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The Relationship between Leadership Style, Job Satisfaction, Nurse Retention, and Patient Care Outcomes: A Systematic Review

Richard Lazarus Nwaorgu
Walden University

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Walden University

College of Nursing

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Richard Nwaorgu

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Review Committee

Dr. Barbara Barrett, Committee Chairperson, Nursing Faculty

Dr. Patricia Senk, Committee Member, Nursing Faculty

Dr. Faisal Aboul-Enein, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University
2021

Abstract

The Relationship between Leadership Style, Job Satisfaction, Nurse Retention, and
Patient Care Outcomes: A Systematic Review

by

Richard Nwaorgu

MS, Walden University, 2017

BS, Purdue University, 2014

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

February 2021

Abstract

Poor nurse retention, job dissatisfaction, and reduced patient health outcomes are pervasive issues at the healthcare institution of this project. Institutional data reflects a continual decline in retention and job satisfaction rates, which in 2018 showed a 20% drop in retention and a 25% drop in job satisfaction. The institution's annual survey identified perceptions about leadership styles that gave rise to negative nursing behaviors and the negative impact on patient care outcomes. The purpose of this systematic review project (SRP) was to identify the relationship between nursing leadership styles, job satisfaction, nurse retention, and patient care outcomes within a hospital environment. Watson's theory of human caring was the theoretical framework that guided the project. Eleven peer-reviewed articles that met the Preferred Reporting Items for Systematic Reviews and Meta-Analysis's inclusion criteria were included in this project. The 11 articles were graded using Fineout-Overholt et al. hierarchy of evidence grading system and appraised using the Revised Standards for Quality Improvement Reporting Excellence 2.0 guidelines. The findings of this SRP revealed a positive relationship between transformational leadership style and/or a combination of transformational and transactional leadership styles with all three variables. Based on the findings, adopting transformational or a combination of transformational and transactional leadership styles can enhance job satisfaction, retention, and patient care outcomes, which will address the identified gap-in-practice and enhance the work environment that can promote positive social change.

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Dedication

I dedicate this project to my lovely family, parents, siblings, and friends who have always believed in me and prayed for me all through this project completion. I also dedicate it to my baby boy (Jaden), who is still in his mother's womb. I also dedicate this project to the love of my life.

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Section 1: Nature of the Project

Introduction

Leadership style is a significant factor that determines nurses' job satisfaction, reduces nurses' intention to leave work, and positively impacts patient health outcomes (Higgins, 2015; Laschinger & Fida, 2015). Leadership styles are vital to defining a healthcare facility's culture and provide a favorable environment that encourages freedom, motivation, job satisfaction, and career progress (Marquis & Huston, 2017). A leader should provide a favorable work environment that will create an equal opportunity for progress and satisfaction among staff members. Leadership style is a necessary function in shaping organizational performance in the area of job satisfaction that can ultimately improve patient care (Marquis & Huston, 2017). A productive working environment among nursing leaders and their staff members can alleviate tensions and disagreements and can contribute to the feeling of job satisfaction and opportunity for career advancement (Lartey et al., 2014; Marquis & Huston, 2017).

In the health care industry, job satisfaction is vital to retaining and attracting well-qualified staff (Mosadegh Rad & Yarmohammadian, 2016). Leadership plays a significant role in providing direction to health care facilities to achieve their goals (Marquis & Huston, 2017). Furthermore, leadership styles play a vital role in the nurse's decision to leave or retain their job (Negussie & Demissie, 2016). Additionally, the delivery of patient care depends on the organizational leadership influence and the environment the nurses work (Lin et al., 2015). This environment is impacted by the intrinsic and extrinsic attributes of the nurses (Lin et al., 2015). On the other hand, poor

leadership skills can promote negative attitudes that leads to job dissatisfaction, inadequate health services delivery, which reduces patient health outcomes and can ultimately lead to the overall collapse of the health institution (Heslop & Lu, 2015; Wong, 2015). The nursing staff will attain job satisfaction that can improve patient outcomes if the work environment is conducive.

Problem Statement

Poor nurse retention, lack of job satisfaction, and reduced patient health outcomes are severe issues pervasive at the healthcare institution that I selected for the implementation of this clinical project. The retention and job satisfaction rates for nursing staff continue to decrease at the facility, as is reflected in organizational data. The current retention issue results in the ongoing hiring of new nurses, which is costly for the institution. Additionally, the project institution's annual health outcome survey (Harvest Team Healthcare Initiatives, 2019), collected from patients and family members for the year 2018, identified patient and family perception of the patient's health outcomes negatively. The survey links nursing behavior and patient health outcomes, which shows a reduction in care that is associated with reduced patient health outcomes. The survey also identified some perceptions in the leadership styles approach that gives rise to negative nursing behavior and negatively impacting patient health outcomes. Poor patient health outcomes can lead to a loss of potential patients, which leads to loss of patient revenue, which can affect the organization's survival.

Previous studies indicated a correlation between nursing leadership styles' influence on patient outcomes, nursing retention, and nursing job satisfaction (Negussie

& Demissie, 2016). Healthcare leaders can establish a thriving culture that will benefit nurses' job satisfaction, increase nurse retention, and ultimately improve patient outcomes (Higgins, 2015; Laschinger & Fida, 2015; Wong et al., 2015). Nursing job satisfaction, nurses' retention, and patient health outcomes remain an issue at the project facility. Organizational leadership plays a crucial role in influencing how the nursing staff conducts themselves within the healthcare institution (Higgins, 2015; Negussie & Demissie, 2016). The provision of safe and quality health care services to the individual requiring care is fundamental in care facilities among the nursing staff, whose roles are to provide healthcare services to diverse individuals. A nursing leader that is conversant with nursing care issues can furnish functional leadership styles. On the other hand, a nursing leader who oppresses their employees is bound to incur resistance and negative attitudes (Higgins, 2015). This project provides evidence about the relationship between leadership style, job satisfaction, retention, and improved patient health outcomes.

I provided the systematic review project's findings to the organization's administration to assist them in moving forward. I intended this project to positively enhance my community and society at large by looking at the variable that can impact providing quality health care. The health care industry has seen various positive leadership transformations and role changes that were aimed at providing improved healthcare that incorporates nurses' job satisfaction and retention (Institute of Medicine [IOM], 2011). The project provided evidence of the relationship between leadership styles, job satisfaction, staff turnover rates, and ultimately patient outcomes. Job

satisfaction and nurse retention can improve patient care, which is directly related to positive social change.

Purpose Statement

The purpose of this project was to conduct a systematic review. In a systematic review of the literature, the reviewer critically appraises and synthesizes the best available evidence to establish a concluding or recommendation statement that answers precise clinical questions (Harris et al., 2018). In this systematic review project (SRP), I focused on identifying the relationship between nursing leadership styles, job satisfaction, nurse retention, and patient health outcomes within a hospital environment. It was essential to assist the project site by addressing the current challenges and moving forward. Based on the synthesis of the literature, I answered the following practice-focused questions:

1. What are the current evidence related to the relationship between leadership style, nursing retention, job satisfaction, and patient outcomes?
2. Based on current evidence, what recommendations can be presented to the hospital administration about the relationship between leadership style, nurse retention, job satisfaction, and patient health outcomes?

Identifying the relationship between nursing leadership style and nursing job satisfaction, nurses' retention, and improving patient health outcomes may help the institution address the current challenges of poor staff retention, poor job satisfaction, and impaired patient health outcome at the facility. Healthcare facilities with improved medical outcomes use the best existing literature evidence to support clinical decision

making and appraise their clinical recommendations (Harris et al., 2018). Through this DNP project, I will provide the organization's administrators with the outcome of this systematic review and supporting recommendations.

Nature of the Doctoral Project

This project was a systematic review of the literature that synthesizes current evidence of the relationship between leadership style, job satisfaction, nurse retention, and patient care outcomes. I collected the sources of evidence for the systematic review through a search of the existing evidence. The key search terms that I used to locate evidence included: *leaders, leadership, leadership styles, transactional leadership, laissez-faire leadership, transformational leadership, task-oriented leadership style, nursing and leadership, effective management, healthcare facilities, nursing job satisfaction, nurse retention, and patient health outcomes.*

I searched for literature using EBSCO host databases, such as the Cumulative Index to Nursing and Allied Healthcare Literature (CINAHL) and MEDLINE. Other sources of evidence that I utilized for the project were the Walden University Library, the Agency for Healthcare Research and Quality (AHRQ) guidelines, the COCHRANE database of systematic reviews, public health database, nursing and allied health database, and scientific research publishing. In addition, I obtained evidence from the DNP Essentials, Walden University's Systematic Review Manual, institutional database, available dissertation database, and other organizations that provide health care policies, such as the World health organization (WHO) and the American Currency policy.

I used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) model to identify the literature that will be included to answer the project questions. I summarized and graded the literature articles on their quality using Fineout-Overholt et al., (2010) levels of evidence. I appraised the evidence using the Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0). I utilized eight components identified by Harris et al. (2014) to support the methodology's organization in this project. The models are detailed in Section 2.

My approach incorporated a review of current literature on the relationship between leadership styles, job satisfaction, staff retention, and ultimately patient outcomes. I used information about the hiring and retention rate from the clinical project facility as evidence to support the project. My approach to conducting this systematic review project involved starting with researching the literature that could answer the project questions. The inclusion criteria for literature used in this project consisted of English publications within 5 years. I considered older evidence if the context was not provided in later publications.

Significance

The current innovations in the health care system call for clinicians and leaders to focus on the diversity of care delivery, the cost of delivery, and high-quality performance as standard for publicly reporting quality indicators (Agency for Healthcare Research and Quality [AHRQ], 2018). The lack of inclusion of current research information and innovations into clinical practice or failure to incorporate knowledge into care decision-making and workflow related to care can contribute to failure in healthcare interventions,

nursing job satisfaction, and lack of opportunity for the improvement of patient health outcome (Marquis & Huston, 2017). The review, synthesis, and dissemination of this systematic review project's results can support the translation of evidence about leadership styles that can benefit and improve healthcare service delivery. The result of the systematic review could include a framework for implementing a nursing leadership style that improves clinical practice for clinicians, healthcare administrators, hospital managers, quality control or improvement specialists, program leaders, and healthcare executives.

Health institutions rely on the cohesion of various kinds of healthcare leaders to achieve a positive work environment. The cohesiveness of leaders and the employees in achieving organizational goals and objectives improves the institution's productivity and create happiness for the nursing staff as they are being appreciated for contributing immensely to the nursing workforce (Al-Sawai, 2016). Healthcare leaders may unknowingly underestimate the nursing staff's value and the importance of a favorable working environment (Al-Sawai, 2016); therefore, I synthesized evidence to identify the relationship between leadership style and nursing job satisfaction, retention, and improved patient health outcomes.

Summary

Identifying the relationship between leadership style, job satisfaction, staff retention, and patient health outcomes may result in better ways to address challenges that currently impact the intended project site. Many research studies have emphasized utilizing a transformational leadership style that encourages the nursing staff autonomy

and opportunity to work in an environment that provides safe, quality, and patient-centered care (Higgins, 2015; Laschinger & Fida, 2015). My goal for this systematic review project was to provide evidence about the relationship between leadership style, job satisfaction, nurses' retention, and patient health outcomes. Section 1 included discussion of the institution's problem of staff retention, job dissatisfaction, and poor health outcomes, variables that highlight the practice focus question that seeks to answer the clinical practice gap. Once approved by my project committee, I presented the findings from the systematic review to the hospital administrative team in an effort to assist them in addressing the current institutional challenges. Section 2 includes information on the theoretical framework and models and concepts supporting the selected topic for discussion. Section 2 also includes the definitions of key terms and further describe this topic's relevance to nursing practice.

Section 2: Background and Context

Introduction

The goal of any health institution is to deliver health care services that will promote job satisfaction and improve patient health outcomes (Marquis & Huston, 2017). Health care leaders can play a significant role in achieving the institutional goals, such as job satisfaction, reduce staff intention to leave the job, and improve patient health outcomes (Bayram & Dinc, 2015). Poor nurse retention, lack of job satisfaction, and reduced patient health outcomes are severe issues that are pervasive at the healthcare institution that I selected for the implementation of this clinical project. Evidence has linked leadership styles to staff job satisfaction, retention, and staff well-being, but the direct relationship is not clear (Nielson et al., 2018; Musinguzi et al., 2018). In this project, I reviewed and synthesized the literature to answer the project questions. The purpose of this systematic review was to review the literature and provide evidence that reveals the relationship between job satisfaction, nursing retention, and patient health outcomes. In this project, I synthesized the literature and formulated recommendations that were presented to the organization's administrative team.

The practice-focused questions that I answered for this clinical project were:

1. What are the current evidence related to the relationship between leadership style, nursing retention, job satisfaction, and patient outcomes?
2. Based on current evidence, what recommendations can be presented to the hospital administration about the relationship between leadership style, nurse retention, job satisfaction, and patient health outcomes?

In this section, I introduce the background and context of this clinical project. I discussed the theoretical frameworks, models, and concept that support this project. In this section, I also discuss the relevance of the clinical project to nursing practice as well as my role in the project.

Concepts, Models, and Theories

In this project, I synthesized the evidence that exists about the relationship between leadership style and nurse retention, job satisfaction, and patient health outcomes. I reviewed the literature, evaluated it, and developed recommendations to complete this systematic review project. I used several theories, concepts, and models to inform and guide this project. The theoretical framework that guides this project is Watson's theory of human caring. I used the PRISMA model to document the literature that were included to answer the project questions. I graded the evidence according to the Fineout-Overholt et al.'s (2010) levels of evidence and conducted a critical appraisal of the evidence using the SQUIRE 2.0 model. I used these models and theories to contribute to the expansion of the systematic review of evidence that exist on the subject of leadership roles and styles and the relationship to nurse retention, nurses' job satisfaction, and improved patient health outcomes.

Watson's Theory of Human Caring

According to Jones (2017), organizational leaders have the accountability of supporting an environment of human dignity, responsibility, and service to humanity. Similarly, the four metaparadigm concepts of Watson's theory of human caring are human beings, environment, health, and nursing that reflects Watson's understanding of

the importance of a human being when she describes a person as a unity of mind, body, and soul/nature. Jean Watson's theory of human caring, grounded in nursing and social psychology, relates to the holistic nursing approach environment that is supportive of human caring and comprehensive care, can be applied to the diversity of a culture of caring for all within the healthcare setting (Sitzman, 2017). Watson stated that caring heightens one's potential and authentic presence and emphasizes creating a healing environment at all levels, levels that can include patients, nurses, and health care systems (Watson, 2012). Watson incorporated an assessment tool that measures caring behaviors through 10 caritas factors that measure caring activities (Sitzman). Watson's 10 caritas processes are:

1. Practicing loving-kindness within the context of an intentional caring consciousness.
2. Being fully present in the moment and acknowledging the deep belief system and subjective life world of self and other.
3. Cultivating one's own spiritual practices with comprehension of interconnectedness that goes beyond the individual.
4. Developing and sustaining helping-trusting, authentic caring relationships.
5. Being present to and supportive of the expression of positive and negative feelings arising in self and others with the understanding that all of these feelings represent wholeness.
6. Creatively using all ways of being, knowing, and caring as integral parts of the nursing process.

7. Engaging in genuine teaching-learning experiences that arise from an understanding of interconnectedness.
8. Creating and sustaining a healing environment at physical/readily observable levels and also at non-physical, subtle energy, and consciousness levels, whereby wholeness, beauty, comfort, dignity, and peace are enabled.
9. Administering human care essentials with an intentional caring consciousness meant to enable mind/body/spirit wholeness in all aspects of care; tending to spiritual evolution of both other and self.
10. Opening and attending to spiritual-mysterious and existential dimensions of existence pertaining to self and others. (see Sitzman 2017, p. 9).

Watson highlighted the importance of caring for oneself and how that further impact's one's ability to care for others, which is reflected in all the caritas. Watson's carita #10, "*safety, relief, acceptance, and satisfaction are positive outcomes of feeling understood,*" further highlights the importance of caring for all (Watson, 2012), which can align with job satisfaction and ultimately impact retention and patient health outcomes. Grounded in the caritas is the premise that nurses must understand that the ultimate goal of healing is helping individuals attain a particular level of protection, dignity, humanity, and enhancement that can support positive patient outcomes. Also grounded in the caritas is the premise of "*engaging in transpersonal teaching and learning within context of caring relationship; staying within other's frame of reference-shift toward coaching model for expanded health/wellness,*" which can be used to

establish and promote positive systemic relationships and develop the intentionality of a caring consciousness (Watson, 2012). For example, a sick patient who came to the hospital for healing requires unity in mind, body, and soul for healing to occur, which will be the focus of the nurses. Wellbeing is a physical, emotional, physiological wellness that supports the unity in mind, body, and soul. The primary role of nursing care is to attend to the patient's needs and create a connection that will foster healing and dynamic interactions (Marrs & Lowry, 2014). In her development of questions tailored for systems using the caring science theory, Watson incorporated roles that related to transforming self and practice. The following questions developed by Watson can be applied to systems and individuals and can also support relationships:

- Is there congruence between (a) the values and major concepts and beliefs in the model and the given nurse, group, system, organization, curriculum, population needs, clinical administrative setting, or other entity that is considering interacting with the caring model to transform and/or improve practice?
- What is one's view of human? And what it means to be human, caring, healing, becoming, growing, transforming, etc.
- Are those working within the model interested in shifting their focus from a modern medical science-technocure orientation to a true caring-healing-loving model? (see Watson Caring Science Institute, 2020)

Understanding Watson's concept of a fostering environments that will enhance healing is beneficial. Organizations can incorporate Watson's theory of caring to guide

relationships that can positively impact leadership, job satisfaction, nurse retention, and ultimately improve patient health outcomes. Watson's theory has evolved to highlight that both the health facilitator and the patient can reach consensus regarding the process of healthcare delivery. This unified consensus promotes quick healing, as well as creates an environment that honors personal needs and different ways of addressing them without nursing their personality and overlooking their diversity (McEwen & Wills, 2019).

The PRISMA Model

I used the PRISMA model to document the literature that were included in this systematic review to answers the project question. The PRISMA model was established by a group of 29 review authors, methodologists, clinicians, medical editors, and consumers (Selcuk, 2019). The PRISMA model includes a 27-item checklist and a four-phase flow diagram that are important in transparently reporting a systematic review and a meta-analysis (Selcuk, 2019). The PRISMA model flow diagram reflects the identification, screening, eligibility, and inclusion criteria of all literature that fall under the scope of review for this project (Selcuk, 2019). I used the PRISMA model checklist and flow diagram to structure a report that defined the project practice-focused question by identifying all literature that were relevant to the study.

Fineout-Overholt et al.'s Levels of Evidence

There are seven hierarchy levels of evidence, such as systematic review, randomized stratified experimental design, randomized control trial (RCT), cross-sectional analysis, and randomized double-blind trial to mention but few. Table 1 provides the hierarchy of the levels of evidence and an explanation and description of

each level. Levels I to III reflect higher-levels of evidence, and level VI to VII reflect lower-levels of evidence.

Table 1

Hierarchy of Evidence for literature Selection

Level of Evidence	Study type	Description
I	Systematic review or meta-analysis	Evidence collected from a systematic review of all relevant randomized controlled trials.
II	Randomized controlled trial (RCT)	Evidence collected from at least one well-designed RCT.
III	Control trial	Evidence collected from well-designed controlled trials without randomization.
IV	Case controlled and cohort study	Evidence collected from well-designed comparison or observational study to determine outcomes in subjects.
V	Systematic review of qualitative or descriptive studies	Evidence collected from systematic reviews of descriptive and qualitative studies.
VI	Descriptive or Qualitative study	Evidence collected from a single descriptive or qualitative study.
VII	Opinion of expert or reports from expert committees.	Evidence comprising of respected authorities report or opinion of expert committees on a topic.

SQUIRE

Through a critical appraisal of the evidence, I organized and analyzed all of the evidence collected for this doctoral project. I conducted the evidence appraisal using SQUIRE 2.0. A group of authors developed SQUIRE 2.0 between 2012 and 2015 through three overlapping phases: evaluation of the initial SQUIRE guidelines, early revisions, and pilot testing with late revisions (Ogrinc et al., 2015). The authors

developed SQUIRE 2.0 to be used across many approaches for systematically improving the quality, safety, and value of health care through series of methods to substantiate the alliance between observed outcomes and interventions (Ogrinc et al., 2015; Goodman et al., 2016). According to Ogrinc et al. (2015) SQUIRE 2.0 is used to report research within a specific study design, which is the fundamental logical concept of systematic investigation recognized by authors, editors, reviewers, and readers; it contains 18 items and four fundamental questions: Why did you start? What did you do? What did you find? What does it mean? SQUIRE 2.0 makes quality improvement work reporting complete and transparent and provides a guide to authors, editors, reviewers, educators, and stakeholders (Goodman et al., 2016).

Clarification/Definitions of Terms

Effective management: The incorporation of intense planning, organization skills, and control of organizational objectives (Marquis & Huston, 2017). I used this term in this SRP regularly to describe a set of competencies by the management, which inculcates positive outcomes in managing patient health at the facility.

Human caring: A holistic approach in caregiving that establishes the transpersonal relationship between nurses and patients (McEwen & wills, 2019). This term is part of the theoretical concept that I used to guide and inform the project and demonstrated the role and expectation the nursing leaders and nursing staff used to provide and improve care to patients.

Laissez-faire leadership: an individual or a leader that gives the followers the freedom of choice to initiate a solution to a brought-up problem because they are always

not available (Alloubani et al., 2019). This term describes a leadership style that fights fires, avoids involvement, and delegates authority (Musinguzi et al., 2018), and I used the term as such in this SRP.

Leaders: Individuals that take the lead, risk, provide guidance and resources to the nursing staff to achieve the organizational set goals and objectives (Marquis & Huston, 2017), and I used this term in this SRP. I used this term regularly in the SRP to ascribe to the competencies and interpersonal skills that are demonstrated by the leaders, which either encourage or set as a barrier to improve clinical practice.

Leadership: Interpersonal behavior among the leaders that facilitate the guidance of organizational activities to meet the set goals (Marquis & Huston, 2017). I used this term in this SRP to show the attribute of leaders that encourages a favorable environment that promotes job satisfaction, reduces nurse's intention of leaving work, and improve patient health outcomes.

Nursing job satisfaction: Individual nursing perceptions of their job and job experience (Asif et al, 2019). This term connects with nursing individual work turnover, service quality and effectiveness, and patient satisfaction (Asif et al., 2019). I used this term to describe a nursing individual providing quality of care, which is the primary focus for nursing staff and one of the variables of this SRP.

Nurse retention: Nursing staff's intention to remain at the organizational facility to provide quality care with happiness and job satisfaction (Asif et al., 2019). This term depends on the organization's leadership style, which can either hinder or promote the intention to stay or leave the work environment or the organization entirely (Alhamwan

et al., 2015). This term is one of the variables of this SRP and I used the term to describe an individual nursing staff that provides job satisfaction at the healthcare facility with the intention to stay at the facility.

Patient health outcomes: The significant determinant and measurement of any healthcare system's productivity and quality healthcare provided in promoting a healing environment (Ausserhofer et al., 2015). This term is dependent on the nursing staff services of care, the healthcare environment, organizational structure, and organizational culture. This term is also one of the variables of this SRP and I used the term to describe the healthcare facility's patient care productivity.

Task-oriented leadership style: An individual or a leader that uses or develop a structured work environment. This individual or leader goals is getting the job done at a timeline and gives a deadline with a specification of job responsibilities to its subordinates (McCay et al., 2018). I used this term to describe a leader that emphasizes on task completion and deadlines, specifies job responsibilities, and keep high standard of performance.

Transactional leadership: An individual or a leader with capacities of a caregiver role and comprised of contingent reward, management by exception active and passive (Alloubani et al., 2019). This term describes a leader that provides individual consideration, intellectual stimulation, inspirational motivation, idealized influence in behavior and attributes (Alloubani et al., 2019), and I used the term as such in this SRP.

Transformational leadership: An individual or a leader as an inspiration and democratic model of leadership that encourages effective communication, intellectual

stimulation, and seeks critical and creative thinking among his or her followers (Stewart, 2017). I used this term as a primary basis for providing an environment that is favorable for practice and improving patient health outcomes for the nursing staff.

Relevance to Nursing Practice

Reduced job satisfaction, poor nursing retention, and insufficient patient health outcomes are severe issues that affected the clinical practicum site. Reduced job satisfaction can occur from practicing in an environment that is not conducive to a satisfactory work environment or a given job. According to Bayram and Dinc (2015), job satisfaction is a concept that deals with how the staff feels about their given job. Studies showed that if staff are satisfied with their job and the work environment, they will contribute usefully to the organization (Bayram & Dinc, 2015). In addition, if leadership style influences job satisfaction, then job satisfaction will be attained by the nursing staff (Bayram & Dinc). Nursing retention has been an issue in the health care system, and it is a widespread problem that contributes to the nursing shortage (Nielson et al., 2018). The shortage of nurses will impact the delivery of safe, effective, and timely care and the patient care relationship. According to the Massachusetts Nurse Newsletter (2016), nurses leave their jobs because of stress, burnout, and unfavorable environments. Reduced patient health outcomes can result from several contributing factors, such as understaffing, unfavorable environment, lack of adequate leadership, and many others (Massachusetts Nurse Newsletter, 2016). Patient health outcomes depend on the quality of care received, and if the nursing staff reduces the quality of care, then the patient health outcomes are also reduced. Therefore, in this SRP, I aimed to identify and

synthesize evidence highlighting the relationship between leadership style, nursing retention, job satisfaction, and patient outcomes.

The influences of leaders are vital to strengthening a health organization's performance (Musinguzi et al., 2018). Leadership styles remain a vital organizational antecedent that influences staff motivation, job satisfaction, and teamwork, impacting patient health outcomes (Musinguzi et al., 2018; Marquis & Huston, 2017). Highlighting some leadership styles and their impact on job satisfaction, retention, and health outcomes can further foster an understanding of the potential relationships that exists. The leadership styles I reviewed were: Transactional, Laisser-faire, Transformational, and Task-oriented. Therefore, when trying to determine the existence of a relationship between leadership styles, job satisfaction, nurse retention, and patient health outcomes, it is paramount to conduct a systematic review of the literature that includes various leadership styles and their impact on the aforementioned variables.

Transactional leadership is a leadership style distinguished by a nursing leader who only gives assistance as a reward, which is known as a contingent reward (Musinguzi et al., 2018). Transactional leadership style also pays attention only to irregularities, such as management by exception active and management by exception passive (Musinguzi et al., 2018; Alloubani et al., 2019). Likewise, this leadership style is identified by a nursing leader with abilities in caregiver roles and patient centered care (Alloubani et al., 2019). This leadership style is episodic, task orientation, and the leader ensures that followers' roles are organized (Pishgooie et al., 2019). According to research by Pishgooie et al. (2019), transactional leadership style shows a negative relationship

with job stress and staff anticipated turnover and a significant positive correlation with patient health outcomes. They concluded that the transactional leadership style positively correlates with job satisfaction, staff retention, and improved patient health outcome (Pishgooie et al.).

Laisser-faire style is another leadership style in which the nursing leader gives the followers the freedom of choice to initiate a solution to any problem because the leader is not always present (Alloubani et al., 2019). The Laissez-faire leadership style is distinguished by a nursing leader who fights fires and avoids involvement (Musinguzi et al., 2018). Other distinguishing characteristics of the laissez-faire leadership style are a delegation of authority, praising staff accomplishment, rewarding staff successes, offering constructive criticism, and steps in during crisis (STU Online, 2018). This leadership style is also directly opposite to the autocratic leadership style (STU Online, 2018). A study by Worthy et al. (2020) concluded that there is a weak negative correlation or relationship between laissez-faire leadership style and job satisfaction, staff intent to stay, and patient health outcomes. Likewise, in their study, the linear regression shows a negative result for laissez-faire leadership styles compared to other leadership styles with the variables, such as job satisfaction, nurse retention, and patient health outcomes (Worthy et al., 2020).

The transformational leadership style is another leadership style. Transformational leadership provides a meaningful and creative standard that brings about the context of change through shared vision and influence (Nielsen et al., 2018). Transformational leadership provides a basis that nursing leaders can use to establish and

maintain a relationship with nursing staff that can provide support, nurture skills, knowledge, and expertise in providing an environment that is favorable and promotes personal career growth (Lartey et al., 2014; Marquis & Huston, 2017). Likewise, the transformational leadership style positively influences several components that relate to job satisfaction, nurse retention, and patient health outcomes (Marquis & Huston, 2017). According to Musinguzi et al. (2018), concluded in their research that transformational leadership shows a positive relationship with job satisfaction, teamwork, and patient health outcomes. Furthermore, the Worthy et al. (2020) study showed a positive influence and positive simple linear regression for transformational leadership style towards job satisfaction, staff intent to stay, and patient health outcomes.

A task-oriented leadership style is closely related to the autocratic leadership style. Task-oriented leadership emphasizes task completion and deadlines; task-oriented leaders use and develop a structured work environment that includes clearly defined staff schedules, task assignments, and deadlines (Svensson et al., 2018). The task-oriented leader aims to get the job done based on the timeline (Svensson et al., 2018), and leads staff by setting up schedules with requirements and provide proficient follow-up with those schedules (McCay et al., 2018). The task-oriented leader requires a high standard of performance and specifies job responsibilities. According to McCay et al. (2018), task-oriented leadership results in a significant decrease in job satisfaction. Likewise, their research indicated that some studies found a negative relationship between task-oriented leadership style and staff intent to stay (McCay et al., 2018). They also found a negative

relationship between task-oriented leadership style and patient health outcomes but found a significant positive relationship with the resolution of ethical dilemmas (McCay et al.).

Current State of Nursing Practice in the area and Recommendation

The Affordable Care Act, a significant health reform, enhanced healthcare leadership and reimbursement by allocating incentives for Medicare & Medicaid participating institutions to promote nurses' job satisfaction and retention (Center for Medicare and Medicaid Services [CMS], 2017). Several nursing literature included information about effective leadership and the impact of the leaders in augmenting efficiency, promoting job satisfaction, and bettering patient health outcomes (Abualrub & Alghamdi, 2016; Marquis & Huston, 2017). Management plays an essential role in providing direction within a healthcare organization, which ultimately intensifies the fulfillment of organizational goals and outcomes (Marquis & Huston, 2017). Abualrub and Alghamdi (2016) offers that a conducive environment for employees' growth, changes, and job satisfaction, is created by an effective leadership style.

Strategies and Standard Practice to Address Gap

Leadership style is one strategy that I identified in the literature for addressing issues of impaired job satisfaction, nurse retention, and patient health outcome. Leadership remains the key to strengthening the performance of the health system (Musinguzi et al., 2018). Leadership style plays a vital role in the quality of nursing care in hospitals that affects patient health outcomes (Alloubani et al., 2019). Likewise, leadership style influences staff attitudes and beliefs through guiding and motivating them to attain the organizational goals and objectives (Pishgooie et al., 2019). Leadership

styles change and shape the organizational strategies that involve the effectiveness and execution of tasks that can decide the culture, motivation, tolerance, perception, and values of the organization (Pishgooie et al., 2019).

How Present Doctoral Project Advances Nursing Practice

The communication process within the interdisciplinary teams' members affects the adequacy or productivity of the healthcare service delivery. Effective communication between the nursing leaders and nursing staff helps to promote the effectiveness of the interdisciplinary team. Effective communication can also promote a democratic environment. Effective communication among leaders and nursing staff improves job satisfaction, decrease nurse's intention to leave their job, and improve patient health outcomes (Musunguzi et al., 2018). Transformational leadership style is a leadership style that has shown to inculcate a democratic environment that is favorable for care delivery and staff empowerment (Musunguzi et al., 2018; Abualrub & Alghamdi, 2016). This project is important to nursing practice as I aimed to improve practice by providing quality patient health outcomes and encouraging an environment that will promote such quality. After identifying the gap in practice, I synthesized and summarized the literature to present evidence about the relationship between leadership styles on job satisfaction, nurse retention, and patient health outcomes that will benefit the clinical project site.

Local Background and Context

In this SRP, I sought to identify the relationship between nursing leadership style and job satisfaction, nurse retention, and patient health outcomes. Evidence has shown that the nursing environment has a direct effect on the nurse's motivational level and also

on their extrinsic and intrinsic characteristics (Lin et al., 2015). Nursing staff provides care according to their work environment; an environment can either create or reduce motivation (Lin et al., 2015). Inadequate and ineffective leadership style can demean nursing staff efforts and make them less motivated to explore their potential and realize expectations (Brown et al., 2016). A favorable work environment can contribute to effective patient care (Lin et al. 2015). For this reason, unfavorable work environments may impact perception and attitude and negatively alter the delivery of health services.

Institutional Context as Applicable to the Problem Addressed

The setting for this doctoral project was an acute care institution located in the northern central section of the United States. The institution is a vibrant multi-cultural healthcare center that provides care to hundreds of thousands of patients in various communities, which supports the feasibility of this project. The institution provides services to a diverse population experiencing many different types of health issues and is dependent on nursing staff and nursing leaders. At the institution, care decisions are made by the care leaders and the management team with collaboration from the nursing staff; however, that is not clearly evident. There appears to be a lack of collaboration between the leadership and the nursing staff. The goal of the institution is to provide quality patient care that will impact the community positively; however, the quality of care is often challenged by staff retention, job satisfaction, and the resulting patient outcomes.

Role of the DNP Student

Doctor of Nursing Practice (DNP) prepared nurses can act as change agents in developing policies, appraising, and synthesizing evidence that can change and transform

health care delivery. DNP prepared nurses can serve as essential change agents due to their ability to deal with conflicting ideas that can easily hinder the inclusion of change into the health system (Danzey et al., 2015). As a DNP student, my goal is to identify, appraise, and synthesize currently available literature about the relationship between leadership style and job satisfaction, nurse retention, and patient health outcomes. The DNP essential III supports the scholarship of practice and discovery of evidence for practice utilization (American Association of Colleges of Nursing [AACN], 2006), which this doctoral project aligns with.

Role and Relationship in the Doctoral Project

Advanced practice nurses (APNs) can be considered as practitioner-researchers as APNs assist in generating knowledge that can enhance practice. As an APN, I will serve to appraise, evaluate, recommend, and assist in developing new practice approaches to improve nursing practice. As an APN, I will use my ability and skills to bridge the gap between scientific discovery and the translation and implementation of research, which according to Vincent et al. (2018) requires both expertise and nurse-preparedness. As a DNP nurse, I can recognize, explain, and make predictions regarding nursing phenomenon based on evidence that can be applied to local situations. Also, as a DNP prepared nurse, I am a leader in translating evidence-based practice (EBP) into nursing practice, facilitating the translation of research findings, and consequently evaluating practice outcomes. Based on these facts, I played a role in translating and utilizing evidence from this clinical project to bridge the identified practice gap. I also played a

role in advocating for improving patient outcomes and a favorable environment that will encourage nursing staff to function effectively.

Motivation for the Doctoral Project

As an APN, I acquire data and information and then transform the information into knowledge (McGonigle & Mastrian, 2018). EBP is the integration of the best clinical evidence in health care decisions (Munten et al., 2018). I acquire knowledge through EBP research and understand the importance of using data collected in arriving at a decision. Knowledge is the awareness and understanding of information and ways that information can be useful to support a specific gap in practice or arrive at a health care decision (McGonigle & Mastrian, 2018). As an APN, disseminating knowledge or findings among nursing staff and leaders entails propagating accurate literature reviews and synthesizing the best available evidence. Based on these facts, my motivational factors for this doctoral project were the shortage of nursing that hindered patient care, the lack of job satisfaction expressed by nurses in their job, and the need to review and synthesize research evidence that could help to curtail the gaps identified to support this project. Another motivating factor was the lack of adequate quality care that patients and family members experienced due to the shortage of nursing and their unfavorable work environment. Therefore, this SRP provided me the opportunity to search and synthesize evidence and provide information that can be used to assist in addressing the practice gap related to poor job satisfaction, nurse retention, and patient health outcome.

Summary

In Section 2, I discussed the background and context of the project. I also discussed the theoretical concept, model, and framework that guided and informed this project. The identified gap-in-practice is the issues of poor job satisfaction, poor nurse retention, and poor patient health outcome. I also discussed the relevance of this project to nursing practice and the potential positive influence on clinical practice that this project can be used to tackle and to reduce the current gap-in-practice. The identified practice gap needed urgent attention to prevent further escalation. In Section 3, I discussed the methodology used for the collection, analysis, and synthesis of the evidence.

Section 3: Collection and Analysis of Evidence

Introduction

In this SRP, I aimed to ascertain any relationship that exists between leadership styles and job satisfaction, nurse retention, and patient health outcomes. Nurse retention, job satisfaction, and reduced patient health outcomes are severe issues that are generating a gap-in-practice at the clinical project site. These issues are what I addressed in this clinical project by synthesizing existing literature to formulate recommendations for the administrative team. In this section, I discuss the practice-focused questions, reviewed the sources of evidence, and applied the systematic review methodology that is explicit and reproducible.

Practice-Focused Question(s)

Nurse retention, job satisfaction, and reduced patient health outcomes are issues that continue to challenge the healthcare institution selected for the implementation of this clinical project. According to Higgins (2015) organizational leadership plays a crucial role in influencing how the nursing staff behaviors. Other authors offer that a thriving work culture can be fostered through leadership, which can promote positive nursing job satisfaction, improve nurses' retention, and improve patient health outcomes (Wong et al., 2015). Through a synthesis of the evidence collected for this SRP, I answered the following questions:

1. What are the current evidence related to the relationship between leadership style, nursing retention, job satisfaction, and patient outcomes?

2. Based on current evidence, what recommendations can be presented to the hospital administration about the relationship between leadership style, nurse retention, job satisfaction, and patient health outcomes?

In this SRP, I provided evidence about the relationship between leadership style, job satisfaction, retention, and improved patient health outcomes, which can assist the institution as they seek to progress.

Sources of Evidence

Literature can provide evidence that supports practice issues. To meet the eligibility criteria of this project, I conducted a thorough literature search to identify existing evidence. I conducted literature searches using EBSCO host databases, such as CINAHL, MEDLINE, PubMed, and ProQuest. Other sources of evidence I utilized for this project were Walden University Library, the AHRQ guidelines, the COCHRANE database of systematic reviews, public health database, nursing and allied health database, and scientific research publishing. Additionally, other sources of evidence included the DNP Essentials, Walden University's Systematic Review Manual, institutional database, available dissertation database, and other organizations that provide health care policies, such as the World health organization (WHO) and the American Currency policy. I conducted a literature search using search engines such as Google scholar, Mednar, and The Gray Literature Report.

I collected the sources of evidence for this systematic review through a search of the existing evidence. The key search terms that I used to locate evidence included: *leaders, leadership, leadership styles, transactional leadership, laissez-faire leadership,*

transformational leadership, task-oriented leadership, nursing and leadership, effective management, healthcare facilities, nursing job satisfaction, nurse retention, and patient health outcomes. I searched for sources of evidence that identified the relationship between leadership style, job satisfaction, nurse retention, and patient care outcomes, and any potential supporting recommendations.

For this SRP I selected literature from within the last 5 years to ensure information was current and in support of best practices. I selected older evidence only if that older evidence provided context that could not be provided in more recent literature. The literature reflected current evidence that were relevant to the topic of this systematic review project.

To meet the inclusion criteria, the literature had to:

1. Be published within 5 years (older evidence was incorporated only if such evidence added context that could not otherwise be provided).
2. Contain the key search terms as mentioned above.
3. Be readily available in full text.
4. Be published in English language or translated in English language.
5. Be regarded as higher levels of evidence.

To meet the exclusion criteria, the literature had to:

1. Be published in a language other than English.
2. Be an opinion or letter to the publication's editor.

Published Outcomes and Research

Systematic reviews are the highest levels of the evidence pyramid (Polit & Beck, 2016). Systemic reviews are the cornerstone of evidence-based practice with a purpose to amass and integrate comprehensive research information on a topic (Polit & Beck).

Systematic reviews also provide best practice clinical guidelines and show a conclusion about the state of evidence (Polit & Beck). Systematic reviews informed future changes in nursing practice and provided means for quality patient care. According to Aromataris and Pearson (2014), one of the reasons for conducting a literature review is to identify a relationship between concepts that existed in studies that is relevant to the topic of discussion. The standardized methodology of a systematic review and the unbiased synthesis of the articles makes systematic review very transparent (Aromataris & Pearson, 2014).

In identifying the standard level of evidence needed for systematic review, I followed a series of steps to grade and document evidence that was included for the project. Harris et al. (2014) discussed eight sequential steps that are required in conducting a systematic review. In their article, the authors listed and documented high standard quality measures that are required in conducting a systematic review that is free of bias and of high quality. The steps are as follows:

1. Purpose of the review: Identifying an answerable question(s).
2. Search methodology.

3. Eligible studies: Inclusion and exclusion criteria. The use of a PRISMA flowchart that will help in generating, identifying, and screening possible studies that will be included for analysis (Harris et al., 2014).
4. Primary and exploratory outcomes. The primary study outcomes will be determined before they have been selected and analyzed (Harris et al.).
5. Extraction and analysis of study data: Reporting the results.
6. Statistical assimilation of data.
7. Evaluation of study methodological quality.
8. Summarize the findings.

Using the key search terms, I conducted an electronic search for evidence through the databases identified. Through the database searches, I identified a total of 885 articles. I also identified 26 additional articles through searches from other sources, such as professional organization, American Currency Policy, and gray literature search, which brings the total number of articles to 911. After I removed duplicates articles and reviewed the abstracts, the number of articles were reduced to 205. I screened the 205 articles for the inclusion and exclusion criteria, and I excluded 156 articles for not meeting the inclusion criteria. Of the 49 remaining full-text articles meeting the inclusion criteria, I further excluded 38 articles for reasons such as: the research was conducted in a university, private, or public school rather than a hospital or healthcare facility. A total of 11 articles met all inclusion criteria and were evaluated, synthesized, and analyzed for this systematic review project. There were three Level 1 articles and eight Level V articles, as shown in Table 2.

Table 2*Hierarchy of Evidence for literature Selection and Inclusion*

Level of Evidence	Study type	Description	Articles Included
I	Systematic review or meta-analysis	Evidence collected from a systematic review of all relevant randomized controlled trials.	3
II	Randomized controlled trial (RCT)	Evidence collected from at least one well-designed RCT.	0
III	Control trial	Evidence collected from well-designed controlled trials without randomization.	0
IV	Case controlled and cohort study	Evidence collected from well-designed comparison or observational study to determine outcomes in subjects.	0
V	Systematic review of qualitative or descriptive studies	Evidence collected from systematic reviews of descriptive and qualitative studies.	8
VI	Descriptive or Qualitative study	Evidence collected from a single descriptive or qualitative study.	0
VII	Opinion of expert or reports from expert committees.	Evidence comprising of respected authorities report or opinion of expert committees on a topic.	0

To answer the projects question I used the PRISMA model to select and document the literature that was included in this SRP. The PRISMA model has a 27-items checklist and a four-phase flow diagram, such as identification, screening, eligibility, and inclusion (Selcuk, 2019) that I used to guide the inclusion of articles for this project. I used the PRISMA diagram to show the number of articles or studies that I

identified, excluded, and included in the project. Of the 911 articles that resulted from the search, a total of 11 articles met all inclusion criteria and I evaluated, synthesized, and analyzed the 11 articles for this systematic review project. In the selection criteria, I ensured that I eliminated bias and assured that only evidence that met the inclusion criteria for this project was incorporated. The PRISMA flow diagram that reflects the article selection process is included in Appendix A.

Analysis and Synthesis

In the analysis and synthesis of the data for this project, I incorporated the characteristics and findings of the included evidence. Once I applied the inclusion and exclusion criteria, I organized, analyzed, and synthesized the selected articles. I first assessed each article for inclusion utilizing the PRISMA model flowchart. I then graded the evidence according to the hierarchy of evidence from the Fineout-Overholt and Melnyk's criteria (Selcuk 2019; Fineout-Overholt et al., 2010). Appendix A shows the PRISMA flowchart that I used for the evidence assessment. I appraised and synthesized the evidence using the SQUIRE 2.0 criteria for quality improvement reporting. In accordance to SQUIRE 2.0 guidelines (Ogrinc et al., 2015), the questions I used to help appraise the articles using the SQUIRE 2.0 guidelines were as follows:

- Why did you start?
- What did you do?
- What did you find?
- What does it mean?

I organized the evidence to reflect the applicability of each article to the practice focused questions. I used an evidence table to manage the summary of the selected articles and provided a synthesis of the primary findings in narrative format. In the summary of the findings, I included strengths and limitations relating to the applicability of the project result. I presented the project results and recommendations to the organization's administration after approval by my Walden University Capstone Committee.

Ethical Considerations

This project was a systematic review of existing literature and a presentation of the information that I gathered. It did not involve human subjects; therefore, there were no potential ethical issue. Organizational data that include patient and employee information was de-identified to support confidentiality and patient protection. The facility administrator approved the project, and I provided the written approval to the Walden University Institutional Review Board (IRB). I obtained approval from the Walden University IRB before conducting this clinical project; the approval number is 11-10-20-0572300. No financial support was provided for this project thereby eliminating any conflict of interest.

Summary

In this project, I reviewed and synthesized the literature regarding the relationship between leadership style and job satisfaction, nurse retention, and patient health care outcomes. In this section, I discussed the methodology for this SRP, the practice-focused questions, the sources of evidence, the inclusion and exclusion criteria for evidence, and

the ethical considerations relating to the project. Following the Harris et al. (2014) sequential steps for performing a systematic review, I utilized the PRISMA flowchart, Fineout-Overholt et al.'s (2010) grading of evidence, and the SQUIRE 2.0 appraisal system to document the evidence included and to grade and appraise the evidence, respectively. Section 3 also included the analysis and synthesis process used for the evidence supporting the practice focused questions. In Section 4, I discussed the findings and implications from the data collected, my recommendations, and the strength and limitations of this systematic review project.

Section 4: Findings and Recommendations

Introduction

Poor nurse retention, lack of job satisfaction, and reduced patient health outcomes are ongoing issues at the project implementation site. The purpose of this SRP was to ascertain any relationship that exists between leadership styles and job satisfaction, nurse retention, and patient health outcomes. Through this project, I sought to address the existing clinical practice gap by answering the following practice-focused questions:

1. What are the current evidence related to the relationship between leadership style, nursing retention, job satisfaction, and patient outcomes?
2. Based on current evidence, what recommendations can be presented to the hospital administration about the relationship between leadership style, nurse retention, job satisfaction, and patient health outcomes?

The prevalence of the identified issues, such as poor nurse retention, lack of job satisfaction, and reduced patient health outcomes, and the prolonged effect on the healthcare institution highlighted the need to search the literature to identify evidence that when synthesized can provide recommendations to tackle the issues. Job dissatisfaction and poor nurse retention are preventable issues that contribute to reduced patient health outcomes (Asif et al., 2019). In this SRP, based on current evidence, I identified the relationship between leadership styles, job satisfaction, nurse retention, and patient health outcomes and I developed recommendations that I presented to the hospital administration regarding these relationships.

I conducted an electronic search of the databases using the key search terms and identified a total of 911 articles. After I removed the duplicate articles, reviewed the abstracts and screened for the inclusion and exclusion criteria, 11 articles met the inclusion criteria and were evaluated, synthesized, and analyzed for this SRP, as is reflected in Appendix A.

Findings and Implications

I synthesized 11 studies for this systematic review, that included three Level 1 studies and eight Level V studies. There were no Level II, III, IV, VI, VII, and VIII identified from the reviews. The three Level 1 studies I synthesized for this project consist of two systematic reviews and a mixed-method study. The eight Level V studies consisted of cross-sectional quantitative and descriptive studies (37.5%), cross-sectional correlational studies (25%), and descriptive correlational studies (37.5%). All of the studies were conducted ethically with approval from the researchers' respective IRBs and/or Ministries of Health. All studies included disclosures that reflected there were no conflicts of interest. The researchers of the studies that were included in this project acknowledged the limitations of their research. The typical limitations were related to study design, self-selection bias, staff nurses' bias towards nursing leaders, small sample size, and the lack of verification of the perceptions and opinions of the participants. The study's strengths lie within their frameworks, the statistical analysis of data used, and in some studies, the participants' high response rates. I used an evidence table to manage the evidence.

In this systematic review, I ascertained, through current literature, evidence of the positive relationship between leadership styles, job satisfaction, nurse retention, and patient care outcomes. In the review of the 11 articles, the researchers revealed two classifications of leadership styles, relational and task oriented. I summarized the 11 articles based on their content, which was comprised of the following four categories: leadership styles, the relationship of leadership styles to job satisfaction, the relationship of leadership styles to nurse retention, and the relationship of leadership styles to patient care outcomes as follows.

Leadership Styles

McCay et al. (2018) conducted a systematic review to seek the current evidence that supports the relationship between nursing leadership styles, nurse satisfaction, and patient satisfaction. In the systematic review, the researcher analyzed a total of 14 studies that took place in hospital settings. The researchers classified the leadership characteristics into two categories, a relational leadership style and a task-oriented leadership style. The characteristic central points of the relational leadership style were creating, sustaining, and effectively managing the relationships with staff, patients, coworkers, and families (McCay et al., 2018). Leadership styles that were classified as relational leadership styles included transformational, situational, resonant, democratic, affiliative, emotionally intelligent, and authentic leadership styles (McCay et al., 2018). The characteristic central point of a task-oriented leadership style was completing individual tasks. Leadership styles classified as task-oriented leadership styles included transactional, primitive, autocratic, paternalistic, or dissonant leadership styles (McCay et

al., 2018). According to the researchers, most of the studies included in the systematic review focused mostly on transformational leadership, a relational leadership style, and transactional leadership, a task-oriented leadership style, which were considered to be significant leadership practices (McCay et al., 2018). The authors described a transformational leader as a leader with a visionary position to inspire followers, while a transactional leader was described as a leader who focuses more on maintaining the flow of operations (McCay et al., 2018). The researchers' findings noted that nurses who worked with relational leaders had a higher job satisfaction rate than nurses who worked with task-oriented leaders (McCay et al., 2018). Other reported positive outcomes about relational leadership were emotional intelligence of nursing staff, decreased workplace bullying, decreased emotional exhaustion, retention of staff, and organizational commitment (McCay et al., 2018). The study findings did not reflect information about negative outcomes for nurses who worked with relational leaders. On the other hand, for task-oriented leadership styles, job satisfaction was decreased, intent to stay and praise and recognition were decreased, and emotional intelligence was also decreased (McCay et al., 2018). Resolution of ethical dilemmas was the only positive care outcome the researchers' reported to be significantly increased by task-oriented leadership (McCay et al., 2018). Task-oriented leaders resolved ethical dilemmas with a strict and better process (McCay et al., 2018). A notable recommendation arising from the researchers' in this systematic review suggested that nurse managers and leaders be aware of the leadership styles that might negatively impact organizational commitment and learn to address the leadership style to avoid staff nursing attrition.

Wong et al. (2015) conducted a systematic review to ascertain the relationship between nursing leadership practices and patient outcomes. Wong et al. (2015) reviewed a total number of 20 studies all of which met the inclusion criteria for this project and took place in hospital settings. Wong et al. (2015) also classified leadership into two categories: relational or task-oriented, and like McCay et al. (2018), also sorted the thematic categories based on common characteristics (Wong et al., 2015). Among the leadership styles classified as relational leadership were transformational, transactional, participative, relationship-oriented leadership styles, and others, while the leadership styles classified as task-oriented leadership were task-oriented and higher leadership styles. According to Wong et al. (2015), leadership was measured based on leadership styles, behaviors, competencies, and practices. The study findings showed that relational leadership styles portrayed a positive relationship with some categories of patient outcomes, such as improved patient satisfaction, improved patient safety outcomes, and decreased patient mortality (Wong et al., 2015). Furthermore, several of the 20 studies also indicated a positive relationship between relational leadership and reduction of adverse events, staff turnover, and absenteeism compared to task-oriented leadership (Wong et al., 2015). Based on the findings of this systematic review, the authors recommended using a leadership style, such as relational leadership that will positively influence improve patient outcomes and the advancement of healthcare organization knowledge (Wong et al., 2015).

Al-Yami et al. (2017) conducted a correlational survey design using a multifactor leadership questionnaire and the organizational commitment questionnaire with a sample

of 219 nurses and nurse managers in two hospitals in Saudi Arabia. Of the 219 participants, 55 were nurse managers, and 164 were nursing staff (Al-Yami et al., 2017). The purpose of the study was to investigate the relationship between leadership styles and nurses' organizational commitment (Al-Yami et al.). Al-Yami et al. utilized a full range of leadership models to guide their study. These researchers compared transformational leadership, transactional leadership, passive-avoidant leadership, and laissez-faire leadership with participant's commitment to the organization and retention (Al-Yami et al., 2017). According to the researchers, in understanding the prevailing effective leadership styles, the study focused on the correlation between leadership styles, organizational commitment, and nurse retention (Al-Yami et al., 2017). The study results revealed that transformational leadership styles positively correlate with organizational commitment, which is related to value commitment and retention of nursing staff ($r = .333$) (Al-Yami et al., 2017). In addition, transformational leadership showed a positive strong correlation to inspirational motivation when related to value commitments $\{r = .387, p < .01\}$ (Al-Yami et al.). The transactional leadership style also showed a stronger positive correlation with organizational commitment related to contingent reward, value commitment ($r = .409$), and staff commitment to stay ($r = .355$) (Al-Yami et al., 2017). In contrast, both the passive-avoidant leadership style and laissez-faire leadership style showed a negative correlation between value commitment and staff commitment to stay (Al-Yami et al., 2017). The study revealed that both transformational and transactional leadership styles positively correlate with organizational commitment, with transformational leadership style influencing more significant organizational

commitment (Al-Yami et al., 2017). The researchers concluded that the implication for nursing management was that a transformational leadership style could influence and assert positive nursing changes that would encourage job satisfaction and staff retention (Al-Yami et al., 2017).

Morsiani et al. (2017) conducted a mixed-method study that included administering a multifactor leadership questionnaire and three focus groups. The study's purpose was to describe staff nurses' perceptions of their nurse managers' leadership style, identify which leadership style ensured job satisfaction, and describe which behaviors nurse managers should change. The mixed-method study consisted of two phases. Phase one involved administering a multi-factor leadership questionnaire to 87 nursing staff, and phase two involved three focus groups (Morsiani et al., 2017). The focus groups were semi-structured and consisted of a total of 27 staff nurse participants, with each group having 9-10 participants (Morsiani et al., 2017). Nurse managers were not part of the participants but were informed of the study (Morsiani et al., 2017). The full range leadership development theory founded by Bass and Avolio guided the study. Eleven leadership styles were identified by the staff nurses, which included transformational leadership, transactional leadership, laissez-faire, idealized influence behavior, management by exception active, management by exception passive, inspirational motivation, and others (Morsiani et al., 2017). Among the 11 leadership styles identified, both the laissez-faire and the management by exception passive style negatively correlated with nurses' satisfaction ($r = -0.34$, $r = -0.42$) (Morsiani et al., 2017). According to the nurses, the five most prevalent leadership styles exhibited by the nurse

managers were management by exception active, idealized influence behavior, intellectual stimulation, transactional leadership, and transformational leadership, of which the transactional leadership style was the most prevalent (Morsiani et al., 2017).

The study results showed that transactional leadership style, which the nurses perceive as management by exception active, focused on monitoring staff errors and intervening to correct the errors and punish, negatively impacted nursing staff job satisfaction (Morsiani et al., 2017). While transformational leadership was perceived as being reflective of respect, caring for others, professional development, and appreciation, which positively correlates with job satisfaction, nurse managers rarely practiced it (Morsiani et al., 2017). The researchers concluded and recommended that nursing managers be encouraged to change their current leadership style and adopt a transformational leadership style, which supports nursing staff job satisfaction (Morsiani et al., 2017).

Musinguzi et al. (2018) conducted a cross-sectional study utilizing a self-administered questionnaire of 564 healthcare staff from 228 of the 247 healthcare facilities the researchers queried. The study's purpose was to examine the relationship between transformational, transactional, and laissez-faire leadership styles and motivation, job satisfaction, and teamwork of healthcare staff in Uganda (Musinguzi et al., 2018). The healthcare staff were asked to indicate their perceptions of their nursing leader's leadership style using a 4-point Likert scale that ranged from 0 to 3 (Musinguzi et al., 2018). The Transformational Leadership Theory guided the study. The three variables of the study were motivation, job satisfaction, and teamwork (Musinguzi et al.,

2018). Their result showed that healthcare staff preferred leaders with transformational skills ($n= 177/228$, 77%) compared to transactional ($n= 97/228$, 42%) and laissez-faire ($n= 32/228$, 14%) (Musinguzi et al., 2018).

The study revealed that transformational leadership positively correlates with motivation ($r = .32$), job satisfaction ($r = .38$), and teamwork ($r = .18$) compared to transactional leadership that had weaker positive correlations with job satisfaction ($r = .21$) and teamwork ($r = .18$) (Musinguzi et al., 2018). In contrast, laissez-faire leadership revealed a negative correlation between motivation, job satisfaction, and teamwork (Musinguzi et al., 2018). The researchers concluded that leaders who incorporate a transformational leadership style have a positive impact on stimulating staff motivation, assuring job satisfaction, and encouraging teamwork among staff when compared to transactional and laissez-faire leadership styles (Musinguzi et al., 2018). The researchers recommended that utilizing transformational leadership skills in the healthcare facility would promote nursing staff motivation, job satisfaction, and improve healthcare delivery (Musinguzi et al., 2018).

Lin et al. (2015) conducted a cross-sectional quantitative study to identify the relationship between transformational leadership style and the nursing staff's mental health, organizational commitment, and job satisfaction. The study included a self-administered questionnaire that was administered to the 651 nurses. A total of 807 nurses were contacted for the study, and 651 nurses completed the questionnaire, resulting in a response rate of 80.7% (Lin et al., 2015). The nurses recruited for the study were nurses working in a hospital environment with at least 1 year of experience (Lin et al., 2015).

The study variables included supervisor support, staff mental health, organizational commitment, and job satisfaction.

The study results revealed that variables that involve one's work attitude, like job satisfaction and organizational commitment, were positively correlated with nursing staff's general mental health status (Lin et al., 2015). Moreover, the study also revealed that transformational leadership style has a strong positive correlation with staff's general mental health status (Lin et al., 2015). Additionally, the study result revealed that organizational commitment was the primary factor contributing to the general mental health and well-being of the nursing staff compared to job satisfaction (Lin et al., 2015). Lastly, the study findings revealed that supervisor support acts as a mediator between transformational leadership style and job satisfaction (Lin et al., 2015). The researchers' conclusion confirmed the hypothesis of a positive relationship between transformational leadership and all the associated variables. That positive relationship was reflected as such: transformational leadership style has a strong positive correlation with improved staff mental health ($r = .345$), supervisor support ($r = .735$), organizational commitment ($r = .321$), and job satisfaction ($r = .475$) (Lin et al., 2015). The researchers recommended encouraging nursing leaders to adopt transformational leadership skills to improve organizational commitment and health promotion intervention in health care facilities (Lin et al., 2015).

Asif et al. (2019) conducted a cross-sectional descriptive study with a random sampling technique utilizing 17 government hospitals with 600 registered female nurses as the study sample. A total of 386 nurses completed the survey, which reflects a

response rate of 64.33% (Asif et al., 2019). The study's purpose was to examine the relationship between transformational leadership, structural empowerment, job satisfaction, nurse-assessed adverse patient outcomes, and the quality of care (Asif et al., 2019). The researchers' aimed to develop a research model linking transformational leadership to the variables outlined above.

The study results revealed that nursing leaders who exhibit transformational leadership style behaviors significantly encourage positive patient outcomes by reducing adverse outcomes (Asif et al., 2019). The study results also revealed that nursing leaders with transformational leadership skills can improve the quality of patient care by influencing structural empowerment and job satisfaction among nursing staff (Asif et al., 2019). Moreover, the researchers' concluded that there is a positive relationship between transformational leadership, structural empowerment ($r = .38$), job satisfaction ($r = .43$), and the quality of care ($r = .30$) (Asif et al., 2019). The researchers' also concluded that there is a negative relationship between transformational leadership and nurse-assessed adverse patient outcomes, structural empowerment and nurse-assessed adverse patient outcomes, and job satisfaction and nurse-assessed adverse patient outcomes (Asif et al., 2019). In closing, the researchers recommended that nursing managers and leaders develop transformational leadership behaviors to provide an environment that empowers and creates autonomy to support the nursing staff (Asif et al., 2019).

Khan et al. (2018) conducted a descriptive correlational design study to identify the relationship between staff nurses' perceptions of their managers' leadership behaviors and structural empowerment. Khan et al. (2018) used a total of 164 surveys that met the

inclusion criteria and analyzed the surveys using the Statistical Package for the Social Sciences (SPSS). The full range leadership theory was the theoretical framework that guided the study. The leadership styles included in the study were transformational leadership, transactional leadership, and laissez-faire leadership (Khan et al., 2018). The nurses perceived that their nurse managers sometimes demonstrated transformational leadership behavior, occasionally demonstrated transactional leadership behavior, and never demonstrated laissez-faire leadership behavior (Khan et al., 2018).

The study result revealed a Pearson correlation between transformational leadership and total structural empowerment as $r=.647$ (Khan et al., 2018). This correlation is statistically significant portraying a strong positive correlation between nursing staff perceptions of their nursing managers' transformational leadership behaviors and structural empowerment (Khan et al., 2018). The results also indicated that nursing managers' transactional leadership behaviors also positively correlated with staff nurses' structural empowerment ($r= .503$), although to a lesser degree (Khan et al., 2018). In contrast, a negative correlation was noted between laissez-faire leadership behaviors and nursing staff structural empowerment ($r= -0.29$) (Khan et al., 2018). The researchers recommended that health care facilities adopt policies that will include educating nursing managers on developing transformational leadership competencies that will inspire, motivate, and excite nursing staff while utilizing transactional leadership competencies to run the daily operations of the health care facility (Khan et al., 2018).

Bormann and Abrahamson (2015) conducted a descriptive, correlational, quantitative research design utilizing a self-reported survey to ascertain the influence and

relationship between nursing staff's perception of their nurse managers' leadership behavior and nurse's job satisfaction in a hospital seeking magnet designation. Bormann and Abrahamson (2015) collected a total of 115 surveys of staff nurses that met the study criteria for inclusion. The leadership styles included in the study were transformational leadership, transactional leadership, and passive-avoidant leadership (Bormann & Abrahamson, 2015). The study variables included satisfaction with current work, satisfaction with pay, satisfaction with promotion opportunities, satisfaction with supervision, and satisfaction with coworkers (Bormann & Abrahamson, 2015).

The study findings revealed that staff nurses did not see their nursing manager as strongly possessive of a specific leadership characteristic but saw that the manager exhibited several leadership styles at a time (Bormann & Abrahamson, 2015). The findings also revealed a strong positive correlation between the nursing staff's perception regarding their nurse manager's transformational leadership behavior (Bormann & Abrahamson, 2015). The nurse manager's employing transformational leadership behaviors resulted in a positive correlation with the staff nurses' satisfaction with opportunities for promotion $\{r = .396, P < .01\}$ and staff nurses' satisfaction with supervision $\{r = .686, P < .01\}$ (Bormann & Abrahamson, 2015). In addition, a positive relationship existed with staff nurses' opportunity for promotion $\{r = .322, P < .01\}$ and satisfaction with supervision $\{r = .484, P < .01\}$ when the nurse manager employed transactional leadership behaviors (Bormann & Abrahamson, 2015). On the other hand, results for nursing managers who employed passive-avoidant leadership behaviors showed a significant negative correlation with staff nurses' satisfaction with current work

{ $r = -0.258, P < .05$ }, satisfaction with opportunities for promotion { $r = -0.277, P < .05$ }, satisfaction with supervision ($r = -0.664, P < .01$), and satisfaction with coworkers { $r = -0.314, P < .01$ } (Bormann & Abrahamson, 2015). The study results revealed a strong negative correlation between nurse managers' passive-avoidant leadership behaviors and all variables. Based on the study findings, the researchers concluded that transformational and transactional leadership styles should be promoted among nurse managers and included in their education to positively produce nursing staff job satisfaction (Bormann & Abrahamson, 2015).

Pishgooie et al. (2019) conducted a cross-sectional correlational design study that analyzed the surveys of 1617 nurse participants to ascertain the relationship between leadership styles with nurse job stress and anticipated turnover. The nurses included in the study were nurses working in the hospital with at least one year of experience (Pishgooie et al., 2019). Pishgooie et al. (2019) recruited 1703 participants for the study, and 1617 questionnaire was completed and analyzed (Pishgooie et al., 2019). The researchers' analyzed the survey data utilizing descriptive and inferential statistics in SPSS. The leadership styles included in the study were transformational, transactional, and laissez-faire leadership styles.

The study findings revealed that, transactional leadership was the dominant leadership style of nursing managers' (Pishgooie et al., 2018). The study findings also revealed that a significant negative correlation existed between transformational leadership style and job stress ($r = -0.34$) and a significant positive relationship with anticipated turnover ($r = -0.22$) (Pishgooie et al., 2018). With the transactional leadership

style, the findings revealed a significant negative correlation with job stress ($r = -0.44$) and anticipated turnover ($r = -0.28$) (Pishgooie et al.). The findings revealed that both transformation and transactional leadership styles portrayed a significant, positive correlational relationship with job stress and anticipated nursing staff turnover (Pishgooie et al., 2018). With the laissez-faire leadership style, the result revealed that a positive correlational relationship existed with job stress ($r = .23$) and anticipated turnover ($r = .086$) (Pishgooie et al., 2018). The researchers' concluded that transformational and transactional styles could help lower nursing staff job stress and nurse's intention to leave work (Pishgooie et al., 2018). Therefore, the researchers recommended that nursing leaders can utilize a combination of transformational and transactional leadership styles to improve job satisfaction and the quality of nursing services (Pishgooie et al., 2018).

Choi et al. (2016) conducted a cross-sectional descriptive design study that investigated the relationship of nursing staff's perceived transformational leadership, empowerment, and job satisfaction and also examined the mediating effect of empowerment between transformational leadership and job satisfaction in two large private and public hospitals in Malaysia. The researchers' analyzed the surveys from 200 nursing staff that met the study criteria, which included 101 and 99 nurses from public and private hospitals, respectively (Choi et al., 2016). The participants answered survey questions on a 5-point likert scale, questions that included information about transformational leadership, employee empowerment, and job satisfaction (Choi et al., 2016). The researchers' administered the questionnaires face-to-face with the participants (Choi et al., 2016). The researchers' analyzed the study data using partial least squares-

structural equation modeling (Choi et al., 2016). The study variables were job satisfaction and employee empowerment.

The study results revealed that transformational leadership has a strong positive correlation with job satisfaction ($r = .406$) (Choi et al., 2016). The results indicated that transformational leadership behavior influences nursing staff job satisfaction (Choi et al., 2016). The study results also indicated a strong positive correlation between transformational leadership and nursing staff empowerment ($r = .649$) (Choi et al., 2016). In addition, the study results revealed that staff empowerment contributed to a significant positive influence on job satisfaction, and reflected a correlational relationship result of $r = .270$ (Choi et al., 2016). The study results also indicated that nursing staff empowerment mediates the relationship between transformational leadership and nursing staff job satisfaction (Choi et al., 2016). The researchers concluded that their study results enhanced nursing staff empowerment and transformational leadership skills in promoting nursing staff job satisfaction (Choi et al., 2016). The researchers implied that the study offers vital policy insight for nursing managers that crave increase job satisfaction for their nursing staff (Choi et al., 2016).

Relationship of Leadership Styles to Job satisfaction

In their study, Al-Yami et al. (2017) in addition to identifying the linkage between leadership styles and organizational commitment, also supported the notion that leadership styles can influence job satisfaction and retention in a healthcare facility. The researchers' collected their study data from the 219 nurses and nurse manager participants, which revealed a strong positive correlation between both transformational

leadership and transactional leadership styles with value commitment of the nursing staff { $r=.387$; $r=.409$ } (Al-Yami et al., 2017). The researchers found that transformational leadership and transactional leadership could influence job satisfaction through motivating staff's value commitment but offered that transformational leadership had a higher influence rate (Al-Yami et al., 2017). Morsiani et al. (2017), in their mixed-method study that involved 87 nursing staff for phase one and 27 staff nurses for phase two researched nurse participants' perceptions of their nurse managers' leadership style, and job satisfaction. The researchers revealed that seven out of the eleven leadership styles had a positive correlation with nurse's job satisfaction (Morsiani et al., 2017). Transformational leadership portrayed a stronger positive correlation with nurse's job satisfaction { $r= 0.59$ } (Morsiani et al., 2017). The researchers found that the transformational leadership style could serve and guide nursing managers to improve staff's job satisfaction (Morsiani et al., 2017). Based on the study results, Morsiani et al. (2017) recommended that nurse managers should incorporate transformational leadership skills to improve their leadership behavior regarding greater respect, caring for others, professional development, and appreciation in hospital environments.

In another study, McCay et al. (2018) conducted a systematic review seeking the relationship between nursing leadership styles, nurse satisfaction, and patient satisfaction. Data from the review of the 14 studies revealed that relational leaderships had a higher job satisfaction rate than task-oriented leaders (McCay et al., 2018). The much-discussed leadership behaviors among the relational leaderships and the task-oriented leadership categories in the 14 studies were transformational and transactional leadership styles

(McCay et al., 2018). McCay et al. (2018) study's correlation result led the researchers to conclude that a moderate correlation existed between nursing leadership style and patient satisfaction. The McCay et al.'s (2018) study results also correlated with a cross-sectional descriptive study by Choi et al. (2016) that investigated the relationship of nursing staff's perceived transformational leadership, empowerment, and job satisfaction and examined the mediating effect of empowerment between transformational leadership and job satisfaction in two large private and public hospitals in Malaysia. The researchers analyzed the surveys from 200 nursing staff participants (Choi et al., 2016). The study results revealed that transformational leadership has a strong positive correlation with job satisfaction $\{r = .406\}$ (Choi et al., 2016). The study results revealed that transformational leadership, through nursing empowerment, positively influences nursing staff job satisfaction (Choi et al., 2016).

To further ascertain the relationship of leadership style to job satisfaction, Musinguzi et al. (2018), in their cross-sectional study, found that leadership styles correlated with improving the work environment and professional excellence. The study's purpose was to examine the relationship between transformational, transactional, and laissez-faire leadership styles and motivation, job satisfaction, and teamwork of healthcare staff in Uganda (Musinguzi et al., 2018). The study's participants were 564 healthcare staff from 228 healthcare facilities in Uganda (Musinguzi et al., 2018). The cross-sectional study data results revealed that transformational leadership positively correlated with job satisfaction ($r = .38$), and the transactional leadership style had a weak positive correlation with job satisfaction $\{r = .21\}$ (Musinguzi et al., 2018). These authors

further recommended that encouraging transformational leadership skills among leaders can improve staff motivation, strengthen job satisfaction, and ultimately enforce staff cohesion to support better care delivery outcomes in healthcare institutions (Musinguzi et al., 2018). Likewise, Lin et al. (2015) conducted a cross-sectional quantitative study to identify the relationship between transformational leadership style and the nursing staff's mental health, organizational commitment, and job satisfaction. The study's participants were 651 nurses' staff (Lin et al., 2015). The study findings revealed that transformational leadership style had a strong positive correlation with supervisor support ($r = .735$) and with job satisfaction ($r = .475$). The study results revealed that supervisor support played a significant role between transformational leadership styles and job satisfaction (Lin et al., 2015). A leadership style that portrays supervisor support, such as transformational leadership, will influence healthcare workers' job satisfaction (Lin et al., 2015). Likewise, the cross-sectional descriptive study that involved 200 nursing staff participants by Choi et al. (2016) that investigated the relationship of nursing staff perceived transformational leadership, empowerment, and job satisfaction and examined the mediating effect of empowerment between transformational leadership and job satisfaction in two large private and public hospitals in Malaysia also found that transformational leadership had a positive influence on healthcare workers' job satisfaction. The study results from Lin et al. (2015) and Choi et al. (2016) offer data analysis results that support healthcare managers implementing transformational leadership policies to enhance nursing staff job satisfaction.

Job satisfaction represents one's optimistic personal perception regarding one's job and job experiences (Asif et al., 2019). Job satisfaction links with staff turnover, service quality and effectiveness, and patient care satisfaction (Asif et al., 2019). Bormann and Abrahamson (2015) conducted a descriptive correlational, quantitative study to ascertain the influence and relationship between nursing staff's perception of their nurse managers' leadership behavior and nurse's job satisfaction in a hospital seeking magnet designation. The researchers collected a total of 115 surveys of staff nurses for data analysis (Bormann & Abrahamson, 2015). The study results revealed that transformational and transactional leadership styles have a strong positive correlational relationship with nursing staff satisfaction $\{r = .686; r = .484\}$ (Bormann & Abrahamson, 2015). The researchers concluded, based on correlation results, that satisfaction with nursing managers' leadership behavior was a positive encouragement on nurses' job satisfaction that is impacted by the influence of individual leadership style (Bormann & Abrahamson, 2015).

Another study by Khan et al. (2018) also correlates with the Bormann and Abrahamson study. Khan et al. (2018) conducted a descriptive correlational design study to identify the relationship between staff nurses' perceptions of their managers' leadership behaviors and structural empowerment. Khan et al. (2018) analyzed a total of 164 surveys of nursing staff participants. The study data result revealed that transformational leadership and transactional leadership styles portray a strong positive correlation with nursing staff structural empowerment $\{r = .647; r = .503\}$ (Khan et al., 2018). Based on study findings, the researchers concluded that both transformational and

transactional leadership styles encouraged nursing staff job satisfaction if encouraged at hospitals or healthcare facilities (Khan et al., 2018). These findings also correlated with McCay et al.'s (2018) study data results discussed above. McCay et al. (2018) conducted a systematic review seeking the relationship between nursing leadership styles, nurse satisfaction, and patient satisfaction. The researchers reviewed and analyzed 14 studies to generate findings (McCay et al., 2018). The study findings revealed that relational leaderships, such as transformational leaders, contribute to greater nursing staff job satisfaction compared to task-oriented leaderships, such as transactional leaders, that reduces nursing staff job satisfaction. A leader who encourages nursing staff job satisfaction and promotes an environment that empowers nursing staff, can positively influence social change.

Relationship of Leadership Styles to Nurse Retention

Leadership style contributes precisely to nursing staff job satisfaction that is directly related to staff nurses' retention intent, turnover rates, and the quality of patient care outcomes (Morsiani et al., 2017). Leadership can influence staff nursing attitudes and beliefs through guiding and motivating them to attain organizational goals, which remains a necessary ingredient to successful nursing staff retention and organizational efficiency (Pishgooie et al., 2018). Nursing staff encounter several stresses that may affect their job satisfaction, anticipated turnover, burnout, and service quality (Pishgooie et al., 2018). Factors that can contribute to nursing turnover are negative job characteristics, unfair rewards, employment alternatives, job dissatisfaction, and workplace change (Pishgooie et al., 2018). Organizational job stress also contributes to

job satisfaction that can, in turn, lead to anticipated turnover (Pishgooie et al., 2018). So, it is recommended that the organizations attain nursing leaders that will anticipate problems, such as ones that can contribute to staff turnover or intention to leave, and resolve them quickly by interacting with staff, which exemplifies transformational leadership (Bormann & Abrahamson 2015; Pishgooie et al., 2018). In contrast, laissez-faire leadership effectively contributes to nursing staff job stress, withdrawal in the event of problems, avoidant of decision-making in critical conditions, and to a lack of effort to satisfy staff, which research has shown to enhance low staff retention and increase turnover rate (Bormann & Abrahamson 2015; Pishgooie et al., 2018).

The nursing leaders' significant role is to design retention strategies for the nursing staff (Bormann & Abrahamson, 2015). Through their leadership behaviors, nursing managers can influence nursing staff job satisfaction and retention (Bormann & Abrahamson, 2015). Healthcare organizations that invest in leadership skills training can positively influence nursing staff satisfaction and retention, reducing nursing shortage (McCay et al., 2018). Moreover, encouraging a supportive work environment will influence nursing staff retention in the hospital (Pishgooie et al., 2018). Several research studies have identified nursing leadership aspects as contributing factors that encourage nursing staff satisfaction and retention (Bormann & Abrahamson, 2015). The factors that can encourage nursing staff job satisfaction and retention are work responsibilities, pay, promotion opportunities, supervision, and coworkers (Bormann & Abrahamson, 2015). Bormann and Abrahamson (2015) conducted a descriptive correlational, quantitative study to ascertain the influence and relationship between nursing staff's perception of

their nurse managers' leadership behavior and nurse's job satisfaction in a hospital seeking magnet designation. Bormann and Abrahamson (2015) analyzed a total of 115 surveys of staff nurses. According to Bormann and Abrahamson's (2015) study data, all of the study variables show a strong positive correlation relationship with transformational and transactional leadership styles, as discussed above, indicating a positive relationship with nursing staff job satisfaction and nurse retention.

Al-Yami et al. (2017), in their correlational study that investigated the relationship between leadership styles and nurses' organizational commitment that included 219 nurses and nurse manager participants. The researchers found that transformational leadership styles and transactional leadership styles showed a strong positive correlation between organizational commitment ($r = .387$; $r = .409$) and also found a strong positive correlation regarding staff intention to stay ($r = .333$; $r = .355$). In contrast, these researchers found that transformational leadership style had a more significant influence, which suggests that the incorporation of transformational leadership style by nursing leaders can result in more outstanding staff commitment and staff retention in hospital environments. In Musinguzi et al.'s, (2018), cross-sectional study that examined the relationship between transformational, transactional, and laissez-faire leadership styles and motivation, job satisfaction, and teamwork of 564 healthcare staff from 228 healthcare facilities in Uganda the findings revealed that transformational leadership positively correlated with motivation ($r = .32$), job satisfaction ($r = .38$), and teamwork ($r = .18$) in comparison to transactional leadership that had weaker positive correlations with job satisfaction ($r = .21$) and teamwork ($r = .18$) (Musinguzi et al.,

2018). The researchers found that transformational leadership skills would not only improve nursing staff job satisfaction but would also improve nursing staff retention to a greater extent than transactional leadership skills (Musinguzi et al., 2018).

Relationship of Leadership Styles to Patient Care Outcomes

Leadership styles directly impact nursing staff motivation in the delivery of care that improves patient care outcomes. Lin et al.'s (2015) cross-sectional quantitative study that identified the relationship between transformational leadership style and the nursing staff's mental health, organizational commitment, and job satisfaction with a sample size of 651 staff nurse participants revealed strong correlations among its variables that can impact patient care outcomes. The study results revealed that transformational leadership style has a strong positive correlation with improved staff mental health ($r = .345$), supervisor support ($r = .735$), organizational commitment ($r = .321$), and job satisfaction ($r = .475$) (Lin et al., 2015). Transformational leaders provide strong supervisor support that influences nursing staff organizational commitment and job satisfaction (Lin et al., 2015). The researcher's findings showed that a transformational leadership style could create a motivating vision and encourage job performance that will positively influence patient care outcomes (Lin et al., 2015). Likewise, transformational leaders play a crucial role in influencing working conditions and atmospheres that encourage nursing staff to establish good relationships with patients and increase patients' quality of care and their satisfaction (Asif et al., 2019). In their descriptive correlational study, Khan et al. (2018) identified the relationship between staff nurses' perceptions of their managers' leadership behaviors and structural empowerment based on analysis of the data collected from 164

nursing staff participants. Khan et al. (2018) found that both transformation and transactional leadership styles have a strong positive correlation relationship with nursing staff structural empowerment. Based on their findings, Khan et al. (2018) recommended that nurse managers utilize transformational and transactional leadership behaviors to improve and enhance nursing staff empowerment, which can improve and enhance quality patient outcomes. A leadership style that empowers its subordinates and enhances quality patient outcomes can promote social change.

Leadership can enhance the health care environment that will encourage positive influence on nursing staff in providing quality care for the patient (McCay et al., 2018). Al-Yami et al. (2017), in their correlational study that investigated the relationship between leadership styles and nurses' organizational commitment that included 219 nurses and nurse manager participants revealed that nursing leaders play a crucial role in transforming the nursing workforce and improving satisfaction and commitment. The study results further revealed that nursing leaders could contribute to a healthy work environment, which is associated with staff retention, job satisfaction, and ultimately improved patient care outcomes (Al-Yami et al., 2017). Likewise, Wong et al. (2015) in their systematic review of 20 studies, that was conducted to ascertain the relationship between nursing leadership practices and patient outcomes and revealed that relational leadership styles, such as transformation and transactional leadership, portrayed a positive correlation with improved patient satisfaction, improved patient safety outcomes, and decreased patient mortality than task-oriented leadership styles. The study results also revealed that relational leadership styles positively correlate more with the reduction

of adverse events, staff turnover, and staff absenteeism than task-oriented leadership styles (Wong et al., 2015). Among the most-discussed leadership classification of the 20 studies characterized into relational leadership styles is transformational and transactional leadership styles (Wong et al., 2015). The researchers encouraged the use of transformational leadership and transactional leadership skills among nursing leaders and offered that both leadership styles showed a positive relationship with various patient outcomes, such as increased patient satisfaction and decreased mortality rate, adverse events, and complications (Wong et al., 2015). In addition to finding that transformational leadership skills improved nursing staff job satisfaction and retention, Musinguzi et al.'s (2018) cross-sectional study examining the relationship between transformational, transactional, and laissez-faire leadership styles and motivation, job satisfaction, and teamwork of 564 healthcare staff from 228 healthcare facilities in Uganda, also linked improved nursing job satisfaction and retention to improved efficiency in health care delivery outcomes. The study results of Musinguzi et al. (2018) also correlated with McCay et al.'s (2018). systematic review of 14 studies that sought the relationship between nursing leadership styles, nurse satisfaction, and patient satisfaction. McCay et al., (2018) also revealed that relational leadership support and guide nursing staff to attain a shared vision that will influence quality care for patients.

Analysis of Articles

Three subthemes arose from the analysis and review of the 11 studies: (a) relational leadership styles contributed to higher nurse satisfaction, organizational commitment, nurse retention, and patient outcomes when compare to task-oriented

leadership style; (b) Among the leadership styles, transformational and transactional leadership styles contributed to positive organizational commitment, retention, job satisfaction, and structural empowerment, with the transformational leadership style yielding significant influence; and (c) the transformational leadership style correlated with job satisfaction, respect, caring for others, professional development, quality of care, nurse retention, motivation, teamwork, organizational commitment, and appreciation when compared with other leadership styles. Relational leadership styles like transactional and transformational leadership styles have a positive impact on job satisfaction, nurse retention and patient outcomes.

Recommendations

Hospitals must aspire to attain nursing leaders and managers that will create an environment that encourages structural commitment. An effective leader should promote positive social change and a caring attitude promoted by Watson's Theory of Human Caring (McEwen and Wills, 2019). Leadership influences nursing services' quality by encouraging organizational goal that occurs through distinct leadership styles (Pishgooie et al., 2019). For instance, Morsiani et al. (2017) encouraged nursing managers to change their leadership behavior to transformational leadership skills that will encourage nursing staff's involvement in decision-making. They understand that these factors help impact the nursing staff's attitude that encourages job satisfaction, retention, and transfer to improve patient care outcomes. The more transformational leadership skill portrayed by the nursing manager and leaders, the more motivated, satisfied, and team-spirited the staff will be compared to managers with transactional and laissez-faire leadership skills

(Musinguzi et al., 2018). The study from Asif et al. (2019) correlates with the existing literature that found that a strong evidence-based relationship existed between transformational leadership and nurse-assessed quality of care and adverse patient outcomes. Likewise, some studies supported and encouraged the utilization of both transformation and transactional leadership to influence job satisfaction, nurse retention, and patient care outcomes. Based on these facts and a review of all of the existing literature, the recommendations from this project are as follow:

1. The clinical project site can elect to incorporate the use of both transformational and transactional leadership styles which will help address the gap-in-practice identified for this project. Transformational leadership skills will help instill staff nurse motivation, empowerment, and interaction that brings decision-making involvement, while transactional leadership skills will assist in furnishing nursing staff task accomplishment.
2. The clinical project site can elect to incorporate the use of a transformational leadership style to address the gap-in-practice identified in this project through engineering an environment that supports staff commitment and empowerment. Transformational leadership leaders will enhance nursing staff empowerment and introduce positive changes that will improve job satisfaction, encourage staff to stay, and improve patient care outcomes. These actions and outcomes will promote and impact social change positively.

3. The project site's administrators should develop a training program will educate the nursing leaders and managers on incorporating the organization's selected leadership style skills and competencies to address the gap-in-practice identified by this project. Educating the nursing leaders will promote competency in the new leadership style. The development of transformation and transactional leadership competencies as portrayed by the literature review can serve as resources that nursing leaders can use as reference to support and enhance their duties.
4. Encourage the hospital organization to inculcate the hiring of nursing leaders and managers that possess the quality and skills of selected leadership style they seek to incorporate and enhance those skills and behaviors accordingly. This process will influence an environment that will encourage job satisfaction, improve staff retention, and encourage positive patient care outcomes.

The results of this SRP can impact the healthcare system by

1. Facilitating a quality and favorable working environment.
2. Furnishing positive relationships and teamwork among nursing staff and leaders.
3. Delivering EBP innovation that positively changes the dynamics of healthcare delivery.
4. Improving staff nurse's job satisfaction through cultivating positive working environment.

5. Improving the quality of patient care delivery and outcomes.
6. Reducing or eliminating the gaps-in-practice such as those identified by this SRP.
7. Promoting an environment that will motivate nursing staff retention.

The results of this SRP may help in addressing and bridging the gap that I identified at the clinical site. This project's result could also assist other healthcare organizations and serve as a guide to improve the quality of leadership and management, and the relationships with staff that can ultimately impact patient health outcomes.

Strengths and Limitations of the Project

The strength of the evidence reviewed for this project was supported by the available evidence regarding the relationship between leadership styles, job satisfaction, retention, and patient care outcomes. In this project, I ensured that nursing leaders and managers inculcate leadership skills, innovation, and initiatives to encourage job satisfaction and promote patient care outcomes. The literature I reviewed for this project was within five years, which was another strength for this project. Another strength is that this project's results can be used as an evidence based SRP by other health care organizations. In conducting this project, I ensured that during the analysis of the studies, I took measures to avoid bias. For instance, I took measures to assure that the author's report and not the reviewer's intent was documented. Also, I made sure that the practice-focused questions remained the main focus of the studies reviewed. The articles I selected for this study involved multiple researchers, which limited study bias, and contributed to the project's strength.

One of the limitations of this project involved organizational size. Leaders in small organizations have more opportunities to relate with their staff than leaders in larger organizations who might not have direct contact with their staff. Because of the lack of direct contact, leaders in the larger organizations may not get to know their staff, and interaction between the managers and staff may be lacking, compared to leaders in a small organization, which could further mask the leadership and staff challenges that exists. The small sample size of some of the reviewed literature could also be a limitation due to the lack of generalizability of the findings. Research studies in languages other than English were not included in this project, which could have eliminated quality studies that may have added value to this project and the existing body of knowledge. I included English studies from countries other than the United States; however, the difference in the healthcare systems of other countries to that of the United States may have impacted the leadership style; however, that was not overtly apparent.

Summary

In this section of the SRP, I provided the project findings. Based on the project findings, it is clear that leadership plays a role in influencing an environment that can encourage positive outcomes and can instill nursing staff empowerment that can support job satisfaction, retention, and improve patient health outcomes. The findings revealed evidence that support the utilization of a transformational and or transactional leadership style to combat the identified practice gap at the project site. The results revealed transformational leadership styles enhance skills that improve job satisfaction and retention of nursing staff and ensures efficient patient care delivery. In addition, this SRP

results also revealed that when combined, transformation and transactional leadership styles lead to improved job satisfaction, nurse retention, and improved patient care outcomes. Based on the finding from this SRP, several researchers from the included study findings suggested that both leadership styles should be considered for utilization among nursing leaders and managers to instill commitment and structural empowerment in healthcare environments.

Section 5: Dissemination Plan

Introduction

According to Laschinger and Fida (2015), the impact that nurses' retention can have on increasing high-quality patient care outcomes requires special attention in the healthcare industry, globally. A larger number of nurses in the hospital environment are approaching retirement age, and efforts should encourage an environment that will optimize professional practice, which will flourish job satisfaction and foster nursing retention (Laschinger & Fida) and can ultimately assist in attracting new nurses to the profession. In this SRP, I analyzed currently available evidence that supports the relationship of leadership style, job satisfaction, nurse retention, and patient care outcomes. In this final section of the SRP, I focused on the dissemination plan and a self-analysis.

Dissemination Plan

When disseminating these SRP results, I will focus on highlighting the project problem that showcased the gaps-in-practice regarding job satisfaction, retention, and patient care outcomes and emphasize the relationship of leadership style to the identified practice issues. Once approved by my project committee, I submitted the completed SRP of the evidence regarding the relationship between leadership style, job satisfaction, retention, and patient care outcomes and recommendation to the organization's administrators at the project implementation site as per Walden University Systematic Review Manual. The administrators at the project site can review and utilize this project's

results to educate nursing leaders about the project's purpose and evidenced-based findings through group presentations, which I am ready to assist with if asked.

Translating the knowledge gained from the review into publication is one of my goals for dissemination. The result of this SRP will add to the existing knowledge about healthcare leadership and the relationship to the many variables impacted. With the growing need for nurses and their increased intention to leave the profession, this SRP will provide a remedy that can combat these issues. To assist in disseminating this project, I plan to submit my abstract to scholarly journals, such as the Journal of Nursing Management and the Journal of Healthcare Leadership for submission and possible publication. As a member of the American Nurses Association, I also plan to submit this project to the publication committee for publication consideration.

Analysis of Self

Conducting a systematic review requires one to understand the criteria, process, and how to analyze and synthesize the literature collected. Understanding the project, its components and conducting this systematic review is an experience that will live with me forever. Prior to completing this project, I was a novice in conducting a systematic review. The lesson I learned during the completion of this SRP process has helped me to develop professionally and to understand the importance of clinical practice projects in healthcare institutions and their potential impact. The enhanced level intelligence and knowledge that I acquired in conducting this SRP helped me to develop my analysis skills to plan and implement a practice project and to advocate for quality care. As an advanced practice nurse, this SRP project also enhanced my leadership abilities, that

include my communication skills, and contributed to the development of characteristics that cultivated an environment that was conducive to success. Conducting this project came with challenges that forced me to be more focused, resilient, and motivated towards completion.

Summary

According to current evidence, there exists a positive relationship between transformational leadership style and/or a combination of transformational and transactional leadership style with job satisfaction, nurse retention, and patient care outcomes. The SRP provided evidence about the relationship between leadership style, job satisfaction, retention, and patient care outcomes and provided recommendations that health care administrators can incorporate to combat the clinical practice challenges that currently exists. This project has the potential to have a significant impact on social change, especially with the COVID-19 pandemic placing nurses and other health care providers at the forefront of care. Promoting a positive working environment, improving nurse retention, enhancing job satisfaction, and empowerment should be the goal of all healthcare organizations today and moving forward.

Delivering high-quality patient care is the optimal goal of any healthcare facility and, of course, the basis of nursing care (Laschinger & Fida, 2015). This project will assist the healthcare organization in providing high-quality, cost-effective patient-focused care. This SRP can facilitate an environment that values individual nursing staff contribution in unit decision-making that can enhance job satisfaction and nurse retention, and ultimately improve patient care outcomes.

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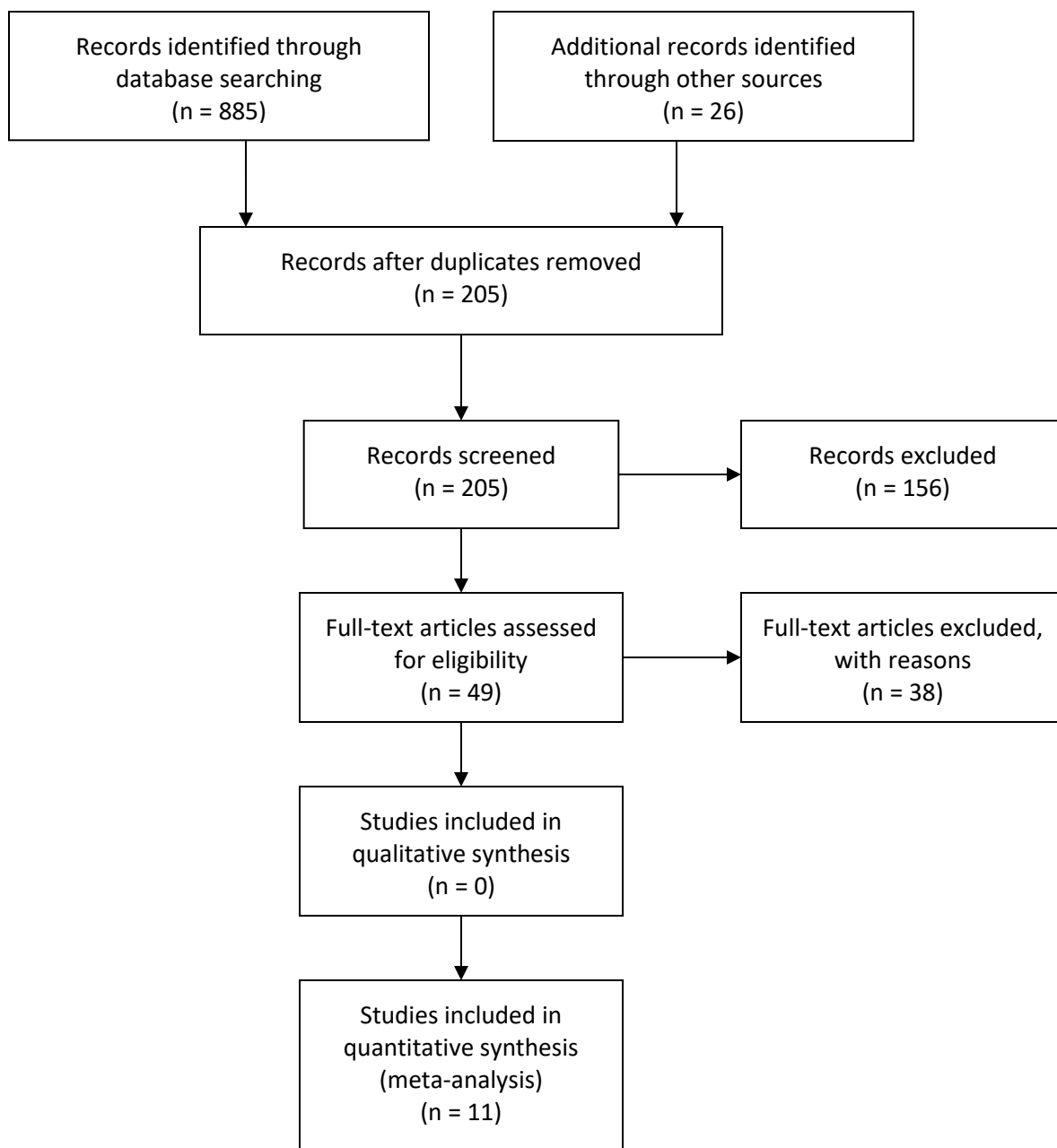
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Appendix A: Prisma Flow Diagram



Adapted from “The PRISMA statement for reporting systematic reviews and metaanalyses of studies that evaluate health care interventions: Explanation and elaboration”, Liberati et al., 2009, *PLoS Medicine*, 6(7). Available from <http://prisma-statement.org/>