

# Leadership Styles of Nurse Managers/Leaders and Staff Nurses Job Satisfaction and Outcome Pattern in Workforce: A Systematic Review

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## **Abstract:**

**Background:** Various research works emphasise on the need for leadership of health institutions to ensure there is a quality working environment for the physicians, implementing new simulations of care to the patients and to improve the situation of health and wellbeing through improving the nursing conditions. However, these studies fail to show how the enactment of the various leadership styles needs to be. Besides, they do not provide an independent examination on if there are some leadership styles that they aim to attain organisational goals, they lead to undesirable results from the nurses' perspective.

**Objective:** In this review, the goal is to examine the existing relationships between some styles of leadership and their effects on staff nurses as well as their environments.

**Method:** The analysis used ten electronic databases to attain the ten quantitative studies discussing the leadership behaviours and their impacts on the staff nurses. The included studies were reviewed in a narrative synthesis style.

**Result:** In the findings of the report, it indicated that there are relational and task focussed styles of leadership in the hospitals. Those focusing on the people and relationships were the transformational, transactional, consideration and supportive techniques, while those emphasising on the tasks were management by exemption (active and passive) and instrumental types. The former group proved to lead to greater levels of job satisfaction compared to the latter group among the nursing staff in all the investigations. The results of the evidence as detailed in the review indicate the many styles of leadership and their impacts on the staff nurses and the workplace.

**Conclusion:** Nurse managers who focus directly on the completion of the tasks fail to attain the optimum outcomes for the nursing staff. Therefore, there is much need for healthcare organisations to encourage employment of nurse managers who can exercise transformational and interactive managerial styles to enhance on nurse job satisfactions as well as retention..

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## **I. Background to the Review**

### **1.1 Introduction**

In the recent past, an increase in research has been on the rise concerning the cause for the international shortage of nurses globally, coming up with various policy reports that have attempted to make clear the contributions of nurse leadership to this drastic change. The call for better nursing leadership has emerged as one of the main ways in which the nursing workforce can rebuild, ensure the implementation of new healthcare models, therefore bringing health to an extended nursing workforce[17]. The drive to improve the work environment for the nurses bases on past research that draws the relationship between the features of the nurses' work environment like nurse relationships, adverse conditions that patients create and mortality of patients, which motivates the need to improve the practice environments for these patients too.

### **1.2 Overview of current position**

The best evidence-based practice is the combination of research evidence, patient values and clinical expertise[71]. Based on my eighteen years' experience in the nursing field and four years as a nursing director in King Abdul-Aziz hospital in Saudi Arabia, I have found that job satisfaction is a vital role for the administration of nurses. Wong & Cummings[96] stated that evidence-based knowledge, researched literature and the leadership practices of nurse managers have some influence on the organisational, patient and healthcare providers' outcomes. Even though the qualification of the nurse managers in KA hospital was of the standards that the Joint Commission Accreditation (JCIA) and Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) require, the nursing leadership still adopted their leading styles. Such styles based on their

attitudes and traditional backgrounds. Gopee and Galloway[32] observe that the various use of non-evidence based leadership styles at the workplace results in many situations when organisations cannot meet their objectives. As a result, this affects the satisfaction levels of the nurses in hospitals, increasing their turnover rates. As a result, this interrupts the economics of Saudi Ministry of Health (MOH) related to the nursing shortage, since the country's population is growing and creating a demand for more nurses but the reverse occurs.

The statistics from the KA hospital[42]revealed that about 30% of the nurses and 45% of their managers/leaders quitted their jobs in the previous five years before 2015. The attribution of this is generally to the poor satisfaction in their work and the environment they work in due to the high levels of stress. Additionally, other factors like the nurse managers'/leaders' attitudes alongside the Saudization processes in these environments contribute to the rising numbers of nurses quitting their jobs. Various nursing departments have significantly realised that there are a number of individual leadership styles that when the nurse managers/leaders use, the levels of satisfaction among their nursing staff increases, thus, improving teamwork. On the contrary, some of these styles that the nurse managers adopt only worsen the situation by elevating the rates of nurse absenteeism and sick leaves.

### 1.3 Nursing shortage

Saudi Arabia is challenged by increase nursing turnover and shortage of nursing like other ranges of the world. The World Health Organization[97] evaluates the shortage at almost 4.3 million physicians, nurses and other health human resources around the world. Numerous factors influence the overall deficiency of nursing shortage. These related a shortage of nursing colleges in the world, the abatement students desire to study nursing, job dissatisfaction for practices nurses and working environment and administration[74][40]. In the UK, in 2015, 90% of English hospitals 207 out of 232 reported nursing shortage. According to center for workforce intelligent in the UK as reported by Lintern [47] and published in Nursing Times, the NHS will face a chronic shortage of nurses next three years as the demand for health services persist. Lintern[47] stated that beyond 2020 national nursing shortage could continue in the UK. In Saudi Arabia, for 10,000 populations only 40 nurses are available as reported by WHO (2004). Miligi and Selim[55] found that, in 2010, 30% of the nursing shortage in Saudi Arabia dependent on the heavy migration of non-Saudi nurses, Saudization, community and family negative images for nursing as career and job dissatisfaction.

### 1.4 Saudization

According to Miller-Rosser, Chapman and Francis[56], Saudization is a policy encouraging the Saudi citizens to have the appropriate education and training for most of the employment areas so as to replace the expatriate employees. The Saudi Arabian government prioritised to recruit and educate the citizens on the country's nursing programs to meet the needs of their healthcare system[40]. According to the target of the Ministry of Health[58], the Saudization plan for the nurses needed to hit a 50% target for their nursing workforce by 2025. The population ratio of current Saudi nurse of 1: 300 (Table1). Consequently, the nursing staff has over the last few years increased in the country, attributed to the process itself. In 1996 and 2011 the proportions of the nurses in the country were 9% and 45% respectively[58]. The process has seen the dissolution of the contracts of the non-Saudi leaders while raising the demand for nurse managers who are qualified to handle their duties[5]. The country has been able to maintain their healthcare system to meet universal higher standard of care, however, the turnover rates of the nurses still hamper the provision of health services. Thus, it interferes with finical states of Saudi Ministry of Health.

**Table 1: Nursing percentage ratio with population from year 2000 to 2025 in saudization**

The total of population ratio to Saudi nurse	Years					
	2000	2005	2010	2015	2020	2025
<b>Inurse to 300% of population(current)</b>	21	27	33	38	44	50
<b>Inurse to 400% of population</b>	28	36	44	51	59	66
<b>Inurse to 500% of population</b>	35	45	55	64	73	83

Source of table: Mufti, 2000, p.41.

### 1.5 Rationale for the Review

The rationale has several key influences. Job dissatisfaction among the nursing staff has resulted in costly labour disputes, high turnover rates among the nurses and finally causing a risk to the patients. There has been a rising number of nurses who report incidences of their work environment not being conducive to giving the patient-centred care of high standards[24]. In hospitals especially, patients have indicated that the quality of services they obtain is small compared to other settings like the pharmaceutical industry. The observations of the nurses, on the other hand, are that they experience much stress at work, which they relate to the types of leadership that they have in these health institutions[85]. Researchers have indeed suggested that the nursing

work environment has an influence on burnouts and stress levels, and all this is under the control of the senior nurses in charge of the management. Additionally, the studies indicate that as a result of the type of leadership that health organisations use, the nurses may feel satisfied with their jobs, in the long run improving their care for the patients, alongside reducing their rising turnover rates[85]. Alshammari [5] observed that the relationship between nurses and their managers greatly affect their work environment. Therefore, in Saudi Arabia, the transformation that occurred and the introduction of appropriate styles of leadership for the nurses had an aim of ensuring there is an effective management system for the entire nursing sector. The Saudi citizens have the opportunity to acquire the education on how to effectively manage their tasks when there is a suitable leadership approach[5]. Therefore, the reason for this review is to find out what most of the studies that explore the connection between leadership styles among senior nurses and staff nurses' gratification say on if the former influences the latter. Besides, another reason is to develop the best leadership style as from the observations of the selected research that can best suit nurses to improve their work environment while reducing their turnover rates.

### **1.6 Contextualising Leadership Styles**

According to the World Health Organisation (2013), leadership is one of the essentials of a healthy workplace. The organisation additionally pointed out that the management of a nursing department needs to be of priority to guide all the service areas. Besides, the International Council of Nurses (ICN) has an intention of spreading the idea of prioritising the nursing management in all sections of the profession (ICN, 2004). The observation of the Nursing and Midwifery Council is that it is difficult to develop management, leadership, and team working skills. However, it is vital that this area be addressed (NMC, 2010). Even though in Saudi Arabia no policy requires nurses to become leaders, there are several opportunities that aim to empower the development of these leadership skills among the nurses within their organisational levels [59].

The study of leadership has been in various fields like education, psychology, management of health institutions and even nursing[81]. Among the above grounds, the very mutual conceptualizations of leadership encompass four fundamentals in defining the term, which include leadership being a process, entail influence, happens in cases of group contexts and finally involves working with the team members towards the attainment of the set goals[67]. Among the current leadership theories include the transformational leadership and the emotional intelligence leadership which has in the recent past steered the nursing leadership interventions and research[16]. It is presumable that their frequent application is due to their abilities to emphasise on nurse relationships as the base for influencing affirmative change or results[31].

The following review applied the definition of leadership as Northouse defined as a procedure where a person impacts the actions of group members to attain common goals[67]. The leadership influences can further get classification under the methodologies that centre on building strong relations to attain the target and those, which put more emphasis on the task that needs to get concluded. The some relationally centered styles of leadership include Transformational leadership [11][17][25][37], The task targeted styles of leadership include Transactional[91], Management by exemption[33], Dissonant and Instrumental leadership styles[14], Laissez-faire style[85], Passive-avoidant leadership [37], Resonant styles and Servant leadership [16]. The starting structure is the scope to which leaders communicate to the staff clear expectations of their roles while focussing on the attainment of the set goals.

### **1.7 Contextualising Existing Reviews**

One recent review on the nursing leadership was that of [21]. The search strategy involved a review of 53 studies in the nursing leadership field. The study aimed to identify how the leadership of nurses influenced the satisfaction levels of the junior staff and to establish the most effective leadership styles that would result in satisfaction among the nurses. The review suggested that there was a correspondence between the leadership styles that senior nurses used on the nursing workforce influenced the morale of the nurses, their job satisfaction, and turnover rates. A further finding outlined that there were certain leadership styles that the nurses favoured, which brought more job satisfaction to them than some. Specifically, the review identified the relational and transformational worked out the best for nurses[22]. The report further stated that there is a need for the healthcare institutions to find leadership in individuals and teams that put more focus on relational skills, have much concern for the nurses as people and who can collaboratively put effort to attain the desirable future for the organisation, nurses, and the patients. However, Cummings et al.[21] failed to identify the various leadership styles that the nurses perceived to increase their job satisfaction, this, therefore, become part of my research objective.

Another recent review on this topic is that of Balsanelli and Cunha[7], which aimed to identify the existing connection between the work environment of the nurses and the type of governance styles used. The review applied literature from twelve articles meeting the benchmarks. According to the findings of the analysis of Balsanelli and Cunha[7], the leadership of the healthcare institutions had some influence on the work

environments of the nurses. Depending on the leadership styles that the health facilities used, the levels of satisfaction among the nurses also varied. However, the study also highlighted that on a reciprocal point of view, none of the reviewed studies indicated that the work environment of the nurses impacted on the type of nursing leadership applied. The review, however, only used studies that dated between January to April 2014, which is indeed a short period of time to attain significant and reliable information. Therefore, in my review, the studies used covered a longer period from between 2000 and 2016.

### **1.8 Potential Impact of the Review**

There is a good foundation on the leadership impacts of nursing on the job fulfilment levels of the staff nurses[95]. However, the existing reviews miss the completion of providing these best leadership styles to the nurses, which is one area that this review aims to attain. One possible result of the review is that it can create to the nursing sector the best possible ways in which the nurse satisfaction levels can improve. After reviewing all the articles on the influences of leadership styles that senior nurses use on their juniors, it is possible that some appropriate methods ensure that the nurses have the best work conditions possible. Furthermore, it is likely possible that some leadership styles create healthy work environments that can boost their satisfaction levels with their jobs [21]. Consequently, the review, therefore, has the potential of outlining these best leadership practices that will ensure that nurses' leadership improve the conditions of work. Additionally, a possible impact of the review is that after describing the best ways to ensure nursing staff satisfaction, it will make sure that there is a lowered rate of turnover among these professionals. As a result, it has an impact on the nursing profession in that the leadership styles that it proposes are useful for any health institution in maintaining their staff. The level of satisfaction of employees determines their morale, preventing high rates of turnover[67]. Therefore, it is potential that the conclusions of this review can be of importance in ensuring that health institutions find the most appropriate leadership styles that they can apply in maintaining their staff, especially the dedicated and high-quality staff. Moreover, another potential impact of this review is that it comes up with the appropriate means that patient care can improve. Among the goals of nursing is to improve health outcomes[17]. However, the achievement of this needs a form of teamwork among the various stakeholders in the curative sector. If the leadership of the nurses inhibits their satisfaction levels, the services that they produce fail to be patient-centred, which reduces the quality of care[26]. Therefore, this article outlines the best possible leadership styles from various sources that nursing leadership can apply to the improvement of the satisfaction ranks of the nursing staff to enhance the value of care levels. The review also aims to generate a strong evidence-base to support effective leadership styles while aiming to enhance the nurses' role satisfaction and their work environment. The evidence that this review produces is useful in providing the substantiation that indicates how the nurses being valued, receiving managerial support and perceiving to be operating in safe healthcare environments can improve their job satisfaction rates. Furthermore, the review has a potential of contributing to the development of good practices among the nurse managers that can assist them to obtain the best out of their staff nurses. The analysis provides an outline of the most effective leadership styles that nurse managers can use to make an improvement in the clinical workplace, enabling the nurses to perceive that the leadership values them, raising their job satisfaction.

### **1.9 The Review Questions**

- a) Does the style of leadership of senior nurse managers affect the gratification levels of staff nurses and turnover?
- b) If so, what are the most operative styles of leadership to maintain job fulfilment among qualified nurses?

### **1.10 Review Objectives**

The following review had a purpose to assess the multidisciplinary literature analytically so as to scrutinise the various relationships between numerous styles of leadership and the results on the nursing employees and their workplaces. After the concluding of the preliminary scoping review on nursing and healthcare leadership styles, it was evident that many of the studies examined the leadership styles outcomes by use of primarily correlational survey designs. Additionally, most of the studies provided the relationships between the different leadership styles and a wide range of results.

### **1.11 Chapter Summary**

The purpose of this review is to obtain an approach in dealing with increase job dissatisfaction among nurses in their jobs. Under the guidance of two objectives, the review identified the ways in which nurse leadership influences the staff and suitable management styles.

## **II. Methodology**

### **2.1 Chapter Introduction**

In this section, it begins by giving an overview of what systematic reviews are and the processes that they take. Subsequently, it shades more light on the discussion questions and the use of PICO, the inclusion and exclusion criteria, search strategy, search terms, sources of material, the study selection, sampling methods, quality assessment, the data extraction and.

### **2.2 What Is a Systematic Review (SR) and what is the Process it takes?**

It refers to a literature review type, which concerns with collecting and critically analysing several research works[12]. Usually, revising the already existing work is much easier, cheaper and quicker compared to conducting a separate new investigation[9]. The investigators often use methods, which get selected before one or even more research questions get formulated, after which they aim to look for, and synthesis analyse studies relating to the question, and that can provide the answers to it. Evidence-based practice (EBP) investigations majorly use systematic reviews that employ randomised controlled trials[36].

The characteristics of a SR include its aim to give a full and exhaustive summary of the contemporary literature that is pertinent to the research question[9]. The initial step involves conducting a detailed search or relevant research. The methodology chapter outlines all the database lists and journals searched to find the collected works. Each of the studies included subject to unbiased assessment of the quality of its methodology, preferably compliant to the PRISMA statement (Preferred Reporting Items for Systematic Reviews and Meta-Analyses), or the high-quality standards that the Cochrane collaboration provides[48]. Another characteristic is that in most occasions, the systematic reviews use statistical methods, otherwise the meta-analysis in combining the results from the reliable studies. Moreover, these reports use transparent and objective approaches for synthesising the research while aiming to reduce as much as possible chances of bias. The systematic review process is as follows[87] ;

- a. Defining the review questions and selecting the objectives
- b. Searching of the data pertinent to the study from the sources that meet the required criteria, of high quality and answering the review questions
- c. Data extraction, which encompasses the preparation of the research, the participants, its financing and the outcomes.
- d. Assessing the data quality by judging it against the initially defined criteria
- e. Analysis and combination of the data by the use of statistical analyses techniques that provide overall results from all the sources. They may include the ANOVA Regression and the Pearson's Coefficient among others.

### **2.3 Review Question**

The acronym 'PICO' was developed by Sackett et al.[77]. The approach of Population, Intervention, Comparison and Outcome[6] was used here; population (Nurse managers/leaders, Nurses and Midwives); intervention (Leadership styles); comparison (In this study not used); outcome (Effective managerial of the workforce measure in job satisfaction and turnover). This lead to the identification of the questions as mansion in chapter one

### **2.4 Inclusion/Exclusion Criteria**

Inclusion/exclusion criteria are important to the researcher to demonstrate and identify the detail and scope of what to search[6]. Therefore, it determined which studies merited the use for the purpose of the attainment of the objective of this article. The titles, abstract and the manuscripts that found inclusion in the review had to meet all the set criteria.

#### **2.4.1 Inclusion Criteria**

- Included a requirement that they had to be peer reviewed articles. They refer to articles that their authors are experts and are also subject to review by many specialists in the same field before the publication of such a piece in the journal so as to safeguard that it meets the required quality criteria. Therefore, all the articles that this review used had to be peer reviewed.
- The studies used in the review that had to be those measuring leadership of the nurses. Since the report's objective was to determine how nursing leadership influences the satisfaction levels of the nursing staff, the works included had to be on the same topic of study.
- They had to be studies that clearly assessed one or even more consequences of nursing leadership.
- The studies had to be those that inspected the bond between nurses' leadership and the results of such to the staff nurses and their work environments. It was because the review seeks to determine this relationship to come up with appropriate leadership styles for the nurses.

- The publication year of the investigations had to be from 2000 to 2016 to up to date and cover a wide range of relevant articles
- They also had to be articles in the English language.

#### 2.4.2 Exclusion criteria

- The review excluded all the studies that failed to measure leadership outcomes since it based on these results and their effects on the nurses.
- The studies that were from grey literature sources.
- Other languages and articles published before 2000.
- Others articles not related to hospitals and healthcare sector, such schools

#### 2.5 Search Strategy

The systematic search strategy for all research is an essential stage[72]. As a starting point search, Google Scholar (Internet resources) was used, 19,200 books and articles were found. Provided relevant evidence from grey literature for example web such Evidence search, National Institute for Health and Care Excellence (NICE), and Journals such Journal of Clinical Nursing, Journal of Nursing Management and WHO. Searching other sources such Scanning reviews and primary studies from reference lists of relevant studies. Citation searching involved selecting a number of key papers already identified from other articles, text mining, and hand searching. Alternative electronic databases included Saudi national database (The King Fahd National Library) and University academic library services such the forty nursing database and Solar. These databases act as information bases for the enormous majority of healthcare topics within nursing[54].

The Boolean operators 'AND', 'OR', 'NOT' were used to narrows the results search[72]. Also, wildcards were used to search for part of a word such as question mark (?), a symbol (\$) and an asterisk (\*). Moreover, the search used keywords and synonyms terms[72]. In finding the sources, the following search terms largely dominated these research works: "Leadership styles"; OR "Leadership research"; AND "Evaluation"; OR "Measurement"; AND "Job satisfaction"; OR "Turnover" AND "Nurses"; AND "Work environment". The researcher used similar search terms in all databases to avoid bias (Aveyard, 2014).

**Figure 1: shows diagram of search plans Chen& Boutros (2011).**



#### 2.6 Sources of Material

The review used a search strategy that employed ten electronic databases. Among them included the Cochrane, Medline, CINAHL, PsychInfo, ABI, Sociological Abstracts, ERIC, Embase, Academic Search Premier and Health Star. From the various databases, the review was able to come up with the quality required studies that formed the samples used for this purpose as shown in Table 2. Among the studies that the analysis used from the databases included those between the years 2000 to 2016. Moreover, they had to meet the requirements of the inclusion and exclusion criteria. None of the used studies were from grey literature.

**Table 2: Sources of Material**

Database, 2000- 2016	Search terms used	Number of titles & abstracts
<b>CINAHL</b>	Leadership styles, Leadership research, Evaluation, Measurement, Job satisfaction, Work environment, Turnover, Nurses	8
<b>Medline</b>	Leadership styles, Leadership research, Evaluation, Measurement, Job satisfaction, Work environment, Turnover, Nurses	9
<b>Cochrane</b>	Leadership styles, Leadership research, Evaluation, Measurement, Job satisfaction, Work environment, Turnover, Nurses	7
<b>ERIC</b>	Leadership styles, Leadership research, Evaluation, Measurement, Job satisfaction, Work environment, Turnover, Nurses	6
<b>PsychInfo</b>	Leadership styles, Leadership research, Evaluation, Measurement, Job satisfaction, Work environment, Turnover, Nurses	8
<b>Embase</b>	Leadership styles, Leadership research, Evaluation, Measurement, Job satisfaction, Work environment, Turnover, Nurses	9
<b>Health Star</b>	Leadership styles, Leadership research, Evaluation, Measurement, Job satisfaction, Work environment, Turnover, Nurses	9
<b>Social abstracts</b>	Leadership styles, Leadership research, Evaluation, Measurement, Job satisfaction, Work environment, Turnover, Nurses	8
<b>Academic Search Premier</b>	Leadership styles, Leadership research, Evaluation, Measurement, Job satisfaction, Work environment, Turnover, Nurses	9
<b>Abi Inform</b>	Leadership styles, Leadership research, Evaluation, Measurement, Job satisfaction, Work environment, Turnover, Nurses	7
<b>Total number of abstracts and titles</b>		80
<b>1<sup>st</sup> selection of leadership studies</b>		50
<b>2<sup>nd</sup> selection (nursing leadership only)</b>		30
<b>Final review studies</b>		10

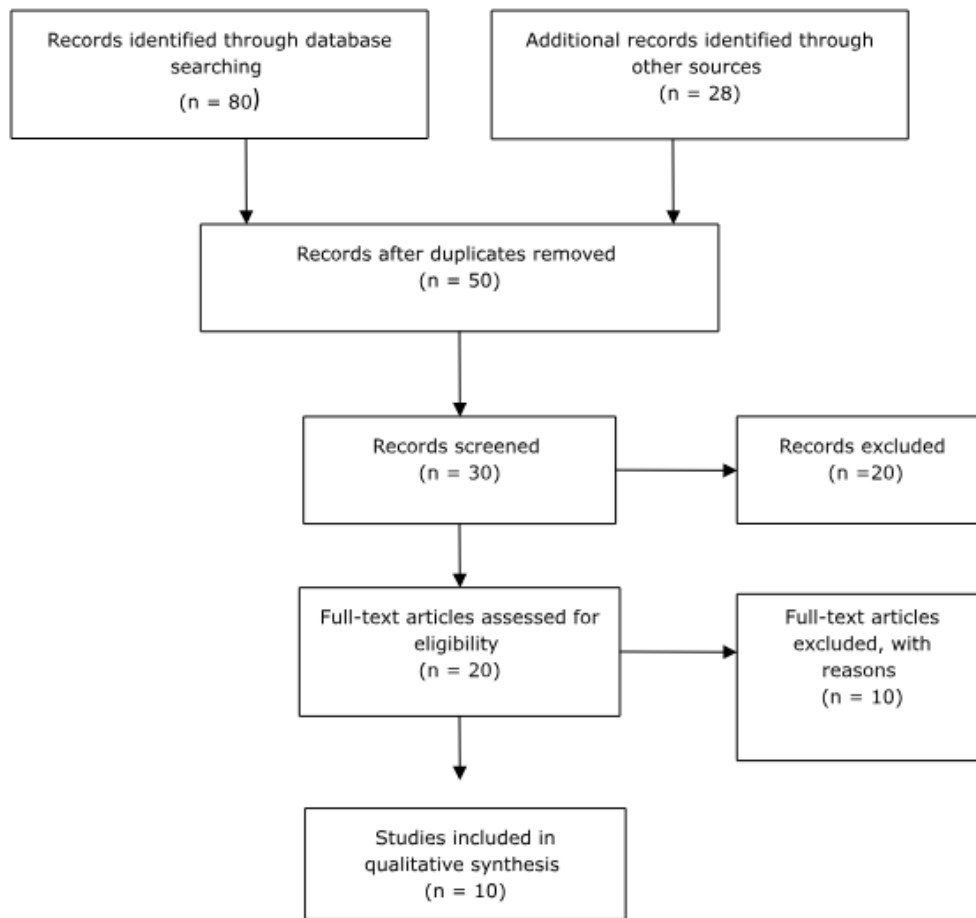
## 2.7 Study Selection

Once the identification of the reviews' articles was through, the reviewer took a close examination at all the abstracts of the research items that were to be between 2000 and 2016 in their year of publishing. Exploring these abstracts assisted in the determination of if the various research works reached the required review criteria. Then, the reviewer completed evaluations of these summaries to ensure that all the studies that the review focussed on were of the inclusion merit. After the completion of the successive examination of these abstracts, and if the conclusion remained that the article in question would still be eligible for the systematic review, the reviewer would retain the study. Among the many studies that the report identified, the reviewer would go through them all while comparing to the inclusion and exclusion criteria to check further if they deserved addition.

## 2.8 Sampling

The review used the systematic random sampling due to the need to include the studies, which discussed leadership and further focussed on only those, which researched on nursing leadership and the consequences on the staff nurses. Systematic random sampling refers to the selection of samples basing on the interval system in a numbered population. The total number of abstracts, which the study found from the databases, was 80 (Figure 2: PRISMA Flow Diagram, 2009). After the initial selection of all the leadership studies, they reduced to 50 and further to 30 when precisely cut to those concentrating on nursing leadership. The inclusion criteria further thinned the number to 10, which finally became the sample size.

**Figure 2: PRISMA Flow Diagram**



## 2.9 Quality Assessment

The reviewer re-examined each published study twice to certify a methodological quality by use of the JBI quality rating tool[39]. The device adopted assisted the analysis in assessing ten main sections of the study which included the congruity between the specified logical view and the inquiry methodology. It meant to ensure that the methods that the survey intended to use had the purpose of attaining the objectives related to the nursing leadership. Next was the determination whether the research methodology, questions, and goals had some congruity. Since the questions seek to provide answers related to the goals, this section aimed to ensure that the methods used could provide these answers. Thirdly was the check on the congruity between the methods employed and the instruments, and this intended to make sure that the methods of data collection were in line with the attainment of the required data for analysis. The fourth area of scrutiny was the relationship between the methodology of the studies and the examination of the data, to ensure that the methods that the investigations used in analysing the data would ensure accuracy. Next was a check on the congruity between the methodology and the results interpretation, and this aimed to test whether the data collected had the correct entries during analysis and interpretation. The sixth area that the quality tool reviewed was on the statement culturally or theoretically locating the researchers of the studies, followed by a section that tested if the researcher had some influence on the investigation and vice-versa, and if the authors addressed the issue. The eighth part of the assessment tool discussed whether there was an adequate representation of the participants, aiming to check the sample size effectiveness. The following part of the device verified if the studies observed ethical issues and if they had approval from the concerned bodies to conduct their research. Lastly, the device checked whether the final conclusions represented the analysed data and its interpretation. The studies for conclusion had to meet the above quality checkpoints. The outcome of the assessment is in Table 3.



**Table 3: Summary of the Quality Assessment of the Studies**

	Criteria	Yes	No	Unclear	Not Applicable
1	Congruity between philosophical perspective and research methodology	10			
2	Congruity between research methodology and questions/objectives	10			
3	Congruity between methodology and instruments	10			
4	Congruity between methodology and analysis	10			
5	Congruity between methodology and interpretation	10			
6	Statement locating researcher culturally or theoretically		10		
7	Influence of researcher on research and vice versa				
8	Participants represented adequately	7	3		
9	Ethical research with approval	8		2	
10	Conclusions related to the analysis and interpretation	10			

### 2.10 Data Extraction and Synthesis.

The review extracted and critically analyses the ten studies selected by dividing into three categories. Firstly, the characteristics of included studies' author, year, journal type, country and setting and title. Secondly, the synthesis analysed the methodologies, level of evidence, sample size, data collection, instruments and data analysis. The reviewer used two studies for piloting data extraction under the supervision of the supervisor. Furthermore, the analysis included the content of findings into four thematic categories.

### 2.11 Limitation of Search Strategy.

Search process was much time-consuming stage due to the large number of sources and database used in searching. Furthermore, only published articles were used in this dissertation as there was chance of missing up-to-date abstracts. Although the search was done in other languages such as Arabic for more exploration of information, only English language studies were used because of inadequate time to translate and purchase requirement.

### 2.12 Chapter Summary

The review employed a total of ten peer-reviewed articles from ten different databases. A clearly defined inclusion and exclusion criterion assisted in obtaining the right studies for purposes of the review objectives. The JBI tool was significant in appraising their quality.

## III. Review of the Literature

### 3.1 Chapter Introduction

In this chapter, the report explains various components of the literature present in the studies that this piece used. First, there is an overview that briefly explains what every study entailed, like the country, type of journal, its source, professional focus and a brief description of the research work. Secondly, contains the methodological quality and critically synthesis of the studies. The last section contains a critical summary of the findings from each of the ten studies and developed themes

### 3.2 Overview

There is a necessity in developing adequate critical appraisal skills to bring the focus to the studies of the highest quality to guide the medical exercise[36]. The following section contains a critical appraisal of the studies that this review used. Critical appraisal refers to the use of evidence rules in the investigation and synthesis of data. However, the data extracted from the studies included the general characteristics explored, the demographic data (Table 4), the method of the studies analysed and level of evidence in the hierarchy of evidence-based practice (Table 5).

#### 3.2.1 The Characteristics of Included Studies

The Study of Carlos et al. aimed to describing the nurses' manager leadership behaviours and relation to the consequences on the nurses' levels of satisfaction. The study, which involved 266 nurses including administrators and their staff members, covered two government hospitals in Azores, Portugal. This article published in *Journal of Nursing Management* in 2011

The second source by Casida and Parker[17], the article published in *Journal of Nursing Management*, which the reviewers retrieved from the Cochrane database. The country of publication is in the United States of America and has an emphasis on the identification the perceptions of the nursing staff on the nurse management governance styles plus the probable outcomes. The principal goal of the inquiry aimed to discover the associations of the approaches of leadership of the nurse managers and their possible consequences

In another study of Negussie and Demissie[65] emphasised on establishing the existing association between the leadership styles among nurse leaders and the work satisfaction among the staff nurses. For this

study, it aimed to determine the existing connection amid the leadership styles that the nurse leaders in Jimma University Specialised Hospital and the satisfaction level of the nurses below them.

The fourth article, Wang, Chontawan and Nantsupawat[92], was a source that the reviewers retrieved from the ERIC database. It is a *Journal of Advanced Nursing* that its publication was in China. The professional focus of the study was on transformational leadership, to identify its effects on the work satisfaction levels among the nurses in one tertiary Chinese hospital. The study objective aimed to describe the existing connection between transformational leadership style applied by the leaders within the institution and the impacts on the morale and job satisfaction among the practicing nurses.

Another study was that of Abualrub and Alghamdi[3], a *Journal of Nursing Management* retrieved from the CINAHL database. The country of publication of this article was in Saudi Arabia. Elsewhere, the professional focus of the journal article was on the nursing leadership and satisfaction among the nurses. The goal of the investigation was to determine the outcome of the nurses' leadership approaches on the job satisfaction of the Saudi nurses and their willingness to stay on their jobs.

For the sixth study that the review used as a literature source that was also a *Journal of Nursing Management*. Abdelhafiz, Alloubani, and Almatari[1] had its country of publication to be Saudi Arabia, and the retrieval of this literature source was from the Embase database. The professional focus of the research was nursing leadership, and its aim was to explore the way in which the various leadership methods of nurses influence the satisfaction levels of the staff nurses with their occupations. It entailed a comparative analysis between the public and private hospitals in Jordan. The research used quantitative, descriptive and comparative methods to collect data from three public and three private health facilities in Amman.

Subsequently, the other manuscript that the review found necessary for inclusion as a literature source was that of Bormann and Abrahamson[13]. The article was a *Journal of Nursing Administration* that its country of publication was in the United States of America, and its retrieval was from the Health Star database. The professional focus of the research paper was on the influence of staff nurse perceptions concerning leadership and their job contentment. The objective of this investigation aimed to scrutinize the association between the opinions of staff nurses on nurse leadership behaviours and the consequences on their levels of job satisfaction at a hospital that was applying for a Magnet journey

Another literature source for the review was the research work of Mahmoud[52]. The article was a *European journal of scientific research* that the reviewers from the Academic Search Premier database. Its country of publication was in the United States, while the professional focus of the manuscript was on the study of nurses' satisfaction levels in their profession. The tenacity of the survey aimed to explore the existing association between transactional and transformational approaches of management and their consequences on the nurses' obligation in their duties and their perceived organisational support. The research used a sample size of 53 certified nurses from four long-term care facilities in Miami-Dade County, having used a random sampling method to locate the subjects.

Next was a literature source from the article of Chiok[20], which was a research work, retrieved from the Abi Inform database. The investigation was a *Journal of Nursing Management* that its country of publication was in Singapore. The professional focus of the research work is on leadership actions. The drive of the investigation was to determine the various leadership actions among nurses' managers and their impacts on the work satisfaction levels, their efficiency and commitment to the health institutions in Singapore.

Another source of information for this review was the research work of Sellgren, Ekvall, and Tomson[80]. The article, as the reviewers obtained from the social database, had its country of publication in Sweden. The professional focus of this source is on the leadership behaviours that nurse managers adopt. In its objective, it aimed to examine how the nurse manager's leadership behaviours relate to the heights of job contentment among the subordinate nurses to either or not create a creative work environment. The study used a total sample size of 770 nurses from one of the largest university hospitals in Sweden.

**Table 4: the characteristics of included studies**

<b>Authors /Year</b>	<b>Journal</b>	<b>Country and Setting</b>	<b>Titles</b>
<b>Carlos et al. (2011)</b>	<i>Journal of Nursing Management</i>	Two government hospitals in Azores, <b>Portugal</b>	Leadership and job satisfaction among Azorean hospital nurses: an application of the situational leadership model.
<b>Casida and Parker, (2011)</b>	<i>Journal of Nursing Management</i>	Four North Eastern parts hospitals, <b>United States of America</b>	Staff nurse perceptions of nurse manager leadership styles and outcomes.
<b>Negussie and Demissie (2013)</b>	<i>Journal of Nursing Management</i>	Jimma University Specialised Hospital <b>Ethiopia</b>	Relationship between leadership styles of nurse managers and nurses' job satisfaction in Jimma University specialized hospital.
<b>Wang, Chontawan and Nantsupawat</b>	<i>Journal of Advanced Nursing</i>	People's Republic hospital, Harbin, <b>China</b>	Transformational leadership: effect on the job satisfaction of Registered Nurses in a hospital in

(2012)			China.
<b>Abualrub and Alghamdi (2012)</b>	<i>Journal of Nursing Management</i>	Six public hospitals in Western Region <b>Saudi Arabia</b>	The impact of leadership styles on nurses' satisfaction and intention to stay among Saudi nurses
<b>Abdelhafiz, Alloubani and Almatari, (2015)</b>	<i>Journal of Nursing Management.</i>	Three public and three private health facilities in Amman <b>Jordan</b>	Impact of leadership styles adopted by head nurses on job satisfaction: A comparative study between governmental and private hospitals in Jordan.
<b>Bormann and Abrahamson (2014)</b>	<i>Journal of Nursing Administration</i>	Magnet journey <b>USA</b>	Do staff nurse perceptions of nurse leadership behaviors influence staff nurse job satisfaction? The case of a hospital applying for Magnet® designation.
<b>Mahmoud (2008)</b>	<i>European journal of scientific research</i>	Four long-term care facilities in Miami-Dade <b>USA</b>	A study of nurses' job satisfaction: the relationship to organizational commitment, perceived organizational support, transactional leadership, transformational leadership, and level of education.
<b>Chiok (2001)</b>	<i>Journal of Nursing Management</i>	One of Singapore's main acute-care health facilities, <b>Singapore</b>	Leadership behaviours: effects on job satisfaction, productivity and organizational commitment.
<b>Sellgren, Ekvall and Tomson (2008)</b>	<i>Journal of Nursing Management</i>	One of the largest university hospitals in <b>Sweden</b>	Leadership behaviour of nurse managers in relation to job satisfaction and work climate.

### 3.2.2 Methodological Quality and Critical synthesis

#### 3.2.2.1 Research Approach: The Study Designs relevance of the Research Questions

Research works with the intention of investigating effectiveness have got a well-recognised pecking order of study designs depending on the extent that the design prevents the occurrence of bias. Meta-analysis of proper Random Control Trials followed by Individual Random Control Trials offers the best and strongest evidence. Subsequently, the nonrandomized controlled trials, cohort investigations, case-controls and some types of observational study designs follow in the hierarchy[36]. It is important noting that in certain occasions, Randomised Control Trials may not be feasible or also unethical. With this in mind, the study of Bormann and Abrahamson(2014) used the descriptive correlational design to find out the association between the styles of leadership and the perceptions of the nursing staff and their content with their jobs. Choosing this type of design was significant since it was one easy way of attaining the staff opinions from most of the nurses[13]. The design was, therefore, appropriate for answering the study questions, though this design is down the pecking order as RCTs would be much stronger. Abdelhafiz, Alloubani and Almatari (2015) used a combination of quantitative, cross-sectional, correlational and comparative approaches. Examining the influence of leadership behaviours among the nurse managers and the satisfaction levels of the nursing staff, then comparing them between two private and public hospitals called for the use of comparative study design. Besides, collecting vast amounts of information necessitated the use of correlational studies, while the limitation of inferences of casualties saw the use of correlational study. In addition to this, the study used a systematic review, all of which combined formed a meta-analysis. For this reason, the study of Abdelhafiz, Alloubani and Almatari (2015) employed designs that were objective to its research questions and high in attaining the research objectives. A study that used randomised controlled trials was that of Mahmoud (2008), and this suited the research questions which inquired about the relationship between the commitment of nurses, their perceived support from the hospitals, transactional and transformational leadership and the levels of education of their nurse managers. Due to the need to reduce bias in their research, the use of the RCTs suited this analysis to establish the association between these variables.

Elsewhere, the investigation of Abualrub and Alghamdi (2012) employed the descriptive correlational design since the studies on the required variables were rare among the nurses in Saudi Arabia. In the investigation of Negussie and Demissie (2013), their study employed the non-experimental correlational design. The use of this study design was appropriate as it is suitable for the determination if two variables are associated or not, therefore would indicate if the leadership style that the nurse managers at Jimma University Specialised Hospital adopted correlated with the job satisfaction level of the staff nurses[65]. Similarly, Wang, Chontawan & Nantsupawat (2012) employed the descriptive correlation design in finding the relationship between the variables that their research questions seek to answer, which were the styles of leadership among the nurse managers and the job fulfilment among the nursing staff [92]. Since the research of Casida and Parker (2011) based on secondary data, it utilized a descriptive, experimental, correlational study design that used data obtained from a dissertation conducted in 2007. Similar to the other research works, application of a correlational design was apt for the purpose of finding answers to the questions since the plan aimed to obtain the correlation between the variables of interest. The other studies that used the correlational study approach were those of Carlos et al. (2011) and Sellgren, Ekvall and Tomson (2008). The two studies used correlational designs because their research questions intended to determine the link between the nurse managers' behaviours and the outcome on the gratification levels of the nursing staff. Therefore, the majority of the studies that this

review used applied the correlational study designs, majorly because they seek to discover the connection existing between the variables of interest, which are the nurse managers' practices and the satisfaction of nurses with their jobs. However, the use of this design has a significant limitation in that correlation does not imply that there is causation and that from a correlational design, it is hard proving the causation. Therefore, the use of conception by these research works never implied that the nurse management styles caused the variation in nurse satisfaction.

### **3.2.2.2 Samples**

The sample sizes that the studies used were averagely adequate. For instance, in the research work of Carlos et al. (2011), the two health care facilities that they aimed to conduct the investigation on had a total of 720 registered nurses. However, the targeted number of nurses was 451 since the study population never included the nursing staff in the outpatient and theatre departments. Of this remaining total, the investigation received responses from 289 nurses, representing 58.9% of their total, therefore an average of the total population. The study of Casida and Parker (2011) used a sample size of 278 staff nurses that gave an effect size and power of 0.10 and 0.98 respectively. The probability of error of the findings was 0.05, therefore proof that the sample size of the study was adequate and representative of the population. Elsewhere, the investigation of Negussie and Demissie (2013) first computed the correlation matrix for the leadership aspects to measure and the value of Kaiser-Meyer Olkin was 0.84, which exceeded the 0.70 recommended values. The Barlett's Test of Specificity had a statistical level of significance of 0.05, proving that the sample size that the investigation used was adequate. Wang, Chontawan, and Nantsupawat (2012) conducted their study in a population that had a total of 514 nurses, and by the Yamane sampling formula, they had an adequate and representative sample size of 225. However, considering the potential of losing some participants in the research process, the researchers added a 10% of the sample size just to ensure that the number used was representative of the total population of the nurses [92]. The study of Abualrub and Alghamdi (2012) used a convenience sampling method. According to the Pearson correlation coefficient for the case revealed the required sample size at an error probability of 0.05 and a power of 0.80 would be less than 150 nurses. However, the study recruited a sample size of 600 registered nurses, finally getting responses from 308 participants, which was far much more than the recommended sample size. Therefore, this was representative enough of the population of the nurses under study. Abdelhafiz, Alloubani and Almatari (2015) in their research used a sampling method with a conventional power at 0.80 with the alpha figure at 0.05. The calculated sample size was 128 participants. However, due to the potential for the loss of participants, the researchers expanded the sample size by 10%, which received a response rate of 88.8%, becoming representative of the population. For this consistency, therefore, it proves that the studies that this review used had adequate sample sizes that were representative of the nurses' population.

### **3.2.2.3 Data Collection and Analysis Methods**

Many studies that this review used applied various methods of data collection which satisfied their needs. Among the methods used included the Minnesota Satisfaction Questionnaire, the Organisational Commitment Questionnaire and the Survey of Perceived Organisational Support for the collection of information from the nursing staff (Casida & Parker, 2011; Negussie & Demissie, 2013; Carlos et al. 2011; Abualrub & Alghamdi, 2012; Sellgren, Ekvall & Tomson, 2008). These methods were appropriate for the collection of the data from these subjects since they are best in determining the perceptions of the nurses on the leadership aspects of their managers. The Minnesota Satisfaction Questionnaire is useful in determining the satisfaction levels of employees, therefore was appropriate when administered to the staff nurses. The Organisational Commitment Questionnaire was also suitable for purposes of extracting data from the staff nurses since its use is to determine how much employees are committed to the institutions' activities (Mowday, Steers & Porter, 1979). The Survey of Perceived Organisational Support, on the other hand, was appropriate to the extent that it gauged the insights of the nurses on the support that the nurse leaders gave to them in their mandate as the leaders and how the backing related to their levels of satisfaction. For purposes of data collection among the nurse managers, majority of the studies used the Leadership Effectiveness and Adaptability Description questionnaire and Multifactor Leadership Questionnaire Form 5x-Short Short (Carlos et al., 2011; Casida & Parker, 2011; Negussie & Demissie, 2013; Abualrub & Alghamdi, 2012; Abdelhafiz, Alloubani & Almatari, 2015; Bormann & Abrahamson, 2014; Mahmoud, 2008). Regarding the initial instrument, it has the aim to establish the efficiency levels of leaders, therefore was appropriate when distributed to the nurse managers rather than the staff. Concerning the second one, which most of the studies used, it measures a broad range of types of leadership ranging from the transformational, passive, and reward-giving leaders to those who train others also to become leaders. Therefore, using this type of questionnaires to collect data from the nurse leaders was sufficient in understanding which types of leadership styles they favoured, then comparing to the consequences that the nursing staff provided. Concerning the types analysis methods used, majority of the studies used Pearson's moment correlational analysis method (Casida & Parker, 2011; Negussie & Demissie,

2013; Wang, Chontawan & Nantsupawat, 2012; Abualrub & Alghamdi, 2012; Abdelhafiz, Alloubani & Almatari, 2015; Bormann & Abrahamson, 2014; Sellgren, Ekvall & Tomson, 2008). It proved appropriate to use this type of analysis since the study had much concentration on the measure of the linear correlation between the variables of leadership styles and the consequences on the staff nurses.

**Table 5: The Methodology & Data analyses Approaches**

Study	Method	Level of evidence	Sample size	Data collection instruments	Data Analysis
Carlos et al.	quantitative, descriptive, correlation and inferential	4	266 staff and nurse managers	-Leadership Effectiveness and Adaptability Description Questionnaire -job satisfaction instrument	Pearson's correlation
Casida and Parker,	an exploratory correlational	3	278 nurses	Leadership Effectiveness and Adaptability Description Questionnaire -job satisfaction instrument	Pearson's moment correlational
Negussie and Demissie	Non-experimental correlation	2	186 nurses	-Multifactor Leadership Questionnaire -Minnesota Satisfaction Questionnaire	Pearson's correlation analysis
Wang, Chontawan and Nantsupawat	a descriptive correlation survey	3	238 nurses	-Demographic data form -Job Satisfaction Scale -Leadership Practice Inventory	Pearson's Product-Moment Correlation Coefficient
Abualrub and Alghamdi	a descriptive correlational	4	308 nurses	Multifactor Leadership Questionnaire -McCain's Intent to Stay Scale -Job Satisfaction Survey -Demographic form	Pearson's correlation
Abdelhafiz, Alloubani and Almatari,	Quantitative, descriptive and comparative	5	225 nurses	Multifactor Leadership Questionnaire 5X -demographic information sheet -job satisfaction tool	Pearson's correlation
Bormann and Abrahamson	descriptive correlational design	4	500 nurses	Multifactorial Leadership Questionnaire 5X -demographic questionnaire -Abridged Job Descriptive Index survey.	Pearson correlations and regression
Mahmoud	Randomised controlled trials	1	53 nurses	Minnesota Satisfaction Questionnaire -Multifactor Leadership Questionnaire -Survey of Perceived Organisational Support -Organisational Commitment 3Questionnaire	Pearson Product-moment correlation coefficient
Chiok	Descriptive correlational design	5	20 nurse managers, 100 staff nurses	-Leadership Practices Inventory -Job-In-General scale -Organisational Commitment scale -Productivity scale	ANOVA Regression
Sellgren, Ekvall and Tomson	the correlational study approach	6	770 nurses	-Leadership behaviour tool -work climate questionnaire -job satisfaction questionnaire	-Duncan's post-hoc test -Analysis of variance

### 3.3 Presentation of Findings

The finding of Carlos et al. (2011) the head nurses and the staff nurses had a similarity in the way they regarded the components of situational leadership, implying that they understood what it entails. Regarding the adaptability, the nurse managers rated themselves as being effective in their duties while the staff nurses, on the other hand, gave an ineffective rating to their leadership adaptability. Additionally, the study found that the perceptions of the nurses and their managers on core competencies of leading nurses had a similar trend. Both the managers and the followers also indicated that interpersonal abilities were significant to maximise the commitment of the nurses. Concerning what the respondents considered important in being competent while leading nurses, the study revealed that majority of the nurses and their managers were in the support of better interpersonal abilities of the leaders at 84.8% and 86.4% respectively Carlos et al. (2011). Besides, there was a noteworthy variance in job contentment amid the managers and their staff as the leaders were more satisfied compared to their followers. Also, some of the nurses reported to a no satisfaction to their jobs. Therefore, the study proved that nurse managers need to understand their perceptions and those of their followers and how it relates to job satisfaction. Critically looking at these findings, the results that the nurses and their leadership all understood the requirements of competent leadership and that some of the nurse managers received promotions from the staff is a sign that training leaders on the importance of interpersonal relations alone might not solve

the low job satisfaction. The solution might, therefore, be to make a change in the leadership appointment methods, so that those who take management roles are competent and have shown the ability to lead while at the staff level.

From the findings of Negussie and Demissie (2013), the nurses had moderate intrinsic satisfaction but low extrinsic satisfaction. Among the transformational leadership dimensions that provided the nurses with intrinsic job satisfaction included idealised effect, stimulating motivation, individual attention, and intellectual motivation. From the five dimensions, the nurses were much contented under transformational management that had inspirational stimulus scopes. Besides, there was a statistically though feeble association amid extrinsic employment contentment and the scopes of transformational governance. Regarding the transactional leadership styles, the findings revealed that only contingent rewarding was statistically correlated with extrinsic and intrinsic job satisfaction. Ideally, the nurses who acted as respondents could tell between transformational and transactional leadership, and they preferred the former than the latter. Besides, a majority of them mainly considered contingent reward as the best dimension in ensuring a good leadership style that would lead to their job satisfaction (Negussie & Demissie, 2013). Critically examining the findings of these results, it implies that nurse managers need to ask the employees of what they want so as to get their cooperation. However, the use of this method can result in a weakening leadership authority since the nurses may have the feeling that for them to perform their daily tasks, they need some rewards.

Wang, Chontawan and Nantsupawat (2012) in their findings reveal that within the dimensions of transformational leadership like inspiring the process, motivating nurses to have a common vision, enabling them to perform, modelling their way as well as encouraging them, enabling the nurses to act showed the highest level of job satisfaction. Others also contributed to the job satisfaction levels of the nurses at moderate levels. Among the other factors that transformational leadership brought in to ensure job satisfaction among the registered nurses included professional development opportunities, responsibility and achievement, pay and reimbursement and the work on its own. Others were the interpersonal relationship, the balance between family and work, supervision and the hospital policies and recognition and praise. Among them, the latter proved that it was the highest influence of transformational governance on the nursing staff's job satisfaction. The general finding was that the nurse managers who used transformational leadership raised the job satisfaction among the registered nurses. Critically referring to this finding, various dimensions of transformational leadership work on different situations. For instance, there are occasions when nurses feel the boredom in their routine work and may require a change in the usual way. Therefore, sticking to just enabling them to act would not be appropriate in all cases of facilitating transformational leadership.

The findings of the research work of Abualrub and Alghamdi (2012) was that there existed a significant moderate correlation towards a confident side amid transformational style of management and the job contentment level among nurses. Therefore, the nurses who worked under leaders who applied transformational leadership had greater degrees of job satisfaction. Additionally, the findings indicated that even though weak, there was a noteworthy association towards an adverse track between the use of transactional governance approach and job contentment among the junior nurses. Moreover, the investigation revealed that even if weak, there was a substantial positive connection amid the job satisfaction of the nurses and their willingness to stay at the workplaces. Furthermore, the study disclosed that the use of transactional governance among the nurse managers and the desire to remain among the staff nurses was statistically insignificant. Generally, the mean for the transformational approach was higher than for the transactional method; hence participants had the highest job satisfaction under the former. With the transformational styles the nurses preferred the individualised concentration subscale, those favouring transactional leadership preferred contingent reward. Critically considering this finding, it states that transformational leadership styles among the nurses influences their job satisfaction, which then affects their willingness to stay (Abualrub & Alghamdi, 2012). On the contrary, the study also states that the use of transformational leadership does not indicate to influence the willingness to stay. Therefore, it gives a contradicting finding, since this type of leadership has proven to affect the intent to stay, though indirectly.

Abdelhafiz, Alloubani and Almatari (2015) in their study found that transformational leadership had widely applied in both the government and private hospitals than other leadership styles like the transactional and passive-avoidant leaderships. The findings showed that staff nurses in both transformational and transactional leadership subscales, the junior nurses rated their managers at a higher level than those in the private hospitals. In the case of transformational leadership, the staff nurses preferred the use of inspirational motivation while when transactional leadership was applied, they favoured contingent rewards. Whereas government hospitals had high scores for transactional and transformational leadership styles, the private ones were significant in passive avoidant style. Besides, the job satisfaction level among the nurses in the government hospitals was higher than those in the private. The overall result was that the transformational leadership and transactional leadership favoured the job satisfaction among nurses than passive avoidant (Abdelhafiz, Alloubani & Almatari, 2015). A critical aspect of these findings is that it compared the different leadership

styles in different hospital settings; private and government institutions. Therefore, there is a possibility that other factors could have caused the disparity between the leadership styles. For instance, since the industry has the primary focus of profit making, they may implement leadership styles that require more effort from the nurses than the government hospitals that aim to improve the health of the citizens.

The findings of Bormann and Abrahamson (2014) indicate that the nurses did not see their managers as strongly using either transformational, transactional or passive avoidant styles of leadership. Comparing the means of the JDI subscales, the nursing staff was much contented with the subscale of satisfaction with fellow workers but indicated the least satisfaction in the area concerning the opportunities and promotions. Besides, the findings showed that there was a perception among the staff members that the use of transformational leadership by the nurse managers had an affirmative relation with their satisfaction extents. The use of opportunities for promotions and satisfaction with the supervision proved to create more job satisfaction for both transformational and transactional leadership, although the means indicated that when these subscales applied under the previous leadership style, the nurses found more job satisfaction than under the latter. The staff nurse's insight concerning the passive-avoidance leading style, on the other hand, had a negative association with the job satisfaction level among the nurses (Bormann & Abrahamson, 2014). Critically considering this research work, it is worth noting that the study only based on the findings from one facility, hence inappropriate to generalise the conclusions to which leadership style staff nurses prefer to the other. Furthermore, the low response rate of 23% limited the results, as the participants never gave an explicit representation of the nurse population.

The findings of Casida and Parker (2011) indicated that the nurse managers had a leadership style that was consistent with transformational and contingent reward types of leadership, which had higher means compared to others. The staff nurses had a perception that their managers made favourable efforts in their leadership mandate. The investigation further found out that there was an active high correlation amid transformational governance and the extent of work satisfaction amongst the staff nurse, while the relation between their satisfaction and transactional leadership was also positive, though weak. However, the contingent reward-based leadership, though a subscale of transactional leadership, remained positive and steady towards meeting the staff satisfaction. The management by exception, which is a leadership style under the passive avoidant approach, had a strong negative relation with the nurse job satisfaction (Casida & Parker, 2011). On the critical perspective of the findings of this research work, the use of secondary data may bound the final results' validity and also the generalizability. Therefore, there would have been biasing from the primary researcher, drawing a critical view on the results.

Chiok (2001) in her study found that the managers rated themselves highly regarding empowering others to act, while the staff nurses rated their managers highly regarding modelling the way. Concerning the relationships among the various variables, the research showed a noteworthy positive association among the employee outcomes as the organisational commitment, productivity, and occupation satisfaction. Besides, it indicated a very high significant positive association between the leadership behaviours that ranged from enabling nurses to act, inspiring a common vision and finally demonstrating the processes. The overall finding was that there was an association between the nurse leaders' use of leadership actions and the outcome on employees like their commitment, productivity and job satisfaction. Encouraging the heart rated lowest in ensuring nurses' satisfaction at work and their commitment to the organisation. Additionally, the leadership behaviours of being caring and considerate and making efforts to celebrate employee achievements indicated to improve the levels of employee productivity. Encouraging the heart proved to be the most important in instilling of commitment among the nurses during tensions like economic crises Chiok (2001). A critical view of this finding is that the research recognises that there are other factors apart from leadership that determines the level of commitment, satisfaction, and productivity of the nurses. However, in the final results, the investigation provides no contributions of these factors to the results. Therefore, it is possible that these other factors additionally affect the satisfaction, commitment and productivity of the nurses and not necessarily from the leadership style used.

In the findings of Mahmoud, (2008), there was a strong correlation between the organisational commitments among the nurses and the extent of their satisfaction with their jobs. Among all the independent variables, which the study applied, the organisational support ensued in the highest association with the staff nurses' job contentment. Besides, the findings specified a positive connection between transactional control and the nurses' satisfaction, though at a weaker level than transformational leadership. Just as the results of Chiok (2001), this finding, though acknowledges that other factors contribute to the levels of staff commitment, satisfaction, and productivity, it goes ahead to make conclusions without providing for these factors. Therefore, it is critical that the findings make a summary without outlining these other contributors while generalising that their determinant remains the nurse leadership styles.

Sellgren, Ekvall and Tomson (2008) in their findings discovered that the nurses had a higher job satisfaction level when the managers assisted in creating a creative work environment. When the nurses perceived their managers as super, they experienced a higher level of job satisfaction compared to when they

saw their leaders as inferior. The results revealed that there was a noteworthy association amid governance and a creative work environment, which proved to be resilient than between leadership of the nurse managers and the job contentment among the nursing staff. The research also revealed a strong correlation between the nurses' satisfaction with their works and the work environment (Sellgren, Ekvall & Tomson, 2008).

### 3.4 Key Themes from Studies Finding

Development themes from finding of included studies are important to address and shed light on this literature review questions (Aveyard, 2014). Four themes outcomes of the ten included papers: Staff satisfaction with their jobs, Relationships between nurses and work, Productivity and effectiveness and Work environment features (Table 6).

**Table 6: Key themes from studies**

Themes Authors	Staff Satisfaction with Their Jobs	Relationships between Nurses and Work	Productivity and Effectiveness	Work Environment Features
Abdelhafiz, Alloubani and Almatari, (2015)	x	x	x	X
Abualrub and Alghamdi (2012)	x	x	x	X
Bormann and Abrahamson (2014)	x	x	x	X
Chiok (2001)	x	x	x	X
Carlos et al. (2011)	x	x	x	X
Casida and Parker, (2011)	x	x	x	X
Mahmoud (2008)	x	x	x	X
Negussie and Demissie (2013)	x	x	x	X
Sellgren, Ekvall and Tomson (2008)		x	x	X
Wang, Chontawan and Nantsupawat (2012)	x	x	x	X

#### 3.4.1 Staff Satisfaction with Their Jobs

From Table 6, out of the ten studies, the most examined leadership outcome was the nursing job satisfaction. 8 of the studies indicated that there was a higher rate of job satisfaction whenever the relationally focused types of leadership applied, like the use of considerations, socio-emotional, resonant, inspirational and transformational approaches (Casida & Parker, 2011; Negussie & Demissie, 2013; Carlos et al., 2011; Abualrub & Alghamdi, 2012; Mahmoud, 2008; Bormann & Abrahamson, 2014; Abdelhafiz, Alloubani & Almatari, 2015; Wang, Chontawan & Nantsupawat, 2012). The studies additionally indicated that with the task oriented management styles, the job satisfaction among the nurses was low, which included the management by exception, instrumental and laissez-faire approaches. Socially, the evidence from these studies indicates that relational focus should be part of a leadership style that an organisation uses so as to attain higher job satisfaction levels for the employees[14]. As a result, there is a raised morale among them to improve their productivity and work towards the attainment of organisational goals.

#### 3.4.2 Relationships between Nurses and Work

The evidence in Table 6 indicated that there was some connection between the nurses and their work, showing their commitments, intentions to stay or quit the profession and their turnover rates. From most of the studies, transformational, supportive, consideration and charismatic leadership use increased the commitment of the nurses (Casida & Parker, 2011; Negussie & Demissie, 2013; Carlos et al., 2011; Abualrub & Alghamdi, 2012; Sellgren, Ekvall & Tomson, 2008; Chiok, 2001; Mahmoud, 2008; Bormann & Abrahamson, 2014; Abdelhafiz, Alloubani & Almatari, 2015; Wang, Chontawan & Nantsupawat, 2012). Organisational commitment, intent to stay and retention improved significantly in 9 studies using transformational leadership respectively. Besides, instrumental and management by exception, as the studies revealed, led to a little commitment from the staff nurses[8]. Whereas intent to stay is high in cases of consideration leadership, plan to quit rises in situations of management by exception[10]. Staff retention's are high when leaders use better working relationships and considerations.

#### 3.4.3 Productivity and Effectiveness

The studies used in the review had focus on the factors that indicate organisational, team and individual levels of productivity and also their effectiveness (Casida & Parker, 2011; Negussie & Demissie, 2013; Carlos et al., 2011; Abualrub & Alghamdi, 2012; Sellgren, Ekvall & Tomson, 2008; Chiok, 2001; Mahmoud, 2008;



Bormann & Abrahamson, 2014; Abdelhafiz, Alloubani & Almatari, 2015; Wang, Chontawan & Nantsupawat, 2012). The investigations indicated that the use of charismatic, change-oriented and transformational leadership, nurses, their teams and the organisation were much productive, and the processes were efficient. In the general context, this proves that the effectiveness of employees in their personal and team levels is subject to change depending on the leadership styles that the managers and supervisors apply. Therefore, there are some leadership styles, especially the relationally focussed ones that improve the employee effectiveness and productivity. On the other hand, the studies showed that there was a reduced level of effectiveness and productivity for the nurses who their leaders opted for the transactional, management by exception, laissez-faire and instrumental leadership styles (Sellgren, Ekvall & Tomson, 2008; Chiok, 2001; Mahmoud, 2008). Hence, in the general organisational setup, leaders should always be alert of the types of management techniques that when they use, instead of improving the effectiveness and productive levels of their staff members, they end up reducing this vital aspect.

#### **3.4.4 Work Environment Features**

From the studies that this review employed, there is a high level of empowerment among the nurses in situations of transformational, motivational, empowering and connective leadership styles (Casida & Parker, 2011; Negussie & Demissie, 2013; Carlos et al., 2011; Abualrub & Alghamdi, 2012; Sellgren, Ekvall & Tomson, 2008; Chiok, 2001; Mahmoud, 2008; Bormann & Abrahamson, 2014; Abdelhafiz, Alloubani & Almatari, 2015; Wang, Chontawan & Nantsupawat, 2012). On the other hand, cases of passive-avoidant leadership and those styles that focussed on the tasks done led to little empowerment rates[37]. In the nursing environment, the use of relational leadership approaches encourages nurses' ability to use evidence-based practices. The use of transformational and initiating structures leadership styles proves to reduce conflicts and ambiguity while ensuring a high degree of role clarity[90]. Management by exception, on the other hand, creates more conflicts and cases of ambiguity[41]. The use of resonant leadership approaches strengthens team works among the nurses when the managers have greater managerial and support abilities. Therefore, from the evidence in Table 4, individual leadership styles best influence the work environment of employees, through controlling disturbance factors as ambiguity and conflicts. As a result, the productive work environment creates a level of job satisfaction that employees need to reduce turnover rates.

#### **3.5 Chapter summary:**

To sum up, the ten relevant articles from deferent countries such USA, Saudi Arabia and China, and deferent sample size developed four themes. This themes shows the relationally and task focused styles of leadership and nurses with their work.

### **IV. Discussion**

#### **4.1 Chapter Introduction**

The findings of this review provide some similarities to past studies and reports in the manner in which it associates various nursing leadership styles with the outcomes on the staff nurse job satisfaction levels. There are also some studies that the evidence of this review is in a conflicting state. In the following section of discussion, it provides the mutually-supportive studies as to proof in this report, those contradicting this work, a reflection on the wider concept and the study limitations.

#### **4.2 The Degree to Which the Evidence Conflicts or Mutually-Supports Prior Studies**

The findings of this report indicate in totality that there are various leadership styles that nurses consider to result in their job satisfaction compared to others. For instance, all the measurements surrounding the job satisfaction levels of the nurses whenever transformational leadership applied indicated a strong positive correlation between the two variables[11][17][25][37]. Besides, the studies also suggest that in health institutions where the nurse managers used transactional leadership styles, there was a positive, though weak correlation with the job satisfaction levels of the nursing staff. The findings of this review therefore in mutual support of the results of the review of Cummings et al.,[21], which took a survey of 53 studies to identify the various leadership styles, which nurse managers used and their outcomes on the nurses and their work environment. From this earlier review, it indicated that for the leadership styles, which concentrated on people and relationships such as transformational techniques, there was a higher satisfaction level for the nurses in their jobs. Besides, the methods which focussed on the tasks like the management by exception lead to a little job satisfaction among the nurses. Another review with the same findings to this study was Gilmartin and D'Aunno[31]. It reviewed 60 studies to find out whether the various leadership styles, which nurse managers used had some impacts on the job satisfaction levels of the nursing staff. It discovered that there was a positive and significant association between the administration of the institution and the satisfaction standards of the workers, their turnover rates, and work performances[31]. The nurses had more affection for the transactional

leadership styles and others built around their relationships than the process-oriented ones such as the passive avoidant styles. Balsanelli and Cunha[7]also in their review used a total of 12 studies, to find out whether there were particular nursing leadership styles that the nurse managers used, which the nursing staff perceived as leading to their improved job satisfaction than others. The review found out that the authority of the healthcare institutions had some influence on the work environments of the nurses, affecting their satisfaction levels and turnover rates. Furthermore, the evidence from the review is similar to those of Weselby[95], which surveyed 1000 nurses in 25 various health institutions in the United States. The findings revealed that the nursing managers used a broad range of leadership styles, but the most efficient ones were those who spent much time creating a team vision, gaining buy-in, much democratic while maintaining harmony by the use of affiliative leadership styles. Therefore, the review has several other studies that support the same findings, which the evidence presents.

The report's findings, however, are contradicting those of Aboshaiqah et al.[2]. From the study of Aboshaiqah et al.[2], which is a Journal of Nursing Research, the investigation collected data from 272 nurses in a government hospital in Saudi Arabia. The study aimed to gather data from these nurses on their perception regarding their managers' leadership styles and the outcomes on them. From this study, it revealed that the managers largely used transformational and transactional leadership styles than laissez-faire approaches. However, the research also showed that even though there was asignificance between some leadership styles and higher levels of satisfaction among the nurses, there was no best or most effective type of leadership[2]. It, therefore, meant that all the leadership styles, which the nurse managers used applied to some extent to achieve individual objectives. Hence, this, therefore, is contrary to the findings of this review which holds that there are certain leadership styles like the transformational approaches, which led to more satisfaction among the nurses than others like the passive avoidant styles. Although the review and this particular study conflict on the type of appropriate leadership to use, the results in both the cases indicated that the nurses preferred transformational leadership styles.

#### **4.3 Reflections on How the Findings Relate to Wider Context**

##### **4.3.1 Relational Versus Task-Focused Leadership**

From the studies, it is evident that relationally focussed leadership styles like the transactional and transformational leadership lead to high levels of job satisfaction among the nurses[28]. When the leaders relate well to their employees, they feel some sense of value in their jobs. Occasionally, when leaders appreciate their subordinates, they feel that their efforts are recognised, they get motivated and are much willing to devote their efforts to be more productive towards the attainment of institutional goals. When a company provides emotional support to their employees at a time when they are psychologically unstable, it creates a rapport with them and a friendly work environment that they are willing to offer occasional voluntary services[86]. On the other hand, the studies revealed that the task-focused types of management lowered the rates of nurse job satisfaction. Among the task oriented types of leadership include the management by exception, instrumental, and laissez-faire approaches[45]. Translated to the real life situation, a company that puts more focus on the employees completing their duties without necessarily outlining what their roles are or what and why they should be conducting these responsibilities are is at a high risk of making such employees less contented at work. It, therefore, proves that the use of transformational, transactional and other relationally-focused approaches has higher chances than the management by exception, instrumental and laissez-faire styles[25]. Critically, organisations might at times require the latter group while targeting certain objectives like improving the quality of products, which makes the task-oriented styles much better than the relationally-focussed ones.

##### **4.3.2 Relationships Between Job Satisfaction and Intent to Stay/Leave**

As the studies indicate, nurses who are more satisfied with their roles are much committed that they are also willing to stay in the same jobs. In the wider context, companies that use transformational, supportive, consideration and charismatic leadership increase the commitment of their employees. When staff members have the self-determination to accomplish their duties, they develop the motivation of attaining their individual and organisational goals[83]. However, the involvement is likely to develop if they receive the right mentoring, training, encouragement and inspiration from the management. When the company enables employees to act, giving them the right proportion of autonomy, responsibility, and authority, they find some motivation that keeps the loving their jobs without thinking of quitting[82]. Therefore, the use of transformational and partly transactional styles of management proves useful here. However, when the management focuses on what employees do without ensuring that they have the required competence, they develop fear in handling their duties and always tend to look for jobs that they are sure of controlling within their capacities[76]. It primarily occurs when organisations hire unqualified staff and expects them to learn their tasks without proper training[89]. It creates an environment where the employees are less contented, fear to make mistakes and are willing to quit to places with better terms, raising the turnover ration of an organisation[43]. Critically, the intent

to stay or leave may not necessarily mean that the employee is satisfied or less contented with his position. It is because they might be considering other factors like proximity from home, which are out of control of the management.

#### **4.3.3 Contingent Reward is Outstanding**

From the studies, it is evident that nurses favoured transformational leadership than transactional styles in nine out of ten investigations. However, it is worth noting that whereas the other elements of transactional cause weak positive or even negative influences on the satisfaction with jobs[28]. The use of contingent rewards is a transactional type that has high impacts on the job contentment levels. In the wider context, this implies that occasionally rewarding employees is one motivating factor that raises their satisfaction at the workplace[85]. Providing employees with gifts for their work creates some form of appreciation to indicate that the management recognises their efforts in handling their tasks and that the leadership wants them to focus more on attaining better outcomes to receive more rewards. Naturally, people like rewards, and this creates a competitive work environment where employees strive for better results to receive their awards[51]. Although in some occasions, employees might not favour the use of transactional approaches, they never say ‘no’ to awards that the company gives them for having performed their tasks well. Critically, rewarding employees might need setting some targets for them to attain. These may create competition rather than teamwork at the workplace as employees seek to get rewarded. In nursing, this might compromise the patients’ wellbeing.

#### **4.4 The Strength and Limitations of the Review**

One of the strengths of the studies that the review used is that they aimed to identify a potential problem that nurses face in their daily work and a way in which to solve the issue. Specifically, the problem of poor job satisfaction levels among the nursing staff[15]. As a result of the low morale at work, patients, especially in private hospitals fail to get the needed health interventions for reasons including high turnover rates causing reduced number of nurses to attend to their illnesses and reduced quality of care due to the low satisfaction levels at their workstations. Therefore, as the studies stood out, they together had strength of depicting that there is a cause of all this in the leadership style that the nurse managers use and that there is the need to solve such issues to improve patient care[17]. Another significant point of the studies that the review used is that they seek to find the solution to the job satisfaction and turnover issues among the staff nurses after the recognition that indeed they experience some problems in their work environment. They all examine the various types of leadership styles in different settings such as Portugal, the United States, Ethiopia, China, Singapore, Sweden, Jordan and Saudi Arabia. Wang, Chontawan and Nantsupawat [92] conducted their study in China. The use of studies from various parts of the globe is, therefore, a pillar to the studies used, besides attempting to provide a variety of leadership styles that can assist improve the low job satisfaction levels among nurses in these locations.

Bias in a research work does not mean that the researcher had high levels of preconception, but rather that the results of the investigation have some deviation from the correct dimensions[35]. Research bias can result from unplanned occurrences such as random error, or the approaches of study such as the systematic bias. Although random errors do not affect the results of a study towards any direction, it influences the finding’s precision. On the other hand, systematic bias possesses some direction, resulting in the effect of the result overestimation or underestimation. The common bias classification scheme[35]. However, there are potentials of reporting bias in this study due to the inclusion of only published research works. These types of investigations tend to do over reporting of the significant or positive findings while neglecting the insignificant and adverse aspects of the results found. Therefore, since the review based on these types of investigations, there is a potential that the review has biases. Additionally, due to the nature of measuring leadership, there results in a limited variability and generalizability of the findings. It is because various studies use different instruments for gauging the leadership dimensions. As a result, there is no standardised measure for leadership, hence making it difficult for the review to make general conclusions about the findings. Moreover, another limitation lies on the balance between qualitative and quantitative studies. For purposes of this review, it only used the latter, as all the studies were quantitative while excluding the former because of the high volume of the quantitative research available. As a result, this could have probably reduced the findings’ comprehensiveness. Furthermore, the studies that the review used may have failed to hypothesise purposely and also look for disparities in the effects of the styles of leadership that may have existed. Therefore, if these studies failed to focus objectively on the hypotheses that they set, the review might have used inaccurate data. Besides, some of the studies failed to provide further discussion on the differences between the various leadership styles that existed in the healthcare facilities. Since the review depended on the information from these studies, their failure to clearly indicate the leadership styles differences puts the report in an awkward position by the inadequacy of information from the selected studies. Another limitation of this analysis is the narrow scope of studies used. Although the initial stages selected 80 studies for the review, the final number used was 10 research works. As a

result, this narrowed down the generalizability of the final findings because the final sample used would not be a reliable representation of the general population.

#### **4.5 Chapter Summary**

The findings of the review are similar to some previous ones that revealed that transformational and transactional leadership styles are better than the task-focussed styles like passive and active avoidant methods. The use of contingent rewards proved to increase staff satisfaction in all cases.

### **V. Conclusion**

#### **5.1 Chapter Introduction**

The review provides insight on the various leadership styles in the nursing environment that result in different outcomes among the nursing staff. The resonant leadership styles seem to put more focus on the nurses, and require leaders who are emotionally intelligent to understand the psychological needs of the staff nurses. The types of nurse managers who use this type of leadership get perceived as affiliative, visionary, democratic and coach their staff. Among the allowances that they often give the nurses under them include the sick leaves and other emotional requirements. On the other hand, the dissonant leadership styles stress their emphasis on the completion of tasks. The nurse managers who used this type of approaches employed more of commands and pacesetting than relational focus. Among the leadership styles that the review has come across in the studies include the transformational, transactional and passive-avoidant styles. From the results, it proved that there was a strong correlation between transformational leadership and the satisfaction levels of nurses, while the correlation with transactional styles was positive, though weak. On the other hand, passive avoidant styles led to negative impacts on the nurse job satisfaction levels.

#### **5.2 Implications for Nursing**

In the health sector, the leaders who put much focus on the completion of tasks like through commanding and pacesetting approaches do fail to concentrate on the development and maintenance of relations with their staff that tunes them to their emotional needs[60]. The leaders who showed the direction of being rationally focussed, using their emotional abilities to understand individual employees at stressful situations brought in much trust with their subordinate nurses through empathy, listening alongside responding to their concerns. Through tuning into the employee's emotional needs, such managers work with the nurses below them and even other staff in the healthcare sector to understand their concerns in the work environment, issues, besides supporting and investing in their abilities. As a result, there occurs excellence in the completion of the healthcare tasks, leading to strive for perfection in the patient care[98]. Therefore, from the findings of this review, transformational leadership proves to be one that is more concerned about the nursing staff's emotional needs than the other styles. It is vital to investigate the factors that affect the satisfaction level of nurses in their jobs because if the job satisfaction keeps reducing, it is a sign of reduced quality in patient care, which to worst cases lead to high mortality. Hence, the leadership of the nurses may either impact directly or indirectly on the patient outcomes.

#### **5.3 Implications of the Evidence for Leadership Concepts**

For the rationally focussed styles of leadership, there is a significant amount of task orientation. The initiating structure by managers also has an active association with leadership outcomes and the performance of the organisation. The use of high-performance human resource management acts like proper performance appraisal procedures and provision of clear staff roles also have a significant relationship with a reduction in the mortality rates among patients[93]. Initiating structure and initiating structure are two leadership behaviours that the review revealed that assisted the nurses to have higher levels of job satisfaction. Hence, the suggestion of this evidence is that even for the managers who have management skills, alongside the policies and practices within these health facilities may have significant impacts on the nursing workforce and the patient outcomes. The evidence does not in any way try to suggest that relationally focussed approaches to leadership need to exclude the work that the nurses opt to do. Theory centered on relationally based leadership styles like transformational leadership alongside resonant methods that base on managers solving emotional issues of the employees have their premise that the leaders have the required managerial, organisational and analytical intelligence skills[80]. Hence, though the literature puts the relational focus as a pillar in boosting the staff nurses' satisfaction levels, it is important to note that keeping strong managerial skills is necessary alongside acknowledging that people are the most significant resources in attaining the institutional goals. Many theories of leadership do conceptualise leadership to be predominantly positive, leading to desirable outcomes, which perpetuates from the popularity of the transformational style suggesting that leaders do what is right[66]. Another style that has similar positive attributions is the resonant leadership where the attainment of desirable

outcomes comes from emotional intelligence[66]. Additionally, the use of dissonant styles of leading can be judicious at certain times while noting that when its application is in excess, it has costs to the staff. A reflection from the studies used for this review is that majority of the nurses worked in environments where the styles of leadership were mixed hence neither resonant nor dissonant. Therefore, the impacts on the nurses ranged between positive effects due to resonant and adverse consequences due to dissonant styles.

#### **5.4 Implications for the Healthcare Practice**

Various complex problems in the nursing care require effective leadership[85]. The shortage of leaders plus the trending shortage in nurses necessitates the finding of the appropriate ways to develop while retaining the nursing leaders so as to improve the health system outcomes. The evidence in this review provides a challenge concerning the transformation of the knowledge into the health system. Health institutions have to recruit leaders who are committed to the attainment of the health missions and visions. In reality, the current leaders are much task-focussed [48]. The increasing trend in the shortage of healthcare leadership necessitates an improvement in the existing leadership to sustain the nursing workforce. It is, therefore, vital that the health sector hires leaders with appropriate relational skills or train the existing ones. In the results of this review, the nurses who had higher levels of satisfaction were those who perceived that their managers were capable of making them have some relational advantages. For instance, they would have sick leaves, friendly ways of conflict resolution and other leaves [48]. It is, therefore, evident that this type of leadership that puts much emphasis on understanding the nurses' emotional aspects is one that assists in improving their morale at work, being content in their work environment and enhancing their productivity in working towards the attainment of better patient health outcomes. Therefore, the healthcare practice needs to ensure that leaders have the right relational styles trainings, alongside hiring of leaders who besides ensuring the completion of tasks, also understand the emotional significance of the physicians.

#### **5.5 Implications for Future Research**

Due to the nature of leadership studies, majority of the investigations for this research easily targeted the leaders using convenience sampling rather than random sampling (Casida & Parker, 2011; Negussie & Demissie, 2013; Carlos et al., 2011; Abualrub & Alghamdi, 2012; Sellgren, Ekvall & Tomson, 2008; Chiok, 2001; Mahmoud, 2008; Bormann & Abrahamson, 2014; Abdelhafiz, Alloubani & Almatari, 2015; Wang, Chontawan & Nantsupawat, 2012). Most of the studies had drawn their samples from more than one health facility, which is a practice that future investigators need to adopt since the diversity of such multiple settings brings more validity and generalizability of the results. It is, however, vital to note that some of the studies had very low response rates, necessitating the use of additional activities that would improve these rates to better the reliability even if the difficulty of reaching the leadership population will remain. Some common tools that the studies for this review used were the multifactor leadership questionnaire, the leadership practices inventory, leader behaviour descriptive questionnaire among others. The use of a multiplicity of tools in measuring leadership shows that there is no consensus on its definition. Future studies need to address this through making more qualitative inquiries to bring greater depth to the leadership concepts.

#### **5.6 Chapter Summary**

The review indicates that for nurse managers to attain the highest level of staff satisfaction, they need to use some leadership styles, which are relationally-focussed like the transformational and transactional styles. The task-oriented types tend to lower the nurse job satisfaction.

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