

# Leadership with care – Constructing responsibility as ‘shared caring’ in a complex public service organisation

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Keywords: leadership, care/caring, trust, relations, reciprocity, responsibility, public sector, shop-floor worker, manager

## Abstract

The article investigates the pattern of influence enacted by shop-floor service workers and line managers in a public sector organisation which have been affected by New Public Management changes. Applying the concepts of care (caring) and trust, we expand the concept of the relational influence pattern originating from leadership theory. We supplement our analysis with the sensitive methodology of studying activities in shop-floor work, namely experiences of transitions on the micro-level among a group of employees, managers and clients. The results show that the caring observed in the group is shared among the individuals, it supports their collective responsibility, and exhibits trust relationships that have been created through shared experiences. Qualitative evidence illustrates that shared caring can be a pattern of relational, embodied leadership influence, directed to nurture, improve or help the situation of others in the work community. The pattern had evolved naturally through shared and expected, foreseeable experiences. We suggest the notion of *leadership with care* to describe this type of relational leadership influence.

## Introduction

We know that, in the end, this work will break our bodies - no matter how we do it. Therefore, the least we can do is to nurture our spirit  
(Service worker)

In spite of the increasing automation and digitalisation of contemporary work in the western world, care work, performed mostly by women, especially in public services, is continuously carried out in real-life, day-to-day encounters between the care worker and the person being cared for (Szebehely, 2005; Martela, 2012). As the economic downturn continues and service needs increase, mainly due to demographic ageing in Europe, the production of care – and care work – becomes a critical and debated matter.

Alarming research results are being reported concerning care workers' working conditions, plans to leave care occupations, management support, and professional development. Care work is one of the most demanding fields in the labour market, both physically and mentally (e.g., Colombo et al. 2011; Trydegård, 2012). For example, a study on 2583 eldercare workers in Nordic countries revealed that one out of three care workers had seriously considered quitting their jobs (Trydegård, 2012). The care workers experienced their work as

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physically and mentally arduous, and felt that their opportunities to provide good quality care were weakening (ibid.). The majority felt that they did not receive support from their managers, and the workers lacking managerial support were twice as likely to want to quit their job (Trydegård, 2012; also Hansen, 2008). Thus, the development of competences in terms of professionalisation has stagnated in a few traditionally female occupations, surprisingly without much resistance on the part of the employees (e.g. Andrews & Waerness, 2011).

Researchers (Trydegård, 2012; also Tainio & Wrede, 2008; Dybbroe, 2008) link such worrying findings directly to the implementation of market-inspired organisational and institutional changes in the public sector, arguing that from the care workers' perspective, the reforms are in conflict with what is generally understood as good care practice. This model, known as *New Public Management* (NPM), replaces the traditional public administration model with models from the private sector, such as entrepreneurial management ('value for money'), competition between public and private providers, detailed service contracts, freedom of choice for users ('customerisation') and cost control (e.g. Clarke & Newman, 1997; Pollitt & Bouckaert, 2000).

The traditional *Public Administration* paradigm was based on legislative, bureaucratic and rule-based order, and on a stewardship pattern of responsibility (e.g. Teelken et al., 2013; Donaldson & Davis, 1991). The *NPM paradigm* focuses on the development of efficient operations, 'lean' and 'flat' structures, rationality, effective customer service, and flexible personnel (Langergaard, 2011) and encourages professional performance of the individual manager (Clarke, 2004). Managers are less present and available to their staff (e.g., Trydegård, 2012). Critiques argue that NPM has failed in practice to sustain public organisations (Osborne et al., 2014: 167) and that it increases overly masculinist forms of managerialism (Thomas & Davies, 2002). The alternative relational and public service-dominant co-production model of governance sees citizens as an essential part of the production and innovation process, and as comprising several different organisations (ibid., also Hartley, 2005). Ideal models do not exist in practice (Reed, 2011), and there is still a lack of empirical research on the mechanisms and consequences of NPM and other models for actual work and managerial practices.

What if the majority of care workers really turned their thoughts into actions and quit when affected by the multiple changes that deteriorate their wellbeing and their ability to provide good quality care? Trydegård (2012: 125) proposes that thoughts of quitting may serve as a safety valve, and anticipates that most workers would end up staying in their jobs eventually. However, it is alarming if thoughts of quitting are the only way of coping in care work (e.g. also Clegg & Courpasson, 2004). In our view, it is ever more important to ask: what makes care workers *stay* in their jobs? In particular, what do the workers and their managers do to keep themselves going in their work? It may be that even though top administrators promote a certain general administrative model, employees – or line managers and employees together – discover by improvisation their own practical, context-specific patterns that enable them to cope with their intensify-

ing challenges (Fuglsang & Sørensen, 2011). However, the dynamics of transformative, employee-initiated actions are not systematically addressed in public administration research. As noted by Crevani and colleagues (2007:44), there is 'still little research on the leadership processes or collective acts of leadership that are not performed by formal leaders alone'. There is a need for studies which could inform critically reflexive, practice-based and employee-driven managerial interventions.

In this article, we take a step in this direction: we examine the mundane, embodied and relational work and leadership patterns, as discovered in the interview accounts and observed actions of line managers and workers in a public service organisation which has recently overcome NPM-inspired changes. First, we expand the concept of relational pattern with concepts of care (caring) and trust, and then supplement our analysis with the sensitive methodology of studying changes in shop-floor work, namely expansive experiences of transitions on the micro-level. Second, we demonstrate the suggested framework with a case study of low-wage public service work and end by discussing the framework's contribution to the theory and leadership practice in the public service context.

### **The mystery of leadership influence – from the relational perspective to the debate on 'non-existent' leadership and back**

Social exchange theory has emphasized the significance of reciprocal relations, in terms of mutual advice, guidance and help, for the successful functioning of organisations (Blau, 1964; also Graen and Uhl-Bien, 1995; Hogg, 2001). This reciprocal view has also been echoed in the ideas of shared, collaborative or collective leadership, and distributed and peer-based leadership (e.g. Crevani et al. 2007; Crevani et al. 2010), also termed postheroic perspectives (Crevani & al. 2007) or post-bureaucratic changes in managerial work (Vie, 2010). These concepts challenge the traditional leader-centric unitary command models, as growing expectations of team work, work autonomy/engagement and enlarged participation from the employee perspective have called for alternative views (e.g. Lilius et al., 2012; Choi, 2007; Smith et al., 1983; Axtell et al., 2000; Bindl & Parker, 2011; Kesting & Ulhøi, 2010; Høyrup, 2012). Concern has been growing as regards how individual leaders survive the often conflicting demands of their roles (e.g. Ladyshewsky, 2010; Andersen, 2009). Changes have been demanded to deal with the growing misuse of power and the decline of public trust in business and public leaders (Yukl, 2010).

The postheroic and post-bureaucratic theories emphasise the long-term quality, welfare and development of practices, followers and relations rather than financial performance (e.g. also Blau, 1964; Graen & Uhl-Bien, 1995). As such, they broaden the discussion from seeing people as mere resources to people as an end in itself (cf. Alvesson & Willmott, 1996: 17; Spicer et al., 2009). Despite recent developments, however, the unitary command perspective and bureaucratic management also continue to live on in good health (Crevani & al., 2007; Vie,

2010). A variety of theories and models form a mixture of management discourse which easily remains abstract to practitioners.

Numerous definitions of leadership commonly agree that leadership involves influence, namely, that leadership influence presumes the existence of followers or influencees. However, as discussed extensively by Alvesson and Sveningsson (2003a; 2003b; 2003c), after agreeing on the basic idea of *influence* the ambiguities emerge. Critical management researchers advocate 'leadership agnosticism' (Alvesson & Sveningsson, 2003a), debate on leadership as 'extra-ordinarization of the mundane' (Alvesson & Sveningsson, 2003b) and, finally, discuss the significance of non-leadership (Alvesson & Sveningsson, 2003c). Their findings indicate the 'need for a radical revision of the leadership field, viewing leadership as a much more uncertain, fragmented and incoherent phenomenon' (Alvesson & Sveningsson, 2003c: 985). The ambiguous 'mystery of leadership influence' remains. According to critical theorists, we may forget the term leadership/management and instead simply look at what activities contribute to the social integration of the organisation (e.g., Alvesson, 1992): for instance, what are the qualities of these activities, who performs them and in which relational combinations, and how is influence present. In this article, our point of departure is that it is possible to explore patterns of influence in the shop-floor work context without subscribing to predetermined concepts of leadership or leader-follower categories.

#### Caring as a pattern of influence and responsibility

It is relevant to link the concept of care with knowledge creation and discuss it in the context of organisation and management, as the fragility of knowledge creation is a major challenge in contemporary organisations. Specifically, care is relevant in all organisational and occupational contexts; it is not restricted to health care and work with children, the elderly and the disabled, performed mainly by female employees (although care and female gender are historically closely tied together, a topic not developed in this article). Constructionist (e.g. Clegg et al., 1996) as well as feminist (e.g., Butler, 1990), critical (e.g., Rose, 1999) and realist (e.g. Archer, 2000) perspectives suggest that knowledge also resides in our bodies (embodied knowledge, in addition to discursive and practical knowledge) and is closely tied to our experiences and identities, with which we will come to create the world in ways that are unique to ourselves. As knowledge creation is also a social process, sharing tacit knowledge involves individuals participating in public justification, and precisely this process of justification makes knowledge creation a highly fragile process (von Krogh, 1998). The value of care in organisational relationships is one key enabling condition that allows knowledge creation to happen (ibid.: 135-136). In order to make the idea of care more concrete, von Krogh (1998: 137-138) presented five (general) dimensions of care behaviour in relationships; forms in which care gives rise to namely mutual trust, active empathy, access to help, lenience in judgement, and courage.

Under which circumstances could care, such as the five dimensions mentioned above, be conceptualized as a pattern of influence? The care theorist Nel Noddings (2002) has developed the notion of caring encounters. Receptive attention is an essential characteristic of a caring encounter. The carer is open to what the cared-for is saying and might be experiencing, and is able to reflect upon it. However, there is also motivational displacement: the carer's motive energy flows towards the cared-for. The carer thus responds to the cared-for in ways that are, hopefully, helpful. For this to be called caring a further step is required - there must also be some recognition on the part of the cared-for that an act of caring has occurred. Caring involves a connection between the carer and the cared-for and a degree of reciprocity; that is to say that both gain from the encounter in different ways, and both give.

Noddings (2002) highlights the distinction between caring for and caring about. From the point of view of influence, in order to gain more nuanced insights into both its relational and material entity, this distinction is important. Thus far, we have been looking largely at *caring for*, face-to-face encounters, in which one person cares directly for another. *Caring about* is something more general – and takes us more into the public, in our view also material, action-orientated as well as ethical, reflexive realm. Later Noddings argued that caring about needs more attention. We learn first what it means to be cared for. ‘Then, gradually, we learn both to care for and, by extension, to care about others’ (Noddings, 2002: 22). This caring about is almost certainly the foundation of our sense of justice, and prerequisite for sustained relationships (Noddings, 2002: 23-24).

It seems that caring for and caring about can be interpreted as simultaneous relational and material actions and type of influence that promotes responsibility and the experience of justice. At least it seems that caring reflects what critical theory describes as responsibility, ‘a developed awareness of our social interconnectedness and, thus, a realization of our collective responsibility of each other’ (Alvesson & Willmott, 1996: 13). In summary, care as a pattern of influence comes close to the leadership influence discussed in management research, but provides a qualitatively more sensitive and embodied view of reciprocity. In this study we illustrate the dynamics of care influence at play among workers and managers in a case study on a public services organisation.

### Trust and pattern of caring

Is *care* impossible if there is lack of trust between those engaged in mutual influence? von Krogh (1998) discussed mutual trust as the first dimension of caring, stating that care gives rise to trust. Willingness to give care, and responsiveness to care received, require trust. Trust is also highly reciprocal: in order to accept your help, the other person has to believe in your good intentions to support them (ibid., 137). Building trust often requires extensive experience in the relationship or the matter at hand: one person needs to show consistent behaviour towards the other person over a period of time.

The trusting qualities of the relations between parties are critical for successful collaboration (Lewicki et al., 1998; also Schoorman et al., 1995, Mayer et al., 2007). Lewicki and his colleagues (1998: 440) make the interesting point that it is possible for parties to both trust and distrust one another: the traditional view of trust as 'good' and distrust as 'bad' is challenged. Lewicki et al. (1998: 439-440) define trust in terms of confident positive expectations regarding another's conduct, and distrust in terms of confident negative expectations regarding another's conduct. Conduct may mean words, actions, and decisions. Confident positive expectations mean a belief in, a propensity to attribute virtuous intentions to, and a willingness to act on the basis of another's conduct. Confident negative expectations mean a belief or fear of, a propensity to attribute sinister intentions to, and a desire to buffer oneself against the effects of another's conduct. Lewicki et al. (ibid.) argue that trust and distrust are not opposite ends of a single continuum: certain elements contribute to trust, and other elements contribute to distrust.

What *trust* adds to the idea of a caring pattern of influence is the concept that caring is complex, requires consistency over time, and may not be solely positive. While incentives to collaborate and trust certainly exist, there may be simultaneous reasons to distrust a relationship partner. The challenges of speed, quality, and global reach, which require trust, have also triggered distrust through corporate restructuring, outsourcing, and violations of the psychological contracts connecting individuals with organisations (Lewicki et al., 1998).

We anticipate a dynamic developmental relation between trust and the caring pattern of influence. Although we expect that influence is dependent on and requires trust, influence can also exist with only partial trust. The individuals between whom the relationships are formed possess different kinds of properties as regards organising work. A notable category of these properties are the formal roles assigned to individuals by the management structure of the organisation. These roles assign expectations regarding their performance and affect the trust and distrust in relationships. The roles also affect the dynamics between different leadership activities, namely those regarded as caring leadership and those regarded as authoritarian leadership or formal management.

Drawing from the theories of leadership, caring and trust, we explore the origin and nuances of relational influence and its potential connections to work team well-being, innovation and performance in a context of service work with a complex managerial structure.

## Case context, data and methods

The case context is physically strenuous, low-wage catering and cleaning work in an immigrant reception centre in a Finnish city. The combined cleaning and catering work (from now on referred to as 'integrated service work') in the centre is outsourced to a service organisation owned by the City. Thus, the case involves two separate organisations, the service provider organisation and the customer organisation, performing their activities in the same premises. The

service centre was founded in 2003 and employs 3000 service workers. At the time of the empirical study, the facility on which we focused had been in operation for 18 months.

For this service centre (from now on the SC) as a service provider, the immigrant reception centre is a challenging customer organisation: the number of immigrant residents is constantly changing, many new facilities have recently been opened and the SC has been pressed to cut the costs of their catering and cleaning services. More flexible work arrangements have been implemented; for example, previously separated work tasks such as catering and cleaning have been combined. The changes highlighted the paradigm of NPM discussed in the introduction.

The SC managers divide their time and focus between several facilities. Integrated service work here means that the same workers perform both catering and cleaning tasks in the facility, and therefore need to have multiple competences, that is, a wider set of skills than is typical for workers in the SC. The workers perform their daily work in the facility but are not under the supervision of the management of the immigrant centre. In this complex setting, each worker performs tasks in autonomous pairs or small groups. The work is divided into two shifts. Security and confidentiality matters are also part of the work.

The case data, gathered in 2011, included interview data and ethnographic observation. The thematic interviews lasted from 1.5 hours to 2 hours. Interviews traced the interviewees' perceptions of their previous, current and future experiences/expectations, roles, practical tasks/duties, benefits, and ideas related to their work. The themes covered the work tasks and role of the interviewee, service context and development, changes in work and management, patterns of team and client interaction, well-being, and the interviewees' participation in various organisational or service development activities. The interviews also included narratives about everyday life at the site. The data used in the paper are part of a larger data set which includes 115 interviews and some ethnographic observation situations in seven public sector organisations in Finland.

The data include three interviews of service employees and two interviews of line managers from the outsourced service organisation, and two interviews of the customer organisation's line managers. We recruited interviewees from both organisations, who had been operatively involved in the start-up phase of the integrated service. We contacted the suggested employee interviewees after having contacted the forewoman about their Finnish language abilities and work shifts. We were not able to interview the whole integrated service work team: for instance two employees could not be recruited due to language problems. All the interviews were recorded and transcribed with the interviewees' written consent. The ethnographic data concern one work shift in the cafeteria of the service centre. The work shift observation covered the work of two service workers, a work-pair, and three other personnel representatives of the customer organisation, as well as the clients (approximately 30). Detailed field notes were written during the observation, and some work situations were photographed. At the end, a detailed field report was written.

The first phase of the analysis was to form a thick, contextual description of each participant group's point of view. A thick description explains behaviour in its social and cultural context (see Hennink et al., 2011), which here means respecting the perspectives of the participants and their personal accounts of their actions and experiences related to change. In the second phase we analysed the interview accounts/narratives and ethnographic observations separately, both from the temporal and relational perspective of change, i.e. what actions had been taken at a particular point of time, what interactions and relationships (sharing) had taken place at that time, and what outcomes were associated with these (methodology of analysing micro-level expansive actions and transitions, see Hasu, 2005, Hasu & Engeström, 2000, also Rhodes & Pullen, 2009). Lastly, we identified representations, narratives and actions related to caring and trust, and formed categories to present the results.

### **Case description: A developmental-temporal view of members' backgrounds and experiences**

The overall work in the immigrant reception centre (customer of SC organisation) is social work performed by educated social workers with a university degree, employed by the municipality. It is a professional occupation in comparison to the manual service work done by the SC employees (focus of our study) in the same facility. Many of the immigrant clients are traumatised and suffer from mental and physical disorders. SC workers do not receive official information regarding the clients' backgrounds, but they observe their behaviour and feelings while interacting with them. The work involves emotional work, as well as improvisation and the ability to adapt to changing situations. There have been a few riots and acts of violence on the part of the clients in the facilities. Some of them were directed towards SC workers. A fire emergency has also occurred.

Many of the service employees who perform the cleaning and catering work have immigrant backgrounds themselves, and most of them are low-paid women with a low level of education. Cleaning and catering work at the shop-floor level is generally perceived as low status and low competence work in Nordic countries. Experiences of marginality may at least partially be shared between some of the shop-floor workers and the clients (e.g. Butler, 1990).

#### **Significance of shared experiences**

Initially we expected this kind of organisation and work setting to be subject to confrontations and job dissatisfaction. However, this view turned out to be too straightforward. The performance measures of the studied service area were good. The operating income, as well as customer satisfaction, was high. In spite of the physically strenuous work, the sickness absence of the personnel was low compared to other units. The staff turnover rate was also low.

Because of the complex setting, things that are potentially shared among members, despite being rare, are significant. Joint experiences related to the work may be particularly crucial in the building and sustaining of care and trust,

affecting service quality and positive work climate. To get a richer view of what the members potentially have in common in this setting, we took an in-depth look at the temporal formation of the joint experiences of the members described in the interviews.

We mapped the activities and experiences that are (1) previously and (2) currently shared and not shared among members, and are related to the organisation and work context. We looked at what is mutually shared or not shared between (a) workers, (b) line managers, and (c) workers and line managers.

The mapping of experiences and activities revealed that the SC workers shared – both previously and currently – several experiences that can be interpreted as significant to their relationships. It is noticeable that three of them are negative or unpleasant. Two of the previously experienced negative occasions, client riot/violence and a fire emergency, were frightening but had been relatively well resolved. Workers' improvised actions and collaboration played a central role in their resolution. In both cases, especially in the case of the fire, the performance and resourcefulness of the workers were praised afterwards by both the SC management and the management of the customer, i.e. the immigrant reception centre. The third common negative experience, suffering from musculoskeletal problems, also seems to be significant, since there is no positive resolution expected, only shared suffering. In addition to unpleasant or frightening joint experiences, however, a few neutral or positive experiences also exist, such as womanly (feminine) empathy and going out together as a work team.

The two SC line managers shared an earlier experience of working as cooks in school cafeterias. For both of them, the management position was relatively new. Both also often participated in the manual labour of their organisations by occasionally standing in for absent workers when necessary.

Importantly, both employees and managers previously shared the experience of managing the exceptional work situations after the fire. A positive outcome to an extreme situation is a potentially powerful uniting factor between employees and managers. It gives participants the opportunity to monitor each other's performance and loyalty under pressure. This can reveal new, either positive or negative things in workmates, and either strengthen or weaken mutual relationships.

Another joint experience was the first integrated service practice period approximately two years earlier. Most of the personnel were recruited by the same manager, who then acted as the only line manager in charge of the service area. This pioneering experience is potentially significant for the formation of the mutual relationships of the group.

To conclude, the members of SC shared at least some context-related experiences and activities in the past, which suggests that their mutual relationships were developed and sustained in the course of the prolonged collective action. In addition, they were currently sharing experiences and activities, and were likely to share experiences in the near future, which suggests that they would be willing to invest in maintaining caring and trustful relationships. It is important to notice that employees and managers had common experiences in the course of

their daily work. A significant detail is that there was very little turnover in the employment of the examined team – only one employee had left the group to continue her studies.

Some of the workers with immigrant backgrounds and a few immigrant clients shared experiences related to joint nationality and language. Some of the clients voluntarily took part in the catering and cleaning work together with the workers, under the workers' supervision. Clients were encouraged to participate in some of the daily work, and in this way also help the personnel. On a managerial level, SC line managers and the customer organisation's line managers had relatively regular meetings. Otherwise, their backgrounds and work contexts were different.

## Results: Shared caring in complex service organisation involving physically strenuous work

In the following, we report the nuances of mutual caring and its potential connections to work team well-being, innovation, leadership and performance in a context of physically strenuous low-wage service work. The recent overall changes in the services follow the NPM model, which promotes the competences of individual managers. The performance measures of the studied service area and facility were better than in other facilities, but the top management of the service did not know the reason for this success.

We first present an overview and summary of the interview accounts of *caring*, as well as accounts of *trust* related to the work context and relationships at work. We concentrate on SC's workers and managers. Second, we provide an overview and summary of the *caring actions* among service workers observed during one work shift.

### Caring accounts and narratives

We categorised the three hierarchical groups represented in the data, as (1) SC service employees, (2) SC line managers, and (3) the customer organisation's line managers. We looked at how they expressed their caring and trust related to the work context (materiality, 'what'/caring-about) and work relationships (relations, 'who'/caring-for) in the interviews. We provide detailed description of points of view of employees and line-managers employed by SC (see Table 1-2), and discuss on the views of the customer organisation's line managers briefly.

For the employees, caring for clients' well-being exceeded the immediate situational service context and relations at hand. Although the employees were neither expected nor required to take responsibility in the wider social sphere or the more nuanced needs of the client context, their narratives of daily work suggested that they nevertheless did this in thoughtful and unobtrusive ways. For instance, they tried to help women with small children to find ways in which to make the children accept the strange types of food, or they modified the visual appearance of the food so that it would attract the clients. In a way, they tried to influence clients' food-related behaviour, including nutrition and wasting of

food. Thus material (caring-about) and relational (caring-for) caring influence were tied together.

In a similar way, caring for their own well-being exceeded the ‘norm’ in various ways. Voluntary rotation and fair division of the work tasks between workmates and in the team influenced individual and collective coping positively, as well as mutual relationships. Accounts of positive social support and trust between workmates and within the team, tracing back to the initial starting phase of the integrated service characterised the interview data. Interestingly enough, although there were negative expectations regarding one’s own occupational health, and lack of trust concerning part of the management system, positive experiences concerning well-being, leadership and innovation were in the majority. Accounts of leadership style in which the familiar manager comes to the shop floor and shows concrete, genuine interest in the work characterised the narratives, seemingly affecting the workers’ experience of trust. Manager behaviour in emergency situations in particular was reported as important by the workers, signalling either genuine, close interest, or distant, inferior interest in shop-floor work. The workers expressed strong commitment and social support to those managers who showed an interest at the shop-floor level, including the customer organisation’s manager.

*Table 1: Worker points of view on caring and trust, and their potential connections with experienced well-being, leadership and innovation, based on interview data. Service employees of outsourced service centre (SC) N=3, females*

<b>Point of view</b>	Disturbance-free performance of each work shift and good quality service for clients on a daily basis in the midst of constant changes, i.e. cost reductions
<b>What/Who is cared for?</b>	Hygiene of food and facility, client satisfaction with taste and visual appearance of food, special client needs such as those of children, pregnant women or sick people Own and workmates’ ability to cope, atmosphere of group, personal life situation of workmates Immigrant clients’ hygiene, nutrition, and food-related habits
<b>Described context/situation of trust or distrust</b>	Trust in fair division of labour in work shifts, and that everyone is doing their best in their work (no free-riders) Partial distrust of external information from customer organisation Partial distrust of workplace safety associated with difficult customer situations Distrust of physical health and coping at work in long run
<b>What/Who is trusted or dis-trusted?</b>	Trust in fairness and social support of workmates/work group Trust in loyalty and help of workmates in emergency situation (violent client, fire) Trust in performance and fairness of one manager at SC, but partial distrust of other’s performance and fairness Trust in performance of customer organisation’s manager, but partial distrust of customer’s own personnel
<b>Expressed connections with well-being, leadership or innovation</b>	Positive experience of wellbeing-related caring, trusting relations between co-workers Negative expectations of physical wellbeing and safety Positive experience of leadership of a particular manager and particular type of leadership in which manager comes to shop-floor level to do manual work Positive experiences of improving working conditions and service

For managers, caring accounts concerned the entire integrated service personnel and the customers of several facilities that bought the services. Retaining current workers and attracting new ones in the future was a serious concern. Immigrant clients' individual needs were not at the centre of managers' interview accounts. Instead, the customer organisation's changing needs were their main concern. The line managers experienced partial lack of trust in the customer organisation's management system, although they expressed trust towards particular managers personally. One of the two middle managers at the SC had doubts about the workers' competence for innovation. However, positive accounts concerning well-being, leadership and service innovation were in the majority.

We present an overview of the analysis concerning the accounts of caring and trust among SC service workers (Table 1) and SC managers (Table 2) based on the interview data. It can be interpreted that the managers take care of effectiveness of operations, while the shop-floor workers take care of both functioning of the work and the people. *Caring for* and *caring about* issues are not divided into separate columns, because they are intertwined in the interview accounts. Similarly, *what* is trusted and *who* is trusted are not separated.

*Table 2: Line manager points of view on caring and trust, and their potential connections with experienced well-being, leadership and innovation, based on interview data. Service managers of outsourced service centres (SC) N=2, females*

<b>Point of view</b>	Continuous good quality of service and availability of personnel in several facilities in the midst of constant changes, i.e. cost reductions
<b>What/Who is cared for?</b>	Acquiring and retaining competent personnel or personnel with ability to learn integrated service work, which is also physically strenuous
<b>Described context/situation of trust or distrust</b>	Trust in one's own and personnel's experience and ability to manage integrated service work Trust in customer contract model, but partial distrust of use of control and information exchange related to contract (dilemmatic)
<b>What/Who is trusted or distrusted?</b>	Trust in personnel competence and reliability Partial distrust of workers' ability to innovate and develop services (one manager's opinion) Trust in customer manager's willingness and ability to collaborate, but partial distrust of overall management system
<b>Expressed connections with well-being, leadership or innovation</b>	Positive experience of wellbeing related to leadership role in which manager receives social support and caring from workers Positive confidence in leadership roles Hopeful attitude towards innovative potential of integrated service model

We also looked at the managers of the SC's customer, the City. For the managers of the customer organisation, caring accounts in the interviews involved the overall smooth functioning of the immigrant centre and the satisfaction of its clients and personnel, including outsourced (SC) personnel. The overall positive atmosphere and interaction among personnel and clients was vital,

and influenced the well-being of all groups. Personal relationships with the SC manager were important for the two managers in the customer organisation.

### Caring actions during a work shift

The ethnographic observation of a work shift started at 10 am, after the workers had already arrived at work in the morning, and lasted for six hours. The workers' caring actions during the work shift confirmed the analysis based on the interview data.

*Table 3: Caring actions and extra-role behaviour of service workers associated with caring and leadership during work shift. The analysis is based on ethnographic observation.*

<b>Situation: Phase of work shift, action and context of service, caring actors</b>	<b>What/Who is cared for Target / object / problem</b>	<b>Extra-role behaviour associated with caring and leadership</b>
<b>Before front line client service preparations</b> N=2 SC workers; work-pair Preparations for serving lunch to immigrant clients; making salads in the kitchen, placing various side-dishes on the counters, placing pre-heated meals from central kitchen on heated counter etc.	Clients' doubt regarding industrially produced food Children, how to help them accept the food Visual appearance and taste of salads made by workers Fresh salad dressing made without a permit by workers themselves Own and fellow workmate's physical ability to cope; lifting heavy parcels correctly Time schedules Hygiene	Innovative caring for client needs by making fresh salad dressing: taking initiative against the rules Extra attention to visual appearance and taste of salads Ensuring task variety: fair division of heaviest and most pleasant work tasks between workers Affecting atmosphere at work by chatting, asking opinions, being interested in workmate's life
<b>Front line client service</b> N=2 SC workers + 3 immigrant centre's own workers + 30 clients SC workers serving lunch to clients, immigrant centre's own workers taking turns in the background	Client satisfaction and equal distribution of food Friendliness by greeting clients when they arrive and leave Information exchange between SC workers and other workers Time schedules Hygiene	Greeting immigrant clients in both Finnish and their own languages (workers are only expected to greet in Finnish) Paying extra positive attention to children Expressing interest in overall situation of immigrant centre when chatting with immigrant centre's own workers
<b>After frontline client service preparations</b> N=2 SC's workers; work-pair Removing left-over food, cleaning counters, tables and floor, washing dishes Making preparations for dinner	Next meal for clients Time schedules Hygiene Own and workmate's ability to cope Searching for missing piece of information for next work shift	Ensuring task variety: fair division of heaviest and most pleasant work tasks Affecting atmosphere by chatting, smiling, asking opinions, being interested in workmate's life Persistently searching for missing information even if it is not essential
<b>Change of work shift</b> N=3 SC workers New work pair arrives	Exchanging information Ensuring facility in good shape for next shift	

Table 3 presents an overview of the analysis concerning caring actions based on ethnographic observation during one work shift. The workers' extra-role behaviour describes the pattern of caring influence and interaction performed either individually or collaboratively by the work-pair. Extra-role behaviour here means work tasks, actions, attitudes and behaviours not belonging to the officially established work descriptions. The responsible behaviours largely exceed those expected from workers. It was resourceful and innovative caring behaviour, including influencing workmates' coping, client satisfaction and the overall smooth performance of the service. Material and relational matters are intertwined in caring actions. Workers communicate mainly with bodily representations, eyesight and hearing; their physical gestures and tone of voice tell their workmate what to do next. Mutual influence smoothly emerges in the course of work actions as caring influence, including the material and social sphere of the service.

Ethnographic observation supported the research findings based on interviews. It also revealed qualitatively more nuanced view on employees' reciprocal relations in action.

## Conclusions

We developed an integrative framework for investigating the nuances of caring and trust, related to service work and leadership, among three hierarchical groups, namely among service workers, their line managers, and the customer organisation's line managers.

We observed *caring* among the three groups (and hence among parts of the two organisations) that was largely *shared*; in each group, caring was objected to similar material and relational matters but from partially different angles. This mutual pattern of influence, which is typically connected to intra-organisational work teams (Carson et al., 2007), was also found in inter-organisational relations.

We found evidence that caring (here shared caring in particular) can be a *pattern of embodied (leadership) influence, directed to nurture, improve or help* the situation of the clients, the workmates and the organisation. The material and the social were intertwined in the caring influence, and exceeded the immediate service situation and interaction. However, shared caring influence was neither consciously pursued nor was it directly recognised by the interviewees. The methodologically sensitive approach helped reveal the unarticulated pattern. We may, however, need to distinguish between *caring influence* between employees in ordinary work situations, and a special *caring influence in leadership* in managers' practices, as well as between managers and employees in a few situations (fire, client violence). We suggest the notion of *leadership with care* to describe the combination of these types of relational leadership influence.

Evidence of caring influence included data from interviews and ethnographic observation that supported each other. The pattern of shared caring seemed to originate from the previous joint experiences among the participant groups.

Challenging or even dramatic joint experiences, which have had positive outcomes, eventually turned out to be significant in building trust, solidarity and collective responsibility within the work team, between workers and managers, and between the three parties. Long-term joint experiences and personal relationships between workers and managers enhanced trust.

Shared caring, as a pattern of influence and responsibility, had positive consequences for experienced well-being, leadership and innovation. It is possible that shared caring partially buffered the negative outcomes of the complex organisational and managerial setting for worker well-being. This is not totally positive, since the workers, already marginalised female employees, may voluntarily accept poor working conditions. In addition, it seems that shared caring is associated with high performance of the service area in terms of the official performance measures.

## Discussion

Evidently, as *leadership with care* is a construct derived from the shop-floor, it does not as such resemble any of the abstract public governance paradigms, namely Public Administration, New Public Management (NPM) or Network Governance (Hartley, 2005). Leadership with care can be interpreted as the opposite to increased (masculinist) managerialism in the public sector. In the introduction we asked, why do caregivers, while planning to quit, still continue to work. One explanation could be the caring pattern of leadership enacted unofficially on the shop-floor. However, the care pattern that enables relational sustainability may conflict with the dominant managerial patterns of acceleration. Special means would be needed to make the conflict and its consequences more visible.

Line managers and employees seem to act as bricoleurs or shapers of relational actions: they seldom directly apply models introduced by administrators and consultants in a top-down fashion. In the midst of everyday activities, they do not have time to reflect on and generalise their potentially novel practical models. They continue to sustain responsibility, as well as their organisation, with their bodies, and suffer silently. At the same time, public sector administrators and policy-makers can go on implementing new governance models on top of the old ones. The leadership with care would need cultivation to reveal its value and become recognized.

The construct of leadership, including the central notion of influence, tends to be a general abstraction, with no connection to the nature of the team's task itself, namely the substance of actual work and its development. Our analysis opened the black box of influence and found the context-specific and relational nature of leadership influence, i.e., leadership with care. Our study contributes to what Crevani and colleagues (2007) called for, i.e., knowledge on collective acts of leadership that are not performed by formal leaders alone. We can also subscribe to suggestions by critical management theorists that leadership influence is a much more ambiguous phenomenon than expected (Alvesson & Svenings-

son, 2003c). The caring pattern of influence among employees, and the caring influence on leadership performed by formal managers were closely intertwined. If both types of caring contribute to the social integration of the organisation (Alvesson, 1992), as our case suggests, then how could we expect only managers to perform leadership with care?

The care pattern somewhat resembles stewardship leadership, which proposes that managers, when left on their own, act as responsible stewards of the assets and resources they control (e.g. Donaldson & Davies, 1991, Teelken et al., 2012). However, in our study, it was not only managers, but also service workers who shared the stewardship type of responsibility. Our evidence suggests that a novel pattern of leadership influence can also exist in the context of manual service labour and among shop-floor workers.

The sensitive methodological approach used in the study introduced new information regarding the significance of quality of work-related experiences for employee well-being. In addition to past experiences, expected joint negative experiences, such as suffering from musculoskeletal disorders in the future, were significant. Rotating and dividing work tasks equally among the group in order to prevent or prolong the emergence of disorders is an illustrative example of shared caring. It highlights responsibility, solidarity, loyalty, social support and trust among members. Our observation that not only joint past experiences, but also expected foreseeable joint experiences are constitutive to trust, contributes to research on the creation and sustainability of trust relations (Lewicki et al., 1998).

As a managerial implication we suggest that organisations rely more openly on the various patterns of bottom-up leadership influence. The context-specific social innovation, diamond-in-the-rough pattern of shared caring or care in leadership, may lay unnoticed throughout the organisation. Our study supports Fuglsang and Sørensen's (2011) findings that many potential innovations occur by improvisation, without the direction of managers. The caring leadership pattern enables the emergence of efficiency, quality, wellbeing, and novelties, by providing the employees with control over their mutual relations and resources.

Our study involves a few limitations. Our interview and ethnographic data were small in quantity, and did not include, for instance, typical arenas of leadership influence, such as different types of formal meetings at various hierarchical levels. We did not compare the particular facility under study to the other facilities, nor did we follow the long-term development of the organisation and its managerial practices. Considering these limitations, it is important to expand research on public sector leadership theoretically and empirically. It would be relevant to study the struggles of the conflicting discourses of public management at different levels of public service organisations, and to examine their effects on service quality, personnel well-being, professional identities and the masculinity/femininity of managerial discourses.

To conclude, this nuanced view of leadership with care may be a local, short-lived and historically-bound phenomenon in the case organisation. The wider emergence, diffusion and sustainability of the pattern is a matter for fur-

ther research. When people working in the public services seek alternatives to the masculinist form of managerialism, *leadership with care* may well be one option.

## Acknowledgements

The authors would like to thank Dr. Kevin Perry, professors Lars Fuglsang and Jon Sundbo for inspiration, and the two anonymous reviewers as well as the special issue editors, for their invaluable comments.

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