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Title: Transformational Leadership – An Integrated Evidence Review

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Abstract

For chief nurse executives to survive in contemporary healthcare organizations must cultivate nurse leaders who are poised to produce nurse job satisfaction and subsequently, patient outcomes, including quality and patient safety.

The article describes an integrated evidence review of the relationship between transformational leadership and nurse job satisfaction. The author identifies implications for practice and further research.

Keywords: *satisfaction, leader, supervisor, engagement, nurse, satisfaction, engagement, transformational leadership, shared-governance*

Introduction

In acute care hospitals, the survival of the chief nurse executive (CNE) is contingent upon achieving nurse job satisfaction and ultimately patient outcomes, including quality and patient safety. Nurse job satisfaction and patient outcomes are strategic priorities linked to annual performance and compensation. The connection between nurse job satisfaction and patient outcomes is a subject of researchers' empirical inquest because patient outcomes drive reimbursement (1). Nurse engagement is an antecedent to job satisfaction (2) which improves patient outcomes and decreases adverse events through participation in shared decision making (3).

The CNE's team of nurse leaders who manage daily hospital operations are frequently subject to constant change, which impacts organizational metrics. The changes may include leadership turnover, role re-alignment, staffing, and scheduling systems and processes, and acuity system redesign. Nurse job satisfaction is further impacted by scrutiny for unfavorable variances related to service, quality, safety, and efficiency outcomes. As a result, the relationships and power structures are altered, generating conflict and dissatisfaction.

Transforming health care quality and patient safety is realized through nurse leadership that is supported by the domains of nurse manager competency (4) and the empirical Magnet® Model (5). In a descriptive correlational study, transformational leadership compared to a laissez-faire leadership style among nurse managers significantly influenced a culture of patient safety (6). Additionally, the Institute of Medicine identified the need to transform nursing practice, education, and leadership to improve the quality of healthcare systems. Effective leadership is a pre-requisite for nurses to contribute to inter-professional teams, translate evidence into practice, and engage in shared decision making (7).

Transformational leadership (TL) is a relational leadership style that involves a constitutional change and recognition that all stakeholders are leaders, which is fundamental to the transformation of healthcare organizations (8). A systematic review related to leadership and safety concluded that transformational leaders employ strategies in leadership and communication, commitment to safety, healthy work environment (HWE), and empowerment, organizational processes, and individual factors (9). In hospitals, the CNE's TL style has a significant, positive relationship to patient safety climate (0.36), which is associated with continuous quality improvement and process quality strategies. Process quality is the ability of the hospital to effectively and efficiently implement interventions to improve care for a defined patient population (10).

A systematic review identified empirical evidence to support the positive connection between relational leadership styles, including TL, and patient outcomes. Examples of relevant patient outcomes are patient satisfaction, mortality, medication events, and hospital-acquired infections (11). This article describes an integrated evidence review to examine the relationship between TL and nurse satisfaction and answer the following PICOT question.

PICOT Question

In nurse leaders (P), will TL development (I), compared to the current state (C), improve job satisfaction (O), by July 30, 2020 (T)? A comprehensive search strategy, as defined by Melnyk (12), was employed to identify relevant evidence.

Search Strategy and Method

The following search terms and combinations relevant to the PICOT question were (a) *satisfaction AND leader OR supervisor AND engagement*, (b) *nurse AND satisfaction AND engagement*, (c) *transformational AND leadership*, and (d) *shared-governance AND satisfaction*. The following databases accessed for the search included: (a) Cumulative Index of Nursing and Allied Health Literature (CINAHL), (b) PubMed, (c) Joanna Briggs, and (d) Cochrane. The following search filters were applied: (a) English language; (b) research articles; (c) publications from nursing, psychology, social work, human resources, and occupational health; (d) peer-reviewed; and (e) published with the past ten years. The search did not include unpublished works. Initially, the search revealed 896 articles from multiple databases (see Table 1).

Table 1. Literature Review

Databases Searched	Results	Articles Reviewed	Articles Selected
CINAHL	703	19	5
PubMed	190	15	4
Joanna Briggs	2	2	1
Cochrane	1	0	0
Total	896	36	10

Abstracts of the articles were reviewed during the selection process. Thirty-six articles were reviewed in entirety. The inclusion criteria included relevance to the PICOT question, transformational leadership, and job satisfaction. Ten articles that rated high and good quality based on an appraisal using the Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool (13) were selected. The diversity of methodology was achieved by selecting quantitative, qualitative, mixed-method, non-experimental studies, and systematic reviews. The following limitations of this method were identified: lack of experimental studies or meta-analysis, settings outside the United States, and studies outside the discipline of nursing.

Integrative Evidence Review

The critical appraisal of the research articles revealed two common themes related to TL, engagement, and empowerment. The integrative review points to options for evidence-based intervention about the PICOT question of improving the nurse leader job satisfaction.

Engagement

The term engagement is prominent in the literature related to employee and organizational performance. In a systematic review related to engagement in business, healthcare administration, and organizational psychology examining the antecedents and consequences of work engagement, four engagement research constructs were identified, including personal, burnout, work, and employee. The synthesis revealed that organizational characteristics, such as empowerment, leadership, job resources, and recognition, were more influential on work engagement than individual attributes (14).

A cross-sectional survey of 343 nurses in 47 hospital units in France examined distributive and interactional justice, TL behaviors, and quality of work-life (QWL), and the connection between QWL and work engagement (15). Through structural equation modeling TL positively correlated with distributive justice (.34) and interactional justice (.66). Furthermore, QWL positively correlated with interactional justice (.21) and distributive justice (.46) which resulted in the improvement of work engagement (.44) (15)

Similarly, the relationship between work engagement, supervisor emotional support, and job satisfaction was examined using a cross-sectional survey design involving 323 nurses in 39 departments in three hospitals in Belgium. The findings substantiated a significant positive correlation between work engagement of individual employees and job satisfaction ($\beta = 0.40$, $p < 0.001$) and supervisor's emotional support and job satisfaction ($\beta =$

0.35, $p < 0.001$). The cross-level analysis indicated that nurses with elevated levels of engagement had high levels of job satisfaction, which was related to perceived emotional support from their supervisor at the team level. (2)

A systematic review of quantitative and qualitative research examining the connection between leadership development and a HWE in healthcare entities revealed eight syntheses, including emotional intelligence, education, collaboration, organizational culture, supportive environment, professional insight, and positive attitudes and behaviors. An amalgamation of leadership styles, including TL, influences HWE (16). The findings are consistent with a study using a mixed-method methodology, which measured engagement among 47 nurse managers practicing in the acute care setting. Experienced nurse managers with graduate education have significantly higher levels of engagement and demonstrate the ability to communicate, exert influence, and support autonomy (17). In a longitudinal interview study using qualitative content analysis involving frontline leaders in Swedish social services organizations, the following factors inhibited TL: hierarchical structure and decision-making model, constant change, financial pressure, heavy workload, ongoing change, administrative duties, and lack of influence, support and leadership presence. These factors deterred managers from effectively leading the way (18).

In summary, engagement is an antecedent to performance and essential to developing a healthy workforce that achieves outcomes for patients and organizations (15, 2, 14). The desired state of work engagement includes enthusiasm, dedication, and commitment (14). Conversely, burnout, a state of pessimism and negativity, is at the opposite end of the spectrum. Distributive and interactional justice are antecedents to TL and QWL, which positively influences engagement. Inherently, transformational leaders employ distributive and interactional justice when making decisions and communicating with employees. Nurses' who perceive a high QWL and engagement are poised to achieve desired outcomes. Transformational leadership positively impacts the QWL. Healthcare organizations must consider adopting TL concepts to improve QWL and engagement (15).

Supportive organizational structures and leadership characteristics are more influential in work engagement than individual attributes, including self-esteem and self-efficacy (16, 14). The findings are consistent with a qualitative study which identified that a hierarchical structure and decision-making model, combined with cumbersome administrative responsibilities, inhibits the implementation of TL strategies that lead to engagement (18). The nurse leader's ability to provide emotional support to the team positively influenced individuals' work engagement and job satisfaction (16, 2). Leaders who employ emotional intelligence, favorably influence employee, patient, and organizational outcomes. Emotionally intelligent attributes include the ability to resolve conflict, communicate, and

motivate (16). Other leadership characteristics that positively influence the work environment are the nurse leader's experience and education level. (17,16). Transformational leaders who meet employees' needs for competence and relatedness improve engagement, which positively impacts work quality, quantity, and perseverance, Employee engagement is the foundation for organizational performance (19).

Empowerment

An essential element of TL is empowerment. A cross-sectional study of 200 nurses and medical assistants in public hospitals in Malaysia examined the causal relationship of self-assessed TL, empowerment, and job satisfaction. Empowerment is a mediator between TL and job satisfaction. Transformational leadership, which supports shared decision-making and autonomy favorably impacts empowerment, which in turn has a positive effect on job satisfaction. Transformational leadership and empowerment are essential to achieve job satisfaction and patient outcomes (20, 21). A cross-sectional survey of a random sample of acute care nurses in Canada examined the relationship between TL, job satisfaction, and outcomes relevant to patient safety. Through structural equation modeling, the results confirmed that TL positively influences empowerment, which subsequently enhances job satisfaction and decreases adverse patient events (21).

A systematic review synthesizing the literature related to nurse empowerment and job satisfaction identified a significant positive association between job satisfaction and empowerment. The influences of structural and psychological empowerment on job satisfaction are diverse. Structural empowerment is defined as how management is organized and applied within the organization, which provide employees entrée' into decision making (22). It is through the foundation of structural empowerment that psychological empowerment is built to maintain job satisfaction (24). Psychological empowerment refers to the employees' motivation related to the work environment (23). Furthermore, a cross-sectional survey of nurses and doctors in Pakistan examined the relationship between TL and innovative work behavior. Transformational leadership positively influenced psychological empowerment, which affected intrinsic motivation and knowledge sharing behavior. The connection between TL and innovation is strengthened when nurses share knowledge about their successes and failures with colleagues (23).

In summary, TL, mediated by structural and psychological empowerment, positively influences job satisfaction (21, 20, 24, 16), motivation (21, 25, 16), and knowledge sharing, which promotes innovative work behavior (21, 25) and decreases adverse events (21). Empowerment improves accountability, work effectiveness, commitment, and trust (16). Structural and psychological empowerment enhances the quality of nursing care (21, 24). Structural

empowerment more accurately predicts job satisfaction and commitment, whereas psychological empowerment decreases burnout (20, 24). Among nurses, knowledge transfer, shared decision-making, and autonomy contribute to empowerment (20, 25). TL style that embodies empowerment is an essential element of organizational policy to achieve job satisfaction and organizational outcomes (21, 20).

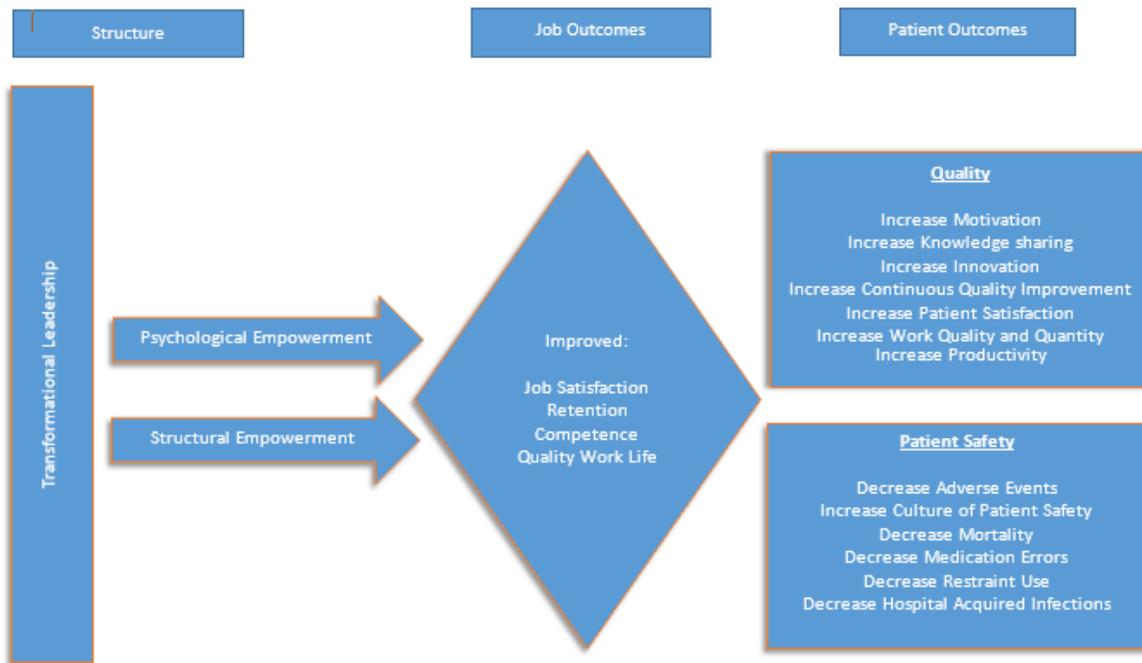
Synthesis

The overarching theme in the literature is that TL positively impacts job satisfaction and sets the stage for the achievement of organizational outcomes (21, 20, 24, 15, 16, 2, 18). In an evidence review, TL was related to patient satisfaction and quality of life, department effectiveness, additional effort, and organizational culture (16).

Emotional support from a supervisor at the team level (2), high QWL (15), leadership experience and graduate-level education (17, 16), and supportive organizational structures and leadership characteristics (16, 14) have a positive impact on work engagement. Structural and psychological empowerment within the context of TL improves job satisfaction (21, 20, 24), promotes innovation (21, 25), and promotes the quality of nursing care (21, 24). TL was affiliated with the most significant number of indisputable outcomes, precisely department effectiveness, above and beyond work ethic, and healthy organizational culture (16).

A significant relationship between TL, quality care, and patient safety are described in the literature. TL interceded by empowerment is the foundation for the achievement of job outcomes (26). Favorable job outcomes including satisfaction, retention, competence, and quality of work-life, enable employees to impact patient outcomes, specifically quality care and patient safety as depicted in the TL, Quality Care, and Patient Safety Conceptual Model, as illustrated in Figure 1.

Figure 1. Transformational Leadership, Quality Care, and Patient Safety Conceptual Model



Recommendations for Future Research

Further research is required to close the evidence gaps related to the connection between TL, empowerment, engagement, and patient outcomes (21, 24, 16, 14), establish causality with longitudinal studies (24, 20, 2, 14), promote innovative work behaviors (25), and eliminate organizational factors that inhibit TL (20, 18). In summary, the opportunity for future research that examines the relationship between TL, engagement, empowerment, job satisfaction, and patient and organizational outcomes is to use longitudinal design in the healthcare organizations with methods that eliminate causality.

Finally, the literature review did not consistently identify the education required for leaders to develop TL acumen. A significant gap in the evidence exists related to the development of TL competency in novice and experienced leaders. The employment of phenomenology is one approach to TL education that couples academic curriculum with story-telling and reflection (15). Additional research and exploration of the literature are necessary to establish an evidence-based curriculum and practicum to prepare leaders to achieve and maintain a transformative style.

Implications for Nursing Leadership

The integrated evidence review supports the design and implementation of a TL strategy. TL knowledge development is grounded in the ways of knowing. The literature presented the empirical evidence that TL, empowerment, and engagement improve job satisfaction and patient outcomes. From an emancipatory perspective, TL changes the relationship between leader and follower, altering the structure (27, 28) and, subsequently, the social and political relationships in the organization. Organizations and leaders have a moral and ethical obligation to create HWEs that honor culture and values. By capturing the personal and aesthetic ways of knowing, there is a higher probability of incremental and sustained behavioral change. Sharing perceptions of self, cultivate admiration, respect, and trust is imperative (28).

The theoretical framework, empirical evidence, and ways of knowing are the foundation of TL style in organizations. TL style reflects the leader's personality and characteristics that are innate, not learned (29). These characteristics enable the transformational leader to create a vision and mission. Furthermore, the transformational leader needs to cultivate relationships with employees by role modeling trust, respect, and recognition of individual attributes. To inspire and motivate employees, the transformational leader must have the ability to articulate goals and objectives in a discernible language. Intellectually, TL requires the leader to facilitate and celebrate innovation, creativity and problem-solving (29). TL is intended to transform the organization by enlightening followers and inspiring change through vision, influence, clinical knowledge and professional practice (5).

Conclusion

Nursing leadership is essential to effective, efficient, and safe hospital operations. Based on the integrated evidence review, TL strategies that support engagement and empowerment may significantly improve job satisfaction and patient outcomes. Designing and implementing a strategy leveraging TL, engagement, and empowerment are prudent for the organization to achieve optimal performance related to service, quality, safety, and efficiency outcomes.

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