Systematic Review

LEADERSHIP STYLE INFLUENCE ON NURSES' BURNOUT: A SYSTEMATIC REVIEW

Devy Syanindita Roshida[1]*, Indriati Paskarini[2], Tri Martiana[2]
[1] Postgraduate Student, School of Medicine, Griffith University, Australia
[2]Department of Occupational Safety and Health, Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia
Correspondence address: Devy Syanindita Roshida
Email: devy.syanindita.roshida-2021@fkm.unair.ac.id

ABSTRACT

Introduction: We intend to evaluate the current literature, published from 2019 to 2022 and study the types of leadership styles and how they affected nurse burnout. **Aims:** the research was to systematically review the influence of leadership style on nurse burnout. **Methods** A systematic literature search was conducted through an electronic search in three databases and was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) with some inclusion criteria compiled by the research objective. **Results** A total of 15 selected articles show that leadership styles affected nurse burnout both directly and indirectly. This systematic review shows that some leadership styles had an influence on increasing nurse burnout, as well as affecting their job satisfaction, psychological distress and their intention to leave. Some other leadership styles also influenced reducing nurse burnout and increasing their work engagement. **Conclusions** Due to the variety of leadership styles studied in the articles, it's hard to draw specific conclusions. However, this systematic review shows most of the articles stated that some specific leadership styles took part in increasing nurse burnout, and some other leadership styles were able to reduce nurse burnout in particular.

Keywords: Burnout, Leadership style, Nurse

INTRODUCTION

A nurse is a person having the closest interaction with people who need healthcare services. Under the Constitution of the Republic of Indonesia on Nursing, a nurse is someone who has graduated from higher education with a major in nursing, both at home and abroad which has been ratified by the Government following the clauses of the Legislation. The profession of nursing places a lot of pressure, both mentally and physically, on a job that requires various expertise and manners. Nursing work environments lead a notable role in promoting work engagement among nurses. Some characteristics of healthy work environments are (a) a high level of trust between employees and management, (b) a communication and collaboration-oriented culture, and (c) a work climate that guarantees employees' physical and emotional safety, and also well-being. Nurses' leadership is seen as an essential part of staff retention, productivity and effectiveness of healthcare organizations (Law of The Republic of Indonesia, 2014).

The leadership style is interpreted as a way of leaders giving influence to their members, so the member will do every command that the leaders ask to achieve the organization's goals. Leadership style is considered a combination of various characteristics, traits, and behaviors used by leaders to interact with their subordinates. Khajeh (2018) also described leadership style as a scheme related to managerial behavior, which is organized to integrate organizational or personal interests and effects to achieve certain goals (Khajeh, 2018).

An increasing number of studies considered leadership as the protective agent to reduce employee burnout in

behavioral health organizations, also identifying different leadership styles as the cause of decreasing or increasing the likelihood of developing burnout. Prior studies which examined the correlation between employee burnout and leadership style have found that leadership styles are characterized by the leader's ability to actively listen, engaging in clear communication, empathizing with coworkers and employees, adopting compassionate and ethical approaches in problem-solving activity, and showing the desire to accept suggestions are all connected with lower symptoms of burnout (Kelly and Hearld, 2020).

An earlier study conducted at a hospital in Medan showed that leadership styles influenced psychological stress in nurses (Tinambunan and Tampubolon, 2018). The leadership style which creates the lowest psychological stress on nurses was democratic leadership, while the leadership style which brought the highest psychological stress was autocratic leadership (Laschinger and Fida, 2014). That study proves that the leadership style of the head nurse in every unit has a significant influence on the psychological stress among nurses. Moreover, an application of mismatched leadership styles is one of the reasons burnout syndromes developed (Laschinger and Fida, 2014; Amin, Ahmed and Soomro, 2019; Dall'Ora et al., 2020).

The World Health Organization (WHO) defines burnout as a conceptualized syndrome as a result of prolonged workplace-related stress that has not been resolved. Three dimensions of burnout characterizations are emotional exhaustion, depersonalization and personal accomplishment. Burnout refers to a phenomenon in occupational terms only and does not apply to portraying experiences in other aspects of life (World Health Organization, 2019).

A previous study by Ramdan and Fadly (2017) proved that Indonesian nurses at a hospital experienced burnout as many

as 56% and a positive correlation between leadership and burnout incidence was found (Ramdan and Fadly, 2017). In addition, research by Andarini et al. (2018) at a hospital in East Java showed that organizational and work environment factors were strongly related to burnout syndrome and nurse performance (Andarini, Supriyanto and Kusumaningrum, 2018).

Based on an in-depth interview by the head of the emergency room in one of the hospitals in East Java, Indonesian nurses have general work shifts divided into three shifts. The first and the second shift is seven hours of work and the third shift is 10 hours of work. From the head of the emergency room's perspective, the signs of a nurse who has experienced physical and emotional fatigue would show unfriendly behavior, sensitivity, struggle to concentrate and missed communication.

There have been some earlier studies demonstrating the association between leadership style and burnout, but it is not been classified which kind of style is supposed to be applied in the healthcare services setting. The purpose of this study is to identify research that has examined theorized relationships between leadership and burnout, to determine which style increases and lessens burnout among nurses. In the future, this research can assist in the implementation of leadership manner in a hospital setting.

METHODS

The method and protocol of this research was a systematic literature review directed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Database searches were carried out through several sources including Science Direct, Clinical Key Nursing and Wiley Online Library. Keywords searched were ("Burnout" AND "Nurse" AND "Leadership Style"). The inclusion criteria in this study were: 1) an article that has scope about stress, burnout, leadership style

and organizational environment; 2) an article was published in years range 2019 – 2022; 3) a full-text article; 4) an English written article; and 5) the respondent of the article was a nurse. This research was ethically approved by The Committee of Health Research Ethics from The Faculty of Public Health Universitas Airlangga No. 13/EA/KEPK/2021.

Search strategy

A structured search strategy was developed in January-February 2022 using keywords related to leadership styles, burnout, and nurse. The final keywords used in the electronic searches were "Burnout" AND "Nurse" AND "Leadership Style." The initial literature search was conducted in March 2022, with a supplementary search in April 2022. Data sources were: Science Direct, Clinical Key Nursing, and Wiley Online Library.

Selection of the Study

The results from the previous step were collected and put into a database to facilitate the author in screening the titles and abstracts to identify qualified articles. Qualified articles were then screened again to remove found duplicates, followed by reviewing the remaining qualified articles to ensure that those articles reached the inclusion criteria. Some of the research's titles and abstracts have been excluded since the aim of the study is convergence with examining the correlation between leadership style and burnout among nurses.

Data extraction

The next step was to collect some data from the qualified articles to be presented in the study results, which include: authors and publication year, research objectives, data collection instrument, research method and results. Extracted data were shown descriptively with no analyses presented. Data were extracted from 15 articles that met the inclusion criteria.

RESULT
Study selection

Based on data searched and reviewed using keywords and the inclusion criteria, as many as $N = 300$ potential articles were obtained from three databases: Science Direct ($N = 90$), Clinical Key Nursing ($N = 115$), and Wiley Online Library ($N = 95$). After removing duplicates of 32 articles ($N = 268$), eliminating 238 articles of screening titles and abstracts (N
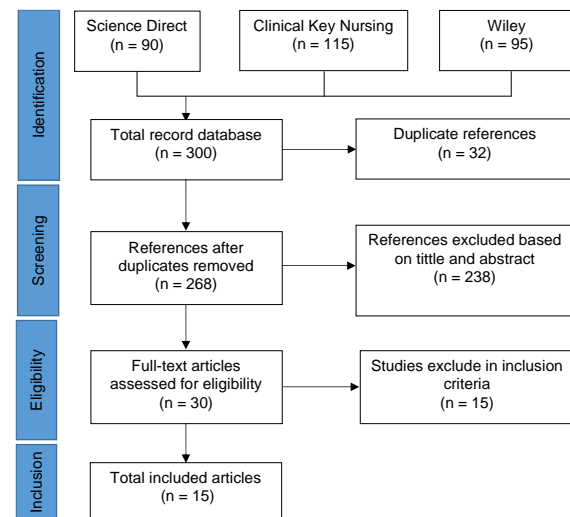
$= 30$) and excluding 15 articles after applying inclusion criteria, a total of 15 articles met the inclusion criteria and remained in the researcher dataset. The PRISMA graphic can be seen below.

Figure 1. Flow diagram of systematic literature review

Results and characteristics of the studies

Results of the leadership styles on nurse burnout in the obtained articles were diverse. Some leadership styles mentioned in the selected articles were: Authentic Leadership, Transformational Leadership. Abusive Leadership, Laissez-Faire Leadership, Ethical Leadership, Servant Leadership, Exploitative Leadership, Executive Leadership, and Despotic Leadership. Those leadership styles were reported to have an impact on nurses' burnout. Among the selected studies, 10 of the articles used the cross-sectional survey as their method to obtain data. In addition,

two articles were a systematic literature review, and the rest were a quality improvement project, a quantitative and casual study and a convergent mixed-method study. The instruments used to obtain data in the selected articles were also varied. The most used instruments in the selected articles were the Multi-Factor Leadership Questionnaire and Maslach Burnout Inventory Scales. As many as three articles used Multi-Factor Leadership Questionnaire to obtain data related to leadership style, also as many as six articles used Maslach Burnout Inventory Scales for measuring burnout. The summary of the article's results on leadership style on nurse burnout can be seen in Table 1.

Table 1. Summary of article's result of leadership style on nurses' burnout

References	Aims	Instruments	Methods	Results
(Wei *et al.*, 2020)	Evaluate the impact of nurse leadership styles on nurse burnout based on current literature	CINAHL, PubMed, PsycINFO, and Google Scholar.	PRISMA	The major leadership styles that have an important role in reducing nurse burnout including authentic and transformational leadership.
(Gemeda and Lee, 2020)	Examine the relationship of leadership styles, work engagement and outcomes	Multi-Factor Leadership Questionnaire (MLQ- 5X) and the Utrecht Work Engagement Scale-9	Cross-sectional research through online survey	Work engagement which has contrast to three dimensions of burnout mediated that leadership styles and indicators of outcomes.
(Lyu et al., 2019)	Specify psychological empowerment as a mediating effect between abusive supervision and turnover intention	Psychological empowerment scale, abusive supervision scale, and turnover intention scale	Cross-sectional study	Abusive leadership style has limited psychological empowerment that increases nurses' occupational burnout.
(Ángeles López-Cabarcos, López-Carballeira and Ferro-Soto, 2021)	Analyze the mediating role of emotional exhaustion between job attitudes and leadership	Maslach Burnout Inventory and Multi-Factor Leadership Questionnaire	Cross-sectional paper questionnaire	Emotional exhaustion as the mediator of the relationships between intrinsic satisfaction and laissez- faire leadership.
(Niinihuhta and Häggman-Laitila, 2022)	Summarize the current research about relationship of nurse leadership style and well-being	CINAHL, Scopus, PubMed and Medic databases	PRISMA	Leadership styles mediated by trust in leaders, emotional exhaustion, affectivity, job satisfaction and motivation.
(Wu et al., 2020)	Examine the impact of leadership on perceived emotional exhaustion and intention to leave	Multifactor Leadership Questionnaire (MLQ) and Maslach Burnout Inventory	Cross-sectional questionnaire study	Perceived positive spirituality reinforces transformational leadership to reduce emotional exhaustion.

References	Aims	Instruments	Methods	Results
(McKenna and Jeske, 2021)	Investigate the emotional exhaustion, work engagement and turnover intention by exploring effect of leadership	Ethical Leadership Scale, the LQWLQ-N scale, the Utrecht Work Engagement Scale-9, Maslach Burnout Inventory and Turnover Intention scale	Cross-sectional study	There were indirect but significant effects of ethical leadership on emotional exhaustion as well as work engagement and turnover intention.
(King, Gontarz and Wei, 2020)	Describes the implementation of leadership strategies to reduce absenteeism	The Plan, Do, Study, Act (PDSA) cycle	Quality Improvement Project	The QI project illustrates strategies for nurse leaders to attempt implementing to increase employee engagement and reduce burnout. Authentic leadership style is the most effective for engaging staff according to Maslow's Hierarchy.
(Ma et al., 2021)	Examine the role of leadership in nurses' burnout during Covid-19 pandemic	Maslach Burnout Inventory and the Global Servant Leadership	Cross-sectional quantitative research	The servant leadership style has a direct effect on nurses' burnout and is consistent with a number of empirical studies on employee well-being.
(Zappalà and Toscano, 2020)	Assess the leadership to job satisfaction, work engagement, cynicism and organizational climate	Ethical Leadership Scale, Service Climate Scale (ISCS), Job Satisfaction Scale, Leader-Member Exchange (LMX), Maslach Burnout Inventory	Cross-sectional study	The ethical leadership scale loads on a single factor, negatively related to cynicism as part dimension of burnout.
(Majeed and Fatima, 2020)	Evaluation the impact of leadership on nurses' stress and moderate role of leadership to negative affectivity	Exploitative Leadership, Negative Affectivity, Psychological Distress and Psychological Detachment from Work	Quantitative and casual	The result showed that exploitative leadership is related in significant number to negative affectivity and psychological distress.

References	Aims	Instruments	Methods	Results
(Peter *et al.,* 2020)	Determine the stress at work among health professionals	STRAIN questionnaire, Copenhagen Psychosocial Questionnaire (COPSOQ), Sixth European Working Conditions Survey—EWCS, the Work Ability Index	Cross-sectional	Nurses who work without management responsibilities being reported to have reduced score of job satisfaction, increased the intention to leave and increased burnout symptoms.
(Ness et al., 2021)	Understand the stressor of nurse during Covid-19 pandemic	The Professional Quality of Life (ProQOL), Measure of Moral Distress for Healthcare Professionals (MMD-HP) and an interview	Convergent mixed-methods	Executive leadership leads a proactive role in understanding the nurse's QOL and moral distress as a beginning of burnout symptoms.
(Lee, Chiang and Kuo, 2019)	Explore the effect of burnout between leadership and intention to leave on nurse	The Authentic Leadership Questionnaire (ALQ), The Practice Environment Scale of the Nursing Work Index (PES-NWI), and Maslach Burnout Inventory	Cross-sectional	Emotional exhaustion acted as a mediator on the intent to leave for nurses and authentic leadership's correlation.
(Dahri et al., 2018)	Evaluate the effect of leadership and occupational stress on job satisfaction through burnout among nurse	Multi-Culture Leader Behavior Questionnaire, Perceived Stress Scale (PSS), Burnout Measure Short (BMS) and Generic Job Satisfaction Scale	Cross-sectional	The statistical result showed there was a direct relationship with significant number between despotic leadership and burnout.

There were varied leadership styles that were discussed in the selected articles seen in Table 1. Of all the leadership styles that have been identified based on research findings, we can classify the articles into three categories based on the impact of the leadership styles mentioned in the article on nurse burnout. The categories include leadership style that "reduces burnout," the leadership style that "increases burnout," and unclassified articles. The classification can be seen in Figure 2. Based on Figure 2, we can conclude that most of the articles were discussing a leadership style that reduced burnout as many as seven articles. Six other articles mentioned a leadership style that increased burnout in nurses and the other two articles were unclassified since they were discussing an unspecific leadership style or leadership style in general. Thus, we categorized it as "unclassified,"
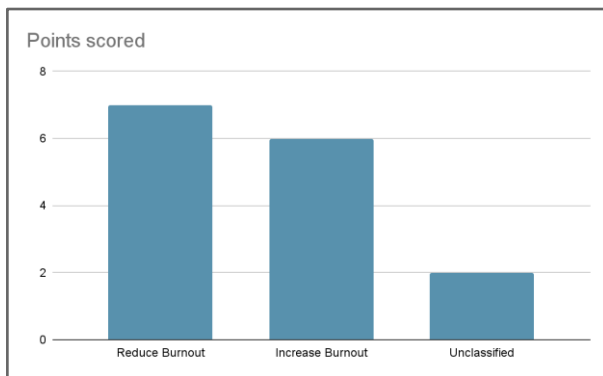
Figure 2. Classification of Leadership Styles' impact on Nurse Burnout

DISCUSSION
Burnout

Maslach and Leiter (2016) described burnout as a work-related heavy stress response. Characterization of burnout according to Maslach is the sense of being mentally drained and a lack of emotional resources — Emotional Exhaustion; negative and secluded response to surroundings and loss of idealism — Depersonalization; and a feeling of incompetence and underperforming at work — reduced personal accomplishment. Maslach was also the one who constructed a scale, the Maslach Burnout Inventory (MBI), which is a burnout measurement instrument that is mostly used by researchers globally (Dall'Ora et al., 2020).

Maslach theorized that burnout is a condition which appears as a result of a chronic unmet need between an employee and the six dimensions of work which are: 1) Workload: extreme number of demands and workload so that recovery is unachievable; 2) Control: employees' absence of control over the resources needed to accomplish their job; 3) Reward: lack of substantial reward for the job done. Rewards can be social, financial, and intrinsic; 4) Community: employees do not receive a feeling of healthy connections among their fellow workers and leaders, this leads to dropping scores of social support and increasing frustration; 5) Fairness: a person perceiving unfair treatment at the workplace, such as inequity in workload and salary; 6) Values: the feeling of oppressed and obliged to serve against their values or when they are facing a contravention amongst the organization's values (Maslach and Leiter, 2016). The three dimensions of burnout according to Maslach and Leiter (2016) were extreme exhaustion, cynicism and job unattachment, feelings of lacking accomplishment and ineffective working routines. The importance of this three-dimensional model is that it places the experience of individual stress within a social context involving the person's conception of both self and others. (Kelly and Hearld, 2020). This research also stated that an increasing number of researchers have reported leadership as a protective role on employee burnout in behavioral health organizations, also identifying different leadership styles as the cause of decreasing or increasing the likelihood of burnout development.

Leadership Style on Nurse Burnout

The purpose of this study was to systematically review the existing literature and to present an overview of the leadership styles that affect burnout in nurses. Based on data searches using keywords and criteria in the databases above, 15 relevant journal articles were obtained and reviewed. The review process found that reports on nurse burnout are discovered and also being studied globally, and leadership style is one of the causes that play an important role in reducing or even increasing the experience of burnout in nurses.

Almost half of the studies reported that some leadership styles took part in increasing psychological distress, intention to leave and symptoms of burnout in nurses, as well as reducing their job satisfaction. The type of leadership styles namely Abusive Leadership, Laissez-Faire Leadership, Exploitative Leadership,

Executive Leadership, and Despotic Leadership. The hospital environment controlled bad leadership behaviors by encouraging nurses' interpersonal skills under that type of leadership, which adopted zero-tolerance standards for poor leadership behavior (Lyu et al., 2019; Majeed and Fatima, 2020).

Apart from increasing burnout in nurses, more than half of the studies reported that some leadership styles also influenced reducing nurse burnout. Namely Transformational Leadership, Authentic Leadership, Servant Leadership, and Ethical Leadership. Further, we decided to focus on these four leadership styles that influenced reducing nurse burnout, since they could be more useful and practicable in the scope of healthcare workers, especially nurses and other further management studies specifically on leadership. To support nurses' professional development and physical and mental health, nurse leaders must practice the style of leadership that cultivates and maintains a healthy work environment. When creating a healthy workplace, nurse leaders give nurses access to resources, opportunities, organizational support, and a respectful, cooperative work environment (Laschinger and Read, 2016; Lewis and Cunningham, 2016; Boamah, Read and Laschinger, 2017).

Transformational Leadership

Transformational leadership is interpreted as a method where leaders appreciate their followers' values, praise innovative ideas, and inspire and encourage them, which results in the development and transformation of the followers. (Khan et al., 2020). Thus, transformational leadership requires a competent and innovative leader as it's the most significant agent to shape employees' interests and trust. Transformational leaders influence their subordinates to go exceed expectations by adjusting employee values with the organization's values and motivating them to go beyond self-interest (Bosak et al., 2021). Despite the strong emphasis on this

constructive leadership style in the literature (Bosak et al., 2021). Transformational leadership has been steadily related to various work outcomes in the clinical setting of healthcare workers, especially nurses, such as innovative work behavior, increased nurse satisfaction, reduced burnout, increased psychological engagement, organizational commitment, employee well-being and compliance to be committed to the organization (Boamah, 2022).

Authentic Leadership

Authentic leadership has consistently been equated with patient-care values and humanitarianism which are at the core of nursing in general (Nelson et al., 2014). Related to that, authentic leadership can be used as a tool against the "cold" bureaucracies, restructuration and organizational pressures by implanting a positive climate that could make everyone feels trusted, respected, and appreciated for their contribution (Nelson et al., 2014). Authentic leadership is an emerging model of leadership originating as a substantial part of Positive Organizational Psychology that has been showing promising results, especially in fostering employee health and well-being by creating positive work environments (Laschinger and Fida, 2014). Laschinger and Fida's (2014) study resulted in a model suggesting that personal and organizational resources may represent protecting newly graduated nurses from developing symptoms of burnout. The findings also proposed that both work-directed interventions may help prevent early burnout in nurses' careers.

Servant Leadership

Greenleaf described servant leadership as a unique style that opened a new portal in the wave of research, specifically on managerial leadership humanities. The centre of the topic which once was leader-oriented then shifted to focus on the subordinates, which then

headed to a leadership scheme where the leader is serving their subordinates while at the same time building consensus, listening to the subs, and supplying future outlook (Saleem et al., 2020). Servant leadership was described as an arising leadership style where leaders' focus is shifted on subordinates' development and individual growth, by attempting an ethical way to serve them. The author emphasized that the servant leader is "primus inter pares" or "first among equals", which means that the leader's highest priority in the group is to serve others to fulfil others' needs, rather than fulfilling the leader's personal needs (Canavesi and Minelli, 2021). Servant leadership was also described as, "Enabling and encouraging people who are under the influence of the leader instead of using power and position to get served" (Amin, Ahmed and Soomro, 2019). One of the hallmarks of servant leadership was that servant leaders would always search for higher fields of operation, and the eagerness to cater for their followers instead of being served by them is their primary encouragement in leadership. The two dimensions ("serve" and "lead") in servant leadership are important for organizational prosperity (Saleem et al., 2020).

Ethical Leadership

Ethical leadership is defined as the demonstration of appropriate behavior, with prevailing norms, through concrete actions and relationships between leaders and followers. Leaders with ethical leadership tend to promote ethical behavior in their followers through a two-way communication (Rantika and Yustina, 2017). Ethical leadership is proved to positively affect organizational citizenship behaviors, organizational commitment, employee job satisfaction, and business performance. When ethical leadership directly affects the positive organizational attitude and behavior in question, it also affects negative attitudes such as job stress, dissatisfaction at work, and burnout (Genç, 2020). Similar to authentic leadership, the

leader holds the biggest key to determining the success of ethical leadership application on their followers. Therefore, it takes a leader who can embrace and empower. Ethical leaders must be oriented toward subordinates such as: giving enough individual attention, listening to them, encouraging them to express opinions, proposals, and new ideas and welcoming employee initiatives, openly sharing information with them and having high moral values. with trust, reliability, consistency, honesty, responsibility, justice, motivation, and integrity. Consequently, this leads to positive evaluations of ethical leaders. Thus, the more the ethical leader's leadership style is disclosed, the better the employee evaluates his or her superiors. As a result, the possibility of burnout is reduced (Morkeviciute and Endriulaitiene, 2016).

CONCLUSIONS

Systematic reviews are commonly used to evaluate and summarize existing individual studies of relevant evidence-based knowledge in the field of interest. In this study, we found that there are a variety of leadership styles applied in healthcare management, and the entirety of those leadership styles had an influence on the outcome of nurse burnout. Those influences can differ as negative influences and positive influences, which will increase nurse burnout, and vice versa. We decided to highlight the leadership styles that positively influence nurse burnout since we believe those will be very useful in future studies. A systematic approach to collecting evidence on leadership styles' influence on nurse burnout would greatly improve our knowledge in this area of study.

The limitation of this present review was the variety of the leadership styles identified, so the author can only elaborate on some of the leadership styles considered relevant. In addition, another shortcoming was in the process of reviewing titles and abstracts which were carried out personally by the author, so there was the possibility of

creating a subjective bias both in the formulation of inclusion criteria and in the selection of articles.

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