

More I than we – the effect of organisational identification in the Australian aged care workforce

More I than we

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Abstract

Purpose – This paper aims to determine the effects of leadership style (LS) on organisational identification (OID) in aged care provider organisations to inform talent management strategies for the sector, which has quite severe workforce shortages.

Design/methodology/approach – This paper reports on a mixed-methods study. Study 1 was quantitative in approach that measured responses to an online questionnaire containing the Multifactor Leadership Questionnaire and the Identification with a Psychological Group scale. The analytical strategy provided results that demonstrated the socio-demographic characteristics of the sample, the reliability and distributions of data and calculated the correlations between the factors of the deployed tools. The relationship between the factors that comprise both tools was measured, and any differences between the two natural groups were labelled leaders and raters. Study 2 was qualitative in approach, using interpretive phenomenological analysis to provide an in-depth analysis of phenomena.

Findings – The results and findings of this study are that OID was not evident in the quantitative or qualitative samples. There are recommendations for future research relating to the social capital of organisations and the use of social media to determine how these could be harnessed in support of workforce recruitment and retention strategies.

Research limitations/implications – This research was conducted in Australia with participants from the workforces of aged care providers in three eastern states of Australia. The results and findings may be limited to the Australian aged care context. The researcher evaluated the limitations of this research relating to: Methodology: There may be an overstatement of the strength of the relationships between variables among those motivated to participate in the survey in the quantitative study; Transferability: The qualitative study required the researcher to be thorough in describing the research context, and it may be that those who wish to transfer the results of this study to a different context are responsible for making the judgement on the suitability of the transfer; Credibility: The qualitative analysis was not designed to directly reflect a relationship between each leader and their direct report raters' experiences; and Confirmability: The researcher maintained an awareness and openness to the dynamism of the results. Frequent reflection and self-criticism about preconceptions that may have affected the research were recorded in field notes after each interview.

Practical implications – Aged care providers who must compete in the labour market for staff may use the results and findings of this research to inform recruitment and retention strategies relating to brand recognition and loyalty and social capital strategies.

Social implications – Providing an appropriate, skilled and well-led workforce will assist in providing the appropriate level of aged care service at a high standard of quality and safety that will benefit the community as a whole.

Originality/value – To the best of the authors' knowledge, this paper reports on original research conducted following ethical clearance in part fulfilment of a successful conferral of a Doctor of Philosophy programme. After an extensive search of the literature, no research reports returned that examined LS and OID in the aged care service provision.

Keywords Older people, Recruitment, Leaders, Elder care, Qualitative research, Quantitative research

Paper type Research paper



Introduction

Paralleling global trends, Australia's population is rapidly ageing, with a burgeoning demand for aged care services. As a result, the aged care sector continues to experience increasing requirements for aged care staff at all levels with resultant workforce shortages experienced in the sector (Temple and McDonald, 2017). Workforce shortages are attributed to an ageing of the population evidenced by increased life expectancies and decreased fertility rates, the nature of the work itself and the aged care sector policy and regulatory environment (Hussein and Manthorpe, 2005).

In addition, there is a paucity of leaders with the required knowledge and skills to lead an interdisciplinary professional workforce who supervise a largely unregulated aged care workforce (Jeon *et al.*, 2013). This largely unregulated workforce is identified as one of the most significant contributors to the poor outcomes identified by multiple reviews of the aged care sector that have spanned decades (Nhongo *et al.*, 2018; Murray-Parahi *et al.*, 2017; Duffield *et al.*, 2014; Royal Commission into Aged Care Quality and Safety, 2019). The most recent is the Royal Commission into the Quality and Safety in Aged Care which handed down its final report on 26 February 2021 (Commonwealth of Australia, 2021).

Leadership is a critical component of any enterprise. It is a primary driver for growth, development and innovation and is distinct from management or administration. A leadership approach guides a leader's behaviour for use in various environments or situations, particularly in settings experiencing constant change, burgeoning escalating demand, suffering workforce shortages and insufficient evidence-based on which to guide practice. The leadership literature is voluminous. There is a paucity of leadership research that has aged care as its focus and the study of leadership in aged care is vital to fostering leaders who will grow and develop aged care services. Understanding the association between leadership style (LS) and organisational identification (OID) may help aged care organisations tailor programmes to develop leadership skills and attributes that will engage staff and strengthen the synergy between organisational mission and employee values.

There is little evidence in the literature regarding the relationships between LS and OID in the aged care sector. Hence, this research explored the interaction between the construct of OID and LS and the effect of LS on OID. An employee's sense of identity constitutes a "root construct", meaning it is the basis of OID (Albert *et al.*, 2000). It has a significant effect on the degree of concern for the organisation experienced by many employees. The concern employees feel triggers a deep sense of pride, which helps define who they are as individuals, and it is this that affects the perception of leadership that profoundly influences each member of an organisation (He and Brown, 2013).

This examination of the social exchange perspective that influences leadership found that the perception of leadership by others has a significant effect on employee behaviour and performance (He and Brown, 2013). When employees identify with their organisation, they have higher work performance levels (Blader and Tyler, 2009; Schuh *et al.*, 2016). These employees are more likely to engage in organisational citizenship behaviours, including voicing constructive suggestions or helping co-workers. They tend to be more satisfied with their job and less likely to leave the organisation of their own volition (Riketta, 2005; Schuh *et al.*, 2016; van Dick *et al.*, 2006).

The aged care system is vital to caring for our elders and protecting the vulnerable who need funded services. Quality aged care services require a large, interdisciplinary workforce to support the aged care sector with increasing demand because of an ageing population. There is a need for well-trained and insightful leaders to deal with the funding system's economic constraints, workforce shortages, achieving the delivery of an acceptable level of

safety and quality of care and consumers' expectations. It is critical to understand what makes an effective leader at all levels of the aged care system. More I than we

The rationale for this research

There is increasing evidence to support the proposition that OID is an essential element in fostering employees' work behaviours to work in the organisation's best interests (Guerber *et al.*, 2014). The aim of this research was to contribute to the knowledge of effect of leaders' behaviour on followers by categorising these behaviours into pre-determined styles and therefore assist aged care organisations in improving their performance by providing their workforce with skilled leaders. Following a rigorous literature search, there was no published research on the topic at the time of this study into the effect of OID specific to the aged care sector.

The question

This research examined the construct of OID and the associations between them and the LS described by Avolio *et al.* (1999) of aged care leaders to determine the effect this LS on the OID. This mixed-methods research provided an answer to the following questions:

RQ1. Is there an association between leadership style and organisational identification?

RQ2. What strategies promote or inhibit higher levels of organisational identification in aged care employees?

Literature review

Leadership is an individual's ability to influence, motivate and enable others to contribute to organisational effectiveness and success (House *et al.*, 1999). Core to this definition is the relationship between a leader and the followers and the process of influence exerted by the leader. OID is a construct or a theoretical lens that informs management and organisational research (Edwards and Peccei, 2007) and relates to how employees perceive themselves relative to the organisation (Albert and Whetten, 1985). Researchers suggest that OID captures what employees identify with their fundamental qualities (Albert and Whetten, 1985). This definition was reaffirmed in later research (Whetten, 2006). OID makes the organisation distinctive and unique from other organisations in the employees' eyes (Edwards and Peccei, 2010).

Moreover, OID relates to what employees perceive to be enduring or continuing, regardless of direction and strategy changes in organisational environments. It is concerned with "Who am I?" to the organisation (Podnar and Golob, 2014; Pratt, 1998). Patchen found that OID has three parts of, feelings of solidarity with the organisation, attitudinal and behavioural support and the perception of shared characteristics with other organisational members (Patchen, 1970). They provided a vocabulary for understanding the individual's world within a broader organisation by deductive reasoning and objective observation measures by "type of behaviour-function mapping" (Kitamura and Mizoguchi, 2004).

The body of knowledge relating to the importance of OID to organisational performance has evolved over the past 50 years. Scholarly enquiry and research into organisational identity began with Brown (1969), Patchen (1970) and Lee (1971), taking a functionalist ontological approach to describe OID, with later contributions by Brown (2017). In earlier work, a survey of 834 employees of the Tennessee Valley Authority measured employees' reactions to how and why they identified with their employing organisation (Brown, 1969).

This study found that identification is a self-defining response set in a specific relationship between the individual and the organisation and described four aspects of involvement as an attraction to the organisation, consistency of organisational and individual goals, loyalty towards the organisation and to self relating to organisational membership.

OID is not simply a product of the satisfaction of affiliative needs, and members of the organisation must also feel a “modicum” of a *locus* of control (Brown, 1969, p. 354), and this position was maintained in his later research (Brown, 2017). The role of shared characteristics with organisational members and shared interests and goals with other organisational members stems from solidarity with the organisation. There is a coupling of high levels of shared characteristics with a sense of belonging to the organisation and support for the organisation by its defence (Patchen, 1970). Hall and colleagues described OID as a process by which the organisation’s goals and the individual become increasingly integrated and harmonious. They also emphasised the importance of employees’ goals and value acceptance and emotional commitment to the organisation (Hall *et al.*, 1970).

Towards the end of the 1980s, Ashforth and Mael (1989) used social identity theory to understand better the complexities of OID. These researchers contrasted this with symbolic interactionism and criticised this theory for lack of empirical assessment and its emphasis on interpersonal relationships. They attempted to understand OID as a specific form of social identification manifested when individuals meet belonging needs within groups perceived as important. Mael and Tetrick (1992) described the importance of shared characteristics and shared experiences, developing the identification with a Psychological Group Scale (IDPG) and the IDPG, a subsequently validated scale.

Dutton *et al.* (1994) assert that OID is evident when the organisation members define themselves by attributes that describes them. They concluded that an individual’s self-concept has many characteristics that determine the organisation as a social group. Moreover, in another study, Dutton *et al.* (1994) found that given a set of conditions where identification is likely to occur, the individual’s identification with an organisation determines if there are increases in what has become known as “in-role” and “extra-role” behaviours. Organisations are often portrayed as having multiple identities associated with workgroups and departments to which individuals feel they belong (Guerber *et al.*, 2014; Brown, 2017).

The identification with a psychological group scale

The IDPG is a ten-item, two-factor scale developed by Mael and Tetrick (1992) that expanded the previous six-item scale. The 10-item IDPG scale is recognised OID as a subset of the more general identification with a psychological group. These researchers found that the 10-item scale significantly less overlapped with job satisfaction (JS), organisational satisfaction and job commitment (Mael and Tetrick, 1992). The IDPG demonstrated satisfactory construct validity, including convergent and discriminant validity (Riordan and Weatherly, 1999). Permission to use this scale in this research was provided by the developers.

The multi-factor leadership questionnaire

The Multifactor Leadership Questionnaire™ MLQ, also known as MLQ5X (or the standard MLQ), measures a broad range of leadership types. The styles fall into three distinct categories: passive leaders, also known as laissez-faire leaders; leaders who give contingent rewards to followers, known as transactional leaders; and leaders who transform their followers into leaders themselves, known as transformational leaders. The MLQ identifies a transformational leader’s characteristics and helps those in leadership positions discover

how their followers perceive them. Numerous validations of the MLQ5X have found that the model was invariant across gender and that construct validity (convergent and discriminate) was unproblematic (Elliott *et al.*, 2016; Felfe and Gohil, 2002; Avolio *et al.*, 1999). However, there is a lack of specificity in the tool's underlying constructs (Schriesheim *et al.*, 2009). Licences for the use of this scale in this research were obtained by the researcher.

Research design

This study was a cross-sectional and observational mixed-methods study consisting of a quantitative study (Study 1) of leaders and those who assessed them that informed the data collection for the qualitative study (Study 2), which used semi-structured interviews to collect data. The cross-sectional design allowed examining the attitudes and behaviour relationships based on data collected (Lindell and Whitney, 2001). Participants were employees of aged care organisations who had previously signed a memorandum of cooperation with the researcher and provided the opportunity for their staff to contribute voluntarily and be part of the research study. This research received ethical approval from the Griffith University Human Research Ethics Committee (HREC ID: MED/2017/030).

Method

Study 1 (quantitative) – identification with a psychological group scale and multifactor leadership questionnaire

The Statistical Package for the Social Sciences (SPSS®) version 25 provided the tools to analyse data from the online questionnaire that contained the IDPG and MLQ5X. Data from an online questionnaire were imported into SPSS using a comma-separated values file (IBM, 2019). The sample ($n = 187$) was divided into two participant cohorts of a leaders group ($n = 54$) and a raters group ($n = 133$) comprising staff of 12 aged care provider organisations that agreed to participate in this study. Leaders were precluded from being raters of more senior leaders, and those that had participated as raters were not permitted to respond as leaders. Sample characteristics of disclosed gender identity, aged groups, aged care job types, highest educational qualification, aged care experience and employment contract compared well to The Aged Care Workforce Study, 2016 (Mavromaras *et al.*, 2017). There was no attempt to measure differences between aged care organisations given that the Royal Commission into the Quality and Safety hearings were in session during the data collection period.

Study 2 (qualitative) – interpretive phenomenological analysis

Data collection for the interpretive phenomenological analysis (IPA) (Smith *et al.*, 1999) used digitally recorded semi-structured interviews that were later transcribed by a professional transcription service allowing the exploration of the participants' views, experiences, beliefs and motivations (Gill *et al.*, 2008) through a customised interview agenda for each group in the sample (Kallio *et al.*, 2016).

The researcher considered IPA relevant to this study's goals and objectives. It aims to provide detailed examinations of personal lived experiences. It is particularly useful for examining complex, ambiguous and emotionally laden topics (Smith and Osborn, 2015). Thus, IPA offered a framework for exploring individuals' lived experiences to understand their personal experiences better. IPA also facilitated derived meaning of the participants' experiences for insights relating to how an individual makes sense of a phenomenon in a given context (Smith *et al.*, 2009) in an iterative and inductive cycle (Smith and Osborn, 2008). The transcripts were then coded by identifying the streams of consciousness that

emerged that captured the essence of the text using an inductive method to form a narrative, defining what the data were about (Gibbs, 2012). The process involved four more line-by-line hermeneutic circles. Each circle adds another layer of in-depth understanding of the interview contents until reaching data saturation (Fusch and Ness, 2015). Data saturation emerged after five hermeneutic circles, and the recruitment of further participants ceased.

The threads (streams of consciousness) identified in the analysis of transcripts were input into a spreadsheet. This procedure allowed sorting and filtering and provided the means for breaking the text down into smaller units and reorganising them into relatable stories linked to the research questions posed in this research related to OID and LS. This allowed for the creation of narratives and placed the data in a meaningful order to from themes. This process permitted native interpretation and naturalistic observation (Christians and Carey, 1989).

The lived experiences recounted by the participants in the semi-structured interviews suggest their reasons for entering aged care were related to the caring work itself and not because they worked for their employing organisation for its reputation and synergy with their values. Both the leaders and raters expressed that they worked in aged care to fulfil personal motivations. Thus, the theme was labelled “More I than We” because OID was not evident in the participants of semi-structured interviews.

Results

Study 1 (quantitative) – identification with a psychological group scale and multi-factor leadership questionnaire

Sample reliability. The IDPG scale showed excellent reliability (10 items: $\alpha = 0.94$) using the George and Mallery scale (George and Mallery, 2007). The reliability in each factor of the tool was less reliable when considering the results achieved for the whole scale. The shared experience (SE) factor demonstrated questionable reliability ($\alpha = 0.66$), and for shared characteristics (SC), the results returned were unacceptable ($\alpha = 0.20$).

Data distributions. Despite slightly skewed continuous data (towards the higher end), the two sub-scales' distributions had a bell-shaped curve, consistent with normal distribution. This underpinned the choice of parametric analysis methods for further bivariable analyses concerning these continuous variables.

Correlations. The results of the Pearson's correlation for the IDPG and MLQ5X indicated significant correlations between the SE factor and the MLQ5X factors of IIA ($r = 0.285, p < 0.001$), IIB ($r = 0.289, p < 0.001$), IM ($r = 0.253, p < 0.001$), IS ($r = 0.153, p = 0.037$), IC ($r = 0.213, p = 0.003$), CR ($r = 0.99, p = 0.180$), EE ($0.137, p = 0.042$), EEF ($0.176, p = 0.042$) and SAT ($0.217, p = 0.008$). The remaining MLQ5X factors had no significant correlations as shown in Table 1. Correlations were demonstrated between the SC and MLQ5X factors of IIA ($0.299, p < 0.001$), IIB ($0.275, p < 0.001$), IM ($0.291, p < 0.001$), IS ($0.182, p = 0.013$), IC ($0.213, p = 0.003$), EE ($0.268, p = 0.036$) and EEF ($0.268, p = 0.003$), reaching statistical significance. The remaining MLQ5X factors had no significant correlations as shown in Table 1.

All correlation results were positive, and significant correlations were found in the IDPG – with MLQ5X results. The SE and SC factors demonstrated correlations for all sub-scales of the MLQ5X ascribed as transformational. In addition, the shared experience sub-scale in the IDPG correlated with the rewards achievement (CR) sub-scale in the MLQ5X and is referred to as transactional leadership factors in the MLQ5X. The SC sub-scale in the IPDG returned similar correlation results, except for CR, which did not significantly correlate with the SC sub-scale. Overall, the interscale correlations were positive, and there was a relationship

IDPG factor	MLQ factor	<i>N</i>	<i>r</i>	<i>p</i>
Shared Experience (SE)	Builds trust (IIA)	187	0.285	0.000
	Acts with integrity (IIB)	187	0.289	0.000
	Encourages others (IM)	187	0.253	0.000
	Encourages innovative thinking (IS)	187	0.153	0.037
	Coaches and develops people (IC)	187	0.213	0.003
	Rewards achievement (CR)	187	0.099	0.180
	Monitors deviations and mistakes (MBEA)	187	0.060	0.414
	Fights fires (MBEP)	187	0.083	0.260
	Avoids involvement (LF)	187	0.025	0.731
	Generates extra effort (EE)	187	0.137	0.042
Shared Characteristics (SC)	Is productive (EEF)	187	0.176	0.037
	Generates satisfaction (SAT)	187	0.217	0.008
	Builds trust (IIA)	187	0.299	0.000
	Acts with integrity (IIB)	187	0.275	0.000
	Encourages others (IM)	187	0.291	0.000
	Encourages innovative thinking (IS)	187	0.182	0.013
	Coaches and develops people (IC)	187	0.194	0.008
	Rewards achievement (CR)	187	0.132	0.72
	Monitors deviations and mistakes (MBEA)	187	0.041	0.581
	Fights fires (MBEP)	187	0.061	0.408
Avoids involvement (LF)	187	0.026	0.722	
Generates extra effort (EE)	187	0.268	0.036	
Is productive (EEF)	187	0.192	0.041	
Generates satisfaction (SAT)	187	0.268	0.003	

Table 1.
Pearson's *r* results –
IDPG factors and
MLQ5X factors

between OID, factors ascribed to transformational leadership and the transactional leadership factor of rewarding achievement.

Comparing the differences between the leaders and raters groups. A *t*-test determined the congruence or dissonance between the leaders and raters groups (Table 2).

There was no significant effect for SE ($t = 1.94, p = 0.054$) or SC ($t = 0.202, p = 0.082$). Thus, no significant differences were found between the leaders and raters groups.

Study 2 (qualitative) – interpretive phenomenological analysis

Leaders. Participants recounted working in the aged care sector in an initial interview question and throughout the interview. Responses demonstrated that most participants had not deliberately chosen an organisation they particularly aspired to work in. No participant mentioned working for an organisation because of alignment to organisational reputation, values or mission. The reasons frequently expressed related to satisfying their personal aspirations or the value of aged care work itself. For example, L5 made meaning of her decision to work in aged care to make a difference and improve the aged care system:

IDPG factor	Valid <i>N</i>	Mean (SD)	Mean diff.	<i>t</i> -value	<i>p</i> -value
<i>Shared experience (SE)</i>					
Leaders	54	3.85 (0.41)	−0.16	−1.94	0.054
Raters	133	4.01 (0.49)			
<i>Shared characteristics (SC)</i>					
Leaders	54	3.66 (0.43)	0.34	0.202	0.082
Raters	133	4.00 (0.49)			

Table 2.
Group differences –
shared experience
(SE) and shared
characteristics (SC)

I did some quals in palliative care and other things, so [I] really fell into it and so have always been in and out of aged care only, and mainly because I was working in aged care so that I could make a difference, make a better system for when I was old, and I enjoy the work (L5). The discussion with L5 centred around touching the lives of older people to remain socially connected and, wherever possible, in control of their lives. Personal apprehensions about entering aged care in the future drove a commitment to improving care to ensure it was more personally acceptable.

Similarly, L6 linked their choice of a workplace to the desire to create a better aged care system and expressed a strong motivation to make a difference in the future. This participant also expressed an interest in the lifestyle of older people and achieving improvements for aged care consumers.

I am working in aged care so that I could [sic] make a difference – make a better system for when I was [sic] old. But I've always believed that older people deserve better than what they've historically had, and I think it's all about choice too [..]. I've got the ability to influence this sector in some way, shape, or form, so do I get frustrated? Yes, but I don't let the frustration get to me (L6).

L1 mentioned that working in the aged care sector was primarily a response to providing a better care environment for seniors in the acute care sector. "I was unable to make a positive change in the acute care sector without the experience of knowing how aged care worked and understanding the challenges from the aged care provider's perspective." When asked to provide an example of why L1 believed that care of the elderly in the acute care sector needed change and recounted the following experience:

I remember vividly one Friday night, confronting not only the emergency department being full and knowing that it was going to become a much more pronounced issue. I opened the following weekend with tourist season, knowing that I'll [sic] have to work back another Friday night away from my family, and I remember becoming really frustrated and then going through the hospital to discover, I think, up to 25 elderly people that were trapped in the hospital. The inappropriate settings for treating older people requiring care drove me to the sector. It's been incredibly personally challenging; it's been intellectually challenging.

L1 also described another experience and stated it was common and reinforced his decision to lead in the aged care sector. The move to aged care appeared to have been motivated by the opportunity to shape policy and procedure to benefit Australia's increasingly burdened acute health-care sector.

I had a personal insight where I saw two really quite unusual European names, and one was a woman who had broken a hip, who had been admitted to a female surgical ward with her husband for whom she was the primary carer; they had no other community care supports around them. He had to be admitted because there were no other places to provide respite or support for her husband. One of them ended up dying in hospital, and it dawned on me that they were just examples of so many elderly people trapped in the acute system becoming more dependent.

L2 described opportunities to improve older people's health and well-being as the motivation for her participation in the aged care workforce at a leadership level. This leader perceived a gap in the health-care system responsible for aged care recipients not getting the care they deserved and needed because of the triage of care in the acute health-care system.

I have been lucky that in some of my roles, I have been able to improve the health benefits of those clients. That is what I aim to do in the way that I lead services. I saw this gap in the services to the elderly when they competed for care in the acute sector (L2).

Altruism and personal satisfaction permeated participants' responses to why they joined and remained in the aged care sector. Only one participant, L4, provided an alternative

reason, describing his decision to work in aged care as “an accident”. However, L4 later revealed that financial interest in an aged care organisation was also a motivation, leading him to seek and gain the chief executive officer position. More I than we

One day an ex-business partner asked if I could come and have a look at this business. It was conceptually an okay model, but he was losing a lot of money. In some respects, we probably ended up where we are because we didn’t know anything, and we didn’t know what we weren’t allowed to do, so we just did things because it seemed like it made sense (L4).

Raters. Raters described their reason for entering the aged care workforce as related to their caring role rather than a desire to work for any particular organisation. For example, R4 reported that her motivation to work in aged care came from a lived experience with an ill and frail parent, coupled with the desire to continue working in a caring environment when her responsibility for caring for an ailing father was no longer necessary.

A few years ago, my father became very ill, and I had this realisation that it’s very difficult for older people to be cared for by people that they don’t feel comfortable with. I felt like I could be around people and make them comfortable in themselves. It made more sense to me to work in an environment where you can share part of yourself and show love for people rather than working in an environment where you’re just taking. (R4)

Table 3 summarises the reasons participants offered for choosing to work in aged care that revolved around fulfilling a personal need or wanting to make a difference in the care of the vulnerable older person.

Conclusion

Most participant responses referred to the “self” rather than any employing organisation. The statements provided were “I” statements rather than statements linking themselves to an organisation or team through “we” responses. While some expressed altruistic motivations, they did not link these with any desire to work for a particular aged care organisation or alignment with organisational values.

Whether the decision was related to making positive differences, the chance for promotion and the resultant increase in remuneration or seeking a personally satisfying career choice, each person’s career choice fulfilled a personal need or aspiration, expressed through a deep commitment to the sector rather than a particular organisation.

Measuring OID provides critical organisational insights and interaction with its internal and external environment (De Roeck *et al.*, 2013). OID is evident when employees perceive themselves and the organisation as tightly linked by cognitive and affective processes (Černe *et al.*, 2013). The employee feels pride and demonstrates loyalty and oneness with the organisation’s values and goals. Social identity theories provide an appropriate framework to interrogate complex organisational cultures. The OID framework highlights a more individual response to group norms and values. The relationship with different LS may

Reason	Participant	
Recognised a significant need for more integrated aged care services	L1, L2, L3, L5, L6	Table 3. Participants grouped reasons for entering the aged care workforce
Purposeful career choice for creating a better system in aged care	R4, R5	
Improved pay/conditions or other financial gains	L4	
Referred by friend or relative	R1	
Paying it forward due to the lived experience of caring for a relative or friend entering aged care	R2, R3	

become vital to determine which style more effectively encourages OID. Social identity and its subset of organisational identity are strongly linked to a more contemporary term, “organisational culture” (Brown, 2017; Haslam *et al.*, 2003).

There is considerable evidence that a strong organisational culture is represented by having a workforce that demonstrates a salient, stable and consistent identity (Ashforth and Mael, 1989; Rousseau, 1998; Schuh *et al.*, 2016; van Dick *et al.*, 2006). OID exhibits greater consensus because of social identity theory’s hegemonic power (Ashforth and Mael, 1989).

There was scant evidence that LS impacted OID because the quantitative results showed an insignificant correlation between LS and OID, and the qualitative findings confirmed this. The participants indicated that they enjoyed working with the elderly and recognised that they contributed positively to the amenities of life of the people for whom they provided care. However, this was not because they aligned with their employing organisation’s philosophy, mission, objectives and culture. It was more about satisfying a personal preference or aspirations related to the work performed. They appeared committed to the work but not necessarily aligned with the employing organisation.

From this mixed-methods study, LS has a limited effect on OID. OID relates to how employees define themselves as organisation members (Ashforth and Mael, 1989). Also, it is the extent to which they experience a sense of belonging or oneness with organisational values, brand and methods (Haslam *et al.*, 2003; Schuh *et al.*, 2016). The single theme that emerged from the IPA was “More I than We”. Thus, workforce planning and organisational marketing to attract and retain aged care employers may need to examine related constructs to devise effective workforce recruitment and retention strategies (Charbonnier-Voirin *et al.*, 2017).

This finding that LS does not appear to affect OID is important. Many employing organisations rely on workforce recruitment and retention strategies using employee social capital, or the employee’s sense of belonging, proactivity and feelings of trust and safety. These strategies and an organisation’s social media presence are an “important communicative bridge between the employee and the larger organisation” (De Roeck *et al.*, 2013; Sias and Duncan, 2018). Thus, OID may be important for retention strategies. However, this may not be effective for prospective employees if the attraction is more about the work than the organisation unless aged care employing organisations capitalise on their branding to address talent attraction and retention strategies (Kashyap and Chaudhary, 2019).

Although the quantitative study could find no significant correlation between LS and OID, this was also a finding in the qualitative study. Furthermore, research is required on how an organisation’s social capital is harnessed for successful recruitment and retention strategies developed by aged care organisations. Future research into the effects of LS on OID in aged care could consider any differences between for-profit and not-for-profit providers which were not part of the enquiry in this research.

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