International Journal of Nursing Studies 85 (2018) 19–60

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/locate/ijns

Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review

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ARTICLE INFO

Keywords:
Leadership
Nursing workforce
Review
Systematic
Work environment

ABSTRACT

Background: Leadership is critical in building quality work environments, implementing new models of care, and bringing health and wellbeing to a strained nursing workforce. However, the nature of leadership style, how leadership should be enacted, and its associated outcomes requires further research and understanding. We aimed to examine the relationships between various styles of leadership and outcomes for the nursing workforce and their work environments.

Methods: The search strategy of this systematic review included 10 electronic databases. Published, quantitative studies that examined the correlations between leadership behaviours and nursing outcomes were included. Quality assessments, data extractions and analysis were completed on all included studies by independent reviewers.

Results: A total of 50,941 titles and abstracts were screened resulting in 129 included studies. Using content analysis, 121 outcomes were grouped into six categories: 1) *staff satisfaction with job factors,* 2) *staff relationships with work,* 3) *staff health & wellbeing,* 4) *relations among staff,* 5) *organizational environment factors* and 6) *productivity & effectiveness.* Our analysis illuminated patterns between relational and task focused leadership styles and their outcomes for nurses and nursing work environments. For example, 52 studies reported that relational leadership styles were associated with higher nurse job satisfaction, whereas 16 studies found that task-focused leadership styles were associated with lower nurse job satisfaction. Similar trends were found for each category of outcomes.

Conclusions: The findings of this systematic review provide strong support for the employment of relational leadership styles to promote positive nursing workforce outcomes and related organizational outcomes. Leadership focused solely on task completion is insufficient to achieve optimum outcomes for the nursing workforce. Relational leadership practices need to be encouraged and supported by individuals and organizations to enhance nursing job satisfaction, retention, work environment factors and individual productivity within healthcare settings.

What is already known about the topic?

- Leadership has been shown to influence nursing workforce outcomes, such as job satisfaction and burnout.
- A substantial amount of literature exists examining relationships between specific leadership styles and nursing workforce outcomes.

What this paper adds

- This review provides robust evidence that relational leadership styles, such as transformational and authentic leadership styles, are associated with significantly improved outcomes for the nursing workforce and their work environments.
- Task focused leadership styles, particularly passive or dissonant leadership styles, were generally associated with negative nursing health and workforce outcomes. Transactional leadership was unique in that it was linked to improved job satisfaction and some outcomes related to relations among staff. However, this style was also associated with significantly poorer nursing workforce outcomes in areas such as empowerment, staff health, and wellbeing.

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https://doi.org/10.1016/j.ijnurstu.2018.04.016
Received 19 March 2018; Received in revised form 25 April 2018; Accepted 25 April 2018

1. Introduction

As healthcare systems across the globe continue to experience relentless and turbulent change, the appeals and opportunities for healthcare professionals, especially nurses, to provide effective and visionary leadership to address the challenges and consequences of system reform have never been greater (Duncan et al., 2014; Institute of Medicine (IOM), 2011). Economic constraints that trigger demands for new models of care with skill mix changes in hospital care in order to reduce costs (Aiken et al., 2017) are significant in many countries and contribute to a climate of increased managerialism that promotes efficiencies at the expense of positive transformative changes in care quality (Duncan et al., 2014; Gilbert, 2005; Wong, 2015). Ongoing concerns about nurse and leader shortages (Titzer et al., 2014) along with complaints of overloaded and disenchanted nursing workforces point to the importance of healthy and productive work environments in sustaining the health and well-being of nurses (McHugh et al., 2011; Shirey, 2017; Van Bogaert and Clarke, 2018). Despite the widely recognized importance of leadership in creating healthy work environments, there is much debate in the literature as to what constitutes effective leadership in a context of these dynamic workplace challenges (Albert, 2016; Sherman and Pross, 2010). Effective leadership practices to address these challenges must be informed by current empirical findings of the effects of nursing leadership styles on nurse outcomes.

Leadership is studied within numerous fields including psychology and education, military, management, healthcare and specifically, nursing. Conceptualizations of leadership are typically defined by four central elements: leadership (a) is a process, (b) entails influence, (c) occurs within a group setting or context, and (d) involves achieving goals that reflect a common vision (Hunt, 2004; Northouse, 2007; Shaw, 2007; Shortell and Kaluzny, 2006). Frequently used leadership theories including transformational leadership, emotionally intelligent leadership, and authentic leadership have guided nursing leadership research and interventions, likely based on their emphasis on relationships for effecting positive change or outcomes (Gardner et al., 2005a,b; Hibberd et al., 2006).

We used Northouse's definition of leadership – "a process whereby an individual influences a group of individuals to achieve a common goal" (Northouse, 2007). Leadership styles can be generally categorized as focusing on human relationships or task completion. *Relationally focused leadership* focuses on people and relationships, such as *transformational leadership* which maximizes the potential of followers through encouragement of innovation, creativity and intellectual stimulation (Bass and Avolio, 1994), *resonant leadership* which focused on understanding the needs of individuals (Boyatzis and McKee, 2005; Goleman et al., 2002) and *authentic leadership* which emphasizes leader insight, transparency, and congruence in their actions and personal or expressed beliefs (Gardner et al., 2005a,b; Walumbwa et al., 2008). *Task focused leadership* styles are primarily *transactional leadership*, in which leaders make a transaction with followers by providing rewards in exchange for tasks completed (Bass and Avolio, 1994), *dissonant leadership* styles, whereby leaders employ commanding and pace-setting behaviours to achieve results (Goleman et al., 2002), and *instrumental leadership* that focuses on bridging motivational vision with strategic and task-mediated accomplishment (Avolio et al., 1999). Leaders using an *active management-by-exception* style address potential problems before they jeopardize performance, while *laissez-faire* leaders step in only when performance levels have already fallen (Avolio et al., 1999).

The purpose of the review reported here was to systematically review the literature examining the relationships between leadership styles and outcomes for the nursing workforce and their work environments. The following research questions guided the full systematic literature review and analysis.

1. Do nursing leadership styles influence outcomes for nurses, nursing environments, and the nursing workforce?
2. If so, how do these leadership styles impact the specific outcomes?

2. Methods

This is an update of a review originally published under the same title (Cummings et al., 2010a).

2.1. Search strategy, data sources, and screening

The search strategy included 10 electronic databases CINAHL, Medline, PsychInfo, ABI, ERIC, Sociological Abstracts, Embase, Cochrane, Health Star and Academic Search Premier. Searches included the following keywords – *leadership*; *research*; *evaluation*; *measurement*; *and nurs** – to locate studies published between 1985 and August 2017 that examined the outcomes of various styles of nursing leadership. Searches were originally undertaken in 2009 and updated in 2017 to locate studies published between 1985 and August 2017.

2.2. Inclusion criteria

Articles were included if they met the following inclusion criteria: 1) peer reviewed research; 2) studies measuring leadership by nurses; 3) studies measuring one or more outcomes of nursing leadership; and 4) studies examining the relationship between leadership and outcomes for the nursing workforce or nursing work environments. Qualitative studies and grey literature were not included.

2.3. Screening

Abstracts and manuscripts were independently reviewed by two of five research team members (SM, TP, GEC, SL, KT) based on pre-determined inclusion and exclusion criteria discussed by the research team (SM, TP, GEC, SL, KT, GGC). Articles in which leadership style was not clearly defined or articulated were further reviewed for inclusion by the principal investigator (GGC). Due to the large volume of abstracts and only English language proficiency in our research team, we focused only on nursing studies published in English.

2.4. Data extraction

Data extraction elements included: author, journal, country, research purpose and questions, theoretical framework, design, setting, subjects, sampling method, measurement instruments, reliability and validity, analysis, leadership measures, outcomes of leadership, significant and non-significant results. Data from each article were extracted independently by one of five reviewers and verified by another reviewer (SM, TP, GEC, SL, KT).

2.5. Quality review

Included articles were each reviewed independently twice for methodological quality by two of five research team members using an adapted quality assessment tool used in previously published systematic reviews (Lee and Cummings, 2008; Cummings and Estabrooks, 2003; Estabrooks et al., 2003, 2001; Wong and Cummings, 2007; Cummings et al., 2008a). The adapted tool (Box 1) was used to assess four areas of each study: research design, sampling, measurement and statistical analysis. Twelve items were scored as zero (=not met) or one (=met), and one item related to the measurement of leadership was scored as two (=objective observation), or one (=self-report) or zero (=not met). Studies were evaluated on sampling, statistical analysis, research design, and measurement, and scored as low (0–4), medium (5–9), or high quality (10–14).