Understanding leadership styles and the prevention and management of nursing burnout in the hospital setting

by
Kayleigh Payne

A thesis presented to the Honors College of Middle Tennessee State University in partial fulfillment of the requirements for graduation from the University Honors College

Spring 2021

Thesis Committee:

Dr. Betsy Dalton, Thesis Director

Dr. Stacey Browning, Second Reader

Dr. Rebekka King, Thesis Committee Chair

Understanding leadership styles and the prevention and management of nursing burnout in the hospital setting

by Kayleigh Payne

APPROVED:

_____

Dr. Betsy Dalton, Thesis Director
Assistant Professor, Communication

_____

Dr. Rebekka King, Thesis Committee Chair
Associate Professor, Philosophy and Religious Studies

Acknowledgements

First, I would like to express my gratitude to Dr. Betsy Dalton, my thesis advisor, for her encouragement and guidance on this project. I owe the organization and success of this project to you – thank you.

I also wish to thank my second reader, Dr. Stacey Browning. Your knowledge of the nursing profession added great value to this project. Thank you for your encouragement and enthusiasm throughout the process.

I am incredibly appreciative of the participants of this research study. Thank you for taking the time out of your day to help me better understand your experiences. My project is dedicated to you and I hope that, with your responses, this project will have a positive impact on the future of nursing burnout.

I must also acknowledge the Honors College at MTSU. The opportunity to complete an undergraduate Honors thesis with the support of Honors College staff has been invaluable.

Finally, I thank my loved ones for their patience and support throughout the duration of this project. Thank you for believing in me.

Abstract

Nurse burnout has become a salient topic in healthcare literature in recent years. With growing concerns for nurse wellbeing and workplace satisfaction, the need to find solutions has never been more urgent. This study aims to determine the role of nurse leaders in preventing and managing nurse burnout. To discover the most desirable leadership style(s) and communication practices exhibited by nurse leaders, two focus groups with three nurses each were conducted in addition to two one-on-one interviews with nurse managers. This study found that burnout is most often described as feeling disengaged and exhausted and is paired with a number of individual coping mechanisms. The results indicate that transformational leadership is the most preferred by nurses and nurse leaders. Practical suggestions for nurses, leaders, and hospital systems were formed from the data using Framework Analysis. The findings should serve to extend and clarify existing research regarding nursing burnout and leadership.

Table of Contents

Technical Terms and Conceptual Definitions

Emotional Exhaustion (EE): "the state of being physically and emotionally exhausted by work stress, which is characterized by low energy, fatigue, depression, hopelessness, and helplessness" (Mudallal, 2017, p. 2).

Depersonalization (DP): "a distant or indifferent attitude towards work. Depersonalization manifests as negative, callous, and cynical behaviors; or interacting with colleagues or patients in an impersonal manner" (Mealer, 2016, p. 1).

Low Personal Accomplishment (PA): "the state of negatively evaluating ones' self as being incompetent, unsuccessful, and inadequate; consequently, employees exhibit low levels of contribution to their work" (Mudallal, 2017, p. 2).

Registered Nurse (RN): Nurse possessing either a 2 year Associate Degree in Nursing (ADN) or 4 year Bachelor of Science in Nursing (BSN) degree from a college or university and has passed a national licensing exam.

Nurse Unit Manager: Registered Nurse with management training and responsibilities. Duties include: creating work schedules, supervising, evaluating, and disciplining nursing staff. Additionally, they often take part in the creation of employee policies and procedures.

Emerging in the 1970s, professional burnout has served as a "social problem worthy of attention" (Schaufeli, Leiter, & Maslach, 2008, p. 204). Professional burnout (also called burnout) is a syndrome caused by a variety of workplace stressors. It is characterized by "a decline in physical, emotional, and psychological energy resulting from work-related stress that leads to cynicism toward clients and colleagues and feelings of low self-efficacy" (Mudallal, 2017, p. 2). The three key aspects of burnout are emotional exhaustion, depersonalization, and low personal accomplishment (Maslach, 1993). Further, the syndrome affects and is affected by interpersonal communication and relationships. More specifically, the depersonalization dimension of burnout causes those affected to communicate with others in a more impersonal manner, sometimes adopting a cynical attitude (Mealer, 2016). Workplace stress, the overarching cause of job burnout, increases occupational hazards, absenteeism, and even wastes a 10% of the country's gross domestic product (Davey et al., 2019). It also negatively affects work performance and employee satisfaction (Jennings, 2008). The issues that arise with burnout have gained the attention of organizations and academics.

Much of job burnout research focuses on the helping professions, likely due to the taxing emotional labor that is required (Schaufeli, Leiter, & Maslach, 2008). Healthcare workers are particularly good candidates for burnout research (long shifts, traumatic cases, etc.). Physicians, medical students, psychologists, and social workers often serve as subjects for studies of this nature (Reith, 2018; Lloyd, King, & Chenoweth, 2002). One population of healthcare workers who have increasingly been included in burnout literature are nurses. Nursing burnout is considered a salient issue in the healthcare field today and has only gained more attention since the start of the COVID-19 pandemic. One

recent article explained, “Concurrent experience of high workload, the fear of being infected, and disrupted social support during isolation or quarantine are critical factors that may influence burnout,” also emphasizing the impact of the lack of personal protective equipment (PPE) and carrying the stigma of being potential carriers of the virus (Sultana et al., 2020, p. 2). The crisis has brought issues of burnout and leadership sharply into focus as nurses’ working conditions are being sharply shifted, possibly even to an unsafe extent. There is also growing concern due to a number of additional reasons which have consistently shown up in relevant research.

Literature Review

Burnout in Nursing

There are a number of reasons why nursing burnout has become a compelling issue in recent years. First, there is a shortage of bedside nurses alongside increasing demand for care associated with changing demographics (Gershon et al., 2007). One study describes the “vicious cycle” the nursing profession faces: the existing shortage places greater pressure and difficult working conditions on nurses, causing them to leave their jobs and worsen the turnover crisis (Hassmiller & Cozine, 2006). Absenteeism is another issue caused by burnout which, in turn, reduces the quality of patient care (Jennings, 2008). In fact, nurse burnout has been determined to have a significant impact on patient health outcomes, even influencing patient mortality and infection rates (Halm, 2019). Nurses, too, are impacted by the quality of their own performance; for example, burnt out nurses are more susceptible to needlestick injuries (Clarke et al., 2002).

Burnout can cause a host of physical and psychological symptoms: depression, chest pain, rapid heartbeat, poor sleep, memory loss, trouble concentrating, etc. (Davey et

al., 2019). The three dimensions of burnout, as previously mentioned, are emotional exhaustion, depersonalization, and low personal accomplishment (Maslach, 1993). Emotional exhaustion is characterized by "low energy, fatigue, depression, hopelessness, and helplessness" (Mudallal, 2017, p. 2). Depersonalization, according to much of the literature surrounding burnout, is "equated with cynicism and detachment from the job" (Todaro-Franceschi, 2013, p. 117). Low personal accomplishment is described as, "the state of negatively evaluating ones' self as being incompetent, unsuccessful, and inadequate; consequently, employees exhibit low levels of contribution to their work" (Mudallal, 2017, p. 2). The impact of nurse burnout can be severe, impacting the nurse, patients, and healthcare organization.

Scholars have taken several approaches when studying causes of nursing burnout, from examining individual self-care practices to critiquing organizational policies. Some researchers have focused their efforts on the role of the individual nurse in managing burnout symptoms, encouraging practices like meditation and mindfulness (Montoro-Rodriguez & Small, 2006; Todaro-Franceschi, 2013), while others are more concerned with workplace conditions like staffing and shift length (Clarke et al., 2002; Halm, 2019; Gershon et al., 2007; Stone et al., 2006). While there is a plethora of valuable literature on nursing burnout, there is still a great need for concrete evidence of the effectiveness of proposed organizational solutions.

Leadership in Nursing

A particularly interesting area of research involves leadership styles. The role of nursing leaders has been shown to significantly influence the performance of bedside nurses; therefore, it is important for professionals in nursing leadership positions to be

properly trained on how to both prevent and treat burnout (Waddill-Goad et al., 2016). One study concluded that "nurse managers are in key positions for reorganizing the work load and reallocating resources" (Chan et al., 2013, p. 611). Another study examined the impact of meaningful recognition of nurses in the form of gratitude boards and suggestion boxes, which was shown to lower burnout rates in several emergency departments (Adams et al., 2019). More recently, scholars have begun to look at the impact of leadership styles in reducing burnout rates. Specifically, transformational leadership has been regarded as one of the best styles for managing nurses (Madathil et al., 2014; Paal et al., 2018; Shaughnessy et al., 2018). Shaunghnessy et al. (2018) found a strong positive link between transformational leadership and work engagement in nurses. This is important because disengagement is a key characteristic of burnout (Shaughnessy et al., 2018). Transformational leadership serves as a valid potential solution to the nursing burnout crisis; however, most literature uses ambiguous language and fails to articulate concrete methods that leaders can put into practice in order to become transformational leaders. One scholarly work shows the importance of managers including nurses in the process of decision making, such as scheduling needs, but fails to provide details about how to do so in a safe and effective manner (Institute of Medicine, 2004). A report produced by a journal of the American Nurses Association (2013) found that respect from the nurse manager, along with involvement in the decision-making process, was a top factor that improved nurse retention rates.

Research Questions

Again, there is not much clarity regarding the specific messages and behaviors that nurse managers can and should use to communicate this respect to staff nurses. The

absence of information leaves an opportunity for further research to be done. Due to the lack of clarity regarding detailed healthcare leadership behaviors that can help mitigate burnout, this study addresses the following research questions:

RQ1: How do nurses experience burnout?

RQ2: What role do nursing leadership practices play in preventing and managing burnout?

RQ3a: What communication practices and/or behaviors do nurse leaders engage in?

RQ3b: How do these communication practices and/or behaviors impact nurses?

RQ4a: Which type of leadership style is most effective for managing nurses in a hospital setting from the perspective of registered nurses and nurse leaders?

RQ4b: What specific leadership practices effectively reduce or maintain low burnout rates among registered nurses in a hospital setting?

Aim and Methodology

The aim of this project was to collect data from practicing registered nurses and nurse leaders (specifically unit managers) regarding individual and organizational practices contributing to nursing burnout in the hospital setting. Given the importance of leadership in the prevention and management of burnout, this project was designed to pinpoint specific practices nursing leaders employ which can be improved upon based on current available literature and interpretations drawn from the focus groups and interviews administered. Results from this project will, ideally, serve as a unique contribution to existing research on nursing burnout and offer potential strategies to lower burnout rates among registered nurses. Implementation of such practices should,

theoretically, improve the quality of care provided by nurses in a hospital setting as well as improving nurse job satisfaction.

Qualitative data for this project was collected by conducting focus groups with registered nurses and nurse leaders at hospitals across the United States. Participants were interviewed to better help the researcher understand the lived experiences of nurses in relation to burnout and healthcare leadership.

Participants

Two focus groups were conducted with three staff nurses per group. Each nurse had over one year of experience in their practice. In one focus group, each nurse was between the age of forty-five and sixty-five. In the second focus group, nurses were in their late twenties and early thirties exclusively. The participants were grouped according to availability, not age or experience. Further, two one-on-one interviews were conducted with two nurse leaders who had at least two years of experience as unit managers. One focus group participant had also worked as a nurse leader and provided insight into both the staff nurse and nurse leader's perspectives but was interviewed with staff nurses. Recruitment of participants occurred through email and connecting with personal and professional contacts. Social media posts that utilized IRB approved recruitment wording were made and shared. Due to CDC recommendations and IRB requirements during the COVID-19 pandemic, all interviews took place on Zoom. With IRB permission and the consent of each participant, interviews and focus groups were recorded electronically in order to be later transcribed and analyzed.

Analysis

Framework Analysis is a method of qualitative data analysis that, "involves a systematic process of sifting, charting and sorting material according to key issues and themes" (Ritchie & Spencer, 1994, p. 177). Though this method of analysis includes five distinct stages, it also allows for the analyst to determine meaning and make unique connections using his or her own creativity and conceptual skillset. The first stage is familiarization, where analysts essentially immerse themselves in the data they have collected; for me, this included listening to focus group and interview recordings and reading through transcripts. Then, I began identifying a thematic framework as part of the second stage. Here, the aim was to find key themes and concepts to categorize data for further analysis. The next stage, indexing, involved annotating the textual data according to the thematic framework. Data was then charted according to the key subject area. The last stage of this method is mapping and interpretation, where I, the analyst, looked closely at the data to determine patterns and discover explanations based on the data (Ritchie & Spencer, 1994).

As previously mentioned, in order to complete this research project, IRB approval from MTSU was obtained. Documents, such as the recruitment wording and approval letter, can be found in the appendix.

Findings

Individuals in this study reported their lived experiences with nursing burnout and leadership, describing numerous areas in which change is necessary by first defining prominent issues contributing to burnout. The perceived roles of the nurses, leaders, and hospital systems in mitigating burnout were discussed. The stories told illustrated the impacts of specific leadership behaviors occurring within the hospital setting, identifying

the most desirable leadership style(s). Participants concluded with hopes for the future regarding the prevention and management of nursing burnout.

Experiencing Burnout

Factors Contributing to Burnout

Participants list a number of workplace variables that have contributed to past feelings of burnout. One of the two main factors is the patients in their care. For instance, Riley asserted, "The types of patients you get, like when you get a lot of detoxing patients. I never signed up for a detoxing floor but we're getting a lot of detoxing patients lately." This is perhaps partly due to the strain COVID-19 has had on so many individuals. Nurses, like Courtney, described floating around to different units before finding joy in caring for a particular type of patient. Another nurse, Alice, described the impact of patient violence, "I've had patients hit me, I've had a patient kick me into a window before. There's just all these things that, after that, I said I'm done with bedside nursing."

Patient acuity and staffing ratios also matter. "Acuity is a lot higher now and ratios are a little bit worse," Kathryn pointed out. Courtney explained how this might lead to burnout by saying, "It's frustrating when you can't do everything to the best of your ability for everyone you're taking care of." This puts some in uncomfortable positions as they feel that patient safety is not a top priority. Alice noted,

> I think it's also a big deal when you see how the day is staffed in accordance to how many new grads you have versus experienced nurses. I know that, like, I felt they wouldn't mesh well when I was a senior nurse with six new grads and the whole day I'm trying to take care of my patients and it's "Can you help me do

> this? Can you show me this?" Ugh! I can't be the only one to field every single question.

Nurse leader, Elizabeth, describes:

> Especially during this pandemic, we have seen the sickest of the sick and it's devastating, you know, patients who you just can't even imagine what they're going through and it's heartbreaking every day to see this and take care of this and it's also really scary for the nurses to put their lives on the line.

Riley expressed frustration about some organizational policies, which have also been worsened by the pandemic:

> That's really hard when you see that certain decisions are being made because the hospital ultimately is a business but, at least for the most part, nurses didn't get into nursing for the business or to help run a business, we got into it for the patient care and the people and the interactions… We want to care for people and management wants to run the business.

Similarly, Maria describes the impact of being forced to take on more work,

> COVID has been extremely challenging for everyone who's worked through it. I'm facing an unending sort of burden at work where we just were, like, maxed out 24/7 and there was like no… it seemed like it was never going to end. In fact, I mean still to this day we're sort of managing a different workflow that we've never had to do before which contributes hours of work on what we normally do. So, you know, it's just pretty difficult to manage.

Signs of Burnout

Participants described a variety of ways in which burnout may present itself. Elizabeth, a nurse leader, speculated based on her experience working with burnt out nurses, “I think they can feel overwhelmed, angry. They begin questioning themselves, they are questioning the reasons that they chose this profession.” Another nurse leader, Maria, adds the following: “Being overly stressed, agitated, reacting sometimes unprofessionally in certain situations. You know, has issues with other staff in terms of not being able to complete the work that is needed for a nurse to complete their job.”

Staff nurses, like Riley, illustrated the experience of burnout, “You don’t feel as excited about your job anymore.” Another nurse, Courtney, disclosed, “I was crying before and after every shift because it was just so terrible.” Anne described, “A lot of anxiety and a lot of short-temperedness about things that, normally, they would be able to deal with.” Kathryn added that burnt out nurses are “not engaged.” Many participants agreed that a change in overall mood or attitude can be a key indicator of burnout.

Self-Care and Individual Action

Participants described a plethora of self-care activities to cope with burnout or extreme stress caused by their jobs.

Alcohol

Consuming alcohol after work was the most popular response. Riley joked, “A good bottle of wine never hurt nobody.” Anne admitted, “I did do some bitching and drinking some wine with some friends.” When speaking about post-work activities, Alice stated: “Afterwards, I mean, I’m not gonna lie, we would go to the bar right after. Even though I would go to the bar at 7 AM, we would get our mimosas and vent it out to each other.”

Prayer, Yoga, and Meditation

During particularly challenging shifts, Riley said, "Praying as you work helps, I do that all the time if I'm really stressed out." Other participants echoed this response.

Additionally, Anne explained, "I did adopt doing yoga and being in the present moment more." Anne later added, "We have to allow ourselves to not be perfect." Participants tended to describe getting through a 12-hour shift as a mental battle of sorts, noting that a positive mindset can make a significant difference.

Therapy and Medication

Participants who experienced prolonged workplace stress combined with other more personal issues highlighted therapy and medication as helpful methods of mitigating burnout. Anne disclosed, "I have been to a psychologist off and on throughout the year." Kathryn, who has also acted as a nurse leader, stated, "I've had to go into therapy… I am on two different antidepressants." Other participants mentioned feeling that they needed therapy.

Maintaining Workplace Relationships

Participants placed great importance on healthy workplace relationships. Riley noted, "If you don't like who you're working with then why do you even want to show up to work anymore?" Margaret reported:

> I don't bring anything home. If I have an issue with someone I talk to them about it. Especially if there was something upsetting during the night. I'm not the person that goes behind your back and tells everyone else what happened, so I try to take care of the situation while I'm still at work if I can.

Some participants remain satisfied at work due to close friendships. In fact, Alice mentioned,

> I'd say during my shift, I would always try to at least, like, we have a group where we were all really close with each other, so we'd try to have lunch together or at least sit together and vent to each other. If I had to give my patient a bath, I'd pick someone I was close to and do it with them and it was like, I don't know it kind of put me in a better mood by seeing a friendly face and being like, alright, it'll be alright.

The Leader's Role

Participants, including both staff nurses and nurse managers, made clear the instrumental role of the leader in preventing and managing burnout. They disclosed specific communication practices and behaviors used by leaders as well as their impacts, followed by what they'd like to see more of from their unit managers.

Harmful Practices

The issue of trust came up in multiple responses. Alice described,

> I personally have had issues with our assistant managers where anything you say to them that should be in confidence is not and I knew every single person on my unit that was getting written up. I knew every single thing going wrong on my unit and that's not professional at all. That adds to the burnout because you don't have a safe space to go to when you mess up or just to talk and everyone on the unit is in your business and everyone's going to know what happened… I had applied for an assistant manager position and I found out I didn't get it through my coworker. I didn't even find out through my manager because news travels so

> fast. So, they were like "Oh, sorry you didn't get it" and I was like "Oh cool, would have been nice to hear it from my manager but thanks."

Leaders being absent and inaccessible is also an issue according to participants. Riley explained:

> I work nights and the management team is just so intangible; they're just not very accessible to us. I feel like I don't really have a relationship with upper management at all. I see them, we say hi in the hallway, that's really it… If just one of our higher-level managers would occasionally pick up a night shift, whether that's just to see what's going on on the floor at that time or to make themselves accessible to us because we have concerns and ideas as well, I think that that could actually help.

Courtney expressed frustration with her manager, "If you want to reach out to her, you have to make the effort. And I get that, you know, she can't know all of the things but it's hard when you're also doing all of your patient care and it's like 'Okay, I want to talk to you, but I only have from this time to this time and I'm busy.'"

This is a common theme for night shift nurses. Courtney later added, "Upper management definitely just has no idea what's going on, especially at night." Similarly, Alice mentioned, "Our manager had no idea what would go on during night shift because she was day shift and had no idea. I think they don't realize... They think our patients are sleeping. Our patients have never slept during the night." Participants expressed a simple desire to be understood by their managers. Based on responses, this is an issue that is contributing to their experiences with burnout.

Another issue that one participant described is the leader's lack of understanding for the job as a whole. Alice remarked,

> Every manager I've ever had has been a nurse, this one is not. She was a tech before this… We'll ask her questions and she doesn't know the answer because she's never been a nurse. And she doesn't necessarily care about our unit as much because she also runs multiple units… She doesn't understand ours, so she just leaves us alone. While to a point that can be good because, yeah, we all like being left alone, we don't necessarily feel like we have the support by our manager that we need.

Other participants called this "dangerous" and "horrifying." Participants described having negative experiences with absent and unqualified leaders, thus making their jobs challenging and frustrating.

On the other hand, nurse managers are wary of helping too much. Elizabeth explained:

> We had nurses in the past who couldn't keep up and what we did to try to decrease their stress and decrease their chance of burning out is all of the leadership team would just pitch in and help out as much as we possibly could. It seems like it would be a good solution but it's really a short-term solution.

Helpful Practices

Participants were able to describe communication practices and behaviors that are effective at reducing or even preventing burnout. Many nurses want to engage with their managers and be "seen" by them. Margaret noted, "I like our manager. She talks to people individually if she notices a change in the mood."

Participants expressed the desire to be heard and understood. For instance, Riley recalled:

> When I was training a new graduate and they asked me how it was going, and I would say "I'm seeing a little bit of a struggle with this," they would really take that into account and extend orientation times or, you know, they weren't worried about paying two nurses to work as one on the floor; they were worried about making sure they felt ready to be in that position solo. That was one time I truly felt heard.

Anne added, "When you're knee-deep in it together and feeling like your manager is your manager but you know she's one of you and she gets it… I know that that sounds impossible but sometimes that's the one thing that, you know, when it's really bad, that would help you push through." Alice echoed this, "If you have a good manager, it's easy to stay. If you don't, it's a lot harder to suck it up in a sense."

Additionally, many participants mentioned the appreciation and respect given to nurse leaders when they step in and help. As Courtney noted, "She will take on patients when none of the other charge nurses will ever do that unless it's dire, which I think just shows that she is looking out for the unit as a whole."

Similarly, Riley discussed the importance of having a manager look out for both the nurse and the patient. She discussed, "She would go into patients' rooms, answer call lights, and check on us. If one of us hadn't gone to lunch, she would tell us 'Go, I'll watch your patients for you.'"

Anne specifically describes the meaning of leaders stepping in. As she described, "Nurse managers earn a lot of respect from getting their feet wet and rolling up their

sleeves and jumping in with their staff and doing it. They don't have a lot of time to do it, so that really I think makes a big difference."

Leadership Styles

Staff nurses and nurse managers were given a list of four leadership styles (Laissez-Faire, Servant, Transactional, and Transformational) and asked about their familiarity with each style before being introduced to the definition of each style. They were then asked to explain how they felt these styles were used (or not used) on their units. Participants spoke about their experience with each of the four leadership styles, telling stories and giving specific examples as well as the implications of the leaders' behaviors.

Laissez-Faire Leadership

This style of leadership was described by most participants as neither widely used nor desired. The nurse leaders had particularly negative views on this hands-off approach to management. Elizabeth expressed concern with the style. She said, "I think that is ineffective. I think that your team members really look to you for that feedback whether it be positive or constructive." Maria, another nurse leader, had a different opinion. As Maria discussed, "I would like for my staff to be able to do their job with little instruction from me because I feel like everyone knows what their role is, so it's understood that this is your responsibility and I don't want to have to continuously tell you what to do."

Staff nurses expressed concern with this leadership style as they rely on leadership for guidance during particularly challenging times. Alice describes the frustration of looking to her manager for help and receiving no answers. As she described,

> I'll even ask her protocols, like: "Hey, for this, do we time out for this or this" And she'll be like "Oh, I'm not sure, you'll have to look it up." ... Yeah, they're always like "Oh if you have a problem that you need a nurse for, just go to the ER nurse, or the ER manager" and I'm like "yeah but that's not our manager, she can't do anything about our concerns."

Servant Leadership

This style of leadership is sometimes used and mostly desired, according to participants. As Kathryn noted, "When they approach you, it's: 'What can I do for you? What can I do for the team? Do you have everything that you need to do your job?'... that kind of thing instead of 'You're not doing this, you're not doing this.'" Margaret describes her manager as a servant leader. She explained, "If anybody needs anything, she is wanting to make sure they get it. She kind of, you know, the ones who need more help or that need more training... she kind of hovers over them."

Anne told the story of her memorable experience with a servant leader. She explained:

> It was my first time in charge. It was about a year-and-a-half into my career there and I was in charge. I had been a nurse prior to that in another setting, in the ICU setting. So, my first day in charge, we were bursting at the seams with patients. We had a couple of patients delivering, we had one patient in the operating room, and we had a patient who had to have a crash C-section and in the middle of the crash C-section, she went into DIC (disseminated intravascular coagulation). The bottom line is that they had to bring in the Cart team and she had to have her chest cracked open. I have to say that we got through it, she survived, the baby did well, everything went well. But my nurse manager heard what was going on because it

was second shift and she actually came in. We had a room where we would pull patients aside if there was bad news or if you needed to have a conversation at a couch with a husband while moms were in surgery or whatever and she pulled me aside and she just gave me a big hug and let me cry because I did the best I could, but I couldn't meet all of the needs of all of the things that were going on.

Maria said she tries to utilize this style in order to keep her staff happy. She described, "I do care about each of my staff members and I want them to be happy and so I feel like my number one goal as a manager is that people are happy with the work that they're doing. Because I feel like when they're happy with the work, they provide good care."

One nurse leader had a slightly different idea of this leadership style. Elizabeth noted, "I also think this leadership style can be ineffective because I think, again, you have a little bit of imbalance; it's a little too much of not being viewed as a manager if you're coming off as a team member. This will lead the leader to be burnt out."

Transactional Leadership

According to participants, this style is not widely used nor preferred in their work environments. Participants described this style as using favoritism, which they consider to be a negative aspect of the job. More specifically, one nurse made the case that some staff nurses "suck up" to nurse managers and reap the rewards. Others may show their distrust in a particular manager and are treated unfairly as a result.

Alice recalled a negative experience that she associates with transactional leadership. She said, "In my old unit we could pick our own assignments so that you could never say that they were favoring us with that but there were times when it's like,

‘Well, why is this person always the person who gets to pick first?’ You know, I’m here for three days and they’re here for one day, I should be the first pick. You kind of expect your manager to step up and they didn’t always.” Alice was making the point that she felt as if managers had favorite employees who received unfair treatment because of unknown personal or professional reasons. Though it is hard to pinpoint exactly, the mention of potential favoritism and unfair exchange of rewards could be classified as transactional leadership.

Alice later mentioned another story involving perceived favoritism. She mentioned:

> When someone had a death in the family, we would always, like, make baskets for them, send them flowers, and then there were certain people we wouldn’t do that for. And I could never understand how that decision was made. Like “Oh, your dad died but we’re not going to give you anything, but her sister died and we will” and I just never understood why some people got it and others didn’t. It just kind of showed some favoritism in my eyes.

Anne described her experience with this form of leadership as a sales representative for a hospice unit on which she used to work. She explained, “Resources got kept back and we had to meet benchmarks to sell…They actually sent us to this camp to learn and it was like a boot camp. I don’t know how to explain it, but it absolutely ruined my love of hospice… That’s what ultimately made me choose to leave it. The management style was exactly this: ‘You will sell it this way. These are the only services that we will give you. If you do this, you’re going to make extra.’ I didn’t care about the money and I could not look someone in the face and do it.”

During the pandemic, participants feel as if their workplaces have been using more of a transactional model. Riley spoke about her workplace, "It's like if you guys can do your job while this is all happening we'll make sure to take care of you. If you can deal with the poor staffing right now and stick it out on your unit, we'll offer report pay for nurses to stick it out… You know, they try to make us happy without really addressing the root of the problem."

Participants largely agreed that this style of leadership is not suitable for nurses because of the nature of their work; many chose this career to help others, not for incentives. Maria, who leads her unionized team, discusses the issues with this style. She posed, "If you constantly incentivize things then people tend to only do it when they're being given things. So, doing that 100% of the time does not work because if you're unwilling to incentivize them, then the work that you want to be done is not getting done." Another nurse leader, Elizabeth, added, "It's going to lead to something where there's a lot of favoritism. I just feel like that's going to lead to a lot of burnt out nurses."

Transformational Leadership

This form of leadership was by far the most desired by participants but was described as only being used sometimes. The most prevalent response included the discussion of teamwork.

Elizabeth described,

> I think that this one really encompasses a really balanced style of leadership where you have someone who is friendly with the staff but also holds them accountable… They're transformational in the fact that they look at all of these evidence-based practices and they're excited to put them out there and they're

> excited about all these outcomes, reaching their goals, and empowering their team members and really helping them grow and develop into, like, what they desire to be as nurses.

Maria noted:

> I obviously like collaboration with my team. I feel, personally, that if you don't lead by example then, you know, you're not going to have people follow in a way that you want things to happen, so I tend to collaborate with all members of my team in order to, number one, like have them see that I'm going to do the work that they're doing. I have no problem doing that work to help out the team.

Participants recognized that, when they are led by a transformational leader, it is somewhat challenging to recognize the efforts solely of that leader, as it is often accompanied by the contributions of the whole team. Riley explained, "The unit in general just fostered the attitude that teamwork is key… I would say it's the whole team working together instead of just one leader."

Alice also described:

> On my old unit, I was the head of three committees and whenever I would go to my manager and be like "Hey, with wound care we're having this issue. Can we fix this?" And she'd be like "Yep, just tell me a plan and tell me how I can help you out and I'll support you in any way that I can." So, that I can really appreciate because she was actually listening to me and trying to give me resources and everything.

Kathryn recalled a tool she uses as a leader. She noted,

> I think I try to be that forward-thinking manager. If any of my employees have a complaint, I suggest or request that they have at least one solution to present me so that we can talk about it instead of it just feeling like I'm being just beaten in the head with something, you know, and they don't feel like I'm not listening to them, so I have them bring me at least one solution so that we can discuss it… It prevents them from just running into my office and complaining. Especially if they haven't thought something through.

This sort of collaboration seemed to be favored by nurses and nurse leaders alike. Further, having a shared vision seemed to be something of importance.

Anne shares the importance of staying informed and having your opinion included. She explains, "When they give you the communication upfront about what's going on and the goals for the unit and ask what other people think, then you have a stake in it personally and you're feeling heard."

Margaret noted:

> Teamwork has always been an important part but the shared vision… It kind of reminds me of the third-party governance when you participate in the committees and become part of the hospital's decision making. You know, then a lot of people move up the ladder pretty quickly if that's what they want to do… We all have to know when everyone comes – we have it on our badge that we work together as a team to make sure the work gets done and we're not just there for our unit, we're hired by the hospital, so our vision is not just on the unit, you know, but the rest of the hospital.

Participants also stressed the importance of transparency and honest communication. Elizabeth discussed, “Communication is key. If somebody leaves or somebody quits, we let staff know that we are in the process of hiring and ask, ‘What can we do?’ and try to get the float pool to work on our unit.” Anne added, “First of all, staff has to feel like there’s transparency… Nurses feel better with what’s going on when they hear what’s going to be happening and get clear communication and get input on how things should move and in what direction that they should move in.”

Nurse leaders can complete small, but impactful, tasks to accomplish this. Kathryn mentioned, “I try my best to like put all the questions from the week in an end of the week email and at least try to put ‘I’ve gotten an answer, I haven’t gotten an answer’ so that they know.”

Lastly, it was made clear that healthcare is ever-changing. Part of being a transformational leader is appropriately communicating and handling change. Here’s what Elizabeth said:

> Policies and procedures are changing; the different applications that we utilize in the hospital are changing. There’s so much change happening at one time and I think the way it’s received by team members is really going to mean a lot based on how you present it. The key would be letting them know, you know, “This is something new. Here’s why we’re doing it: it’s going to be better for us as a team, better for our organization and most importantly better for our patients.”

Systemic Practices Impacting Burnout

Participants listed a number of factors that either cause or mitigate burnout on a system level that are worth mentioning.

Employee Assistance Program

When asked about resources available to them, all participants mentioned an Employee Assistance Program, or EAP. This program allows them to have a number of free counseling sessions provided by the hospital. However, only one person disclosed having ever taken advantage of the program, despite several others admitting they needed it. Kathryn explained, "My first interaction with them wasn't so positive but my boss didn't really know what to do with me because she had never dealt with that before. And so, she sent me a little early and so I was too raw for some of the questions or the comments that were being made. . . I'm thankful that they've been able to help others but when it came time for me to get down and dirty with some real therapy I picked my own." Similarly, Anne noted, "At my last job we had EAP services too. I didn't use them there, I always chose to look for outside resources."

This partially may be due to fear of privacy violation after using the services. Alice discussed, "Half the problem is you don't want to be that person who asks about it in front of everybody… Future employers may be able to see that and, not that they would… because I know that you can't take that into consideration, but in the back of your head if you don't get the job you're like 'is it because I went to the counselor?'"

Another issue is that participants were unsure of what the program included or how to access those resources. Courtney admitted, "I think we now have, too with our stuff happening with COVID, there's a different counseling resource available which I'm sure I can find through, like, an email but prior to COVID I didn't know we had a resource for that." Elizabeth added:

> I do not think it's well advertised. I think it's mostly the people who have worked here that know about it and then maybe like if we bring it up to someone will be like "I have heard a little bit about that, but I don't really know what it is" so no, I do not think of this something that is well-known here. And then another thing about it is we have had people in the past who are very interested in the program and then they can't even find the resources to, like, make that first phone call.

This is an issue that requires a simple solution. Riley suggested, "I think it were advertised though, like if there were posters in the breakrooms about different mental health resources available for nurses especially during the pandemic, I think a lot more people would take advantage of it."

Hospitals Implementing Change

Participants identified innovative ways in which burnout can be mitigated on a larger, system level. Besides fixing staffing ratios and turnover, they suggested a few creative solutions.

Margaret shared, "When COVID started, we came down and they made what we called a 'recess room' where they put like a bunch of stress balls, hula hoops, and yoga tapes." Further, Elizabeth mentioned, "We have a massage chair in our break room and that helps. One [medical center] implemented a nice walking path that's very serene and they have a beautiful garden and encourage the nurses to take a walk throughout their shift."

Riley proposed, "I think that it would be better to work all together if we crossed cliques and did something together outside of work." Similarly, Elizabeth talked about her role in promoting teambuilding. She described, "We volunteered together, we did

walks together for cancer research and then we just did fun events together where we were able to decompress and hang out as a group. It started to feel more like a family versus just like people you work with and I really think that helped with the burnout because you come to work every day knowing 'I like these people, I love spending time with them, and I feel good about this place.'"

The Future of Nursing Burnout

Participants remained hopeful about the future regarding the prevention and management of nursing burnout. Nearly all participants simply want the issue to be talked about and thoroughly addressed. Margaret mentioned, "I think number one is teaching about it in school." Younger participants remember learning about burnout throughout their nursing program but did not fully understand it until beginning their careers. Courtney noted, "It finally hits you when you graduate and you're on the floor and you're like 'Okay, well this is what that feels like.' and I could remember all these strategies to use to deal with it but now I'm just crying." Another participant, Alice, explained, "I think they didn't focus on it too heavily because they didn't want us to drop out of the program."

Participants also agreed that it needs to be discussed in the workplace more frequently and in greater detail. Courtney discussed, "I just hope its addressed more and talked about with management versus just on the floor. Like I said, we can all complain to each other as much as we want but nothing will change if management isn't aware, so they need to be more involved in those changes and how to make it a better work environment for everyone involved."

While it is a salient topic, participants urge healthcare workers to continue caring about this issue. Elizabeth remarked:

> It does seem like something that people are starting to become more interested in, but I really hope that this trend continues because I think it's so important. Nursing is such a tough job and I think that many people go into it not knowing what all nursing really encompasses: critical thinking every day, you're putting your heart and soul into something, it can be just so emotionally and physically draining so I really think that more resources are essential to preventing the compassion fatigue and burnout.

Discussion

The goal of this study was to extend existing research on nursing burnout and leadership styles by offering a closer look at the unique lived experiences of nurses and nurse managers. This study presents a number of significant findings.

Understanding the Experience of Burnout

First, the following research question was successfully answered: How do nurses experience burnout? The factors that nurses described as causing or worsening burnout (patient acuity, staffing ratios, and workplace relationships) matched those listed in earlier studies (Clarke et al., 2002; Halm, 2019; Gershon et al., 2007; Stone et al., 2006). Further, the current study found that nurses described the feelings associated with burnout as emotional exhaustion, depersonalization, and low personal accomplishment and engagement. These findings, again, are in line with those of previous studies (Browning, 2019; Mudallal, 2017; Lewis & Cunningham, 2016). However, the quotes gathered from nurses serve as unique contributions to existing research, especially those

that exclusively utilize a quantitative approach. By citing nurses themselves, we can better understand the full experience of burnout through the lens of the person experiencing it. Storytelling and descriptive language should help researchers more accurately pinpoint the experience of burnout. Though these are promising results, it is also important to note that nurses indicated having vastly different individual experiences with burnout and these are only the most prominent themes. Unique findings were pulled from the current study, such as nurses' use of alcoholic beverages as a means of coping with burnout and stress. There is abundant room for further progress in understanding the impact of burnout on nurses. Specifically, it may be useful to investigate the unhealthy ways in which nurses cope with burnout, which were uncovered in the current study and will be noted in greater detail later. Additionally, more work must be done to address organizational policies that cause burnout, which are often not easily changed by lower level managers. The current study placed greater focus on examining the role of the nurse manager than the signs and causes of burnout, as a significant amount of work in that area has already been done (Madathil et al., 2014; Mealer et al., 2016; Todaro-Franceschi, 2013; Waddill-Goad, 2016).

Individual coping mechanisms were also observed, though. The most popular "self-care" activity discussed was utilizing alcohol as a tool to relax. This particular finding is somewhat unique to relevant research. Consuming alcohol or other substances may be classified as an emotion-focused coping strategy (Lee et al., 2016). That is, nurses are dealing with the feelings that burnout or workplace stress causes. Another way in which some nurses practice this form of coping is by using practices like prayer, yoga, and meditation to mitigate inner feelings of burnout. These findings are consistent with

previous studies and have even been used as highly recommended forms of self-care in nursing literature (Montoro-Rodriguez and Small, 2006; Todaro-Franceschi, 2013; Lee et al., 2016). It seems possible that these results are due to a growing body of research surrounding mindfulness that has increasingly been introduced to nurses in the workplace (Waddill-Goad, 2016; Schoormans & Nyklicek, 2011; Smith, 2014). There are still many unanswered questions about the effectiveness of these tools for nurses specifically.

Moreover, the results of this study highlighted another type of coping used by burnt out nurses: appraisal-focused. Nurses described utilizing therapy and medication to change the way in which they view their realities, thus helping them cope with burnout. Again, these findings are not consistent with previous studies. The reason for this is not clear, but it may be due to the idea of therapy and medication as a "last resort" or researchers choosing to focus on more innovative solutions, like the aforementioned practice of mindfulness. Much room exists for future research to uncover appraisal-focused coping strategies used by nurses.

Lastly, a type of problem-focused coping was identified in the data. Nurses elucidated the importance of maintaining healthy workplace relationships by addressing concerns with one another and using lunch breaks to connect with other nurses. This is consistent with previous findings that highlight the importance of engagement in the workplace (Shaughnessy et al., 2018). It seems likely that these results are due to the effectiveness of having a reliable social support system, which seems especially important in the field of nursing. Nonetheless, there is still a strong need for further research in this particular area.

Preferable Leadership Styles

The results of this study indicate that nurses' experiences with burnout are affected by leadership behaviors and styles. According to nurses and nurse managers, transformational leadership was found to be the most desirable style of leadership, which is consistent with some previous studies (Madathil et al., 2014; Paal et al., 2018; Shaughnessy et al., 2018). Specifically, nurses and nurse managers placed a high importance on teamwork, a shared vision and decision-making, and transparent communication from leaders. This both echoes and clarifies existing information regarding the use of transformational leadership in the hospital setting (American Nurses Association, 2013; Institute of Medicine, 2004). Specific recommendations for nurse leaders will be made in a later section.

This study found that both nurses' and nurse managers' perceptions on servant leadership were positive, though it is not the ideal form of leadership. Typically described in nursing literature as an ideal style of management, the results of this study indicate that servant leadership has notable downfalls. Nurses described feeling mostly valued and "heard" by servant leaders (though sometimes feeling smothered by management), but nurse managers admitted that this style of leadership leads to burnout on their end. This extends existing research by adding a new perspective, which is that of the leader (Mostafa & El-Motalib, 2019; Bambale, Girei, & Barwa, 2017).

There are several possible explanations for the unexpected results. Nurse managers could struggle with finding time to complete all of their own administrative tasks, leading to little or no time to help staff nurses. Additionally, the job of a nurse or nurse leader can be emotionally taxing, meaning leaders have less emotional energy to devote to team members (Mudallal et al., 2017). Lastly, the leader could be experiencing

burnout themselves, which leads to a list of "symptoms" described earlier, like disengagement and depersonalization. There is a strong need for more research on servant leadership from the nurse manager's perspective.

The current study found that laissez-faire leadership was neither widely used nor desired. These findings are consistent with the little research done on this particular style of leadership in nursing (Morsiani et al., 2017). Specifically, nurses and nurse managers alike voiced concern about inaccessible or careless leaders. It is possible that these results are due to the increased stress and demand caused by the COVID-19 pandemic; nurses may rely upon their leaders more heavily and frequently for professional and social support. Once again, however, questions remain.

The final and, according to the current study's findings, most mysterious style is transactional leadership. The results of this study did not find that this style is widely used or preferred in the field of nursing. These findings confirm that this can be an ineffective means of management. There are multiple potential explanations for these results. First, multiple participants associated favoritism with this style of leadership, and previous studies have shown a positive correlation between fairness and workplace satisfaction (Morsiani et al., 2017; Lewis & Cunningham, 2016).

Moreover, the current study also revealed that some nurses are more comfortable with this style of leadership when it is fairly used among nurses (i.e. extra compensation during more taxing work conditions such as a pandemic or extreme nurse shortage). However, in a recent article, Rose et al. (2020) criticized many healthcare facilities for not offering crisis pay, citing this as a threat to livelihood during the current pandemic. Another recent study echoed this sentiment, suggesting hazard pay for a new specialty of

nurses dealing with “emerging diseases and biohazard” (Speroni, 2020, para. 5). Therefore, it may be true that transactional leadership can be a useful style of healthcare leadership during times of high stress and desperation, or when nurses are put in particularly hazardous and undesirable conditions. A plethora of opportunities to research this style and its impact on nurses exist, as not much has been done at this time.

Practical Suggestions

One of the final steps of utilizing a framework approach is developing strategies which “arise directly from the qualitative material itself” (Ritchie & Spencer, 1994, p. 192). After closely reviewing relevant literature and newly collected data, there are a number of suggestions that may be of use to nurses, nurse leaders, and hospital systems at large.

Strategies for Nurses

As discussed earlier, there are many coping mechanisms that one can use to manage feelings of burnout. If possible, it is best to use problem-focused coping and address the issue instead of attempting to distract oneself or reframe the scenario (Lee et al., 2016; Geuens et al., 2020). One study found that problem-focused coping was negatively correlated with the dimensions of burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment) in nurses (Shin et al., 2014). This might mean talking to a manager or coworker to resolve an issue or doing so on their own, which nurses described to be optimal and having the best outcomes.

Once an issue is resolved, it can be helpful to maintain healthy workplace relationships by having lunch with coworkers or teaming up to provide care for patients when possible. When problem-focused coping is not possible, consider taking advantage

of the Employee Assistance Program. Most nurses receive a number of free therapy sessions as well as help finding an affordable offsite provider. Some nurses suggest prayer, yoga, meditation, and mindfulness as a means of managing burnout. A plethora of free tools are available on the internet to help you explore options. For those who dislike the patients or unit in general, consider talking to a manager about positions available on other units.

Lastly, in the words of one nurse who described feeling burnt out at the time of the interview: "I also hope that people start realizing that it's not something that you have to hide, that you can express your feelings and, you know, it's not your fault that you're feeling burnout, like its completely normal." It can be helpful to know that, despite the isolating feelings that occur with burnout, this is, unfortunately, an all-too-common syndrome to nurses especially, so help is available.

Strategies for Nurse Leaders

It is essential for nurse leaders to be trustworthy, accessible, and understanding. Open and honest communication is a must, according to literature and participants in the current study. Especially in times of uncertainty or high stress, it is crucial to keep the entire unit "in the know." One nurse manager suggested sending an email addressing all of the questions asked throughout the week, noting which are still unanswered to keep nurses in the loop.

Change should be addressed the same way; leaders should explain benefits of the change and be transparent about what they know and do not know. Further, nurses desire their leaders to make themselves available as a resource to staff nurses. Findings of this study indicate the importance of finding a balance between completing administrative

tasks and helping support staff nurses in their roles. Many nurses expressed a strong desire for their managers to work at least one nightshift per month in order to be better understood and supported; this could be a small but impactful step in becoming a better and more respected leader. Additionally, leaders who step in to help and provide care for patients when needed were found to be greatly desired, admired, and appreciated.

Again, nurse leaders are faced with the challenge of avoid burdening themselves out to help others. That is why inspiring teamwork and collaboration is a useful tool in the hospital. Nurse managers should consider planning events outside of work to encourage bonding and friendship among staff members. Such events can include picnics, charity walks, bowling, etc. Surveying nurses and gathering their feedback can be used as another useful tool for leaders. When staff nurses approach their managers with an issue, it can be helpful for the leader to request that they also bring an ideal solution and/or steps to accomplish a better outcome. Incorporating these practices will likely result in better nurse and patient outcomes.

Strategies for Hospital Systems

Hospitals now are implementing innovative solutions to address burnout, which has become a hot topic in recent years. Some things that nurses described which seem to help are as follows: massage chairs, walking paths, yoga classes, and workout rooms. One nurse described her hospital's response to the stress placed on medical staff due to COVID-19: a recess room with stress balls, hula hoops, and yoga tapes.

Nurses also discussed the need for hospital's Employee Assistance Program to be better advertised to staff, as not many take advantage of what could be a helpful resource. These solutions are helpful for some, but it is important to note that they will not cure or

prevent burnout from happening. The solution to burnout is a mystery, but likely involves a holistic approach addressing staff-to-patient ratios, scheduling, turnover, etc. Nonetheless, the implementation of some of these practical strategies will likely be useful to nurses struggling with feelings of burnout due to workplace stressors.

Limitations

This study addresses nursing burnout and leadership styles used in the hospital setting. Although strong conclusions were formed from the data, the study is not without limitations. The number of total participants was small (8) due to struggles with recruitment, partially due to the strain COVID-19 placed upon nurses and nurse leaders. Additionally, the demographic of participants included almost exclusively white females. This limits the ability of these data to be generalized; results of this study must be interpreted with caution. Future studies should be conducted with a larger, more diverse pool of participants to increase the generalizability of the results.

Conclusion

Nurse burnout is a significant issue that impacts nurses, patients, and healthcare organizations, yet has the potential to be mitigated with the implementation of specific leadership styles and communication behaviors. This study focused on gathering qualitative data and using a thematic analysis in order to understand nursing burnout, identifying the role and impact of leadership, and forming concrete suggestions for nurse leaders.

First, this study assessed the impact of burnout on nurses by placing high importance on their individual lived experiences. Findings indicated factors like patient acuity, staffing ratios, and pressures caused by COVID-19 are largely associated with

feelings of burnout. Those feelings, as described by nurses, aligned well with existing literature which highlights the three dimensions of burnout: emotional exhaustion, depersonalization, and low personal accomplishment. Disengagement presented itself as a significant theme in the current study. Additionally, nurses were discovered to use a variety of coping strategies. In order from most commonly used to least, nurses were found to use the following coping strategies: emotion-focused (alcohol, social support, prayer, yoga, and meditation); appraisal-focused (medication and therapy); and problem focused (directly addressing issues with coworkers or management). More research is to be done is this area, perhaps focusing on the effectiveness of each coping strategy with regards to nurse burnout specifically.

In the past, ambiguous language has been used to describe nurse leaders' best practices, making it difficult to implement recommendations from burnout literature. The current study gathered information directly from nurses and nurse leaders regarding preferred leadership styles and behaviors through focus groups and individual interviews. It can be concluded from the findings that transformational leadership is the most preferred method by nurses and nurse managers and was described to be the most effective style of managing.

Suggestions were given to prospective transformational leaders and included the following: include team members in decision-making, work alongside nightshift occasionally, help nurses with bedside duties when possible, and be transparent when communicating changes. Additionally, it was recommended that nurse leaders and hospital systems at large promote the Employee Assistance Program more effectively in order to encourage nurses to utilize those services, which may result in lower burnout and

turnover rates. These suggestions are primarily cost-effective and seemingly simple changes that lower level leaders can easily incorporate into existing means of management.

A combination of these practices should positively benefit nurses, nurse leaders, patients, and healthcare organizations. The current study gave nurses and leaders an opportunity to safely state criticisms and opportunities for change by storytelling. The type of data gathered during this project was intentionally qualitative: surveying nurses is simply not appropriate when attempting to better understand the experience of burnout and leadership, as well as contribute clear and concrete findings to existing research. Future nursing burnout literature should include words directly from burnt out nurses in order to best capture the experience of burnout in healthcare and identify practical areas of change.

The healthcare field is constantly changing; therefore, it is crucial to continue the conversation about the best way to care for nurses and mitigate burnout. I propose a simple solution for future growth in this area of research: ask, listen, and learn. The conclusions of the current study are sourced directly from the experts of nursing burnout: nurses themselves. They have not been overanalyzed to seem more complex or to conform with the academic nature of this project. If taken as is, it is highly likely that the solutions proposed will make a positive difference in lessening the impact of burnout on nurses.

References

Adams, A., Hollingsworth, A., & Osman, A. (2019). The implementation of a cultural change toolkit to reduce nursing burnout and mitigate nurse turnover in the emergency department. *Journal of Emergency Nursing*, *45*, 452-456. doi:10.1016/j.jen.2019.03.004

Asamani, A. (2016). Leadership styles in nursing management: implications for staff outcomes. *Journal of Health Sciences*, *6*(1), 23-35. doi:10.17532/jhsci.2016.266

Bambale, A. J., Girei, A. A., & Barwa, T. M. (2017). Leadership styles and workers' performance in small and medium scale industries in Adamawa state, Nigeria: A research model. *Global Strategic Management*, *9*(2), 14-23. Retrieved from https://ezproxy.mtsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=bth&AN=126014201&site=eds-live&scope=site.

Browning, S. G. (2019). Burnout in critical care nurses. *Critical Care Nursing Clinics of North America, 31*(4), 527-536. doi:10.1016/j.cnc.2019.07.008

Chan, Z. C., Tam, W. S., Lung, M. K., Wong, W. Y., & Chau, C. W. (2013). A systematic literature review of nurse shortage and the intention to leave. *Journal of Nursing Management, 21*(4), 605-613. doi: 10.1111/j.1365-2834.2012.01437.x

Clarke, S. P., Sloane, D. M., & Aiken, L. H. (2002). Effects of hospital staffing and organizational climate on needlestick injuries to nurses. *American Journal of Public Health, 92*, 1115-1119. doi:10.2105/AJPH.92.7.1115

Davey, A., Sharma, P., Davey, S., & Shukla, A. (2019). Is work-associated stress converted into psychological distress among the staff nurses: A hospital-based

study. *Journal of Family Medicine and Primary Care*, *8*(2), 511. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6436296/.

Fathi, A., & Simamora, R. H. (2019). Investigating nurses' coping strategies in their workplace as an indicator of quality of nurses' life in Indonesia: A preliminary study. *IOP Conference Series*, *248*. doi:10.1088/1755-1315/248/1/012031

Gershon, R. R. M., Stone, P. W., Zeltseri, M., Faucett, J., Macdavitti, K., & Chou, S. (2007). Organizational climate and nurse health outcomes in the United States: A systematic review. *Industrial Health*, *45*, 622-636. doi:10.2486/indhealth.45.622

Geuens, N., Verheyen, H., Vlerick, P., Van Bogaert, P., & Franck, E. (2020). Exploring the influence of core-self evaluations, situational factors, and coping on nurse burnout: A cross-sectional survey study. *Plos One, 15*(4). doi:10.1371/journal.pone.0230883

Halm, M. (2019). The influence of appropriate staffing and healthy work environments on patient and nurse outcomes. *American Journal of Critical Care*, *28*, 152-156. doi:10.4037/ajcc2019938

Hassmiller, S. B., & Cozine, M. (2006). Addressing the nurse shortage to improve the quality of patient care. *Health Affairs, 25*(1), 268-274. doi: 10.1377/hlthaff.25.1.268

Institute of Medicine (2004). Keeping patients safe: Transforming the work environment of nurses. *National Academies Press*. Retrieved from http://ebookcentral.proquest.com/lib/mtsu/detail.action?docID=3377788.

Jennings, B. M. (2008). Work stress and burnout among nurses: Role of the work environment and working conditions. *Patient safety and quality: An evidence-*

based handbook for nurses. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK2668/?report=printable.

Lee, H. F., Kuo, C. C., Chien, T. W., & Wang, Y. R. (2016). A meta-analysis of the effects of coping strategies on reducing nurse burnout. *Applied Nursing Research*, *31*, 100-110. doi:10.1016/j.apnr.2016.01.001

Lewis, H. S., & Cunningham, C. J. (2016). Linking nurse leadership and work characteristics to nurse burnout and engagement. *Nursing Research*, *65*(1), 13-23. doi:10.1097/nnr.0000000000000130

Lloyd, C., King, R., & Chenoweth, L. (2002). Social work, stress and burnout: A review. *Journal of Mental Health, 11*(3), 255-265. doi: 10.1080/09638230020023642

Madathil, R., Heck, N. C., & Schuldberg, D. (2014). Burnout in psychiatric nursing: Examining the interplay of autonomy, leadership style, and depressive symptoms. *Archives of Psychiatric Nursing, 28*, 160-166. doi:10.1016/j.apnu.2014.01.002

Mealer, M., Moss, M., Good, V., Gozal, D., Kleinpell, R., & Sessler, C. (2016). What is burnout syndrome (BOS)? *American Thoracic Society.* doi:10.1164/rccm.1941P

Montoro-Rodriguez, J., & Small, J. A. (2006). The role of conflict resolution styles on nursing staff morale, burnout, and job satisfaction in long-term care. *Journal of Aging and Health*, *18*, 385-406. doi:10.1177/0898264306286196

Morsiani, G., Bagnasco, A., & Sasso, L. (2017). How staff nurses perceive the impact of nurse managers' leadership style in terms of job satisfaction: A mixed method study. *Journal of Nursing Management*, *25*, 119-128. doi:10.1111/jonm.12448

Mostafa, A. M. S., & El-Motalib, E. A. A. (2019). Servant leadership, leader–member exchange and proactive behavior in the public health sector. *Public Personnel Management*, *48*(3), 309–324. doi:10.1177/0091026018816340

Mudallal, R. H., Othman, W. M., & Al Hassan, N. F. (2017). Nurses' burnout: The influence of leader empowering behaviors, work conditions, and demographic traits. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 54*(1). Retrieved from https://ezproxy.mtsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edo&AN=ejs45000778&site=eds-live&scope=site.

Nevidjon, B., & Erickson, J. (2001). The nursing shortage: Solutions for the short and long term. *Online Journal of Issues in Nursing: A Scholarly Journal of the American Nurses Association*, *6*(1). Retrieved from https://ojin.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workforce/NursingShortage/Resources/NursingShortageSolutions.html.

Paal, P., Neenan, K., Muldowney, Y., Brady, V., & Timmins, F. (2018). Spiritual leadership as an emergent solution to transform the healthcare workplace. *Journal of Nursing Management, 26*, 335-337. doi:10.1111/jonm.12637

Reith, T. P. (2018). Burnout in United States healthcare professionals: A narrative review. *Cureus, 10*(12). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6367114/.

Ritchie, J., Spencer, L. (1994). *Qualitative data analysis for applied policy research.* Bryman, A., & Burgess, R. G. (Eds.). Analyzing qualitative data, (pp. 173-194). London: Routledge.

Rosa, W. E., Schlak, A. E. & Rushton, C. H. (2020). A blueprint for leadership during COVID-19. *Nursing Management*, *51*(8), 28–34. doi: 10.1097/01.NUMA.0000688940.29231.6f

Scala, E. (Producer). (2018, February 15). Nurse Burnout Statistics: Can We Measure and Evaluate It? [Audio Podcast]. Retrieved from https://elizabethscala.com/nurse-burnout-statistics-measure-and-evaluation.

Schaufeli, W. B., Leiter, M. P., & Maslach, C. (2009). Burnout: 35 years of research and practice. *Career Development International, 14*(3), 204-220. doi:10.1108/13620430910966406.

Schoormans, D. and Nyklicek, I. (2011). Mindfulness and psychologic well-being: Are they related to type of meditation technique practiced? *The Journal of Alternative and Complementary Medicine, 17*(7), 629–634. doi: 10.1089/acm.2010.0332

Shaughnessy, M. K., Griffin, M. T. Q., Bhattacharya, A., & Fitzpatrick, J. J. (2018). Transformational leadership practices and work engagement among nurse leaders. *Journal of Nursing Administration*, *48*, 574-579. doi:10.1097/NNA.0000000000000682

Shin, H., Park, Y. M., Ying, J. Y., Kim, B., Noh, H., & Lee, S. M. (2014). Relationships between coping strategies and burnout symptoms: A meta-analytic approach. *Professional Psychology: Research and Practice, 45*(1), 44. doi:10.1037/a0035220

Smith, S. A.: (2014). Mindfulness-based stress reduction: An intervention to enhance the effectiveness of nurses' coping with work-related stress. *International Journal of Nursing, 25*(2), 119–130. Retrieved from https://mindfulness.torino.it/wp-

content/uploads/sites/4/2018/08/MBSR-An-Intervention-to-Enhance-the-Effectiveness-of-Nurses-Coping-With-Work-Related-Stress.pdf.

Speroni, K. G. (2020). Call to action for a US Nurse General: From Ebola to corona. *The Journal of Nursing Administration*, *50*(5), 1-2. doi: 10.1097/NNA.0000000000000899

Stone, P. W., Du, Y., Cowell, R., Amsterdam, N., Helfrich, T. A., Linn, R. W., Gladstein, A., Walsh, M., & Mojica, L. A. (2006). Comparison of nurse, system and quality patient care outcomes in 8-hour and 12-hour shifts. *Medical Care*, *44*, 1099. Retrieved from https://ezproxy.mtsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsjsr&AN=edsjsr.41219572&site=eds-live&scope=site.

Sultana, A., Sharma, R., Hossain, M. M., Bhattacharya, S., & Purohit, N. (2020). Burnout among healthcare providers during COVID-19 pandemic: Challenges and evidence-based interventions. *Indian Journal of Medical Ethics,* 1-4. doi:10.20529/IJME.2020.73

Todaro-Franceschi, V. (2013). *Compassion fatigue and burnout in nursing: Enhancing professional quality of life.* New York: Springer Publishing Company.

Waddill-Goad, S. (2016). Nurse burnout: Combating stress in nursing. *Sigma Theta Tau International*. Retrieved from https://ezproxy.mtsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cat00263a&AN=mts.b3497906&site=eds-live&scope=site.

Appendix A

Registered nurse focus group questions

1. What do you think a burnt out nurse looks like and/or experiences?

2. What are the factors that might contribute to burnout?

3. When were you taught about nurse burnout?

4. What characteristics would you use to describe your unit manager(s) and clinical staff leader(s)?

5. Can you tell me about a time you disagreed with your unit manager(s) and clinical staff leader(s)?

6. Can you tell me about a time when you truly felt “heard” (or understood) by your unit manager(s) and/or clinical staff leader(s)?

7.What about a time you didn’t feel “heard”; what were the implications of these instances?

8. In which ways, if any, could this unit manager(s) and clinical staff leader(s) improve in their role of preventing burnout? In which ways are they effective?

9. What coping strategies do you enact when you have a particularly difficult day at work?

10. What mental health resources are available to you through your workplace?

11. I will list four styles of leadership. For each style, I will first ask if you are familiar with this style; then, I will give the definition and gather your thoughts.

11a. Laissez-faire: This is a hands-off approach to leadership; little instruction and/or feedback is given (Bambale, 2017, p. 15).

11b. Servant: "Servant leadership is defined as serving others by working toward their development and well being" (Bambale, 2017, p. 15). Servant leaders use a holistic approach to managing others.

11c. Transactional: "Transactional leadership is based on the assumption that employees are motivated by the best system of rewards and punishments. It motivates subordinates by appealing to their personal desires, based on instrumental economic transactions." (Bambale, 2017, p. 15)

11d. Transformational: This leadership highlights the importance of teamwork, a shared vision, and change; transformational leaders often use collaboration as a means of managing. (Shaughnessy, 2018).

12. What are your hopes for the future regarding the prevention and management of nursing burnout?

Appendix B

Nurse leader interview questions

1. What do you think a burnt out nurse looks like and/or experiences?

2. Tell me about the process of recognizing burnout in a registered nurse.

3. What are the factors that might contribute to burnout?

4. When were you taught about nurse burnout?

5. What responsibility, if any, do you have in preventing and/or managing burnout in the nurses you supervise?

6. Can you tell me about a time you dealt with a burnt out nurse working under your supervision? Which strategies were helpful? Which strategies were not helpful?

7. What mental health resources are available to nurses through your workplace?

8. I will list four styles of leadership. For each style, I will first ask if you are familiar with this style; then, I will give the definition and gather your thoughts.

8a. Laissez-faire: This is a hands-off approach to leadership; little instruction and/or feedback is given (Bambale, 2017, p. 15).

8b. Servant: “Servant leadership is defined as serving others by working toward their development and well being” (Bambale, 2017, p. 15). Servant leaders use a holistic approach to managing others.

8c. Transactional: “Transactional leadership is based on the assumption that employees are motivated by the best system of rewards and punishments. It motivates subordinates by appealing to their personal desires, based on instrumental economic transactions.” (Bambale, 2017, p. 15).

8d. Transformational: This leadership highlights the importance of teamwork, a shared vision, and change; transformational leaders often use collaboration as a means of managing. (Shaughnessy, 2018).

9. What are your hopes for the future regarding the prevention and management of nursing burnout?

Appendix C

Recruitment Message (Verbal & E-Mail)

Hello, My name is Kayleigh Payne, and I am a student researcher in the Communication Studies Department at Middle Tennessee State University. I am currently working on a research project involving nursing professionals in the emergency and/or trauma intensive care units. This note is an effort to find and recruit people willing to be interviewed about professional experiences regarding nursing burnout and leadership. This study focuses on the experiences of nurses and nurse leaders and the ability to prevent and manage nurse burnout rates with organizational solutions. If you are a staff nurse with at least a year of clinical experience, you would participate in a focus group consisting of 3-5 other Registered Nurses. If you are a nursing unit manager or clinical staff leader with at least two years in your current position, you would be asked to participate in a one-on-one interview. Both the interview and focus group would consist of sitting down with a researcher for about an hour for a recorded interview where you will be asked to recall past interactions with staff nurses, unit managers, and clinical staff leaders. In person interviews and focus groups can be conducted at offices on the MTSU campus or in private conference facilities at your place of business, whichever is most comfortable and convenient for you. Due to COVID-19 and CDC recommendations, though, you may wish to opt for an online interview or focus group conducted over Skype, Zoom, or Facetime.

All participants' identities are kept confidential, and this study has been approved by the university's institutional review board. If you or someone you know is interested in being interviewed, you can contact the researcher via email at the following university email address: Knp4u@mtmail.mtsu.edu. You can also contact the researcher's Faculty Advisor at Elizabeth.Dalton@mtsu.edu.

If there are any questions you may have about the study or participating, please feel free to send a note. If you know of someone that may be interested, feel free to pass this note along and have them contact the researchers directly.

Thank you!

IRB Approval Letter

IRB
INSTITUTIONAL REVIEW BOARD
Office of Research Compliance,
010A Sam Ingram Building,
2269 Middle Tennessee Blvd
Murfreesboro, TN 37129

MIDDLE TENNESSEE STATE UNIVERSITY

IRBN001 - EXPEDITED PROTOCOL APPROVAL NOTICE

Thursday, April 16, 2020

Principal Investigator	**Kayleigh Payne** (Student)
Faculty Advisor	Elizabeth Dalton
Co-Investigators	NONE
Investigator Email(s)	*kmp4u@mtmail.mtsu.edu; elizabeth.dalton@mtsu.edu*
Department	Communication Studies
Protocol Title	***Understanding leadership styles and the prevention and management of nursing burnout in the hospital setting***
Protocol ID	**20-2167**

Dear Investigator(s),

The above identified research proposal has been reviewed by the MTSU Institutional Review Board (IRB) through the **EXPEDITED** mechanism under 45 CFR 46.110 and 21 CFR 56.110 within the category *(7) Research on individual or group characteristics or behavior*. A summary of the IRB action and other particulars in regard to this protocol application is tabulated below:

IRB Action	**APPROVED for ONE YEAR**		
Date of Expiration	**4/30/2021**	Date of Approval	4/16/20
Sample Size	50 (FIFTY)		
Participant Pool	Target Population: Primary Classification: **Healthy Adults (18 years or older)** Specific Classification: **Nursing professional**		
Exceptions	1. Contact information is permitted to coordinate the study. 2. Permitted to interview the subjects via virtual means as proposed. 3. Audio recording the interview is allowed.		
Restrictions	**1. Mandatory ACTIVE informed consent.** **2. Identifiable data/artifacts, such as, audio/video data, photographs, handwriting samples, personal address, driving records, social security number, and etc., must be used only for the research purpose as proposed; the data must be deidentified after data processing.** **3. Mandatory Final report (refer last page).**		
Approved Templates	MTSU templates: Signature informed consent Non-MTSU Templates: Telephone/Virtual consent scripts and recruitment script		
Comments	COVID-19: Refer to the Post-Approval Action section for important instruction		