 **الجامعة السعودية الإلكترونية**

**كلية العلوم الصحية**

**ماجستير إدارة الرعاية الصحية**

**Saudi Electronic University**

**Health Sciences Collage**

**Master of Healthcare Administration**

**HCM 600 Research Project**

Relationship Between Burnout and the Management Style Among Nurses at a Private Hospital in Riyadh

**A Research Project**

Submitted in partial fulfillment of the requirements for the degree of

**MSc of Healthcare Management**

Presented by:

**Mashael Mohammed A Alfotais**

Supervisor:

**Dr. Bussma A. Bugis**

**November 2022**

# **RESEARCH PROJECT DECLARATION FORM**

I declare that the research project titled "Relationship Between Burnout and the Management Style Among Nurses at a Private Hospital in Riyadh" submitted to the Saudi Electronic University is my own original work. I declare that the research project does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing. I declare that the Saudi Electronic University has the right to refuse the research project if it contains plagiarism and to cancel the research project at any time, and that the student has full responsibility regarding any further legal actions.

**Student Name:** Mashael Mohammed A Alfotais

**Student ID:** G200273637

**Student Signature: Date:** 28/11/2022

**Supervisor Name:** Dr. Bussma A. Bugis

**Supervisor Signature: Date:**

**ACKNOWLEDGEMENT**

I would like to thank my thesis advisor at Saudi Electronic University, Dr. Bussma A. Bugis. Dr. Bugis's door was always open whenever I had a concern or a question regarding my research or writing. She continuously let my paper be my own but provided guidance where she believed it was necessary.

I would like to thank all the staff in Dr. Sulaiman Al Habib hospital for their support This endeavor would not have been possible without my mother prayers, the words cannot express my gratitude to my family.

# **LIST OF ABBREVIATION**

**JSS**  Job Satisfaction Survey

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# **ABSTRACT**

**Background and Objectives:** Healthcare in the 21st century has brought about unique epidemiological and geographical changes that continue to challenge the integrity of health systems and its workforce worldwide. Individuals are now living longer because of medical advancements, there are now more burden arising from technological dependence, and diseases with previously high levels of mortality and morbidity are now better managed with medicine and surgery. In addition, the COVID-19 pandemic has tested the limits of healthcare delivery systems in addressing a highly infectious disease with no known treatment. Such challenges result in unprecedented pressure and stress on the healthcare workforce as professionals struggle to meet the needs and demands of patients, families, and the wider community. In particular, nurses are exposed to a barrage of adverse psychological reactions as they try to face perennial problems of the profession such as staffing shortages, low morale, low job satisfaction, high intention to leave, and high staffing turnover. Hence, this study aims to explore the relationship between burnout and the management style of nurses working at a selected private hospital with the aims of offering insight on the relationship of two variables affecting the nursing workforce which traditionally have been viewed mutually exclusive from each other.

**Methods:** An observational descriptive cross-sectional design was used for this study. at Dr. Sulaiman Al-Habib Hospital in Arryan Branch in Riyadh, Saudi Arabia. Self-administered questionnaire was utilized for collecting data for this study including three section demographic, burnout level, and management styles. The sample was collected using a non-probability sampling technique. The questionnaire was distributed as an electronic -based form to make the data collection process easy. It was combined with a cover letter and was sent to all potential participants via Business email. The analysis was performed by using Statistical Package for Social Science (SPSS) version 20

**Results:** Total number of responses was 397, however 63 responses were excluded because they were uncompleted responses or ineligible individuals Leading to the total number of participants for analysis included was 334. The average mean of scale was 2.95 (SD=1.20) which indicated that the burnout perception among the participants was sometime happened. The results showed that the total average of authoritarian management style perception was 2.83 (SD=1.14), democratic management perception was 2.49 (SD=1.26), and laissez-Faire management perception was 2.85 (SD=1.09). The results showed that there was a significant negative relationship between the burnout level and total mean of management styles (r=.231, <.05). the results indicated that the increasing the perception of management styles was correlated to decrease the burnout perception among the participants. Moreover, the results showed that there was significant negative relationship between the burnout level and the three-management style (Authoritarian, Democratic, and Laissez-Faire) (p value= <.05).

**Conclusion:** The study has indicated that there are burnout significant levels among staff nurses working in hospital settings. In addition, nurse managers practice different management styles to manage working burnout at the selected hospital. Finally, different management styles among nurse managers are associated with levels of burnout.

*Keywords:* Burnout; Management; Management Style; Nurses; Private Hospital ; Riyadh; Saudi Arabia

# **CHAPTER 1 INTRODUCTION**

**INTRODUCTION**

## **1.1 Background and Significance of the Study**

Healthcare in the 21st century has brought about unique epidemiological and geographical changes that continue to challenge the integrity of health systems and its workforce worldwide (Weeks et al., 2017). Individuals are now living longer because of medical advancements, there are now more burden arising from technological dependence, and diseases with previously high levels of mortality and morbidity are now better managed with medicine and surgery (Jorm et al., 2021). In addition, the COVID-19 pandemic has tested the limits of healthcare delivery systems in addressing a highly infectious disease with no known treatment. Such challenges result in unprecedented pressure and stress on the healthcare workforce as professionals struggle to meet the needs and demands of patients, families, and the wider community (Kaye et al., 2021). In particular, nurses are exposed to a barrage of adverse psychological reactions as they try to face perennial problems of the profession such as staffing shortages, low morale, low job satisfaction, high intention to leave, and high staffing turnover (Preti et al., 2020).

An indispensable component of the success of a modern healthcare system is a responsive, adaptive, and supportive nursing management structure (care Quality Commission, 2022). In the US and UK, regulatory agencies assess the quality of nursing management as a critical element to determine whether the care provided by a healthcare organization is safe, evidence-based, family-focused, supportive of learning and innovation, and just (The Joint Commission, 2022; Care Quality Commission, 2022). Following on this, a responsive, well-led organization is one that possesses nurse managers who practice management styles that are adaptive of the current demands of patients and families, cognizant of staff issues and concerns, and able to cope with increasing financial, human resource, infrastructure, and bureaucratic pressures (Douglas et al., 2018; McCay et al., 2018).

Management styles are behavioral patterns of how nurse managers plan to influence, lead, coordinate and carry out managerial functions (Asamani et al., 2015). In literature, the concept of management style is used interchangeably with leadership style, with the primary difference that management style is the leadership style of individuals who are in a managerial position (whereas leadership style can be that of any individual regardless of whether one is a manager or not) (Asamani et al., 2015; McCay et al., 2018). To date, there are several management styles including, but not limited to, (1) the autocratic style, wherein the manager exercises absolute control on all matters regardless of the input of staff, (2) the democratic style, wherein the manager puts significant consideration on the opinion, beliefs, and voice of the staff, (3) the laissez faire style, wherein the manager exercises limited control and allows staff to proactively accomplish tasks and objectives, (4) the transformational style, wherein the manager leads by example and effectively communicates to prepare staff during times of crisis, (5) the absentee style, wherein the manager is perceived as incompetent or inadequate for the role, and (6) the trusted style, wherein the manager promotes an open, just and fair culture within the clinical unit (Kiwanuka et al., 2020; Cummings et al., 2018).

This study aims to explore the relationship between burnout and the management style of nurses working at a selected private hospital. This study aims to offer insight on the relationship of two variables affecting the nursing workforce which traditionally have been viewed mutually exclusive from each other. There is a scarcity of studies that looked at both burnout and management styles of nurses working in hospitals in Saudi Arabia regardless of hospital type or geographical area. Results of the study have the potential to bridge the gap in literature by providing empirical evidence on the link between levels of nurse burnout and the different management styles of nurses.

## **1.2 Research Questions**

The study aims to answer the following questions:

* What is the level of burnout among staff nurses working in hospital settings?
* What are the different management styles of nurse managers working in hospital settings?
* What is the relationship between the level of burnout of staff nurses and the management style of nurse managers within hospital settings?

## **1.3 Research Objectives**

Specifically, the study aims to:

* Measure the level of burnout among staff nurses working in hospital settings.
* Describe the management styles of nurse managers working in hospital settings.
* Determine whether significant relationships exist between the level of burnout of staff nurses and the management styles of nurse managers within hospital settings.

# **CHAPTER 2 LITERATURE REVIEW**

**LITERATURE REVIEW**

This chapter presents the relevant literature on the current understanding on nurse burnout and nursing management styles. The chapter discusses the search strategy and the review of literature. In the end, a summary is presented.

## **2.1 Nurse Burnout**

One of the common adverse psychological reactions that nurses experience is burnout. The term “burnout” was originally coined after the observed loss of motivation and commitment among mental health volunteers in 1974 (Dall’Ora et al., 2020). Maslach and Leiter (2016a) defined burnout as a chronic response to emotional and interpersonal stressors encountered by an individual during the performance of one’s job, the response being characterized by professional inefficiency, cynicism, and exhaustion. Initially, there was an increased focus on understanding burnout as an outcome specific to an individual, but as research on burnout was progressing, the concept is now better understood as a result of processes that occur within a larger organizational context that results in a decline of physical health, psychological well-being, and overall quality of work (Maslach and Leiter, 2016b)

Burnout occurs when an individual’s performance or state of mind mismatches with at least one of the six dimensions of work namely (1) workload, when an individual no longer has any opportunity to recuperate because of continuously high levels of work demands, (2) control, when an individual does not have any control over the resources or supplies needed to accomplish the required job, (3) reward, when an individual is not properly remunerated or recognized for the accomplishment of a task, (4) community, when individuals fail to establish and sustain positive connection and social support within a group or the organization, (5) fairness, when there is a lack of justice or high levels of inequity within the organization, and (6) values, when an individual is asked to perform a job or task that is contrary to their set of values and beliefs (Maslach and Leiter, 2016b).

Studies involving the nursing workforce have shown that burnout negatively affects patient safety, quality of care, organizational commitment, nurse productivity, and patient satisfaction (Jun et al., 2021; Shah et al., 2021).

In a systematic review involving 20 studies, Jun and colleagues (2021) examined the evidence on the association between nurse burnout and patient and hospital organizational outcomes. Results of the study showed that nurse burnout was inversely related outcome measures, which meant that higher levels of nurse burnout were linked with lower levels of patient safety, quality of care, organizational commitment, nurse productivity, and patient satisfaction. The investigators labelled burnout as an occupational hazard owing to its adversarial effects not only to nurses but also to patients, the organization, and the wider community. As such, the investigators recommended looking at nurse burnout beyond the individual and reframe the perspective to that of the working environment and the healthcare organization (Jun et al., 2021).

In a secondary analysis of cross-sectional data from a national sample of 50,273 nurses in the US, Shah and colleagues (2021) found that among those who reported to be leaving their job, 31.5% or 1 in 3 nurses cited burnout as the primary reason for resignation. In addition, nurses who were working more than 40 hours per week, working in a stressful work environment, and experiencing inadequate staffing were more likely to report burnout. The investigators recommended implementing strategies that will alleviate burnout and for specific measures to target the most cited issues by nurse respondents (Shah et al., 2021).

Their results are similar to those by Copanitsanou and colleagues (2017) who found in a literature review that poor work environments had the potential to negatively affect job satisfaction, thereby leading to higher levels of burnout among nurses, and by Topcu and colleagues (2016) who found in a cross-sectional survey of 2,592 nurses in Turkey that a poor work environment was associated with emotional exhaustion, low personal accomplishment, and depersonalization, which in turned lead to higher rates of burnout.

In Thailand, Nantsupawat and colleagues (2015) performed a cross-sectional study of 2,084 nurses with the aim of looking at the relationship between burnout and quality of care. Results showed high rates of nurses reporting emotional exhaustion, depersonalization, and low personal accomplishment. In turn, nurses reported the quality of care to be either poor or fair, with incident reports on falls, medication errors, and hospital acquired infections. Moreover, multiple logistic regression showed that with every unit increase of emotional exhaustion, reporting of poor quality of care increases by 2.6 times, patient falls increase by 30%, medication errors increase by 47%, and hospital acquired infections increase by 32% (Nantsupawat et al., 2015). Results of the study numerically demonstrating the negative effects of burnout indicate the need to implement interventions that will reduce burnout and eventually improve patient care.

Utilizing similar quantitative techniques, Rivaz and colleagues (2020) performed a cross-sectional multicentred study involving 320 nurses in Iran to investigate the relationship between burnout and intention to leave in intensive care units. Results showed that intensive care unit nurses had high levels of overall burnout and intention to leave. Levels of emotional exhaustion, depersonalization, and low personal accomplishment were also high. A multiple structural model was developed which showed that burnout was affected by the quality of the nursing practice environment, and that in turn, in affected the intention to leave of nurses. In addition, effective leadership, policy transparency, patient-centeredness, transcendental professional climate, resource adequacy, and professional participation were found to be associated with the quality of the nursing practice environment, thereby indirectly affecting the rates of nurse burnout (Rivaz et al., 2020).

In Sweden, Lindqvist and colleagues (2015) took quantitative analysis of the rates of nurse burnout based on the nursing practice environment and investigated the macro level effects of hospital characteristics such as size, university status and geographical location. A total of 11,015 nurses participated in the study. Mixed model regressions showed that job satisfaction based on hospital characteristics was associated with burnout and intention to leave. Nurses who worked in small hospitals were more likely to report better work environments and quality of nursing care than those working in medium- and large-sized hospitals, thereby experiencing lesser burnout. In addition, nurses who worked in urban areas had higher intention to leave and seek work in another hospital. However, taking all the results together still showed that macro-level hospital characteristics did not contribute large effects on the levels of burnout than specific nurse work environments, which suggested that strategies to address burnout should focus on mid-level organizational factors that directly affect the workplaces of nurses (Lindqvist et al., 2015).

On the other hand, Wang and colleagues (2015) performed a cross-sectional study involving 717 nurses working in 6 hospitals in China to determine the personal and environmental factors that predicted levels of nurse burnout. Analyses of results showed that nurses had moderate levels of emotional exhaustion and depersonalization, and high levels of reduced personal accomplishment. Personal and environmental factors found to significantly predict burnout were (1) overall levels of stress, (2) reason for working as a nurse, (3) quality of the nursing practice environment, (4) self-efficacy, (5) nursing foundations for quality of care, (6) stress from nursing practice and care, (7) stress from management and work relationships, and (8) stress from patient care (Wang et al., 2015).

In a similar vein, Lee and colleagues (2015) performed a cross-sectional study involving 1,846 nurses in Taiwan to identify the factors that predict nurse burnout. Hierarchical regression analysis showed that age, physical symptoms, psychological symptoms, job satisfaction, work engagement, and work environment were significant predictors of the level of nurse burnout. The investigators recommended creating and implementing targeted interventions that will address specific reasons for burnout, and to carry out educational programs and support services that will improve the self-efficacy of nurses (Lee et al., 2015).

In Spain, investigators recruited 1,307 nurses in a descriptive, cross-sectional study to investigate which of the personal and organizational factors have protective characteristics against nurse burnout (Perez-Fuentes et al., 2018). Analyses of results showed that higher number of worked hours, heavy workload represented by a larger number of patients, and male sex were associated with higher burnout scores. In addition, logistic regression showed that sociodemographic characteristics, employment situation, number of patients taken care of, perceived social support, interpersonal emotional intelligence, mood, and stress management were differentiating factors on who would develop higher rates of nurse burnout and not. Moreover, a mediation model showed that higher levels of social support had a direct relationship with lower levels of nurse burnout, and that higher levels of social support had a direct relationship with higher levels of self-efficacy, which in turn, has a direct relationship with lower levels of nurse burnout (Perez-Fuentes, 2018).

Several studies have been performed that explored the concept of nurse burnout in Saudi Arabia. With the aim of exploring the prevalence of nurse burnout in critical care units, Alharbi and colleagues (2016) performed a descriptive cross-sectional study involving 150 nurses. Results showed that critical care nurses had high levels of emotional exhaustion, high levels of depersonalization, and moderate levels of reduced personal accomplishment. Of the sociodemographic characteristics, sex, marital status, age, qualification, and years of experience were not found to be significantly associated with nurse burnout. Only the unit type was found to be significantly associated with burnout. Nurses who worked in paediatric intensive care units and special baby care units had significantly higher levels of emotional exhaustion than nurses working in other critical care units (Alharbi et al., 2016).

However, Zaki and colleagues (2016) had contrasting results in their descriptive cross-sectional study that involved matched samples of 228 nurses and 228 patients in Saudi Arabia. Though the investigators found similarly high levels of nurse burnout, age was found to have a weak positive but significant relationship with nurse burnout, with older nurses demonstrating higher burnout scores (Zaki et al., 2016). The rest of the sociodemographic characteristics did not show any significant relationship with nurse burnout.

Because of the diversity of nurses working in Saudi Arabia, Batayneh and colleagues (2019) wanted to investigate the burnout level of multinational nurses working in a single large hospital site in Riyadh. A total of 3,000 nurses participated in the descriptive cross-sectional study. Results showed that workplace stress, intention to leave, and job satisfaction had significant relationships with the development of burnout symptoms. However, nationality did not have a significant influence on the level of nurse burnout, suggesting that burnout levels was more affected by organizational than personal level factors. Therefore, the investigators recommended implementing interventions that will improve the quality of the nursing work environment that can reduce the intention to leave, improve job satisfaction, and reduce workplace-related stress (Batayneh et al., 2019).

In a similar vein, Ambani and colleagues (2020) performed path analysis to understand the relationships of multiple variables with burnout, job satisfaction and intention to leave among nurses working in public and military hospitals in Saudi Arabia. The path analysis showed that individual level factors (i.e., age, number of children, and Saudi nationality), patient-to-nurse ratio, and characteristics of the nursing practice environment (i.e., nurse participation in hospital affairs, nursing foundations for quality of care, nurse manager ability and competency, staffing and resource adequacy, collegial nurse-physician relations, and composite score on the quality of the nursing work environment) significantly predicted the levels of nurse burnout. The above factors also significantly predicted job dissatisfaction, but job dissatisfaction has a significant positive relationship with nurse burnout, suggesting that high levels of dissatisfaction can result in high levels of burnout. Together, high levels of job dissatisfaction and nurse burnout significantly predict higher levels of intention to leave (Ambani et al., 2020).

Taken together, there is an established evidence base on the predictors of and outcomes related to nurse burnout among nurses in Saudi Arabia and internationally for that matter. However, it can be observed that there is a scarcity of studies specifically examining the level of nurse burnout within private hospitals, and its relationship with the quality of nursing management. The lack of studies represents a gap in the literature which can be addressed by future research.

## **2.2 Management Styles**

The three management styles identified in many studies which are authoritarian, democratic, and laissez-faire. Authoritarian style. Autocratic management, also known as authoritarian management, is a type of management that is characterized by individual authority over all decisions and limited input from group members. Autocratic management is also often referred to as dictatorial management. Autocratic managers often base their decisions on their own ideas and assessments, and they seldom take the followers' opinions into consideration. An autocratic management style entails exercising complete and unquestioned authority over a group (Ahmad Bodla et al., 2019; Z. Wang et al., 2019).

The autocratic management style, like those of other management styles, has both some advantages and some drawbacks. This amount of control may be advantageous and helpful in some circumstances, even though those who depend on it excessively are often seen as authoritarian or domineering (H. Wang & Guan, 2018; Zheng et al., 2021).

The autocratic manner often comes out as rather pessimistic. It most definitely may be when used improperly or applied to the incorrect kind of people or circumstances. Nevertheless, there are circumstances in which autocratic leadership may be advantageous. One of these circumstances is when decisions need to be taken rapidly and without involving a huge number of people (Du et al., 2020; Liggett, 2020; H. Wang & Guan, 2018).

A form of management known as democratic management, also known as participative management or shared leadership, is a form of management in which members of the group participate in the process of decision-making. Other names for democratic management include participative management and shared leadership. Shared leadership and participatory management are two more terms that are synonyms for democratic management. This kind of management is adaptable to any organization, whether it a private business, an educational establishment, or even the federal government (Liggett, 2020).

A democratic management style entails not restricting the flow of ideas and actively supporting conversation, in addition to ensuring that everyone can participate in the process. Even though this approach places a greater emphasis on individual equality and the unrestricted exchange of ideas, the democratic leader is still in charge of providing direction and exercising authority. This is the case despite the fact that this method places a greater emphasis on the unrestricted exchange of ideas (Fakhri et al., 2021; Hilton et al., 2021).

The democratic leader is also responsible for choosing the members of the group and deciding who gets a chance to weigh in on the decisions that are being made. This responsibility falls within the democratic leader's purview. Studies that were conducted not too long ago concluded that one of the management styles that is among the most effective is the democratic management style. Additionally, it leads to higher levels of output, increased contributions from group members, and enhanced morale among members of the group (Fakhri et al., 2021; Hilton et al., 2021).

Effective democratic leaders are characterized by several traits, as shown by the results of several studies. These traits include an openness to new ideas, the capacity to retain impartiality under pressure, an active participation in the democratic process, and the ability to work well with others(Fakhri et al., 2021; Hilton et al., 2021).

It is possible that democratic leadership will result in better ideas and more innovative methods to resolving challenges when members of a group are encouraged to speak their thoughts and express their opinions. It is more probable that members of the group will care about the results of the initiatives if they have a better feeling of engagement in the initiatives and a larger sense of commitment to the initiatives (Fakhri et al., 2021; Liggett, 2020).

Research that was carried out on a variety of leadership styles revealed that democratic leadership is related with higher levels of productivity among group members. It has also been linked to improvements in the morale of the group when this kind of leadership is in place (Liggett, 2020).

Laissez-faire management, which is also known as delegative management, is a style of management in which leaders take a hands-off approach and enable members of the group to make choices. According to the findings of the research conducted, this style of management almost always results in the lowest levels of productivity among the members of the group.(Lundmark et al., 2022; Robert & Vandenberghe, 2021)

This type of management has the potential to offer both advantages and potential drawbacks. There are also certain contexts and circumstances in which a leadership style known as "let it go" may be the most effective approach to take (Ågotnes et al., 2021; Lundmark et al., 2022; Yang, 2015).

Checking in on employee performance and providing consistent feedback are two things’ leaders may do to help make laissez-faire management more efficient. It is also useful for leaders to realize when this approach should be exploited to its full potential, such as when working with members of the team who are very skilled in a certain area (Skogstad et al., 2007; Yang, 2015).

The laissez-faire style of leadership, like other varieties, has its merits despite its lack of structure. It is conducive to one's own personal development. Employees have the opportunity to be hands-on since executives take such a hands-off attitude to running the organization. This kind of leadership results in the creation of an atmosphere that encourages the expansion and maturation of its followers. It inspires creativity and originality. The independence that is given to workers has the potential to inspire inventiveness and originality. It enables quicker decision-making to take place. Employees working under a laissez-faire management style are given the authority to make their own judgments since there is no such thing as micromanagement. They are able to make judgments quickly without having to wait for an approval procedure that may take weeks (Yang, 2015).

## **2.3 Nursing Management Styles**

Nursing management styles encompass the breadth of behaviours related to the way nurses execute managerial functions. In literature, styles relating to nursing management are used interchangeably with styles of nursing leadership, implying that although management is technically different from leadership, management styles should be viewed within the context of the manager as the leader of the unit (Pishgooie et al., 2019). For the purposes of this paper, nursing management styles are used to avoid any confusion and standardize the terminology.

Several nursing management styles exist, and studies have been performed that investigated the advantages and disadvantages of such styles in terms of its nurse-, patient- and organizational-related outcomes. Cummings and colleagues (2018) performed a systematic review across 10 electronic databases to understand the nature, meanings, and outcomes of nursing leadership styles in work environments, implementation of care, and the nursing workforce. A total of 129 studies were included in the review after screening 50,941 titles and abstracts. Content analysis showed that relational styles were associated with better job satisfaction, work satisfaction, staff health and well-being, staff relations, organizational environment, and productivity and effectiveness. On the other hand, task-related styles were found to be associated with lower nurse job satisfaction. Therefore, the investigators recommended implementing relational styles that are focused on building interpersonal relationship among nurses, staff, families, and patients (Cummings et al., 2018).

In another systematic review, Sfantou and colleagues (2017) looked at the effects of nurse leadership styles on quality-of-care measures in healthcare settings. Screening of 2,824 studies from 2 electronic databases yielded 18 studies which were included in the systematic review. Analysis of results showed that the consensus management style resulted in improved quality of healthcare services measured using incidence of moderate to severe pain, physical restraint use, pressure ulcers, and urinary catheterization. On the other hand, the resonant style was associated with better quality of safety climate as evidenced by lower rates of medication errors and 30-day mortality compared to dissonant management styles. Contrary to the results of Cummings and colleagues (2018), the review found that task-oriented styles resulted in higher levels of quality of care in the perspective of both staff and families. The transactional style showed the highest levels of patient satisfaction. However, formal styles were found to be associated with minor to moderate patient safety events. Overall, management styles that positively impacted organizational culture such as authentic hands-on and transformational styles were found to lead to better levels of quality of care (Sfantou et al., 2017).

Alilyyani and colleagues (2018) aimed to understand the antecedents, mediators, and outcomes of authentic leadership styles. Authentic styles have been shown to positively affect staff performance and organizational outcomes by improving nursing work environments. Analysis of 21 studies showed that authentic styles of nurse managers were significantly associated with 43 different healthcare outcomes which can be divided into two major themes namely staff workforce outcomes and patient outcomes. Under staff workforce outcomes were personal psychological states, satisfaction with work, work environmental factors, health and well-being, and staff performance. Aside from recommending the authentic style for nurse managers to practice, the investigators also proposed future research in testing interventions that can improve authentic management styles and the effects of authentic management styles on diverse and interprofessional healthcare participants (Alilyyani et al., 2018).

Using a descriptive correlational design, Manning (2016) investigated the association between nurse management style and work engagement. A total of 441 nurses participated in the study. Results showed that transactional and transformational styles were related with positive nurse engagement while passive-avoidant styles had adversarial effects on the extent by which nurses participated in organizational decision-making processes. Regression analysis showed that specific management style factors predicting work engagement were idealized influence behaviours, idealized influence attributes, inspirational motivation, individual consideration, intellectual stimulation, contingent rewards, and active and passive management exception (Manning, 2016).

On the other hand, Morsiani and colleagues (2016) performed a mixed method study to describe how staff nurses perceived the management style of their nurse managers and determine how such styles affected their job satisfaction. Results showed that most nurse managers utilized the transactional style, especially when identifying, intervening, and if applicable, punishing, nursing errors. However, the transactional style was negatively associated with job satisfaction and staff perception. Contrastingly, staff nurses associated the words “respect”, “caring for others”, “appreciation”, and “professional development” with the transformational style, but respondents noted that this style was rarely practiced by their nurse managers. As such, investigators recommended that nurse managers should take staff perceptions into account when deciding how to approach the type of management they want to practice in their departments, especially that positive staff perceptions had the potential to improve levels of job satisfaction (Morsiani et al., 2016).

Taking the perspective of patients on effects of the nurse management style on the quality of care provided by nurses, Zaghini and colleagues (2020) performed a multicentre descriptive, cross-sectional study involving 479 nurses and 829 patients in Italy. Multilevel analysis showed that patients reported better quality of care when nurse managers practiced management styles that reduced nurse burnout, increased staff satisfaction on managerial support, and provided growth for interpersonal relationships. In addition, positive nurse management styles had the potential to decrease staff engagement on misbehaviour that decreases quality of patient care. The investigators recommended nurse managers to include patient perception within the organizational context when deciding which management style to practice (Zaghini et al., 2020).

Studies have been performed that looked at how nurse management styles affected the quality of work life of staff nurses. In Taiwan, Lin and colleagues (2015) performed a descriptive cross-sectional study to look at the association between the management style practiced by nurse managers and the quality of work lives of staff nurses. A total of 807 nurses from a mix of private and public hospitals were recruited. Results showed that the transformational style was the style that most significantly provided managerial support to staff nurses, which, in turn, was positively viewed to the extent that it improved levels of job satisfaction. In addition, the study found that when job satisfaction was high, staff nurses scored high on organizational commitment. Taken together, job satisfaction and organizational commitment contributed to the general health and well-being of staff nurses. The statistical demonstration of the indirect effects of the transformational style on general health and well-being led the investigators to recommend the transformational style for nurse managers to implement (Lin et al., 2015).

In another study, Lee, and colleagues (2017) performed a prospective design involving 1,283 nurses to determine the association between nurse management styles, intention to leave and quality of work life. Participants were given questionnaires that measured the key variables on a weekly basis for a period of 1 year, with specific follow-up on nurses who left the profession. Results showed that nurses had lower quality of work life and higher intention to leave when nurse management styles that did not promote a milieu of respect and autonomy were practiced. This result also held true among nurses who actually left the profession versus those who only expressed an intent to leave. As such, the investigators recommended that nurse managers should practice management styles that respects the value of staff nurses and promotes independent practice (Lee et al., 2017).

In Australia, Cheng, and colleagues (2016) performed a descriptive cross-sectional study to investigate the relationship between transformational management styles and team climate, perceived quality of care, burnout, and turnover intention. A total of 201 nurses participated in the study. Structural equation modelling showed that transformational styles had the potential to improve social identification, which then results in better team climate and teamwork, higher levels of perceived quality of care, lower levels of nurse burnout, lower rates of turnover intention, and better scores on employee satisfaction. Given that results were found among first-line nurse managers, future research can investigate on the management styles practiced by mid- and higher-level nurse manager and administrators and find out whether executive managerial behaviours have similar effects on nursing workforce outcomes (Cheng et al., 2016).

Studies have been performed that looked into the different nurse management styles in Saudi Arabia (Alshahrani et al., 2016; Al-Dossary, 2022; Albagawi, 2019). For instance, Al-Yami and colleagues (2018) performed a descriptive cross-sectional study involving 219 nurses from 2 hospitals to investigate the relationship between nurse management styles and organizational commitment. Results showed that majority of the nurse manager participants practiced the transformational style, and that this style most significantly affected organizational commitment. However, manager influence, nationality and hospital type did not have a significant relationship with organizational commitment, although the investigators found that older nurses had higher perceptions of transformational and transactional management styles than junior nurses (Al-Yami et al., 2018).

Another study that involved nurses working in Saudi Arabia aimed to compare the perceptions of matched staff and manager dyads on the relationship between transformational leadership and job satisfaction based on sex (Alghamdi et al., 2017). The descriptive cross-sectional study involved 308 nurses from 6 hospitals. Factorial ANOVA showed that sex had a main effect on both job satisfaction and the transformational style of nurse managers, which meant that regardless of the sex of the staff nurses, higher job satisfaction and perceived transformational style were reported when the manager was male. However, the investigators cautioned against generalizing the results of the study, as it was hypothesized that the observed significant favourable differences in scores leaning for male managers were due to the male-dominated, sex-segregated society in Saudi Arabia, rather than actual differences between male and female managerial characteristics (Alghamdi et al., 2017).

Using a qualitative methodology, 35 nurses participated in semi-structured interviews to explore the nature of the management styles practiced by the nursing management team in a single hospital in Saudi Arabia (Saleh et al., 2018). Analysis of results using a phenomenological-hermeneutic approach showed that nurse managers in Saudi Arabia usually practiced 4 styles namely (1) relational, (2) preferential, (3) communication chain, and (4) ineffectual. Regardless of the style, nurse managers had the potential to impact job satisfaction, turnover and quality of patient care positively or negatively, so it was essential that nurse managers were mindful of the style they chose when managing clinical units (Saleh et al., 2018).

Nurses’ burnout and nursing management styles are two critical components that literature has shown to have significant associations with staff, organizational and patient outcomes. In addition, several studies have been performed on the concepts of nurse burnout and nursing management styles among nurses working in Saudi Arabia. However, taken together, there are scarce studies that investigated the relationship between the two variables, and investigations had shown more indirect effects via mediating variables rather than testing of direct relationships. Moreover, there was a paucity of studies that specifically focused on nurses working in private hospitals. Therefore, the study aims to contribute data that will address the gap in the literature and in a better understanding of the relationship between nurse burnout and nursing management styles among nurses working in private hospitals.

# **CHAPTER 3 RESEARCH OBJECTIVES**

**RESEARCH OBJECTIVES**

This study aims to explore the relationship between burnout and the management style of nurses working at a selected private hospital. This study aims to offer insight on the relationship of two variables affecting the nursing workforce which traditionally have been viewed mutually exclusive from each other. There is a scarcity of studies that looked at both burnout and management styles of nurses working in hospitals in Saudi Arabia regardless of hospital type or geographical area. Results of the study have the potential to bridge the gap in literature by providing empirical evidence on the link between levels of nurse burnout and the different management styles of nurses.

## **3.1 Research Questions**

The study aims to answer the following questions:

* What is the level of burnout among staff nurses working in hospital settings?
* What are the different management styles of nurse managers working in hospital settings?
* What is the relationship between the level of burnout of staff nurses and the management style of nurse managers within hospital settings?

## **3.2 Research Objectives**

Specifically, the study aims to:

* Measure the level of burnout among staff nurses working in hospital settings.
* Describe the management styles of nurse managers working in hospital settings.
* Determine whether significant relationships exist between the level of burnout of staff nurses and the management styles of nurse managers within hospital settings.

# **CHAPTER 4 MATERIALS AND METHODS**

**MATERIALS AND METHODS**

A research methodology is a strategy that is applied to investigate a given subject matter. It describes the steps performed to accomplish the research and the logic behind them. Accordingly, in this chapter, the research methodology is explained and justified. Detailed descriptions of each step undertaken in carrying out the research are presented.

## **4.1 Study Design**

An observational descriptive cross-sectional design was used for this study to the study objectives which are to measure the level of burnout among staff nurses working in hospital settings; describe the management styles of nurse managers working in hospital settings; and determine whether significant relationships exist between the level of burnout of staff nurses and the management styles of nurse managers within hospital settings. Cross-sectional designs support the collecting data at one point of a time which is one week for this study due to time constrains as this study was prepared for graduation project (Kesmodel, 2018).

## **4.2 Study Cohort (Size, Target Group)**

This study was conducted at Dr. Sulaiman Al-Habib Hospital in Arryan Branch in Riyadh, Saudi Arabia. The hospital includes around 750 staff nurses that are mainly distributed to the inpatients, critical care, operating room, and emergency department units.

**4.3 Inclusion and Exclusion Criteria**

The study population was all staff nurses who are currently working in this hospital (750 staff nurses). The sample size was estimated based on a confidence interval of 95% and a margin of error of 5%. Accordingly, the minimal sample size is 255 staff nurses. The data was collected using a non-probability sampling technique.

The inclusion criteria included all nurses who are employed as full-time staff for three months at least in the hospital in inpatients, critical care, operating room, and emergency department units, and accept to participate in the study. Accordingly, the staff nurses who are employed for less than 3 months, intern nurses, teaching nursing staff, and outpatient nurses were excluded.

## **4.4 Instrument**

Self-administered questionnaire was utilized for collecting data for this study. The questionnaire was consisted of three sections:

The first demographic section included items about staff demographics: age of the respondents, education level, marital status, profession, and gender, The second section of the questionnaire is to measure the burnout which is stemmed from the Athlete Burnout Questionnaire (ABQ). The questionnaire consists of 15 items equally divided into three components (reduce sense of personal accomplishment, physical/emotional exhaustion, and sport devaluation) and preceded by the question. “How often do you feel this way?”. The items are scored on a 5-point Likert scale from 1 to 5, where 1 = almost never, 2 = rarely, 3 = sometimes, 4 = often, and 5 = almost always. (Guedes, 2016).

The third section of the questionnaire is to measure the management styles using the 18-items-questionnaire developed by Peter (2017). The questionnaire covers the below domains:

* Authoritarian Management style (6 items)
* Democratic Management style (6 items)
* Laissez-Faire Management style (6 items)

The mean values were categorized as the below:

* 1 of less = almost never,
* 1.01 to 2 = rarely
* 2.01 to 3 = sometimes
* 3.01 to 4 = often
* 4. 01 to 5 = almost always

A pilot study was done among 20 nurse staff to investigate the clarity of items in September 2022. No modification was done accordingly.

## **4.5 Data Collection**

The questionnaire was distributed as an electronic -based form to make the data collection process easy. It was combined with a cover letter and was sent to all potential participants via Business email. After obtaining the approval from the institutional ethical committee. The data collection was conducted on 25 September till 25October 2022. The eligibility criteria were mentioned in the cover page. The list of staff was taken from the human resource department of hospital.

## **4.6 Data Analysis**

The analysis was performed by using Statistical Package for Social Science (SPSS) version 20; alpha level of 0.05 for data analysis, including descriptive and inferential analyses. Descriptive statistics includes frequencies, percentages, mean, and standard deviation to measure the level of burnout among staff nurses and describe the management styles of nurse managers working, mean and standard deviations were conducted.

## **4.7 Ethical Considerations**

All needed steps were carried out to ensure Confidentiality and human rights for the participants. First, ethical approval was obtained from The Institutional Review Board Committee at the Research Centre Dr. Sulaiman Alhabib Medical Group as study # RC22.09.09 on 29 September 2022 (Appendix A). Next, an approval was taken from targeted hospital. All subjects received a cover letter before data collection. If the participants fill the questionnaire, it considers accept to participate. The cover letter form which contains the consent to participate in the study, a description of the study purpose, and the participant’s rights. Data collection procedure was designed to ensure the ethical principles of participants’ voluntary participation, privacy, confidentiality, anonymity, and the right to withdraw from the study at any time without any consequences. Study's soft copy materials was stored in a password protected computer.

# **CHAPTER 5 RESULTS**

**RESULTS**

This chapter presents the results of analysis including the descriptive analysis of sample demographics and study variables. Moreover, it included the correlation and impacts of study variables. Finally, the section included the differences in the study variables according to demographics characteristics.

## **5.1 Demographic Characteristics**

Table 1 presents the sample demographics. Total number of responses was 397, however 63 responses were excluded because they were uncompleted responses or ineligible individuals Leading to the total number of participants for analysis included was 334. The results showed that the most participants aged between 30-39 years old (n=172, 51.5%) and 20-29 years old (n=123, 36.83%). Around 1.2% of participants aged between 50-59 years old (n=4).

Most of participants were female (n=312, 93.41%) while only 6.95% of participants were male (n=22, 6.59%). Most participants had bachelor’s degree (n=213, 63.77%) and diploma (n=100, 29.94%). Only 1.2% of participants had master’s degree (n=4).

Around 43.41% of participants were single (n=145) and 42.51% were married without children (n=142). Around 44.31% of participants had 1-5 years of work experience (n=148) and only 6.89% had experience more than 15 years (n=23).

**Table 1.** Demographic characteristics

|  |  |  |
| --- | --- | --- |
| **Characteristics** | **Number** | **Percentage** |
| **Age (Years)** | | |
| 20-29 | 123 | 36.83% |
| 30-39 | 172 | 51.50% |
| 40-49 | 35 | 10.48% |
| 50-59 | 4 | 1.20% |
| **Gender** | | |
| Female | 312 | 93.41% |
| Male | 22 | 6.59% |
| **Educational Degree** | | |
| Bachelor | 213 | 63.77% |
| Diploma | 100 | 29.94% |
| Graduate degree | 17 | 5.09% |
| Master’s degree | 4 | 1.20% |
| **Marital Status** | | |
| Divorced with children | 8 | 2.40% |
| Divorced without children | 5 | 1.50% |
| Married with children | 142 | 42.51% |
| Married without children | 32 | 9.58% |
| Single never married | 145 | 43.41% |
| Widowed with children | 2 | 0.60% |
| **Years of experience** | | |
| 1-5 years | 148 | 44.31% |
| 5-10 years | 93 | 27.84% |
| 10-15 years | 70 | 20.96% |
| 15+ years | 23 | 6.89% |

## **5.2 Burnout Level**

Table 2 presents the level of burnout among the participants. The average mean of scale was 2.95 (SD=1.20) which indicated that the burnout perception among the participants was sometime happened.

The results showed that seven items in the scale showed that the burnout feeling was often happened including the feeling of non-performing many worthwhile things in the work (mean= 3.97, SD=1.05), lack of energy to do other things due to tiredness form the work (mean= 3.97, SD=1.05), the work efforts are better to be used in another activity (mean= 3.21, SD=1.16), tiredness from work participation (mean= 3.29, SD=1.10), not meeting my personal interests with the work (mean= 3.04, SD=1.27), physically exhausted (mean= 3.44, SD=1.19), and the physical and mental demands of the work (mean= 3.44, SD=1.19).

The results showed that only one statement in the scale showed that the feelings of unsuccessful in the work was rarely happened among the participants (mean= 1.50, SD=1.09). Seven items in the scale showed that the feelings of burnout was sometime happened including the feeling of being destroyed” by the work (mean= 2.82, SD=1.134), not performing up to the ability in the work (mean= 2.54, SD=1.27), lack of concerns about the work performance (mean= 2.54, SD=1.29), lack of interest in the work (mean= 2.69, SD=1.32), limited concerns about being successful in the work (mean= 2.86, SD=1.23), and negative feelings towards the work (mean= 1.50, SD=1.09).

**Table 2:** Burnout Level

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Statement** | **Mean** | **SD** | **Description** |
| **1** | I am performing many worthwhile things in the work | 3.97 | 1.05 | **Often** |
| **2** | I feel so tired from the work that I do not find the energy to do other things | 3.53 | 1.14 | **Often** |
| **3** | The effort I need to put into works would be better used in another activity | 3.21 | 1.10 | **Often** |
| **4** | I feel extremely tired from the work participation | 3.29 | 1.16 | **Often** |
| **5** | I am not meeting my personal interests with the work | 3.04 | 1.27 | **Often** |
| **6** | I am not concerned about my work performance as I used to | 2.54 | 1.29 | **Sometimes** |
| **7** | I am not performing up to my ability in the work | 2.54 | 1.27 | **Sometimes** |
| **8** | I feel “destroyed” by the work | 2.82 | 1.34 | **Sometimes** |
| **9** | I am not as interested in the work as I used to be | 2.69 | 1.32 | **Sometimes** |
| **10** | I feel physically exhausted from the work | 3.44 | 1.19 | **Often** |
| **11** | I feel less concerned about being successful in the work than I used to | 2.86 | 1.23 | **Sometimes** |
| **12** | I am exhausted by the physical and mental demands of the work | 3.44 | 1.19 | **Often** |
| **13** | No matter what I do in work, I do not perform as well as I should | 2.57 | 1.15 | **Sometimes** |
| **14** | I feel successful in the work | 1.50 | 1.09 | **Rarely** |
| **15** | I have negative feelings towards the work | 2.79 | 1.22 | **Sometimes** |
|  | **Total** | **2.95** | **1.20** | **Sometimes** |

## **5.3 Management Style**

**5.3.1 Authorization Management Style**

Table 3 presents the perception of authoritarian management style. The results showed that the total average of authoritarian management style perception was 2.83 (SD=1.14). The results reflected that the perception of authoritarian management was sometimes happened.

The results showed that most statements were sometimes perceived by the participants except one. The participants often perceived that the most employees in the general population were lazy (mean=3.34, SD=1.21).

**Table 3:** Perception of Authorization Management Style

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Statement** | **Mean** | **SD** | **Description** |
| **1** | Employees need to be supervised closely, or they are not likely to do their work | 2.79 | 1.15 | **Sometimes** |
| **2** | It is fair to say that most employees in the general population are lazy | 3.34 | 1.21 | **Often** |
| **3** | Employees must be given rewards or punishments in order to motivate them to achieve organizational objectives | 2.64 | 1.19 | **Sometimes** |
| **4** | Most employees feel insecure about their work and need direction | 2.90 | 1.00 | **Sometimes** |
| **5** | The manager is the chief judge of the achievements of the members of the group | 2.75 | 1.12 | **Sometimes** |
| **6** | Effective managers give orders and clarify procedures | 2.57 | 1.18 | **Sometimes** |
|  | **Total** | 2.83 | 1.14 | **Sometimes** |

Chart, pie chart

Description automatically generatedMoreover, the results showed in Figure 1 that the total perception of authoritarian style was at moderate range since the sum of items was 16.98 (15-20 range) (See table 4). Around 49% (n=165) of participants perceived the authoritarian management style at moderate range (16-20 group) and only 4% (n=12) of the participants perceived it at very high range (26-30 group). The Sum (SD) is 16.98 (4.4) which is interpretated to Moderate Range.

**Figure 1:** Authoritarian Management Style Ranges

**5.3.2 Democratic Management Style**

Table 4 presents the perception of democratic leadership. The results showed that the total average of democratic management perception was 2.49 (SD=1.26). The results reflected that the perception of democratic management was sometimes happened. Moreover, the results showed that all statements were sometimes perceived by the participants.

**Table 4:** Satisfaction Level of Participants Regarding Gender

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Statement** | **Mean** | **SD** | **Description** |
| **1** | Employees want to be a part of the decision-making process | 2.39 | 1.29 | **Sometimes** |
| **2** | Providing guidance without pressure is the key to being a good leader | 2.37 | 1.34 | **Sometimes** |
| **3** | Most workers prefer supportive communication from their leaders | 2.41 | 1.36 | **Sometimes** |
| **4** | Managers need to help followers accept responsibility for completing their work | 2.50 | 1.20 | **Sometimes** |
| **5** | It is the manager’s job to help followers find their “passion.” | 2.70 | 1.14 | **Sometimes** |
| **6** | People are basically competent and if given a task will do a good job | 2.56 | 1.21 | **Sometimes** |
|  | **Total** | **2.49** | **1.26** | **Sometimes** |

Moreover, the results showed that the total perception of democratic style was at low range since the sum of items was 14.93 (11-15 range) (See table 4). Around 33% (n=110) of participants perceived the democratic management style at low range (11-15 group) and only 8% (n=27) of the participants perceived it at very high range (25-30 group). See figure 2

Chart, pie chart

Description automatically generated

**Figure 2:** Democratic Management Style Ranges

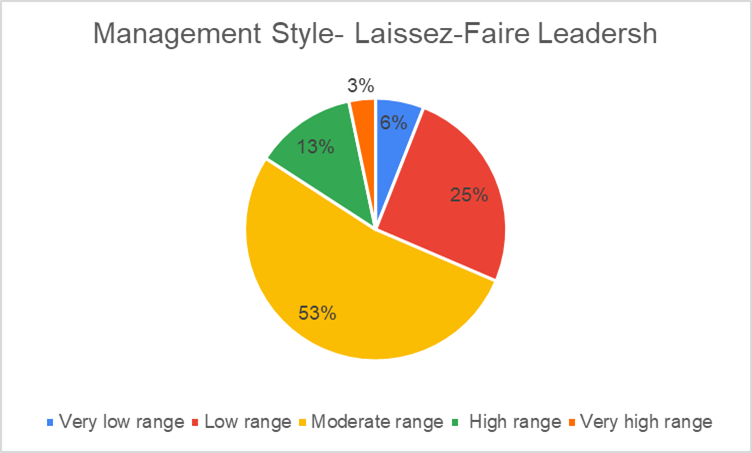
**5.3.3 Laissez-Faire Management Style**

Table 5 presents the perception of Laissez-Faire management style. The results showed that the total average of laissez-Faire management perception was 2.85 (SD=1.09). The results reflected that the perception of Laissez-Faire management was sometimes happened. Moreover, the results showed that all statements were sometimes perceived by the participants except one statement which indicated that it is best to leave followers alone (mean=3.10, SD=1.08).

**Table 5:** Perception of Laissez-Faire Leadership

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Statement** | **Mean** | **SD** | **Description** |
| **1** | In complex situations, managers should let followers work problems out on their own | 2.95 | 1.14 | **Sometimes** |
| **2** | Management requires staying out of the way of followers as they do their work | 2.92 | 0.99 | **Sometimes** |
| **3** | As a rule, managers should allow followers to appraise their own work | 2.50 | 1.25 | **Sometimes** |
| **4** | Managers should give followers complete freedom to solve problems on their own | 2.80 | 1.05 | **Sometimes** |
| **5** | In most situations, workers prefer little input from the manager | 2.83 | 1.04 | **Sometimes** |
| **6** | In general, it is best to leave followers alone | 3.10 | 1.08 | **Often** |
|  | **Total** | **2.85** | **1.09** | **Sometimes** |

Moreover, the results showed that the total perception of Laissez-Faire management style was at moderate range since the sum of items was 17.11 (16-20 range) (See table 8). Around 53% (n=176) of participants perceived the Laissez-Faire management at moderate range ((16-20 range) and only 3% (n=11) of the participants perceived it at very high range (25-30 group).



**Figure 3:** Laissez-Faire Management Style Ranges

## **5.4 Relationship between the Burnout level and Management Style**

Table 6 presents the relationship between burnout level and management style. The results showed that there was a significant negative relationship between the burnout level and total mean of management styles (r=.231, <.05). the results indicated that the increasing the perception of management styles was correlated to decrease the burnout perception among the participants.

Moreover, the results showed that there was significant negative relationship between the burnout level and the three management style (Authoritarian, Democratic, and Laissez-Faire) (p value= <.05). This indicated the increase the perception of these style was correlated to decrease the burnout perception among the participants.

**Table 6:** Relationship between the Burnout level and Management Styles

|  |  |  |
| --- | --- | --- |
| **Variables (mean)** | | **Burnout** |
| Management Style (total mean) | Pearson Correlation | 0.231\* |
| Sig. (2-tailed) | <.05 |
| Authoritarian Management Style | Pearson Correlation | -0.194\* |
| Sig. (2-tailed) | <.05 |
| Democratic Management Style | Pearson Correlation | -0.245\* |
| Sig. (2-tailed) | <.05 |
| Laissez-Faire Management Style | Pearson Correlation | -0.162\* |
| Sig. (2-tailed) | <.05 |

\*Significant at p value=.05

# **CHAPTER 6 DISCUSSION**

## **DISCUSSION**

The results showed that the most participants aged between 30-39 years old which consistent with the average ages of nursing in Saudi Arabia (Batayneh et al., 2019). The educational levels of participants were considered adequate compared to our setting and higher than the other countries where the number of nurses who hold diplomas was considered higher (Jun et al., 2021; Shah et al., 2021). Almost half of participants had 1-5 years of work experience which is consistent to normal work experiences in many studies in Saudi Arabia (Saleh et al., 2018, Batayneh et al., 2019).

The average scale burnout indicated that the burnout perception is sometimes happened among nurses. This result is consistent with previous study by Jun (Jun et al., 2021; Shah et al., 2021). This causes the nurses to often lose interest in what they are doing as well as compassion for their patients, which is traumatic in the healthcare business. Because of this, patients often get substandard treatment. It is conceivable for nurses who are emotionally and physically fatigued to struggle with their decision-making abilities, reaction speed, and critical thinking. This may also result in an increase in turnover, absenteeism, and presenteeism, which is the loss of productivity due by health issues or unfavourable happenings in the workplace (Jun et al., 2021; Shah et al., 2021).

The result showed that an authoritarian management style had been reported occasionally, there was a perception that authoritarian management was being used on occasion. The prevalence of individual control over all choices and the limiting of group members' chances to contribute input differentiate this style of management from others like it. The terms "dictatorial management" and "autocratic management" are commonly used interchangeably with one another. The decisions that are made by autocratic managers are often based on the manager's own ideas and assessments, and the opinions of the followers are seldom taken into consideration in the decision-making process. This management style is very effective in special situations yet not to be adopted as the common practice which is consistent with what was mentioned by Du (Du et al., 2020; Liggett, 2020; H. Wang & Guan, 2018) that the autocratic leadership may be advantageous occasionally.

The results reflected that the perception of democratic management was sometimes happened. A democratic management style requires not obstructing the flow of ideas and actively promoting communication among those who are involved in the process. In addition to ensuring that everyone has an opportunity to take part in the process, this is one of the requirements of a democratic management style. In addition to making certain that the relevant information is made accessible to all parties concerned, it is also necessary to carry out this step. Even though this method places a greater emphasis on individual equality and the free exchange of ideas, the democratic leader is still responsible for guiding the organization and exercising authority within it, increasing staff involvement, satisfaction, and retention as well. This is the case even though this approach places a greater emphasis on the free exchange of ideas. Even though this approach puts a larger premium on the participants' capacity to freely communicate information and ideas with one another, this result nevertheless occurs (Fakhri et al., 2021; Hilton et al., 2021).

In addition, the results reflected that the perception of Laissez-Faire management was sometimes happened. Laissez-faire management is a style of management in which leaders take a hands-off approach and enable group members to make their own choices. This style of management is also known as "management by consensus.”. this kind of management style is very risky and should be utilized carefully which was going with the study of Lundmark which showed that this specific kind of management almost always results in the members of the group reaching the lowest levels of productivity. (Lundmark et al., 2022. Robert & Vandenberghe, 2021).

There was a scarcity of information about the impact of nursing management styles on the nursing staff burnout incidence. Nurse burnout and nursing management styles are two critical components that literature has shown to have significant associations with staff, organizational and patient outcomes. In addition, several studies have been performed on the concepts of nurse’s burnout and nursing management styles among nurses working in Saudi Arabia. yet the relationship between those two concepts was not covered.

It is very common for nurses to suffer considerable amounts of stress due to the nature of their duties in the hospitals. And the impact of these stressors on them in term of satisfaction and reporting burnout. (Dall’Ora et al., 2020).and as there was a paucity of studies that specifically focused on this issue for nurses working in private hospitals in Saudi Arabia, our study was highly significant to ensure healthy work environment for nursing staff. This study showed that the greater the perception of management styles among nurses, the less burnout perceived by them.

Pertaining the association between management styles and nurse’s burnout, the results have approved a significant correlation with the three management styles: authoritarian, democratic and laisse-faire. These findings are supporting other previous studies which advise the managers to adopt management strategies oriented to authentic listening and interaction with the team in order to manage organizational issues, increase nurses' professional quality of life and prevent burnout (Cosentino et al ,2021).

# **CHAPTER 7 CONCLUSION**

## **CONCLUSION**

As what has been discussed earlier in this study about the importance of investigating the degree of staff satisfaction as an outcome of proper management style and its impaction on reduction staff burnout, increasing their retention and minimizing staff turnover. This study highlighted the level of burnout among nurses in one of the biggest hospitals in Riyadh.

The study has indicated that there are burnout significant levels among staff nurses working in hospital settings. In addition, nurse managers practice different management styles to manage working burnout at the selected hospital. Finally, different management styles among nurse managers are associated with levels of burnout.

Our recommendation in this study is divided into two parts: first, for the nurses’ staff and second is for the nursing managers. Coming for the nurse’s staff who should monitor any early signs of burnout and report it immediately to the administrative level to intervene and resolve it before it leading to dissatisfaction and turnover. For the managers they should practice the mentorship role to detect the staff burnout in order to handle it properly .as well as practicing the appropriate management styles to prevent nurse’s burnout from happening. Openness in addition is the first and most important step that will assist nursing leaders in spotting the early warning symptoms of burnout sooner. Recognition and authentic leadership are highly valuable ways to show appreciation to the employees. It is highly recommended to expand this topic to be investigated thoroughly in order raise it up and address other contributing factors.

The study had many limitations. The first one is that the study was conducted in one hospital and not public hospital. So, the generalization of data to other settings is limited. The second one is that the sample size was considered small when comparing with other studies. It did not present the national survey. The using of non-random sampling technique may restrict the proper presentation of study population. The findings of this study had been limited to the perspectives, views, and knowledge of the participants. The nurse leaders’ perspectives were not considered. Moreover, the researchers have faced some difficulties during the data collection related to the time constrain to conduct the research and unavailability of time for the participants since they were stressed and busy.

Despite the limitation of this study, advantages of conducing this study are observed. This study provides baseline data for future studies. Our results have highlighted the current situation and describing the context, relationship, and contributing factors. This may help other researchers explore more details about this topic. Further research should be considered to more than one setting, increasing sample size, and considering the nurse leaders perspective. The high sample size may be needed in future study from different regions to enhance the generalization of data.

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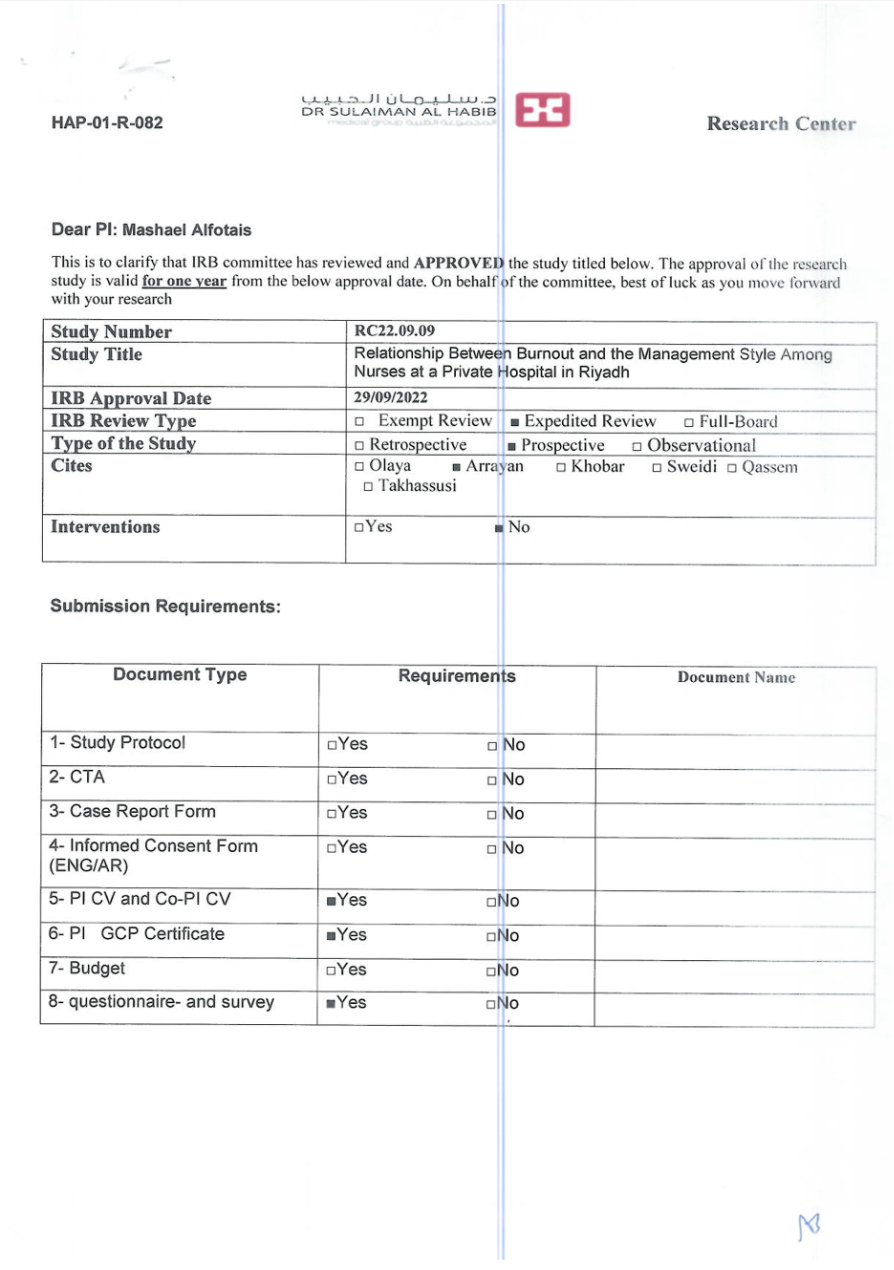
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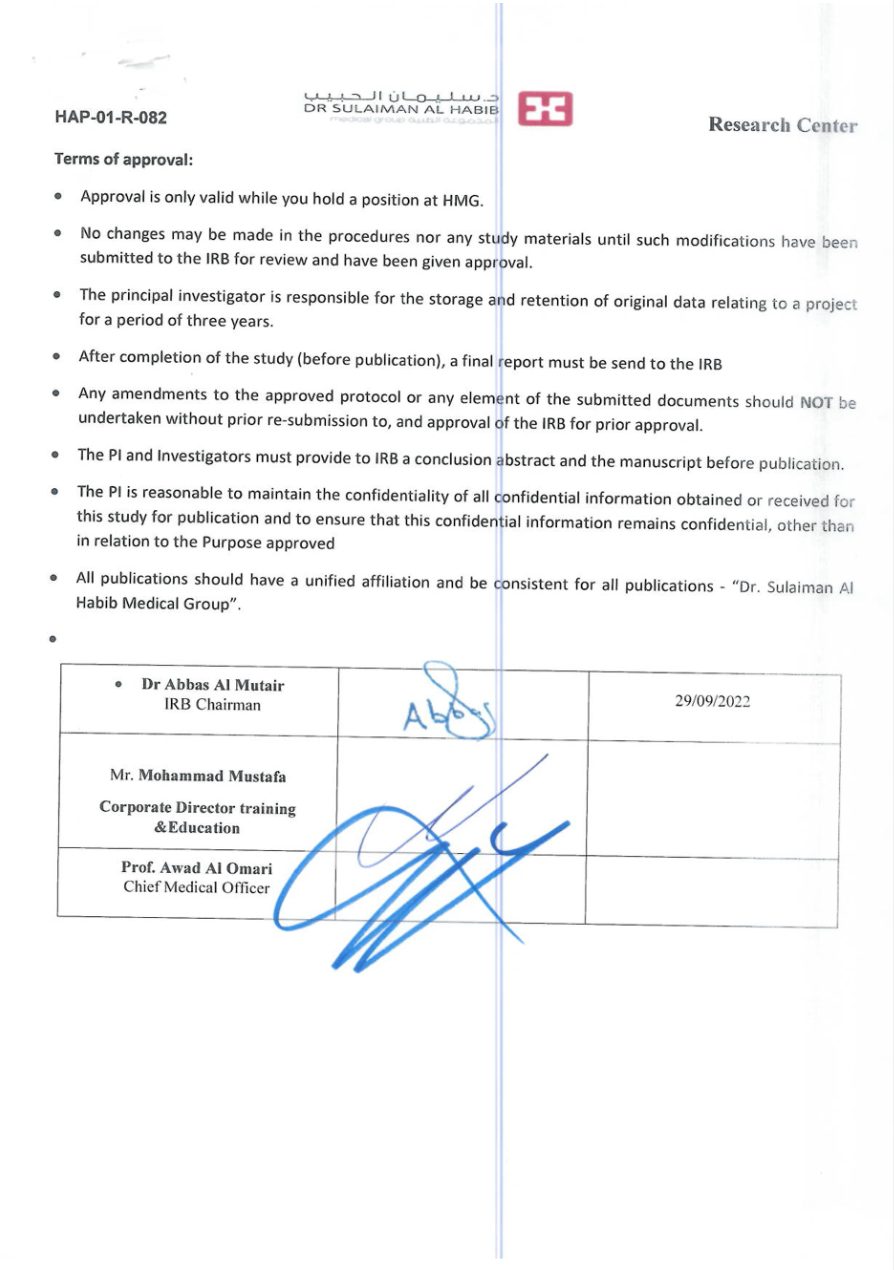
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**APPENDIXES**

**APPENDIXES A: IRB APPROVAL**

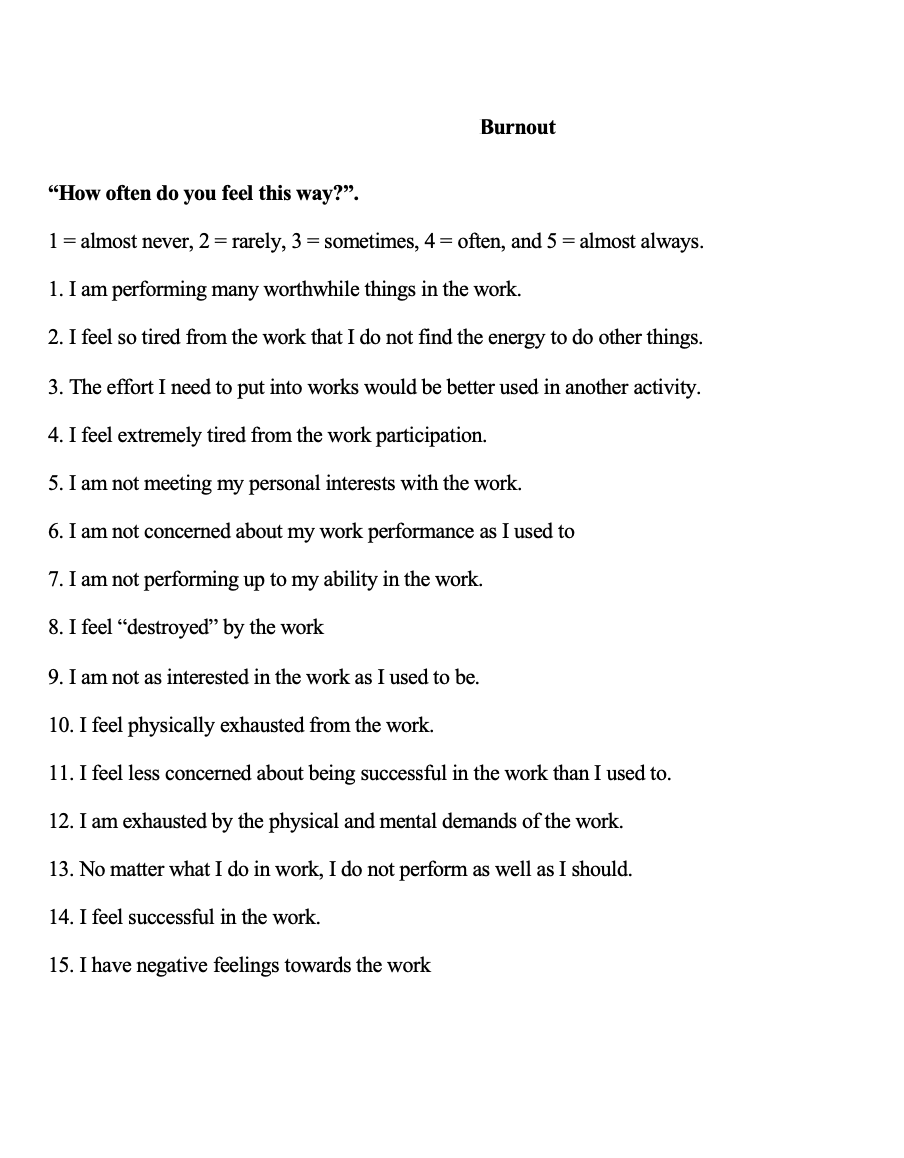




**APPENDIXES B: QUESTIONNARE**

Table

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