoy the most?)*
0:10-0:20	***PART 2: Gain a better understanding of LTC front-line healthcare workers' overall well-being*** 2. How would you describe your mental health and overall well-being? *(Prompts: How does your work or working at Perley Health impact your mental health and well-being? What challenges do you face most often in your day-to-day work life that may cause you stress or affect your mental health and overall well-being?)*
0:20-0:35	***PART 3: Gain a better understanding of the leadership behaviours exhibited by direct supervisors and managers towards front-line staff and clinicians*** I'll now ask questions about the leadership behaviours of your managers and supervisors. By "leader," I mean any of your direct managers or supervisors. You can also compare and contrast them, just be clear when you're talking about a different leader. Feel free to discuss just one manager or supervisor if you prefer.

	3. Can you tell me about the relationship that you have with your direct supervisor or manager? *(Prompts: How often do you interact with your supervisor/manager? What is it like to speak with them? Is there anything that you wish your supervisor/manager would do differently? Has this relationship changed in any way because of the pandemic?)* 4. Can you tell me about any examples of positive experiences you've had with your supervisor or manager? *(Prompts: What specific behaviours did they do to make the experience especially positive? Did they do or say something nice or helpful in a time of need? Did they show appreciation for something you had done? Can you tell me about a time where you felt that your manager/supervisor made you feel supported or cared for?)* 5. Can you tell me about any examples of negative experiences you've had with your supervisor or manager? *(Prompts: What specific behaviours did they do to make the experience especially negative? What about that experience would you change, or wish had been done differently to make it more positive?)* 6. Does your leader do or say anything that prevents you from feeling stressed? *(If not, ask…When you are feeling stressed, does your leader do anything to help?)*
0:35-0:55	***PART 4: Gain a better understanding of the interviewee's perceived level of social support from their direct supervisor or manager*** I'll now ask questions about how you face challenging situations at work and the level of support you receive from your leader(s). 7. Tell me about how you handle stressful situations or challenges at work. *(Prompts: Do you try and solve things yourself first? Who do you go to for help or support? How do you decide when it is time to ask for help or support? Can you tell me about ways your supervisor or manager has helped you handle these situations, if ever?)* 8. Can you tell me about a time you asked your supervisor or manager for support or help? (*Prompts:* ***If they can't think of a time…*** *Why do you think that is? Did you never need help or support you did you not feel comfortable enough to ask? Did you feel comfortable asking them for support?* ***If not, ask…*** *What could your leader have done to make you feel more comfortable going to them for support?* ***If yes, ask...*** *What else could your leader have done to make you feel even more comfortable going to them for support?)* 9. In your opinion, what additional support or resources from your leader could be beneficial in improving your mental health and overall well-being? *(Prompts: Could your leader behave in ways that could either help you to manage stressful situations better or even make you more confident to deal with challenges in a*

	healthy way? What specific resources or support from your leader do you feel you could benefit from the most?) 10. If applicable, could you share your knowledge or understanding of the PEER2PEER program?
0:55 – 1:00	***Final Thoughts and Conclusion*** • We have covered all the questions and topics I had prepared for this interview. I would like to express my sincere gratitude for your participation and valuable insights. Your input will greatly contribute to the findings of this study. • Is there anything you would like to share with me that I haven't asked you about? • Do I have your permission to contact you during the study period if any questions arise? • I have a short list of demographic questions I was hoping you could answer just to help me identify patterns among different groups of respondents. [Ask questions and fill out responses] • *End recording.*

Appendix B. Demographic Questionnaire for LTC Front-Line Healthcare Providers

1. What is your age group?
    a. 18-24 years old
    b. 25-34 years old
    c. 35-44 years old
    d. 45-54 years old
    e. Over 55 years old
2. What is your gender?
    a. Man
    b. Woman
    c. You don't have an option that applies to me. I identify as (please specify) _____
    d. Prefer not to say
3. What is the highest degree or level of school you have completed?
    a. High school diploma or equivalent
    b. Bachelor's degree
    c. Master's degree
    d. Doctorate
    e. Other (please specify)
4. How long have you been employed by Perley and Rideau?
    a. Less than 6 months
    b. 6 months to 12 months
    c. 1 to 3 years
    d. 4 to 6 years
    e. 7 years or more
5. How many months or years of experience do you have working in the long-term care sector?
    a. Less than 6 months
    b. 6 months to 12 months
    c. 1 to 3 years

d. 4 to 6 years

e. 7 years or more