RESEARCH ARTICLE

LEADERSHIP STYLES OF NURSE MANAGERS AND THEIR EFFECTS ON NURSE AND ORGANISATIONAL PERFORMANCE, ISSUES AND PROBLEMS

*Abdulhafith Yahya Alharbi

School of Nursing, University of Hail, PO box 6943, PC: 55424, Hail city, Saudi Arabia

ARTICLE INFO	ABSTRACT

The aim of this review was to evaluate the effect of leadership styles of nurse managers on nurse and organisational performances and identify the research gaps. The literature search using Google Scholar yielded 53 articles on the entire range of the topic. Although nurses play a vital role, their performance can be significantly affected by the leadership style of the nurse manager under whom they work. Both positive and negative effects are possible. Negative effects may lead to errors in patient care, delayed or poor service delivery and even leaving the organisation. The nurse has no job satisfaction. High turnover of nurses, poor enrolment in nursing schools, financial loss to the hospital for orienting the new nurses and loss of reputation if there is high turnover rate and their impact on patient care are serious issues. Increasing trend of medical errors demonstrate the importance of providing the right work environment and empowerment to the nurses and good leadership by nurse managers for their motivation and high level of performance. Research gaps related to eight issues and problems were identified from the review.

INTRODUCTION

Nurses play a vital role in patient outcomes of healthcare organisations. But nurses tend to leave due to the push factor of unfavourable working conditions in the current hospitals and pull factor of attractive remuneration and working conditions in institutions to which they move. These factors lead to high turnover rate of nurses creating serious shortage of nurses, especially in public hospitals. Poor social status and negative perception of nurses is a major problem in opting for nursing as a career by women in many countries. Opportunities for career development in nursing are also much less than in many other career options. These factors lead to declining enrolment in nursing schools, thus reducing the scope for replacing the nurses who leave. Mortality due to medical errors are increasing steadily, in spite of claims of quality care and evidence-based treatment. Poor nursing standards are believed to be one reason for this. Nurses will not easily agree that the medical errors ae due to problems in nursing care. Of course, there are many other factors contributing to medical errors like wrong prescriptions by the physician, in-hospital infections due to lack of cleanliness and organisation system not responding adequately to emergency care. Many of the above problems are due to poor leadership styles adopted by nurse managers who control staff nurses. As they perform diverse duties, how they are managed by their leaders (nurse managers) is of critical importance. Nurse managers are leaders of nurses in a healthcare organisations. Therefore, the capability of nurse managers to manage nurses is primarily determined by their leadership styles. Hence, solutions to the above problems also partly lie in understanding leadership styles and use styles appropriate to the situation. Two questions arise from this thought-

a) Do we know enough about all possible leadership styles and their effects on nurses' performance and organisation's performance?
b) Is it possible to change the leadership style at will and according to the situation?

Many research works have been done on the first aspect. But much less works are available to answer the second question with sufficient clarity. In this paper, research reports on the impact of the leadership styles of nurse managers on nurse performance are reviewed. Some organisational aspects are also included in this issue as they are factors affecting nurse performance.

Leadership styles

A leadership style can be defined as the style adopted and used by a leader of a team to provide direction, guidance, motivate

*Corresponding author: **Abdulhafith Yahya Alharbi,**
School of Nursing, University of Hail, PO box 6943, PC: 55424, Hail city, Saudi Arabia.

and implementing plans by the members of the team. The influence of the leader in his/her physical presence and when he/she is absent is important. Although leadership style is often innate in natural leaders, leadership capability can also be trained and obtained by practice. Many different types of leadership categorisation have been proposed by different authors. This topic itself deserves a separate review. As the topic here is related to nursing management, the leadership styles likely to be important in this field are only considered here. No specific leadership style may be applicable to nursing profession, rather, any of the main five leadership styles in the management literature may be applicable to the styles used by nurse managers. So it is important to observe how nurse managers control nurses under them and ensure that the nurses perform to their potential efficiency. According to the website of Bradley University (BradleyUniversity, 2016), five basic leadership styles are considered important in nursing management. They are briefly described below.

Transactional leadership

In this style, the leader uses rewards and punishments as the means to ensure compliance by the team. In the nursing context, the nursing manager pays special attention on the organisation and supervision of the team of nurses under him/her and group performance is the focus. The works done by nurses are watched closely to find deviations and faults only. This style is suitable only when critical conditions of patient care happen. This style may contribute to medical errors more often than other styles.

Transformational leadership

In contrast to using rewards for motivation and punishment for not performing as expected in transactional style, behaviour of the leader inspires and transforms the team members to perform even beyond expectations for the organisation, often transcending self-interest. In the nursing context, nursing manager of this leadership style makes nurses aware of the importance of their role in promoting organisational image associated with high levels of quality care. Intellectual stimulation promotes novel thoughts and replaces old ideas, traditions and beliefs related to nursing profession. The nurse manager is also concerned about individual needs and skills of nurses, as any problems in these matters can affect their performance. Influence or charisma of nurse managers is important in upholding the values and morals of nursing profession practised by the team. The ideal, inspirational, intellectual and individualised dimensions of nursing managers are characteristics of transformational leadership style. This is the most researched and most popular style.

Democratic leadership

Open communication (dialogue) and participation in decision making are the specific components of democratic style. Applied to nursing context, nurses are made responsible, accountable and are required to give feedback to their nursing manager on their performance. Relationships are used as ingredients to focus on quality improvement systems and processes and not to find fault with nurses always. This aspect differentiates democratic leadership from transactional

leadership. Medical errors are less possible here and nurses may prefer this style and may not leave.

Authoritarian leadership

This type of leader takes all decisions without considering any input from the team. In the nursing context, the nurse manager uses negative reinforcements and punishments to enforce rules. Strict adherence to rules is a must for all nurses in the team. Nurses are denied access to knowledge due to the fear of empowering them which may question the authority of the nurse manager. There is zero tolerance to mistakes from nurses, even if the processes are faulty. In chaotic or emergency situations, like when several patients are brought to the hospital from an accident site or endemic situations, this style becomes almost a necessity to avoid confusion and there is no time for discussions. In daily nursing jobs, this style does not promote team work or trust or communication among nurses. Such style may lead to high turnover rates of nurses.

Laissez-faire leadership

In this style, the leader does not provide any direction or supervision and prefers a hands-off style. Applied to nursing contexts, it is as good as having no nurse manager. The nurses are on their own. They take the decisions and are blamed when the decision goes wrong as the leader is silent. This style is adopted by new nurse managers, as they lack experience or by those who are about to retire, who do not wish to address issues which are liable to be changed when the successor takes over. There is high likelihood of medical errors with this style, although nurses may not leave immediately, they may leave later. According to the article in the website of Bradley University, (BradleyUniversity, 2016), a review of literature showed association of transactional relationship with lower instances of medical errors in four out of five cases. In three out of six studies, transformational leadership was associated with reduced patient mortality. Transformational collaborative (relational) leadership resulted in higher levels of patient satisfaction in acute and home care situations. Positive relational styles were associated with higher patient satisfaction, lower patient mortality, fewer medication errors and fewer hospital-related infections and less restraint. According to the observations of Frankel (2017), transactional leadership has only short-lived effects. They are episodic and task based. The transactional leader intervenes with only negative feedback when something goes wrong. This leadership style is useful in the case of a specific short-term directed project or in the case of a piece of work to be completed. On the other hand, lasting effects are required. So, it is more desirable to identify a leadership style that offers longevity in the relationship between senior nurses and junior colleagues. The transformational model meets this requirement. Although it is more complex, it has a more positive effect on communication and team-building than the transactional model. Transformational leaders continuously shape and alter the goals and values of the members of their teams so that a collective purpose to benefit the nursing profession and the employing organisation are served. In many works, transformational leadership factors have been correlated better with perceived effectiveness of the group and job satisfaction. Also, it has contributed more to individual performance and motivation than transactional style. On the other hand, strategic

leadership style has three dimensions consisting of the task, the team and the individual depicted as interacting circles. To lead a team, knowledge or expertise alone is not enough, but they are certainly essential. Leaders should harmonise individual and group needs to support common goals. That means, all the three components need to interact with one another. As any one of these is seen in relation to the other two, it becomes a democratic leadership style. In this leadership style, the opinions of task participants are considered and there is involvement in decision-making process both at individuals and group level. The central aspect of this style consists of valuing of people, their knowledge, experience and skills. All leadership styles have merits and demerits which restrict their applicability to certain contexts only. Therefore, it is more appropriate to consider the different styles as frameworks on which an effective leadership style can be built which is suitable for the individual leader, the team and the task. However, is it possible for one leader to change the style according to the team and task context? Thus, there is enough ground for leadership styles of nurse managers impacting nurse and organisational performance. The aim of this review is to understand the current status and identify research gaps on the topic of leadership styles of nurse managers and their effects on nurse and organisational performance, issues and problems.

Method

First to obtain an idea about leadership styles and their application in healthcare, a search was done in Google engine. One extremely useful article was obtained, which has been discussed above. A search for research works on the first five pages of Google scholar using the title of this work as a comprehensive search phrase was done in the first stage. Then first five pages specifying the period as 2013 and after and again as 2016 and 2017 were done. A total of 53 works were obtained by this process. The entire 53 works were used in the following sections arranged topic-wise.

RESULTS

General issues on leadership style research

In their review of transformational style in nursing, the Australian researchers, Hutchinson and Jackson (2013) concluded that uncritical and over-enthusiastic acceptance of transformational leadership has resulted in limited interpretation of nursing leadership. Conceptual and methodological weaknesses have been pointed out. The need for developing new concepts of nursing leadership was stressed. In a US master thesis of Perez, (2014) it was concluded that transformational style was generally believed to be the most effective; but it may not be the sole determinant of intent to leave. In this study, a convenience sample of 32 nurse managers was used. Multifactor Leadership Questionnaire (MLQ-5X) was used for measuring leadership styles in the survey. The aim of the study by Hendel, Fish, and Galon (2005) was to examine the effect of leadership style on conflict management by head nurses in Israeli hospitals. The survey included Thomas-Kilmann Conflict Mode Instrument and MLQ 5X- short form to measure conflict and leadership style respectively. Head nurses perceived that they were following transformational style. This style had significant influence on

the compromise strategy chosen. Mostly, compromise was the only strategy used for conflict management.

Emotional intelligence

Emotional intelligence was significantly correlated with and explained 34% of variation in transformational style and thus was found to be a predictor of the style in the findings reported by Echevarria, Patterson, and Krouse (2017). Data were collected by surveying 148 nurses using Genos Emotional Intelligence Inventory and MLQ. Simple linear and multiple regression analysis were one. In a Nigerian study, the aim was to examine the impact of emotional intelligence components on the contextual performance of nurses. Schutte's Self Emotional Intelligence Scale (SEIS) and Koopman's Individual Work Performance Scale (IWPS) were used in the survey resulting in 300 usable samples. Pooled ordinary least squares (OLS) multiple regression was employed. Emotional self-management, emotional empathy, emotional social-skills, and emotional awareness had significant positive impact on contextual working performance of nurses. Emotional intelligence appears to be trait based and require skills trigger it for contextual performance. This is particularly relevant for empathy, self-management, social-skills and awareness (Mshellia, Malachy, Sabo, & Abu-Abdissamad, 2016).

Reviews

In their review, Coomber and Barriball (2007) cited a US study in which transformational leadership style predicted psychological empowerment of nurses, which was a predictor of job satisfaction, due to which intent to leave was lower. In a systematic review paper, Pearson, et al (2007) presented evidence of more research works supporting the relationship of transformational leadership style with most of the outcomes. Other leadership styles with lower relationship were: social, instrumental, participatory, consultative and transactional styles. In another systematic review, Brady and Cummings (2010) used content analysis of eight selected research from works published so far. Leadership impact was noted through its effect both directly and indirectly through other factors. In another review, Hayes, et al (2012) noted that participative governance and transformational leadership style are favourable factors for higher retention rate of nurses. In a review comparing different leadership styles, Judge and Piccolo (2004) reviewed all literature referring to transformational relationship and other terms connected with this style from 1887 to 2003. Two meta-analytic reviews of Fuller et al (1996- cited by the authors) and Low et al (1996- cited by the authors) were referred and updated with findings later than 1995. Works containing some measure of associations of variables were selected for this work. The data in the selected works were analysed using meta-analytical method of Hunter and Schmidt (1990-cited by the authors). Correlation, regression and moderator analyses were done. The results were based on 626 correlations from 87 sources. The overall validity for transformational relationship was 0.44. Contingent reward (0.39) and laissez-faire (-0.37) were next in the order. Active or passive management by exception did not show consistency. Contingent reward was correlated with more criteria than transformational style. Strong correlations of transformational with contingent reward (0.8) and laissez-faire (-0.65) were noted. Both transformational and contingent

reward predicted the criteria which controlled other leadership dimensions. However, transformational could not predict leader job performance.

Need to adapt leadership styles suitable for situations

The work of Mohammad Mosadegh Rad and Hossein Yarmohammadian (2006) was not directly related to nursing, but to general employees' job satisfaction impacted by leadership styles in Iranian hospitals. The leadership styles of Likert (1967-as cited by the authors) was adopted, which are: exploitive authoritative, benevolent authoritative, consultative and participative. The questionnaire was also based on the same author. A total of 814 usable responses were available for analysis. The authors noted that several styles of leadership have been described in literature, such as: autocratic, bureaucratic, laissez-faire, charismatic, democratic, participative, situational, transactional, and transformational leadership styles. Any one particular style of leadership may not be effective in all situations even with the same manager and employees in the same organisation. Different styles may be required for different situations and each leader should possess the knowledge and capability to use a particular approach suitable to the situation. However, a leader may have knowledge and skills to act effectively in one situation, which may not be effective in a different situation. In this study, the job satisfaction of employees was significantly associated with leadership style of managers. Participative style was more dominant over others. Employee-oriented leadership style was rated as above average. Employee job satisfaction was moderate. In a Slovenian study reported by Lorber, Treven, and Mumel (2016) determinants of leadership styles of nurse leaders were identified. Demographic characteristics did not affect choice of leadership style. On the other hand, internal organizational characteristics like job position, emotional intelligence, communication, personal characteristics and the decision-making process were positively associated with the leadership style. Use of a specific leadership style was determined by personal characters and was affected by situation and external influences. Mainly MLQ was used for leadership style measurement in the survey. The purposive sample consisted of 75 nursing leaders and 565 nursing staff.

The need for nurse managers to use leadership styles that are relevant to the constantly changing, complex and turbulent health care delivery system was stressed by Casida and Pinto-Zipp (2008). In their study, transformational and transactional contingent reward leaderships of nurse managers were associated with the organisational culture (OC) of the nursing unit. This relationship with organisational culture gives the ability to balance the dynamics of flexibility and stability within their nursing units. Such relationships were found to be essential for maintaining organizational effectiveness. Multifactor Leadership Questionnaire (MLQ) of Avoliand Bass (2004- as cited by the authors) was used for measuring leadership style of nurse managers. Denison's Organizational Culture Survey (DOCS) was used for measuring OC and survey of staff nurses. The study was done in four US acute care hospitals. Transformational style, but not transactional style, was positively associated with nursing unit OC. Laissez-faire leadership was negatively relate with nursing unit OC. The findings favoured transformational leadership for positive

impact. The study only included organisational culture not performance and did not include nurses; performance.

Effect of leadership style on nurse and organisational performance and its factors

A questionnaire survey was used by Stordeur, D'hoore, and Vandenberghe (2001) to study the effect of transactional and transformational leaderships on emotional exhaustion of nurses in a Belgian university hospital. A 34-item, Nursing Stress Scale (NSS) for measuring work stressors and Multifactor Leadership Questionnaire of Bass and Avolio (1991-cited by the authors) were used. Responses were obtained from 625 nurses (39.2%). Correlation and regression analyses showed that only 9% of the outcomes was explained by leadership styles. Management-by-exception was associated with higher levels of emotional exhaustion. Transformational and contingent reward leadership styles did not impact emotional exhaustion. This work has not discussed any clear impact of leadership on nursing or organisational performance. In another similar survey by Morrison, Jones, and Fuller (1997), nurse empowerment was measured using Spreitzer's Psychological Empowerment instrument, job satisfaction using Warr, Cook, and Wall's job satisfaction questionnaire and leadership style using Bass's Multifactor Leadership Questionnaire. Both transactional and transformational leadership were associated with empowerment and job satisfaction. But the extent of contribution to both these variables differed for the two leadership styles. In Singapore, responses to survey questionnaires by 100 nurses and 20 nurse managers were used Chiok Foong Loke (2001) by to show that 29% of job satisfaction, 22% of organizational commitment and 9% of productivity were explained by the use of leadership behaviours. Challenging the process, inspiring shared vision, enabling others to act, modelling the way and encouraging the heart were identified as the most favourable leadership qualities for job satisfaction, productivity and organisational commitment. Although these qualities are close to transformational leadership style, the author did not name the style.

In a research work by Mahmoud (2008) transformational leadership style had highly significant association with job satisfaction, organisational commitment and organisational support. The study was done in four US nursing homes. Minnesota Satisfaction Questionnaire (MSQ) of Weiss et al (1967- as cited by the author), Organizational Commitment Questionnaire (OCQ) of Meyer et al (1993-as cited by the author), Perceived Organizational Support (SPOS) of Eisenberger et al (1986-as cited by the author) and Multifactor Leadership Questionnaire (MLQ) of Bass and Avolio (1991-as cited by the author) were used for measurement of respective variables. The results of a US study by Leach (2005) showed that transformational leadership style of nurse executives reduced negative organisational commitment of nurses. It is interesting that the author chose to express the results in terms of negative effects rather than directly saying it promoted organisational commitment. Perhaps, the author was not quite certain about the positive effect as a wrong model of organisation theory was used. Questionnaires related to authentic leadership (Avolio et al 2007- as cited by the authors), work effectiveness/structural empowerment (Conditions of Work Effectiveness Questionnaire II (CWEQ-

II) of Laschinger et al. 2001-as cited by the authors), job satisfaction (Global Job Satisfaction Survey of Quinn and Shepard, 1974; modified by Pond and Geyer, 1991 and Rice et al 1991-as cited by the authors) and general performance (General Performance scale developed of Roe et al 2000-as cited by the author) were used in a Canadian study byWong and Laschinger (2013) to demonstrate the relationship of authentic leadership style with job satisfaction and performance of nurses. From the survey, 280 usable responses were obtained for structural equation modelling. Elements of authentic leadership were: transparency, balanced processing, self-awareness and high ethical standards and nurses perceived higher empowerment with higher levels of these components in nurse managers leading them.

In a cross-sectional study, 343 nurses responded with their ratings on transformational leadership style (Global Transformational scale of Carless et al 2000-as cited by the authors) of their supervisors and on distributive and interactional justice (Niehoff & Moorman, 1993- as cited by the authors). Nurses also rated their own quality of work life (Elisur & Shye, 1990-as cited by the authors) and work engagement (Utrecht Work Engagement scale of Schaufeli et al 2006-as cited by the authors). According to the findings, the relationship between transformational leadership style of nurse managers and quality of work life was fully mediated by distributive and interactional justice. Quality of work was associated with positive work engagement (Gillet, Fouquereau, Bonnaud-Antignac, Mokounkolo, & Colombat, 2013). In a Taiwanese study Chen, Beck, and Amos (2005), the nursing faculty members of universities were more satisfied with transactional and transformational styles of deans and departmental heads and expressed negative attitude towards passive management by exception. The survey was done on 18 nursing programmes and 286 usable returns were obtained. The Chinese version of MLQ-5X developed by Shieh et al (2001) was used for measuring leadership style. MSQ of Weiss et al (1967-as cited by the authors) was use for measuring satisfaction. In a review, Johnson, (2009) cited works stating that workplace bullying may occur when the leadership style of nurse manager is highly authoritarian or laissez-faire. These types of negative trends can easily lead to faulty medical care and nurses leaving.

According to the results obtained by Merrill (2015) transformational leadership style was associated with better patient safety climate. On the other hand, laissez-faire style contributed negatively to unit socialisation and promoted a culture of blame. These findings demonstrate the need to cultivate transformational leadership qualities and at the same time, suppress negative leadership attributes like tendency towards laissez-faire style. A survey of hospital unit safety climate and MLQ were responded by 466 staff nurses. Bivariate and regression analyses were done to obtain the results. The impact of authentic leadership on antecedents, attributes and consequences of trust of British professional nurses and nurse managers at individual, inter-personal and organisational levels were investigated by McCabe and Sambrook (2014). Inductive method of semi-structured interviews and their concept analysis into themes and subthemes were done. Purposive sampling was done to reflect variations in demographic characteristics, qualifications and experience. Totally, 28 staff nurses and 11 nurse managers

were selected. The results confirmed the role of authentic leadership style in promoting trust between staff nurses, nurse managers and the organisation. Role of authentic leadership in relating the perception of Canadian nurses on patient care quality with job satisfaction was studied by Laschinger and Fida (2015). Survey responses of 723 nurses were analysed using structural equation modelling. Authentic leadership positively affected structural empowerment. In turn, structural empowerment had a positive effect on perceived support for professional practice and negative perception about inadequacy of staff affecting quality care. These conditions at workplace resulted in higher job satisfaction. Thus, empowerment of professional practice environments by authentic leadership contributes to high care quality and job satisfaction. In a Saudi Arabian study, Asiri, Rohrer, Al-Surimi, Da'ar, and Ahmed (2016) observed that the ideal transformational leadership is not practised by most nurse managers. Commitment of nurses were lower with higher level of transformational style and higher level of perceived psychological empowerment. On the other hand, commitment was positively correlated with transactional and Laissez-faire styles. Overall, positive effects of leadership styles giving more autonomy to nurses are perceived as psychological empowerment to impact commitment levels.

In a study aimed at finding the relationship between leadership styles of nurse managers on job satisfaction of nurses, a survey was done (Negussie & Demissie, 2013) on Ethiopian nurses. MLQ and MSQ were used for collecting data on leadership style and satisfaction respectively. Analysis of 175 usable responses revealed preference of nurses for transformational style over transactional style. The levels of intrinsic job satisfaction was moderate and extrinsic satisfaction was low. Contingent reward component of transactional style was associated less with intrinsic and more with extrinsic satisfaction. On the other hand, all components of transformational style were significantly correlated with both intrinsic an extrinsic job satisfaction. The results obtained by Westerberg and Tafvelin (2014) through a survey of 302 Swedish assistant nurses of home help services, showed that the relation between a transformational leadership styles was related with quality of care, which was mediated through organisational and peer support, job control and workload. If indirect effects are also included, no direct effect of leadership style on quality of care was noticed. Using the results of a survey of 175 nurses and logistic regression analysis, Bortoluzzi, Caporale, and Palese (2014) showed that participative leadership reduced mobbing risks in nurses' working teams. Factors related to organisational, individual and participative leadership explained 33.5% of variability in mobbing. Transformational style is practised by nurse leaders in professional nursing associations. They mobilise members and direct them to share values, objectives and outcomes. Thus, nurse leaders can lead change and promote better healthcare using these associations. Email survey responses of 448 nurse leaders were used in this study reported by (Ross, Fitzpatrick, Click, Krouse, & Clavelle, 2014). Authentic leadership had positive impact on work climate and this effect mediated the relationship of authentic style with increased psychological well-being of the nurses. These results were reported by Nelson, et al (2014) based on a time-lagged study on 406 nurses. In addition to two surveys on authentic leadership and

work climate baseline, psychological well-being at workplace was also measured at six months.

In a Korean study, involving a survey of 278 nurses, Jang, Lee, and Lee (2015) observed significant correlation of job satisfaction with job stresses and perceptions of nurses on the emotional leadership of their managers. Emotional leadership of managers partially mediated the relationship between job satisfaction and job stress. In a Malaysian study, based on the results of a survey, Ahmad, Adi, Noor, Rahman, and Yushuang (2013) concluded that transformational style contributes more towards job satisfaction than transactional leadership style. MLQ and Work Quality Index (WQI) were used for collection of data and 33 nurses responded. The aim of an Indian study by Malik, Dhar, and Handa (2016) was the effect of authentic leadership on creativity of nurses in IT environment. Macro process was used to evaluate the mediating role of knowledge sharing and of IT usage on the relationship between authentic leadership and creativity. Survey data collected from 405 nurses and 81 supervisors were analysed. The results revealed significant relationship between authentic relationship and creativity. Knowledge sharing mediated this relationship. Use of IT acted as a moderator of this relationship. The results of an Australian study, Cheng, Bartram, Karimi, and Leggat (2016) indicate that transformational style promoted social identity. This effect on psychological mechanism resulted in positive outcomes to the employee and quality of patient care. Survey response data from 201 nurses were analysed using structural equation modelling. In a doctoral thesis by Varghese (2017) manager leadership style (transformational style as defined by the author) positively and indirectly impacted engagement through structural empowerment. Manager leadership style had strongest total impact on engagement. The successful experience of using collaborative leadership style for implementing a virtual ward in primary care setting in UK was discussed by Stockham (2016) Collaborative style involving collective working facilitated the development of the new service, promoted mutual respect among different professionals.

The study undertaken by Manning (2016) was aimed at evaluating leadership styles of nurse managers on work engagement of nurses. A survey of 441 nurses was done including the use of Utrecht Work Engagement Scale and MLQ5X short form. The results showed positive influence of transactional and transformational leadership styles in nurse managers on staff nurse work engagement. On the other hand, passive-avoidant leadership style had negative influence on staff nurse work engagement of staff nurses. In the Taiwanese work of Liang, Tang, Wang, Lin, and Yu (2016), validation of a theoretical model proposed for explaining the structural relationships among nurse characteristics, leadership characteristics, safety climate, emotional labour and intention to stay for hospital nurses. Purposively sampled 414 nurses were surveyed and structural equation modelling was done on the data obtained. There was positive correlation for intention to stay with age and the safety climate. Negative correlation was obtained for working hours per week and emotional labour. Indirect association of nursing position and transformational leadership with intention to stay was noted. Emotional labour and the safety climate separately mediated this effect. These results validated the propose model. In a Saudi Arabian work, El Dahshan, Youssef, Aljouaid, Babkeir, and Hassan (2017) surveyed 570 nurses which included items of leadership styles and organisational commitment. It was found that both transformational and transactional styles were practised by the nurse managers. Transformational leadership style was rated superior to transactional leadership style. Positive correlations between the perceived leadership styles and organizational commitment was also noted. In a Jordanian study, Abdelhafiz, Alloubani, Klaledeh, Mutari, and Almukhtar (2015) noted high preference for transformational style followed by transactional and then for passive-avoidant. Positive correlations with job satisfaction were obtained for transformational and transactional styles. The correlation was negative for passive-avoidant style. The purposive sample consisted of 80 staff and 20 nurse managers. The relationship between transformational leadership and working life quality of nurses in Taiwan was investigated by Lin, MacLennan, Hunt, and Cox (2015). Structural equation modelling was done using survey responses of 651 nurses. Transformational leadership contributed significantly to supervisor support and this was a significant mediator of the relationship between transformational leadership and job satisfaction. General health and well-being of nurses depended more on organisational commitment than job satisfaction. Methods used for the measurement of variables were: MLQ for leadership style measurement, Karasek's Job Content Questionnaire (JCQ), job satisfaction scale of the Occupational Stress Indicator (OSI), Organisational Commitment Questionnaire (OCQ) and General Health Questionnaire (GHQ). Chinese versions were used in some of these methods.

The turnover problem

According to Ribelin (2003) nurses are not leaving hospitals, but their managers. Shortage of registered nurses, low enrolment in nursing schools, increasing number of acute patients, financial loss due to wastage if orientation money on the leaving nurses and above the impact of large turnover on patient care and reputation indicate the need for serious review of this issue. Here, the satisfaction of nurses with the leadership style of their managers is important. Nurses prefer managers who provide information to them, support, resources and opportunities to improve their status inside the organisation. High turnover of nurses in certain hospitals may be due to leadership style of nurse managers under whom the nurses work. The reasons for high Swiss national hospital turnover of nurses (20%) were investigated by Force (2005). Leadership traits of nurse managers determining job satisfaction and retention of nurses were: transformational leadership style, extroverted personality traits, magnet hospital organizational structures that support nurse empowerment, autonomy and group cohesion, tenure, and graduate education. Thus, transformational leadership style more favourable to retain nursing talents within the organisation. The findings of a survey using MLQ on 30 nurses and 15 nurse managers of emergency departments of US academic hospitals (Raup, 2008) showed lower nurse turnover with transformational leadership style than with non-transformational styles. The leadership style did not have any impact on patient satisfaction. The sample sizes seem to be too small to make conclusions, although they agree with general trend of findings in the literature. In the case of emotionally intelligent leadership style, even managers with strong emotionally intelligent leadership style may not be able to adequately empower nurses

to avoid high turnover rate. This was the conclusion drawn by Lucas, Lashinger, and Wong (2008) based on survey responses of 203 Canadian nurses. Emotionally intelligent leadership enables the leader to use positive emotions to influence her team for better vision of the organisation and job performance. This involves skills in developing interpersonal relationships also. Exiting nurses often blame lack of leadership skills, rather than the ability to get jobs done, of nursing managers. These conclusions were arrived through a qualitative review of literature on emotional intelligence by Feather (2009). In a Canadian work, recognising the role of preceptors in retaining new graduate nurses, Giallonardo, Wong, and Iwasiw (2010) used survey responses of 170 new graduate nurses to show that 20% of variation in job satisfaction was explained by authentic leadership and work engagement. Work engagement partially mediated the relationship between authentic leadership perception of preceptors and engagement. From the findings, it can be concluded that pairing nurses with preceptors who possess authentic leadership qualities can result in more engagement and job satisfaction. The relationship between transformational style and intent to stay, organisational commitment and job satisfaction were assessed (Brewer, et al., 2016) using a probit model on survey data of 1037 nurses. In the finding, transformational style did not have any impact on intent to stay or job satisfaction. But the style was significantly associated with organisational commitment. Organizational commitment, job satisfaction, mentor support, promotional opportunities and age were positively associated with intent to stay, while ethnicity, non-local job opportunities and work settings were negatively associated with intent to stay. No direct relationship for transformational leadership with intent to stay and job satisfaction was observed. There was only a small direct positive effect on organizational commitment. The usefulness of transformational leadership emanates from its potential to slow down attrition and thereby retain nurses by creating a positive work environment to support them. Probability for intent to stay increases with improvement in job satisfaction and organizational commitment (Brewer et al 2016).

High incidence of death due to medical errors

High and rising incidence of deaths due to medical errors in USA was pointed out and the role of nursing leadership in reducing these deaths was stressed by Smith, (2015). If nursing leadership predicts organisational outcomes, this role is very important. The merits of both transformational and empowering leadership styles can be combined to enhance safety culture strongly. In healthcare, leadership styles has impact on work environment, staff retention and patient outcomes. Accepted leadership styles in healthcare are: authentic, servant, transformational, and transactional with varying degrees of effects on different types of outcomes. Generally, transactional style is considered to be less suitable for healthcare. Emotional intelligence can be used by nurse leaderships to motivate staff nurses to perform better resulting in better outcome. A US study by Farag, Tullai-McGuinness, Anthony, and Burant (2017) was aimed at examining the total, direct and indirect effects of leadership style and unit climate on safe medication practices of nurses. Survey data were obtained from 246 nurses. Leadership style and unit climate predicted 20 to 50% variance of all safety climate dimensions.

Model testing showed indirect effect of leadership style and unit climate on safety medication practices of nurses.

Research gaps and issues arising from the above review

In the above review, attempt was made to specify the country of work, situation and methodology as described by the authors. The following issues and research gaps can be identified from the above review.

1) There is almost a universal acceptance of transformational style as the most suitable one in nursing management. But there are under-investigated riders on exclusive preference for any particular style. The need to adapt has been highlighted by a few works. Both these issues need to be pursued in future research.

2) Conflicts has not been given sufficient attention. Conflicts can happen between nurses in wards, nurses and other staff in wards and outside, nurses and nurse manager, nurses and physicians, nurses/nurse managers/ physicians/others and patients, nurses and organisational management. These conflicts can cause medical errors, delay in service delivery and when they affect nurses, nurses may leave.

3) Emotional intelligence may not be a style by itself. It can be a component of any style. But working through emotions for motivation and extracting better work is a good idea. Therefore, emotional intelligence as a part of styles need to be investigated further.

4) Out of the reviews, only one review was a meta-analytical systematic review, that of Judge and Piccolo (2004). More such reviews are required for objective stocktaking.

5) There are a few works on adapting leadership style for situations, but which style for which situation is not known. How to adapt is also is not clear. Here too, more studies are required. It is an important aspect.

6) Many works on effect of styles on nurse and organisational performances. Many different effects on nurse and organisation have been reported. There are many effects of leadership styles on nurse and organisational performance. Some conclusions favour particular styles. It is not certain whether they refer to suitability to specific situations? Generally survey methods are used with leadership style measured by MLQ. Very few works used content analysis of interviews. Sample size is small in many works. When sample size is small, phenomenological approach would have been better. This approach has never been considered. The studies need to be designed to identify the perceptions of nurse managers on nurses and the perceptions of nurses on nurse managers rather than both measuring styles and effects. The sampling used in most studies was purposive sampling. This could be the reason for small sample sizes.

7) All dimensions of turnover problem have not been addressed. For example, the after-effect felt in the hospital when nurses leave has not been studied.

8) The other major problem is that of medical errors. There are several works on medical errors, but only very few works available specifically on leadership styles as the direct or indirect cause of medical errors.

Limitations

As there are limitations in the researches reviewed above, there are limitations in this work also. A comprehensive search term was used, so that one search phrase can give all works. It is not possible to discuss all works in an article of this size. So, the search was stopped when it was felt that adequate works have been collected. It is not claimed that this review is exhaustive. This review is not a very critical one as the aim was only to identify research gaps listed in the final section. Nor any systematic review or meta-analysis was attempted due to resource and time limitations. This simple approach resulted in discussing the works under different sections.

REFERENCES

Abdelhafiz, I. M., Alloubani, A. M., Klaledeh, M., Mutari, N., & Almukhtar, M. M. 2015. Impact of leadership styles among head nurses on level of job satisfaction among staff nurses. *European Scientific Journal, ESJ, 11*(10 (Special edition)), 203-216. Retrieved August 29, 2017, from https://s3.amazonaws.com/academia.edu.documents/46965069/6531-18997-1-PB.pdf?AWSAccessKeyId=AKIAIWOWYYGZ2Y53UL3A&Expires=1504021328&Signature=wHmICUg194eWIXQilNHyePZlrP4%3D&response-content-disposition=inline%3B%20filename%3DIMPACT_OF_LEADERSHIP_STYLES_AM

Ahmad, A. R., Adi, M. N., Noor, H. M., Rahman, A. G., & Yushuang, T. 2013. The influence of leadership style on job satisfaction among nurses. *Asian Social Science, 9*(9), 172-178. doi:10.5539/ass.v9n9p172

Asiri, S. A., Rohrer, W. W., Al-Surimi, K., Da'ar, O. O., & Ahmed, A. 2016. The association of leadership styles and empowerment with nurses' organizational commitment in an acute health care setting: a cross-sectional study. *BMC nursing, 15*(1), 38. doi:10.1186/s12912-016-0161-7

Bortoluzzi, G., Caporale, L., & Palese, A. 2014. Does participative leadership reduce the onset of mobbing risk among nurse working teams?. *Journal of nursing management, 22*(5), 643-652. doi:10.1111/jonm.12042

BradleyUniversity. 2016, April 19. *How Nursing Leadership Styles Can Impact Patient Outcomes and Organizational Performance.* Retrieved August 27, 2017, from Bradley University: http://onlinedegrees.bradley.edu/resources/infographics/how-nursing-leadership-styles-can-impact-patient-outcomes-and-organizational-performance/

Brady, G. P., & Cummings, G. G. 2010. The influence of nursing leadership on nurse performance: a systematic literature review. *Journal of nursing management, 18*(4), 425. doi:10.1111/j.1365-2834.2010.01100.

Brewer, C. S., Kovner, C. T., Djukic, M., Fatehi, F., Greene, W., Chacko, T. P., & Yang, Y. 2016. Impact of transformational leadership on nurse work outcomes. *Journal of advanced nursing, 72*(11), 2879-2893. doi:10.1111/jan.13055

Casida, J. J., & Pinto-Zipp, G. 2008. Leadership-organizational culture relationship in nursing units of acute care hospitals. *Nursing Economics, 26*(1), 7-16. Retrieved August 27, 2017, from https://www.researchgate.net/profile/Jesus_Jessie_Casida/publication/5462401_Leadership-organizational_culture_relationship_in_Nursing_units_of_acute_care_hospitals/links/00b4952a909e4a2c87000000/Leadership-organizational-culture-relationship-in-Nursing-u

Chen, H.-C., Beck, S. L., & Amos, L. K. 2005. Leadership styles and nursing faculty job satisfaction in Taiwan. *Journal of Nursing Scholarship, 37*(4), 374-380. doi:10.1111/j.1547-5069.2005.00064.x

Cheng, C., Bartram, T., Karimi, L., & Leggat, S. 2016. Transformational leadership and social identity as predictors of team climate, perceived quality of care, burnout and turnover intention among nurses. *Personnel Review, 45*(6), 1200-1216. doi:10.1108/PR-05-2015-0118

Chiok Foong Loke, J. 2001. Leadership behaviours: effects on job satisfaction, productivity and organizational commitment. *Journal of nursing management, 9*(4), 191-204. doi:10.1046/j.1365-2834.2001.00231.x

Coomber, B., & Barriball, K. L. 2007. Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: a review of the research literature. *International journal of nursing studies, 44*(2), 297-314. doi:10.1016/j.ijnurstu.2006.02.004

Echevarria, I. M., Patterson, B. J., & Krouse, A. 2017. Predictors of transformational leadership of nurse managers. *Journal of nursing management, 25*(3), 167-175. doi:10.1111/jonm.12452

El Dahshan, M. E., Youssef, H. A., Aljouaid, M., Babkeir, R. A., & Hassan, W. B. 2017. Effect of Nurse Managers' Leadership Styles on Organizational Commitment of Nurses Working at Taif Governmental Hospitals in Kingdom of Saudi Arabia. *IOSR Journal of Nursing and Health Science (IOSR-JNHS), 6*(2), 35-46. Retrieved August 29, 2017, from http://www.iosrjournals.org/iosr-jnhs/papers/vol6-issue2/Version-4/E0602043546.pdf

Farag, A., Tullai-McGuinness, S., Anthony, M. K., & Burant, C. 2017. Do Leadership Style, Unit Climate, and Safety Climate Contribute to Safe Medication Practices? *Journal of Nursing Administration, 47*(1), 8-15. doi:10.1097/NNA.0000000000000430

Feather, R. 2009. Emotional intelligence in relation to nursing leadership: does it matter? *Journal of Nursing Management, 17*(3), 376-382. doi:10.1111/j.1365-2834.2008.00931.x

Force, M. V. 2005. The relationship between effective nurse managers and nursing retention. *Journal of nursing administration, 35*(7-8), 336-341. Retrieved August 27, 2017, from http://journals.lww.com/jonajournal/Abstract/2005/07000/The_Relationship_Between_Effective_Nurse_Managers.5.aspx

Frankel, A. 2017. What leadership styles should senior nurses develop? *Hospital, 10.* Retrieved August 28, 2017, from https://www.nursingtimes.net/nursing-practice-clinical-research/1811643. article

Giallonardo, L. M., Wong, C. A., & Iwasiw, C. L. 2010. Authentic leadership of preceptors: predictor of new graduate nurses' work engagement and job satisfaction. *Journal of nursing management, 18*(8), 993-1003. doi:10.1111/j.1365-2834.2010.01126.x

Gillet, N., Fouquereau, E., Bonnaud-Antignac, A., Mokounkolo, R., & Colombat, P. 2013. The mediating role of organizational justice in the relationship between transformational leadership and nurses' quality of work life: A cross-sectional questionnaire survey. *International journal of nursing studies, 50*(10), 1359-1367. doi:10.1016/j.ijnurstu.2012.12.012

Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., . . . North, N. 2012. Nurse turnover:

a literature review–an update. *International journal of nursing studies, 49*(7), 887-905. doi:10.1016/j.ijnurstu.2005.02.007

Hendel, T., Fish, M., & Galon, V. 2005. Leadership style and choice of strategy in conflict management among Israeli nurse managers in general hospitals. *Journal of nursing management, 13*(2), 137-146. doi:10.1111/j.1365-2934.2004.00525.x

Hutchinson, M., & Jackson, D. 2013. Transformational leadership in nursing: towards a more critical interpretation. *Nursing inquiry, 20*(1), 11-22. doi:10.1111/nin.12006

Jang, M. J., Lee, E. N., & Lee, Y. H. 2015. Effect of nurses' job stress on job satisfaction: Mediating effect of head nurses' emotional leadership perceived by nurses. *Journal of Korean Academy of Nursing Administration, 21*(1), 133-141. doi:10.11111/jkana.2015.21.1.133

Johnson, S. L. 2009. International perspectives on workplace bullying among nurses: a review. *International nursing review, 56*(1), 34-40. doi:10.1111/j.1466-7657.2008.00679.x

Judge, T. A., & Piccolo, R. F. 2004) Transformational and transactional leadership: a meta-analytic test of their relative validity. *Journal of applied psychology, 89*(5), 755-768. doi:10.1037/0021-9010.89.5.755

Laschinger, H. K., & Fida, R. 2015. Linking nurses' perceptions of patient care quality to job satisfaction: the role of authentic leadership and empowering professional practice environments. *Journal of Nursing Administration, 45*(5), 276-283. doi:10.1097/NNA.0000000000000198

Leach, L. S. 2005. Nurse executive transformational leadership and organizational commitment. *Journal of nursing administration, 35*(5), 228-237. Retrieved August 28, 2017, from http://journals.lww.com/jonajournal/Abstract/2005/05000/Nurse_Executive_Transformational_Leadership_and.6.aspx

Liang, H.-Y., Tang, F.-I., Wang, T.-F., Lin, K.-C., & Yu, S. 2016. Nurse characteristics, leadership, safety climate, emotional labour and intention to stay for nurses: a structural equation modelling approach. *Journal of advanced nursing, 72*(12), 3068-3080. doi:10.1111/jan.13072

Lin, P.-Y., MacLennan, S., Hunt, N., & Cox, T. 2015. The influences of nursing transformational leadership style on the quality of nurses' working lives in Taiwan: a cross-sectional quantitative study. *BMC nursing, 14*(1), 33. doi:10.1186/s12912-015-0082-x

Lorber, M., Treven, S., & Mumel, D. 2016. The Examination of Factors Relating to the Leadership Style of Nursing Leaders in Hospitals. *Naše gospodarstvo/Our economy, 62*(1), 27-36. doi:10.1515/ngoe-2016-0003

Lucas, V., Lashinger, H. K., & Wong, C. A. 2008. The impact of emotional intelligent leadership on staff nurse empowerment: the moderating effect of span of control. *Journal of nursing management, 16*(8), 964-973. doi:10.1111/j.1365-2834.2008.00856.x

Mahmoud, A. H. 2008. A study of nurses' job satisfaction: the relationship to organizational commitment, perceived organizational support, transactional leadership, transformational leadership, and level of education. *European journal of scientific research, 22*(2), 286-295. Retrieved August 27, 2017, from https://s3.amazonaws.com/academia.edu.documents/31654526/Mahmoud_AL-_Hussami__RN__2008.pdf?AWSAccessKeyId=AKIAIWO

WYYGZ2Y53UL3A&Expires=1503836018&Signature=MfnYJpZzW7venZc1AXfA4EnpG30%3D&response-content-disposition=inline%3B%20filename%3DA_Study_of_Nurse

Malik, N., Dhar, R. L., & Handa, S. C. 2016. Authentic leadership and its impact on creativity of nursing staff: A cross sectional questionnaire survey of Indian nurses and their supervisors. *International journal of nursing studies, 63*(November), 28-36. doi:10.1016/j.ijnurstu.2016.08.004

Manning, J. (2016). The influence of nurse manager leadership style on staff nurse work engagement. *Journal of Nursing Administration, 46*(9), 438-443. doi:10.1097/NNA.0000000000000372

McCabe, T. J., & Sambrook, S. 2014. The antecedents, attributes and consequences of trust among nurses and nurse managers: A concept analysis. *International journal of nursing studies, 51*(5), 815-827. doi:10.1016/j.ijnurstu.2013.10.003

Merrill, K. C. 2015. Leadership style and patient safety: implications for nurse managers. *Journal of Nursing Administration, 45*(6), 319-324. doi:10.1097/NNA.0000000000000207

Mohammad Mosadegh Rad, A., & Hossein Yarmohammadian, M. 2006. A study of relationship between managers' leadership style and employees' job satisfaction. *Leadership in Health Services, 19*(2), 11-28. doi:10.1108/13660750610665008

Morrison, R. S., Jones, L., & Fuller, B. 1997. The relation between leadership style and empowerment on job satisfaction of nurses. *Journal of Nursing Administration, 27*(5), 27-34. Retrieved August 27, 2017, from http://journals.lww.com/jonajournal/Abstract/1997/05000/The_Relation_Between_Leadership_Style_and.7.aspx

Mshellia, P. S., Malachy, D. Y., Sabo, B., & Abu-Abdissamad, A. M. 2016. Emotional Intelligence and Contextual Performance among Nursing Professionals in Jos Metropolis, Plateau State, Nigeria. *Journal of Good Governance and Sustainable Development in Africa (JGGSDA), 3*, 19-33. Retrieved August 29, 2017, from http://rcmss.com/2016/jggsda/Emotional%20Intelligence%20and%20Contextual%20Performance%20among%20Nursing%20Professionals%20in%20Jos%20Metropolis%20Plateau%20State%20Nigeria.pdf

Negussie, N., & Demissie, A. 2013. Relationship Between Leadership Styles of Nurese Managers and Nurses' Job Satisfaction in Jimma University Specialized Hospital. *Ethiopian Journal of Health Sciences, 23*(1), 49-58. Retrieved August 29, 2017, from https://www.researchgate.net/profile/Nebait_Corsalini/publication/236115071_Relationship_Between_Leadership_Styles_of_Nurese_Managers_and_Nurses'_Job_Satisfaction_in_Jimma_University_Specialized_Hospital/links/547510e10cf29afed6126892/Relationship-Between

Nelson, K., Boudrias, J.-S., Brunet, L., Morin, D., De Civita, M., Savoie, A., & Alderson, M. 2014. Authentic leadership and psychological well-being at work of nurses: The mediating role of work climate at the individual level of analysis. *Burnout Research, 1*(2), 90-101. doi:10.1016/j.burn.2014.08.001

Pearson, A., Laschinger, H., Porritt, K., Jordan, Z., Tucker, D., & Long, L. 2007. Comprehensive systematic review of evidence on developing and sustaining nursing leadership that fosters a healthy work environment in healthcare.

International Journal of Evidence-Based Healthcare, 5(2), 208-253. doi:10.1111/j.1479-6988.2007.00065.x

Perez, J. W. 2014. *Impact of Nurse Managers' Leadership Styles on Staff Nurses' Intent to Turnover.* Gardner-Webb University School of Nursing. Retrieved August 29, 2017, from http://digitalcommons.gardner-webb.edu/cgi/view content.cgi?article=1030&context=nursing_etd

Raup, G. H. 2008. The impact of ED nurse manager leadership style on staff nurse turnover and patient satisfaction in academic health center hospitals. *Journal of Emergency Nursing, 34*(5), 403-409. doi:10.1016/j.jen.2007.08.020

Ribelin, P. J. 2003. Retention reflects leadership style. *Nursing management, 34*(8), 18-19. Retrieved August 28, 2017, from http://journals.lww.com/nursingmanagement/Citation /2003/08000/Retention_reflects_leadership_style.8.aspx

Ross, E. J., Fitzpatrick, J. J., Click, E. R., Krouse, H. J., & Clavelle, J. T. 2014. Transformational leadership practices of nurse leaders in professional nursing associations. *Journal of Nursing Administration, 44*(4), 201-206. doi:10.1097/NNA.0000000000000058

Smith, C. 2015. Exemplary leadership: How style and culture predict organizational outcomes. *Nursing management, 46*(3), 47-51. doi:10.1097/01.NUMA.0000456659.17651. c0

Stockham, A. 2016. Leadership in practice: an analysis of collaborative leadership in the conception of a virtual ward. *Nursing Management, 23*(6), 30-34. doi:10.7748/nm.2016. e1492

Stordeur, S., D'hoore, W., & Vandenberghe, C. 2001. Leadership, organizational stress, and emotional exhaustion among hospital nursing staff. *Journal of advanced nursing, 35*(4), 533-542. Retrieved August 27, 2017, from https://www.researchgate.net/profile/S_Stordeur/publicatio n/227722992_Leadership_organizational_stress_and_emoti onal_exhaustion_among_hospital_nursing_staff/links/00b7 d52282c2a8ccad000000/Leadership-organizational-stress-and-emotional-exhaustion-among-hos

Varghese, J. 2017. *Impact of Telecommuter Status, Manager Leadership Style, Structural Empowerment and Job Satisfaction on Managed Care Nurses' Level of Engagement.* School of Nursing , Faculty of the Graduate School. University at Buffalo, State University of New York. Retrieved August 29, 2017, from https:// search.proquest.com/openview/56c29459ffd7a3a269ee46b9 42278e3c/1?pq-origsite=gscholar&cbl=18750& diss=y

Westerberg, K., & Tafvelin, S. 2014. The importance of leadership style and psychosocial work environment to staff-assessed quality of care: implications for home help services. *Health & social care in the community, 22*(5), 461-468. doi:10.1111/hsc.12084

Wong, C. A., & Laschinger, H. K. 2013. Authentic leadership, performance, and job satisfaction: the mediating role of empowerment. *Journal of advanced nursing, 69*(4), 947-959. doi:10.1111/j.1365-2648.2012.06089.x

****