



Review

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

Greta G. Cummings^{a,b,*}, Tara MacGregor^{a,b}, Mandy Davey^c, How Lee^{a,b},
Carol A. Wong^d, Eliza Lo^{a,b}, Melanie Muise^{a,e}, Erin Stafford^f

^a CLEAR Outcomes Research Program (Connecting Leadership Education & Research), University of Alberta, Edmonton, Alberta, Canada

^b Faculty of Nursing, University of Alberta, Edmonton, Alberta, Canada

^c OR, Bonnyville Health Centre, Alberta Health Services, Bonnyville, Alberta, Canada

^d University of Western Ontario, London, Ontario, Canada

^e Faculty of Physical Education & Recreation, University of Alberta, Edmonton, Alberta, Canada

^f ICU, Alberta Health Services, Edmonton, Alberta, Canada

ARTICLE INFO

Article history:

Received 1 February 2009

Received in revised form 4 August 2009

Accepted 11 August 2009

Keywords:

Leadership
Nursing workforce
Work environment
Review
Systematic

ABSTRACT

Context: Numerous policy and research reports call for leadership to build quality work environments, implement new models of care, and bring health and wellbeing to an exhausted and stretched nursing workforce. Rarely do they indicate how leadership should be enacted, or examine whether some forms of leadership may lead to negative outcomes. 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 multidisciplinary systematic review included 10 electronic databases. Published, quantitative studies that examined leadership behaviours and outcomes for nurses and organizations were included. Quality assessments, data extractions and analysis were completed on all included studies.

Findings: 34,664 titles and abstracts were screened resulting in 53 included studies. Using content analysis, 64 outcomes were grouped into five categories: *staff satisfaction with work, role and pay, staff relationships with work, staff health and wellbeing, work environment factors*, and *productivity and effectiveness*. Distinctive patterns between relational and task focused leadership styles and their outcomes for nurses and their work environments emerged from our analysis. For example, 24 studies reported that leadership styles focused on people and relationships (transformational, resonant, supportive, and consideration) were associated with higher nurse job satisfaction, whereas 10 studies found that leadership styles focused on tasks (dissonant, instrumental and management by exception) were associated with lower nurse job satisfaction. Similar trends were found for each category of outcomes.

Conclusion: Our results document evidence of various forms of leadership and their differential effects on the nursing workforce and work environments. Leadership focused on task completion alone is not sufficient to achieve optimum outcomes for the nursing workforce. Efforts by organizations and individuals to encourage and develop transformational and relational leadership are needed to enhance nurse satisfaction, recruitment, retention, and healthy work environments, particularly in this current and worsening nursing shortage.

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* Corresponding author at: Faculty of Nursing, 3rd Floor Clinical Science Building, University of Alberta, Edmonton, Alberta T6G 2G3, Canada. Tel.: +1 780 492 8703; fax: +1 780 492 6186.

E-mail address: greta.cummings@ualberta.ca (G.G. Cummings).

What is already known about the topic?

- Nursing leadership is called for repeatedly to manage challenging healthcare workplace and workforce issues.
- Considerable research has examined the relationships between specific leadership styles and practices of nursing leaders and outcomes for the nursing workforce.

What this paper adds

- Our results point to outcomes patterns that support claims that relationship or people focused leadership practices contribute to improving outcomes for the nursing workforce, work environments and for productivity and effectiveness of healthcare organizations.
- With little exception, relationally focused leadership practices led to much more frequent and positive outcomes for the nursing workforce and nursing work environments than did other more task focused leadership styles, which included dissonant leadership, management by exception, transactional, instrumental and laissez faire approaches, led to negative outcomes.

The current international nursing shortage and the emphasis on developing quality practice environments has led to growing research and policy reports that have raised a clarion call for nursing leadership to advance an agenda for change in healthcare organizations (Canadian Nursing Advisory Committee 2002; Institute of Medicine, 2004; Shaw, 2007). This call for leadership is to rebuild the nursing workforce, implement new models of care and bring health and wellbeing to an exhausted and stretched nursing workforce (Canadian Nursing Advisory Committee, 2002; Ruchlin et al., 2004; Sheahan et al., 2007; Shaw, 2007). However, these reports rarely indicate how this leadership should be enacted, and whether some forms of leadership may actually lead to undesirable outcomes. The impetus for improving nursing work environments is founded on research from the past decade that has linked characteristics of nursing work environments, such as nurse/physician relationships, to patient adverse events and patient mortality (Aiken et al., 2002, 2003; Cho et al., 2003; Estabrooks et al., 2005; Jarman et al., 1999; Tourangeau et al., 2002), providing further motivation to create safer practice environments for patients (Baker et al., 2004; Institute of Medicine, 2004; Wade et al., 2002).

Leadership has been studied in a variety of disciplinary fields from psychology, military, education, management to healthcare, and more recently in nursing. Yet within these fields, the most common conceptualizations of leadership include four elements as central to their definition: 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, 2004; Shaw, 2007; Shortell and Kaluzny, 2006). Commonly used leadership theories including transformational leadership and more recently, emotionally intelligent leadership have guided nursing leadership research and interventions, presumably due to their emphasis on relationships as the foundation for effecting positive change or outcomes (Hibberd and Smith,

2006). For this review, we used Northouse's definition of leadership – "a process whereby an individual influences a group of individuals to achieve a common goal" (Northouse, 2004). This influence of leadership can be simplistically categorized into approaches that focus on people and relationships to achieve the common goal, and those that focus on the tasks to be accomplished. Examples of *relationally focused leadership* styles include *transformational leadership* which motivates others to do more than they originally intended and often more than they thought possible (Bass and Avolio, 1994), *individualized consideration*, which focuses on understanding the needs of each follower and works continuously to get them to develop to their full potential (Avolio et al., 1999), and *resonant leadership* that inspires, coaches, develops and includes others even in the face of adversity (Boyatzis and McKee, 2005; Goleman et al., 2002). Transformational leaders use idealized influence, inspiration and motivation, intellectual stimulation and individualized consideration to achieve superior results (Avolio et al., 1999), and resonant styles are based on the emotional intelligence of the leaders (Boyatzis and McKee, 2005).

In contrast, *task focused (non-relationally focused) leadership* styles are primarily management by exception, laissez-faire, transactional leadership, dissonant leadership styles, and instrumental leadership. *Active Management-by-Exception* focuses on monitoring task execution for any problems that might arise and correcting those problems to maintain current performance levels (Avolio et al., 1999). *Laissez-faire* styles are similar in that they are conceptualized as passive avoidance of issues, decision-making and accountability (Avolio et al., 1999). *Passive-avoidant leadership* tends to react only after problems have become serious to take corrective action, and often avoids making any decisions at all (Avolio et al., 1999). *Transactional leadership* emphasize the transaction or exchange that takes place among leaders, colleagues and followers to accomplish the work (Bass and Avolio, 1994). *Dissonant leadership* is characterized by pacesetting and commanding styles that undermine the emotional foundations required to support and promote staff success (Goleman et al., 2002). *Instrumental leadership* focuses on the strategic and task-oriented developmental functions of leaders (Antonakis and House, 2002). *Initiating structure* referred to the degree to which leaders articulate clear role expectations, create well defined communication channels and focus on tasks and attaining goals (Judge et al., 2004).

We were also specifically interested in examining the relationships between these various approaches to leadership and outcomes for the nursing workforce and their environments. Based on our knowledge, experience and the literature, leadership practices of formal nurse leaders and managers have been found to positively impact outcomes for organizations, patients (Wong and Cummings, 2007), and healthcare providers (Cummings et al., 2005; Upenieks, 2002; Vitello-Cicciu, 2002). Recently, Gilmartin and D'Aunno (Gilmartin and D'Aun, 2007) conducted a review of 60 studies in *healthcare leadership* reporting that leadership was positively and significantly associated with individual work satisfaction, turnover, and performance. Yet, we found no studies that systematically

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