Caring Leader Identity Between Power and Powerlessness

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Abstract
This paper investigates what happens when managers’ identity is centred on caring, an underappreciated aspect of leadership. Drawing on a case study of managers in elderly care, we distil an ideal-typical caring leader identity as well as contextualised interpretations that suggest both problematic and constructive aspects. The caring leader identity implies a self-understanding as being highly present, supportive and helpful to subordinates’ development. We find that the belief of making a decisive difference to others’ development by caring for them can be a deceptive fantasy that incites over-dependence among subordinates, particularly for ambitious managers who experience pressing situations and little power. Under better but likely less common conditions, managers can develop more modest expressions of a caring leader identity, leaving space for subordinates themselves to define problems and explore solutions.

Keywords
caring leadership, identity, leadership, managerial identity

Introduction
Managers are expected to represent and provide direction to organisations. They need to act and present themselves as legitimate holders of influence, and they typically meet multiple and contradictory role prescriptions, including efforts from higher echelons to regulate their self-understanding (Alvesson & Willmott, 2002; Clarke, Brown, & Hailey, 2009; Lai, Morgan, & Morris, 2020; Watson, 2008). Research on managerial identity suggests that, in contemporary organisations, it can take considerable ‘identity work’ to construct a reasonably coherent narrative of who one is as a manager (Brown, 2015, 2019; Sveningsson & Alvesson, 2003; Watson, 2008). Even if some
demonstrate little reflection on identity issues (Alvesson & Robertson, 2016), managers are noted to struggle to reconcile ambitions to be visionary leaders with their rather prosaic managerial tasks and with a lack of validation from subordinates (Sveningsson & Alvesson, 2003, 2016). It can be challenging to combine a managerial and a professional identity (Bresnen, Hodgson, Bailey, Hassard, & Hyde, 2019; Croft, Currie, & Lockett, 2015; Currie & Croft, 2015), to navigate the complexities of a middle manager identity (Harding, Lee, & Ford, 2014), or to uphold a perception of authentic self amid conflicting leadership demands (Nyberg & Sveningsson, 2014).

In this article, we investigate what it means when managers develop self-views that are centred on caring leadership. Based on a case study of managers in elderly care – a setting where caring is a prominent ideal – we explore expressions and implications of managers identifying as caring leaders. We contrast managers’ self-views with their employees’ views, and we locate both problematic and constructive aspects of a caring leader identity.

We build on and seek to contribute to the literature on managerial identity as well as the nascent organisational literature on caring leadership (Ciulla, 2009; Gabriel, 2015; Ladkin, 2020; Tomkins, 2020a, 2020b; Tomkins & Simpson, 2015). Answering calls for putting personal identity construction in organisational and social context (Ainsworth & Grant, 2012; Brown 2015, 2019; Coupland & Brown, 2012; Lai et al., 2020; Watson, 2008), the present study relates managers’ identity expressions to their lived contexts. According to our findings, the idea of being a caring leader can be a compensatory fantasy for ambitious managers who experience powerlessness.

**Theoretical Framework**

**Managerial identities**

The study builds on identity research that investigates how people in organisational contexts understand and present themselves in interaction with others (Ainsworth & Grant, 2012; Brown, 2015, 2019; Coupland & Brown, 2012; Ybema et al., 2009). In contemporary organisational life, answers to questions such as ‘who am I?’ are typically not easily given. People occupy different positions and face various expectations that are not necessarily clear, some arising from managerial efforts to regulate self-conceptions in order to exercise control (Alvesson & Willmott, 2002). Managers in particular inhabit roles where they cannot simply ‘be themselves’ – they need to act as authoritative representatives of their organisation and at the same time present themselves as credible human beings in order to uphold the social relations that are necessary to succeed in managerial tasks (Watson, 2008). Through ‘identity work’, managers tend to incorporate elements of socially available managerial identities into their self-identity (Sveningsson & Alvesson, 2003; Watson, 2008).

Some managers show a ‘teflonic’ identity, with minimal reflection on who they are at work (Alvesson & Robertson, 2016). In much of the literature, however, shaping a managerial identity is portrayed as prompted and accompanied by insecurities and struggles in the face of incongruous expectations. Alvesson (2010) identifies ‘self-doubters’ and ‘strugglers’ as two recurrent images in research on identity and organisation. Managers may be affected by moral challenges and existential worries (Clarke et al., 2009) and pushed and pulled in different directions as to how they should be (McKenna, Garcia-Lorenzo, & Bridgman, 2010). They may struggle to realise a desired leader identity (Alvesson & Sveningsson, 2003; Carroll & Levy, 2008), to reconcile leader and professional identities (Croft et al., 2015), to manoeuvre the complexities of the middle managerial identity (Harding et al., 2014), to combine their self-perceived qualities as assertive leaders with participative ideals (Nyberg & Sveningsson, 2014) and generally to construct a coherent identity amid contradictory roles and possible identities (Sveningsson & Alvesson, 2003).
Some research depicts managers as ‘strategists’ who craft functional identities to achieve their goals (Alvesson, 2010), such as clinician-managers forging a personal space that balances pressures bearing on them (Ainsworth, Grant, & Iedema, 2009), or public sector managers drawing on alternative subject positions offered within the New Public Management discourse (Thomas & Davies, 2005). In some studies, certain managers are remarkably untroubled by the apparent disconnect between their self-view and actual practices, nurturing a happy but unfounded fantasy of themselves as inspirational leaders (Sveningsson & Alvesson, 2016; Sveningsson & Larsson, 2006).

Since managers are inclined to view themselves as leaders, often influenced by popular management ideas, research on managerial identity regularly engages in leadership theory. Here, we consider emergent caring leadership theory, which corresponds to self-conceptions among managers in this study.

**Caring leadership**

In management and other disciplines, several scholars propose highly positive models of caring leadership. To characterise it, they list desirables such as respect, helpfulness and genuine commitment to the welfare of others, and they outline favourable expected outcomes such as enhanced performance and trustful relations (e.g. Brandt, 1994; Caldwell & Dixon, 2010; Kroth & Keeler, 2009). Some researchers present similar ideals but also a more tempered outlook, reporting from studies of managers in caregiving and educational settings who fail to give the care and support their staff need (Kahn, 1993; van der Vyver, van der Westhuizen, & Meyer, 2014). A recurrent idea in writings on caregiving organisations is that by being caring towards employees, managers enable them in turn to care better for clients (Brandt 1994; Kahn, 1993; Martela, 2012; van der Vyver et al., 2014).

A new stream of organisational scholars engages in more problematising considerations of leadership and care (Ciulla, 2009; Gabriel, 2015; Ladkin, 2020; Tomkins, 2020a, 2020b; Tomkins & Simpson, 2015). Based on Heidegger’s distinctive concept of care, Tomkins and Simpson (2015) discuss caring leadership as intervening in the world and in the efforts of others. One kind of care is to ‘leap in’ to provide help in acute situations, solving problems as oneself sees fit. It is a dominating kind of caring that risks creating dependency and humiliation, unless the carer leaves a certain space for care recipients, recognising their differing perspectives and indicating how they can retake control. A more future-oriented and empowering kind of care is to ‘leap ahead’, showing the way to new possibilities and potentials. Ideally, it means leaving others sufficient scope to manoeuvre to work things out for themselves, without abrogating one’s own responsibility (Tomkins & Simpson, 2015).

Gabriel (2015) and Ciulla (2009) note that there are deep-seated expectations that a leader should care for followers; appearing not to care is the one thing that cannot be forgiven in a leader (Ciulla, 2009). Gabriel (2015) understands the caring leader as a fundamental archetype by which leaders are judged. It is at least as significant as the archetype of the heroic leader, even if it has received much less attention from scholars. A caring leader in this sense shows followers personalised attention and is prepared to go beyond the call of duty for them.

Informed by feminist ethics of care theorists, Gabriel (2015) develops aspects that are important in the present study and are also touched on by others (Ciulla, 2009; Ladkin, 2020; Tomkins, 2020a; Tomkins & Simpson, 2015). First, a caring leader is above all present, visible and accessible to followers, which is taxing and time-consuming. Second, caring leadership is not about being ‘nice’; it implies taking responsibility, fighting to defend followers and seeking to promote their wellbeing rather than to please them. Third, being cared for involves dependency, and caring
leadership can breed excessive dependency. Even if genuine care includes recognition of people’s need for autonomy, this remains a dilemma in practice. Fourth, an ethic of care is often at odds with itself, since taking extra care of some leaves less time and energy to take care of others. Finally, there are gender and status aspects of caring and leadership. Paradoxically, caring is expected both of care workers, often women who are among the lowliest in the status hierarchies, and of top leaders, often men who are highest in the status hierarchies.

Caring and leadership actualise thorny questions of power that Tomkins (2020a) explores in a recent analysis. Both imply a fundamental asymmetry – between carer and care recipient, leader and follower – which may deprive those cared for of autonomy and control. Critical scholars are therefore often wary of the whole concept of caring leadership, except in the collective sense (e.g. Munro & Thanem, 2020). Tomkins (2020a) extends the critique to consider the perspective of persons in leading positions, which is highly relevant to this study. Leaders, too, might be trapped in unhealthy, exhausting relationships because of expectations that they should care in all possible ways. They are expected to both empower and shelter others, sustaining the popular ‘therapeutic fiction’ of distributed leadership as well as followers’ fantasies of a leader who protects them (Tomkins, 2020a). Nevertheless, as suggested by Abreu Pederzini (2020), people in positions of power can gain from assuming the role of a caring leader who can solve followers’ problems, since it may provide them with a gratifying sense of control in an uncertain world, even if they are largely powerless and, deep down, aware of it.

Caring identities

Judging from a study of managerial lives by Sveningsson and Alvesson (2016), caring ideals figure in the identity constructions of many managers. There are two main ideals: ‘grand leadership’, which means being a visionary leader who deals with important issues such as strategy and culture change; and ‘understander of human nature leadership’, which means being a considerate, psychologically insightful, and coaching leader. Most interviewed managers experienced that both ideals collided more or less brutally with their actual work situation, making it difficult for them to reach a coherent conception of themselves as managers. ‘Grand leadership’ was hard to realise given the workload of mundane tasks of ‘micro-management’ (see Alvesson & Sveningsson, 2003). Those who aspired to be ‘understanders of human nature’ also wanted to be driving and decisive. Among subordinates, there was a limited demand for considerate, dialogue-oriented leadership (see Blom & Alvesson, 2014), and some took managers’ friendly approach as disingenuous or even manipulative.

In caregiving organisations, caring is a pervasive ideal with implications for managers’ identity work. It is a key value for occupational groups such as nurses, and nurse managers have been noted to frame their work in terms of being a ‘nurturing mother’ who attends to staff’s welfare, listens to worries and creates a good atmosphere, an orientation which conflicts with administrative duties and demands to represent upper management (Viitanen, Wiili-Peltola, Tampsi-Jarvala, & Lehto, 2007). Developing a professional-managerial ‘hybrid’ identity is challenging for many professionals, and especially for nurses who enjoy relatively little power and status (Bresnen et al., 2019; Croft et al., 2015; Currie & Croft, 2015). Making caring part of their managerial identity can be interpreted as a kind of identity work for nurse managers who struggle to combine their professional identity with a managerial role (Croft et al., 2015).

Studies of identity work in caregiving organisations suggest that there are problematic aspects to a caring identity more generally. For care workers with low pay and poor working conditions, it can become a source of self-worth constructed in contrast to uncaring others (Stacey, 2011). What is more, a caring orientation is of course not the same as caring in practice. Care workers may express thoughts centred on patients and their needs and yet, in action, prioritise routine tasks or
social interaction with colleagues, due to conflicting caring orientations towards colleagues and family (Franssén, 1997). Volunteers and employees serving vulnerable people can construct a moral identity that gives them an ‘identity payoff’ but distances them from the persons they claim to care for (Rogers, 2017).

An approach to avoiding such pitfalls is portrayed in a study of early sociologist and reformer Jane Addams and a present-day academic manager who identifies as caring and embodies Addams’ ideas and practices, just as the forebear did herself (Ladkin, 2020). According to Addams’ ethic of care, it is essential to care ‘with’ people rather than just being good ‘to’ them, especially when there are power differentials between caregiver and care recipient. That requires active efforts to understand the perspectives of others and what they themselves find important (Ladkin, 2020).

**Research Context: Managing Elderly Care Homes**

Elderly care in Sweden is offered by local municipalities after individual needs assessment. It is among the best internationally, with comprehensive services and comparatively high staffing levels (OECD, 2013). However, the share of elderly in the population is continually growing, and local authorities struggle to meet rising needs. In response, they have directed funds from care homes to less expensive home-based services (Schön & Heap, 2018). Nowadays, nursing homes are mainly reserved for elderly with extensive care needs. At the same time, there are concerns about lacking quality of care and recurrent media scandals around appalling deficiencies in nursing homes (Lloyd, Banerjee, Harrington, Jacobsen, & Szebehely, 2014). Consecutive governments have introduced programmes for enhancing professional competence, stimulating formal quality reviews and promoting core values to ensure the dignity of the elderly (Schön & Heap, 2018).

In nursing homes in Sweden, managers and staff are thus under constant pressure to assume heavy care burdens, keep costs down and, at the same time, raise the quality of care. Nursing assistants experience low pay, low status and exhausting work (Elwér, Aléx, Hammarström, 2010). Most of them are women and many are immigrants. Nurses and physical or occupational therapists have higher education and wages, but for them elderly care is less attractive than other workplaces (Fagerberg, Winblad, & Ekman, 2000). Not surprisingly, being a manager in elderly care is demanding. Managerial turnover is high, and managers are frustrated by heavy administrative workloads, unclear role descriptions and lack of control over their work (Ekholm, 2012). Managers typically seek to provide staff with practical and emotional support in order to secure collaboration, satisfaction and good performance. Still, they typically also feel a need to maintain a certain distance, so as to stay out of operational activities and be able to make unpopular decisions (Kankkunen, 2014).

**Research Methods**

*Design and data collection*

The theme of caring leader identity emerged from a case study of leadership in Swedish elderly care during the introduction of a new quality control system (Andersson Bäck & Levay, 2018). It is a setting where caring ideals and identities that may occur in any organisation are particularly pronounced and accessible for study. We conducted interviews, observations and document studies at six nursing homes. The homes and interviewees were de-identified and provided with pseudonyms. Two were public homes operated by local authorities (Oakshott and Seashott), two were private for-profits (Hillside and Bernside) and two were private non-profits (Danora and Sanora). The study did not handle any personal data that count as sensitive in the Swedish Personal Data Act, and so it was not regarded as needing ethical approval.
We draw on semi-structured interviews with 12 managers and 20 employees (see Table 1). Most were interviewed individually, while some were in groups of two and, in one case, four persons. Managers’ positions ranged from general managers responsible for a home to unit managers responsible for one or several wards and workgroup managers. Interviews were conducted by one of us, Andersson Bäck, and by two research assistants. They were done in person and, in a few cases, by telephone. Most interviews took around an hour; some took 40–50 minutes and others up to 130 minutes. They were recorded and transcribed verbatim, except for one telephone interview that was documented in notes. In addition, we collected other kinds of empirical material which informed our understanding of the context: local and national documents, observations of team meetings, and background interviews that both of us conducted with stakeholder and higher management representatives (see Table 1).

Interviews followed guides with topics relating to leadership and quality work. We solicited managers’ views on what good elderly care means, the role of managers in achieving it, and how they perceived expectations from others. Similarly, we asked employees about good elderly care, managers’ and their own roles in achieving it, and what they expected from their managers. The topic of identity was not mentioned, which is an advantage, since direct questions may elicit ‘social reporting’ (Alvesson & Empson, 2008). Still, all interviews with managers yielded more or less extensive accounts of issues related to identity. Quotes from the interviews have been lightly edited for readability.

### Data analysis

In the analysis, we took an interpretive, reflexive approach, looking for underlying meanings, ambiguities, contradictions and different interpretations (Alvesson & Sköldberg, 2018; Silverman,
We coded all transcripts according to broad themes, such as ‘expressions of caring leadership’ and ‘expectations on staff’. The distinctive point with this approach, however, is not the sorting of the empirical material but rather the close reading and consideration of alternative interpretations of salient passages.

Taking our cues from previous studies of identity matters in organisational settings (Alvesson & Sveningsson, 2003; Thomas & Linstead, 2002), we undertook a hermeneutic reading, seeking to understand interviewees’ subjective, lived experiences as well as a reading inspired by post-structuralism and discourse analysis, with attention paid both to how identities might be formatted by wider, authoritative discourses and to how they might be discursively constructed in the interview situation (Alvesson & Kärreman, 2000; Kärreman & Levay, 2017). An important premise for our analysis was that interviews are occasions for identity construction. Inspired by the ethnomethodological approach (Baker, 2002; Rennstam & Wästerfors, 2018), we considered how being interviewed as a manager may prompt interviewees to present themselves as competent members of this social category. We paid close attention to how they cast themselves in dialogue with interviewers and co-interviewees. Similarly, we considered expectations on managers that were implicit in how staff characterised different managers.

Findings

In this section, we start by presenting the self-conceptions around caring leadership that were expressed by all interviewed managers, more or less pronouncedly. Next, we provide detailed presentations of three variants in their respective organisational contexts. This lays the groundwork for the later discussion, where we propose an ideal-typical definition of caring leadership identity as well as more locally sensitive interpretations (see Alvesson & Empson, 2008).

Caring leader identity

A recurring theme was the ideal to be a manager who supports employees, pays attention to their needs, and helps them realise their potential at work. For example, one manager emphasised her role as facilitator and coach in relation to staff:

I’m an important person who has to work a lot with the co-workers and see the co-workers. It’s important to be visible but not take over. For me it’s important to be accessible and coaching, but also to be able to give tips, to see when there are difficulties, to free space for reflection and tutoring, which is an important part of development. (Unit manager, Sanora)

Being present, available, and approachable for employees; listening, confirming, approving and making people feel seen; coaching and supporting employees in their development and getting them involved; talking with people from where they are; trusting others and not holding them back – such were the ambitions of the managers and the way several of them described their actions.

For instance, when talking of what staff expected from her as manager when a new quality control system was introduced, one unit manager said that she believed they expected her to be there and provide support, to stand behind them and push them and ‘let go of them more and more, because I see how they grow in this assignment’. Similarly, one general manager said that co-workers expected her to listen to them and be there for them, adding that ‘most of the time you are’.

These ideals and self-perceptions were frequently couched in psychological reasoning.

I try to be on hand, I try to think from a meta-perspective, that I’m part of something bigger. You try to be positive and to meet changes with positive feelings. You can’t be afraid to meet people who are afraid of change. You need to be able to talk with them and meet them from where they are. (Unit manager, Oakshott)
I’m not one to take a hard line. I want to get the staff with me, and perhaps I do that in my own way. Many can come and complain, ‘this doesn’t work, and this doesn’t work’, but I turn it into ‘what can we do to make it work?’ (General manager, Hillside)

The self-conception of being a supportive, present, and psychologically cognisant leader who helps followers develop is what we mean by a ‘caring leader identity’. It was a dominant theme when managers in our study talked of themselves and their work. It occurred so frequently and was expressed so strongly that we can say that they all displayed a caring leader identity, to a greater or lesser degree.

The otherwise widespread ideal of ‘grand leadership’ (Sveningsson & Alvesson, 2016) was less noticeable. Several managers talked of working with values and visions of good care, but this was portrayed as systematic and tireless work, and managers were not reluctant to engage in ‘micro-management’. When asked about how to attain good elderly care, most of them talked extensively and often enthusiastically about work routines, policies and monitoring. Ensuring adherence to quality control systems was a major priority, and caring leadership came through as their favoured way of achieving it. They appeared to view caring leadership as a necessity, using wordings such as ‘you have to’, ‘you must’ or ‘you can’t’. For example, one general manager said that ‘you can’t scream and quarrel and order and change the whole place in a few months’; instead, you need to get staff involved.

There was an affinity between how managers viewed their role in relation to employees and how they viewed employees’ role in relation to care recipients. Just as they spoke of supporting and coaching staff, they underscored that it is important to ensure the autonomy and dignity of residents, to promote their sense of safety and wellbeing, and to help each of them lead a meaningful everyday life. Both accounts revolved around the broad ideal of caring for others with respect to their individual needs and potentials. Just like the normative literature on leadership in caregiving organisations (e.g. Brandt 1994; Kahn, 1993), some connected their treatment of staff to how staff in turn treated residents.

Residents are the most important, that is, the work in the ward. It’s nursing assistants who are closest to residents. My role is to make co-workers feel good and enjoy it, because then they’ll also provide good care. (Unit manager, Danora)

Staff seemed to want some of what managers were eager to give them – attention, support and room for development. Nursing assistants spoke appreciatively of managers who made them feel welcome at work, who believed in them and backed them up, and who collaborated instead of deciding things above their heads. Staff from other occupational groups said it was important that managers were listening, made staff motivated and enjoy work, showed that they cared, listened to ideas and suggestions, and provided help if there were any problems. Staff overall also expected managers to provide structure by setting good work routines and providing clear information, which corresponds quite well to managers’ expressed engagement in work processes and quality systems. Still, it was sometimes challenging for managers to live up to employees’ different expectations.

Present – they want you to be accessible and present. Of course, you should be present as a manager, but I think it’s difficult for some that you can’t be present all the time. If I’m present all the time, I’ll never get anything done. (Unit manager, Hillside)

Staff also had other, more concrete demands and expectations of managers, as will be shown when we now move on to three in-depth descriptions of the caring leader identity, written in the narrative present tense.
Susanna is in her late fifties and trained as a classic care home manageress. She exudes energy and enthusiasm, talking without pause and providing vivid accounts of her views, experiences and goals as a manager. She directs a large, public nursing home, here called Seashott, and shows a strong engagement in the hands-on care of residents. For instance, she likes to hug the elderly, both to have them feel some tenderness and to check that they smell good and have been well taken care of by staff.

Susanna manages a workforce with many immigrants and a high turnover. She emphasises that it is important to support staff – to boost them, to help them develop and enjoy their work, to be there for them when they have questions or encounter difficulties – and portrays herself as an honest, straightforward person who lives according to her own ideals. She describes how she tells the staff that ‘we are a team, we work together’, encouraging them to think through and improve everyday work routines, and how she comes to the rescue in critical situations. One Christmas Eve, the staff called her after finding one of the residents dead in his chair, the floor covered with blood and urine. The family had been notified and was on its way. Susanna intervened by calling the fire brigade and managed to convince them to come immediately to help move the body.

It isn’t easy for the personnel to start calling and such things, and I said afterwards: ‘I felt really good, it was just a nice Christmas for me knowing that things were arranged for him.’ They could put him in order, and the family could come and take farewell, and it turned out well. (Susanna, general manager, Seashott)

In her efforts to motivate employees, Susanna employs psychologically inspired methods. All work meetings start with a ‘positive minute’. The personnel are encouraged to talk of distrustful clients as ‘engaged relatives’ and ‘engaged residents’ and to view difficult co-workers as challenges and opportunities to practise. ‘The encounter is alpha and omega. If you don’t encounter each other as staff in a good way, you don’t do it with those you are there for.’ By influencing staff in this way, she hopes to achieve a good work climate, collaborative workgroups and ultimately good care of residents.

Much of what happens at the nursing home, however, appears to be outside of Susanna’s control. Important decisions are made by central bureaucrats, and nurses and other specialised staff have separate managers. Not being fond of administrative tasks and not expecting much from her superiors, her main commitment is to be a good leader in everyday care work.

Susanna is interviewed together with young staff member Sahar and tells of how she welcomed her as a language trainee from another nursing home where the manager was reluctant to employ her. She was an unassuming bird at that time. She has made a wonderful journey, so now she’s studying to become a nursing assistant and is permanently employed and everything.

Later in the interview, when speaking about helping employees develop, Susanna comes back to the bird metaphor:

You, Sahar, you have made an enormous journey in being one in the group, you are actually quite dominant in the group, from having been a quiet bird sort of. It’s so awfully good for the self-confidence that someone sees and confirms such things. (Susanna, general manager, Seashott)

Sahar in turn expresses appreciation for Susanna as a manager:

I think that Susanna is very good. I myself like her, I think she’s a really good manager. It’s easy to talk with and ask her or sit with her or so. For a brief period, I had another manager. It wasn’t exactly the same.
She didn’t always come and talk with us or sit with us and you didn’t really dare to have. . . but Susanna isn’t like that. (Sahar, nursing assistant, Seashott)

Susanna encourages Sahar to speak out about any problems. Sahar explains that the permanent staff work well together, but that there can be problems with temporary staff. Later on, Susanna explains mistakes made by staff, such as not signing off notes properly, with lapses in communication. Sahar agrees but comes back to the problem with temporary staff:

Sometimes there are perhaps three temps with two regular personnel, and then maybe it becomes too much on the regulars, so perhaps they forget to write their signature. (Sahar, nursing assistant, Seashott)

**No-nonsense bosses**

Bettina is a nurse in her thirties and a second-generation immigrant. Until recently, she managed a well-functioning nursing home within a large, for-profit care corporation. When she asked for a more challenging position, she was transferred as manager of Bernside, a small home in a disadvantaged neighbourhood. It had undergone a troublesome period of low quality ratings, high management turnover, and dissatisfied relatives who threatened to take their complaints to the media.

Bettina has decorated her office to invite trustful talk, with a couch and two comfortable armchairs. She stresses the importance of making staff feel that they are seen and cared for by higher management. Some staff do not know Swedish well enough to write care plans or talk comfortably with residents’ relatives. Bettina tries to speak slowly and clearly with them to make sure that she is understood, and she arranges courses for those who need to improve their Swedish.

To influence employees, Bettina uses soft, psychologically inspired methods. Instead of complaining when they do something wrong, she tries to focus on what is positive and tell them when they do things well. She talks about how she employs different tools for improvement to bring about change. During a group exercise, she had asked participants whether there was anything in their organisation that was swept under the carpet.

It turned dead quiet, nobody knew of anything. Then I said ‘Yes, but for instance, we don’t write incident reports.’ Some gasped a little and looked shocked that I had brought it up, and I said: ‘If we don’t talk about things, we’ll stay where we are and never get better.’ Then someone else mentioned something, and it loosened up a bit, when I had mentioned that horrible thing [laughter]. (Bettina, general manager, Bernside)

She describes achieving change as a continuous challenge that takes persistent efforts from her as a manager. At one point, the interviewer says: ‘you seem to put high demands on staff’, to which Bettina responds self-ironically:

That’s both fun and not so fun. Sometimes they look at me and look completely exhausted. I have a nutrition girl who told me ‘you’re always so damn happy and optimistic’. But we have to believe that things will turn out well, we can’t believe that they will go wrong. (Bettina, general manager, Bernside)

Bettina has direct managerial responsibility for all staff, including nurses, and she talks of clear expectations and full support from her superiors. The corporation has a formal quality policy and joint management systems, including regular quality ratings of all units. Most of all, she is expected to raise the quality of care: ‘As a private company you don’t want to be involved in any care scandals, there is no acceptance for that.’ She underlines the need for comprehensive change of routines and attitudes.
We are in a process of change, changing the way of thinking from that this is our workplace to that this is their home. We are here for the sake of the residents. (Bettina, general manager, Bernside)

To accelerate change, Bettina replaced a group manager with her own recruit, Boel, a fifty-year-old experienced nursing assistant who shares her outlook. Boel, too, talks about the need for a fresh start and improved attitudes. She appears cheerful and confident and explains that she works alongside staff and tries to be present and accessible, setting a good example of how to carry out work.

In our interview with two nursing assistants, Bahia and Benjamin, they note that different managers focus on different goals and that right now there is a focus on Bernside becoming the best workplace. They express some expectations that correspond to a caring leadership ideal, saying that a manager should listen and find out what co-workers and customers want. They also express expectations on specific and concrete things from their manager, such as providing information, bringing in enough clients and ensuring a reasonable work schedule. They connect good care to good working conditions, and especially a work schedule that does not leave them exhausted.

We have so many long shifts, eight to eight, half past six to nine, and in a dementia ward, if you work 12 to 13 hours, I don’t think anybody can do a good job. I can work until three or four, then my brain stops working. OK, I’m here, I can change diapers, give medicine, food, but what I should give from my heart, it doesn’t work. When Bettina came and said she wanted the best workplace here and asked what we can do, I said I can just give you one tip, to give a good schedule to the staff, then you will see that everyone is doing well, you will get a great job from the staff. (Bahia, nursing assistant, Bernside)

The other nursing assistant agrees and puts the responsibility to arrange a good schedule squarely on the manager. Bettina, the general manager, is well aware that some of employees’ concerns differ from hers, and she explains the resistance she sometimes meets in rather psychological terms:

It hasn’t been all sweetness and light that I start rocking the boat and make demands and such. Of course there is a certain resistance. It takes a little more to work in a new way or to embrace certain things. (Bettina, general manager, Bernside)

Similarly, group manager Boel is dismissive of staff’s complaints about the schedule, saying that it is impossible for everyone to get their ideal schedule. She moves seamlessly from talking about herself as a caring leader to expressing a ‘take-it-or-leave-it’ approach, suggesting that those who are dissatisfied should look for another job:

If they see that I enjoy it or that I like going to work, then I hope it will be contagious. And either you think it’s fun to work – I believe most think it’s fun – but if you think it’s burdensome and don’t know what you want, then maybe you figure out that perhaps I shouldn’t be working here, and change jobs. That’s how it can turn out as well. (Boel, group manager, Bernside)

Conscientious coaches

Daniela is unit manager at a large non-profit nursing home, Danora. A nurse in her forties, her previous nursing work there included hands-on involvement in quality systems. As a manager, she believes she has an important role in quality improvement and organisational development work. She presents herself as someone who strives to make staff feel good, enjoy work and take a positive view of change. If staff feel good, they will provide better care, she explains, and if they are positive to change it becomes easier to achieve lasting improvements.
As a manager I must go in and push and encourage and most of all explain why we are making this change, so that most co-workers become positive towards it. Because if we have co-workers who are negative to a change, it becomes difficult to work on it. So my task is to try to make everyone see it positively, to motivate them. (Daniela, unit manager, Danora)

Daniela makes efforts to be present and visible to staff. This is not easy, since the two wards she manages are spread out on four different floors. She has arranged for the wards to have their daily coffee breaks at different times, so that she can join in, say hello, and ask how things are going. Daniela expresses an ambition to let staff take responsibility and handle problems that may occur. Sometimes, however, she feels co-workers expect her as a manager to solve all problems. She has to hold herself back in some situations and let those who work closest to residents become involved. For example, when participating in a quality improvement project, she tried to leave room for nursing assistants.

As a nurse, you are used to taking initiatives in the group, you are used to leading groups in projects. But sometimes you need to take a step back and lift up the nursing assistant. You sometimes need to step back and listen instead of going in and trying to lead. But that’s not easy either, when you have a structure clear in your head – ‘let’s do like this and this’ – but then sometimes you have to keep quiet and let it happen anyway. (Daniela, unit manager, Danora)

Doris, Daniela’s closest superior, is quality manager and acting general manager. She is a fifty-year-old nurse who has worked on and off in elderly care all her career and also studied law. Daniela and others interviewed at the nursing home frequently refer to her appreciatively. In our interview, she appears calm, reasoning and thoughtful. She emphasises systematic quality improvement methods, such as adhering to evidence-based practice guidelines, measuring and following up goals, and working with improvements in a structured way. She mentions that Danora sends teams of employees to quality improvement training sessions. She underscores that staff need to feel involved. As a manager, she tries to empower them by providing feedback, support and trust.

The starting point isn’t to control but to follow up in order to make things visible and improve and be able to support co-workers and give feedback. To have trust in your co-workers, so they feel that you’re allowed to fail as well. If you work with improvement work that’s how it is – not all changes become improvements, and then you must be able to make that visible as well. (Doris, quality manager and acting general manager, Danora)

Daniela and Doris point out that Danora has a strong brand, a high occupation rate and engaged personnel. Compared to other institutions, this nursing home has clear advantages: it is well run, has enough resources and is located in a handsome 1900s building overlooking a scenic park. It is run by an ancient, originally charitable foundation and provides residencies funded by the public system. Residents have drawn a winning ticket, says one of the nurses.

Employees seem remarkably happy with their managers and the way things are run at Danora, including the strong focus on systematic quality work. In a group interview, all participating staff vent their views quite freely, for instance by complaining about their low wages and status and about some working conditions at Danora. One thinks that more staff would be needed at times of high workload, and another notes that the premises, albeit beautiful, are quite impractical. Yet they express much appreciation with the way Danora is managed. They value the freedom and support given by managers. They talk of the good team spirit, how welcoming all managers are when you enter the building, and the opportunity to influence everyday work. They appreciate the explicit work routines and the autonomy, which is clear from this string of half-serious, half-bantering conversation:
Drina, nursing assistant: I haven’t worked here for long but I was totally fascinated, there are routines for everything. If you don’t know then you can just go to the quality handbook and check it. Everything is already regulated, you won’t get lost.

Deborah occupational therapist: And if there aren’t any routines, routines are created. What’s also nice here, I think, is that the quality manager doesn’t sit and make up routines, instead she can hand it over: ‘Deborah, you have seen something and you have good arguments, write something down.’

Diana, nurse: Yes, absolutely.

Deborah: And then it’s included in the routine folder so that there are routines for what’s lacking.

Diana: You can always go there and knock on the door and ask.

Dorothy, nursing assistant: Yes, there’s nobody who decides over your head all the time and says that’s how we do it; instead we collaborate.

Deborah: Not all the time, at least.

Dorothy: No, not all the time.

Discussion

Defining caring leader identity

We can now draw the contours of a caring leader identity. It is an identity whereby a person in a leading position understands him- or herself as a leader who cares strongly for subordinates – who is present for them, supports them, shows them attention, takes overall responsibility for them and helps them develop personally and collectively. This is an identity counterpart to earlier conceptualisations of caring leadership (Ciulla, 2009; Gabriel, 2015; Tomkins & Simpson, 2015). It means that the manager embraces the caring leader archetype and the demands that ensue from an ethics of care (Gabriel, 2015), and it reflects the high-minded leader ideals developed by normative theorists (e.g. Brandt, 1994; Caldwell & Dixon, 2010; Kroth & Keeler, 2009). There is also a psychologising component to this identity, a sense of being an ‘understander of human nature’ (Sveningsson & Alvesson, 2016).

We construe the notion of caring leader identity as an ideal-type, that is, a sharply formulated concept which can be more or less prominent in individual cases and more or less mixed with other types (Weber, 1922/1968, p. 216). Compared to other kinds of identities found among managers, such as the ‘grand leadership’ identity as a strategic and visionary leader, or the ‘professional-managerial hybrid’ identity, it appears less marked by internal struggles. According to previous research, much frustration and identity work is prompted by managers’ difficulties in realising their grandiose leadership ideals (Alvesson & Sveningsson, 2003; Sveningsson & Alvesson, 2016) or to combine being a manager with being a professional, such as a nurse (Bresnen et al., 2019; Croft et al., 2015; Currie & Croft, 2015). The previous studies found contradictions between nurse managers’ caring orientations and their adoption of a full-blown managerial identity. In contrast, managers in the present study expressed ambitious ideals in line with their different caring profession, but they were also actively engaged in ordinary managerial work. They had no difficulty identifying themselves as managers, and they did so through, rather than despite, caring for subordinates.

We have also described three variants of the caring leader identity, one displayed by a single manager and the other two by couples of managers with similar outlooks. The ‘mother bird’ came close to an ideal-typical caring leader identity. The ‘no-nonsense managers’ combined a caring orientation with remarkably tough demands on employees, while the ‘conscientious coaches’ combined it with a dedication to quality development. The variants point at a number of problematic
aspects of the caring leader identity but also at some possible alternatives for leaders who identify as caring, which we will now discuss.

Managerial and subordinate fantasies

Managers took a down-to-earth approach to their managerial role, but they also had ideas about their own importance as caring leaders that deserve scrutiny. Several cast themselves as crucial to staff’s development. The ‘mother bird’ implicitly put an employee in the role of a child who needed her parental assistance to grow up. The ‘no-nonsense bosses’ presented themselves as bravely pushing others to address tricky issues, and they did not hesitate to confront staff with decisive demands and limits. In a way, they talked of employees as unruly teenagers in need of guidance. These attitudes suggest a problematic element of paternalism and self-enhancement. Like the grand leadership identity (Alvesson & Sveningsson, 2003; Sveningsson & Alvesson, 2016), the caring leader identity can apparently contain a streak of self-delusion, as suggested by Abreu Pederzini (2020).

Subordinates’ expectations were different from those of managers, as is often the case (e.g. Blom & Alvesson, 2014; Sveningsson & Alvesson, 2016). They wanted managers to be attentive, listening and supportive, but they also expected managers to improve their basic working conditions. That is understandable, but it also hints at an element of wishful thinking. Stressful work conditions are more common than not in elderly care, but employees did not seem to consider any limits to managers’ ability to rectify the situation. This accords with Gabriel’s (2015) notion that followers judge their leaders harshly against primordial archetypes of all-caring and all-powerful leaders. As Tomkins (2020a) notes, caring leaders may need to pander to people’s fantasies of empowerment and equality as well as to their fantasies of being safely protected and contained.

It seems that both managers and their subordinates had unrealistic fantasies around leadership. However, this was different among the ‘conscientious coaches’. They cast themselves as less dramatically important, and subordinates as adults. One of them tried to take a step back when she felt that staff expected her to arrange everything for them. Subordinates were appreciative of these managers, but they did not seem to think that managers could set everything right. On the whole, the conscientious coaches and their staff displayed ideas about leadership that were quite moderate and mutually aligned.

We propose that the archetype of the caring leader is an attractive source of overwrought imagination not just for subordinates (Gabriel, 2015) but for managers as well (see Abreu Pederzini, 2020). It is appealing for managers to imagine that they are benevolent carers of followers who need them and truly profit from their care. It is likewise tempting for employees to imagine that their managers could be caring in all positive senses, and, at the same time, fix all problems (see Tomkins, 2020a).

The three variants of caring leader identity and the responses they elicit from subordinates can be seen as different ways of relating to fundamental archetypes of caring and powerful leaders. The variant of the ‘conscientious coaches’ appears to be the most constructive, with managers deliberately setting subordinates on quite equal terms and aligning them around shared ideas of how to conduct work together.

Presence and distance

Being there for followers, especially in times of crisis, is a core aspect of caring leadership (Ciulla, 2009; Gabriel, 2015, Tomkins, 2020a), and it was generally embraced by managers in this study. It is also a demanding and, in a sense, impossible ideal, if only because of practical limitations. The
dilemma, however, goes beyond practicalities, reaching into issues of empowerment and autonomy.

A telling illustration is offered by the ‘mother bird’ and her story of helping out on Christmas Eve. Her self-described rescue operation can be seen as an instance of caring leadership as ‘leaping in’, that is, intervening in the here-and-now to solve a difficult situation (Tomkins & Simpson, 2015). Such interventions relieve those cared for from the immediate problem but risk creating dependency. According to Tomkins and Simpson (2015), caring leadership also involves ‘leaping ahead’, that is, intervening in a forward-looking way by letting others explore solutions and recognising their differing perspectives, which is central to respectful care (see Ladkin, 2020). The ‘mother bird’ explicitly wanted to help her staff develop, but as we have noted, staff seemed over-reliant on her ability to solve problems, and her attitude to both employees and residents was more about providing the care she believed they needed than letting them define their needs.

The ‘no-nonsense bosses’ were similarly inclined to immediate and decisive action but also demanded that subordinates themselves confront problems, such as when one manager stepped in during a structured group discussion. In a sense, she was ‘leaping ahead’. Yet, judging from staff’s reactions – gasping and looking exhausted – to this and other acts of encouragement, she was not as empowering as she intended. The reason could be that she promoted her own problem definition, rather than finding out what those she wanted to lead thought was the problem and providing space for them to take an active part (see Ladkin, 2020; Tomkins & Simpson, 2015). Once again, the ‘conscientious coaches’ displayed an alternative, more constructive approach. They made efforts to be present and available, but as staff could testify, they could also take a step back and leave room for others.

Our findings indicate that presence is an elusive ideal for managers who seek to be caring, one that needs to be balanced with a certain distance or at least recognition of difference in perspectives (see Tomkins & Simpson, 2015). Apparently, managers who build their sense of self around being present and providing vital help to subordinates risk being frustrated in their attempts to lead if they do not also take a step back and let subordinates navigate their own way forward. They are probably wise to show some of the keen attention to intended followers’ own perspectives that is urged by Ladkin (2020).

Caring for whom?

Managers’ care for staff was clearly oriented towards achieving objectives they believed were central to their organisation. They sought to support and encourage employees in order to enable them to do a good job, especially in attending to residents. Managers thereby echoed the notion found in normative caring leadership models that caring for employees helps them take care of clients (Brandt 1994; Kahn, 1993; Martela, 2012; van der Vyver et al., 2014). However, the findings also indicate that caring for employees may not be so easily reconciled with caring for clients.

As we have seen, managers could be remarkably tough towards employees, and they seemed convinced that this was necessary to safeguard the interest of residents. Say what you will about the ‘mother bird’ and the ‘no-nonsense bosses’, they appeared driven by a strong engagement to secure good care for the elderly under their watch. If they showed limited regard to staff’s perspectives, it could have been out of concern for the ultimate care recipients, the elderly residents. This is in line with assertions that caring leadership has little to do with general niceness (Ciulla, 2009; Gabriel, 2015; Tomkins & Simpson, 2015) and that caring for some dependants may go against caring for others (Gabriel, 2015).
While these managers understood themselves as taking responsibility for the elderly by not yielding to employees’ demands, employees maintained that they needed better working conditions to provide good care. There appears to be a fundamental conflict between managers’ and employees’ perspectives which cannot be resolved by caring leadership. The employer perspective taken by managers implied that catering to clients put a limit on how much managers could cater to employees, contrary to assumptions in the normative literature. In caregiving organisations, the general leadership challenge of balancing care of different persons or groups (Gabriel, 2015) may boil down to this basic conflict between caring for subordinates and caring for clients. If it deepens, the caring leader identity becomes futile, since the self-avowed caring leader will probably not be recognised as such by prospective followers.

Again, the managers we describe as ‘conscientious coaches’ indicate an alternative. Their engagement in caring for employees was not hampered by their care for residents’ wellbeing. Rather, both ambitions were channelled into a dedication to systematic quality work that they successfully imparted to their staff. Staff were not entirely content with their working conditions, but they felt properly equipped to provide high-quality care to clients. These managers and their subordinates were largely aligned in their perspectives on how to organise work, and they collaborated in caring for residents.

Power and powerlessness

The analysis thus far shows that some managers demonstrated most of the problems associated with a caring leader identity while others demonstrated almost none. What might explain this contrast? One aspect that divided managers along the same pattern was their differing power, and especially their perceived power. Somewhat paradoxically, those who harboured problematic fantasies about being highly influential leaders actually viewed themselves as less powerful in their respective organisation than those who held modest self-conceptions.

Most managers struggled to enhance quality of care despite limited resources, which translated into strained work conditions, high personnel turnover and often underqualified staff. They faced high expectations and little opportunity to alter basic circumstances. The ‘mother bird’ in particular seemed to act out of a sense of powerlessness that she passed on to subordinates. Her continued efforts to encourage positive attitudes among staff could be seen as teaching them strategies to cope with a demanding situation without trying to change it.

The ‘no-nonsense managers’ presented themselves as quite authoritative, with a clear mandate from higher echelons. Yet, upon closer consideration, they understood their role as rather circumscribed and viewed it as impossible to meet subordinates’ requests for better work conditions. Like the mother bird, the main thing they believed they could impact was subordinates, and they put a lot of effort into doing that. And like her, they were confident they could exert considerable influence over staff by being caring. Seen in this way, the caring leader identity was a way for constrained managers to compensate for powerlessness.

In contrast, the ‘conscientious coaches’ enjoyed a favourable situation with sufficient resources, stable flows of funding and a well-educated and largely appreciative staff. They were able to prioritise the quality issues they found most important and to invite staff to participate actively in them. Like the other managers, they expected much from being caring towards employees, but unlike them, they also entrusted staff with responsibilities and learning opportunities. Apparently, they could empower employees without depleting themselves (see Tomkins, 2020a). On the whole, their variant of the caring leader identity was beneficial to themselves and those who depended on them.

Thus interpreted, the results indicate that managers’ power and sense of influence matter to the kind of caring leader identity they develop. The readiness to empower subordinates apparently comes more naturally to those who feel they have substantial power to share with others. For managers who
experience little clout in the organisation, the caring leader identity can become a compensatory fiction that does not help them engage subordinates as intended. For managers in a more favourable situation with better control, it appears easier to take on a balanced caring leader identity that helps them provide subordinates with direct help as well as opportunities to take their own initiative.

Conclusion

This study of managers in elderly care shows that caring ideals can permeate identity constructions of managers in caregiving organisations, thoroughly shaping how they view and present themselves as managers. A caring leader identity means understanding oneself as a person who exerts a positive influence on subordinates by being present, supporting them, promoting their wellbeing and coaching their personal growth. As an identity counterpart to both normative (e.g. Caldwell & Dixon, 2010) and critical or reflexive models of caring leadership (Ciulla, 2009; Gabriel, 2015; Tomkins, 2020a; Tomkins & Simpson, 2015), the caring leader identity is quite compatible with an everyday managerial role. It involves little of the troubled identity work related in previous literature describing managers who struggle to reconcile managerial work with an identity as a nurse or other professional (e.g. Croft et al., 2015; Currie & Croft, 2015) or as a self-perceived visionary leader (e.g. Alvesson & Sveningsson, 2003).

There are problematic aspects of a caring leader identity which the present study has begun to uncover. The idea that one’s caring makes a pivotal difference to subordinates’ performance is an attractive but potentially illusory fantasy (see Abreu Pederzini, 2020), especially for managers with high ambitions but little influence and sense of power over organisational conditions. An excessive focus on being a caring leader by ‘leaping in’ to provide subordinates with direct assistance and stimulus to change means casting them as immature, fuelling dependency and unrealistic demands for a leader who takes care of all their problems (see Gabriel, 2015; Tomkins & Simpson, 2015; Tomkins, 2020a). Managers thus face a conflict between attending to employees or clients, contrary to the notion set out in the normative literature that caring for staff will help them take better care of care recipients (e.g. Martela, 2012; van der Vyver et al., 2014).

This study suggests that it is possible to develop a more balanced caring leader identity, one that is less centred on one’s own importance, especially for managers in favourable conditions with a greater sense of control. It means that managers seek to care for subordinates not just through direct help and presence, but also by ‘leaping ahead’, that is, by indicating future possibilities and leaving room for subordinates to explore them (see Ladkin, 2020; Tomkins & Simpson, 2015; Tomkins, 2020a). Managers with such a caring leader identity can engage employees in collaboration that benefits clients, the ultimate care recipients.

How pervasive the caring leader identity is within and beyond caregiving organisations is an empirical question. It is one worth exploring, not least since the conditions that foster problematic expressions are doubtless common. Many managers in human service organisations face limited influence combined with pressing needs and strained resources. Just as the caring aspects of leadership are more important than generally acknowledged (Ciulla, 2009; Gabriel, 2015; Tomkins, 2020a), the pitfalls of the caring leader identity are potentially widely relevant.

Funding

The authors gratefully acknowledge funding from Vårdalinstitutet and from Riksbankens Jubileumsfond Grant M14-0138:1.
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