Nurse Leadership Behaviours and Styles that Improve Patient Care and Reduce Burnout

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Abstract

This paper explores ways that nurses and patients can be supported and protected from the repercussions of burnout through positive nurse leader behaviours and styles. The current literature suggests that nurses who experience burnout have unrealistic workloads, lack of support from their leaders, high turnover rates, lower organizational commitment and depression (Spence Laschinger & Fida, 2014). Burnout can be both physically and mentally draining which takes a toll not only on the nurses themselves, but also the patients they care for as well. The purpose of this study was to investigate ways nurse leaders can ensure that new nursing graduates in Canada do not experience burnout since they are at the start of their careers with other life stressors already. Nurse leaders will have to learn to adopt positive nurse leader behaviors in order to build trust, decrease workload, and decrease the chances of exhaustion and job dissatisfaction for the nurses. Upon research, the literature suggests that transformational leadership styles, authentic leadership styles and empowering leadership behaviors are effective ways to promote health amongst nurses to prevent burnout and improve patient outcomes.

Keywords: nursing, burnout, nurse leadership behaviours, patient satisfaction, nurse retention

Introduction

The nursing profession can be both physically and mentally demanding, which is why it is very important for nurse leaders to be aware of the dangers that burnout may have on their nursing staff. Burnout is when individuals feel extremely overextended and depleted of their emotional and physical resources due to chronic job stressors (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011). Nurse leaders, which include managers, clinical nurse educators, and patient care coordinators, have an important role for preventing nurse burnout, as they are often the ones who determine patient assignments, staffing (Boamah, Read, & Spence Laschinger, 2016), and are direct sources of support for nurses. New nursing graduates who want to work in acute care settings will inevitably have to work long hours with shift work in their first few years of practice. These years are crucial to the stability of the nurse because it will set the pace and mindset for being able to enjoy and appreciate the profession of nursing. It would be beneficial for nurse leaders to ensure that there are reduced occurrences of nurse burnout because employees who report higher levels of energy is associated with greater patient satisfaction, increased productivity, lower employee turnover and fewer accidents (Young, Duff, & Stanney, 2016). This paper will explore the behaviours and leadership styles that nurse leaders should both avoid and implement in order to decrease the incidence of nurse burnout, thereby improving health outcomes for both nursing staff and patients.

There are three main components of burnout which include emotional exhaustion, cynicism, and personal inefficacy (Spence Laschinger & Fida, 2014). Emotional exhaustion is when an individual is both physically and emotionally strained by work stress and is characterized by low energy, fatigue, depression, feelings of hopelessness and helplessness (Mudallal, Othman, & Hassan, 2017). Cynicism is interpersonal and is when one experiences

negative attitudes and behaviours towards others, as well as detachment from caring (Mudallal, Othman, & Hassan, 2017). Lastly, personal inefficacy is when one feels negatively about their own capabilities, feeling inadequate, incompetent, and unsuccessful resulting in low contributions to the team and organization (Mudallal, Othman, & Hassan, 2017).

Background and Assessment

This chosen topic of nurse leaders preventing nurse burnout and improving patient satisfaction is crucial to the nursing profession since there is exploration of what can be done to maintain or improve the health of nurses to remain working as nurses. As a nursing student, it is imperative to learn how nurses can be supported to prevent burnout, as a nurse's main goal should be to provide safe and competent care to patients. It is especially important that nurse burnout be prevented in new nursing graduates, as these individuals are starting their careers and sometimes even starting new families, which requires the individual to be healthy and fit-to-practice. The first experiences for a new graduate sets the tone of what is to come from their chosen profession, thus it can strongly influence their decision to retain their positions. Although it is also important for existing well-experienced nurses to also not burnout since they help educate and mentor nursing students and new graduates. Nurse burnout has been linked to poor personal and organizational outcomes, job dissatisfaction, reduced mental and physical health, and increased turnover rates (Boamah, Read, & Spence Laschinger, 2016). What is concerning is that in addition to nurse burnout leading to negative health outcomes for the nurse themselves, it can also lead to poor health outcomes for patients as well as patient dissatisfaction (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011), since the quality of care that these nurses can provide patients is below optimal standards due to the nurse's depleted status. In addition, nosocomial infections have been found to be positively correlated with high-levels of nurse

burnout, due to the lack of nurse vigilance and reduced adherence to safety protocols (Young, Duff, & Stanney, 2016).

Nurses who reported burnout in a study done by McHugh, Kutney-Lee, Cimiotti, Sloane, and Aiken (2011) were statistically more likely to work directly with patients in acute care settings such as hospitals or nursing homes. Interestingly, nurses and other staff working in the same settings but not directly working with patients, had a significantly lower percentage of job dissatisfaction and burnout (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011). Patients who are admitted into hospitals tend to be quite ill and are in need of acute care. If the nurses who are caring for these patients are dissatisfied with their jobs and are too physically and emotionally exhausted, patients may suffer as a consequence of this since the care they receive from their nurses may be questionable in terms of accuracy and efficiency. According to the Canadian Nurses Association (2012), 55.5% of nurses always, or almost always, feel fatigued at work and 80% of nurses still feel fatigued after their shift. Consequently, nurses are three times more likely to make errors on the job, as 38% of nurses reported to have made fatigue-related errors (Canadian Nurses Association, 2012).

Leader Behaviours and Styles Contributing to Burnout

A nurse leader's behaviours and way of leading can greatly influence a nurse's feelings on whether they will retain their job or not. It will be important to determine those behaviours and styles with perceived negativity, to ensure that many nurses are satisfied in their current positions, thereby ensuring the safety of the patients they care for. Registered nurses working under the leadership of management using transactional leadership styles have reported higher levels of job dissatisfaction (Gardner, 2010). In particular, passive management-by-exception (MBE-P) substyle of transactional leadership style, which is when leaders only take action after a

problem or mistake occurs, had been noted as being positively correlated with nurses having the

intention to quit and leave their positions (Gardner, 2010). This type of leadership is not

proactive which can lead to nurses being unmotivated to work, as well as it can lead the nurses to

question their leader's passion for the nursing profession. This low frequency of intellectually

stimulating behaviours from nurse leaders has been associated with more nurses considering

leaving their jobs (Gardner, 2010). Instead, it would be inspiring for new graduates to witness

enthusiasm and passion-driven leaders to help keep them motivated to continue working in their

position and profession. In addition, the high surveillance and frequent monitoring of nurses

when nurse leaders use the active management-by-exception (MBE-A) substyle of transactional

leadership can also negatively influence nurse retention (Gardner, 2010). Being constantly

monitored and ridiculed can make nurses, especially new graduates, feel incompetent and

stressed about their ability to perform their skills –resulting in a perceived lack of confidence

from the nurse leader.

New graduates experiencing burnout have been noted to have a lack of support from their

leaders, unmanageable workloads, absenteeism and turnover intentions, lower organizational

commitment and depression (Spence Laschinger & Fida, 2014). This lack of support can lead to

these new graduates, who most likely are already experiencing feelings of uncertainty and lack

of confidence, to feel exhausted and unable to perform adequately or reach their career goals.

Starting off a new career can be quite stressful, especially when there are other life stressors such

as finances and family planning. Therefore, by adding the additional stress within the workplace,

it is almost guaranteed that these individuals will experience burnout in due time. If there are

many nurses experiencing burnout that lead to taking time off or leaving their jobs entirely, this

creates a shortage of nurses which increases the workload for other nurses, which runs the risk of

depleting these nurses to burnout. In addition, heavy workloads can cause experienced nurses to burnout which prevents them from guiding and passing on their knowledge to new nurses and colleagues since they lack motivation to teach or work. It is a vicious cycle that needs to be addressed and eradicated, as unrealistic job expectations, poor work conditions, poor autonomy, and increased work hazards (Mudallal, Othman, & Hassan, 2017) combined with the aging population, can lead to a large shortage of nurses. It is alarming that by the year 2022, it is estimated that Canada will experience a shortage of approximately 60,000 full-time equivalent registered nurses (Canadian Nurses Association, 2018).

Nurse leaders need to be organized and ensure that their team is organized as well. Mudallal, Othman and Hassan (2017) concluded that nurses reported higher levels of emotional exhaustion when: they worked fixed shifts versus rotating shifts; they worked in public hospitals versus private; and if they worked in intensive care units. Although, nurse leaders are very busy and so it would be difficult for them to notice in a schedule consisting of many full-time, part-time, and casual nurses, if certain nurses are working a fixed schedule versus rotating schedule. However, these leaders need to make more of an effort to better organize and decrease the workload of their nurses to ensure the health, efficiency, stamina, and retention of the nurses and unit.

Positive Nurse Leader Behaviours and Styles

Conversely, nurses report higher levels of job satisfaction when under transformational leadership compared to transactional leadership styles (Gardner, 2010). Nurse leaders should encourage job engagement and other strategies that can increase job satisfaction. This can be defined when the nurse displays energy (vs. exhaustion), involvement (vs. cynicism) and positive efficacy (vs. inefficacy) due to having a balance of workload, control, reward, fairness and

values in their work setting (Greco & Laschinger, 2006). Nurses' perception on their working conditions can be greatly influenced by certain empowering behaviours from their nurse leaders which include: enhancing the meaningfulness of work, encouraging nurses to participate in decision-making, facilitating goal accomplishment, and autonomy (Greco & Laschinger, 2006). Transformational leaders provide a more welcoming environment and show interest in nurses' opinions, and so nurses feel like they are valued and contributing to the team. This also gives nurses a platform and a voice to be heard which contributes to their autonomy. Leader empowering behaviours have been found to be positively associated with nurses' feelings of empowerment in acute care settings, as well as reducing the emotional exhaustion component of burnout for nurses (Mudallal, Othman, & Hassan, 2017). When a nurse leader can give meaning to the nurse's contributions to the team and work, the nurse will be able to feel a sense of worth which can greatly motivate the nurse to continue making positive contributions (Mudallal, Othman, & Hassan, 2017).

It is suggested that authentic leadership, a positive relationship-focused leadership style (Spence Laschinger & Fida, 2014), demonstrated by nurse leaders is directly related to nurse's perception of structural empowerment in the workplace, as the nurses can feel a sense of concern and support from their leaders (Boamah, Read, & Spence Laschinger, 2016). When nurse leaders show concern, respect, and support by participating and interacting with their team, they are able to create a culture of safety and mutual respect by gaining the trust of the nurses and therefore reduce job burnout (Bobbio, Bellan, & Manganelli, 2012). Authentic leaders emphasize honesty, transparency, behavioural integrity, and consistency (Spence Laschinger & Fida, 2014) –they also tend to be self-aware of their strengths and weaknesses, knowing how they effect not only themselves but others around them as well (Boamah, Read, & Spence Laschinger, 2016). This

self-awareness is important for nurse leaders because it reminds them of their limitations and can allow them to embrace the strengths of their team of nurses rather than their weaknesses, and use these strengths to balance their own weaknesses. In addition, nurses can relate to their nurse leader by seeing that they are also human and have their shortcomings as well. Authentic leadership promotes openness to share relevant information and accept new information and ideas from nurses and other followers (Spence Laschinger & Fida, 2014). In a way, authentic leadership can contribute to more effective communication and healthier relationships between nurse leader and the nurses, as trust is built, and mutual respect is possible. It has been shown that nurse leaders who portray authentic leadership behaviours will likely have a unit that sees better patient outcomes, higher rates of job satisfaction, better performance and reduced rates of burnout amongst new graduate nurses (Boamah, Read, & Spence Laschinger, 2016). Authentic leaders play a protective role against burnout experienced by nurses by ensuring empowering conditions are in place, as well as ensuring that bullying is discouraged (Spence Laschinger & Fida, 2014).

Bobbio, Bellan, and Manganelli (2012) founded that nurses trusted their direct supervisor more than their organization, which was directly related to reduced emotional exhaustion and cynicism related to burnout. This was because these supervisors had empowering leadership and inspiring leadership styles that enabled them to build trust with their team of nurses (Bobbio, Bellan, & Manganelli, 2012). This was an important finding because it showed the capacity of nurse leaders to influence others and signified the need for more studies to focus on nurse leader behaviours related to job retention and prevention of nurse burnout. The leadership behaviours in this study that built the foundation of trust can be attributed to the leader's commitment to their own and team's work, their concern for each member of the team's well-being, and the sharing

of knowledge and important information to ensure inclusivity of each nurse (Bobbio, Bellan, & Manganelli, 2012). In addition, when nurse leaders can trust their team, they also minimize the need for and constrains of rules, restrictions, and commands which therefore can promote autonomy and feelings of freedom from bureaucratic restrictions (Mudallal, Othman, & Hassan, 2017).

Additional Resources and Strategies

On an individual level, nurses can prevent themselves from experiencing burnout by ensuring that they are getting adequate rest –prioritizing breaks, naps and sleep; eat a healthy well-balanced diet; making time for physical activity; create a work-life balance; being able to recognize when they or their colleagues are fatigued (Canadian Nurses Association, 2012). Being able to find time for self-care will be important for new nursing graduates, as this can help sustain their longevity in the nursing profession. Finding time to destress whether it be through friends and family, or simply writing in a journal, can have profound effects on physical and mental stability.

Nurse leaders need to also do their part in supporting these strategies, by ensuring that the nurses are aware of the available resources, such as workshops or information sessions that help to improve organizational skills, delegating, etc. With emotional exhaustion being attributed to fixed schedules and heavy workloads, nurse leaders should strive to redesign work schedules – such as having regular short-term breaks and decreasing workloads (Mudallal, Othman, & Hassan, 2017). Nurses can gain a sense of empowerment and motivation to continue learning and practicing as a nurse through morning huddles. Morning huddles are great opportunities for managers, clinical nurse educators and patient care coordinators to show their team that they are there for them –providing support through education and allowing for staff input.

On an organizational level, there needs to be focus on objectively measuring and managing mental energy to identify if there is an energy crisis (Young, Duff, & Stanney, 2016) – otherwise known as burnout. An example of this would be a quick engaging game-based neurocognitive assessment application which measures attention, short-term memory, spatial processing, response time and accuracy (Young, Duff, & Stanney, 2016). Organizations can implement these game-based engaging applications upon hiring for a baseline, then compare this day-to-day to assess the indications of any stressors that may contribute to burnout (Young, Duff, & Stanney, 2016). By having an assessment tool such as this, organizations can be provided with information on how their employee's mental energy is being affected and what can be done to improve their state, as well as the nurses can be more self-aware to prevent burnout and improve patient outcomes. In addition, break rooms often do not have enough space or amount of sleep surfaces for nursing staff. By not providing nurses with adequate resources to engage in self-care, organizations are failing to see the importance of preventing nurse burnout. Therefore, organizations should promote a culture of safety through establishing scheduling practices and policies, to educate staff and management on fatigue management, and equipping appropriate sleep facilities to minimize circadian disruptions (Canadian Nurses Association, 2010).

Limitations and Future Implications

Many of the studies examined were performed globally including Canada, Jordan, Australia, United States of America, and Italy. It would be useful to have more studies carried out to analyze the effects of burnout across Canada alone, examining each province and territory. However, this type of study would be time consuming and costly, and so it may be more effective for nurse leaders across Canada to learn to adopt positive nurse leader behaviours that have already shown to be effective in reducing burnout in nurses. This approach can be more of a

prevention strategy that is more cost-effective, as much research has already been done to prove

of the effectiveness of authentic leadership, transformational leadership and empowering leading

behaviours, and therefore can be adapted and applied to the nursing system in Canada.

Conclusion

New nursing graduates who want to be able to take charge of their lives and futures as

nurses, will need to know how to better manage themselves and know their limitations. Although

these individuals cannot do this alone, and so it is essential that nurse leaders do their part in

practicing positive behaviours and leadership styles that prevent or reduce burnout. It is very

rewarding being able to provide care to patients, and many new graduates plan to work in acute

care settings with patients in their first years of practice. Therefore, it is important for research to

be performed to explore the different ways that nurse leaders can support and protect nurses and

their patients from the repercussions of burnout.

Nurse leadership styles that have been consistent with job retention, energy, involvement,

engagement and positive efficacy include transformational leadership, empowering leadership,

and authentic leadership styles. These behaviours foster trust and promotes balance and well-

being within the nurse's lives. Most importantly, by ensuring that nurses are fit-to-practice both

physically and mentally, we can gain assurance that patient satisfaction and health outcomes are

improved since nurses are not overworked to cause emotional exhaustion, cynicism and personal

inefficacy. With strong and appropriate leadership styles and behaviours, a positive and healthy

work environment would be possible, which is a benefit not only to the nurses but patients as

well.

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