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Exploring Nurse Leader Self-Efficacy, Burnout, and Intent to Leave

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Walden University
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Abstract

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by

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MBA, University of Maryland University College, 2006

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Nurse leader turnover is an emerging issue in healthcare services. Considerable research has been done over the last decade revealing that nurse leaders are experiencing an increased rate of burnout with an intent to leave their jobs. Less research has been done to understand how to mitigate the rate of nurse leader burnout and retain nurse leaders in the workforce. Higher levels of self-efficacy have mediated the effects of work stress on job burnout in other service fields. The purpose of this quantitative, nonexperimental, cross-sectional study was to explore the possible mediating effect of leader self-efficacy between burnout and intent to leave. This research was grounded in Maslach's burnout theory and Bandura's self-efficacy theory. The tools included the Maslach Burnout Inventory Human Services Survey (MBI-HSS), the Leader Effectiveness Questionnaire (LEQ), and a 3-item intent to leave job subscale from Cohen's Turnover Intention Scale (TIS). A total of 325 nurse leaders participated in the study. Statistical analyses included descriptive statistics and correlational mediation analyses. The findings showed that components of leader self-efficacy have a mediating relationship between burnout and intent to leave for nurse leaders. The results provided initial findings on how leadership self-efficacy can stabilize the nursing leadership workforce while influencing the delivery of care to patients. United States leaders rely on the nursing workforce to resolve the health care delivery crisis. Strong nurse leaders are needed to continue to influence positive social change.

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Dedication

I dedicate my dissertation research to my mother, Lula Mae Faulk Donovan. She was the first person in my life to tell me that I could do anything I put my mind to. In times of adversity, my mother taught me to depend on my own inner light and faith in God to persevere, remain disciplined, and focus on my world peace dreams. She lived a legacy, lifting others, and helping them realize that they could achieve more than they thought they were capable of. I carry her legacy on through my own service to others. I am honored to be the first to receive a doctoral degree within my family. I hope this inspires my children, nieces, nephews, nursing colleagues, and dear friends to reach further than the generation before them. Live your best life through service and gratitude. That is what it means to live the Lula Mae way. Rest in peace, Mommy.

To my children, Donovan and Jarrett, systemic inequities exist. Humanity is questioned now more than ever. Believe in yourself. Change begins with you. Question the past. Continue to create a legacy for our family and those you love.

Acknowledgments

I would like to acknowledge my husband, James Johnson, for his steadfast support from my early nursing school years to now. Thank you to my mentor and former chief nursing officer, Kari Mastro, PhD, for reminding me of my inner light and my potential. I appreciate you. I am forever grateful for my nurse leader peers and followers. Remember that you are enough. Finally, I would like to acknowledge my committee chair, Dr. Cheryl Anderson, as well as the amazing faculty at Walden University. Your impact is immeasurable.

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Chapter 1: Introduction to the Study

Health care executives have many priorities and challenges to face over the next decade. Top priorities for executives include exploring ways to address the demands of the healthcare workforce and implementing efficiency-saving operations while improving quality outcomes in a complex everchanging healthcare environment (Figueroa et al., 2019). Health care executives and accountable care organization leaders across the country are challenged with sustaining a health services leadership workforce that provides safe, accessible, high quality, people-centered care across the health care services continuum (Figueroa et al., 2019). Nurse leaders are comprised of a group of the overall healthcare workforce (Smiley et al., 2018). Nurse leaders represent a workforce of over 3.8 million registered nurses nationwide (Smiley et al., 2018). Nurse leaders serve in an integral role in cultivating healthy work environments for nurses while ensuring the delivery of safe, quality care for patients in health care settings across the country (Huddleston et al., 2017). There is grave concern that nurse leaders are at risk for high turnover over the next decade. It was estimated that 75% of nurse leaders would leave the workforce by 2020 (Phillips et al., 2017). Forecasted turnover rates indicate that the demand for nurse leaders is increasing (Figueroa et al., 2019). Healthcare executives will need to address nurse leader turnover in order to ensure the delivery of consistent quality care.

Existing research revealed that nurse leader turnover is largely attributed to burnout (Adriaenssens et al., 2017; Hewko et al., 2015; Nelson, 2017; Simpson et al., 2017; Van Dyk et al., 2016; Wong & Laschinger, 2015). There is less research sharing

what factors may reduce the effects of burnout and decrease nurse leaders' intent to leave their positions (Brown et al., 2013; Hewko et al., 2015; Hudgins, 2016). More research is needed to understand how to protect nurse leaders from the effects of burnout to sustain an effective nurse leader workforce (Chang et al., 2018; Cline, 2015; Duffield et al., 2015; Simpson et al., 2017). Self-efficacy is one approach that researchers have demonstrated that can lessen the effects of burnout in other service professional fields (McKim & Velez, 2015; Yu et al., 2015). There is a gap in the literature exploring the association of self-efficacy and turnover in nurse leaders (Brown et al., 2013; Hewko et al., 2015; Hudgins, 2016). The focus of this research was to explore whether self-efficacy could mediate the effects of burnout and a nurse leader's decision to leave. By reducing the effects of burnout on leaders, health care organizational leaders may be able to stabilize the nurse leader workforce while stabilizing the overall care environments for patients.

The remaining sections of Chapter 1 include an overview of the research study. This includes the background, research problem, the purpose of the study, research questions, theoretical framework, nature of the study, and the significance of this research. An overview of the data collection procedure and the process for exploring the relationship between nurse leader self-efficacy, burnout, and intent to leave are included.

Background of the Study

Nurse leader turnover is an emerging concern for health care executives (Mensik & Kennedy, 2016). Nurse leaders are making the difficult decision to leave their jobs while reporting increasing levels of burnout due to increasing occupational stressors

(Adriaenssens et al., 2017; Wong & Laschinger, 2015). There has been a considerable amount of research done over the last decade to understand why nurse leaders are experiencing an increased rate of burnout with an intent to leave their jobs (Adriaenssens et al., 2017; Hewko et al., 2015; Nelson, 2017; Simpson et al., 2017; Van Dyk et al., 2016; Wong & Laschinger, 2015). However, there is less research on what health care leaders can do to mitigate the risk for nurse leader burnout and intent to leave (Brown et al., 2013; Hewko et al., 2015; Hudgins, 2016). Based on existing workforce trends, there is an increase in reported occupational stressors including increasing spans of control, hospital mergers, and expansion of clinical service lines. Nurse leaders are working longer hours to meet the increase in work demand while questioning their effectiveness and ability to do the job well (Hewko et al., 2015). As a result, nurse leaders reported an intent to leave their jobs in 2 years (Hewko et al., 2015). Increasing spans of control and increased work demands for nurse leaders will continue if health care administrators continue to reduce budgets and operating costs to cover financial expenses to meet the demands of the Affordable Care Act (Dunlap et al., 2017; Simpson et al., 2017). Health care administrators will have to find alternate ways to address burnout and turnover in order to stabilize the nurse leader workforce and the care environment for patients (Dunlap et al., 2017).

One possible way of mitigating job burnout and turnover is to look at self-efficacy. Psychology researchers have determined that there is a relationship between job burnout and self-efficacy (Chang et al., 2018; Shoji et al., 2016). Researchers have also revealed that self-efficacy can mediate the effects of work stress on job burnout and work

adversity in other service-oriented fields such as education (Ventura et al., 2015; Yu et al., 2015). This research fills the gap in the existing research on nurse leader turnover by exploring self-efficacy and the relationship with nurse leader burnout and intent to leave. Healthcare organizational leaders have implemented health and well-being programs in order to reduce burnout in healthcare employees. Despite their efforts, burnout is still a significant issue (Werneburg et al., 2018). The study was needed to help explore alternative interventions to reduce turnover related to burnout.

There is a need for a social change platform whereby the care of nurse leaders in the service industry is a priority. Providing nurse leaders with the skill to develop higher levels of self-efficacy may reduce turnover while stabilizing the patient care environment (Chang et al., 2018; Figueroa et al., 2019). The findings of this study may be used to inform a community of healthcare professionals about new ways to decrease burnout while supporting a life-long career for nurse leader professionals. The study findings may be useful to healthcare executives, nurse leaders, human resource professionals, and organizational development professionals. Collectively, this group of professionals work together on nurse development programs in order to retain and grow professional nurse leaders. Self-efficacy can be implemented into the core competencies for nurse leaders within an organization. The research findings could add to the body of knowledge for professionals who are working diligently to stabilize a workforce that contributes to the overall delivery of quality services to patients.

Problem Statement

The job demands of nurse leaders are contributing to increasing burnout and a lower rate of job satisfaction (Hewko et al., 2015). Frequent and ongoing hospital restructuring, nurse leaders' inability to influence quality patient care, and lack of empowerment and recognition from their leaders are all contributing factors leading to burnout and turnover (Hewko et al., 2015; Simpson et al., 2017). Existing workforce trends also add to the complexity of the problem. Sixty percent of current health care leaders are expected to retire over a span of 5 years (Titzer et al., 2013). Simultaneously, there is a shortage of nurses going into the healthcare administration field. Generation X nurses (born between 1965 and 1980) and Generation Y nurses (born between 1981 and 1994) are showing little interest in going into nursing leadership. Generations X and Y are more interested in work life balance and are not willing to sacrifice their personal lives for corporate organizations (Mensik & Kennedy, 2016). These workforce trends are concerning to healthcare administrators. There is minimal optimism that hospital administrators and nurse leaders alike will be able to change external factors such as increasing workload and larger areas of oversight and responsibility for nurse leaders (Simpson et al., 2017). Healthcare costs will continue to increase, and healthcare administrators will have to continue to look at ways to reduce operating costs. As a result, hospital administrators need to explore alternative ways to support nurse leader career longevity and reduce the effects of burnout.

Emerging nursing research focuses on psychological capital including resiliency, confidence, and self-efficacy as positive alternatives to counter burnout and reduce nurse

leader turnover (Chang et al., 2018; De Simone et al., 2018; Van Dyk et al., 2016). Despite the emerging research, there is still a lack of research focused on ways to counter nurse leader burnout and reduce nurse leader turnover (Hudgins, 2016). This research adds to the growing body of knowledge on self-efficacy, burnout, and turnover of nurse leaders.

Purpose of the Study

The purpose of this quantitative, nonexperimental, cross-sectional study was to explore the possible mediating effect of leader self-efficacy between burnout and intent to leave. This study involved the exploration of relationships between the independent variable, burnout, the dependent variable, intent to leave, and the mediating variable, self-efficacy. I conducted further analysis to understand whether there was a mediating relationship between the construct of burnout and the construct of self-efficacy. I examined each subscale associated with burnout and leaders including emotional exhaustion, depersonalization, personal accomplishment, means efficacy, action efficacy, and self-regulation efficacy. The application of leadership self-efficacy theory to the profession of nurse leaders made this research unique. I examined the subscales within the constructs of both burnout and leader self-efficacy by using the Maslach Burnout Inventory Human Services Survey (MBI-HSS) and the Leadership Effectiveness Questionnaire (LEQ). Examining the unique relationships of each of the variables within the constructs of burnout and leader self-efficacy was also unique (see Hannah & Avolio, 2013; Maslach & Leiter, 2016). Most research is examined through the lens of one aggregate composite of burnout or self-efficacy versus exploring each subscale (Hannah

& Avolio, 2013; Maslach & Leiter, 2016). Self-efficacy may help to mediate the effects of burnout in nurse leaders similarly to the effect self-efficacy has on service professionals in other fields such as teachers and firefighters (Ventura et al., 2015; Yu et al., 2015). By examining the possible mediating relationship among nurse leaders, I addressed a meaningful gap in the current research literature by applying a concept from another discipline to nursing leadership. The research also advances the body of knowledge on burnout and self-efficacy in leadership by evaluating the subscales of each construct instead of the aggregate scores of each construct.

Research Question and Hypothesis

Burnout and leader self-efficacy are broader constructs that represent an aggregate of subscales (Maslach & Leiter, 2016). The subscales provide more detail and context in support of the theory. Emotional exhaustion, depersonalization, and personal accomplishment are the independent study variables representing the burnout construct (Maslach & Leiter, 2016). Leader action self-efficacy, leader self-regulation, and leader means efficacy are the mediating variables (Hannah & Avolio, 2013). Finally, the response to intent to leave their position within the next 2 years was the dependent variable. I completed nine different tests to understand the mediating relationship between each of the three mediating variables of self-efficacy, the three independent variables of burnout and the dependent variable, intent to leave.

Research Question (RQ): To what extent is the relationship between burnout and intent to leave mediated by leader self-efficacy?

Null Hypothesis ($H_0 1$): There is no mediating effect on the relationship between burnout and intent to leave.

Alternative Hypothesis ($H_A 1$): There is a mediating effect on the relationship between burnout and intent to leave.

Theoretical Foundation

This research was grounded in Maslach's burnout theory (1976) and Bandura's self-efficacy theory (1997). Burnout is based on three components including: (a) exhaustion, (b) cynicism, and (c) professional inefficacy (Maslach & Leiter, 2016). Workplace factors including workload, control, reward, community, fairness, and value congruence are the primary drivers of burnout (Maslach & Leiter, 2016). Burnout and inefficacy also lead to decreasing levels of performance and engagement (Bitmiş & Ergeneli, 2015). It is important to explore whether high levels of self-efficacy can have a positive influence on burnout.

Self-efficacy theory is grounded in the foundational work of Bandura (1997). Self-efficacy can be defined as one's perception of how well one can achieve something that may appear beyond their reach. Bandura (1997) postulated that a person can change their situation and future by their own self-influence. Individuals who can regulate their own level of motivation and behavior can define their destiny, and an individual who only relies on their external environment to guide them will likely fail at achieving their goals (Bandura, 1997). Self-efficacy is one type of self-influence that moderates burnout in professionals who serve others (Bandura, 1997; McKim & Velez, 2015; Yu et al., 2015).

I further explored self-efficacy from the perspective of leadership self-efficacy. The leader self-efficacy construct is composed of three subscales including leader action self-efficacy, leader self-regulation efficacy, and leader means efficacy (Hannah & Avolio, 2013). Organizations are dynamic and complex. Nurse leaders face compounding demands and challenges. In order to meet these demands, nurse leaders must have the skills and competencies to do their job, but they also need leader self-efficacy to be successful in their positions (Hannah & Avolio, 2013).

I used both theories used to support the premise that leader self-efficacy may mediate the effects of nurse leader burnout on turnover. Further examination revealed whether leader self-efficacy mediated the effects of burnout on turnover intention. This finding was similar to research findings done within other service-related professions (see Shoji et al., 2016; Ventura et al., 2015; Yu et al., 2015).

Nature of the Study

The nature of this study was a quantitative nonexperimental research design, which involved the development of a cross-sectional web-based survey using pre-existing validated tools to measure self-efficacy, burnout, and intent to leave. The independent variable burnout was measured using the MBS-HS. The MBI-HS tool measures burnout in individuals who work in the human service industry by focusing on three dimensions of the overall burnout construct. The dimensions include emotional exhaustion, depersonalization, and low sense of personal accomplishment (Maslach & Jackson, 2018). I used the LEQ tool to measure the mediating variable leader self-efficacy (see Hannah & Avolio, 2013). The LEQ captures a leader's belief of their ability to lead and

to overcome problems that they may face within their role. I used Cohen's (1999b) Turnover Intention Scale (TIS) to measure the dependent variable, intent to leave. All individual tools have a Cronbach's alpha coefficient greater than .7. The three tools were placed together into one survey. I calculated internal construct validity using the Cronbach's alpha coefficient. I used correlational analyses used to explore statistically significant relationships amongst all variables while exploring whether self-efficacy has a mediating relationship between burnout and job satisfaction with intent to leave.

I recruited research participants through online nursing leadership professional organizations, LinkedIn, Facebook, and the American Organization for Nursing Leadership's (AONL) electronic mailing list. AONL is the national professional organization for more than 9,800 nurse leaders (AONL, 2019). Their mission is to shape healthcare through innovative and expert nursing leadership as a collective voice to advance health (AONL, 2019). I used the electronic mailing list to send out electronic surveys. I posted and sent the invitations and the survey link to nurse leaders on the AONL webpage, LinkedIn, and Facebook. This approach provided convenience sampling with the benefit of recruiting study participants from across the United States. The sample population provided a broader and possibly more diverse perspective on the topic. I calculated a minimum sample size using the Monte Carlo Power Analysis online application (see Schoemann et al., 2017). The online application is used to determine power and sample size for mediation models (Schoemann et al., 2017). I completed the analysis using a medium correlation size of .3, a confidence level of 95%, and an

estimated power of .8 based on a simple mediation model to examine the nine paths for each variable within each construct. The minimum sample requirement was 155.

Possible Types and Sources of Data

I collected data using a cross-sectional web-based survey. I used the SurveyMonkey platform for survey development and data collection. I purchased the MBI-HSS and LQI tools through an online publication site called Mindgarden. I received permission and licensure to replicate and administer the LQI survey online (see Appendix A). I retrieved the TIS from PsycTESTS with permission to reproduce and use for educational purposes (Cohen, 1999b). See Appendix B for permission to use. I exported response data into Microsoft Excel for further data analysis using IBM Statistical Package for the Social Sciences (SPSS) software. I was unable to receive permission for use for the MBI-HSS until I purchased the licensure and survey tool. Once the dissertation approval was approved, I obtained the licensure, survey tool, and permission for use for the MBI-HSS survey tool.

Both descriptive and inferential data analyses could have been conducted to answer the question while also gaining more insight into the phenomena (see Trochim, 2006). Descriptive statistics such as the average age of a nurse leader, current time in role, region of the United States, and level of leadership were added to the survey to provide additional information about the sample information. I completed correlational analyses using the SPSS while also using the mediation add in calculations available with SPSS software.

Definitions

The terms operationalized by this study include:

Burnout: A syndrome that emerges from a long-term response to chronic emotional and interpersonal stressors on the job. The overall construct is defined into three separate subscales including exhaustion, depersonalization, and lack of personal accomplishment or professional inefficacy (Maslach & Leiter, 2016).

Depersonalization: A subscale of burnout, which is the "unfeeling" and impersonal responses toward recipients of one's service, care, or treatment (Maslach & Jackson, 2018).

Emotional exhaustion: A subscale of burnout, and the feeling of being emotionally overextended and exhausted by work (Maslach & Jackson, 2018).

Intent to leave: Measured using a three-question subscale developed by Cohen (1999b). Turnover intention refers to the frequency a responder considers leaving their job (Cohen, 1999a).

Leader action self-efficacy: A subscale of the leader self-efficacy construct, which is defined as the leader's perceived capability to effectively execute various critical leader actions, such as motivating, coaching, and inspiring followers, and getting followers to identify with the organization and its goals and visions (Hannah & Avolio, 2013).

Leader means efficacy: A subscale of the leader self-efficacy construct, which means efficacy is the leader's perceptions that they can draw upon their peers and supervisor to enhance their leadership, and the organization's policies and resources can be leveraged to impact their leadership (Hannah & Avolio, 2013).

Leader self-efficacy: A leader's beliefs in their perceived capabilities to organize the psychological capabilities, motivation, means, collective resources, and course of action required to attain effective, sustainable performance across their leadership roles, demands, and contexts (Hannah & Avolio, 2013). A construct that has three subscales including means efficacy, action efficacy, and self-regulation efficacy.

Leader self-regulation efficacy: A subscale of the leader self-efficacy construct. Self-regulation efficacy is the leader's perceived capability to think through leadership situations, interpret their followers and the context, and generate novel and effective solutions to leadership problems. This is coupled with the ability to motivate oneself to enact those solutions using effective leadership with followers (Hannah & Avolio, 2013).

Nurse leader: A registered nurse who is responsible for the oversight and clinical operations of a unit, division, service line for a minimum of 1 year. A person who has registered nurses and/or advanced practice registered nurses that report to them. This includes front line supervisors, assistant nurse managers, program directors, directors, and vice presidents of nursing.

Personal accomplishment: A subscale of the construct burnout, which is the feeling of competency and successful achievement in one's work (Maslach & Jackson, 2018).

Assumptions

Based on existing research, I made multiple assumptions. I assumed that I would be able to collect the sample size necessary to represent the larger population of nurses across the country. I collected the data with the intent of capturing the characteristics of a

larger population based on a smaller patient population. My second assumption was that participants would be honest and truthful in their responses. The tools require participants to self-report their own perceptions. These perceptions may have been different than reality. I assumed that there was a strong statistically significant relationship between burnout and intent to leave in nurse leaders. This assumption was necessary to move forward and examine variables that may counteract burnout without first doing additional research to establish that nurse leader burnout was associated with turnover intention. My final assumption was that the use of well-established, validated survey tools would provide a lens into the real world of nurse leaders with measurement tools.

Scope and Delimitations

I chose the specific focus of this study based on the demand for consistent nursing leadership in the healthcare delivery system. Nurse leaders represent over 3.8 million registered nurses nationwide (Smiley et al., 2018). Nurses comprise one of the largest professions in the health services workforce (Smiley et al., 2018). Forecasted turnover combined with a decreased interest of current bedside nurses going into leadership positions creates an unstable situation for health care delivery to patients across the country. In this research, I focused specifically on identifying whether self-efficacy could mediate the effects of burnout and turnover in existing nurse leaders. If there was an associating mediating relationship, the concept of self-efficacy can be considered as a core competency within leadership development programs.

Nurse leaders who manage and oversee the clinical operations and staff of a unit, division, or service line whereby professional nurses including advanced practice nurses

report to them were included in this study. This was to capture the largest possible sample and snapshot of nurse leaders across the United States. Boundaries of this study included the exclusion of participants who have been nurse leaders for less than 1 year. The level of experience in the role could be a confounding variable. Nurse leaders outside of the United States have been excluded to increase the transferability of research findings within the United States. Healthcare delivery systems and work conditions vary greatly from country to country. Healthcare work conditions are a confounding variable associated with burnout and turnover. Exclusion criteria was included to delimit the ability to apply the research findings to other research as well as to the practical health care environment.

Limitations

Limitations to this study included multiple confounding variables and the complexity of using three survey tools. Healthcare environments are inherently complex. Work environmental factors including workload, span of control, and peer and supervisor influence were noted confounding variables. I addressed this limitation by focusing the scope of the research on establishing whether self-efficacy could lessen the effects of burnout and reduce turnover intention despite the presence of confounding variables such as workload. Additional research studies can be done to explore the relationships between self-efficacy and other professional characteristics such as age, years of experience, and level of leadership position once more has been understood about leader self-efficacy in nursing.

A second limitation was the complexity of using three separate validated tools that were integrated into one tool that could have jeopardized the reliability of the scores in the integrated instrument. I addressed the complexity of using three tools by ensuring that I used well established validated tools. Internal consistency was quantified using Cronbach's alpha (α) for an optimal range of .7 and .9 (see Creswell & Creswell, 2018).

Self-efficacy is a form of positive psychology based on the literature. Based on this fact, an assumption was made that thinking positively can serve as a protective agent to burnout. It was also possible that higher levels of self-efficacy could elevate levels of burnout and intention to leave. The results provided further knowledge regarding the burnout and turnover phenomenon in nurse leaders.

Significance of the Study

This section reviews the significant contributions my research has provided to theory, practice, and social change. From a theoretical perspective, this research has applied the theory of self-efficacy to nurse leaders. The results also provide guidance on how to translate the findings into practical recommendations for leader development. Finally, my research reinforced the important of stabilizing the nursing workforce by addressing nurse leader turnover. The COVID-19 pandemic has illuminated the need for a stable workforce in healthcare services. Now more than ever hospitals are reliant on their workforce to care for patients across the nation, restoring health and providing hope for the future (Rosa et al., 2020).

Significance to Theory

This study advances the knowledge regarding nurse leader burnout and turnover. It also adds additional research to the body of knowledge on leadership self-efficacy and nurse leadership. Finally, the research provides more context to the constructs of burnout and self-efficacy by exploring the interactions between each subscale of burnout and self-efficacy to turnover.

Significance to Practice

Self-efficacy may serve as a protective agent to burnout for individuals who want to have a lifelong career in healthcare leadership. This research imparts knowledge by offering evidence that will support programs that develop and retain nurse leaders. This contribution offers guidance and recommendations to healthcare executives and nurse administrators on how to sustain and stabilize an essential workforce to ensure timely, safe, and quality healthcare to people across the United States.

Self-efficacy does serve as a mediator to turnover under certain conditions. Based on these findings, additional focus can be placed on how to improve self-efficacy in nurse leaders. Preventative approaches to burnout and turnout can be explored through the proactive development of self-efficacy in nurse leaders. Finally, the concept of self-efficacy can be added to leader assessment tools and leadership development programs to monitor levels of self-efficacy over time (Mensik & Kennedy, 2016; Reichard et al., 2017).

Significance to Social Change

The COVID-19 pandemic has further increased the burden on nurse leaders, challenging nurse leaders to look within for grit, resiliency, and self-efficacy. Nurse leaders were expected to provide guidance, reduce chaos, and support healthcare teams in what has been termed the battlefield of the pandemic (Raso, 2020). The pandemic has exacerbated poor work conditions of nurses including larger scopes of work and longer work hours while being asked to take on larger patient loads with less resources. Burnout rates are expected to grow exponentially as hospitals continue to ask nurses to work in such extreme work conditions (Rosa et al., 2020).

Nurse leaders are integral to the continued advancement of care delivery to patients across the country. This work supports the further development and stabilization of the nurse leader workforce. In turn, nurse leaders influence professional practice work environments and influence patient outcomes (Adams et al., 2018). This raises awareness on the need to better support and position nurse leaders to thrive and have a lasting career in healthcare.

Summary and Transition

Nurse leaders continue to be at risk for turnover (Hewko et al., 2015). Health care delivery systems depend on the work of nurse leaders. Challenges related to consumer demand, increased healthcare costs to organizations, while supporting a nursing workforce will continue to grow over the next decade (Edmonson et al., 2021). Nurse leaders are needed to lead and navigate through this complex time. This research fills the existing literature gap by studying the possible mediating relationship of self-efficacy

between burnout and intent to leave through a quantitative, nonexperimental, cross-sectional study design.

Chapter 2: Literature Review

In this chapter, I present an exhaustive investigation into the available peer-reviewed articles available surrounding nurse leader burnout, nurse leader turnover, and leader self-efficacy. The first section of this chapter includes a discussion of the search strategy used to secure the needed articles. The second section focuses on the historical context and theory that was foundational to this study. The third section presents the two major constructs, burnout, and leader self-efficacy, and a rationale for the selection of the key variables and constructs. The final section is a summarization of the major themes in the literature, gaps in the literature, and opportunities to extend the knowledge within this discipline.

Literature Search Strategy

The purpose of this quantitative, nonexperimental, cross-sectional study was to explore the possible mediating effect of leader self-efficacy between burnout and intent to leave. A comprehensive search using Walden library databases and Google Scholar is described here. The keywords that I searched were *nurse leader turnover, nurse manager turnover, nurse manager burnout, nurse manager, nurse leader self-efficacy, self-efficacy,* and *burnout*. Databases included PsycARTICLES, CINAHL Plus, PubMed, and Thoreau multi-database research. The search was limited to peer-reviewed scholarly journals published within the last 5 years using the search terms *nurse manager turnover* (99 results), *nurse leader turnover* (19 results), and *nurse manager burnout* (87 results). Next, the search was narrowed to articles published on self-efficacy including s*elf-efficacy and burnout* (1922 results), *self-efficacy and turnover* (529 results), and *self-*

efficacy and intent to leave (14 results). From there, filters were added to specifically explore publications on nurse leader self-efficacy including *nurse leader self-efficacy* (two results) and *leader self-efficacy and burnout* (four results). The last search across the same databases targeted exploring the subscales of burnout and self-efficacy. Specifically, the search term combinations were *leader action and nurse leader* (zero results), *leader self-regulation and nurse leader* (11 results), *leader means efficacy* (zero results), *emotional exhaustion and nurse leaders* (eight results), *depersonalization and nurse leaders* (three results), and *personal accomplishment and nurse leaders* (three results). The inclusion criteria were: (a) nurse leaders in health care organizations, (b) related articles relevant to burnout and self-efficacy theories, (c) relevance to nurse leaders, and (d) written in English.

Theoretical Foundation

The application of Maslach's burnout theory (1976) and leader self and means efficacy (LSME) theory contributed to the theoretical foundation of this research. Burnout is based on three components including: (a) exhaustion, (b) cynicism, and (c) professional inefficacy (Maslach & Leiter, 2016). Workplace factors including workload, control, reward, community, fairness, and value congruence are the primary drivers of burnout (Maslach & Leiter, 2016). LSME theory focuses on a person's confidence and ability to lead through difficult times by drawing upon their own internal beliefs and strengths while also drawing from their external environment (Hannah & Avolio, 2013). Together, burnout and inefficacy also lead to decreased levels of performance and

engagement (Bitmiş & Ergeneli, 2015). It was important to explore whether high levels of self-efficacy can have a positive influence on burnout.

Burnout Theory

The term burnout was first identified in the 1970s by two different theorists, Freudenberger (1974) and Maslach (1976). Both theorists wrote about burnout phenomena in health care providers (Freudenberger, 1974; Maslach, 1976). Simply stated, burnout meant to fail, to wear out, or become exhausted by making excessive demands on energy, strength, or resources (Freudenberger, 1974). Burnout in the workplace has been more clearly defined as a prolonged response to chronic emotional and interpersonal stressors on the job (Maslach & Leiter, 2016).

Freudenberger (1974) observed that clinic staff presented with symptoms of burnout as early as 1 year into their jobs. Burnout manifests itself in different ways. One of the most worrisome manifestations is the loss of charisma and personalization of the leader. This transfers to the staff who begin to lose trust or even experience symptoms of burnout themselves (Freudenberger, 1974; Maslach & Leiter, 2016). The possible transference of burnout between followers and leaders was further explored by Wirtz et al. (2017), who examined the crossover of emotional exhaustion and work engagement from followers to leaders. Work engagement crossed over to leaders; however, emotional exhaustion was moderated by the leader's own emotional self-efficacy (Wirtz et al., 2017). This research suggests that the emotional exhaustion of clinical nurses could also impact the emotional exhaustion levels of nurse leaders based on their level of self-

efficacy (Wirtz et al., 2017). To date, there is no additional research in this area related to the transference of burnout between followers and leader in the nursing profession.

Freudenberger (1974), Maslach, and Leiter (2016) revealed similar manifestations from burnout. These included exhaustion, cynicism, and professional inefficiency. Maslach continued to study burnout as a construct with the first burnout measure based on a comprehensive program of psychometric research. This became known as the Maslach Burnout Inventory (Maslach & Jackson, 1981; Maslach & Leiter, 2016). Maslach's burnout theory is grounded in research focused on workers in healthcare and human service occupations where there are relational transactions in the workplace (Maslach & Leiter, 2016). Maslach's focus on burnout in healthcare personnel made burnout theory appropriate to apply to this research study.

Self-Efficacy and Means Efficacy Theory

The second theory was the LSME theory (Hannah et al., 2012). The theory evolved from psychologist Bandura's foundational work on self-efficacy and Eden's research on means efficacy (Bandura, 1997; Eden, 2001). Self-efficacy can be defined as one's perception of how well one can achieve something that may appear beyond their reach. Bandura (1997) postulated that a person can change their situation and future by their own self-influence. Individuals who can regulate their own level of motivation and behavior can define their destiny, but an individual who only relies on their external environment to guide them will likely fail at achieving their goals (Bandura, 1997). Self-efficacy is one type of self-influence that moderates burnout in professionals who serve others (Bandura, 1997; McKim & Velez, 2015; Yu et al., 2015). Means efficacy is a

leader's belief in the extent that people, resources, and other means in their environment can optimize or deter their leadership (Hannah et al., 2012). Eden (2001) added that self-efficacy is only one part of the story. Eden discovered that means efficacy was synergistic to self-efficacy. Means efficacy and self-efficacy drew from both the external and internal beliefs to comprise the complete picture of leader self-efficacy.

Hannah and Avolio (2013) tested the LMSE for construct validity over five diverse samples. The researchers were able to demonstrate construct validity in predicting leadership motivation, contingent reward, and transformational leadership behaviors over an 8-week period. The Leadership Efficacy Questionnaire (LEQ) was developed based on the LMSE theory (Hannah & Avolio, 2013; Hannah et al., 2012). The LEQ measures action self-efficacy means self-efficacy and self-regulation self-efficacy. The LEQ tool has not been used in measuring self-efficacy in nurse leaders. The LEQ tool is one of the only tools that measures three different subscales for self-efficacy. It can also be used to measure pre- and postintervention self-efficacy (Hannah & Avolio, 2013). This tool was feasible for this research while considering its use for future studies on nurse leader self-efficacy.

Key Variables and/or Concepts

In this section, I review the key variables linked to burnout and leader self-efficacy including exhaustion, cynicism, depersonalization, action self-efficacy, means self-efficacy, and self-regulation self-efficacy. Intent to leave is the key variable used to measure turnover intentions of nurse leaders. This section reviews additional information that has not been addressed in the theoretical section of this chapter.

Nurse Leader Turnover

Nurse leader turnover has been heavily researched over the past decade. Most of the research on nurse leader turnover has focused on understanding the reasons nurse leaders leave their jobs (Duffield et al., 2015; Figueroa et al., 2019; Hewko et al., 2015; Hudgins, 2016; Prestia et al., 2017). The compilation of research illuminates that excessive workload, leader inability to ensure quality patient care, inadequate leadership training, and poor work life balance are major contributors to nurse leader turnover (Adriaenssens et al., 2017; Figueroa et al., 2019; Hewko et al., 2015; Warshawsky & Havens, 2014; Wong & Laschinger, 2015). When nurse leaders are exposed to such work conditions over prolonged periods of time, nurse leaders report increased anxiety, burnout, powerlessness, and a decrease in well-being (Adriaenssens et al., 2017; Chang et al., 2018; Hewko et al., 2015; Kath et al., 2013; Kristiansen et al., 2016; Nelson, 2017; Prestia et al., 2017; Wirtz et al., 2017). One of the most prevalent reasons for nurse leader turnover is burnout associated with emotional exhaustion and stress (Nelson, 2017; Udod et al., 2017; Warshawsky & Havens, 2014; Wong & Laschinger, 2015). Future research will be needed to study interventions or alternative ideas on how to mitigate burnout in nurse leaders.

Researchers across the world studied the perceptions of work environments by nurse leaders to understand more about stress, burnout, and their intent to leave (Adriaenssens et al., 2017; Hewko et al., 2015; Kath et al., 2013; Udod et al., 2017; Van Bogaert et al., 2014). A cross-sectional, quantitative study of first line nurse managers in 11 Belgian hospitals revealed that lack of social support from front line staff to their

manager was a strong predictor of occupational stress. Similar findings were revealed in a mixed methods study where nurse leaders reported emotional drain from the burden of being there emotionally for their staff while achieving the work that needed to be done to meet organizational goals (Kelly et al., 2019). Hewko et al. (2015) revealed that the most important factors contributing to lower satisfaction and higher burnout levels in nurse leaders was work overload, inability to ensure quality patient care, insufficient resources, and lack of empowerment and recognition. Another cross-sectional survey of 365 health care leaders noted that one out of six nursing unit managers have high to very high feelings of emotional exhaustion (Van Bogaert et al., 2014). Lack of role clarification, decision authority, and interference with home life were primary causes. Role overload was the most important predictor of nurse manager stress in a quantitative cross-sectional survey of 36 hospitals in the southwestern United States. Most researchers accept that the prolonged exposure to stress and mental exhaustion lead to burnout. Although there is research identifying the prerequisites to stress and burnout, there is little research measuring the levels of burnout in nurse leaders (Brown et al., 2013; Wong & Laschinger, 2015).

There has been a plethora of qualitative and quantitative cross-sectional, nonexperimental research done over the last decade to understand the causes of nurse leader burnout. There is a need for additional research to understand and further explore the mindset of leaders and how they view challenges and adversities in their workplace environments. Additional quantitative longitudinal time studies exploring interventions are needed to understand the levels of burnout over time while interventions are being

made. This research helps to further facilitate an understanding on how to reduce nurse leader turnover by mediating burnout over the next decade.

Exhaustion, Cynicism, and Professional Inefficacy

Exhaustion has been identified as the primary predictor for burnout (Maslach & Leiter, 2016). Exhaustion relates to a person's feelings of being overburdened with an inability to cope or produce emotional or physical resources to generate energy to get the work done over extended periods of time (Maslach & Leiter, 2016). However, the burnout phenomenon is not limited to exhaustion (Maslach & Leiter, 2017). Over time, exhaustion leads to cynicism, apathy, and detachment from work. This phenomenon is also known as depersonalization. The depersonalization phase is seen as a coping mechanism in response to the exhaustion as a way of distancing oneself. As time goes on, people experience a sense of inadequacy or inefficacy. They no longer feel that they can do their jobs well (Maslach & Leiter, 2017). Burnout closely relates to the qualitative research of Hewko et al. (2015) where work overload, lack of empowerment and recognition, and the inability to ensure quality patient care influenced nurse leaders' intent to leave their jobs. It is important to understand that burnout levels change over time. When a person experiences burnout over time, the impact compounds over time. Depersonalization is a symptom of burnout. It serves as a coping mechanism. The downside is that it further isolates the person and impacts their ability to appreciate their own self-efficacy (Maslach & Leiter, 2017).

Two approaches to counter burnout have been proposed in the research. The first approach is to redesign and optimize employee work environments by addressing

workload, incivility, and providing opportunities for engagement (Leiter & Maslach, 2016). The second approach is to increase employees' ability to tolerate workplace mismatches and endure the adverse work conditions (Leiter & Maslach, 2016). Existing research supports the concept of modifying the work environment to reduce burnout amongst employees (Chang et al., 2018; Maslach & Leiter, 2016). Additional research has been done to explore how to increase an employee's tolerance and ability to cope with the existing work environment by looking at personal characteristics (Leiter & Maslach, 2016; Shoji et al., 2016; Wong & Laschinger, 2015). Leiter and Maslach recommended that leaders in the workplace focus on the energy, involvement, and efficacy of their employees. Self-efficacy is another source of coping. Within this context, self-efficacy is described as having the perceived capacity to employ the skills necessary to deal with job-specific tasks, cope with job-specific challenges, job-related stress, and its consequences (Shoji et al., 2016). Based on the research, it is reasonable to propose that changing a leader's perceptions related to work demands and occupational stressors to mitigate burnout may serve as an incredible personal resource to leaders (Hudgins, 2016; Shoji et al., 2016).

Current Literature

The current literature on the phenomena of burnout and turnover in the profession of nursing is robust with a combination of qualitative and quantitative research studying populations across the world (Hayward et al., 2016; Mudallal et al., 2017; Zhang et al., 2014). Burnout is common in the healthcare profession (Maslach & Leiter, 2016). Nursing shortages over time inspired inquiry into the causes of turnover with a span of

over 20 years of research (Bogue & Carter, 2019; Chang et al., 2018; Han et al., 2015; Hayward et al., 2016; Mudallal et al., 2017; Zhang et al., 2014). Less research has been conducted to understand how to decrease the levels of burnout in the nursing profession while reducing turnover (Brown et al., 2013; Hewko et al., 2015; Hudgins, 2016).

Hayward et al. (2016) conducted qualitative research to learn the perspectives of nurses' voluntary turnover. Nurses intended to leave their jobs due to excessive workloads, incivility between physicians and nurses, and a lack of support from nursing leaders (Hayward et al., 2016). Despite the small study sample, the researchers illuminated the primary factors related to nurse turnover. Mudallal et al. (2017) conducted a larger quantitative cross-sectional, correlational design study on 407 nurses in Jordan that further supported Hayward et al.'s findings. Nurses left their jobs due to increased workload, poor work conditions, incivility amongst care workers, and poor autonomy over their practice. Congruent with other studies regarding the same topic, poor work environments, heavy workloads, and burnout led to higher intent to leave (Maslach & Leiter, 2016; Van Bogaert et al., 2014; Zhang et al., 2014).

Less research has been done to date to test effective ways to reduce nurse turnover (De Simone et al., 2018; Hudgins, 2016). One common recommendation made by researchers was to look to consistent nursing leadership and leader behaviors to decrease the level of burnout and turnover in bedside nurses (Bogue & Carter, 2019; Duffield et al., 2015; Hayward et al., 2016; Mudallal et al., 2017). Both Hayward et al. and Mudallal et al. discovered that the presence of nurse leaders was important. Nurse leaders were noted as assets who develop and build healthy work environments that retain bedside

nurses (Hayward et al., 2016). Mudallal et al. also suggested that the presence of nurse leaders is a key factor in creating a workplace environment for collaborative practice, professional autonomy, and the existence of leadership support. The presence of nursing leadership is an important factor in the consideration of mitigating burnout and reducing turnover in clinical bedside nurses (Mudallal et al., 2017).

Research began to emerge regarding the presence of burnout in nurse leaders with an intention to leave their jobs (Hewko et al., 2015; Kath et al., 2013; Kristiansen et al., 2016; Labrague, 2020; Prestia et al., 2017; Udod et al., 2017; Van Bogaert et al., 2014; Warshawsky et al., 2013; Warshawsky & Havens, 2014; Zhang et al., 2014). Despite the difference in roles and day to day tasks between clinical bedside nurses and nurse leaders, the causes of burnout were remarkably similar.

Burnout was identified as one of the top predictors of turnover for nurse leaders (Warshawsky & Havens, 2014). Van Bogaert et al. (2014) examined the prevalence of burnout in a quantitative, cross-sectional research study of 365 nurse leaders in Belgium. This research revealed that 1 in 6 unit-managers experienced feelings of emotional exhaustion on the MBI scale (Van Bogaert et al., 2014). Burnout was associated with prolonged exposure and stress resulting from increased managerial tasks, working with limited resources, responding to continuous change, and lack of support from senior management with disconnected chief executives (Hewko et al., 2015; Kath et al., 2013; Prestia et al., 2017; Udod et al., 2017; Warshawsky & Havens, 2014). Addressing burnout and turnover in nurse leaders has become as important as addressing clinical

bedside nurse turnover to stabilize the nursing workforce at large (Martin & Warshawsky, 2017; Mensik & Kennedy, 2016; Phillips et al., 2017; Titzer et al., 2013).

Researchers have focused on the phenomena of burnout in front line nurse managers to chief nursing executives across the world (Hewko et al., 2015; Kath et al., 2013; Kristiansen et al., 2016; Labrague, 2020; Prestia et al., 2017; Udod et al., 2017; Van Bogaert et al., 2014; Warshawsky et al., 2013; Warshawsky & Havens, 2014; Zhang et al., 2014). Less research has addressed how to mitigate burnout and reduce turnover (Hudgins, 2016; Udod et al., 2017). Most research recommendations direct health care leaders to change the work environment by reducing spans of control and work burden and their culture to reduce burnout and turnover in nurse leaders (Hewko et al., 2015; Kath et al., 2013; Kristiansen et al., 2016; Labrague, 2020; Nelson, 2017; Warshawsky & Havens, 2014; Warshawsky et al., 2013). Kristiansen et al. demonstrated that an increase in managerial tasks led to weaker nursing leadership and dissatisfied clinical bedside nurses. Jones et al. (2015) developed a tool that served as a common language to have meaningful conversations with health care executives regarding span of control. Unfortunately, the research did not help to reduce the span of control; however, the development of the tool provided foundational research to encourage others to conduct further studies on nurse leader spans of control (Jones et al., 2015). Increasing workloads have existed over the last decade and the problem seems to be getting worse (Bakhamis et al., 2019; Hewko et al., 2015). There is little optimism that reducing spans of control and additional leader resources will be feasible (Hewko et al., 2015; Jones et al., 2015). Udod et al. (2017) offered other alternatives to mitigate burnout and reduce turnover in

nurse leaders through investing in a nurse leader's intrinsic factors. This includes a nurse leader's ability to problem solve, reframe situations and perspectives, and engage in social support. Udod et al. suggested that if nurse leaders can reduce their stress and increase their self-efficacy, they will be able to decrease their level of burnout and stay within the confines of their job responsibilities. Similar concepts related to positive psychology and self-regulation have been explored (Cline, 2015; Hudgins, 2016; Mackoff, 2015; Seguin, 2019; Seichter, 2018; Van Dyk et al., 2016; Young et al., 2016). Mackoff advised nurse leaders to look to self-regulation to manage emotions and reframe situations and perspectives. Seguin noted that the intrinsic leadership characteristic, grit, also known as perseverance, is associated with longevity and a lower score of burnout among a large group of nurse leaders across the United States. Collectively this research looked at exploring positive psychology as a way for nurse leaders to optimize the perspectives and cope with the complex health work environment they face every day (Hudgins, 2016; Mackoff, 2015; Seguin, 2019; Van Dyk et al., 2016).

Self- Regulation, Action, and Means Self-Efficacy

Similar research on the topic has been conducted regarding self-regulation and self-efficacy focusing on locus of control (Hou et al., 2017). Researchers revealed that individuals who believe that they have control over events such as job stressors are more likely to act and work to reduce the adverse effects of job stressors (Hou et al., 2017). Self-efficacy is a type of self-regulation whereby individuals focus on their loci of control to manage job demands (Bandura, 1997; Hou et al., 2017). Increasing self-efficacy may serve as a protector against burnout or a way to heal from existing burnout (Yao et al.,

2018). Individuals who can regulate their own level of motivation and behavior can define their destiny whereby an individual who only relies on the external environment to guide them will likely fail at achieving their goals (Bandura, 1997; Cline, 2015; Young et al., 2016). Self-regulation is one subscale of self-efficacy that mediates burnout in professionals who serve others.

Leader action self-efficacy represents the leaders' belief that they have the capability to actively lead and create effects (Hannah et al., 2012). This includes the ability to direct, inspire, and coach while gaining follower commitment and performance (Hannah et al., 2012). There is a lack of research studying leader action self-efficacy as an individual scale within the construct of self-efficacy in nurse leaders. This research is unique because each variable of the leader self-efficacy construct was analyzed through separate correlational mediation tests.

Leader means efficacy looks at an individual's self-efficacy from the lens of their external peers. Leader means efficacy looks at whether a person believes they can draw upon their work environment, their peers, or supervisors to achieve their goals (Hannah et al., 2012). This can also extend to budgets, organizational structures, and the support by supervising leadership (Hannah et al., 2012). Hannah et al. suggested that with high levels of personal leader self-efficacy, an individual can increase their leader means efficacy through their confidence to influence others and their environment. For the purpose of this study, it was important to look at the overall construct of self-efficacy while looking at each individual subscale including action self-efficacy, means self-efficacy and self-regulation self-efficacy (see Hannah & Avolio, 2013).

Self-efficacy and Nursing

There is a growing body of research on nurse self-efficacy (Chang et al., 2018; De Simone et al., 2018; Fallatah et al., 2017; Gilmartin & Nokes, 2015; Van Dyk et al., 2016; Vardaman et al., 2020; Yao et al., 2018). There is scant research on nurse leader self-efficacy (Costanzo et al., 2019; Cziraki et al., 2018; Gilmartin & Nokes, 2015; Van Dyk et al., 2016). This research was primarily focused on the leadership development of nurses who are providing direct patient care (see Costanzo et al., 2019; Gilmartin & Nokes, 2015). Costanzo et al. examined the effects of a bedside nurse leadership development program with participation in nurse-led bedside rounds on nurse-leadership self-efficacy over time. Costanzo et al. demonstrated that nurses benefited from leadership development. Van Dyk et al. conducted a descriptive, cross-sectional quantitative study of 85 nurse managers within one health care system to explore the relationship between frontline nurse managers' confidence and self-efficacy. Van Dyk et al. revealed that years in a formal leadership role and confidence levels were significant predictors of self-efficacy. This was the only research that targeted clinical nurse managers.

Overall, there is a growing body of research focused on nurses and self-efficacy. The spectrum of research ranges from coping self-efficacy of new graduate nurses to counter turnover to the relationships between self-efficacy, motivation, career aspirations, burnout, and confidence in nurse and nurse leaders (Chang et al., 2018; Costanzo et al., 2019; Cziraki et al., 2018; De Simone et al., 2018; Fallatah et al., 2017; Gilmartin & Nokes, 2015; Van Dyk et al., 2016; Vardaman et al., 2020; Yao et al., 2018). Most of the

research has been done with smaller sample sizes or has been limited to one health system or hospital. Each study's researchers used a different tool to measure self-efficacy. In this research, I specifically focused on nurse leaders ranging from assistant nurse managers to chief nursing officers who have roles with administrative and operational oversight of health care environments.

Methodology Literature and Study Design

There are several descriptive, quantitative, correlational nurse research studies that focused on nurse leaders, their intentions to leave, and other variables including work satisfaction, wellness, and burnout (Abou, 2017; Adriaenssens et al., 2017; Hewko et al., 2015; Hudgins, 2016; Mudallal et al., 2017; Van Bogaert et al., 2014; Van Dyk et al., 2016; Warshawsky & Havens, 2014; Yu et al., 2015; Zhang et al., 2014). A nonexperimental, quantitative, correlational design has been a successful approach for exploring and identifying statistically significant relationships among variables related to nurse leader burnout and turnover. Hewko et al. used a nonexperimental, quantitative approach to identify and report factors influencing nurse managers' intentions to leave their current position. Descriptive statistics were used to compare and contrast demographic and personal characteristics of managers intending to stay or leave their jobs (Hewko et al., 2015). Means comparisons were done using the *t*-test for survey items utilizing the Likert scale. Relationships between multiple item predictors and intention decisions were analyzed using multivariance analysis of covariance (Hewko et al., 2015). The data revealed that the most important factors reported by managers intending to leave their jobs were work overload, inability to ensure quality patient care, insufficient

resources, and a lack of empowerment and recognition. Managers intending to leave their jobs had higher levels of burnout (Hewko et al., 2015). Warshawsky and Havens (2014) also conducted a nonexperimental, quantitative study with a cross-sectional survey design utilizing secondary data analysis. The purpose of the study was to examine nurse managers' job satisfaction and intent to leave their positions. A 5-item questionnaire was developed to measure nurse manager job satisfaction and anticipated turnover (Warshawsky & Havens, 2014). Descriptive statistics, one-way analysis of variance (ANOVA), *t*-tests, and chi-square tests were completed to compare and contrast differences. Out of 291 nurse managers working in the United States hospitals, 72% of these nurse managers intended to leave their jobs in 5 years. The four most common reasons reported for intent to leave included burnout, career change, retirement, and promotion with burnout being most common reason cited for wanting to leave their jobs (Warshawsky & Havens, 2014). Zhang et al. (2014) conducted a nonexperimental, quantitative, retrospective secondary analysis study to describe nurse burnout, job satisfaction, and intent to leave while exploring the relationship of work environment to nursing outcomes in a sample of 9,698 nurses from 181 hospitals in China. Four scales were used to measure nurse burnout, nurse job satisfaction, nurse intention to leave, and hospital work environment. Descriptive characteristics were used to depict nurse characteristics, job outcomes, and hospital work environments. Chi-square tests were used to examine the percentage differences of high burnout, job dissatisfaction, and intention to leave among nurses in hospitals with poor, mixed, and good work environments (Zhang et al., 2014). Logistic regression models were performed to

estimate the influence of hospital work environments on nurse burnout, job satisfaction, and intention to leave (Zhang et al., 2014). The results suggested that high burnout and low job satisfaction are prominent problems for Chinese nurses and improving work environments might be an effective strategy for better nursing outcomes (Zhang et al., 2014). The three studies were done in three different countries. However, all three involved the application of a nonexperimental, quantitative, correlational design to understand more about nurses and their intent to leave their jobs. A quantitative, nonexperimental, correlational study design is commonly used because it provides researchers with the flexibility to use multiple variables and/or scales to study the relationships between variables while demonstrating statistical significance. The correlational component of the design also allows the researcher to describe and measure the degree of the relationship between variables (Creswell & Creswell, 2018).

Three other studies used a nonexperimental, quantitative, correlational design to understand associations between nurses and self-efficacy (Abou, 2017; Van Dyk et al., 2016; Yu et al., 2015). Abou studied the relationship between leadership self-efficacy of first-line managers and their leadership effectiveness in 37 nurses in a university hospital in Egypt. A leader self-efficacy inventory tool and a leader effectiveness scale were used. *t*-tests were used to compare means, and one-way ANOVA was used to compare the mean scores between two groups. Pearson correlation coefficient analysis was used to test the relationship between the study variables (Abou, 2017). There was a significant positive correlation between overall leadership self-efficacy of first-line nurse managers and their leadership effectiveness (Abou, 2017). Van Dyk et al. conducted a descriptive,

nonexperimental, correlational survey design study with 85 nurses in a large healthcare organization in the United States. Years in a formal leadership role and confidence scores were noted to be significant predictors of self-efficacy scores (Van Dyk et al., 2016). Yu et al. (2015) studied the effects of self-leadership and communication competence on job performance in 211 nurses working in South Korea. Differences in job performance were analyzed using independent *t*-tests and one-way ANOVAs. Pearson's correlation coefficients were used to review the correlations between self-leadership, communication competency, and job performance. Multiple regression analysis was completed to explore the mediating effect of communication competency on the relationship between job performance and self-leadership (Yu et al., 2015). The study results revealed a significant mediating effect of communication competence on the relationship between nurses' self-leadership and job performance (Yu et al., 2015).

Adriaenssens et al. (2017) and Van Bogaert et al. (2014) explored occupational stress and well-being in front line nurse managers using a nonexperimental, quantitative, cross-sectional survey design in Belgium. Adriaenssens et al. analyzed and described relationships between job characteristics and interdisciplinary conflicts with physicians as potential predictors of occupational well-being. Chi-square tests and independent sample *t*-tests were used to search for differences between subgroups. Pearson correlations were used to calculate associations between predictors and outcomes (Adriaenssens et al., 2017). Hierarchical regression analysis was performed to analyze each predictor variable to explain the variance of the different outcomes and estimates of strength of the association between sociodemographic characteristics, job demands, job control, staff

nurse-doctor collaboration, and social support while looking at outcome variables including job satisfaction, turnover intention, work engagement, burnout, and psychosomatic distress (Adriaenssens et al., 2017). Job demand, job control measures, and social support from team members were all predictors of occupational stress (Adriaenssens et al., 2017).

Mediation analysis is a form of correlational analysis that has been used to understand how much of an effect a mediating variable may have on the independent and dependent variable. Studying the mediating effect is different from other correlational studies because the design is used to focus on what associations are present as well as to what degree the association variable impacts other variables. Despite the benefits, there is little nursing research exploring mediating effects related to nurse burnout (Bitmiş & Ergeneli, 2015; Han et al., 2015). Han et al.'s research supported the premise that organizational commitment had a mediating effect between role stress and turnover intention. Bitmiş and Ergeneli studied the impact of psychological capital on employees' burnout while investigating the mediating role of job insecurity, and their study included 161 nurses. Job security was found to be a mediator between psychological capital and burnout. Mediation analysis is commonly used in psychology research (Hayes, 2018). This approach is suitable for studying the positive psychology characteristic of self-efficacy within nurse leaders.

Summary

Most researchers exploring nurse leader burnout and intent to leave study the association of variables related to burnout and turnover through quantitative,

nonexperimental, correlational survey designs. Researchers have revealed that prolonged levels of stress lead to burnout (Abou, 2017; Adriaenssens et al., 2017; Steege et al., 2017; Van Bogaert et al., 2014; Van Dyk et al., 2016; Warshawsky & Havens, 2014; Yu et al., 2015; Zhang et al., 2014). The burnout phenomenon in nurse leaders is largely due to workload and the inability of nurse leaders to feel as though they can ensure quality care (Hewko et al., 2015). There is little research that measures the levels of burnout on a spectrum of exhaustion to depersonalization at any point in time (Brown et al., 2013; Wong & Laschinger, 2015). There are limited longitudinal studies exploring interventions that will reduce burnout (Duffield et al., 2015; Jones et al., 2015). There is less research on the possible transference of burnout between followers and leaders in the nursing profession; however, the preliminary research highlights the significant impact this could have on the delivery of patient care provided by burned out nurses and their leaders (Wirtz et al., 2017).

It is important to continue to pursue research that will further explore ways to mitigate burnout and turnover. Self-efficacy has proven to have a positive influence on burnout in other service professionals. A quantitative, nonexperimental, correlational study design was an appropriate research design to further explore whether self-efficacy can mediate the levels of burnout and decrease turnover.

Conclusions

Based on the literature review, there is a robust amount of research describing the reasons for nurse leader turnover. Burnout is one of the primary reasons that nurse leaders leave their jobs. There is less research that has demonstrated a significant

decrease in lessening the levels of burnout in nurse leaders or decreasing nurse leader turnover. Researchers have looked at addressing the external work environment including reducing spans of control for nurse leaders (Jones et al., 2015). There has been additional research looking at the self-efficacy of bedside clinical nurse leaders through leadership development (Costanzo et al., 2019; Van Dyk et al., 2016). More research will be needed to identify methods to lessen burnout and reduce turnover of nurse leaders. Self-efficacy is one alternative. Researchers have proven that self-efficacy can mediate burnout in other service professions including teachers and firefighters (Makara-Studzińska et al., 2019; Ventura et al., 2015; Yu et al., 2015). Foundational research within the nursing profession is emerging. Two nursing self-efficacy tools for nurses have been developed and validated (Caruso et al., 2016; Gilmartin & Nokes, 2015). This specific research would provide insight on the relationship between nurse leader burnout, leader self-efficacy, and turnover. The research also determined whether self-efficacy could mediate burnout and decrease turnover. The results provide the prospect of conducting longitudinal studies in the future to test the levels of burnout and levels of self-efficacy of time when an intervention is applied to a study group.

Chapter 3 presents the methodology used to understand whether leader self-efficacy has a mediating relationship between burnout and intent to leave. The gap in knowledge regarding how to mitigate burnout and reduce turnover will be further examined through the exploration of the construct, leader self-efficacy. Aligning with the studies identified in the literature relating to nurse leader burnout and turnover, a

quantitative, cross sectional, survey design was chosen to examine the variables in nurse leaders across the United States.

Chapter 3: Research Method

The purpose of this quantitative, nonexperimental, cross-sectional study was to explore the possible mediating effect of leader self-efficacy between burnout and intent to leave. In this chapter, I provide an overview of the research method. The first section of this chapter includes the research design and rationale. The second section includes the target population, sampling, and sampling procedures along with the procedures for recruitment, participation, and collection. The third section includes a detailed review of the instrumentation and operationalization of constructs and the data analysis plan. In the final section, I review threats to validity and ethical procedures.

Research Design and Rationale

Burnout was the independent variable. The construct burnout represented three separate independent variables including emotional exhaustion, depersonalization, and personal accomplishment. Intent to leave was the dependent variable. Leader self-efficacy was the mediating variable. The construct leader self-efficacy represented three separate mediating variables including leader action self-efficacy, leader means efficacy, and leader self-regulation efficacy. This was a quantitative, nonexperimental, cross-sectional study. The research design supports understanding whether leader self-efficacy plays a mediating role between burnout and intent to leave. I selected a cross-sectional design to meet the time and resource restraints with completing requirements for this doctoral study. Future studies may include a longitudinal study to understand nurse leader levels of burnout and self-efficacy over time. This design choice was suitable for understanding whether self-efficacy impacted intent to leave in nurse leaders. In this

study, I provide information on whether leader self-efficacy should be further explored in nurse leaders.

RQ: To what extent is the relationship between burnout and intent to leave mediated by leader self-efficacy?

$H_0$1: There is no mediating effect on the relationship between burnout and intent to leave.

H_A1: There is a mediating effect on the relationship between burnout and intent to leave.

Methodology

I developed a cross-sectional web-based survey using three pre-existing validated tools to measure leader self-efficacy, burnout, and intent to leave in nurse leaders. The three tools include the MBI-HSS, the LEQ, and the TIS. All individual tools have a Cronbach's alpha coefficient greater than .7. I converted the three tools into one survey tool. Internal construct validity was calculated using the Cronbach's alpha coefficient. I used linear regression analyses to explore statistically significant relationships amongst all variables while exploring whether self-efficacy has a mediating relationship between burnout and job satisfaction with intent to leave.

Population

The target population was nurse leaders. The AONL represents approximately 9,800 nurse leaders across the United States (AONL, 2019). For the purpose of this research, a nurse leader has been defined as a person who holds a role as an assistant

manager, manager, director, or vice president with oversight over patient care and serves in a supervisory role.

Sampling and Sampling Procedures

I recruited participants through multiple venues including the AONL, Facebook, LinkedIn, and Walden University's research participant pool. Convenience sampling was used to get the most responses. Convenience sampling is the most appropriate sampling method based on the finite data collection period and the availability of participants. Since the convenience sampling may not represent the overall target population, demographics such as gender, age, years of licensed professional experience, and years as a nurse leader were included in the survey to provide more information about the population of respondents and to address any sampling concerns.

The sample population provides a broader and possibly more diverse perspective on the topic. A minimum sample size was calculated using the Monte Carlo Power Analysis online application (see Schoemann et al., 2017). The online application is used to determine power and sample size for mediation models (Schoemann et al., 2017). I completed the analysis using a medium correlation size of .3, a confidence level of 95%, and an estimated power of .8 based on a simple mediation model to examine the nine paths for each variable within each construct. The minimum sample requirement was 155.

Procedures for Recruitment, Participation, and Data Collection (Primary Data)

I recruited participants through online nursing leadership professional organizations, LinkedIn, and Facebook. AONL is the national professional organization

whose mission is to shape health care through innovative and expert nursing leadership as a collective voice to advance health (AONL, 2019). I used AONL's electronic mailing list used to send out electronic surveys from SurveyMonkey. Invitations and the survey link were posted and sent to nurse leaders on the AONL webpage, LinkedIn, and Facebook. Convenience sampling provided the benefit of recruiting study participants from across the United States.

Participants provided informed consent at the beginning of the online survey. I collected data through SurveyMonkey online services. I thanked participants for taking the time to participate in the survey. There were no additional procedures for exiting the study.

Instrumentation and Operationalization of Constructs

Three separated validated survey tools were used for this research study. The tools included the MBI-HSS (Maslach & Jackson, 2018), the LEQ (Hannah & Avolio, 2013), and the 3-item intent to leave job subscale from the TIS (Cohen, 1999b). Each tool has a Cronbach's alpha coefficient greater than .7. I combined the three tools into one survey. Internal construct validity was calculated using the Cronbach's alpha coefficient.

MBI-HSS Tool

The MBI-HSS tool is a 22-item survey developed by Maslach and Jackson (2018). The MBI-HSS questions were designed to collect the feelings of people who work in human services professions and have a high level of staff-client interactions. The questions are designed to measure specific aspects of burnout syndrome across three subscales including emotional exhaustion, depersonalization, and personal

accomplishment (Maslach & Jackson, 2018). Respondents describe the frequency of feelings on a range from 0 (Never) to 6 (Everyday). Subscale scores are collected and interpreted separately. Scores can be calculated using the SUM method by adding each response and using the SUM as the scale score. Calculating the mean response for each scale is also an option; however, most research that is focused on human service professionals utilizes the SUM method approach (Maslach & Jackson, 2018). Higher scores indicate higher degrees of burnout for the emotional exhaustion subscale and depersonalization subscale. For personal accomplishment, lower scores indicate diminished personal accomplishment and a higher degree of burnout.

The emotional exhaustion scale is a 9-item subscale that assesses feelings of being emotionally overextended and exhausted by one's work. Participants self-report their feelings based on a 6-point Likert-type scale measuring frequency of feelings (0 = Never, 1 = a few times a year or less, 2 = once a month or less, 3 = a few times a month, 4 = once a week, 5 = a few times a week, 6 = everyday). Participants respond to similar statements such as "I feel used up at the end of the workday" (see Maslach & Jackson, 2018). The scores of each question are added to create a sum composite. The minimum score is 0. The maximum sum composite score is 54. Higher scores correspond to greater degrees of experienced burnout (Maslach & Jackson, 2018).

The depersonalization scale is a 5-item subscale that measures an unfeeling and impersonal response toward recipients of one's service, care, treatment, or instruction. Participants continue to self-report their feelings based on the same 6-point Likert type scale. A sample statement includes "I've become more callous toward people since I took

this job" (Maslach & Jackson, 2018). The scores of each question are added to create a sum composite score. The minimum score is 0. The maximum sum composite score is 20. Higher scores correspond to greater degrees of experience burnout (Maslach & Jackson, 2018).

The personal accomplishment scale is an 8-item subscale that assesses feelings of competency and successful achievement in one's work with people. Participants continue to self-report their feelings based on the same 6-point Likert type scale. A sample statement includes "I have accomplished many worthwhile things in this job" (Maslach & Jackson, 2018). The scores of each question are added to create a sum composite score. The minimum composite score is 0. The maximum sum composite score is 48. The personal accomplishment score is different than the other two subscales when interpreting the sum composite score. For this subscale, lower scores correspond to greater experiences of burnout and diminished personal accomplishment (Maslach & Jackson, 2018). Collectively, the three subscale composite scores align with Maslach's theory that burnout syndrome is comprised of all three subscales. Each subscale is a component of burnout. The degree of burnout is based on the presence of each subscale. For example, a higher score in both emotional exhaustion and depersonalization with a lower score in personal accomplishment reflects a higher degree of burnout (Maslach & Jackson, 2018).

The factor structure of the MBI-HSS tool has been evaluated and deemed consistently reliable across a wide range of service occupational groups including nurses. Lee and Ashforth (1996) conducted a confirmatory factor analysis on the three-factor

burnout model. The researchers were able to reveal that emotional exhaustion and depersonalization factors were distinct but correlated. Both were linked to psychological and physiological strain (Lee & Ashforth, 1996). In contrast, personal accomplishment had a lower correlation and was related to control-oriented coping (Lee & Ashforth, 1996). The internal reliability of each subscale has been measured using Cronbach's coefficient alpha reported as .9 for emotional exhaustion, .79 for depersonalization, and .71 for personal accomplishment. Research focused on understanding levels of burnout in nurses consistently yielded reliability coefficients ranging from .77 to .3 (Chang et al., 2018; Mudallal et al., 2017; Zhang et al., 2014).

Content validity has been well established for the MBI-HSS tool. This was done in several ways including correlating scale scores with observations of others, with job conditions that were hypothesized to be associated with burnout, and by associating burnout to other personal attitudes and reactions reflective of study participants in the human services profession (Maslach & Jackson, 2018). Previous studies done across the world have demonstrated that MBI-HSS is an effective tool in measuring nurse burnout (Chang et al., 2018; Mudallal et al., 2017; Zhang et al., 2014). There has been less research and less use of the tool to measure burnout in nurse leaders (Adriaenssens et al., 2017; Wong & Laschinger, 2015). Permission to use for graduate study is provided when the survey licensure is purchased through Mindgarden. Once I received approval for the proposal, I purchased the survey licensure and tool.

LEQ

The LEQ is the second tool that was used (see Hannah & Avolio, 2013). The LEQ is a 22-item survey that captures a leader's belief of their ability to lead and overcome problems that they may face within their role. The leader efficacy construct measures using three different subscales measure leader action self-efficacy, leader self-regulation efficacy, and leader means efficacy (Hannah & Avolio, 2013). The three subscales can be used as three separate constructs, or they can be combined into an overall high-order construct (Hannah & Avolio, 2013). Using the three separate scales may provide a more detailed understanding of leader efficacy in nurse leaders. The analyses from each of the separate subscales provide insight and context to healthcare executives. Healthcare executives will be able to develop interventions that focus on nurse leader retention.

The leader action self-efficacy subscale is a 7-item scale that measures the leaders' perceived capability to effectively execute various critical leader actions, such as motivating, coaching, and inspiring followers, and getting followers to identify with the organization and its goals and vision (Hannah & Avolio, 2013). Participants respond using a 10-point Likert scale with 10 increments ranging from 0 (not at all confident) to 100 (totally confident) with a midpoint of 50 (moderately confident). Higher scores mean higher confidence. The published Cronbach's alpha for leader action efficacy is an acceptable value of .91 (Hannah & Avolio, 2013).

The leader self-regulation efficacy subscale is a 7-item scale that measures the perceived capability of the leader to think through complex leadership situations, interpret their followers and the context, and generate novel and effective solutions to

leadership problems coupled with the ability to motivate oneself to enact those solutions using effective leadership with followers (Hannah & Avolio, 2013). Participants respond using the same 10-point Likert scale. Higher scores mean higher confidence. The published Cronbach's alpha for leader self-regulation efficacy is an acceptable value of .93 (Hannah & Avolio, 2013).

The leader means efficacy subscale is an 8-item scale that measures a participant's perceptions on whether they can draw upon others in their work environment (peers, senior leaders, and followers) to enhance their leadership and that the organization's policies and resources can be leveraged to impact their leadership (Hannah & Avolio, 2013). Participants respond using the same 10-point Likert scale. Higher scores mean higher confidence. The published Cronbach's alpha of leader means efficacy is an acceptable value of .83 (Hannah & Avolio, 2013).

Content validity has been demonstrated through the use and application of the tool in several diverse study samples exploring the relationship of leader self-efficacy in leader performance, enhanced motivation to lead others, and transformational leadership (Hannah et al., 2008; Hannah et al., 2012). Test-retest checks of reliability yielded reliability coefficients ranging from .75 to .96 (Hannah et al., 2012). The tool has not been used to measure leader self-efficacy in nurse leaders due to the limited research on exploring self-efficacy of nurse leaders in general (Cziraki et al., 2018; Van Dyk et al., 2016). See Appendix A for permission to use.

Turnover Intention Scale

The final tool was the 3-item subscale of the TIS. The 3-item subscale is used to measure intent to leave the job (Cohen, 1999b). The tool contains three questions. Respondents rate each item on a 5-point scale ranging from 1 (strongly agree) to 5 (strongly disagree). A sample item includes “I think a lot about leaving the job” (Cohen, 1999b). A mean composite score was calculated across the three items. The minimum score would be 3 with the highest score being 15. A higher score equals a weaker intention to turnover. The Cronbach’s alpha correlation was .89 when measuring reliability for intention to leave the job (Cohen, 1999b). Please see Appendix B for permission to use.

Assumptions

Based on existing research, assumptions could be made that there was a strong statistically significant relationship between burnout and intent to leave in nurse leaders. This assumption was necessary to move forward and examine variables that may counteract burnout without first doing additional research to establish that nurse leader burnout was associated with turnover intention. The second assumption was that the positive findings regarding self-efficacy in teachers can be applied to the nursing population (see McKim & Velez, 2015; Yu et al., 2015). Another assumption was that the use of well-established, validated survey tools would provide a lens into the real world of nurse leaders using measurement tools. Finally, the data were collected with the intent of capturing the characteristics of a larger population based on a smaller patient population.

Data Analysis Plan

SPSS software was used for analyzing the data. I developed a codebook to convert the information from each participant into information that could be used in SPSS. This included defining and labelling each of the variables and assigning numbers to each of the possible responses (see Pallant, 2016). Once the data were collected, a data file was prepared for analysis. This included checking and modifying the options to display the data and output, defining the variables, and then importing the data into SPSS (see Pallant, 2016). Once the data were imported, the data were checked for errors. This included checking for values that fell outside of the possible ranges for the variables and checking for the number of valid and missing cases. This may include data where the respondent did not answer all questions within the survey. Finally, any errors found within the data were corrected (see Pallant, 2016).

The purpose of this research was to understand to what extent the relationship was between burnout and intent to leave when mediated by self-efficacy. This was accomplished by testing nine mediation models to answer nine different research questions. The null hypothesis was that there is no mediating effect on the relationship between burnout and intent to leave mediated by leader self-efficacy. The alternative hypothesis was a mediating effect on the relationship between burnout and intent to leave.

Preliminary analyses of the data included a review of descriptive statistics that represent the sample population of participants including age, gender, years of experience as a nurse leader, and type of healthcare organization. The descriptive statistics were

assessed for normal distribution as well as to identify any outliers. These descriptive statistics also addressed the presence of any confounding variables such as age, gender, years of experience, and work conditions identified by type of healthcare organization. Prior to performing statistical analyses on the data sets, the scores for each scale were calculated. The next step was to check the reliability of the scales by calculating the Cronbach's alpha coefficient for each scale (see Pallant, 2016). Further analyses were done using the correlational mediation analyses function in SPSS to test the hypothesis. Nine separate tests were done to measure the relationship with each burnout sub-scale with each leader self-efficacy sub-scale and the TIS. Each test examined the mediating effect between each leader self-efficacy sub scale and burnout scale with turnover intention. The nine different test models are listed below.

Model 1: To what extent does leader self-regulation efficacy mediate the relationship between emotional exhaustion and intent to leave the job?

Model 2: To what extent does leader action efficacy mediate the relationship between emotional exhaustion and intent to leave the job?

Model 3: To what extent does leader means efficacy mediate the relationship between emotional exhaustion and intent to leave the job?

Model 4: To what extent does self-regulation efficacy mediate the relationship between depersonalization and intent to leave the job?

Model 5: To what extent does leader action efficacy mediate the relationship between depersonalization and intent to leave the job?

Model 6: To what extent does leader means efficacy mediate the relationship between depersonalization and intent to leave the job?

Model 7: To what extent does leader self-regulation efficacy mediate the relationship between personal accomplishment and intent to leave the job?

Model 8: To what extent does leader action efficacy mediate the relationship between personal accomplishment and intent to leave the job?

Model 9: To what extent does leader means efficacy mediate the relationship between personal accomplishment and intent to leave the job?

The mediation analysis was done utilizing an add on module for mediation testing within SPSS. Model 4 was used for a simple mediation test. This test provided a simple regression analysis of burnout (X) predicting leader self-efficacy (M). The test also provided a multiple regression analysis of burnout and self-efficacy predicting intent to leave, and from there, the total effect was calculated between burnout (X) and intent to leave (Y). Further analysis calculated the total effects of burnout (X) and intent to leave (Y) without controlling for self-efficacy (M). See Appendix C for a visual diagram. Indirect effects were calculated next. All results were interpreted using a confidence level of 95% and a power of .8 based on a simple mediation model (see Hayes, 2018).

Threats to Validity

External Validity

External validity may be threatened using a smaller sample size that was used to represent the larger body of nurse leaders across the country. A bootstrap confidence level of 95% was used to answer whether the null or alternative hypothesis was true and

can be applied to the larger population represented through the smaller sample size (see Hayes, 2018).

Internal Validity

Threats to internal validity are primarily attributed to participant selection. I used convenience sampling for this research study. Within the convenience sampling, participants may have certain similar characteristics that predispose them to have certain outcomes (Creswell & Creswell, 2018). I addressed this by opening the sampling to a larger group of nurses across the country instead of limiting the sample to one hospital or health care system. Age, gender, years of experience, and type of organization can also emerge as confounding variables. This information was collected within the survey. Post-data collection phase, the data were reviewed to assess for homoscedasticity and normality within the sample. Linear regression analyses can be done to control for any confirmed confounding variables (Creswell & Creswell, 2018).

Construct Validity

Each tool has been reviewed for construct validity. This included a review of the reliability of scores on the instrument. Based on the work of prior research, the instruments may be used to draw meaningful and useful inferences regarding burnout, self-efficacy, and turnover. Each individual tool has a Cronbach's alpha coefficient greater than .7 (Cohen, 1999b; Hannah & Avolio, 2013; Maslach & Leiter, 2018). Since the construct validity of the survey may have changed when the three surveys are combined into one survey tool, I calculated the internal construct validity using the Cronbach's alpha coefficient (see Creswell & Creswell, 2018).

Ethical Procedures

IRB approval was obtained through Walden University. I conducted the study outside of my professional organization to reduce bias. There was a vested interest in the outcome of the study. The survey includes a description of the purpose of the study along with an informed consent section. The study was voluntary, and participants remained anonymous (see Creswell & Creswell, 2018). The survey tool was created using the SurveyMonkey platform. An electronic link was created through the SurveyMonkey platform to ensure that participants were anonymous. The link was posted on my professional LinkedIn page, personal Facebook page, the AONL's nursing research page, and the Walden University research participant pool. Please see Appendix D for the request for participants' language used for all three postings. A request for participation posting was also posted on the AONL community page for nurse leaders (See Appendix E). One week after the initial request for participation was posted on LinkedIn and Facebook, I sent individual direct messages to nurse leaders from the professional LinkedIn page with the request for participation.

All data were exported from SurveyMonkey to Microsoft Excel and saved on a secondary electronic secure drive. Data were imported into SPSS and saved. Statistical analyses were completed using SPSS software. A peer check of my data methods was done to ensure that the data were appropriately cleaned and reviewed for errors in the data. This ensured that the data findings were not false.

Summary

A quantitative, nonexperimental, cross-sectional study was conducted to understand the possible mediating effect of nurse leader self-efficacy between burnout and intent to leave. The research design provided many benefits related to time considerations, analysis of results, and level of rigor to the research. The quantitative, cross-section survey design allowed for a rapid turnaround in data collection with the ability to collect a meaningful sample size for the findings to be statistically significant. The use of pre-existing validated tools provided strength to the research. The use of a mediation analysis approach allowed me to explore the relationships among burnout, leader self-efficacy, and intent to leave but also the ability to understand how and when the relationship changes between burnout and turnover when self-efficacy is present (see Hayes, 2018). Finally, the quantitative approach allowed me to explore each sub-variable of each construct through the examination of nine different tests. In previous research, the sub-variables were examined as one aggregate within the construct. This makes this research unique and may help to facilitate an understanding of burnout and self-efficacy in nurse leaders with a different lens.

Chapter 4: Results

The purpose of this quantitative, nonexperimental, cross-sectional study was to explore the possible mediating effect of leader self-efficacy between burnout and intent to leave. In this chapter, I provide an overview of the research results. The first section of this chapter includes the data collection procedure, timeframe of the data collection, and any discrepancies in the data collection plan presented in Chapter 3. The second section includes baseline descriptive and demographic characteristics of the sample, and how representative and proportional the sample is to the larger population. The third section includes the specific results based on the statistical analyses output. In the final section, I summarize the answers to the research question.

RQ: To what extent is the relationship between burnout and intent to leave mediated by leader self-efficacy?

H_o1: There is no mediating effect on the relationship between burnout and intent to leave.

H_A1: There is a mediating effect on the relationship between burnout and intent to leave.

Model 1: To what extent does leader self-regulation efficacy mediate the relationship between emotional exhaustion and intent to leave the job?

Model 2: To what extent does leader action efficacy mediate the relationship between emotional exhaustion and intent to leave the job?

Model 3: To what extent does leader means efficacy mediate the relationship between emotional exhaustion and intent to leave the job?

Model 4: To what extent does self-regulation efficacy mediate the relationship between depersonalization and intent to leave the job?

Model 5: To what extent does leader action efficacy mediate the relationship between depersonalization and intent to leave the job?

Model 6: To what extent does leader means efficacy mediate the relationship between depersonalization and intent to leave the job?

Model 7: To what extent does leader self-regulation efficacy mediate the relationship between personal accomplishment and intent to leave the job?

Model 8: To what extent does leader action efficacy mediate the relationship between personal accomplishment and intent to leave the job?

Model 9: To what extent does leader means efficacy mediate the relationship between personal accomplishment and intent to leave the job?

Data Collection

I collected data from April 24, 2021 through May 31, 2021. I recruited participants through a posting on social media and research participant webpages. This included my professional LinkedIn page, my Facebook page, the AONL professional research page, the AONL nurse leader discussion page, and the Walden student research participant pool. Direct invites and reminders were sent to my professional LinkedIn page contacts during Week 2, 3, 4, and 5 of the data collection period. Response rates were low the first week but increased with the largest number of responses occurring in Weeks 2, 3, and 4. There was a total of 325 participants who completed the survey based on the postings and reminders. To reduce the risk of selection bias, I posted the request for

participation on both professional organization pages as well as my personal Linkedin and Facebook page. This provided the opportunity for nursing professionals to participate from across the country. The survey was anonymous. There was no way to differentiate who participated based on the postings or by direct invitation. I provided the same research link on all sites with the request for participation in the study. I compared the participant pool with the demographics of the larger nursing profession across the United States.

Participants included nurse leaders from across the United States. I used the Monte Carlo Power Analysis online application to determine the sample size for the study (see Schoemann et al., 2017). The minimum sample requirement for the study was 155. At the close of the study, 325 participants accessed the survey. A total of 325 participants consented to participating in the study. Four participants did not work in the United States and were excluded from the survey. A total of 321 participants met inclusion criteria. Eighteen participants opted out on answering one or more of the demographic questions. Sixty-seven participants did not complete the full survey or chose to discontinue the survey voluntarily. A total of 254 participants completed the full survey. The completion time for participants was estimated to be less than 15 minutes. The actual completion time averaged 7 minutes. I followed the data collection plan as discussed in Chapter 3. Based on the number of incomplete surveys, the survey data collection period remained open to collect more than the minimum sample requirement of 155. There was no report of adverse events resulting from participation in the study.

Descriptive Statistics and Demographic Characteristics

The demographic and environmental questions were guided by the MBI-HSS tool, which was defined to collect the feelings of people who work in the human service profession (see Maslach & Jackson, 2018). Participants included in the study were nurse leaders who were greater than 18 years of age and employed in the United States. I used additional demographic questions to focus on identifying characteristics of nurse leader participants to inform comparisons with previous nurse leader research.

The demographic and environmental questions addressed personal, professional, and environmental characteristics of the nurse leaders and their work environment. Nurse leader personal and professional characteristics included (a) gender, (b) age, (c) highest education attainment, (d) primary cultural background, (e) years of leadership experience. The environmental characteristics included (a) United States region and (b) Magnet designated facility.

The personal characteristics are reported in Table 1. Of the nurse leaders sampled, 91% were female and 9% were male. The majority of participants were between the ages of 35–54 years old (61%) followed by participants greater than 55 (31%) with the least participants between the ages of 18 and 34 (8.6%). The majority of participants self-identified as Caucasian (70%) followed by African American (17%), Hispanic/Latino(a) (5.3%), Asian or Pacific Islander (4.3%), and Other (3.3%). These demographics are comparable to those reported by the National Council of State Boards of Nursing (NCSBN) whereby Caucasian nurses were the majority at 80.8% (Smiley et al., 2018). The minority percentages were higher within this study. The percentage of all minorities

was higher and could reflect an increased number of minorities in nursing leadership since 2017.

Table 1

Leaders' Personal Characteristics

Category	Frequency	Percentage
Gender		
Male	27	8.9
Female	276	91
Age		
18-24	1	.3
25-34	25	8.3
35-44	91	30
45-54	93	30.7
55-64	82	27.1
65 and older	11	36.7
Cultural background		
Native American	0	0
Asian/Pacific Islander	13	4.3
African American	52	17
Caucasian	212	70
Hispanic/Latino(a)	16	5.3
Other	10	3.3

Note. N=303

Professional Characteristics

The personal characteristics are reported in Table 2. The leaders' professional characteristic was measured by the highest education level and the number of years of leadership experience. A total of 82% of participants held an advanced degree including a master's (56%), doctor of nursing practice (19.5%), or doctor of philosophy (6%) degree). The percentage of leaders whose highest educational attainment was an undergraduate degree was 18%. The majority of participants had more than 15 years of leadership experience (34%) with an equal percentage of participants with experience

between 7 and 10 years (17%) and 11 and 15 years (17%). Eighteen percent of participants had 4 to 7 years with only three participants (.99%) with less than 1 year of experience.

Table 2

Leaders' Professional Characteristics

Category	Frequency	Percentage (%)
Highest education level		
Associate	2	.7
Bachelor's	53	17.5
Masters	170	56.3
Doctor of nursing practice	59	19.5
Doctor of philosophy	18	6
Years of experience		
Less than 1	3	0.9
1-3	33	10.9
4-6	56	18.5
7-10	53	17.5
11-15	54	17.8
Greater than 15	104	34.3

Note. N=303

Environmental Characteristics

Environmental characteristics included whether the participant worked in a Magnet designated facility as well as what region they worked in within the United States. Participants who worked for a Magnet designated facility comprised a total percentage of 45% of participants. The largest participant group worked in the Middle Atlantic (31%) composed of New York, New Jersey, and Pennsylvania. The second largest respondent group came from the South Atlantic (17%) composed of Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina,

Georgia, and Florida. All regions of the United States were represented in the sample including New England (7%), East North Central (9%), West North Central (5%), South Atlantic (17%), East South Central (2.3%), West South Central (7.7%), Mountain (4%), and Pacific region (15.4%).

Table 3

Leaders' Environmental Characteristics

Category	Frequency	Percentage (%)
Magnet facility		
Yes	136	45
No	167	55
United States region		
New England	21	7
Middle Atlantic	94	31.4
East North Central	27	9
West North Central	15	5
South Atlantic	52	17
East South Central	7	2.3
West South Central	23	7.7
Mountain	14	4.7
Pacific	46	15.4

Note. N=299

This section represents the results of the statistical analysis findings for the research question and each corresponding model. This section concludes with a summary of key findings of the study.

Descriptive Statistics

I operationalized the statistical analysis for the independent variable (nurse leader burnout), the mediating variable (leader self-efficacy) and the dependent variable (intent to leave) using the three psychometric standardized instruments, which were MBI-HSS, LEQ, and TIS. I utilized Cronbach's alpha for each instrument to assess reliability. I

checked the variables for violations of the assumptions made to address the research question. I analyzed descriptive statistics to assess the distribution of responses. Please refer to Table 4 for the analysis.

When assessing for skewness, there were significant negative values for the leader efficacy variables including leader action efficacy, leader self-regulation efficacy, and leader means efficacy. This indicated that a large number of respondents scored on the high end of the scale. This reflects a respondent's strong self-assessment ratings for leader self- efficacy (see Figures 1, 2, and 3). Overall, the results represent general normality for the variables when looking at the data comprehensively.

Table 4

Descriptive Statistics for Survey Instruments and Variables

Variable	Scale	*N*	Items	Range of scores potential	observed	M	SD	Skewness stat	std error	Kurtosis stat	std error
EE	MBI-HSS	276	9	0-6	0-6	3.13	1.4	-.42	.147	-.93	.29
DEP	MBI-HSS	276	5	0-6	0-5.6	1.58	1.17	.89	.147	.3	.29
PA	MBI-HSS	276	8	0-6	0-3.9	1.28	0.79	.552	.147	-.23	.29
LAE	LEQ	256	7	0-100	15-100	77.19	14.49	-1.15	.15	1.82	.3
LSR	LEQ	256	7	0-100	13-100	83.77	13.72	-1.61	.15	3.37	.3
LME	LEQ	256	8	0-100	14-97	67.83	19.6	-6.99	.15	-.001	.3
ITL	TIS	254	3	1-5	1-5	2.93	1.24	.062	.15	-1.02	.3

Note. EE=emotional exhaustion, DEP=depersonalization, PA=personal accomplishment, LAE=leader action efficacy, LSR=leader self-regulation efficacy, LMA=leader means-efficacy, ITL=intent to leave, MBI-HSS=Maslach Burnout Inventory Human Services Survey, LEQ=Leader Efficacy Questionnaire, TIS=Turnover Intention Scale

Figure 1

Leader Means Efficacy Histogram

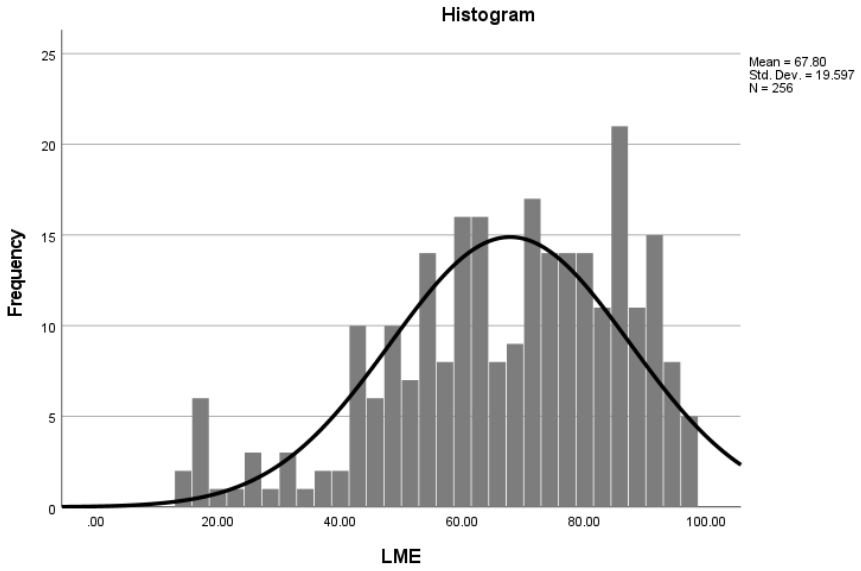


Figure 2

Leader Action Efficacy Histogram

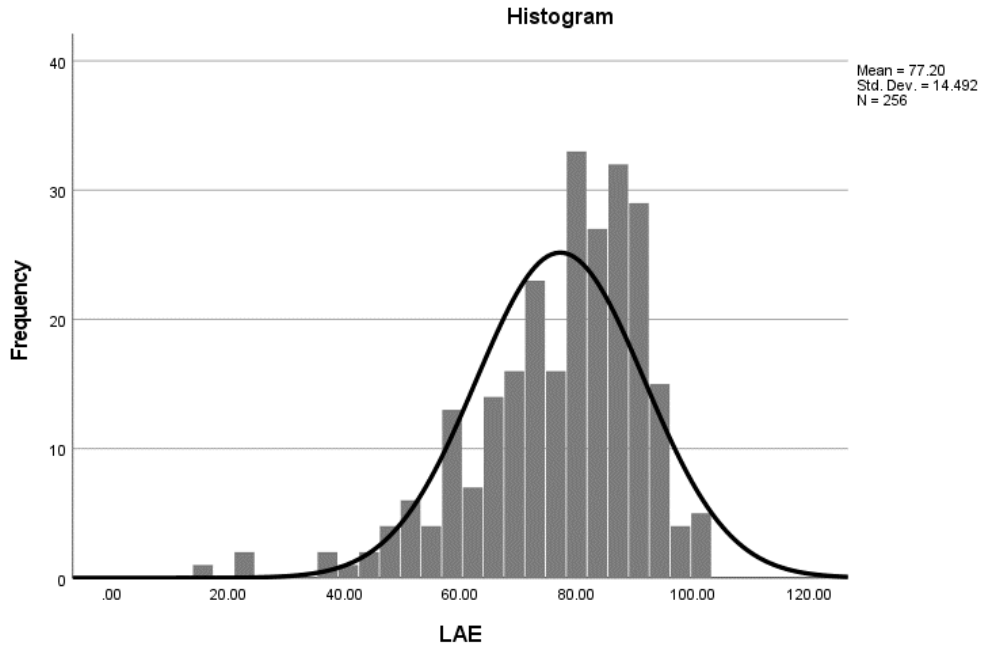
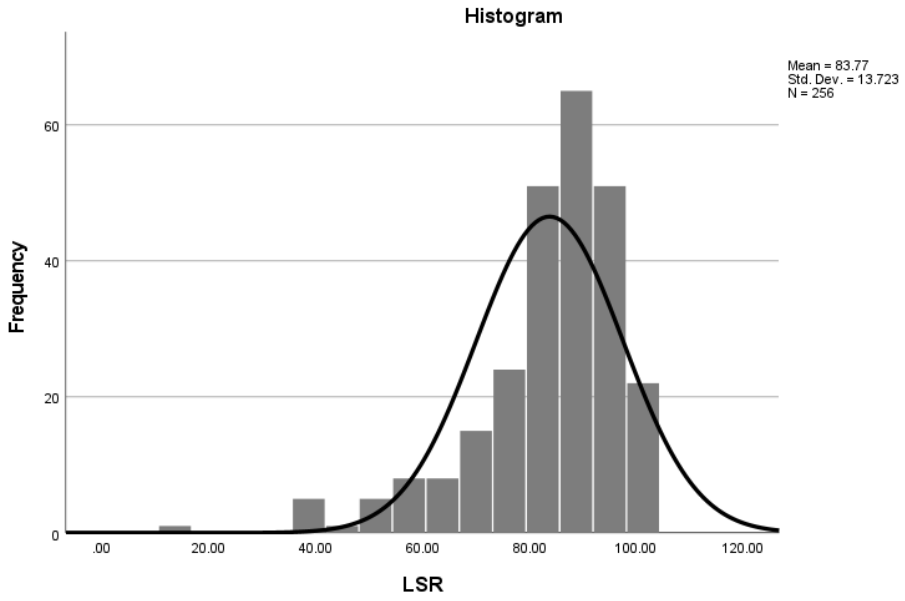


Figure 3

Leader Self-Regulation Efficacy



Burnout

The independent variable burnout was measured using the 22-item Likert type scale developed by Maslach and Jackson (2018). For this study, reliability of MBI-HSS using Cronbach's alpha was measured at α=.72. Based on prior research, the internal reliability of each subscale has been measured using Cronbach's coefficient alpha reporting .9 for emotional exhaustion, .79 for depersonalization, and .71 for personal accomplishment. Research focused on understanding levels of burnout in nurses consistently yields reliability of coefficients ranging from .77 to .3 (see Chang et al., 2018; Mudallal et al., 2017; Zhang et al., 2014).

Leader-Efficacy

The mediating variable LEQ was measured using the 22-item survey including three different subscales that measured leader action self-efficacy, leader self-regulation efficacy, and leader means efficacy (see Hannah & Avolio, 2013). For this study, reliability testing of LEQ measured α=.83. The Cronbach's alpha in previous research was above .7. The published Cronbach's alpha for each sub construct was an acceptable range of .91 for leader action efficacy, .93 for leader self-regulation efficacy, and .83 for leader means efficacy (Hannah & Avolio, 2013).

Turnover Intention Scale

The dependent variable turnover intent was measured using the 3-item subscale of the TIS. For this study, reliability testing of turnover intention measured α=.9. The Cronbach's alpha correlation was .89 when measuring for intention to leave the job in a previous study (Cohen, 1999a).

Research Question Statistical Analysis

A mediation analysis utilizing Hayes Model 4 was conducted to understand whether leader self-efficacy has a mediating effect between burnout and intent to leave. Each subfactor of the three major constructs was analyzed by running nine separate statistical tests to answer the research question. For each model, a mediation analysis was done. Each mediation analysis consisted of a simple regression analysis of burnout (X) predicting leader self-efficacy (M). The analysis also consisted of a multiple regression analysis of burnout (X) and self-efficacy (M) predicting intent to leave (Y), and from there, the total effect and indirect effects of burnout (X) and intent to leave (Y)

controlling for self-efficacy were computed. See Appendix C for a visual diagram. All results were calculated using a confidence level of 95% and a power of .8 based on a simple mediation model (see Hayes, 2018). A final mediation analysis was done exploring the three overarching constructs.

Assumptions

Dummy regression analyses were conducted for each model including diagnostic tests to assess heteroskedasticity, multicollinearity, and the presence of outliers (see Table 5). The Durbin Watson value for each variable was in the range of 2. Based on these values, there was no evidence of autocorrelation in the sample. The variance inflation factor VIF (variance inflation factor) is 1 for all variables. P-P plots were run for each model. Please refer to Appendix F for P-P plots of regression standardized residuals for each model. There was no evidence or autocorrelation, multicollinearity, or heteroskedasticity.

Table 5

Linearity, Homoscedasticity, and Independence of Residuals

Model	Variables	Durbin-Watson	VIF
1	EE-ITL	1.74	1
	EE-SRE	2.07	1
	SRE-ITL	1.95	1
	EE-ITL	1.74	1
2	EE-LAE	2.06	1
	LAE-ITL	1.96	1
	EE-ITL	1.74	1
3	EE-LME	1.9	1
	LME-ITL	1.9	1
	DEP-ITL	1.91	1
4	DEP-SRE	2.14	1
	SRE-ITL	1.95	1
	DEP-ITL	1.91	1
5	DEP-LAE	2.16	1
	LAE-ITL	1.96	1
	DEP-ITL	1.91	1
6	DEP-LME	1.95	1
	LME-ITL	1.9	1
	PA-ITL	1.9	1
7	PA-SRE	2.09	1
	SRE-ITL	1.95	1
	PA-ITL	1.9	1
8	PA-SRE	2.18	1
	SRE-ITL	1.96	1

Note. PA= personal accomplishment, EE=emotional exhaustion, ITL=intent to leave, SRE=self-regulation efficacy, LAE=leader action efficacy, LME= leader means efficacy, DEP=depersonalization

Model 1: To What Extent Does Leader Self-regulation Efficacy Mediate the Relationship Between Emotional Exhaustion and Intent to Leave the Job?

A simple regression analysis of emotional exhaustion predicting leader self-regulation efficacy was conducted. Emotional exhaustion negatively affected leader self-regulation efficacy. For each one unit increase in emotional exhaustion, self-regulation efficacy decreased by 3.49. Less than 14% of the variance in leader self-regulation

efficacy was explained by emotional exhaustion, $F(1,252) = 36.6$, $p < .001$). A multiple regression analysis of leader burnout and leader self-regulation efficacy predicting intent to leave was conducted. Emotional exhaustion was statistically significant, but self-regulation efficacy was not statistically significant. The direct effect of emotional exhaustion on intent to leave in the mediation model was statistically significant with an effect size of -.0093 ($p < .01$). The indirect effects of X on Y were not statistically significant. The mediation was incomplete. As a result, self-regulation efficacy did not have a mediating effect between emotional exhaustion and intent to leave.

Model 2: To What Extent Does Leader Action Efficacy Mediate the Relationship Between Emotional Exhaustion and Intent to Leave the Job?

A simple regression analysis of emotional exhaustion predicting leader action efficacy was conducted. Emotional exhaustion negatively affected leader action efficacy. For each one unit increase in emotional exhaustion, leader action efficacy decreased by 4.15. Sixteen percent of the variance in leader action efficacy was explained by emotional exhaustion, $F(1,252) = 48.3$, $p < .001$). A multiple regression analysis of emotional exhaustion and leader action efficacy predicting intent to leave was conducted. Emotional exhaustion was statistically significant, but leader action efficacy was not statistically significant. Forty percent of the variance in intent to leave was explained by the combined effects of leader action efficacy and emotional exhaustion. The direct effect of intent to leave in the mediation model was statistically significant with an effect size of -.5285 ($p < .01$). The indirect effects of X on Y were not statistically significant. The

mediation was incomplete. As a result, leader action efficacy did not have a mediating effect between emotional exhaustion and intent to leave.

Model 3: To What Extent Does Leader Means Efficacy Mediate the Relationship Between Emotional Exhaustion and Intent to Leave The Job?

A simple regression analysis of emotional exhaustion predicting leader means efficacy was conducted. Emotional exhaustion negatively affected leader means efficacy. For each one unit increase in emotional exhaustion, leader means efficacy decreased by 6.89. Twenty-four percent of the variance in leader action efficacy was explained by emotional exhaustion, $F(1,252) = 80.4$, $p < .001$). A multiple regression analysis of emotional and leader means efficacy predicting intent to leave was conducted. Emotional exhaustion and leader means efficacy were both statistically significant ($p < .001$). Forty percent of the variance in intent to leave was explained by the combined effects of leader means efficacy and emotional exhaustion, $F(2,251) = 99.2$, $p < .001$). The direct effect on intent to leave in the mediation model was statistically significant with an effect size of -.4472 ($p < .01$). The indirect effects of X on Y were also statistically significant. Leader means efficacy had a mediating effect between emotional exhaustion and intent to leave. Leader means efficacy had a positive effect on intent to leave.

Model 4: To What Extent Does Self-Regulation Efficacy Mediate The Relationship Between Depersonalization and Intent to Leave The Job?

A simple regression analysis of depersonalization predicting leader self-regulation was conducted. Depersonalization negatively affected leader self-regulation efficacy. For each one unit increase in depersonalization, self-regulation decreased by 5.4. Twenty-one

percent of the variance in leader self-regulation efficacy was explained by depersonalization, $F(1,252) = 67$, $p < .001$). A multiple regression analysis of depersonalization and self-regulation efficacy predicting intent to leave was conducted. Depersonalization was statistically significant; however, leader self-efficacy was not statistically significant. Eighteen percent of the variance in intent to leave was explained by the combined effects of self-regulation efficacy and depersonalization. The direct effect of depersonalization on intent to leave in the mediation model was statistically significant with an effect size of -.4120 ($p < .01$). The indirect effects of X on Y were not statistically significant. Self-regulation efficacy did not have a mediating effect between depersonalization and intent to leave.

Model 5: To What Extent Does Leader Action Efficacy Mediate the Relationship Between Depersonalization and Intent To Leave The Job?

A simple regression analysis of depersonalization predicting leader action efficacy was conducted. Depersonalization negatively affected leader action efficacy. For each one unit increase in depersonalization, leader action efficacy decreased by 5.71. Twenty-one percent of the variance in leader action efficacy was explained by depersonalization, $F(1,252) = 67$, $p < .001$). A multiple regression analysis of depersonalization and leader action efficacy predicting intent to leave was conducted. Depersonalization and leader action efficacy were both statistically significant ($p < .05$). Nineteen percent of the variance in intent to leave was explained by the combined effects of leader action efficacy and depersonalization, F (2,251) =30.4, $p < .05$). The direct effect of depersonalization on intent to leave in the mediation model was statistically significant

with an effect size of -.3679 (p<.01). The indirect effects of X on Y were statistically significant. Leader action efficacy has a positive mediating effect on intent to leave with an effect size of -.08. Leader action efficacy decreased intent to leave.

Model 6: To What Extent Does Leader Means Efficacy Mediate the Relationship Between Depersonalization and Intent To Leave The Job?

A simple regression analysis of depersonalization predicting leader means efficacy was conducted. Depersonalization negatively affected leader means efficacy. For each one unit increase in depersonalization, leader means efficacy decreased by 6.4. Fourteen percent of the variance in leader means efficacy was explained by depersonalization, $F(1,252) = 42$, p<.001). A multiple regression analysis of depersonalization and leader means efficacy predicting intent to leave was conducted. Depersonalization and leader means efficacy were both statistically significant (p<.01). Thirty-one percent of the variance in intent to leave was explained by the combined effects of leader action efficacy and depersonalization, $F(2,251) = 56.4$, p<.05). The direct effect of depersonalization on intent to leave in the mediation model was statistically significant with an effect size of -.2852 (p<.01). The indirect effects of X on Y were statistically significant. Leader action efficacy has a positive mediating effect on intent to leave with an effect size of -.1627. Leader mean efficacy decreased intent to leave.

Model 7: To What Extent Does Self-Regulation Efficacy Mediate the Relationship Between Personal Accomplishment And Intent To Leave The Job?

A simple regression analysis of personal accomplishment predicting leader self-regulation was conducted. Personal accomplishment negatively affected leader self-

regulation efficacy. For each one unit increase in diminished personal accomplishment, self-regulation decreased by 9.84. Twenty-one percent of the variance in leader self-regulation efficacy was explained by depersonalization, $F(1,252) = 123$, $p < .001$). A multiple regression analysis of personal accomplishment and self-regulation efficacy predicting intent to leave was conducted. Personal accomplishment was statistically significant; however, self-regulation efficacy was not statistically significant. The direct effect of depersonalization on intent to leave in the mediation model was statistically significant with an effect size of -.412 ($p < .01$). The indirect effects of X on Y were not statistically significant. Self-regulation efficacy did not have a mediating effect between personal accomplishment and intent to leave.

Model 8: To What Extent Does Leader Action Efficacy Mediate the Relationship Between Personal Accomplishment and Intent To Leave The Job?

A simple regression analysis of personal accomplishment predicting leader means action was conducted. Depersonalization negatively affected leader action efficacy. For each one unit increase in diminished personal accomplishment, leader action efficacy decreased by 10.86. Thirty-six percent of the variance in leader action efficacy was explained by depersonalization, $F(1,252) = 142$, $p < .001$). A multiple regression analysis of personal accomplishment and leader action efficacy predicting intent to leave was conducted. Personal accomplishment and leader action efficacy were both statistically significant ($p < .05$). Thirteen percent of the variance in intent to leave was explained by the combined effects of leader means efficacy and personal accomplishment, $F(2,251) = 18.5$, $p < .05$). The direct effect of personal accomplishment on intent to leave in the

mediation model was statistically significant with an effect size of -.3169 (p<.05). The indirect effects of X on Y were statistically significant. Leader action efficacy has a positive mediating effect on intent to leave with an effect size of -.1844. Leader action efficacy decreased intent to leave.

Model 9: To What Extent Does Leader Means Efficacy Mediate the Relationship Between Personal Accomplishment and Intent To Leave The Job?

A simple regression analysis of personal accomplishment predicting leader means action was conducted. Personal accomplishment negatively affected leader means efficacy. For each one unit increase in diminished personal accomplishment, leader action efficacy decreased (coefficient-10.21). Seventeen percent of the variance in leader means efficacy was explained by depersonalization, $F(1,252) = 52.8$, p<.001). A multiple regression analysis of personal accomplishment and leader means efficacy predicting intent to leave was conducted. Personal accomplishment and leader means efficacy were both statistically significant (p<.05). Twenty-six and a half percent of the variance in intent to leave was explained by the combined effects of leader means efficacy and personal accomplishment, $F(2,251) = 45.3$, p<.05). The direct effect of diminished personal accomplishment on intent to leave in the mediation model was statistically significant with an effect size of -.2151 (p<.05). The indirect effects of X on Y were statistically significant. Leader means efficacy has a positive mediating effect on intent to leave with an effect size of -.2863. Leader means efficacy decreased intent to leave.

When the three constructs are analyzed as an aggregate, leader efficacy does not mediate the relationship between burnout and intent to leave. However, when the

subconstructs of each construct are studied against each other, leader means efficacy and leader action efficacy mediate the relationship between burnout and intent to leave in a statistically significant way. Additionally, the data show that burnout decreases the levels of leader self-efficacy in all efficacy constructs. The alternate hypothesis that leader self-efficacy has a mediating effect between burnout and intent to leave can be accepted and the null hypothesis rejected. Table 4 presents the information regarding each of the models and the results.

Table 6

Mediation Analysis

Model	Mediation effect	Burnout (x)	Leader efficacy (M)	Intent to leave (Y)
1	No	EE	Self-regulation	Intent to leave
2	No	EE	Action efficacy	Intent to leave
3	Yes	EE	Means efficacy	Intent to leave
4	No	DEP	Self-regulation	Intent to leave
5	Yes	DEP	Action efficacy	Intent to leave
6	Yes	DEP	Means efficacy	Intent to leave
7	No	PA	Self-regulation	Intent to leave
8	Yes	PA	Action efficacy	Intent to leave
9	Yes	PA	Means efficacy	Intent to leave

Chapter 5 presents the complete summary of findings based on the data analysis within the context of the theoretical framework of both self-efficacy and burnout. Key findings are discussed while confirming, disconfirming, and extending knowledge in the discipline. A comparison will be done with the findings reported in the peer-reviewed literature described in Chapter 2. Study limitations and recommendations for future research and practice will be addressed. Finally, I will discuss the impact of my study and how it may contribute towards positive social change.

Chapter 5

The purpose of this quantitative, nonexperimental, cross-sectional study was to explore the possible mediating effect of leader self-efficacy between burnout and intent to leave. More research has emerged over the last decade revealing that nurse leader turnover is largely attributed to burnout (Adriaenssens et al., 2017; Hewko et al., 2015; Nelson, 2017; Simpson et al., 2017; Van Dyk et al., 2016; Wong & Laschinger, 2015). This research adds to the body of literature addressing nurse leader turnover and burnout while addressing the gap of research exploring new ideas on how to mitigate nurse leader turnover. Self-efficacy was identified as one approach to lessen the effects of burnout in other service professional fields outside of nursing (McKim & Velez, 2015; Yu et al., 2015). The quantitative, nonexperimental, cross-sectional design was an appropriate method and design to preliminarily explore whether the theoretical premises related to self-efficacy would apply to nurse leaders.

The key findings of this study include the topics of burnout, leader self-efficacy, and turnover intention by nurse leaders. The results of the data analysis revealed that when burnout is present in any domain, leader efficacy in any domain decreases. In addition, leader self-efficacy does mediate the relationship between burnout and nurse leader turnover within specific domains of leader efficacy. Leader action efficacy and leader means efficacy had a positive mediating effect on turnover intention when the variables interacted with depersonalization and personal accomplishment. In this chapter, I present a discussion of the findings to confirm, disconfirm, and extend the knowledge in health services leadership.

Interpretation of the Findings

Burnout

The findings contributed to understanding burnout and turnover in nurse leaders. Respondents reported experiencing emotional exhaustion a few times a month. Respondents reported feeling "frustrated, used up at the end of the day, and feeling fatigued in the morning when facing another day of work" a few times a month up to once a week. These results represent the very meaning of burnout, which means to wear out, or become exhausted by making excessive demands on energy, strength, or resources (see Freudenberger, 1974). Higher levels of emotional exhaustion could represent the weariness of leaders, their feelings of inefficacy, and lack of ability to meet the needs of their employees and patients. Despite the frequency reported for emotional exhaustion, respondents reported feeling personally accomplished a few times a week to daily. In contrast to their exhaustion, leaders felt a strong sense of personal accomplishment, but reported that they felt that they were working too hard on their job. In contrast, respondents reported feelings of depersonalization less than once a month to a few times a year or less. The latter is encouraging information. Higher levels of depersonalization represent a leader's sense of disassociation from their teams and patients combined with a sense of apathy. This type of burnout can potentially lead to a deterioration in the quality of service provided by the leader (Maslach & Leiter, 2016; Wirtz et al., 2017). Previous research also noted that depersonalization was one of the most worrisome manifestations of burnout because of the ability of these feelings to transfer to the staff (Freudenberger,

1974; Maslach & Leiter, 2016). The prevailing component of burnout based on the three subscales for leader respondents to this study was emotional exhaustion.

I collected turnover intention data. A significant number of respondents reported they planned to leave their job. Out of 254 respondents, 41% of respondents responded agree/strongly agree to the statement, "As soon as it is possible, I will leave my job." One of the most prevalent reasons for nurse leader turnover is burnout associated with emotional exhaustion and stress (Nelson, 2017; Udod et al., 2017; Warshawsky & Havens, 2014; Wong & Laschinger, 2015). The results of this study confirmed previous research findings related to nurse leader burnout and turnover.

Leader Self-Efficacy

I explored the relationships between the subconstructs of both burnout and leader self-efficacy. The findings revealed that increased levels in any of the three components of burnout (emotional exhaustion, depersonalization, or personal accomplishment) resulted in decreased levels of self-efficacy in all three domains including self-regulation, leader action efficacy, and leader means efficacy. Leaders reported the highest confidence levels in leader self-regulation scoring between a mean range of 70 to 80 indicating that respondents rated themselves on a range between moderately confident to totally confident. The self-regulation scale measured the leaders' perceived capability to think through complex leadership situations, interpret their followers and the context, and generate novel and effective solutions to leadership problems; coupled with the ability to motivate oneself to enact those solutions using effective leadership with followers (see Hannah & Avolio, 2013). Emotional exhaustion negatively affected self-regulation

efficacy. For each unit increase in emotional exhaustion, self-regulation efficacy decreased by 3.49. Depersonalization negatively affected self-regulation efficacy. For each unit increase in depersonalization, self-regulation efficacy decreased by 5.4. Finally, diminished personal accomplishment negatively affected self-regulation efficacy. For each unit increase in diminished personal accomplishment, self-regulation efficacy decreased by 9.84.

Leader means efficacy is another component of the overall leader self-efficacy construct. The LMES measured leaders' perceptions that they can draw upon others in their work environment (peers, senior leaders, and followers) to enhance their leadership and that the organization's policies and resources can be leveraged to impact their leadership (see Hannah & Avolio, 2013). Respondents reported lower confidence ranges for leader means efficacy than self-regulation efficacy; however, leaders still responded with an average range between 56 to 70 indicating moderate confidence.

Leader action efficacy is the third component of leader self-efficacy. The leader action efficacy scale measured leaders' perceived capacity to effectively execute various critical leader actions, such as motivating, coaching, and inspiring followers, and getting followers to identify with the organization and its goals and vision. Respondents reported higher levels of confidence in energizing, developing, and inspiring their teams to achieve an outcome. Respondents reported a mean range of 75.6 to 79. A score of 100 represented 100% confidence.

Despite the moderate to high levels of confidence, burnout had the ability to decrease a leader's sense of self -efficacy. The findings align with research, which found

that together, burnout and inefficacy led to decreasing levels of performance and engagement (see Bitmiş & Ergeneli, 2015). This can lead to burnout and worse, turnover. It was important to explore whether high levels of self-efficacy can have a positive influence on burnout despite burnout's influence on leader self-efficacy. Bandura (1997) postulated that a person can change their perception, situation, and future by their own self-influence. Bandura further noted that individuals who have the ability to regulate their own level of motivation and behavior will be more successful as opposed to an individual who only relies on their external environment to guide them will likely fail at achieving their goals.

Mediating Effect of Leader Self-Efficacy

I completed nine separate mediation analyses to analyze what components of leader self-efficacy may mediate the components of burnout and leaders' intention to leave. The findings revealed that only specific components of the leader self-efficacy construct mediate the relationship between burnout and intent to leave. Leader means efficacy and leader action efficacy had a positive mediating effect on a leader's intention to leave. Both leader means efficacy and leader action efficacy were able to decrease leaders' intention to leave. Leader action efficacy had a mediating relationship between depersonalization and intention to leave. Leader action efficacy also had a mediating relationship between personal accomplishment and intent to leave. The leader action efficacy scale measured respondents' perceived capability to effectively execute various critical leader actions, such as motivating, coaching, and inspiring followers, and getting followers to identify with the organization and its goals and vision (see Hannah &

Avolio, 2013). This reflects a leader's ability to invest in others to achieve a desired outcome.

Leader means efficacy had a positive mediating effect between all three subconstructs of burnout and intention to leave. The LMES measured a leaders' perceptions that they could draw upon others in their work environment (peers, seniors, and followers) to enhance their leadership and that the organization's policies and resources can be leveraged to impact their relationship. This is incredibly important because it means that people who create the climate of the workplace matter. Healthcare organizations that have leaders, leader peers, and followers who provide support to their leaders may increase leader means efficacy mitigating leader burnout and a leader's intention to lead. This confirms previous research findings in a mixed methods study done on nurse leaders in Belgium (Adriaenssens et al., 2017). The study findings revealed that lack of social support from front line staff to their manager was a strong predictor of occupational stress (Adriaenssens et al., 2017). Similar findings were revealed in a mixed methods study where nurse leaders reported emotional drain from the burden of being there emotionally for their staff while achieving the work that needed to be done to meet organizational goals (Kelly et al., 2019). Despite Bandura's (1997) postulation, a leader's means efficacy is still reliant on external factors such as their own leadership, peer, and follower support. Respondents did not feel that they could rely on their organization to provide the resources needed to be effective. They did not feel that they could rely on leaders to stimulate their creativity, nor could they rely on their peers to help solve problems. This is also confirmed the findings in prior research, where the most important

factors contributing to lower satisfaction and higher burnout levels in nurse leaders was work overload, inability to ensure quality patient care, insufficient resources, and lack of empowerment and recognition (see Hewko et al., 2015).

However, leader self-regulation did not show a mediating effect between burnout and intent to leave. Despite the high levels of confidence reported, self-regulation efficacy did not mediate the relationship between any component of burnout and intent to leave. It is worth considering that leaders rate themselves higher in leader self-regulation perceiving their capabilities to self-manage themselves as leaders. Singularly, self-regulation efficacy was not enough to mitigate turnover intention in nurse leaders.

Overall, the current research findings confirmed that leader means efficacy and leader action efficacy mediate the relationship between burnout and turnover rate. Means efficacy and action efficacy draw from both external and internal beliefs to comprise the complete picture of leader self-efficacy. Self-regulation efficacy relies heavily on internal beliefs. This research shows that leader self-regulation and burnout are related, but more research will have to be done to understand whether leader self-regulation can influence burnout by serving as a coping mechanism to counter burnout.

Limitations of the Study

The main strength of this study was that it provided a novel approach to exploring a way to mitigate turnover in nurse leaders. This study provided foundational research for exploring leader self-efficacy in nurse leaders. This research puts forth a possible concept for healthcare leaders to explore as a means to support and retain nurse leaders while also

assuring a stable workforce for the future. The overall sample size yielded enough data to produce reliable data to conduct a mediation analysis.

Two limitations of the study include the cross-sectional design and the use of convenience sampling. Due to the cross-sectional design, the study was completed during a specific timeframe where the reasons for burnout could be different due to the presence of the COVID-19 pandemic. This was a time in which occupational stressors for health care leaders and staff were higher. The second limitation was the lack of randomization and the use of convenience sampling. The sample size was based on convenience sampling and volunteer participants from professional networks including my professional LinkedIn page, personal Facebook page, Walden University's student research participant page, and AONL. The recruitment approach comes with some selection bias as well as a risk to the external validity of the study. I used descriptive analytics to assess for internal and external validity. Based on the results, the sample population was aligned with the professional demographics noted across the country. All regions across the United States were noted in the sample.

Another limitation of the study was that the scope of the study did not include running statistical analyses to account for confounding variables such as race, gender, years of experience, and work environment. The scope of this study was limited to understanding and establishing whether the nurse leader efficacy had a mediating effect between nurse leader turnover and intent to leave. There is a lack of research noting any difference in nurse leader burnout or turnover based on demographics such as gender or age. One of the limitations of using a simple mediation analysis is that there can be other

confounding variables that are not accounted for. At the same time, not controlling for alternative confounding variables do not negate the mediating relationship established within this research. In order to explore invariances that may exist in the demographics, future research can be done by expanding the model from a simple mediation model to a moderated-mediation model (Hayes, 2018).

The sample population reflected the number of years that an individual has been in leadership roles; however, the sample did not represent what level, role, or position the person held. Recent research has emerged noting that there is a difference in burnout based on the level of position held. For example, nurse leaders who intend to leave their position in less than 2 years tend to leave due to burnout, professional vulnerability, and incongruence with organizational culture (Warden et al., 2021). Nurse leaders with greater years of experience tended to leave their jobs for professional advancement or retirement (Warden et al., 2021). Nurse leader turnover is multifaceted and complex. There are still opportunities to extend the knowledge that researchers and health care leaders have.

Recommendations

Additional research exploring the leader self-efficacy in nurse leaders is needed. Additional research focus areas could include following nurse leaders over time while monitoring levels of self-efficacy, occupational stressors, and burnout levels at different time periods of their career. A mixed methods study approach would also be beneficial so that more context could be added to the quantitative data findings. The majority of participants had more than 7 years of experience and held an advanced degree. Forty-one

percent of respondents responded that they would leave their job as soon as possible. A mixed methods design would allow the researcher to explore the reasons why nurse leaders want to leave their jobs. The information would lead to further ideas on how to guide health care executives and talent development specialists.

Leader efficacy can mediate the effects of turnover in nurse leaders. The research findings revealed that further research is warranted to explore personal accomplishment, leader means efficacy, action means efficacy, burnout, and intent to leave. An expanded research model that includes a multivariate analysis exploring personal and professional characteristics is a plausible direction to head towards to understand more about nurse leader burnout and turnover.

Tool selection is another area for recommendation. Multiple tools measuring work satisfaction, burnout, and self-efficacy haven been used to study the nursing profession. The LEQ tool has not been used in measuring self-efficacy in nurse leaders until this study. Since this is a well validated tool, I encourage others to continue to use the tool for future studies. It is also important to validate whether it captures the nuances of nurse leaders when measuring self-regulation. It was interesting to note that nurse leaders scored themselves high on self-regulation efficacy; however, it did not have any mediating effects on turnover. Further research on the art and science of leadership self-discipline and self-regulation in nurse leaders is warranted.

Implications

Based on the results, turnover intention amongst nurse leaders is still prevalent. The majority of nurse leader participants experienced emotional exhaustion on a monthly

basis. Consistent exposure to the same work conditions may result in higher levels of burnout leading to turnover. With a diminishing workforce, it is important to continue to understand why nurse leaders are making the decision to leave. Further research needs to be done to understand why some nurse leaders are leaving leadership positions early on in their careers. More importantly, healthcare administrators need to take the lessons learned and develop leadership succession programs that support and prepare the next generation of leaders differently. Based on the research findings of this study, burnout reduces leader self-efficacy in every domain. Leader means efficacy and leader action efficacy are both important at lessening the effects of burnout and reducing turnover. Leader means efficacy relies heavily on external factors including supportive leaders who provide mentorship, guidance, and resources for their leaders to thrive. Leader action efficacy relies heavily on a leaders' intrinsic belief that they can achieve their goals based on their own intrinsic skills. The development of leader and follower programs that focus on the development of leader action efficacy and leader means efficacy may help to lessen the effects of burnout and decrease turnover.

Workforce stabilization has re-emerged as a priority for healthcare executives. During the COVID-19 pandemic, many healthcare providers including nurses are revisiting their commitment to the profession. There is no greater time to impact positive change for individuals, families, healthcare systems, and society. Population health is reliant on health care leaders across the nation.

Conclusion

Healthcare executives and accountable care organizational leaders across the country have been challenged with sustaining a health services leadership workforce that provides safe, accessible, high-quality care across the nation. With increasing demands of the healthcare workforce to implement efficiency saving operations while asking nurses and other essential health care workers to work under extreme work conditions during the prolonged COVID-19 pandemic, nurse leaders are at high risk for turnover over the next decade. The purpose of this research was to explore whether leader self-efficacy could mediate the relationship between burnout and a nurse leaders' intention to leave. The results of the analysis revealed that leader self-efficacy can reduce turnover rates amid burnout. However, self-regulation leader efficacy was not enough. A nurse leader cannot only rely on themselves to have a lifelong career in healthcare. A nurse leader must also have the support of their peers and leaders to be effective. Nurse leaders also need to have confidence in their ability to energize, develop, and inspire their teams to achieve outcomes. This research confirms that nurse leader development programs focused on developing leader self-efficacy can retain nurse leaders while also allowing them to thrive and achieve outcomes for the organization.

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Appendix A: Permission to Use

To whom it may concern,

This letter is to grant permission for Donna Johnson to use the following copyright material for his/her research:

Instrument: **Leader Efficacy Questionnaire**

Authors: **Sean T. Hannah and Bruce J. Avolio.**

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Three sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any other published material.

Sincerely,

Appendix B: Permission to Use

PsycTESTS®

Turnover Intention Scale

Note: Test name created by PsycTESTS

PsycTESTS Citation:
Cohen, A. (1999). Turnover Intention Scale [Database record]. Retrieved from PsycTESTS. doi: https://dx.doi.org/10.1037/t10116-000

Instrument Type:
Rating Scale

Test Format:
Turnover Intention Scale responses are rated on a scale from 1 (strongly agree) to 5 (strongly disagree).

Source:
Cohen, Aaron. (1999). The relation between commitment forms and work outcomes in Jewish and Arab culture. Journal of Vocational Behavior, Vol 54(3), 371-391. doi: https://dx.doi.org/10.1006/jvbe.1998.1669, © 1999 by Elsevier. Reproduced by Permission of Elsevier.

Maslach Burnout Inventory™

Instruments and Scoring Keys

Includes MBI Forms:

Human Services - MBI-HSS
Medical Personnel - MBI-HSS (MP)
Educators - MBI-ES
General - MBI-GS
Students - MBI-GS (S)

Christina Maslach
Susan E. Jackson
Michael P. Leiter
Wilmar B. Schaufeli
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Leader Efficacy Questionnaire

Self and Rater Forms plus Scoring Guide

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Approval for Remote Online Use of a Mind Garden Instrument

Effective date is February 27, 2021 for:

Donna Johnson

You submitted your Application for Remote Online Use at 12:10 pm EST on February 13, 2021.

Donna Johnson

Remote online use of the Mind Garden instrument stated below is approved for the person on the title page of this document.

Your name:
Donna Johnson

Email address:
ddonovan29@outlook.com

Company/institution:
Walden University

Mind Garden Sales Order or Invoice number for your license purchase:
JSFXVBLMF

The name of the Mind Garden instrument you will be using:
MBI-HSS, LEQ

Please specify the name of and web address for the remote online survey website you will be using and describe how you will be putting this instrument online:
I plan to create the surveys using Survey Monkey and then post the research invite and survey link on my Linkedin page. Invites will be sent to nurse leaders via Linkedin. This will also be posted on my own personal FB page to solicit participants.
https://www.linkedin.com/in/donna-johnson-a367201137/
https://www.facebook.com/donna.d.johnson.908

Please include any other comments or explanations you would like to provide about your remote online use of a Mind Garden instrument:
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Donna Johnson

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I will send screenshots of my online survey to info@mindgarden.com so that Mind Garden can verify that the copyright statement appears.	I agree to this condition.
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I will track my license use.	I agree to this condition.
Once the number of administrations reaches the number purchased, I will purchase additional licenses or the survey will be closed to use.	I agree to this condition.
I will remove this online survey at the conclusion of my data collection and I will personally confirm that it cannot be accessed.	I agree to this condition.

I agree to abide by each of the conditions stated above

Your name (as electronic signature):	Donna Johnson
Date:	02/13/21

Donna Johnson

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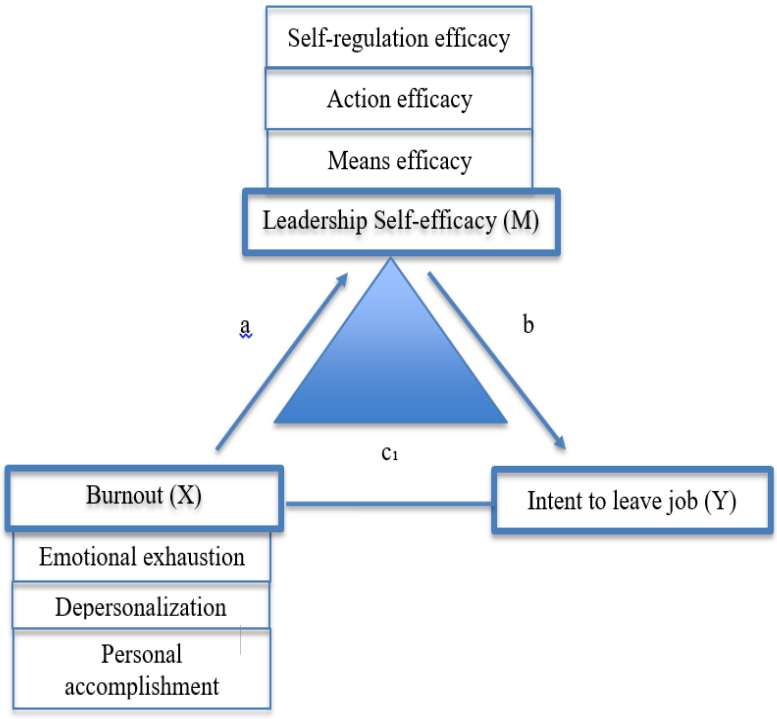
Appendix C: Mediation Analysis



Appendix D: Research Participation | AONL

Exploring Nurse Leader Self-Efficacy Burnout, and Intent to Leave

Survey closes on August 1, 2021

The purpose of this research is to identify ways to decrease turnover in nurse leaders. Nurse leaders with a supervisory job within the US are invited to describe your experiences by taking in a 15-minute survey. To ensure privacy, no personal identification information will be collected.

Survey Participation

Job-Related Feelings, Self-Efficacy, and Intent to Leave

Consent Form

You are invited to take part in a research study about nurse leader turnover. The researcher is inviting nurse leaders with a supervisory role in a healthcare delivery setting in the United States to be in the study. This section is part of a process called "informed consent" to allow you to understand the study before deciding whether to take part.

The study is being conducted by a researcher named Donna Johnson, who is a doctoral student at Walden University.

Background Information

The purpose of this study is to collect data to determine whether leader self efficacy can impact nurse leader turnover.

Procedures

The study involves taking a 15 minute electronic survey.

Voluntary Nature of the Study

Research should only be done with those who freely volunteer. So everyone involved will respect your decision to participate or not. You will be treated the same whether or not your choose to participate in the study. If you start the survey, you can still change your mind and stop at any time. The researcher seeks 175 volunteers for this study.

Risks and Benefits of Being in the Study

Being in this study could involve some risk of the minor discomforts that can be encountered in daily life, such as a burden of time. With the protections in place, this study would pose minimal risk to your wellbeing.

This study provides no direct benefits to individual participants.

There is no compensation for participating in the study. This research will benefit nurse leaders and the care environments and employees that they serve by finding ways to reduce turnover of nurse leaders.

Privacy

Your responses are anonymous. There is a chance your data could be seen by someone who shouldn't have access to it. The researcher is minimizing this risk in the following ways:

1. All identifying information is removed.

2. All electronic data is stored on a password-protected encrypted computer.

Contacts and Questions

You can ask questions of the researcher by e-mail: Donna.Johnson7@@waldenu.edu. If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at 612-312-1210. Walden University's approval number for

this study is 04-22-21-0643205 and it expires on April 21, 2022.
You might wish to retain this consent form for your records by capturing a screenshot for your records. You may ask the researcher or Walden University for a copy at any time using the contact info above. A summary of final study results will be posted on the researcher's professional Linkedin page.

* 1. I consent to taking the following electronic survey.

- [ ] Yes
- [ ] No

Job-Related Feelings, Self-Efficacy, and Intent to Leave

Demographics

* 2. What is your gender?

- ○ Male
- ○ Female

* 3. What is your age in years?

- ○ <18
- ○ 18-24
- ○ 25-34
- ○ 35-44
- ○ 45-54
- ○ 55-64
- ○ 65+

* 4. What is your highest degree?

- ○ Diploma
- ○ Associates
- ○ Bachelor
- ○ Masters
- ○ DNP
- ○ PhD

* 5. How many years of leadership experience do you have?

- ○ <1 year
- ○ 1-3
- ○ 4-6
- ○ 7-10
- ○ 11-15
- ○ >15

* 6. What is the primary cultural background with which you most closely identify?

- Native American
- Asian or Pacific Islander
- African American
- Caucasian
- Hispanic/Latino(a)
- Other

* 7. Do you work for a Magnet Designated Facility?

- Yes
- No

* 8. What is the number of employees that you currently supervise?

* 9. What is the largest number of employees that you have ever supervised at any one point in time?

* 10. In which region of the United States do you work?

- 1. New England (Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut)
- 2. Middle Atlantic (New York, New Jersey, Pennsylvania)
- 3. East North Central (Ohio, Indiana, Illinois, Michigan, Wisconsin)
- 4. West North Central (Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas)
- 5. South Atlantic (Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida)
- 6. East South Central (Kentucky, Tennessee, Alabama, Mississippi)
- 7. West South Central (Arkansas, Louisiana, Oklahoma, Texas)
- 8. Mountain (Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada)
- 9. Pacific (Washington, Oregon, California, Alaska, Hawaii)
- 10. I do not work in the United States

Job-Related Feelings, Self-Efficacy, and Intent to Leave

Job-Related Feelings

Please read each statement carefully and decide if you ever feel this way about your job. If have have never had this feeling, select the number "0" in the space before the statement. If you have had this

3

feeling, indicate how you feel it by selecting the number (from 1 to 6) that best describes how frequently you feel that way. Recipients can also be thought of as an employee or patient depending on your work environment.

* 11. I feel emotionally drained from my work.

Never 0	A few times a year or less 1	Once a month or less 2	A few times a month 3	Once a week 4	A few times a week 5	Every day 6
○	○	○	○	○	○	○

* 12. I feel used up at the end of the workday.

Never 0	A few times a year or less 1	Once a month or less 2	A few times a month 3	Once a week 4	A few times a week 5	Every day 6
○	○	○	○	○	○	○

* 13. I feel fatigued when I get up in the morning and have to face another day on the job.

Never 0	A few times a year or less 1	Once a month or less 2	A few times a month 3	Once a week 4	A few times a week 5	Every day 6
○	○	○	○	○	○	○

* 14. I can easily understand how my recipients feel about things.

Never 0	A few times a year or less 1	Once a month or less 2	A few times a month 3	Once a week 4	A few times a week 5	Every day 6
○	○	○	○	○	○	○

* 15. I feel I treat some recipients as if they were impersonal objects.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 16. Working with people all day is really a strain for me.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 17. I deal very effectively with the problems of my recipients.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

4

* 18. I feel burned out from my work.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 19. I feel I'm positively influencing other people's lives through my work.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 20. I've become more callous toward people since I took this job.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 21. I worry that this job is hardening me emotionally.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 22. I feel very energetic.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 23. I feel frustrated by my job.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 24. I feel I'm working too hard on my job.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 25. I don't really care what happens to some recipients.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

5

* 26. Working with people directly puts too much stress on me.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 27. I can easily create a relaxed atmosphere with my recipients.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 28. I feel exhilarated after working closely with my recipients.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 29. I have accomplished many worthwhile things in this job.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 30. I feel like I'm at the end of my rope.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 31. In my work, I deal with emotional problems very calmly.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

* 32. I feel recipients blame me for some of their problems.

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
○	○	○	○	○	○	○

Job-Related Feelings, Self-Efficacy, and Intent to Leave

Leader Efficacy

6

Job-Related Feelings, Self-Efficacy, and Intent to Leave

Leader Efficacy

6

Think about yourself as a leader in your organization. For each item, indicate your level of confidence. A score of 100 represents 100% confidence, whereas a score of 0 means no confidence at all.

* 33. As a leader I can energize my followers.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 34. Develop agreements with followers to enhance their participation.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 35. Coach followers to assume greater responsibilities for leadership.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 36. Inspire followers to go beyond their self-interests for the greater good.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 37. Get my followers to meet the requirements we have set for their work.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 38. Utilize the forms of rewards and punishments that work best with each follower.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

7

* 39. Get followers to identify with the central focus of our mission.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 40. Rely on my organization to provide the resources needed to be effective.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 41. As a leader I go to my superiors for advice to develop my leadership.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 42. Effectively lead working within the boundaries of my organization's policies.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 43. Count on my leaders to support high standards of ethical conduct.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 44. Rely on my leaders to come up with ways to stimulate my creativity.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 45. Count on others to give me the guidance I need to complete work assignments.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

8

* 46. Rely on my peers to help solve problems.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 47. Determine what leadership style is needed in each situation.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 48. Motivate myself to take charge of groups.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 49. Remain steadfast to my core beliefs when I'm challenged.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 50. Motivate myself to perform at levels that inspire others to excellence.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 51. Develop detailed plans to accomplish complex missions.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 52. Strive to accomplish the targeted goals set by my superiors.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 53. Think up innovative solutions to challenging leadership problems.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

* 54. Distinguish the ethical components of problems/dilemmas.

Not at all Confident					Moderately Confident					Totally Confident
0	10	20	30	40	50	60	70	80	90	100
○	○	○	○	○	○	○	○	○	○	○

Job-Related Feelings, Self-Efficacy, and Intent to Leave

Turnover Intention

The following questions are used to assess your turnover intention on a scale of 1 (strongly agree) to 5 (strongly disagree).

* 55. I think about leaving my job.

- ○ Strongly agree
- ○ Agree
- ○ Neither agree nor disagree
- ○ Disagree
- ○ Strongly disagree

* 56. I am actively searching for an alternative to my job.

- ○ Strongly agree
- ○ Agree
- ○ Neither agree nor disagree
- ○ Disagree
- ○ Strongly disagree

* 57. As soon as it is possible, I will leave my job.

- ○ Strongly agree
- ○ Agree
- ○ Neither agree nor disagree
- ○ Disagree
- ○ Strongly disagree

Job-Related Feelings, Self-Efficacy, and Intent to Leave

Thank you so much for participating in this research study.

Job-Related Feelings, Self-Efficacy, and Intent to Leave

Disqualification Criteria

Thank you for your time. Based on your response, you have been disqualified from the survey. Participants must be 18 years or older, and work in a nurse leader role in the United States.

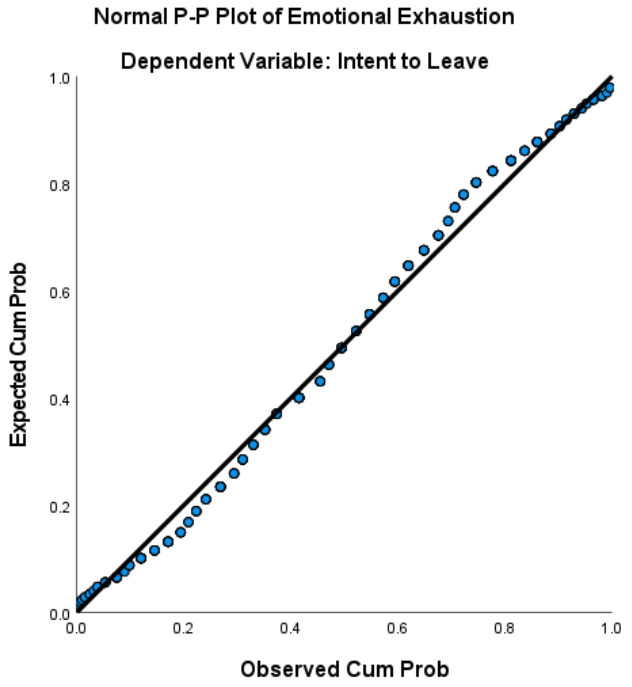
Appendix E: Request for Research Participation

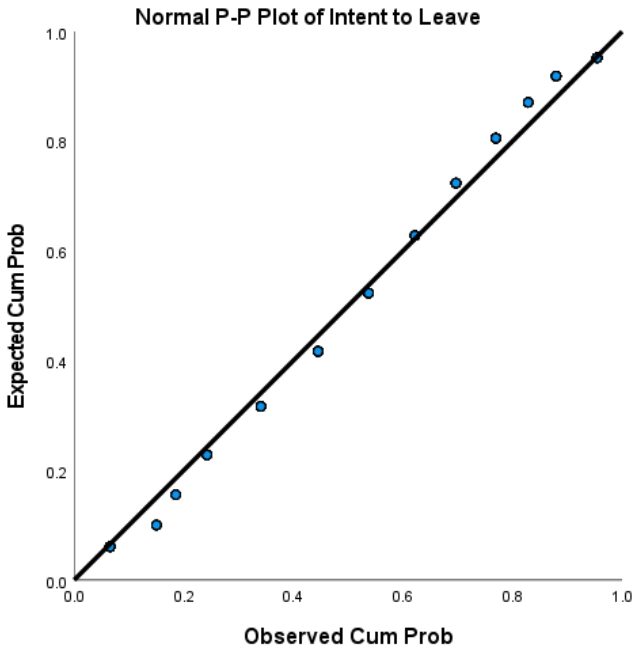
Exploring Nurse Leader Self-Efficacy Burnout, and Intent to Leave

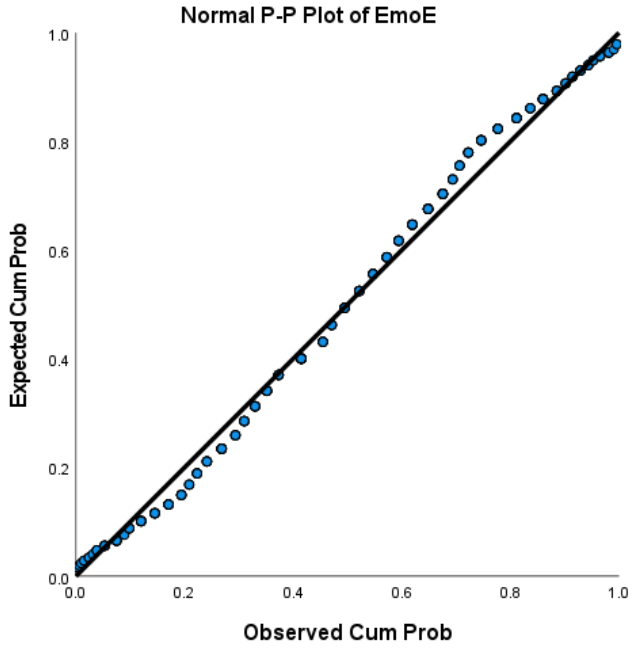
The purpose of this research is to identify ways to decrease turnover in nurse leaders. Nurse leaders with a supervisory job within the US are invited to describe your experiences by taking in a 15-minute survey. To ensure privacy, no personal identification information will be collected. This survey is part of the doctoral study for Donna Johnson, a Ph.D. student at Walden University.

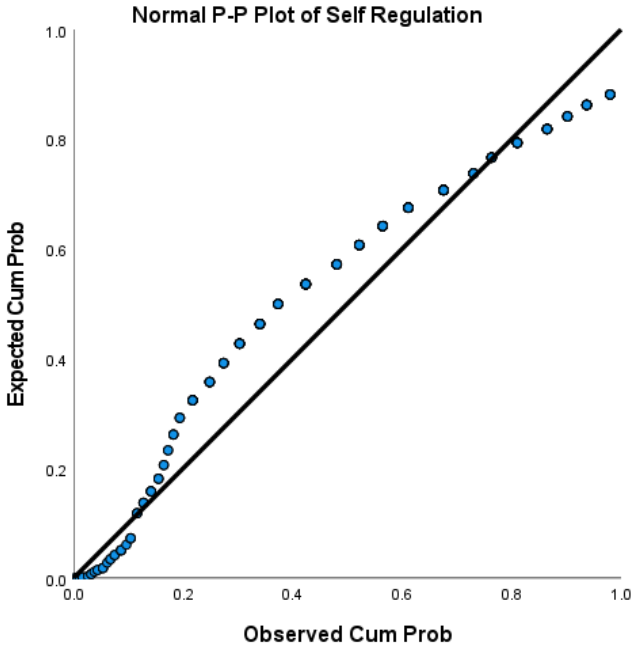
To confidentially volunteer, click the following link:
https://www.surveymonkey.com/r/KTKQMNW

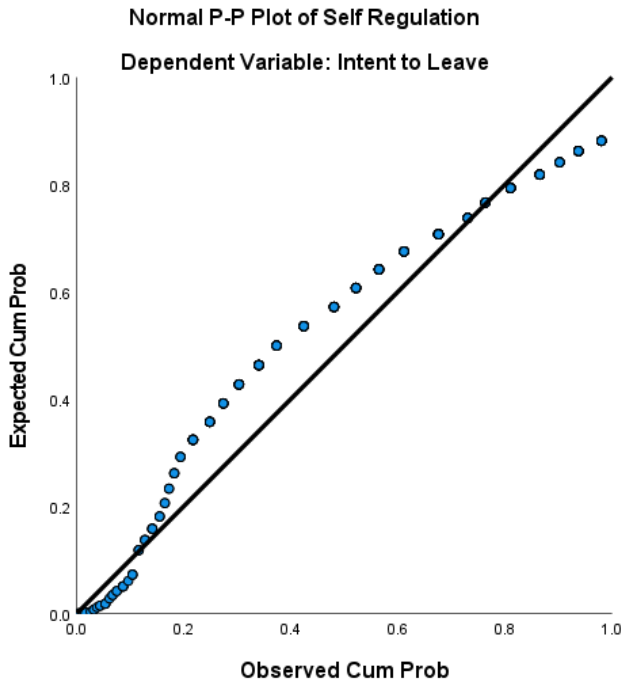
Appendix F: P-P Plots of Regression Standardized Residual

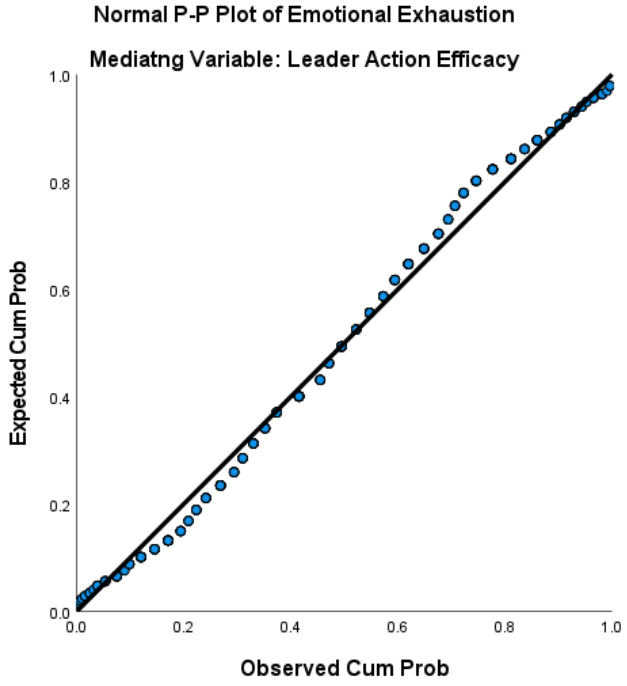


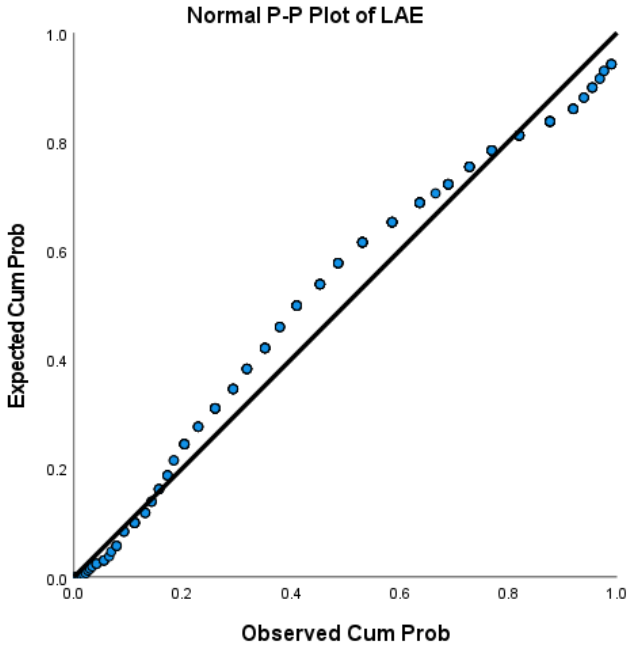


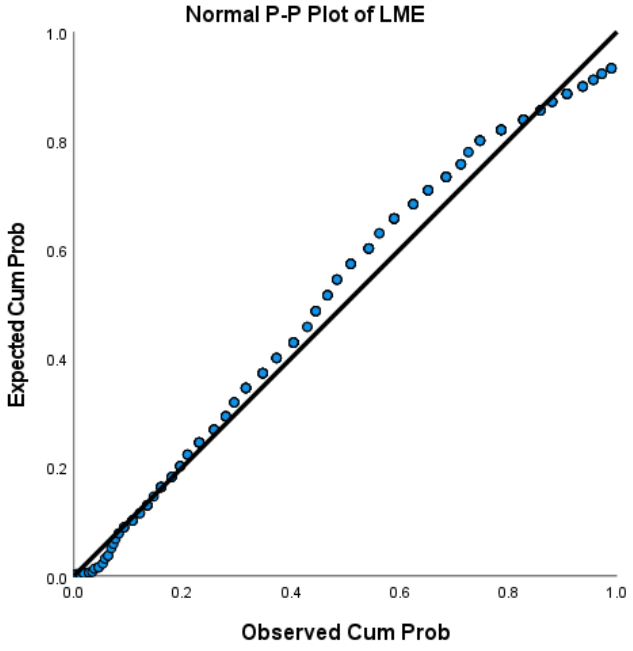

Normal P-P Plot of EmoE
Expected Cum Prob
Observed Cum Prob
0.0
0.2
0.4
0.6
0.8
1.0

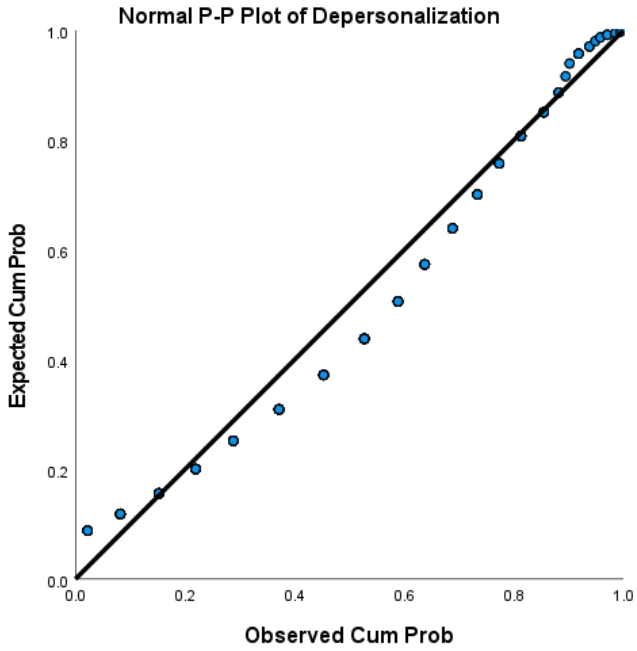

Normal P-P Plot of Self Regulation
Expected Cum Prob
Observed Cum Prob
0.0
0.2
0.4
0.6
0.8
1.0

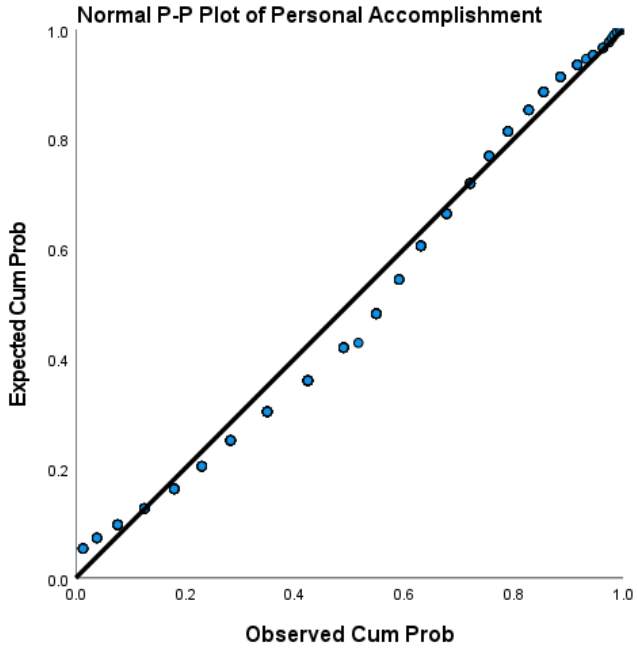

Normal P-P Plot of Self Regulation
Dependent Variable: Intent to Leave
Expected Cum Prob
Observed Cum Prob
0.0
0.2
0.4
0.6
0.8
1.0


Normal P-P Plot of Emotional Exhaustion
Mediatng Variable: Leader Action Efficacy
Expected Cum Prob
Observed Cum Prob
0.0
0.2
0.4
0.6
0.8
1.0


Normal P-P Plot of LAE
Expected Cum Prob
Observed Cum Prob
0.0
0.2
0.4
0.6
0.8
1.0


Normal P-P Plot of LME
Expected Cum Prob
Observed Cum Prob
0.0
0.2
0.4
0.6
0.8
1.0


Normal P-P Plot of Depersonalization
Expected Cum Prob
Observed Cum Prob
0.0
0.2
0.4
0.6
0.8
1.0


Normal P-P Plot of Personal Accomplishment
Expected Cum Prob
Observed Cum Prob
0.0
0.2
0.4
0.6
0.8
1.0