New nurses burnout and workplace wellbeing: The influence of authentic leadership and psychological capital

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ABSTRACT

The detrimental effects of burnout on nurses' health and wellbeing are well documented and positive leadership has been shown to be an important organizational resource for discouraging the development of burnout. Intrapersonal resources also play a protective role against workplace stressors. This study investigated the influence of authentic leadership, an organizational resource, and psychological capital, an intrapersonal resource, on new graduate burnout, occupational satisfaction, and workplace mental health over the first year of employment ($n = 205$). Results supported the protective role of organizational and intrapersonal resources against burnout, job dissatisfaction, and mental health.

1. Introduction

Nurses are the largest regulated healthcare provider group in Canada, representing almost one half of all healthcare workers (Canadian Institute of Health Information, 2005). But with an aging workforce, attention to creating work environments that retain newcomers to the profession is important for sustaining the future nursing workforce. Workplace conditions that empower employees to optimize work performance are known to enhance employee well-being and retention (Kanter, 1977). Yet recent studies have shown that new graduate nurses are reporting high levels of burnout (Cho, Laschinger, & Wong, 2006) and job turnover (Beecroft, Kunzman, & Krozek, 2001; Bowles & Candela, 2005; Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2011). Given the well documented detrimental effects of burnout on employee health and workplace wellbeing, it is important to examine organizational and personal resources that protect new graduate nurses from burnout and the negative health and organizational effects of this persistent phenomenon in health care settings.

Positive leadership approaches that support employees' relationships with their work is an example of an important organizational resource that has been shown to discourage the development of burnout (Melchior, Bours, Schmitz, & Wittich, 1997; Zopiatis & Constanti, 2010). On the other hand, recent work

has shown that intrapersonal resources, such as psychological capital, also play a protective role against workplace stressors (Luthans & Jensen, 2005). Studies investigating the combined effects of personal and organizational resources on new graduate burnout are rare and the few that have are cross-sectional. Therefore the purpose of this study was to investigate the influence of authentic leadership, an organizational resource, and psychological capital, an intrapersonal resource, on new graduate burnout development, occupational satisfaction, and workplace mental health over the first year of their practice.

1.1. Burnout in the health care professions

Burnout is a well-documented psychological response to chronic job stressors (Maslach, 2004). Burnout consists of three components-emotional exhaustion, cynicism and personal efficacy – however; emotional exhaustion (EE) and cynicism (CYN) are considered the core elements of burnout (Leiter, Harvie, & Frizzell, 1998; Leiter & Maslach, 2004; Maslach & Leiter, 1997). Similar to other helping professions, the prevalence of burnout in nursing is particularly high, because of the high emotional and physical demands of this work (Greenglass, Burke, & Fiksenbaum, 2001; Leiter & Maslach, 1988). High burnout levels in nursing have been associated with heavy workloads (Greenglass et al., 2001; Laschinger, Finegan, & Wilk, 2011), inadequate staffing levels (Aiken & Salmon, 1994; Garrett & McDaniel, 2001), job dissatisfaction (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004; Zangaro & Soeken, 2007),

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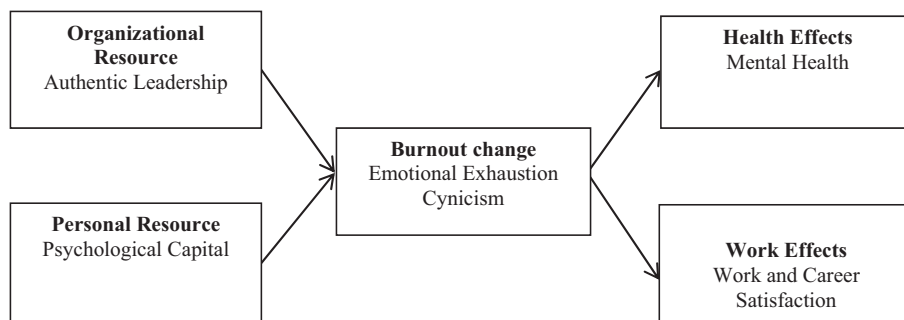E-mail address: hkl@uwo.ca (H.K. Spence Laschinger).

Fig. 1. Posited model.

absenteeism (Michie & Williams, 2003), and turnover (Fochsen, Sjögren, Josephson, & Lagerström, 2005; Kovner et al., 2007; Leiter & Maslach, 2009). In medicine, burnout has been linked to career dissatisfaction (Shanafelt et al., 2009) and career turnover (Becker, Milad, & Klock, 2006). Schaufeli and Buunk (Schaufeli & Buunk, 2003) note that the relationship between burnout and turnover is often weak, suggesting that many burned out employees remain in their jobs often with negative consequences for both themselves and their organizations. Supportive management has however been linked to lower levels of emotional exhaustion in health care work environments (Balogun, Titiloye, Balogun, Oyeyemi, & Katz, 2002). Vahey et al. (Vahey et al., 2004) suggest that positive leadership behaviors may protect employees against burnout.

Recent research on burnout among new graduate nurses is troubling. Cho et al.'s (Cho et al., 2006) study found that 66% of new graduates experienced severe burnout, primarily related to negative workplace conditions. Laschinger et al. (Laschinger, Grau, Finegan, & Wilk, 2010) found similar results, suggesting that new graduate burnout continues to be a problem. New graduate burnout has been significantly related to lack of supervisor support (Spooner-Lane & Patton, 2007), unmanageable workloads (Laschinger, Wong, & Grau, 2012a), absenteeism and turnover intentions (Beecroft, Dorey, & Wenten, 2008; Rudman & Gustavsson, 2011), lower organizational commitment (Cho et al., 2006) and depression (Rudman & Gustavsson, 2011; Pineau Stam, Laschinger, Regan, & Wong, 2013). Spooner-Lane and Patton (Spooner-Lane & Patton, 2007) found that new graduate nurses in Australia were at higher risk for burnout and that supervisor support was a significant predictor of low levels of emotional exhaustion.

These studies demonstrate the detrimental effects of burnout in the nursing profession in general and for new graduate nurses in particular. These findings are alarming and suggest that every effort should be made to prevent new graduate nurse burnout not only to protect their own health, but also that of their organizations. Given the critical role new nursing graduates play in sustaining the future nursing workforce, understanding the personal and organizational factors that may protect new graduate nurses from burnout is important.

1.2. Theoretical model of the study

In our study, we propose that both organizational and personal resources play an important role in protecting new graduate nurses from burnout development and its detrimental health and job-related effects. We consider leadership, particularly authentic leadership (Avolio & Gardner, 2005), to be an important organizational resource that reduces the likelihood of burnout in nursing work environments. In addition, psychological capital is a personal resource that enables individuals to respond positively to challenges they encounter at work (Luthans & Jensen, 2005). These

two theoretical constructs and their relationship to burnout and subsequent job related health effects are described in the upcoming section. The relationships among constructs in our model are illustrated in Fig. 1.

1.2.1. Influence of Leadership on work environments

Leaders play a key role in creating work environments that optimize employee performance and workplace well-being (Kane-Urrabazo, 2006; Kuoppala, Lamminpää, Liira, & Vainio, 2008). Leaders shape the quality of the immediate work environment which has an important impact on employees' experiences with their work and subsequent job and health-related outcomes (Leiter & Maslach, 2004; Wong, Laschinger, & Cummings, 2010). When leaders fail to ensure that working conditions support employees' ability to accomplish their work in meaningful ways, employees struggle to achieve work goals and may become exhausted, hindering performance, and ultimately diminishing their health and well-being (Ingersoll, Olsan, Drew-Cates, DeVinney, & Davies, 2002; Kelloway & Day, 2005; Stouten et al., 2010). Research has shown that relationally focused leadership styles are more effective than autocratic leadership approaches (Kuoppala et al., 2008; Wendt, Euwema, & Van Emmerik, 2009).

Authentic leadership is an emerging model of leadership originating in the field of Positive Organizational Psychology that has shown promising results in creating positive work environments that foster employee health and wellbeing (Avolio & Gardner, 2005). Previous research has linked positive leadership practices in general (Laschinger et al., 2011; Duffield, Gardner, & Catling-Paull, 2008; Hauge et al., 2011) and authentic leadership in particular, to positive work outcomes (Wong et al., 2010; Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008; Giallonardo, Wong, & Iwasiw, 2010), suggesting that leadership is a key organizational strategy for promoting recruitment and retention of new graduate nurses (Jensen & Luthans, 2006).

1.2.2. Authentic Leadership

Authentic leadership is a positive relationship-focused leadership style that emphasizes self-awareness, honesty and transparency, behavioral integrity, and consistency (Avolio, Gardner, Walumbwa, Luthans, & May, 2004). Authentic leadership is posited to influence performance by emphasizing people's strengths rather than weaknesses (Avolio & Gardner, 2005; Wong & Cummings, 2009). Authentic leadership is "a pattern of transparent and ethical leader behavior that encourages openness in sharing information needed to make decisions while accepting input from those who follow" (Avolio, Walumbwa, & Weber, 2009)[51, p. 424]. Authentic leaders build trusting work environments that engage followers through four types of behaviors: *Balanced processing, relational transparency, internalized moral perspective*, and *self-awareness* (Walumbwa et al., 2008). *Balanced processing* refers to behaviors of leaders who try to gather and analyze all relevant data and