Literature Review

1. Introduction

Throughout the world, there is a major shortage of healthcare providers. Reports by the World Health Organization (WHO) have raised the issue of shortage of nurses stressing the impact that this issue has on the provision of quality healthcare services (World Health Organization, 2006). One of the most significant consequences of this shortage is a tremendous increase in the burnout levels of nurses. Burnout is a psychological phenomenon that is common among healthcare providers especially due to heavy workloads, very little time for personal recreation, and lack of support in the workplace. Burnout is manifested as a dramatic reduction in physical and emotional energy that results in a decline in the quality of healthcare services provided. It also leads to lack of effective collaboration and teamwork in the workplace stemming from low self-confidence and self-worth which, in turn, is related to an increase in professional stress for all team members (Hamaideh, 2011). The three important aspects of burnout are emotional exhaustion, depersonalization, and low personal accomplishment. The consequences of burnout can prove to be quite expensive for any organization and they include increased absenteeism, increased turnover rates, and reduction in service quality (Azeem et al., 2014).

Several studies have analyzed the rates and reasons for burnout among nurses all over the world. As a result of heavy workload and burnout, the quality of lives of nurses is compromised, their performance is affected, their commitment to their job is reduced, and the possibility of resigning from their position is increased. Burnout also results in an increase in turnover rate which, in turn, has a negative impact on nursing care (Mudallal et al., 2017a). Despite the negative impacts of burnout of nurses on quality of healthcare services, it has been found that leadership behaviours in the workplace and institutional characteristics can improve job satisfaction, enhance commitment to work and the institution, and empower nurses to provide high quality services (Mudallal et al., 2017b). Both psychological and structural empowerments have been found to be necessary to reduce burnout levels in nurses, increase their job satisfaction, and motivate them to continue working at the institution (Meng et al., 2014).

A strong and empowering leadership style which involves leading by example and being considerate of the team members reduces emotional exhaustion in nurses and inspires trust in the organization (Mudallal et al., 2017b).

A recent practice is entrusting leadership responsibilities to head nurses wherein they not only perform nursing activities, but they also need to function as effective leaders by motivating their junior staff to achieve desired outcomes and bringing about a positive change in the workplace. As a result, the leadership behaviours and qualities demonstrated by the nurse leaders play an important role in determining the levels of burnout in nurses (Bobbio et al., 2012). Nurse leadership along with evidence-based practice is considered extremely important in creating a productive workplace environment. Leadership is a very critical professional relationship between a leader and the people who choose to follow the leader, wherein the leader directs and coordinates the activities of his/her followers towards a common objective of providing high quality healthcare services (Al-Sawai, 2013).

Studies have shown that nurses' perceptions of their supervisor's leadership style have a tremendous impact on the general health and well-being of the nurses, in addition to their burnout levels. Employment not only provides income, but also a sense of engagement and belonging to a workplace. It helps in role identification and stimulates the mind as well as the body. With the current problem of staff shortage in several healthcare institutions around the world, nurse leaders are entrusted with providing motivation and empowerment to their team members in order to maintain the quality of healthcare services provided and to reduce nurse burnout levels in the workplace (Sabbah et al., 2020). As nurses form the front-line staff in all hospitals and other healthcare institutions around the world, nursing leadership is an essential component of effective healthcare management. A positive relationship has been demonstrated between a strong leadership style and staff retention, professional development, job satisfaction, increased commitment to the work and institution, client satisfaction, and decreased levels of burnout (Franke et al., 2014).

Leadership is essential for all professional institutions, but moreso in the field of healthcare due to the critical nature of the work and services delivered. Good leadership

is essential for nurses in providing them guidance and direction to perform their daily tasks productively. Providing high quality services is in turn related to motivation and increased self-worth, which again works to prevent burnout (Noh et al., 2015). Leadership in a healthcare institution is often not of the same type, and nurse managers may adopt different leadership styles based on different situations in the workplace. Emergency situations may bring about a unique set of responsibilities requiring leaders to take complete control of the situation. In other instances, nurse managers may give more autonomy to the nurses to come forward with ideas to bring about a positive change in the workplace. A healthcare environment is, in general, full of risks and stress, and it requires constant motivation and empowerment of nurses to fulfill their roles properly (Azaare and Gross, 2011).

According to Varghese et al. (2018), the nurse leadership crisis is not backed by quantifiable evidence and nursing reforms are described as a secondary issue, which negatively impacts nurses' commitment towards their work. This, in turn, can affect the quality of healthcare services delivered thereby compromising patient safety. It is also one of the most important reasons for burnout among nurses, which not only affects their physical and psychological health, but also impacts their social participation. If the problem of high nurse burnout levels is not addressed at the helm, it may become the origin of several psychological disorders in the nurse community (Sabbah et al., 2017).

The burnout epidemic has reached rampant levels throughout the United States affecting half the doctors and at least one-third of all nurses. This prevalence rate is considered extremely high and is about double the rate of burnout seen in other demanding professions. A 2017 Medscape Lifestyle Report found a nationwide burnout rate of healthcare providers to be at 51%, which is a 25% increase from the results of the survey conducted 4 years earlier (Medscape Lifestyle Report, 2017). Another recent survey conducted by Shanafelt et al. (2015) found that there was a 9% increase in the burnout rate between 2011 and 2014. Some of the major reasons for burnout among physicians and nurses in the United States have been attributed to a large number of bureaucratic tasks, spending too much time at the workplace, and heavy use of technology in practice. Studies have found that the main reason for high rates of

burnout is problems at the executive leadership level. Adoption of strong leadership approaches ensures the good health and well-being of the employees thereby bringing down the rate of burnout at the workplace. Therefore, good leadership plays a significant role in providing a happy workplace for healthcare providers (Reith, 2018).

2. Theoretical Framework

2.1 The FRL Model

This study is based on the Full Range of Leadership (FRL) model, which was initially developed by Burns (1978) to understand how the transactional and transformational leadership styles influenced the leaders' behaviours and their employees' performance. This model was constructed with the objective of forming associations between specific behavioural characteristics and leadership styles. Thus, according to Burns' theory, the specific behavioural features of the transformational and transactional leadership styles are distinct elements, and he was able to identify these by observing the behaviours of transformational and transactional leaders in their respective organizations.

Following this preliminary FRL model of different leadership styles proposed by Burns, his colleague Bass, a behavioural leadership theorist, expanded upon his initial ideas. As put forward by Bass (1985), the typical behavioural characteristic features of the transformational leadership style are idealized influence, both as an attribute and as a behaviour, inspirational motivation, individual consideration, and intellectual stimulation. Similarly, the typical behavioural characteristic features of the transactional leadership style are contingent reward, and active and passive management-by-exception. Finally, in his proposed theory, the laissez-faire leadership style was considered a non-leadership style and it had no place in organizational structures and hierarchies. After the initial description of the various characteristic features of the transformational and transactional leadership styles, Bass (1985) additionally proposed that despite the fact that the behavioural characteristics of both the leadership styles are different, both leadership styles can be used and applied simultaneously by leaders.

Therefore, based on the situation, tranformational leaders can apply the transactional leadership style and vice versa.

Apart from the proposed theories in the original FRL model, it eventually evolved by embracing several ideas from the situational theory, the contingency theory, the charismatic leadership theory, and the path-goal leadership theory (Bass, 1996). Another colleague of Bass, Avolio (2011) further proposed that the effectiveness of any one leadership style depends on every single behavioural characteristic of that particular leadership style.

Several initial studies on police leadership styles have been conducted using the Bass model of leadership to understand its validity and applicability in the real world. These studies have helped reinstate the effectiveness of various leadership styles as per the FRL model, determine the influence of different types of leaders in an organization, and understand the effect of leadership styles on both employees' performance and organizational performance. These studies have tested the FRL model on police leaders in top positions, high-ranking officers, subordinate officers, and front-line police supervisors, and analysed how their followers rate the adopted leadership style in terms of effectiveness and organizational results (Murphy and Drodge, 2004; Sarver and Miller, 2014). In these studies, the FRL framework was used to deduce the relationship between the various styles of leadership and leader outcomes for the specific workplace.

2.2 Tranformational Leadership

The transformational leadership style has the following four characteristics as mentioned above: individualized consideration which involves sincere recognition and appreciation of every individual's ideas and opinions, intellectual stimulation which involves setting challenging and achievable goals that motivate the employees to work towards them zealously, idealized influence which involves acting as a strong and effective role model for the employees, and inspirational motivation which involves presenting goals and tasks in an appealing manner to the employees (Bass, 1985). All these four characteristic features of transformational leaders have an effect on the

creative self-efficacy of the employees by giving them a foundation, structure, and certainty to alter their viewpoints and/or align them with the organizational goals (Shafie et al., 2013).

According to Bass (1985), the transformational leadership theory describes the process through which a leader interacts with the employees and creates an effective long-term relationship with them. A relationship between a transformational leader and the employees is one of trust that results in an inherent increase in both intrinsic and extrinsic motivation in the employees over time. This theory describes in detail how the behaviours of transformational leaders such as inspiration and charisma transform their employees to perform better at their jobs. The specific attributes of these leaders help their employees develop a sense of belonging to the team and the organization thus encouraging them to give their best to their work. As the name indicates transformational leaders 'tranform' their employees to perform efficiently and work towards achieving organizational goals. They coach and mentor their employees, thereby setting an example for them. Bass (1978; p.18) states about leadership:

> "Leaders are a particular kind of power holders. Like power, leadership is relational, collective, and purposeful."

The assumption of this study is that the adoption of transformational leadership for a major part of the time in organizations may be associated with lesser emotional exhaustion, lesser depersonalization, lesser job stress, higher job satisfaction, and, consequently, lower burnout levels in employees. Therefore, this section intends to focus majorly on the behavioural characteristics of transformational leadership and the attributes that make transformational leaders effective. One of the main attributes of the transformational leadership style is intellectual stimulation, wherein transformational leaders influence the thinking, assumptions, and viewpoints of employees motivating them to innovate and identify new creative ways to perform their tasks (Burns, 1978). According to Bass and Avolio (1990), transformational leaders encourage, enhance, and elevate the employees to move towards self-actualization and self-development, thereby promoting the overall growth and development of the organization. The relationship between a transformational leader and the employee is essentially an

exchange process where the leader exerts a positive influence on the employee to command respect, admiration, and trust in exchange for providing personal fulfilment to the employees through effective performance and regular promotions.

2.3 Transactional Leadership

As the name suggests, the transactional leadership style is based on transactions or exchange of resources. These leaders provide rewards and recognition for a given standard of performance and achievement, and provide punishments or withhold recognition for sub-par performance in the organization. Apart from this, transactional leaders also provide benefits, guidance, and attention to those employees who take advantage of the promises and consistently perform well in the organization. The most important attribute of the transactional leadership style has been proposed to be directive leadership behaviour (Howell and Costley, 2006).

In contrast to the laissez-faire style of leadership, performance expectations, protocols to perform work-related tasks, and standards of performance are clearly communicated to the employees. The employees are also given detailed instructions and guidance for performing the tasks and contributing to the achievement of organizational goals. Therefore, by using the attribute of contingent behaviour, transactional leaders provide compliments, rewards, recognition, and attention to boost performance. On the other hand, they also use contingent punishments for bad performance that may be demotivating for the employees (Howell and Costley, 2006).

Apart from contingent reward, the other attribute of the transactional leadership style is active and passive management-by-exception. Under the active form, transactional leaders set performance standards and objectives, monitor errors and deviations from standard protocols, correct the errors, and enforce strict rules and regulations at the workplace. Under the passive form, although transactional leaders set performance standards and objectives, they don’t actively monitor performance but wait for errors to take place before intervening, correcting the errors, and enforcing regulations (Gill et al., 1999).

2.4 Laissez-Faire Leadership

Laissez-faire is a French phrase that literally means “leave it alone”. This phrase is supposedly said by the leader to the employees, which suggests that the employees have the complete freedom to determine their goals and achieve them through any way that they deem appropriate (Kurfi, 2009). There are two important attributes of this leadership style that are exhibited by any laissez-faire leader. The first one is that these leaders strongly believe that the employees are extremely capable of understanding their job requirements and therefore, they are equipped to best perform their tasks effectively without any external supervision. The second belief of these leaders is that their supervision may instill fear in the minds of their employees that may adversely affect their performance, and so they should not exert any control or power over their employees (Goodnight, 2004). Therefore, the major attributes or characteristic features of laissez-faire leaders are negligible provision of resources and information required to understand and complete work-related tasks, minimal participation in the employees’ personal and professional affairs, no communication regarding the tasks or organizational goals, and no involvement in any of the work done by the employees (Goodnight, 2004). Therefore, this leadership style has been considered a non-leadership style as laissez-faire leaders have virtually no influence over the employees. It is considered the worst and least effective leadership style mainly because these leaders follow the policy of non-interference or ‘hands-off’ with their employees. Additionally, the organizational processes are extremely out of control under laissez-faire leadership resulting in chaos, anarchy, and inefficiency in the organization (Kurfi, 2009).

2.5 Organizational Leadership

Yukl (1999) has described several theories of organizational leadership behaviour that has been a topic of great interest for several decades. There is a distinction between general effective leadership styles and organizational leadership, and this section aims to describe the specific attributes of organizational leadership behaviours. According to House et al. (2002), organizational leadership is a process where the leader influences, motivates, and enables people to perform their tasks effectively and contribute to the overall vision of the organization. The effectiveness of

the leader is determined by the success of the person in influencing the employees to change their thought processes and methods of work to align with the organizational requirements. Therefore, leadership is a process and leadership effectiveness is the outcome of the process (Kotze and Venter, 2011).

2.6 Multifactor Leadership Questionnaire

The specific characteristics of each of the leadership styles can be measured using the Multifactor Leadership Questionnaire (MLQ) that is used to determine the attempts made, the success rate, and the effectiveness of each leader. The MLQ is a questionnaire which measures the various factors of each of the three leadership styles, namely the transformational, transactional, and laissez-faire leadership styles, to determine the specific attributes of a particular leader. This questionnaire has been translated in several different languages such as Spanish, French, Italian, Dutch, Hebrew, German, Chinese, Arabic, Japanese, and Korean. The original MLQ structure has also undergone several revisions that have served to enhance the reliability and validity of the instrument (Antonakis et al., 2003). The most recent version is known as Form 5X that is available since the year 2000 and is available in a format that can be used by both leaders and employees.

The MLQ uses Likert scale questions to measure the presence or absence of specific attributes of each of the three leadership styles. In case of the transformational leadership style, questions that measure specific characteristic features of the style such as individualized consideration include “the leader spends time teaching and coaching”, “the leader treats me as an individual rather than just as a member of a group”, and “ the leader helps me to develop my strengths”. The inspirational motivation attribute of the transformational leadership style is measured through questions such as “the leader talks optimistically about the future”, “the leader talks enthusiastically about what needs to be accomplished”, and “the leader articulates a compelling vision of the future”. The individualized influence characteristic of the transformational leadership style can be measured using questions such as “going beyond self-interest for the good of the group”, “acting in ways that builds respect”, and “displays a sense of power and confidence”. The final attribute of the transformational leadership style, intellectual

stimulation, can be measured through questions such as “the leader seeks differing perspectives when solving problems”, “the leader gets me to look at problems from many different angles”, and “the leader suggests new ways of looking at how to complete assignments”.

In case of the transactional leadership style, the management-by-exception attribute can be measured through the questions “the leader focuses his/her attention on irregularities, mistakes, exceptions, and deviations from standards”, “the leader keeps track of all mistakes”, and “the leader fails to interfere until problems become serious”. The other attribute of the transactional leadership style, which is the contingent reward feature, can be measured through questions such as “the leader discusses in specific terms who is responsible for achieving performance targets”, “the leader makes clear what one can expect to receive when performance goals are achieved”, and “the leader provides me with assistance in exchange for my efforts”. Finally, the specific attributes of the laissez-faire leadership style can be measured through the questions “avoids getting involved when important issues arise”, “avoids making decisions”, and “is absent when needed”.

2.7 Current Study

The leadership model and theories proposed originally by Bass and later modified by several researchers have been used as a theoretical basis for this study. According to the leadership model, there are several diverse leadership styles and each has specific behavioural attributes that influence employees in different ways. For instance, the transformational leadership style is considered to have a strongly positive influence on the employees, whereas the laissez-faire leadership style is largely considered to have a negative impact on the employees. The understanding of the exact ways in which the behavioural characteristics of each leadership style influences the employees is paramount to contribute to our current understanding of what makes or breaks an organization. This is especially true for healthcare institutions where performance is not only crucial for organizational success but also for the delivery of high-quality patient care services.

The understanding of the various outcomes of the commonly employed leadership styles on features such as emotional exhaustion, depersonalization, job stress, and job satisfaction levels can also help predict the effects of a particular leadership style on burnout levels of healthcare workers. The transformational leadership style, due to its attributes and the influence it has on the employees is considered to be most strongly linked to low burnout levels. On the other hand, the laissez-faire leadership style is considered to be linked to high burnout levels because the laissez-faire leaders are absent most of the time and they do not provide adequate guidance and instructions to the employees.

However, in any organization and especially, a healthcare organization, most leaders adopt different leadership styles based on a specific situation. In this context, it becomes important to understand nurse preferences for a given leadership style and how it impacts on their personal fulfillment, job satisfaction, and burnout levels. It is also crucial to understand the effects of a given leadership style on the outcomes of emergency situations so that organizational performance can be enhanced based on the results.

3. Leadership Qualities that Impact Burnout Levels of Nurses

Nurse leaders are entrusted with power which allows them to influence and control other people's attitudes and behaviours. In a professional environment, power refers to the ability of acquiring, organizing, and controlling resources and information that can be used to support and develop the institution's goals. Workplace empowerment refers to the accessibility of employees to information and resources that can enable them to provide quality services and to make use of opportunities for their personal and professional growth (Mudallal et al., 2017a).

In 1988, Conger and Kanungo developed four different categories of Leader Empowering Behaviours (LEB) that are described below:

- *Enhancing the meaningfulness of work*: Leader behaviours should impart purpose and meaning to employees' work in order to motivate them and increase their self-worth

- *Fostering opportunities to participate in decision-making*: Leader behaviours should allow employees to express their concerns, thoughts, and opinions, and to actively participate in decision-making processes
- *Expressing confidence in high performance*: Leader behaviours should demonstrate trust in employees' ability to achieve extraordinary results in the workplace
- *Facilitating attainment of institutional objectives*: Leader behaviours should provide information and resources to make it easier for employees to understand and achieve the expected outcomes

In 1994, Hui added another category of leader empowering behaviours to the above four, which is:

- *Providing freedom and autonomy from institutional restrictions*: Leader behaviours should not impose too many rules and constraints on employees that may affect their ability to think and act innovatively in the workplace

Specifically in healthcare, practice of the above mentioned LEBs have been proven to empower nurses in acute care settings, apart from reducing stress and enhancing the quality of healthcare services.

There are six important leadership styles that are identified to be beneficial in healthcare institutions. The transformational leadership style is one where open and productive relationships are created amongst team members in order to motivate, inspire trust and confidence, open channels of respectful communication, increase productivity, boost staff morale, and increase job satisfaction (Frandsen, 2014). In the transactional leadership style, the leader makes mutual compromises and exchanges with the team members in order to enhance productivity at the workplace. An autocratic leadership style is not applicable for all kinds of workplace scenarios because in this style, the leader takes decisions without considering the opinions of the team members. However, this style may be useful in medical emergencies where the leader needs to take control of a critical situation. Contrary to the autocratic style is the laissez-faire leadership style, which is much more liberal in that team members work without

supervision and they are not under their leader's control. This style involves a more hands-on approach and is useful for making nurses independent and capable of handling critical situations (Sfantou et al., 2017). The task-oriented leadership style is one where activities are carefully planned, the role of each team member is clarified in detail, goals are set, and all members are continually monitored for their performance and progress. Finally, the relationship-oriented leadership style focuses on building a strong relationship between a leader and his/her team members incorporating support, recognition, and professional growth (Yukl, 2010).

Below, some of the leadership styles that are adopted by nurse leaders in healthcare institutions and their impact on nurse burnout levels as documented in the literature are discussed.

3.1 Transformational Leadership Style

A transformational leadership style is one where the leader appeals to the moral values of the employees and encourages them towards a higher level of thinking. It expands and elevates the interests of the employees by encouraging them to think and innovate in the workplace. Transformational leaders have the ability to go beyond themselves and work with the team for the attainment of organizational goals and objectives. This type of leadership is considered to be idealistic where the relationship between a leader and his/her employees comprises of open and honest communication (Haroush and Koslowsky, 2020).

An important characteristic of the transformational leadership style is idealized influence which includes both idealized attributes and behaviour as key aspects of this leadership style. Idealized attributes are considered those by which employees proudly and willingly follow their leader. A leader possessing such attributes exudes confidence, respect, and compassion. Idealized behaviours demonstrated by a leader are such that they impart value to employees' thoughts and opinions. The primary aim of adopting such attributes and behaviours is to make sound decisions with regards to quality of services provided. Another characteristic of this style of leadership is inspirational motivation where leaders can generate visions of common objectives in a way that

inspires employees to strive towards achieving them. A third characteristic is intellectual stimulation where a leader motivates employees to find innovative ways to solve problems in the workplace. Finally, a transformational leader practices individualized consideration where s/he treats each employee as a unique individual and encourages every team member to explore his/her capabilities and talents (Avolio and Bass, 2004).

This style has been proven to be one of the best approaches to leadership in the field of healthcare. A study conducted by Sabbah et al. (2020) studied the effectiveness of this style on the nurses' health and well-being in eight hospitals in Lebanon. They found that adopting the transformational leadership style led to an increase in the quality of life of nurses, induced extra effort, and increased job satisfaction as compared to two other leadership styles. Other studies have also shown that this leadership style is associated with reduction in nurse turnover rate, increase in motivation to influence change in the workplace, and increase in nurse performance (Asiri et al., 2016). As compared to transactional leadership, the transformational style is more suited for positively motivating the nursing staff to deliver high quality healthcare services (Musinguzi et al., 2018). The laissez-faire style, on the other hand, leads to high burnout levels, low job satisfaction, and poor mental health as the leader is incapable of taking strong and effective decisions and leaves critical situations in the hands of the employees (Skakon et al., 2010).

Studies that have compared the transformational and transactional leadership styles have found that the transformational style has a considerably higher rating than the transactional style (Asiri et al., 2016). A study conducted by Yahchouchi (2009) found that healthcare institutions often adopt the transformational leadership style to manage their care units as stimulating nurses by motivating them works to their advantage. Additionally, in workplaces where nurses perceived their supervisors to adopt a transformational leadership style, they were highly motivated and demonstrated a high level of dedication to their work through active participation in decision-making processes (Musinguzi et al., 2018). On the contrary, if nurses perceived their supervisors to adopt a passive leadership role, they tended to lose enthusiasm, felt demotivated, and this was reflected in their work. Therefore, the transformational

leadership style is considered to be ideal in a healthcare institution as it not only strengthens the relationship between nurses and their supervisors, but also promotes general health and well-being of the nurses thereby reducing their burnout levels (Sabbah et al., 2020).

Considering quality of life of nurses, those who perceived the leadership style to be transformational in nature had a much higher quality of life as compared to those who perceived different leadership styles in their supervisors. The overall mental health of nurses was found to be heavily dependent on the leadership style adopted by their seniors. The mental health of nurses was found to be particularly reduced when passive leadership was perceived in the workplace. It has been suggested that this finding is a reflection of the difficulties faced by nurses in their work environment especially that of being a woman at a job that has an overall low professional and social status, and working for a low income range. Working in a male-dominated highly competitive environment is inherently stressful for most women and this is truer for the healthcare industry (Sabbah et al., 2020). Nurses often work in a passive role requiring being extremely respectful and obedient towards doctors. Lack of nursing reforms has a major effect on the work quality and general health of the nurses. In such a stressful work environment, nurses often feel disrespected leading to an overall decline in their health and motivation. Therefore, transformational leadership style encourages nurses to have a work-life balance and brings about a multidisciplinary approach in the workplace (Clay-Williams et al., 2017).

The transformational leadership style is considered to be most well-suited to healthcare as recent technology development and globalization is forcing healthcare institutions all over the world to expand its horizons and change with the advancements. Transformational leaders can set powerful visions and inspire their followers to achieve that vision. This helps develop a strong relationship between nurse managers and nurses thereby enhancing the work environment and improving the quality of healthcare services delivered to patients. In the current age, healthcare is constantly in need of new visions and this need can be effectively fulfilled by the transformational leadership style. This style also helps healthcare institutions to positively deal with change and

manage conflicts. In order to do this, transformational leaders learn to mobilize the interpersonal characteristics of employees in order to achieve institutional objectives. When this happens, it not only leads to elevation of the healthcare institution, but also leads to immense professional and personal growth for the employees filling them with enthusiasm and motivation to perform better (Krepia et al., 2018).

3.2 Transactional Leadership Style

A transactional leadership style is usually employed in the emergency department and under conditions of high stress. It is one where rewards are promised and provided for achieving set goals and completing given tasks as per instructions. It also ensures that standards of compliance are maintained and the employees are well aware of the definitions of effective and ineffective performance at the organization (Canyon and Morrison, 2010). One of the characteristic features of this leadership style is contingent rewards where a leader gives rewards to the employees for achieving objectives. Another important characteristic is management-by-exception where standards of compliance are decided and maintained, and employees are motivated towards performing well (Avolio and Bass, 2004).

A study conducted by Ebrahimzade et al. (2015) aimed to understand the influence of both transformational and transactional leadership styles on several parameters such as burnout, personal accomplishment, competence and capabilities, emotional exhaustion, and depersonalization. They found that the transactional leadership style was associated with reduced burnout, reduced emotional exhaustion, and reduced depersonalization, which is in line with another study conducted by Hawks (2004). However, no relationship was found between this leadership style and personal accomplishment, competence and capabilities, and self-evaluation. They also found that the above mentioned factors may be intricately linked with age and gender of employees that may present as confounding variables in a study.

Transactional leaders establish commitment to an organization and facilitate interactions with employees in order to ensure the fulfillment of their needs. Nurse Managers who practice transactional leadership encourage their employees' efforts,

solve problems, handle discrepancies, and devise solutions for the problems. They also use a performance-based reward system for exceptional performance and enforce punishments for straying from standard protocols. This gives the nurses a tangible measure of their efforts which encourages them to perform better and attain job satisfaction, thus preventing burnout (Ebrahimzade et al., 2015).

Contingent reward is considered an important feature of transactional leadership and it is the main foundation on which this leadership style operates. Studies on industrial managers and other professionals have found that they assign the characteristic of contingent reward to the transactional leadership style. However, a study conducted by Negussie and Demissie (2013) found that nurses associated contingent reward with the transformational leadership style. Contingent reward is promised to employees if they meet certain performance standards and it is made clear that the reward will not be given if the performance does not fulfill expectations. One reason attributed to this finding is that healthcare is not a profession where nurses can be motivated by rewards alone, as most situations revolve around patient safety and quality of healthcare services delivered. This is possibly the reason that transformational leadership is considered the most successful approach for motivating nurses, even more than the transactional leadership style. This study found that contingent reward had no special association with intrinsic or extrinsic job satisfaction and therefore, the transactional style was not useful for preventing burnout in nurses (Negussie and Demissie, 2013).

A study conducted by Naghdibibalan and Azadehdel (2015) aimed to understand the relationship between both transformational and transactional leadership styles on employee burnout and its various components such as emotional exhaustion, depersonalization, and personal accomplishment. While transformational leadership style was associated with low levels of all the above mentioned variables, the study found no significant relationship between the transactional leadership style and employee burnout. However, this leadership style was found to be linked to increased personal accomplishment levels in the employees. This study suggests that adoption of the transactional leadership style in the workplace can reduce levels of emotional

exhaustion in the employees. Therefore, by providing suitable performance parameters and milestone-based rewards, leaders can improve the emotional health and feelings of personal accomplishment in nurses. Additionally, this leadership style was also linked to depersonalization where use of this style reduced depersonalization in the employees.

The transactional leadership style has been indicated as a precondition for the transformational leadership style as it helps form a strong mutual relationship between nurse managers and nurses (Asiri et al., 2016). The contingent reward characteristic of this leadership style allows nurse leaders to structuralize and clarify professional roles and task requirements for the nurses. Performance expectations and outcomes are clearly laid out, the various methods by which the desired results can be achieved are clearly explained, and rewards for good performance are communicated to nurses. By doing so, nurses have access to both tangible and intangible resources to accomplish tasks and achieve the desired results. Keeping in mind these features of the transactional leadership style, a study conducted by Asiri et al. (2016) reported that nurses working with nurse managers who adopted the transactional leadership style felt that their leaders were not very effective in solving problems that arose at the workplace. Transactional leaders tended to wait for mistakes to take place before intervening with solutions. As a result, they were not proactive in monitoring the status of work-in-progress and only offered to help when they saw that the performance standards were not being met satisfactorily by the nurses. This behaviour is characteristic of the management-by-exception feature of this leadership style where leaders offer solutions only when things go wrong at the workplace.

The management-by-exception feature of this leadership style uses negative reinforcement rather than positive reinforcement, in the form of criticism, negative contingent reinforcement, negative feedback, and correction, which inspires low satisfaction by nurses in their leaders. On the other hand, by entrusting authority and responsibility to nurses with clear guidelines and performance standards, nurse managers can inspire trust from their followers (Asiri et al., 2016). Overall, this leadership style has both positive and negative attributes and, although the transformational leadership style is more preferred in the field of healthcare, the

transactional approach too is found to be appreciated by several nurses as per various studies reviewed above. Some of its important strengths are contingent rewards, setting of performance standards and guidelines, and boosting employee performance with recognition. Transactional leaders' minimal involvement in their employees' work may be considered a strength as well as a limitation based on the workplace and the situation.

3.3 Autocratic Leadership Style

In this type of leadership, nurse managers do not involve nurses in any decision-making processes and they decide all tasks and expected outcomes by themselves. It is ideally suited for medical emergencies when there is no room for error and decisions cannot be left in the hands of junior staff (Sfantou et al., 2017). Studies conducted in Saudi Arabia have shown that some of the major problems in the healthcare institutions there are turnover, absenteeism, and low quality patient care. These findings have been linked to an autocratic leadership style which led to disempowerment, high levels of stress, and burnout in nurses (Dorgham and Al-Mahmoud, 2013). Dall'Ora et al. (2015) has stated that ineffective leadership in the form of autocracy in the workplace can lead to burnout and emotional exhaustion, absenteeism, low quality of healthcare services delivered, dissatisfaction, and the intention to leave work.

Autocratic leadership style is one where nurse managers exercise complete control over all decisions and situations with minimal or negligible input from the nurses. It is an authoritarian style which fosters an extremely negative work environment, as oftentimes, nurse managers withhold important information regarding new policy changes and decisions from the nurses. It is an important indicator for conflicts amongst employees and consequently, poor teamwork. All these factors lead to a very negative work culture and are primary indicators for job dissatisfaction, emotional exhaustion, and burnout among nurses. However, according to Joyce (2016), although the autocratic leadership style is not ideal for a normal work environment, it should be employed on a needs basis in emergency situations where leader autonomy is required.

The autocratic leadership approach is considered to be an extreme variant of the transactional leadership style as it uses rewards and punishments in an authoritarian environment to motivate employees. As the employees are not involved in decision-making processes, their creative ideas do not get a chance to develop and contribute to the policy changes in the workplace. A slightly different type of autocratic style of leadership is the bureaucratic approach, where predetermined guidelines govern the way things are expected to happen at the workplace. Bureaucratic leaders strictly follow these guidelines and expect their employees to follow them as well. In such a professional environment, adherence to rules, standards, and policies are highly encouraged and appreciated. The difference between the autocratic and bureaucratic leadership approaches is that leaders also follow a given set of rules in the bureaucratic style (Samarakoon, 2019).

Specifically in the field of healthcare, there are several situations where adherence to policies and guidelines is an absolute necessity. Even a slight deviation from the standard protocol may lead to serious consequences in a patient care environment. In such instances, it has been recommended that the bureaucratic rather than the autocratic leadership style may generate better results in terms of quality and performance. This is also true for performing safety protocols and routine tasks where standards have been put in place after a lot of deliberation with respect to the specific work environment. However, there may occassionally arise certain unexpected emergency situations where nurse managers may need to take quick decisions in order to ensure patient safety making it a priority. These decisions need to be implemented by the nurses without question or deviation. In such instances, the autocratic leadership style is most effective in generating the desired outcomes (Amanchukwu et al., 2015).

In contrast to the autocratic leadership style is the democratic leadership style, which is considered a more effective leadership approach than the former style. In the democratic approach too, all decisions are finally taken by the nurse managers, but nurses are allowed to participate and provide inputs in the decision-making process. This approach has been linked to higher job satisfaction as nurses are involved in the changes that are taking place at the workplace. It also helps develop nurses' personal

skills and capability of working well in a team, which further increase their job satisfaction levels. It gives them goals such as financial rewards and job promotions which further motivate them to work harder. Contrary to the autocratic approach, the democratic approach may be more time-consuming as nurse managers need to ensure that all team members have had a chance to voice their opinions. However, it is better for the emotional health of the nurses by preventing emotional exhaustion and reducing burnout (Bhatti et al., 2012).

Studies that have compared the autocratic and democratic styles of leadership have found that nurses under the autocratic style were angry and frustrated whereas nurses under the democratic style showed higher levels of submissiveness. However, the results varied with the tool that was used to assess the effectiveness of a leadership style. For instance, if productivity was used as the assessment tool, then the autocratic style of leadership was considered more effective than the other approaches. However, if job satisfaction and happiness of nurses were used as the assessment tools, then the democratic leadership approach was found to be the preferred style. Nurses working under autocratic leaders were often found to report them for their workplace attitudes and behaviours. They were found to report high levels of stress, extreme control, and harsh supervision on the part of their leaders. These effects were controlled to some extent by the availability of social support, which was found to lower work-related stress in nurses (Bhatti et al., 2012).

3.4 Laissez-faire Leadership Style

This is an ineffective leadership approach where, essentially, there is no leadership at all. It is of a passive and avoidant nature, which does not provide any guidelines or clarifications, nor does it respond to any type of situation effectively. The leader does not provide any objectives that the employees can work towards achieving and is not specific in giving task instructions. One of the characteristics of this leadership style is management-by-exception where leaders pass on all the duties and responsibilities to the employees and do not take part in any activity of the team. This is an ineffective leadership style that is not at all suitable for the field of healthcare and it has the potential to lead to extreme burnout in nurses (Avolio and Bass, 2004).

The study conducted by Ebrahimzade et al. (2015) also evaluated the laissez-faire leadership style in addition to the transformational and transactional styles. They found that there was absolutely no association between the laissez-faire style and burnout, depersonalization, or emotional exhaustion. This is considered an extremely passive leadership style where leaders give up their responsibilities to their employees, do not take any decisions for the team, are not present in emergency situations, and do not participate in administration of affairs at the organization. As a result, they do not have a major influence on their employees' burnout and emotional exhaustion levels; rather, the adoption of this leadership style might lead to an increase in these levels. Additionally, the laissez-faire leadership style was not found to be related to levels of personal accomplishment and it has been hypothesized that this style might lower the enthusiasm of employees leading to reduced personal accomplishment (Ebrahimzade et al., 2015).

One reason why laissez-faire leadership style might actually increase burnout in nurses is that this approach places nurses under a lot of pressure to set quality and performance standards. Additionally, it does not support individual resources nor does it establish agreements with employees to discuss quality standards as per organizational values (Negussie and Demissie, 2013). As a result, employees need to perform their work as well as ensure that everything is going on as per standard protocols at the workplace, thereby doubling their responsibilities. This leads to a lot of stress and exhaustion for the employees leading to high burnout levels and turnover rates.

A study conducted by Lorber et al. (2016) on nurse managers and nurses in hospitals in Slovenia found that most nurses perceived their managers' leadership style to be of the laissez-faire type. This leadership style is negatively linked to job satisfaction and positively linked to workplace conflicts and role ambiguity. It is a destructive leadership style that leads to mismanagament of workplace situations. This study also suggested that the laissez-faire leadership style may be linked to high burnout and high turnover rates in nurses in these hospitals. As it has been identified that leaders often adapt the environment and employees to a certain type of work

ethics, the adoption of the laissez-faire leadership style may turn out to be extremely unproductive in hospitals and nursing homes.

Despite the many disadvantages of the laissez-faire leadership style, it has some advantages as well. It gives employees freedom to work as per their schedule and understanding, and decide how to accomplish organizational goals with minimal inputs. It does not place a lot of supervisory burden on the employees and the employees are encouraged to form and maintain their own teams and collaborations. It is especially effective for employees who are highly motivated and competent, and can work independently; however, it is applicable in work environments where the value of outcomes is on the lower side. It is not very suitable for hospitals and nursing homes where patient care is critical and there is minimal room for error. Examples in healthcare where the laissez-faire leadership style may be employed include nurses deciding how to alter patient loads and nurses coordinating breaks especially when they are short of staff (Sfantou et al., 2017).

3.5 Task-oriented Leadership Style

In the task-oriented leadership approach, the primary focus of the leader is on the tasks that need to be accomplished in order to meet certain performance standards or to meet organizational objectives. Task management plays a very important role here and every team member including the leader needs to be organized and systematic about the work. All activities relating to a particular task are well co-ordinated, administrative activities are given importance, and quality of services is constantly monitored and evaluated. The main objective of task-oriented leaders is to achieve organizational targets, and they focus on all tasks that need to be performed to achieve those targets. This may mean that they do not place a lot of importance on the employees who are the front-line performers of the organization and are the key to accomplishing all the tasks. On the other hand, they focus their energy on the specific methods and strategies that are required to perform the tasks effectively (Forsyth, 2010).

One of the main strengths of the task-oriented approach is that all work-related activities are completed satisfactorily and within the stipulated deadline. This approach instills significant time management skills in the employees so that they complete their tasks in a timely manner. As these leaders constantly focus on activities and procedures of the workplace, they set a strong role model for the employees regarding how to approach and complete tasks effectively. As a result, they increase productivity and punctuality in the workplace (Anzalone, 2012).

Apart from this, the task-oriented leadership style ensures that there is a clear purpose and all guidelines for the tasks are appropriately defined. These leaders want to ensure that their employees understand the task requirements well and so, they are always available for discussions regarding the activities. Task-oriented leaders create different work groups for different tasks and delegate roles and responsibilities to each member in the work group. As a result, the task-oriented approach is extremely suitable to work environments that are highly structured and where a repetition of processes on a regular basis can lead to high quality and productivity in the workplace (Ruzgar, 2018).

Despite its many advantages, this leadership style has quite a few limitations. Employees under task-oriented leaders constantly fear breaking the rules and not performing their tasks effectively, which may, in turn, lead to low morale, reduced creativity, and high turnover. Such employees follow instructions to the word and do not take risks or innovate at the workplace. Eventually, things may become mundane and there may be no scope left for growth and positive change in the organization. Employees who are inherently creative may find themselves demoralized and they may be motivated to look for other jobs where their creativity has a chance to express itself. Another limitation that is specific to the field of healthcare is that hospitals constantly face new problems and potential emergency situations everyday. In such scenarios, if employees are only allowed to follow standard protocols, the situations may not be managed very effectively thereby leading to a decline in the quality of services provided to patients (Ruzgar, 2018).

The three characteristic features of the task-oriented leadership style are contingent reward, active management-by-exception, and passive management-by-exception. Task-oriented leaders determine employee performance by the extent to which they have succeeded in achieving their objectives and give rewards accordingly. They actively seek out any deviations from standard protocols and adopt appropriate corrective measures for the same. Those who adopt a passive management-by-exception approach wait for mistakes to happen at the workplace before seeking out deviations from set procedures and performing corrective measures (Rashidi et al., 2019).

A study conducted by Fayyaz et al. (2014) in Pakistan found that the task-oriented leadership style is not as communicative as the other leadership styles; however, it has a strong effect on employee performance. Another study conducted by Rashidi et al. (2019) found that the task-oriented leadership style was positively linked with job satisfaction, although the strength of the association was lesser than the transformational style of leadership. Nurses working under task-oriented leaders feel fulfilled by completing tasks as instructed and contributing to achieving organizational goals effectively. These feelings are also transferred to colleagues and junior interns who have newly joined the workplace, thereby promoting a happy and positive work environment. Although this style has similarities with the autocratic style where instructions and a list of tasks are provided to the nurses, task-oriented leaders do consider the needs and ideas of their employees thereby increasing their job satisfaction levels (Rashidi et al., 2014).

Time management is an important attribute of a good employee especially in the field of healthcare, and a study conducted by Rakhshan et al. (2019) sought to identify the association, if any, between task-oriented leadership style and time management. They found that, among others, the task-oriented leadership style had the maximum correlation with time management in nurses. Nurses working under task-oriented leaders reported that they were able to schedule their tasks well because of the clear instructions and well-structured guidelines that they received from their nurse managers. Not only nurses but also nursing managers preferred this leadership

approach as they were able to make detailed plans and ensure that the nurses would follow them explicitly to get tasks completed on time (Rakhshan et al., 2019).

Another study conducted by Saeedipour (2014) found that there was a negative relationship between task-oriented leadership approach, and goal prioritizing and skill targeting in the employees. On the contrary, the study by Rakhshan et al. (2019) found that this leadership style was highly associated with prioritizing and scheduling tasks, delegating responsibilities and authority, and managing meetings and telephone conversations. Therefore, although task-oriented leaders are extremely good at managing administrative affairs, they are not very good at handling personal affairs or employee relationships, and this may have an effect on how nurses may judge their leaders (Rakhshan et al., 2019). Thus, although the task-oriented leadership approach has a lot of strengths and is applicable for several healthcare scenarios, it should be combined with a more personalized approach to prevent emotional exhaustion and burnout in nurses.

3.6 Relationship-oriented Leadership Style

The relationship-oriented leadership style, in contrast to the task-oriented approach focuses on motivation, work-life balance, and job satisfaction of employees. Relationship-oriented leaders focus their energy on motivating, developing, and supporting their employees. They build positive relationships, encourage communication with themselves as well as among the team members, and encourage collaboration and teamwork. Rather than just focusing on tasks and schedules, they deeply care about the welfare of each and every employee and work towards meeting individual needs by spending considerable time and effort with the members. They also offer rewards and bonuses, intervene and solve conflicts in the workplace, and develop strong relationships with employees by finding out about their likes and dislikes, and strengths and weaknesses. They try to create a non-competitive work environment so that the employees don’t feel threatened by each other and all of them work in peace and harmony (Ruzgar, 2018).

One of the most important strengths of the relationship-oriented leadership style is that it fosters a strong team environment which motivates all employees to work together in a team and collaborate with each other on important matters. Employees working under relationship-oriented leaders are ready to take risks because they are assured that they will receive all the support that they require. This increases their productivity and motivates them to perform better at the workplace. Employees thrive in a caring and supportive environment, and this overall boosts their job satisfaction and reduces their burnout levels. Relationship-oriented leaders employ a people-centric approach using which they build a positive work environment and prevent dissatisfaction and boredom in their employees. This is a participatory leadership style where good teamwork and collaboration are prioritized (Arana et al., 2009).

The relationship-oriented style is opposite to the task-oriented approach and so, focusing on individual team members may get in the way of completing the actual tasks and achieving organizational goals. Relationship-oriented leaders concentrate a lot of time and effort on building teams and this may hinder discussions about project directives. Also, if too much responsibility is given to employees regarding taking important decisions, it may become stressful for the employees, which may, in turn, lead to high turnover rates, low performance, and job dissatisfaction (Tabernero et al., 2009).

Several studies have found that a relationship-oriented leadership approach can result in greater group learning by providing higher group cohesion. This approach has an extremely positive impact on self-efficacy and a much stronger individual impact as compared to other leadership styles (Johannsen, 2012). A study conducted by Havig et al. (2011) found that there was a strong association between relationship-oriented leadership and quality of patient care in nursing homes. The same study also found a similar association between the task-oriented leadership approach and patient care quality. It has been shown that several nursing managers don’t use either task-oriented or relationship-oriented leadership styles exclusive of the other; rather, they use a mix of both these styles depending on the situation. As a result, the nurses are satisfied with their job, have low burnout levels, and the quality of patient care services is high.

A study conducted by Tabernero et al. (2009) found that the relationship-oriented leadership approach succeeded in generating greater cohesion in a team as compared to task-oriented leadership style. However, when considering group efficacy and positive affective state of employees, the task-oriented approach showed a more promising response as compared to the relationship-oriented leadership approach. Additionally, the task-oriented approach ensured that all tasks were completed on time and in a proper manner whereas the relationship-oriented approach had no significant impact on group performance. This result has also been confirmed by studies conducted by Schaubroeck et al. (2007) and Bono et al. (2007) which showed that group performance and efficacy were more strongly influenced by the task-oriented approach rather than the relationship-oriented approach. However, it has been suggested that relationship-oriented leaders are more likely to set long-term objectives and thereby affect emergent states of team members. On the other hand, task-oriented leaders influence group performance for a shorter duration by setting short-term tasks. As a result, the timeline of the study would matter in associating higher levels of satisfaction and lower levels of burnout with either the task-oriented or relationship-oriented leadership approach (Tabernero et al., 2009).

3.7 Change-oriented Leadership Style

This is a newer leadership approach that has not been mentioned in the classification of leadership styles proposed by Avolio and Bass (2004). This approach involves making strategic decisions, instilling flexibility in employees to adapt to an ever-changing work environment, encouraging innovation in the workplace, and bringing about changes in procedures and services delivered. Change-oriented leaders focus their time and energy on influencing the work culture, building a vision, implementing innovative ideas, and bringing about changes that have positive effects on the employees as well as the organization (Orgev, 2013).

In this leadership approach, the leader tries to alter the thought processes and value perceptions of the employees in order to achieve organizational objectives. One of the most important characteristic features of this leadership style is that it brings about changes in the beliefs, judgements, and behaviours of the employees in the

workplace. These leaders draw cues from their surrounding professional environment and influence employees to transcend the work culture by altering their objectives. The four important qualities of a change-oriented leader are the ability to inspire, intellectual encouragement, individual assessment, and charisma. They set large, but attainable, goals and empower their employees to achieve these goals all the while encouraging reciprocal communication and respect. Therefore, the three main tasks of a change-oriented leader are determining what needs to be changed in an organization, giving shape to the vision, and empowering employees to work towards that vision (Orgev, 2013).

In the field of healthcare, hospitals require both radical and emergent changes in order to constantly enhance the quality of patient care services. These changes can be in the form of employing new diagnostic and therapeutic equipment, bringing about changes in treatment procedures, using new data entry and management systems, and altering managerial and administrative practices. Emergent changes can be in the form of restructuring the institution and reducing the need for surgical capacity. This can be both challenging and ambiguous for the nurses, and may expect them to learn and understand several new concepts that may have a negative impact on job satisfaction and performance (Bartunek et al., 2011).

Until now, most leadership models employed a two-dimensional approach which only focused on task-oriented and relationship-oriented leadership styles. Yukl (2004) proposed a three-dimensional model to encompass the change-oriented leadership style in addition to the other two approaches in order to account for the need for changes in healthcare institutions. This model provides a basis for an adaptive and flexible approach in healthcare organizations. This model also suggests that one of the three leadership styles may be used exclusively if the need arises in certain specific situations. Therefore, modern-age leaders need to strike a balance between the three leadership styles and understand when to use a particular style in order to maximize productivity and to reduce burnout in the workplace.

According to Yukl (2013), change-oriented leadership is focused on necessary changes in the environment which often comes to light with constant monitoring and

evaluation of the work environment. It also involves innovating and implementing new and exciting changes in the workplace in order to take the organization to new heights and bring about a new age of practices and procedures. These leaders keep a keen eye on technological changes, external events, therapeutic opportunities, and opportunities to result in economic advantage for the organization. Employees' perception of this type of leadership is usually described as supportive, trustful, and fair, and employees experience happy and pleasant emotions that motivate them to cooperate with their leaders. This leads to both good job performance and job satisfaction, thereby reducing burnout levels in employees (Mikkelsen and Olsen, 2017).

A study conducted by Oygarden et al. (2020) sought to understand the impact of change-oriented leadership in Norwegian hospitals. This study found that implementing any form of change in the hospital indicated prevalence of performance obstacles in the employees along with job dissatisfaction. On the other hand, a change-oriented leadership approach reduced the prevalence of performance obstacles among employees and increased their job satisfaction levels. An ever-changing work environment and high-demand situations have been linked to low service quality (Kramer et al., 2016) and therefore, a change-oriented leadership approach is extremely important for hospitals to maintain patient care quality.

3.8 Other Leadership Styles Currently Used in Healthcare

Apart from the various leadership approaches described above, most nursing managers have adapted one or more characteristics from different leadership styles and given rise to their own unique way of managing things at their workplace based on organizational demands and employee feedback. A study conducted by Vesterinen et al. (2013) found that the most common leadership styles used in the field of healthcare currently are coaching, visionary, democratic, and affiliate leadership styles. The same study reported that the least frequently used leadership styles were isolating and commanding styles. A study by Kenmore (2008) further confirmed the use of coaching and affiliate leadership styles in the field of healthcare. Based on nurse feedback, around 70% of the respondents preferred coaching, affiliate, and visionary leadership styles to be most effective in their workplace (Vesterinen et al., 2013).

The visionary leadership style is considered to be a hallmark of those nurse managers who have a long work experience at a single healthcare organization. This is possibly because nurse managers who have worked for a long time at a single organization have become extremely familiar with the vision and strategies of that particular organization. In contrast, newer nurse managers need to make themselves familiar with the vision through education, training, and collaboration before adopting the visionary leadership style and leading junior nurses towards the organizational vision (Vesterinen et al., 2013).

A study conducted by Rosengren et al. (2007) found that due to an extreme generational shift going on currently, there is an increasing need to form good relationships between nurse managers and nurses so that a well-functioning professional unit and a positive atmosphere are created at the workplace. Younger nurses have an increasingly persistent mindset of leaving the profession and their intent to stay can be strengthened by job satisfaction through a positive collaborational leadership style. Outside of certain emergency situations where an autocratic leadership approach is best, nursing managers need to make an active effort to make junior nurses feel comfortable and maintain an open relationship where nurses can communicate honestly with their leaders.

Regarding coaching leadership style, although several nurses and nurse managers had extremely positive views regarding the approach, very few of them were confident enough to practice it owing to insufficient knowledge and skills. As the field of healthcare is undergoing several changes in terms of both technology and management, nursing managers and nurses are under constant pressure to keep up with these changes and perform evidence-based practice in the workplace. Therefore, although it is essential for nursing leaders to adopt the coaching leadership style in times of change, it is also essential to provide them with resources, strength, and assertiveness so that they can fulfill their role effectively. Nurse managers constantly need to educate themselves regarding the latest developments in the field of healthcare, so that they are capable of guiding nurses working under them and promoting positive changes in their workplace. They need to be authoritative enough to

make smart decisions and influence the nurses to respect, accept, and follow these decisions, especially in critical situations (Vesterinen et al., 2013).

Finally, the democratic or participatory leadership approach ensures that nurses are involved in decision-making processes within the workplace regarding patient care services and collaborative projects. This increases job commitment and satisfaction in nurses and reduces emotional exhaustion and burnout in them. It also helps them feel an important part of the team and work environment, which serves to increase their productivity and helps them grow both professionally and personally. Some nurses also work less as nurse managers and more as team members, helping nurses on shift to complete their tasks effectively and participating in decisions within the team regarding shift changes. Although this may help build strong teams and productive professional relationships, sometimes nurse managers need to act as leaders and take important decisions in the workplace. Therefore, a nurse manager needs to understand the demands of the situation and alter his/her role and behaviour accordingly (Vesterinen et al., 2012).

3.9 Demographic Differences in the Perception of Leadership Styles

Perception of leadership styles and behaviours has been found to depend on gender differences. Male nurses were more likely to perceive their supervisor to adopt a transformational leadership style as compared to female nurses. Additionally, male nurses were more likely to hold their supervisors accountable in setting detailed organizational and work-related objectives related to fulfilling contractual obligations, and monitoring and evaluating outcomes, as opposed to female nurses (Aboshaiqah et al., 2014).

Age has also been considered an important factor in inculcating strong leadership roles at the workplace. A study conducted by Vesterinen et al. (2013) showed that nurse leaders who were older were better suited to take up a positive leadership role as compared to nurse leaders who were younger. This can be explained by the fact that as nurse leaders spend a longer time at a healthcare institution, they become extremely familiar with the organizational objectives and the different

emergency situations that may arise at the workplace. As a result, they are more capable of guiding and motivating their juniors in the right direction, ensuring that the younger nurses are happy and satisfied at their job (Vesterinen et al., 2013).

Ebrahimzade et al. (2015) have found that age and gender are not significantly related to burnout levels, depersonalization, and emotional exhaustion, and that these exist in both genders and all age groups alike. Personal accomplishment, however, was found to be dependent on age, with older age groups more likely to feel reduced personal accomplishment levels. Burnout was not found to be dependent on either marital status, work experience, or the distribution of work shifts.

Considering nurse positions and qualifications, the role of Registered Nurse has been found to have the lowest transformational score. On the other hand, Nurse Managers attain specific education that allows them to adopt a positive leadership style in terms of academic education as well as on-the-job training. However, it is essential for them to keep themselves up-to-date with evidence-based practice in order to inspire trust and respect from their juniors (Vesterinen et al., 2013).

3.10 Burnout Levels in Healthcare Workers

The term ‘burnout’ was coined during the 1970s to describe people in the service industry who faced extreme levels of emotional and physical exhaustion due to the nature of their jobs. When people are constantly exposed to stressors that they don’t have the resources to handle, they experience burnout. Some of the symptoms of burnout are extreme exhaustion, mental fatigue, and low energy levels. Several studies have shown that people who work in the healthcare industry specifically demonstrate high burnout levels as compared to people who work in the other industries (Molina-Praena et al., 2018). Burnout in healthcare workers is characterised by emotional exhaustion, progressive energy loss, depersonalization, negative attitudes and behaviours towards colleagues, low levels of personal accomplishment, and loss of self-confidence (Membrive-Jimenez et al., 2020).

Nurses often work in close proximity to patients whose care is both physically and emotionally demanding. Therefore, nursing is a highly stressful profession with

severe negative consequences such as high absenteeism, high rates of staff turnover, decline in the positivity of the work environment, and unprofessional behaviour with colleagues and patients. Burnout in nurses can have a highly negative impact on quality of patient care with disastrous consequences for patients and other users of healthcare services (Adriaenssens et al., 2017).

Nursing managers and nursing home administrators are people in the leadership position who guide the nurses working under them to innovate in the workplace in order to improve the services provided in the facility. They serve as people in the middle who coordinate between nurses and the upper level management. Their main tasks include supervising the nurses, managing finances, maintaining records in their department, and maintaining the quality of patient care services. These managers and administrators work under a lot of stress on a regular basis and they are constantly exposed to highly stressful and demanding situations. Additionally, they also have a high degree of social responsibility as they have to solve different types of conflicts in the workplace. As a result, they experience several burnout symptoms such as fatigue, difficulty in concentration, lack of organization, being prone to errors, low quality of work, frustration, and anxiety (Bjerregard-Madsen et al., 2016).

Several studies have focused on the issue of high burnout levels among nursing managers and nursing home administrators, their negative consequences at the healthcare institutions, and ways by which their burnout symptoms can be controlled (Kanste, 2015). One of the proposed interventions can be people in the upper management level providing support in terms of auxiliary staff members to help with the extra administrative work in the department. Another approach is providing mindfulness-based interventions to nursing managers and administrators to help them manage their workload and experience lower levels of burnout. Providing access to resources that can further help alleviate the workload of nurse leaders can also help reduce burnout among them (Karsavuran and Kaya, 2017).

4. Summary

In conclusion, nurses all over the world are suffering from extreme burnout and high turnover rates, and this has been linked in part to the leadership style employed in their healthcare institution. The study of this link is important because if large numbers of nurses and nursing home administrators leave the industry, the healthcare industry will face a major setback. Therefore, to ensure continuity of good high-quality patient care services, it is essential to take care of the personal and professional needs of front-line healthcare workers.

There are several different types of leadership styles, and three of the most important ones are transformational, transactional, and laissez-faire leadership styles. Apart from these, the other leadership styles that are commonly used in the field of healthcare include autocratic, democratic, task-oriented, relationship-oriented, and change-oriented leadership styles. As has been shown in several workplaces, no single leadership style is consistently employed and a leader often chooses a mix of two or more leadership styles depending on the situation.

Transformational leadership style is one where the leader ‘transforms’ or influences the employees to perform better by inspiring, stimulating, and motivating them at every step. Transactional leadership style is one where the leader proposes transactions such as rewards or punishments for good or bad performance respectively. The laissez-faire leadership style is one where the leader displays minimal involvement in work-related tasks and the employees are left to figure things out for themselves. The specific attributes of each of these leadership styles can be measured using the MLQ form, and the correlation of the leadership style with the burnout levels at each workplace can help form an association between leadership styles and burnout levels.

Research Methodology and Design

1. Introduction

Using the theory of leadership framework provided by Avolio and Bass (2004), this study aims to describe and analyse possible relationships between leadership styles, burnout levels, role overload, and intent to turnover in Licensed Nursing Homes across the state of Massachusetts. Several studies have probed this relationship and have uncovered meaningful correlations between leadership styles and various indicators of job satisfaction (Alrobai, 2020). This study intends to focus on Nursing Home Administrators of Licensed Nursing Homes located in the state of Massachusetts.

With a considerable growth in the aged population over the past few decades, there is a huge workload faced by nursing homes across the United States. Two of the major issues faced by nursing homes are shortage of staff and insufficient financial resources. These issues, in addition to the emotional stress that comes with caring for the elderly, have led to an increase in burnout levels in nursing home administrators. The effects of stress and burnout in these leaders can cause them to develop dissatisfaction with their job and leave their workplace or the nursing industry. The fact that several nursing home administrators are leaving the field despite having a passion for the work is a major cause of concern. Surveys have shown that burnout is one of the most important reasons for nursing home administrators leaving the industry (Wilson, 2018). As a result, this study aimed at analysing a possible relationship between burnout levels of nursing home administrators and leadership style commonly employed at their workplace.

In addition to burnout and leadership styles, the other two variables that will be included and measured in this study will be role overload and intent to turnover. Both these variables have been linked to burnout indicating job dissatisfaction, job stress, emotional exhaustion, depersonalization, and reduced personal accomplishment. All the above mentioned factors are, in turn, linked to intention to leave the workplace or the

nursing industry which can have disastrous consequences for future healthcare service provision.

This section describes the methodology that will be employed to address the research objectives and hypotheses of this study. Other studies of this type have mostly used the quantitative approach (Wilson, 2018; Wu et al., 2019) by collecting data about the chosen variables and using various statistical analyses to determine the relationships between these variables. Therefore, this study too will use a quantitative approach in order to determine the relationship between the variables burnout, leadership styles, role overload, and intent to turnover. This section will also describe the sampling method, data collection instrument and approach, methods of data analysis, and the overall research design.

2. Research Methodology and Research Design

The choice of a research method generally depends on the nature of answers required for the research questions and the objectives of a research study. The three major categories of research methods are qualitative, quantitative, and mixed methods. A qualitative methodology is usually preferred for studies that intend to evaluate human experiences, engage the participants, observe behaviours and practices, understand their motivation for doing something, or understand a phenomenon (Taylor et al., 2015).

The type of method that is used for this study is a quantitative approach where numerical data will be collected and analysed to describe and predict the relationships between two or more variables in the study. The basis of this approach is the validation of observed phenomena through acquisition of numerical data and measurements. It aims to distinguish ‘facts’ from ‘feelings’ so that the results only reflect the measured values thereby eliminating researcher bias from the study findings. The common objectives of quantitative studies are to describe situations or phenomena, to establish relationships between two or more variables, and to explain observed relationships between variables. It aims to describe and explain something definitively by making use of numerical measurements and analysis. As a result, the quantitative approach, unlike

the qualitative approach, employs fairly well-established techniques and strategies with little flexibility in the design. An important advantage of the quantitative methodology is that the researcher remains objective throughout the data collection and analysis process, thereby ensuring that the study findings can be generalized to other settings as well (Bacon-Shone, 2015).

The objective of this study is to identify, describe, and evaluate the relationship that exists between leadership style of Licensed Nursing Home Administrators in the state of Massachusetts and nurse burnout levels in their respective organizations. A quantitative approach will be employed in this study so that the relationship between the included variables can be obtained and analysed numerically. Quantitative researchers typically use various statistical tests to analyse and evaluate the relationship between the various variables considered in the study (Warner, 2016). In this study, the variables that will be measured include burnout, leadership style, role overload, and intent to turnover. The relationships between two or more variables will be determined and analysed using bivariate and multivariate analysis performed through standard statistical tests such as t-tests, ANOVA, correlation studies, and scatterplot analysis. Here, burnout will serve as the dependent and continous variable, whereas the remaining measures will serve as independent variables.

The sampling technique used in this study for the selection of Licensed Nursing Homes in the state of Massachusetts will be random sampling. Random sampling is a type of probability sampling method where every unit will have an equal probability of being included in the study. It provides an unbiased representation of the entire population thereby supporting the reliability and validity of the study. It is a method where the researcher does not use personal judgement to select units for participation, thereby eliminating researcher bias from the study. As a key feature of quantitative studies is generalizability of the research findings, random sampling is a common sampling technique employed for quantitative studies (West, 2016).

The data collection instrument that will be used in this study is online surveys that will use several standard scales to measure the different variables included in the study.

This survey will be cross-sectional in nature that will measure responses of participants from different nursing homes at a single point in time. This is opposed to the longitudinal method of data collection where responses are collected from the same group of participants at different time points. The use of online surveys provides aspects of convenience and confidentiality to the study, giving the participants a chance to complete the survey whenever they get time. Additionally, it allows responses to be anonymous ensuring that even the researcher is not aware of the participants' responses. The advantages of using this instrument for data collection are speed of distribution of the survey, quicker turnaround time, greater flexibility, and minimal handling of paper forms. The use of online surveys is also associated with a higher response rate as compared to paper surveys (Schwendimann et al., 2016).

This survey will comprise of several standard scales such as MBI-GS, MOAQ, and MLQ-6S that incorporate Likert scale questions to measure variables such as burnout, leadership style, role overload, and intent to turnover. MBI-GS uses three subscales to measure burnout, namely emotional exhaustion, cynicism, and professional efficacy. According to Choi et al. (2019), MBI-GS covers most types of general occupations and is suitable for measuring the levels of burnouts in most workplaces. However, the scores of this measurement scale are affected by differences in demographics and occupational characteristics, and therefore, this will be taken into account during data analysis. The MOAQ scale will be used to measure role overload and intent to turnover and it has been designed to use behavioural preferences of participants to inform the survey results. This scale has been used in several studies to measure job satisfaction, job stress, work engagement, and organizational citizenship behaviour among employees (Ginsburg et al., 2016). The MLQ-6S scale is a 36-item scale that is designed to measure leadership styles and leadership outcomes (Agha et al., 2019). It has been developed by Avolio and Bass (2004) whose theory of leadership provides the framework for this study. All these measurement scales are designed to provide data that can be used for statistical analyses in quantitative studies.

As the present study is quantitative in nature, the data analysis method used here will primarily be statistical in nature. This is an approach wherein numerical values

derived from datasets will appropriately be presented and interpreted in the context of the research hypotheses. The values that are measured include mean, median, and mode, and other values of data spread that include standard deviation and range (Taheri et al., 2016). The data analysis in this study will be done using a mix of descriptive statistics, bivariate analysis, and multivariate analysis of the acquired datasets. Descriptive analysis involves comparing two or more variables using tables or charts to get a feel for the data and to understand the apparent relationships between the variables. The research objectives usually provide the basis for performing this initial descriptive analysis. Bivariate and multivariate analyses are used to uncover, describe, and analyse relationships between the variables included in the study (Taheri et al., 2016).

This study uses a correlational research design which is, in its most basic sense, aimed at identifying and measuring relationships between two or more variables. In quantitative research, a relationship refers to the variation in the trends of one variable that reflects the status of the other variable(s). Thus, this type of study tends to detect traits or conditions that either co-relate or co-vary with each other. Correlational research design not only detects relationships but also provides the strength of the relationship that exists between variables. It collects responses from a single group of participants on two or more variables relevant to the study. As the variables measured are a naturally occuring phenomena for the participants (for instance, leadership styles and burnout levels), there is no manipulation of these variables in the study (Pace, 2019). As per the research hypotheses of this study, a relationship between the variables, leadership styles and burnout levels, is sought and so, a correlational research design is appropriate for this work.

3. Population and Sampling

This study is based in the state of Massachusetts in the United States strategically covering Licensed Nursing Homes in the state to achieve geographical spread. As this study is aimed at exploring the link between leadership style and nurse burnout levels, it will target people in the role of Administrators at each of the selected

Nursing Homes in Massachusetts. Out of a total of 365 nursing homes in the area, 100 nursing homes will be randomly selected for the study.

The addresses and contact numbers of all Nursing Homes located in the state of Massachusetts will be acquired from the publicly available dataset on the state government website (Mass.gov, 2020). Each Nursing Home will be contacted through phone and will be invited to participate in the study. After getting a confirmation to participate, the contact email address for each Nursing Home Administrator working at the location will be obtained. A final compiled list of all email addresses will be prepared.

Each Nursing Home Administrator will be provided the survey link on their given email address. By providing the survey through email, anonymity of the Nursing Home Administrators will be assured.

4. Instruments and Materials of the Study

The main instrument that will be used for data collection in this study is a survey that will be sent as a link on the email address of each participant. Table 1 describes the domains that will be addressed and the tools used to measure them through the survey.

Table 1: Measurements included in the survey

Domain	How Measured	Instrument Description
Burnout	Maslach Burnout Inventory – General Survey (MBI-GS)	Sixteen item scale measuring exhaustion, cynicism, and professional efficiency
Role overload (RO)	Michigan Organizational Assessment Questionnaire - Role Overload (MOAQ-RO)	Four Likert scale questions
Intention to turnover (ITT)	Michigan Organizational Assessment Questionnaire - Intent to Turnover (MOAQ-ITT)	Three Likert scale questions
Leadership style (LS)	Multifactor Leadership Questionnaire 6s (MLQ-6S)	Twenty-one items that will measure three different leadership styles

Domain	How Measured	Instrument Description
Demographics	Age, years of experience, gender, race, level of education	

As given in Table 1, five important domains will be covered in the survey and the following instruments will be used:

MBI-GS to measure Burnout

The MBI-GS is a 16-point Maslach Burnout Inventory – General Survey that is used to measure burnout using 3 subscales, namely cynicism, exhaustion, and professional efficacy. These 3 subscales provide a three-dimensional view on burnout levels, with low value of professional efficacy and high values of exhaustion and cynicism indicating a high level of burnout (Wilson, 2018). In the present study, the measure of burnout levels will serve as the dependent variable (DV) and the software used for measuring this value will be bought from Mind Garden (Maslach et al., 2018).

MOAQ to measure Role Overload (RO) and Intent to Turnover (ITT)

The Michigan Organizational Assessment Questionnaire (MOAQ) to measure role overload and intent to turnover uses 7-point Likert scales where ‘1’ represents unlikely and ‘7’ represents very likely. Role overload represents the amount of work that a person has to perform in the absence of adequate resources. Intent to turnover represents the intention of the staff member to resign from the current position and seek a new position within the next 6 months. Both these measures are indirectly related to burnout and helps gain perspective on the position and role of the participant in the nursing home (Chien and Yick, 2016).

MLQ-6S to measure Leadership Style (LS)

The Multifactor Leadership Questionnaire Form 6S is used to identify and provide an analysis on the participant’s leadership style. It consists of 21 statements and participants are required to answer them in terms of how frequently the statement is true for them. Based on the responses, the possible leadership styles that may be attributed

to each participant include idealized influence, inspirational motivation, intellectual stimulation, individualized consideration, contingent reward, management-by-exception, and laissez-faire (Baek et al., 2018). As this study considers the relationship between leadership style of nursing home administrators and burnout levels in nurses, this measurement is crucial for generating a suitable argument.

5. Definitions of Operational Variables

The variables that will be measured in this study are burnout, role overload, intent to turnover, and leadership style.

Burnout in nursing refers to an outcome that is characterised by reduced commitment and a loss of motivation in nurses. It is often a response to excessive stress, mostly professional, and results in emotional exhaustion, depersonalization, and reduced personal accomplishment (Dall'Ora et al., 2020). This serves as a dependent variable in the present study.

Leadership is defined as the professional relationship shared between the leader and the person who follows the leader, wherein the leader directs and coordinates the activities of the team towards common organizational objectives. There are several different styles of leadership and the leader may have to choose one particular style over another depending on the situation (Sfantou et al., 2017). This serves as a dependent variable in the present study.

Role overload refers to a situation where a person fulfills multiple roles at once and is not adequately equipped to perform them satisfactorily. This may be a result of less time or excessive psychological demands from the work. This is considered to be an important stressor for burnout and may also lead to role conflicts and role strain (Creary and Gordon, 2016). In this study, role overload represents an independent variable.

Intent to turnover in nursing refers to a behavioural and psychological tendency where a nurse seriously considers leaving the organization to work somewhere else.

This may be a result of either professional or personal causes and is often a predictor for nurse burnout (Chen et al., 2018). Intent to turnover, in this study, serves as an independent variable.

6. Data Collection and Data Analysis

Data Collection

Data will be collected using the email addresses obtained and compiled by calling the nursing homes in the state of Massachusetts. Using this list, a link to an anonymous online survey will be administered to each of the licensed nursing home administrators via Survey Monkey (SurveyMonkey: The World's Most Popular Free Online Survey Tool, n.d.). Each of the participants will be given two weeks time to complete the survey. As the link will be anonymous, the identity of the participants will remain confidential and nowhere in the survey will personal details be collected. Only one follow-up email will be sent to the participants to encourage participation in the study. Once the time duration is over and the participants have responded to the survey, all the data will be downloaded from the Survey Monkey website and analyzed using R (R Core Team, 2015).

Data Analysis

Once the entire data is downloaded, a descriptive analysis of the dataset will be conducted. This will help in understanding data distribution, detecting outliers, and identifying clear associations between the dependent and independent variables. Following this initial analysis, a bivariate analysis will be conducted between each of the independent and dependent variables to analyse the empirical relationship between these variables and to uncover associations as per our hypothesis. In this study, the dependent variable, i.e. burnout, is continous, and so bivariate analysis will be carried out using t-tests. This will help in determining if there exists a significant difference between the mean values for the two tested variables. For categorical independent variables, the bivariate analysis will be done using ANOVA (Analyses of Variance) and for continous independent variables, the bivariate analysis will be carried out using

correlation and scatterplot analyses. ANOVA is a collection of different statistical models that helps in identifying the differences between each set of two variables. Correlation studies are used to measure the strength of the relationship between two variables and scatterplot analysis is used to determine the strength, form, and direction of the relationship between two variables. The value of alpha or the significance level will be set at 0.06.

After conducting univariate and bivariate analysis on the dataset, multivariate linear regression analysis will be carried out to address the research questions. Multivariate regression is a statistical technique in which a single regression model is estimated that may have more than one outcome variable. The term multivariate indicates the presence of more than one predictor variables in the model. The dependent variable (burnout) and all the independent variables (leadership style, role overload, and intent to turnover) will be entered into the model. If the slopes for any of the independent variables are found to be statistically significant in the final model, then the null hypothesis will be rejected for the corresponding statement. On the other hand, if the slopes for any of the independent variables are not found to be statistically significant, then the null hypothesis will not be rejected for the corresponding statement.

7. Assumptions, Limitations, and Delimitations

Assumptions are facts that are known to be true, but are not verified in the context of the study, and that may potentially have an influence on the study findings (Turner and Endres, 2017). The first assumption of this study is that each of the 100 licensed nursing homes that will be contacted will agree and be available to participate in the study. The second assumption is that the responses provided by each of the participants to the survey questions will be an honest and direct reflection of the scenario at their workplace. The third assumption is that the dataset obtained will give rise to common themes that will help either prove or disprove the study hypotheses.

Limitations refer to weaknesses in a research study, which may either be in control or out of control of the researcher (Marshall and Rossman, 2016). One of the

limitations of this study is that as the 100 nursing homes that will be contacted will be selected at random, there may be introduced a bias that may either support or reject a hypothesis. The small sample size of the study may also prove to be a limitation. Another limitation is geographical in nature as all the nursing homes that will be contacted are located in the state of Massachusetts. Therefore, extrapolating the study findings to other parts of the country and the world need to be done cautiously. The final limitation of this study is that it only aims to evaluate licensed nursing homes and so, the results may or may not be applicable to other types of healthcare institutions.

Delimitations refer to the boundary or the scope of the study that is usually determined by the researcher (Knafl et al., 2015). The first delimitation is that only 100 nursing homes will be contacted out of a total of 365 nursing homes, and no more than 100 will be taken in the study. The small sample size can present problems with representation, diversification, and generalization of the study findings. The second delimitation is that random sampling will be used to select the licensed nursing homes that will participate in the study. This may result in several key institutions being left out from the study that may strengthen the results of the study. Other nursing homes that are left out from the study may be able to provide better answers that may help strengthen the study findings. The third and final delimitation of the study is that all nursing homes that will be selected will belong to the state of Massachusetts. This indicates that the results found in this location may not necessarily be similar to the results of other geographical locations.

8. Ethical Considerations

As per the regulations of the Independent Ethics Committee (IEC), all research studies need to be performed according to the US Federal Regulations. The research study also needs to be passed by the University's Ethics Board. Therefore, all relevant approvals will be obtained from both these institutions before beginning the study. In addition, all the licensed nursing homes that will be contacted for participation will also be asked for approval and agreement to participate before beginning the process of

data collection. This step is crucial for the study as it will protect the participants as well as ensure that researchers conduct the study within ethical standards.

Before sending the survey link, a document of informed consent and invitation will be sent to all participants. This step will allow participants to voice any confidentiality or anonymity concerns they may have, and will serve to protect them from unethical research practices. The informed consent document will include details such as the objectives and nature of the study, methods of data collection, and administration of the survey. It will also contain a clause allowing the participant to withdraw at any time from the study without compromising their right to confidentiality and without specifying any reason. Participation in this study will be voluntary and this will be informed to them prior to beginning the study.

In order to protect the confidentiality of the participants as well as their place of work, no personal information or any information that may reveal contact details or the name of the nursing home at which the participant works will be collected during the course of the study. All data pertaining to the study will be stored on a password-protected flash drive, which will be destroyed once the study is complete. In addition, any written data pertaining to the study will also be destroyed and disposed appropriately once the study is complete.

9. Summary

In conclusion, the Research Methodology part of the document described the research objectives and the study methodology that will be employed for this work. Each and every aspect of the research design was discussed along with the reasoning behind each choice. A quantitative correlational approach will be used to determine the numerical relationships between the variables that will be included in the study. The dependent continous variable will be burnout levels and the independent variables will be leadership styles, role overload, and intent to turnover. The reasoning behind the selection of these variables and their role in addressing the research hypotheses have been described in detail in this section.

The sampling method used for this study will be random sampling method wherein 100 licensed nursing homes will be selected from a total of 365 nursing homes randomly in the state of Massachusetts. The contact details of each of these nursing homes will be acquired from publicly available information and the administrators at each location will be contacted through telephone and email. Once their consent to participate in the study is obtained, ethical procedures will be fulfilled as per the requirements. The data collection instrument used for this study will be online surveys that will remain confidential by ensuring anonymity of the participant responses. The advantages and disadvantages of this instrument have been described in this section.

Three important scales namely the MBI-GS, MOAQ, and MLQ-6S will be used to measure the different variables included in the study and each of these have been described in detail. The datasets obtained from the responses after using these scales in the survey will be analysed using different statistical tests. Initially, a descriptive statistical analysis will be carried out to uncover apparent relationships between the variables. Following this, bivariate analysis will be carried out to analyse the relationships between different sets of two variables each. Finally, multivariate regression analysis will be carried out to acquire an in-depth picture of the acquired data and how it fits with the research questions and hypotheses.

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