The Impact of Nurse Leaders/Managers Leadership Style on Job Satisfaction and Burnout among Qualified Nurses: A Systematic Review

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Abstract:

Background: *Globally, burnout and job satisfaction among staff nurses has developed into a crucial issue that demands consideration. As well as nursing shortages,the leadership style employed by nurse leaders is among the key aspects that influence levels of burnout and job satisfaction among qualified nurses. Nurse leaders/managers therefore play a pivotal role in ensuring that staff nurses provide quality healthcare to healthcare customers (patients). Therefore, it is critical to determine the most effective leadership style that can lead to high job satisfaction and low burnout levels among staff nurses.*

Aim*: To determine the most effective leadership style that can be employed by nurse leaders/managers to increase job satisfaction and prevent burnout among qualified staff nurses.*

Method*: Relevant articles to be reviewed were searched for in different databases including PubMed, the Cumulative Index to Nursing and Allied Health (CINAHL), MEDLINE, British Educational Index, and Academic Search Premier. A review of the titles and abstracts of the studies found from the search was conducted to determine the relevance of the studies to the review topic. Critical appraisal tools were used to appraise the different selected studies. Inclusion and exclusion criteria were employed before the search, with studies searched for falling between January 2007 and July 2017. Nine studies were selected and included in this review.*

Results*: The results from the analysis of the included studiesestablished that transformational leadership is the most effective leadership style for nurse leaders/managersto increase job satisfaction and prevent burnout among qualified staff nurses.*

Conclusion*: Results show that there is a significant positive correlation between transformational leadership and job satisfaction among qualified staff nurses. Moreover, there is also a positive relationship between transformational leadership and burnout among staff nurses. This review therefore provides evidence that transformational leadership can be employed by nurse leaders/managers to improve job satisfaction and prevent burnout among staff nurses. Analysis of the studies also included other leadership styles, such as transactional leadership, situational leadership style and laissez-faire leadership.*

Table 1: Abbreviations:

Abbreviation	Meaning
EE	Emotional Exhaustion
PA	Personal Accomplishment
KSA	Kingdom of Saudi Arabia
MoH	Ministry of Health
SR	Systematic Review
MLQ	Multifactor Leadership Questionnaire
JBI	Joanna Briggs Institute
CRD	Centre for Reviews and Dissemination
MBI	Maslach Burnout Inventory

I.   Introduction:

Burnout has become a global concern: especially for professionals who provide care, including physicians and nurses. It is a physiological syndrome that develops as a result of long-term work-related stress. It has, therefore, become a major challenge to the effectiveness of health organisations globally because it affects the health of nurses and promotes job dissatisfaction, leading to poor care or even absenteeism (Javier & Vazquez, 2013). The health of nurses is affected both psychologically and physically, as burnout entails depersonalisation, loss of personal accomplishment (PA), and emotional exhaustion (EE), with workload being the main factor leading to the condition (Javier & Vazquez, 2013). Leadership in nursing comes as an important

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tool for dealing with the working environment and thus issues such as burnout. Work related stress that leads to burnout has led to the need for empowering and supportive leadership. Leadership can ensure a good working environment is created through psychological empowerment, organisational commitment, and workplace empowerment (Jerome, 2013).

1.2: Overview of the Current Position:
        I have 13years' experience as a qualified nurse and my bachelor's degree studies in Australia were a great influence in my development as a nurse leader. It was after I graduated that became responsible for about 70 qualified nurses, managing 2 surgical wards and 2 medical wards with approximately 120 beds for 3 years in a Ministry of Health facility in the Kingdom of Saudi Arabia (KSA). Some of the important leadership and managerial skills I gained include human management, negotiation and problem-solving skills. In these experiences, I observed some of the major challenges in the healthcare sector, including turnover, low-quality care, and absenteeism. Furthermore, I learned that there was no clear or effective leadership style among managers and leaders to increase job satisfaction, and that the most prominent leadership style was autocratic leadership, which was disempowering nurses, and therefore, most of the nurses were stressed and suffering from burnout (Dorgham& Al-Mahmoud, 2013). The roles and responsibilities of nurses are essential to the overall effectiveness of health care services globally. It is therefore correct to note that leadership plays a major role in ensuring that nurses fulfil these roles and responsibilities. Without proper leadership, nurses become disempowered and emotionally exhausted, and work-related stress and burnout develop (Davies, 2013). According to Dall'Ora et al. (2015),the effects of burnout on nurses are clearly observed through intention to leave, increased absenteeism, and poor-quality service and care provided to the patients, which leads to the patients being dissatisfied, and to the nurses feeling general dissatisfaction with their jobs.

1.3: Background and Rationale for the Review:
        Several issues influence the need for this review and these underpin the development of the different themes. Job satisfaction among staff nurses, absenteeism, intention to leave, working environment,leadership,patient satisfaction and quality of care from nurses are influenced both positively and negatively by leadership in nursing.

1.3:1 Patient Satisfaction and Quality of Care:
        Patient satisfaction as a result of quality care provision from nurses is a critical and complex aspect in the healthcare setting. It can be summarised as the relationship between quality of care expected and the actual care the patient receives (Zaki et al., 2016). Patient satisfaction is critical for any healthcare organisation and is mainly achieved through nursing care, since nurses make up the majority of healthcare providers in such organisations(Farley et al., 2014). Ríos-RisquezandGarcía-Izquierdo (2016) state that work-related stress that ultimately leads to burnout impacts greatly on patient satisfaction. This can lead to problems especially in relation to problematic interactions between the nurses and the patients. Poor leadership methods and personnel in the healthcare environment leads to issues such as understaffing, which ultimately leads to overworking of nurses (Everhart et al., 2013).When this occurs, nursesprovide poor services to patients and thus patient satisfaction is not achieved (Raup, 2008). Some essential changes that can be implemented include putting experienced nurses in charge and adjusting the lengths of shifts to decrease the chances of burnout and thus improve the overall healthcare environment and patient satisfaction (Zaki et al., 2016).

1.3:2: Job Satisfaction:
        Job satisfaction is frequently defined as how much an individual likes the tasksassigned to them or their job in general, and reflects the degree of positive and affective orientation towards their job (Alshmemri, 2014; Harkin &Melby, 2014). Burnout in nursing has been identified as having a major effect on job satisfaction, with existing research showing a direct and negative relationship between job satisfaction and burnout (Rosales et al., 2013). Studies have also shown that job satisfaction is an effective indicator for burnout rates among nurses (Alshmemri, 2014, Harkin &Melby, 2014), andRosales et al.(2013) propose that low job satisfaction is related to high burnout while high job satisfaction is associated with low burnout. According to Khamisa et al. (2015) one of the measurements techniques used by researchers to determine the relationship between job satisfaction and burnout is a Job Satisfaction Questionnaire and the Maslach Burnout Inventory (MBI). In my own experience of practice, job satisfaction and burnout appear related. Since the leadership style that exists in the KSA is autocratic, the leaders have complete control over decisions, with little or no input from the nurses, and disempowerment nurses is thus a major cause of job dissatisfaction (Jones, 2011). The potential connection between these concepts is important to study.

1.3.3: Absenteeism:

The relationship between burnout and absenteeism is clear, since high burnout levels result in more absent days from work. Nyathiand Jooste (2008) state that absenteeism leads to general staff shortages in healthcare organisations, and according to Akpabio et al. (2015),leaders in the nursing profession thus have the huge task of putting in place measures to minimise burnout and deal with the issue of absenteeism. Further, shortages in staff due to absenteeism have been linked to increased workload for stand-in nurses and thus affect the general quality of care being provided to patients (Kurcgant et al., 2015). According to Portoghese et al. (2014),work overload leads to nurses experiencing more work-related stress, also leading to burnout. A further increase in the rate of absenteeism results from this and thus has currently created a major issue in the healthcare sector. Knowledge of the different leadership and managerial techniques to deal with absenteeism thus becomes critical for nurse leaders and managers. Important issues that need addressing are the working conditions that result in burnout, which in turn leads to absenteeism (Khamisa et al., 2015), form a complete cycle, in whichburnout among staff nurses causes absenteeism, which leads to the nurses who are present being overworked, and thus experiencing work-related stress, leading to burnout, which returns to absenteeism (Nyathi& Jooste, 2008).

1.3.4: Intention to leave:

Nurses may develop the intention to leave their profession completely due to poor working environments that lead to burnout. According to Masum et al. (2016), nurses do not tend to leave their existing job if they are satisfied to a high degree. As a nursing leader, I believe effective leadership techniques need to be employed to prevent nurses wanting to quit the profession. According to Ellis and Bach (2015), one of the most frequently-cited reasons for nurses leaving their job is continued poor leadership and management. A nurse with the intention of leaving the profession may not provide quality care to patients, and it is the professional and ethical responsibility of leaders to ensure that quality of care provided is high,through proper management of nurses to minimise burnout levels (Lagerlund et al., 2015; NMC, 2015).

1.3.5: Working Environment and Leadership:

Finally, the working environment is an essential factor in determining the quality of care being provided to the patients. Ellis and Bach (2015) established that poor working environments for nurses could result in issues such as burnout and job dissatisfaction. There is also a clear relationship between work-related stress and the working environment in nursing, wherein the better the working environment, the lower the probability of nurses having work-related stress (Ellis & Bach, 2015). However, if the working environment is poor, then there is a higher the probability of nurses having work-related stress, which leads to burnout.

Leaders and managers in the healthcare sector play an integral role in ensuring that the working environment is good, and thus ensuring that nurses remain satisfied with their jobs (Akpabio et al., 2015). The leadership styles used can have either a positive or a negative influence on the working environment, which will in turn influence nurses' job satisfaction (Balsanelli& Cunha, 2014). According to Davies (2013),health organisations with effective leadership styles influence their nurses, resulting in low turnover, minimal conflict and good relationships among nurses and other healthcare providers. All of these factors constitute a positive working environment that ensures that the level of job satisfaction among the nurses is high. Curtis, de Vriesand Sheerin (2011) state that the leaders in the nursing profession have the duty of ensuring that the leadership styles they employ are effective. Overall, it is right to summarise that the leaders through their leadership and management styles play an integral role in job satisfaction.

1.4: Leadership styles and Theory:

Several leadership styles and theories have been identified as having different impacts on the working environment in the healthcare sector. Examples of these styles include autocratic leadership, laissez-faire leadership, transformational leadership, transactional leadership, and situational leadership (Azaare& Gross, 2011).

Laissez-faire leadership offers a platform where the leaders within the organisation are able to delegate various duties and responsibilities. Through this, employees are equipped with the ability to make decisions on how activities should be carried out.Giltinane, (2013) is of the opinion that the use of laissez-faire leadership helps in giving the employees a sense of belonging and this positively impacts on the employee motivation. Although the use of laissez-faire leadership equips the group with the ability to make decisions, it is a slow decision-making process given that the members might fail to agree on various aspects in the leadership process and this negatively affects the execution of various strategies (Khan et al., 2015).

Transformational leadership is a leadership style that is based on democracy and inspiration from the leader to the people he or she leads (Giltinane, 2013). It is participative and democratic. According to Taha et al. (2015) transformational leaders in nursing are effective through allowing the nurses to be independent and use

their own knowledge and skills through development to reduce the work-related stress that leads to burnout. Through inspiration and motivation, nurses are able to reach their full potential through individual enhancement of skills and self-esteem. Decision-making is also democratic in this style of leadership (Taha et al., 2015). According to Shi et al. (2014) transformational leadership has a positive impact on the nurses' working environment and thus issues such as burnout are minimised.

Transactional leadership is a style that is dependent on reward, and can influence the employees, in this case nurses, positively (Tyczkowski et al., 2015). Nevertheless, it can be a difficult task to develop the team's shared values. It is a closed type of leadership that is developed based on assigned tasks. It can have a positive impact on a few individuals, but creates a lack of cohesiveness among employees as a group (Giltinane, 2013). The overall impact of transactional leadership on the working environment is negative, since it often leads to poor quality of care, poor performances from nurses, and dissatisfied patients (Cummings et al., 2010).

According to Khan et al. (2015), situational leadership is a style that leaders use specifically to manage different situations that exist. It is dependent on directive and supportive behaviour, which provides the leader with the opportunity to create an open communications channel and thus provide support to employees. Khan et al. (2015) have suggested that the most commonly used leadership style, since it allows the leaders to respond to different situations by employing the different leadership styles that exist. It improves the overall working environment for the nurses as it is adaptive in nature (McCleskey, 2014).

A further style is autocratic leadership, which is an authoritarian style where leaders make all decisions without consultation. The overall impact of this leadership style on the working environment is negative, since the leaders withhold information and decisions from the employees (Bhatti et al., 2012). One of the main effects is conflicts between nurses and poor team building (Casida& Parker, 2011). These two aspects are a major contributor to a poor working environment. Joyce (2016) states that autocratic leadership style is not well received but can be employed in emergencieson a short-term basis.

1.5: Contextualising the Existing Study:
Several systematic reviews have been undertaken in relation to leadership styles, burnout, and job satisfaction among staff nurses. Toh et al. (2012, P.1) conducted a systematic review on "*the relationship between the nursing shortage and job satisfaction, stress and burnout levels among nurses in oncology/haematology settings*". The authors were able to find a direct relationship between nursing shortages and stress, burnout, and job dissatisfaction among registered nurses. However, the review focused only on oncology registered nurses, which creates a literature gap, which will be closed through this review, since it focuses on different healthcare settings. Khamisa et al. (2013, P.1) in their systematic review on '*Burnout in Relation to Specific Contributing Factors and Health Outcomes among Nurses*' it was found that a comprehensive review of all variables produced contradictory evidence in relation to job satisfaction and burnout among nurses. The implications of the review are that further research is needed to find the role of job satisfaction. Moreover, the four variables of leadership styles, burnout, job satisfaction, and other types of work-related stress need further findings to identify the gap and emphasise the exploration of their relationships to understand causality.

Cummings et al. (2010) also conducted a systematic review on leadership styles and outcome patterns for the nursing workforce and work environment. The authors established that there is a trend in the outcome of patterns to support claims on a relationship between leadership styles and the improvement of effectiveness in the nursing workforce in terms of their working environment. Wong and Cummings (2007) also conducted a systematic review on the relationship between nursing leadership and patient outcomes. The authors were able to report that the few studies that exist have established an improvement in patient satisfaction through transformational leadership but do not cover all of the other aspects of leadership. Finally, Copanitsanou et al. (2017) conducted a systematic review on the effects of work environment on patient and nurse outcomes. The authors established in their review that a good work environment is a determinant of effective and high-quality care and improves outcomes for nurses, but did not incorporate various leadership styles in the study.

The systematic reviews that have been previously carried out however have a gap: especially in establishing the effective leadership style that can be used to improve job satisfaction and reduce burnout among staff nurses. The main gap exists concerning insufficient controlled evidence and inadequate statistical data to support the findings in the previous systematic reviews. Overall, the existing reviews fail to formulate a clear relationship between leadership, job satisfaction, and burnout in nursing, and especially regarding the most effective leadership style in improving job satisfaction and reducing burnout among staff nurses. Copanitsanou et al. (2017) for example, only establish nurse outcomes in general in relation to the working environment, which is influenced by leadership. Cummings et al. (2010) also established a relationship or pattern between leadership styles and nurse workforce in the area of job satisfaction, but did not reach a conclusion on effective leadership styles.

1.6: Potential Impact of the Review:

It is possible that the conclusions of this systematic review may be of importance in ensuring that health organisations find the most appropriate and effective leadership styles that they can apply in maintaining their staff. Various leadership styles can be used by the organisation management depending on the strategies in place and the situation, as well as the relationship between the employees and the company management. Therefore, an organisation may use transformational leadership style, which can also be referred to as democratic or participative leadership (Robbins &Davidhizar, 2007). However, it is important to understand the various situations that may trigger the need for using different forms of leadership. Depending on the type of leadership that is in place, there is a possibility of achieving high rates of job satisfaction, which leads to high productivity if employees are adequately motivated (Amanchukwu et al., 2015). However, the type of leadership in place should be able to ensure that the nurses have the ability to develop knowledge and skills that are able to improve their overall performance. Furthermore, the ability of the leadership style to empower qualified nurses and improve the relationship between them and their leaders is vital for the organisation's success (Denker, 2014). Nurses are able to enhance their knowledge and skills through several leadership styles and thus increase their overall effectiveness because of a proper working environment (Wang & Howell, 2010). The difference in knowledge concerning what nurse leaders know and what they need to know is very large and thus it is through training and learning that is gap can be bridged (Rolfe, 2011). The nurse leaders can be educated in several leadership styles so that they can pick the most effective one to ensure that they create a good working environment for the employees (McLarty & McCartney, 2009). Storey and Holti (2013) propose three elements of a new leadership model that can be employed, including a clear sense of contribution and purpose, the motivation of individuals and teams, and improvement of system performances. The three elements are an improvement of different leadership styles to make one potential leadership style that in the long run will be effective for healthcare organisations to maintain their staff (Bassett &Westmore, 2012).

1.7: The Review Question:

What are the most effective leadership styles that can be employed by nurse leaders/managers to increase job satisfaction and prevent burnout among qualified nurses?

1.8: Aim:

To determine the most effective leadership styles that can be employed by nurse leaders/managers to increase job satisfaction and prevent burnout among qualified staff nurses.

1.9: Objectives:

The study objectives include:
- To determine the relationship between leadership styles and burnout among qualified nurses.
- To investigatehow leadership affects job satisfaction among qualified nurses.
- To establish the most effective leadership styles that can be employed by nurse leaders/managersto improve job satisfaction and reduce burnout among qualified nurses.

1.10: Organisation of the Dissertation:

The organisation of this dissertation will be as follows. After establishing the introductionin Chapter One, including the background andrationalefor this review, general aspects of leadership styles, contextualising theexisting study and the potential impact of the review. Chapter Two will cover the methodological strategy for review of the articlesin this review, while the third chapter will critically explore the findings and analysis for this study. Chapter Four will cover the discussion of review resultsand address the recommendations, strengths and limitations of this review. The fifth chapter will cover the conclusion of this study.

1.11: Chapter Summary:

A background review entails a brief introduction, including a current position overview, rationale for the review, a literature review, potential impact of the review, the review, questions, and objectives. The introduction provides information about burnout among nurses in general and a brief overview on leadership and the working environment. The current position overview shows a brief relationship between leadership, burnout, and job satisfaction, through personal reflections. The background and rationale for the review are demonstrated. Several leadership styles in nursing are then explained. A literature review is then provided through contextualising existing studies. The potential impact of this review will highlight the most effective leadership style through review of the literature from the last 10 years. Finally, a review question is formulated and the objectives for this study review are provided.

II. Methodology

2.1. Introduction:

This chapter provides a discussion on the methodological strategy used in this dissertation. First, the systematic review (SR) its benefits, advantages, and disadvantages. Then the role of this systematic review in evidence-based practice (EBP) is discussed briefly. The steps involved in this systematic review process are then explained. Finally, an explanation of the search strategy follows as one of the steps in the systematic review process.

2.2. Systematic Review:

Hanley and Winter (2014) define a systematic review as a method through which evidence can be appraised, summarised, and reconciled critically. This systematic review picked out the most relevant studies as determined by the questions, which raised the quality of this study through a summary achieved by use of methodologies that are scientific (Medina &Pailaquilen, 2010). Before conducting this review, it was important to check first if there were existing reviews on the topic before conducting a systematic review (Centre for Reviews and Dissemination (CRD), 2009). This systematic review will be important to the health care sector, as it will provide information through research evidence for use with individual patients and public policy. Besides, it will be of importance for nurse leaders and managers in making informed decisions in relation to healthcare provision (Medina &Pailaquilen, 2010).

Mallett et al. (2012), states that systematic reviews have their own advantages and disadvantages. One of the advantages of this review is that it will allow healthcare providers and different policymakers in the healthcare sector to make informed choices and decisions. Systematic reviews, however, have some disadvantages. One of the disadvantages that this review presents is that it took a great deal of time(Gerrish and Lacey 2006). However, such a disadvantage does not detract from the value of this systematic reviews, as SR is still the best method of studying clinical topics: especially those related to evidence-based practice (Mallett et al., 2012).

2.3. Role of Systematic Review in Evidence Base Practice:

Evidence-based practice (EBP) is a problem-solving approach that is employed in healthcare delivery across all disciplines (Holly et al., 2012). This systematic review will provide a means through which healthcare professionals find access to pre-filtered evidence employed in EBP and will be essential in documenting the knowledge gap that exists in the literature as stated earlier. Through this systematic review, what Schlosser (2006) concludes will be fulfilled and that is that there is a paradigm shift to EBP and this requires evidence to be integrated with the clinical context, patient values, and clinical expertise.

2.4. Kinds of Study:

The different kinds of studies that were established in this systematic review at first were both qualitative and quantitative, but based on relevance, the quantitative studies, which are cross sectional, and correlational studies, were selected. Eight of the studies used are cross-sectional studies while one is a correlational study, due to relevance to this systematic review and the inclusion and exclusion techniques used.

2.5. Systematic Review Process:

It wasimportant that the steps of the systematic review were followed in this SR to ensure that the evidence presented and the methods used were of the required quality (Medina &Pailaquilen, 2010).As only one reviewer carried out this review it will be described as a systematised review(Grant & Booth, 2009). However, the reviewer is going to undertake this systematic review with the support of the supervisor. Holly et al. (2012) present steps for conducting a systematic review as used in this review, and these are shown in Table 2.1 below. In this SR, the review question was formulated, then inclusion criteria for the study were established.Thirdly, a search strategy was developed, and then quality assessment was the fourth step, conducted through the use of critical appraisal tools.The next step was data extraction, and finally data synthesis and presentation of the findings was carried out.

Table 2.1: Steps for conducting a systematic review:

Stages	Steps
1	Formulating a question
2	Establishing the inclusion criteria
3	Developing a search strategy
4	Quality Assessment
5	Data extraction
6	Data synthesis

2.4.1. Search Strategy
2.4.1.1. Formulating the Review Question:
The research question for this systematic review is: *"What are the most effective leadership styles that can be employed bynurse leaders/managers to increase job satisfaction and prevent burnout among qualified nurses?".*Holly et al. (2012) explain that the review question needs to be relevant to the healthcare sector and originates from unanswered questions in the healthcare practice and thus this question fulfills the requirements above. The PICO (Population, Intervention, Comparison, and Outcome) framework is employed as a guide to formulating a SRquestion (EBSE Technical Report, 2007). The PICO framework has been established as a mode of simplifying the search idea and providesthe addition of cues to the question. The PICO framework has been employed effectively in this study to identify the population, intervention, comparison, and outcome of the study in the formulation of the systematic review question. The PICO framework for this systematic review is illustrated in Table 2.2 below:

Table 2.2: PICO Framework:

PICO Framework	
P (Population)	Qualified Nurses
I (Intervention)	Effective Leadership Styles
C (Comparison)	N/A
O (Outcome)	Prevent burnout and manage job satisfaction among qualified nurses

2.4.2. Establishing the Inclusion Criteria:
2.4.2.1. Inclusion and Exclusion Criteria:
The inclusion and exclusion criteria were important in setting boundaries when picking articles for this systematic review (Medina &Pailaquilen, 2010). These inclusion and exclusion criteria address types of people or population, types of studies, exposures and interventions, and types of outcomes. Moreover, this step was essential in eliminating the probability of bias and ensuring that only relevant studies were included. The list of articles was not restrictive, since the number of studies and the population sample is small. On the other hand, the list for the review was not broader than required, as this would have led to invalid conclusions. The inclusion and exclusion criteria for this study are shown in Table 2.3 below:

Table 2.3: Inclusion and Exclusion Criteria:

INCLUSION CRITERIA	EXCLUSION CRITERIA
Research articles are written in English.	Research articles in a language other than English.
Articles that included more than one of the following keywords: burnout, burnout nursing, stress, nursing, staff or qualified nurse, job satisfaction, work satisfaction, leadership, nursing leadership, and leadership styles.	Study articles that do not include more than one keyword from the review question.
Adult nurses	Students, midwifery nurses
Leadership in nursing	Leadership in other organisations except leadership in nursing.
Study or research articles (peer-reviewed) published in the last ten years (2007-2017).	Research articles that are not peer reviewed and published earlier than 2007.

2.4.3. Developing a Search Strategy
2.4.3.1 Search Process (databases)
Table 2.4: Databases

Database	Definition	Content of research
MEDLINE	Medical Literature Analysis and Retrieval System. MEDLINE is an electronic database that provides academic journals that cover healthcare topics such as topics on medicine, nursing, dentistry and pharmacy (Sargeant, 2005).	Biomedical journal literature.
CINAHL	The Cumulative Index to Nursing and Allied Health Literature is an electronic database that has articles on most healthcare topics and subjects and are based on scientific evidence (Page, 2008).	Nursing sector literature.
PubMed	PubMed is a free electronic search engine that primarily provides access to the MEDLINE database for papers on topics related to life sciences and biomedicine (Sargeant, 2005).	Medical literature.
British Educational Index	The British Educational Index is an electronic database and search engine that allows search on journal articles on all educational levels from preschool to the higher levels of education.	Educational literature.
Academic Search Premier	Academic Search Premier provides a wide range of papers covering many academic disciplines offered in universities and colleges.	Multidisciplinary literature.

2.4.3.2 Creating Search Terms:

In order to initiate the search process, it was critical to identify keywords and terms. The keywords used in this search are in Table 2.5 below. The MeSH (medical subject heading) was employed in the search to ensure that the search keywords were found in the search results. Boolean operators AND or OR were used to join the keywords used in thissearch (Scott et al., 2009). The AND operator was employed in this systematic review in order to find the articles with more than one of the keywords, while the OR operator was essential in finding journal articles that had either or any of two or more key terms. Additionally, the OR operator was essential in collecting more articles through finding more results in the case of low search numbers (Sargeant, 2005). An example of how the AND operator was used in this study is "the relationship between burnout and job satisfaction among staff nurses." An example of how the OR operator was used in this study is "the relationship between leadership style on burnout or job satisfaction among staff nurses". Patrick Power Library (2015) states that Boolean operators are one of the essential techniques in ensuring that the search results are extended and effective control of the search is safeguarded.

Table 2.5. Search terms within the PICO framework:

PICO FRAMEWORK AND Key- words/Databases	POPULATION	INTERVENTION	COMPAR-ISON	OUTCOMES
KEY WORDS	Qualified Nurses	Effective Leadership Styles	N/A	- High job satisfaction -Prevent nurse burnout
DATABASES Medline CINAHL Academic Search Primer British Education Index PubMed	Nurse*	Leadership Leadership styles -Transformational leadership style -Transactional leadership style -Situational leadership style -Autocratic leadership style		-Job satisfaction -Work satisfaction -Satisfaction -Burnout* -Eliminate Stressors

Table 2.6. Final result from the different databases:

ALL DATABASES	NUMBER OF ARTICLES
Medline	53
CINAHL	41
Academic Search Primer	9
British Education Index	17
PubMed	33
Hand Search	0
TOTAL	153

2.4.4. Quality Assessment:

Wells and Littell (2009) explain that quality assessment is about the evaluation of the quality of the studies included in a systematic review. One of the main aims for conducting quality assessment for this review was to ensure that there was no bias or error in the results and conclusions (Wells &Littell, 2009). The Joanna Briggs Institute (JBI) appraisal tool for cross sectional studies was employed as the appraisal tool for this study. It provides a checklist that is employed for this SR. The JBI tool provided eight questions, and each question was answered "yes", "no", or "unclear" (JBI, 2017). For very rare instances, the Not Applicable option was provided. More information about quality assessment and the JBI appraisal tool will be provided in Chapter Three.

2.5. Chapter Summary:

This chapter concerned the methodology employed in this systematic review, starting with an overall overview of the study. In the overview, the importance of this SR was discussed, with some of its advantages and disadvantages. A discussion on the role of this SR in evidence-based practice was then conducted. TheSR process was then provided in detail, firstly including formulating the review question and then establishing the inclusion criteria. The methods employed in this review were then identified through developing a search strategy and quality assessment.

III. Findings

3.1. Chapter Overview:

This chapter of the systematic review addresses the findings obtained from the search. A detailed search result is provided with the help of a PRISMA diagram (Godfrey & Harrison, 2015). A quality assessment of the selected articles is discussed using the JBI quality assessment tool for cross-sectional studies, used for all nine studies. The study sampling, data extraction, and summary are presentedin tables.

3.2. Search Results:

The results of the search were different for the different databases because the purpose of each database differs. The search identified 153 articles(see Table 2.6). After duplicationwasconsidered, 105 articles were removed. The titles and abstractsof the articles were analysed and a further 59 of the studies were excluded. The remaining 46 full text articles were analysed for eligibility and this led to the exclusion of a further 19 articles. A quality assessment of full text articles was performed on the remaining 27 studies. Finally, an in-depth consideration of the articles was conducted and nine of the articles met the inclusion criteria. The selection flow chart is shown below (Figure 2.1)using the PRISMA chart (Godfrey & Harrison, 2015).
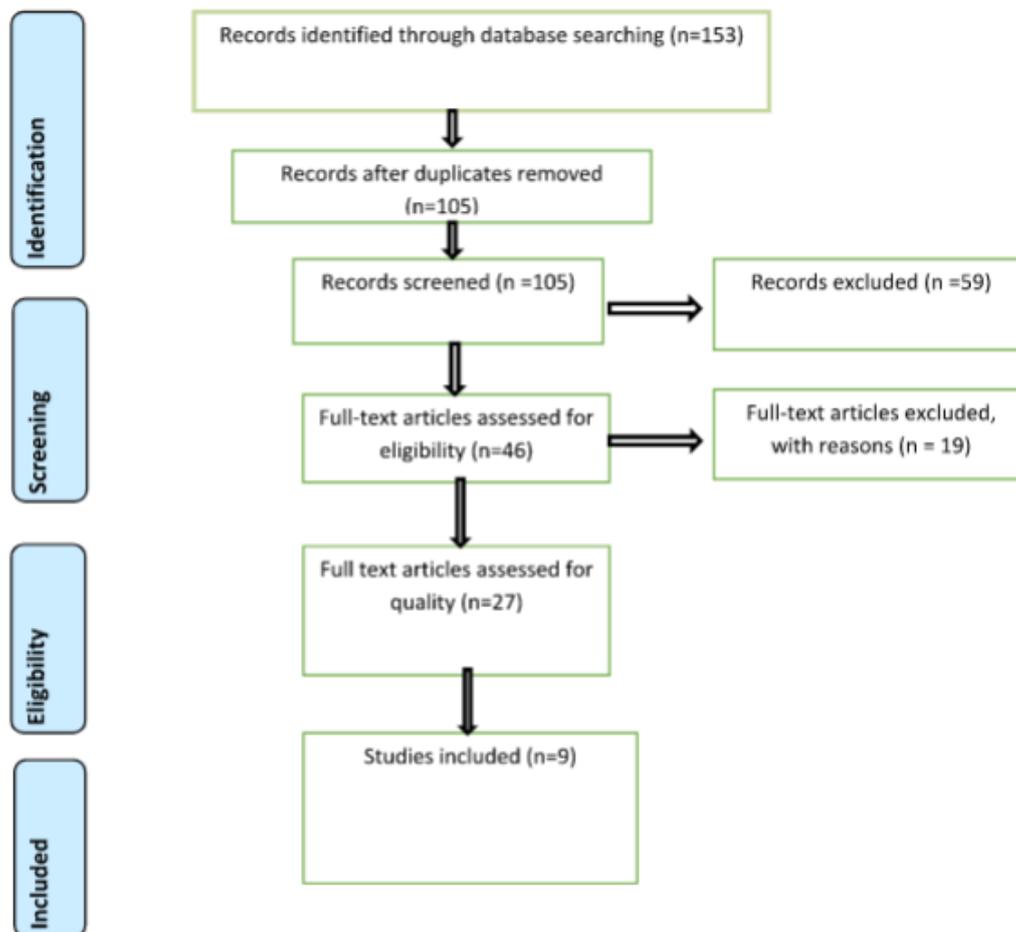

Figure 3.1 PRISMA 2009 Flow Diagram(Godfrey & Harrison, 2015).

3.1. Articles for inclusion:

Authors & year	Title	Study setting	Type of article	Year	Study design
Abdelhafiz et al., 2015.	*Impact of leadership styles among head nurses on level of job satisfaction among staff nurses*	Three different private hospitals in Amman (Ibn Al-Hytham, Amman Hospital and Istishari Hospital).	Scientific journal.	2015	Cross-sectional, correlational, quantitative and descriptive
Asiriet al.,2016.	*The association of leadership styles and empowerment with nurses' organisational commitment in an acute health care setting: a cross-sectional study.*	King Abdulaziz Medical City, Ministry of National Guard Health Affairs, in Riyad, KSA.	Nursing journal.	2016	Cross sectional survey.
Bahadoriet al.,2016.	*The relationship between nursing leadership and patient satisfaction*	Five teaching hospitals under the authority of Iran University of Medical Sciences in Tehran, Iran.	Medical and health science journal.	2016	Cross-sectional study
Ebrahimzadeet al.,2015.	*Relationship between Nursing Managers' Leadership Styles and Nurses' Job Burnout*	Shahid Dr. Faghihi Hospital, Shiraz, Iran.	Medical journal.	2015	Cross-sectional study
El Dahshanet al.,2017.	*Effect of Nurse Managers Leadership Styles on Organisational Commitment of Nurses Working at Taif Governmental Hospitals in KSA*	King Abdul Aziz and King Faisal hospitals in KSA.	Nursing and health science journal.	2017	Non-experimental correlational, cross-sectional, and descriptive survey study
Lin, P. et al., 2015.	*The influences of nursing transformational leadership style on the quality of nurses' working lives in Taiwan: a cross-sectional quantitative study*	Taiwanese hospitals (private, public, and religious).	Nursing journal	2015	Cross-sectional quantitative study.
Furtado et al.,2011.	*Leadership and job satisfaction among Azorean hospital nurses: an application of the situational leadership model*	Two Public Portuguese Azorean hospitals.	Nursing management journal.	2011	Quantitative, descriptive, inferential and correlational study
Mauritset al.,2015.	*Factors associated with the self-perceived ability of nursing staff to remain working until retirement: a questionnaire survey.*	Dutch hospitals, nursing homes, homes for the elderly, home care organisations, home care organisations for the disabled, and organisations for psychiatric care.	Health science journal.	2015	Cross-sectional correlational study
Ahmad et al., 2013.	*The Influence of Leadership Style on Job Satisfaction among Nurses.*	Malaysian hospitals.	Nursing journal.	2013	Descriptive and quantitative statistics

3.4 Data Extraction:

Data extraction entails sourcing and recording of data and information that is relevant from the chosen articles (Godfrey & Harrison, 2015). This study employed tabulation form as a data extraction tool to provide a summary of all the chosen articles. The tabulation data extraction tool ensured that this systematic review contained authors, outcome measurement, time period characteristics and results (Godfrey & Harrison, 2015).

3.5 Data Synthesis:

This SR was aimed at the provision of data from the included studies and a summary of the results and findingsfrom those studies (EBSE Technical Report, 2007). The findings of this review were analysed narratively, since the studies were heterogeneous, and a meaningful summary was obtained to aid in discussing the results. Narrative analysis is a statistical technique that is employed for heterogeneous studies, as was the case in this review (Holly et al., 2012).

3.6 Quality Assessment of Included Studies:

This SR included nine studies that have different characteristics based on the research methods and designs used. Three articles are cross-sectional (Ebrahimzade et al., 2015; Asiri et al., 2016; Bahadori et al., 2016). Two of the articles are cross-sectional quantitative and descriptive correlational study (Lin et al., 2015 &Ahmad et al., 2013). One article presented aquantitative, descriptive, inferential and correlational study

(Furtado et al., 2011). Furthermore,one article was cross- sectional and correlational (Maurits et al., 2015). The article by El Dahshan et al. (2017) is a non-experimental, correlational, cross-sectional, and descriptive study. Finally, one article was cross-sectional, descriptive, quantitative, and correlational (Abdelhafiz et al., 2015). All studies were assessed using the JBI critical appraisal tool for cross-sectional studies. This tool has eight questions with answers yes, no, or unclear, with the provision of 'not applicable' for certain scenarios (IJB, 2017).The assessment of the nine studies involves a clear identification of the inclusion criteria, a detailed description of the setting and study subjects in the articles, the reliability and validity of the exposure, and the use of standard criteria and objectives in measurement of the condition in the nine studies. Moreover, there was the identification of the confounding factors in the studies, the statement of strategies for the confounding factors, the reliability and validity of the outcomes of the research studies, and the use of appropriate statistical analysis in the studies. (IJB, 2017).

For the appraisal tool, as a single reviewer as opposed to the normal two in systematic reviews, there was a need for careful assessment to eliminate any bias in appraisal of the studies (Zachary et al., 2014). However, the presence of the supervisor, who acted as a second reviewer, was critical in the whole review process. For the first three questions, it was essential that the answers were 'yes' to ensure that the quality of the included studies was high. The fourth to eighth questions did not carry as much weight in the quality assessment of these studies, but nonetheless, answers to the questions needed to be known to minimise the risk of bias (IJB, 2017). Most of the studies included in this systematic review were of good quality and provided most of the required information in the required manner. More details of the quality assessment will be found on the checklist tables for each of the nine studies in the Appendices from 1 to 9.

3.7. Study Sampling:

All of the nine studies selected for this SR showed a larger number of female participants, whether staff nurses or nurse managers. The age of most of the participants in the study samplesranged from 18 to 60 years, and the nurses were selected from different departments of the healthcare sector, with the sample size ranging from 33 to 730. Four included studies showed that most nurse managers were older and fewer than staff nurses, and therefore had more experience (Abdelhafiz et al., 2015; Bahadori et al., 2016; Asiri et al., 2016; El Dahshan et al., 2017). Two articles also based their study on ethnic background and nationality (Asiri et al., 2016;Ahmad et al., 2013). More information on the study sampling of the selected studies is found in Table3.2below.

Table 3.2: study sampling:

Authors	Sample of participant	Mean range of age
Abdelhafiz et al.(2015)	Gender: 64 female nurses and 36 male nurses. Position: 20 nurse managers and 80 staff nurses.	30 or below56 nurses 30-4026 nurses > 4018 nurses
Asiri et al. (2016)	Gender: 26 male nurses and 305 female nurses. Position: 9 nurse managers and 302 staff nurses. 19 classified as other.	Adult Acute Care Unit was 35±7.94 and Paediatrics Acute Care Unit was 37±8.14.
El Dahshan et al.(2017)	Gender: 414 female nurses and 156 male nurses. Position: 472 staff nurses and 98 nurse managers.	King Abdul Aziz Hospital 28.7±2.9 and King Faisal hospital 30.1±5.2.
Ahmad et al.(2013)	Gender: 29 female nurses and 4 male nurses.	18-25 15 nurses 26-35 13 nurses 36-45 3 nurses >56 2 nurses
Maurits et al. (2015)	Gender: 650 female nurses and 80 male nurses.	47±9.3
Bahadori et al. (2016)	Position: 34 head nurses and 102 staff nurses. Gender: 98 female and 4 male staff nurses. 26 female nurses and 8 male head nurses.	30.42±6.63
Ebrahimzade et al.(2015)	Gender: 170 female and 37 male.	22-23 years: 145 nurses 34-45 years: 47 nurses >45 years: 15 nurses
Lin et al. (2015)	Gender: > 400 staff nurses. > 50% female nurses	30.5±6.2
Furtado et al. (2011)	Position: 22 nurse managers and 244 staff nurses.	Head nurse: 47 years Staff nurse: 31 years

3.8. Data Extraction:

Eight studies used in this review were cross-sectional and one descriptive and used quantitative statistics, and thus, the most employed study instrument was the questionnaire. Questionnaires were on leadership and others containing survey questions on job satisfaction and burnout. Moreover, the study design mostly employed was cross sectional, with others having elements of correlational and descriptive designs. The study purpose of the selected studies was determined by the study question for this review and the inclusion criteria employed. Most of the studies had the purpose of determining a relationship between leadership and

burnout, job satisfaction, or perception of leadership styles and how these perceptions affect quality of work from staff nurses. These studies mostly examined the effectiveness of the different leadership styles in terms of several aspects, including job satisfaction, burnout, patient satisfaction, and organisational commitment. A summary of the data extraction is shown in Table 3.3 below.

Table 3.3: data extraction:

Authors	Purpose of study	Study design	Instrument used	Study findings
Abdelhafiz et al.(2015)	To show how the different types of nurse leadership styles influence job satisfaction.	cross-sectional, correlational, quantitative and descriptive	Job satisfaction tool and Multifactor Leadership Questionnaire (MLQ) 5X short	Job satisfaction among staff nurses was higher in transformational leadership, followed by transactional leadership, and finally passive avoidant.
Asiri et al. (2016)	To determine how nurse managers' leadership styles have an influence on how staff nurses perceive those styles and organizational commitment in acute care units, at National Guard Health Affairs, Riyadh City, Saudi Arabia.	Cross-sectional survey	Hard copy questionnaires (MLQ) (Bass &Avolio, 2004),the Psychological Empowerment Scale and the Three-Component Model of Employee Commitment (Meyer & Allen, 1997).	The perception from most staff nurses is that their nurse managers did not demonstrate the required levels of transformational leadership in the way they behaved. Moreover, the organisational commitment of the nurses was correlated positively with transactional leadership and negatively with transformational leadership.
El Dahshan et al. (2017)	To assess and describe the different leadership styles used by nurse managers and how they affect the organizational commitment of staff nurses inTaifgovernment hospitals.	Non-experimental correlational, cross sectional, and descriptive	Leadership Styles and Organisation Commitment Questionnaires. Assessment sheet.	Most of the nurse managers from the two hospitals use both transformational and transactional leadership styles as perceived by the staff nurses. In addition, most staff nurses were committed to the organisation in which they work.
Ahmad et al. (2013)	To find out how leadership styles used by nurse managers affects job satisfaction among staff nurses.	descriptive correlational study	Use of questionnaires. (MLQ).	Leadership styles, especially transformational and transactional, affect job satisfaction among nurses, with transformational leadership having more influence compared to transactional leadership.
Maurits et al. (2015)	To explore the relationship that exists between the characteristics of a job or organisation, occupational commitment, job satisfaction, and the ability of nurses to remain working until they attain the age of official retirement at different Dutch healthcare settings.	cross-sectional correlational study	Questionnaires-questionnaire survey containing questions about the self-perceived ability to continue working and a questionnaire survey containing questions about job satisfaction, occupational commitment, job factors and organisational factors.	Nurse managers appreciating the staff nurses more and reducing work-related stress and pressures influences how staff nurses perceive working until retirement age in a positive manner.
Bahadori et al. (2016)	To find out the relationship between the nurse managers' leadership styles at the wardlevel and staff nurse performance based on patient satisfaction in teaching hospitals of Iran University of Medical Sciences.	Cross-sectional	Use of multifactor leadership questionnaire and patient satisfaction instrument.	Most of the nurse managers used transactional leadership, followed by transformational leadership, and finally passive avoidant leadership style. High quality of work by staff nurses demonstrated by high rates of patient satisfaction was found in wards where nurse managers used transformational leadership.
Ebrahimzade et al.(2015)	To examine the relationship between the different leadership styles used by nurse managers and staff nurses' burnout.	Cross-sectional descriptive	Questionnaire on demographic Characteristics, the Maslach burnout inventory, and (MLQ).	Burnout as a result of reduced personal accomplishment was the highest, followed by emotional exhaustion, then depersonalisation. Overall, there was a negative relationship between overall burnout and both transformational and

				transactional leadership but the levels are higher for the latter. Laissez-faire leadership recorded a high negative relationship with personal accomplishment.
Lin et al. (2015)	To evaluate and understand how transformational leadership affects the staff nurses' work-life quality when used by nurse managers in Taiwan.	Cross-sectional quantitative study.	Self-administered questionnaires.	Transformational leadership has a major contribution to the support afforded by head nurses and this afforded support is a major aspect in developing the positive relationship between transformational leadership and job satisfaction. Organisational commitment and not job satisfaction was established as the main factor that influences the general wellbeing of Taiwanese nurses.
Furtado et al. (2011)	To compare different nurse managers' leadership styles with how staff nurses perceive the styles and examine how these affect job satisfaction among staff nurses.	Quantitative, descriptive, inferential and correlational study	Leadership Effectiveness and Adaptability Description questionnaire and a job satisfaction instrument.	The findings revealed low job satisfaction levels among staff nurses in relation to leadership components: especially situational leadership. Moreover, the perceptions of leadership styles among staff nurses and nurse managers were completely different.

3.9. Summary of Findings (grouping):

The selected studies are classified into the following four themes based on the influence of nurse leadership styles on job satisfaction, burnout, organisational and occupational commitment, and patient satisfaction.

3.9.1. Job Satisfaction:

Five studies (Abdelhafiz et al., 2015; Ahmad et al. 2013; Furtado et al., 2011; Maurits et al., 2015; Lin et al., 2015) address the influence of leadership style on job satisfaction.

3.9.2. Burnout:

Two studies focused on the impact of leadership style on burnout among staff nurses (Ebrahimzade et al., 2015; Maurits et al., 2015). However, Maurits et al. (2015) focused on work-related stress, which results in nurse burnout.

3.9.3. Organisational and Occupational Commitment:

Three studies addressed the effects of leadership style on organisational commitment (Asiri et al., 2016; El Dahshan et al., 2017; Lin et al., 2015), with one other focusing on occupational commitment (Maurits et al., 2015).

3.9.4. Patient Satisfaction:

One study addressed the relationship between leadership style and overall patient satisfaction as determined by quality of care provided by staff nurses (Bahadori et al., 2016). The grouping of the articles based on the themes is shown in the Table 3.4 below.

Table 3.4: The grouping of the articles:

Authors	Job Satisfaction	Burnout	Organisational and Occupational Commitment.	Patient Satisfaction.
Abdelhafiz et al. (2015)	✓	X	X	X
Asiri et al. (2016)	X	X	✓	X
El Dahshan et al. (2017)	X	X	✓	X
Ahmad et al. (2013)	✓	X	X	X
Maurits et al. (2015)	✓	✓	✓	X
Bahadori et al. (2016)	X	X	X	✓
Ebrahimzade et al. (2015)	X	✓	X	X
Lin et al. (2015)	✓	X	✓	X
Furtado et al. (2011)	✓	X	X	X

3.10.Summary of the Findings:
3.10.1 Job Satisfaction:
Furtado et al. (2011) studied the relationship between leadership and job satisfaction among nurses at the Azorean hospital. The perception of leadership concepts is different for staff nurses and nurse managers, based on the results of the study. Moreover, the study results also revealed that job satisfaction among staff nurses is related to certain leadership components (Furtado et al., 2011). The young age and inexperience of the staff nurses in this study pointed to a supervision behaviour in the leadership styles used by the nurse managers as opposed to the emotional support behaviour needed socially. The situational leadership model as employed in most wards in the hospital revealed that there was a low level of satisfaction among staff nurses (Furtado et al., 2011). There is a clear relationship between the behaviour of the nurse managers towards staff nurses, which is a result of the leadership style employed, and job satisfaction among the staff nurses. The results of this study show that the environment that brings about job satisfaction is related to both psychological and structural empowerment, and this is supported byCicolini et al. (2013). Empowerment, whether psychological or structural, is manifested through the behaviour of the nurse leader, which is determined by the leadership style adopted. Furthermore, the results support the idea formulated by Choi et al. (2016), who established that empowerment is essential in mediating how transformational leadership influences job satisfaction among staff nurses. Other authors (Estahbanati&Mahmoudi, 2016) also established that staff empowerment has a significant effect on transformational leadership and this has further been supported by the research. Furtado et al. (2011) were limited to situational leadership and stated that other leadership styles existed as alternatives without actually stating what these were. However, alternative leadership styles can be presumed to be transactional and transformational leadership styles, which are related to a positive level of job satisfaction among staff nurses (Bormann & Abrahamson, 2014).

Ahmad et al. (2013) clearly state the types of leadership styles explored and their study reveals that transformational leadership, more than transactional leadership, influences job satisfaction among staff nurses. Furthermore, in their literature review, the authors explain the two leadership styles vividly and even provide the difference between the two approaches (Ahmad et al., 2013). The results of this study are supported by Negussie and Demissie (2006), who established that nurses had a preference for transformational leadership over transactional leadership, since transformational leadership was established to be important to both extrinsic and intrinsic job satisfaction on all the dimensions involved. Meanwhile, Chen and Baron (2006) focused on transformational leadership alone and established in their study settings that nurse managers frequently displayed transformational leadership and this led to moderate job satisfaction among staff nurses. Further, the work of Chen and Baron (2006) supports this study, given that it is evident that transformational leadership has a significant positive influence on job satisfaction among staff nurses compared to other leadership styles used by nurse managers. Ahmad et al. (2013) also support this by stating that transformational leadership is the dominant leadership style in terms of how it influences job satisfaction among staff nurses. One major weakness of this study is that the population sample was too small, since only 33 respondents were used, considering that the setting was the many hospitals in Malaysia.

The results of the study by Abdelhafiz et al. (2015) are similar to those from the study by Ahmad et al. (2013), with the only difference being the addition of another leadership style, which is passive avoidant. Abdelhafiz et al. (2015) found a high rate of job satisfaction, with transformational leadership influencing this most, followed by transactional leadership, then passive avoidant leadership. The relationship between job satisfaction and both transactional and transformational leadership was positive, but higher for the latter leadership style. Nevertheless, the relationship between staff nurses' job satisfaction and passive avoidant leadership was negative Abdelhafiz et al. (2015). According to Mantynen et al. (2014), transformational leadership and empirical development in relation to job satisfaction among staff nurses was witnessed over the period of the two years in which they conducted their study. The results of the study by Abdelhafiz et al. (2015) are significant to this systematic review, since they clearly establish a positive relationship between transformational leadership and job satisfaction among staff nurses. However, the study was limited only to privately owned hospitals and thus is not generalisable to the larger hospital population in the public sector (Pongsupap&Lerberghe, 2006).

The findings by Maurits et al. (2015) were interesting compared to the other three studies in relation to leadership and job satisfaction. There was no relationship between job satisfaction and instrumental leadership when other organizational factors related to job satisfaction were analysed together with leadership (Maurits et al., 2015). However, the authors also found that job satisfaction was related to supportive leadership in a positive manner, since it acted as a mediator (Maurits et al., 2015). Moreover, the study revealed that staff nurses could be satisfied with their jobs if nurse leaders listened and supported them, which points towards transformational leadership,although this is not clearly stated (Maurits et al., 2015). The fact that it was not clearly stated as transformational leadership and the study focused on leadership in general is a limitation of the

study. The study also established no relationship between job satisfaction and instrumental leadership when other organisational factors were included in the analysis, and this might be correct.

Results from a study by Lin et al.(2015) showed that support from supervisors, as seen inMaurits et al. (2015), is essential in determining the positive relationship between transformational leadership and job satisfaction among staff nurses. Great supervisor support is a factor in most behaviours of transformational leadership and thus the greater the support from the supervisor, the greater the levels of job satisfaction (Lin et al., 2015). In addition, subordinates tend to be satisfied with their jobs when supervisors show the behaviour of providing support in transformational leadership. The study may be limited by an overreliance on self-administered survey, which is bound to create bias. Nevertheless, with the sample size being substantial and the response rate high, then the probability for bias is reduced. Safi et al. (2015) established a significant relationship between leadership style and job satisfaction among employees. Meanwhile, Eisler's (2009) study established no relationship between leadership practice and intention to leave, which was determined by job satisfaction levels, with other factors such as absenteeism and perception of leadership practice included in the study. However, this might also be erroneous, since other studies have established a clear relationship between leadership style and job satisfaction, including other studies used in this review (Abdelhafiz et al., 2015; Ahmad et al., 2013; Furtado et al., 2011).

3.10.2 Burnout:
Ebrahimzade et al. (2015) aimed to explore the relationship between the leadership style used by nurse managers and burnout among staff nurses. The authors established scores for the different components of burnout, with that of reduced personal accomplishment (PA) being high, followed by emotional exhaustion (EE) and then depersonalisation. These results, however, differ from those of Lahana et al. (2017), who reported that burnout levels of EE were the highest, followed by depersonalisation, and then reduced PA. What limits Lahana et al. (2017) in their findings however is the fact that they conducted their studies in social welfare centres for the disabled. Furthermore, the study was not based on the style of leadership used. Ebrahimzade et al.'s (2015) study was based on three leadership styles, namely transformational leadership, transactional leadership, and laissez-faire leadership. The results demonstrated that both transactional and transformational leadership styles were related to burnout in a negative manner (Ebrahimzade et al., 2015).Laissez-faire leadership on the other hand only had a negative relationship with the reduced personal accomplishment component of burnout (Ebrahimzade et al., 2015). The population sample of nurses used for this study was only limited to one hospital in Iran, and this is a major weakness for this study, since it might not be a reflection of other hospitals. According to Liu et al. (2013), a significant percentage of nurses suffer from high burnout levels as a result of poor work environment, contributed to by poor leadership styles. However, their research also fails to link leadership style to burnout. According to Dembeck(2016), transformational leadership correlates to low burnout levels through increasing levels of personal efficacy. It is evident that the style of leadership used by nurse managers affects staff nurses' burnout levels. Kansate (2008) established that leadership styles in nursing are related to burnout in both a positive and negative manner. Moreover, management can increase personal accomplishment by active exception behaviour, while depersonalisation and emotional exhaustion are related positively to laissez-faire leadership and management by exception passively. This study also revealed that transformational leadership reduces burnout levels among subordinates (Kansate, 2008). This study correlates to the study by Ebrahimzade et al. (2015), which is used in this review. A relationship between leadership style used by nurse managers and burnout among staff nurses exists and the different leadership styles produce different results in relation to burnout levels. Transformational leadership style is a major component in reducing burnout levels among staff nurses (Denker, 2014).

Maurits et al. (2015) established a relationship between work pressure, which in this case is an alternative term for burnout, and appreciation by those in a senior management position, which is a determinant of the leadership style being used. Appreciation by nurse managers of staff nurses is a leadership behaviour that can reduce the work-related stress levels that lead to burnout. Laschinger and Fida (2014) explain that staff nurses, and especially new graduate nurses, feel less burnout if they are confident in themselves, and an authentic leader through the authentic leadership style induces confidence in staff nurses. These two studies (Maurits et al, 2015; Laschinger&Fida, 2014) seem to have similar results but are presented in a different manner. What limits the study by Maurits et al. (2015) is the fact that there was no mention of leadership style, but the presentation of how nurses in senior management positions should behave points in the direction of a leadership style.

3.10.3 Organisational and Occupational Commitment:
Asiri et al. (2016), established a relationship between leadership style and organizational commitment among staff nurses. The authors established a negative relationship between organisational commitment and the transformational leadership style and a positive relationship with the transactional leadership style (Asiri et al.,

2016). Leadership styles are essential in creating a work environment that increases commitment levels for both occupational and organisational commitment, which are clear indicators of job satisfaction. The results further indicate that staff nurses perceive nurse managers to exhibit elements behaviors of transformational leadership. The results of the study are however contrary to expectations of transformational leadership, since the nurse managers do not empower, encourage, and motivate staff nurses, albeit in acute care units, which proves to be a limitation of this study. However, the fact that it is the first study of its kind in Saudi Arabia presents a major strength,since further improvements on this study can be conducted (Asiri et al., 2016). Lorber and Skela-Savic (2014) establish that nurse managers are more committed to organisations compared to staff nurses, regardless of leadership style. Furthermore, organisational commitment and job satisfaction are related positively and thus, this creates a link between leadership style, organisational commitment, and job satisfaction among nurses.

Lin et al. (2015) established a significant relationship between organisational commitment levels and the general well-being of nurses, which was found to be influenced by transformational leadership. Therefore, if the general well-being of nurses is good, then organisational commitment levels are high. Failure to consider other factors that might affect the general well-being of the nurses creates a major weakness for this study however. According to Martin and Roodt (2016), organisational commitment and job satisfaction have significant effects on nurses' turnover intentions. However, organisational commitment, more than job satisfaction, has a strong influence on turnover intentions.

El Dahshan et al. (2017) found that both transformational and transactional leadership styles were employed in their study setting, with a majority of nurses being committed to theirorganisations. However, transformational leadership was rated higher compared to transactional leadership, with transformational leadership being related to job satisfaction, while transactional leadership was related to job dissatisfaction (El Dahshan et al., 2017). Moneke and Ume (2014) also established a relationship between organisational commitment and job satisfaction among critical care nurses. Overall, there is a relationship between leadership style used by nurse managers, organisational commitment, and job satisfaction among staff nurses. One major limitation of the study by El Dahshan et al. (2017) is the focus on government hospitals only, and the study setting could be expanded into private hospitals, thus improving the accuracy of the findings.

Maurits et al. (2015) established a relationship between leadership, job satisfaction, and occupational commitment. Staffwho are more appreciated by senior management as a leadership behaviour have more commitment to their occupation and are more satisfied with their jobs than those who are not. Salem et al. (2016) further supports this by establishing that those with fair job satisfaction among nurses have good commitment levels to their organisations and occupations. A failure by Maurits et al.(2015) to mention the leadership styles directly and a focus on the behaviour of appreciation by managers limits their study however.

3.10.4 Patient Satisfaction:

It is noteworthy that patient satisfaction was not part of this systematic review, but it is influenced by the quality of care provided by nurses, who in turn are influenced by the leadership style or behaviour of the nurse managers (Khan et al., 2007).

According to a study conducted by Bahadori et al. (2016), more nurses employed transactional leadership, followed by transformational leadership, than passive avoidant leadership in the study settings. This study's main finding is that there is no relationship between leadership style and patient satisfaction, according to the perspectives of the staff nurses, but that transformational leadership at the ward level presented maximum mean patient satisfaction (Bahadori et al., 2016). There was a positive relationship established between transformational leadership and patient satisfaction, which was determined by the views the patients had on the caregivers, who were staff nurses. However, the small sample population limits this study and other hospital settings could be included to increase the sample size. Gomez-Garcia et al. (2016) report that quality of nurse care is related to the work environment, with leadership style being a major determinant of the environment. You et al. (2013) support this argument by establishing that the work environment determines job satisfaction among nurses, which further determines patient experiences or satisfaction. Overall, patient satisfaction can be used as a determinant of the quality of care provided by nurses, with quality care provided only by nurses satisfied with their jobs due to effective leadership styles employed.

3.11: Summary of the Chapter:

This chapter's focus was on the findings of thisSR, with analysis from the included studies. Search results were presented via a PRISMA diagram, with critical appraisal tools (JBI) used for the different studies. Tables were used to show the data extraction for the included studies and the study sampling. Finally, a summary of the findings was provided, with a focus on the included studies, with use of the themes previously identified.

IV. Discussion

4.1: Introduction:

This is a discussion chapter, in which findings from the included studies and the overall potential impact of the review: specifically, the effective leadership styles in reducing burnout and improving job satisfaction among qualified nurses; will be discussed. Moreover, it provides recommendations,and sets out the strengths and limitations of this review.

4.2: Context of Job Satisfaction:

All of the nine studies that aimed to establish a relationship between leadership and job satisfaction among staff nurses pointed towards the leadership styles that report higher job satisfaction levels from staff nurses. Ahmad et al. (2013) established that staff nurses accept transformational leadership to a greater extent in comparison with other leadership styles such as transactional leadership. According to Krishnan (2005),transformational leadership provides encouragement for employees to strive towards their objectives more compared to the other leadership styles. Further, a stronger positive relationship exists between transformational leadership and job satisfaction among staff nurses compared to that which exists between transactional leadership and job satisfaction among staff nurses as explored by Ahmad et al. (2013). There is a connection between transactional leadership and transformational leadership styles and job satisfaction among staff nurses, but the more dominant style in this connectionis transformational leadership (Tale, 2010;Limsila&Ogunlana, 2008). Abdelhafiz et al. (2015) also support the conclusions by Ahmad et al. (2013), studying the relationship between three leadership styles, namely; transactional leadership, transformational leadership, and passive avoidant leadership styles. The passive avoidant style influences job satisfaction negatively, while job satisfaction is influenced by transformational and transactional styles positively. However, transformational leadership influences job satisfaction at a higher level compared to transactional leadership. Bass and Riggio (2006) also support the positive relationship that exists between the two leadership styles (transactional and transformational leadership) and job satisfaction among staff nurses.

Furtado et al. (2011) have also established that there is a relationship between the leadership styles used by nurse managers and job satisfaction among staff nurses. However, staff nurses and nurse managers perceive leadership differently, and the perception of staff nurses on job satisfaction is an important determinant of job satisfaction. According to Kleinman (2004), there are significant discrepancies between nurse managers' perception of leadership styles and the perceptions of those whointeract and work directly with them as staff nurses, and the effect of this on job satisfaction. Furtado et al. (2011) conclude that nurse managers perceive situational leadership differently compared to how staff nurses perceive situational leadership and thus situational leadership leads to low job satisfaction levels among staff nurses. Moreover, the behaviour of the head nurses, which is determined by leadership style, influences job satisfaction among staff nurses. Maurits et al. (2015) conclude that a leadership style with supportive behaviour from nurse managers influences staff nurses' job satisfaction positively. If head nurses support staff nurses and listen to them by letting them contribute to decision-making and problem solving, then job satisfaction among the staff nurses reaches a higher level. Contributing to this aspect of supportive behaviour by nurse managers are Lin et al. (2015), who establish that supportive behavior is critical in determining how transformational leadership affects job satisfaction.

The results of all the included studies show that a relationship exists between leadership style and job satisfaction, with a transformational leadership style being most dominant in influencing job satisfaction. Overtime, there has been development in literature on how leadership styles affect job satisfaction, not only in nursing but also in other sectors (Voon et al., 2011). The role of employees in the success of any organisation is critical and in the healthcare sector, staff nurses are needed to provide quality care to the patients. Without proper leadership styles, staff nurses cannot provide quality care, since their job satisfaction levels will be affected. Results from the above four studies are however contradicted by Mirzabeigi et al. (2009), who found that job satisfaction levels among Iranian nurses were at lower levels, with only one third of nurses being satisfied with their jobs. Another study in Saudi Arabia by Al-Aameri (2000) was also contradictory, since it established that staff nurses in public hospitals were only slightly satisfied with their jobs.

Overall, the correlational relationship between transformational leadership and job satisfaction is positive, and all four studies above show this. It is evident that transformational leadership influences job satisfaction among staff nurses more positively compared to other leadership styles. This positive influence is evidence to the direct link that exists between transformational leadership and job satisfaction. It is important to understand the relationship between leadership and job satisfaction since job satisfaction makes up one of the most critical aspects of organisational success (Wagner, 2007). Apart from the healthcare setting, leadership is also critical in determining the success of organisations in other settings, including business and political settings (Pirouz, 2015). Leadership is critical in all sectors and the job satisfaction of employees in these sectors is also essential: thus, the relationship between these two aspects is important in determining the overall success of organisations.

4.3: Context of Burnout:

Leadership styles employed by nurse managers also have an influence on burnout levels among staff nurses. Ebrahimzade et al. (2015) found that leadership style had an influence on burnout, with the scores differing for the different burnout components. The most affected component was that of reduced personal accomplishment, while the second was emotional exhaustion, and the third was depersonalisation. Further research has been conducted in relation to the influence of leadership style on burnout among staff nurses, with Lahana et al. (2017) contradicting the previous study by Ebrahimzade et al. (2015) by concluding that the most affected burnout component is emotional exhaustion, then depersonalisation, and finally personal accomplishment. Transformational leadership and transactional leadership have an influence on burnout among staff nurses, while laissez-faire leadership does not influence the general burnout levels among staff nurses (Ebrahimzade et al., 2015). Laissez-faire leadership is classified as a passive leadership style, since nurse managers are detached from their roles, absent at important times, refrain from the role of decision-making, and give others responsibilities (Ebrahimzade et al., 2015). Poor leadership styles influence burnout among staff nurses in a negative manner, while effective leadership styles lead to low burnout levels among staff nurses. According to Duxbury et al. (1984), transformational leadership has a greater reduction rate on burnout levels compared to transactional leadership. Transformational and transactional leadership styles are the major leadership styles that report low levels of burnout levels, but transformational leadership leads to a lower turnout level(Duxbury et al., 1984).

Stress levels due to work pressure are determined by the leadership style used, which leads to certain behaviours from the nurse managers. According to Maurits et al. (2015), if those in management positions appreciate their employees then lowstress levels are expected, and the appreciation accorded to staff nurses from nurse managers is a great determinant in the reduction of work related stress, which is burnout. Bormann (2013) notes that appreciation and inspirational motivation from nurse managers are behavioral characteristic of transformational leadership. Therefore, this is a clear indication that transformational leadership is essential in the reduction of burnout levels among staff nurses. Arnold et al. (2015) also support this conclusion by explaining that transformational leadership is critical in reducing burnout levels among employees in healthcare organisations. According to Wagner (2015), moral distress is a major contributor to burnout levels among staff nurses. Such distress is a result of the different perceptions of staff nurses regarding different leadership styles.

Overall, the two studies (Ebrahimzade et al.,2015 and Maurits et al.,2015) establish a relationship between burnout levels and leadership styles, with transformational leadership reportedly leading to low burnout levels among staff nurses. Results from these two included studies in relation to the connection between leadership style and burnout support conclusions from other studies conducted on the same concept in different organisational settings. Such studies include those by Duxbury et al. (1984) and Hawks (2004), wherein leadership styles and employee burnout levels were investigated, with transformational leadership or behaviours associated with transformational leadership reporting low burnout levels. A study by Li et al. (2015) was related to the business sector and the authors determined that psychological issues related to leadership styles influenced burnout levels and occupational stress among employees in Chinese banks. This study is a clear indication that results from this review can be extended to other settings apart from the healthcare setting, and it is essential to establish the leadership style that is most effective in reducing burnout levels among employees in different sectors. This review therefore adds to a broader picture in its finding from the included studies that transformational leadership reduces burnout levels among staff nurses, andthis conclusion can be applied to other organisations that are not related to the healthcare setting.

4.4: Organisational and Occupational Commitment Context:

The connection between leadership and the organisational commitment among staff nurses is critical to this review, since organisational commitment is a factor in determining job satisfaction levels. Asiri et al. (2016) find that organisational commitment is affected negatively by transformational leadership and positively by transactional leadership. Other, previous studies revealed that a moderate level of psychological encouragement leads to moderate organisational commitment (McNees-Smith, 1995; McNees-Smith, 1997). The results from these studies indicate that organisational commitment and work environment are a determinant of job satisfaction among staff nurses. However, other studies contradict these results, including Meyer and Allen (1997), who did not establish if organisational commitmentwas influenced by the encouragement of managers, which is a behavioral aspect of transformational leadership. Bass et al. (2003) are however supportive of the results of this review, that transformational leadership is essential in determining environmental conditions and organisational commitment, which influence job satisfaction levels.

According to Lin et al. (2015), the relationship between organisational commitment and the well-being of staff nurses is significant. Moreover, they establish that transformational leadership style influences the general well-being of nurses positively, which in turn affects organisational commitment. Therefore, if nurses' general well-being is good, then overall levels of commitment to the healthcare organisation is high and job

satisfaction levels are good. Transformational leadership has continued to be the most dominant leadership style in healthcare settings, as supported by previous researchers (Wylie & Gallagher, 2009 andSuliman, 2009). Lin et al. (2015) aimed to expand research on how transformational leadership affects nurses' general well-being as a factor of job satisfaction. Support by nurse managers, which is a behaviour related to transformational leadership, is one of the major aspects that affect the general well-being of nurses, which determines the levels to which they are satisfied with their jobs. Organisational commitment is also associated with hospital ownership, which is a factor in management (Chiu et al., 2003). Furthermore, it is evident that the relationship between leadership style, organisational commitment, and job satisfaction is positive (Blegen, 1993).

According to El Dahshan et al. (2017), both transformational and transactional leadership styles are reported to have a positive relationship with organisational commitment. However, they established that the level of organisational commitment when a transformational leadership style was employed in the study setting was higher than when a transactional leadership style was employed by nurse managers. There is a general relationship between leadership style, organisational commitment, and job satisfaction, as established by Blegen (1993). Maurits et al. (2015) expanded their study to occupational commitment, and show that a relationship exists between leadership style, occupational commitment, and job satisfaction. Appreciation from nurse managers, which is a behaviour of transformational leadership styles, leads to staff nurses being more committed to their occupation. Robbins andDavidhizar (2007) also conclude that transformational leadership improves the levels of organisational commitment.

4.5: Context of Patient Satisfaction:
Patient satisfaction is influenced by the quality of care provided by staff nurses, who in turn provide quality care when they are satisfied with their jobs and experience low burnout levels. Bahadori et al. (2016) report that transformational leadership influences patient satisfaction positively through quality service provision from staff nurses. This result is supported by previous studies such as that of Grimm (2010), who states that it is essential for nurse managers to show support to staff nurses as a behavioural characteristic of transformational leadership in order to enhance quality of care, which in turn improves patient satisfaction levels.

4.6: Recommendations:
This systematic review, accompanied by the evidence and research from the included studies, can be used not only to improve healthcare organisations but also other organisations in different settings. This review concludes that the most effective leadership style in improving levels of job satisfaction and reducing burnout levels in nursing is transformational leadership. Implementation of transformational leadership is essential but a theoretical framework is needed. Nurse leaderwho employ transformational leadership will enhance job satisfaction levels among staff nurses and reduce burnout levels. Therefore, it is recommended that nursing practice employ transformational leadership to address these two issues.

Nurse leaders/managers employ different leadership styles in their healthcare organisations: however,transformational leadership style encompassesbehaviours and skills that can be trained and learned (Cassida& Parker, 2011). Therefore, it is essential that nurse leaders are trained and developed to employ transformational leadership through learning the relevant skills and behaviors. Malloy andPenprase (2010) and FaillaandStichler(2008) show that attributes related to idealised influence as aspects of transformational leadership have the most influence on staff nurses' levels of job satisfaction. Leaders who show motivational and supportive behaviours are needed in healthcare organisations in order to reduce levels of burnout and improve job satisfaction levels among staff nurses, leading to higher quality care for patients. According to Weberg (2010), nurse shortages lead to job dissatisfaction among staff nurses and transformational nurse leaders are needed to deal with this issue. Larrabee et al. (2003) also find that dissatisfaction among staff nurses concerning their jobs affects their intention to leave. To deal with such issues, the nursing curriculum should be integrated in such a way that transformational leadership behaviour is trained and taught.

It is also important that future research expands on transformational leadership and its influence on job satisfaction and burnout levels, and particularly that it investigates ways in which transformational leadership skills and behaviours can be developed among nurse leaders. This will have an impact upon nursing practice.

4.7: Strength of Review:
These published studies are vital, since they help in giving a detailed analysis and establishing the gaps identified in the topic for this study. The nine studies that were identified cover various aspects relating to nursing and various leadership styles which have been used in the past. They aid in developing a better understanding of the general concept of nursing and leadership processes in nursing practice, which are an important part ofthis study. For instance, these published studies help in providing a connection between nursing practice, nurses' motivation and the leadership process. Through this, these studies have shown how nurses react

to different types of leadership, and this is important in this research, since further expansion on the topic has been made. An absence of past studies complicates the research process, given that it is difficult to establish the research gap. Therefore, these studies assist by distributing more information on nursing and leadership practice and how the latter affects the conduct of nurses, as well as execution of their various responsibilities. This creates a possibility in which the study conducted may be compared with primary research in order to identify the authenticity of the recommendations which have been formulated.

4.8: Limitations of Review:
Published studies are often related to positive findings and thus the use of published studies in this review may lead to reporting bias. Moreover, the studies included in this review are cross-sectional and correlation studies, andthus questionnaires and surveys were the main methods for obtaining data. Respondent bias is associated with surveys and questionnaires: especially convenience sampling (Asiri et al., 2016). Another important limitation of this review is the absence of RCTs(RandomisedControlled Trials), which provide evidence that is more helpful(Richard et al., 2012). Most studies employed are also single-sited, meaning that they were only conducted in one hospital or only private hospitals, and this influences the general quality of the results (Furtado et al., 2011; Ebrahimzade et al., 2015; Bahadori et al., 2016; El Dahshan et al., 2017; Asiri et al., 2016; Abdelhafiz et al., 2015). Moreover, a small sample from the studies is a limitation for both the study and this review, since credibility or bias in the results are affected by the study sample (Ahmad et al., 2013). Finally, since only one reviewer was involved in this SR, there is a potential for bias. However, supervision from the project's supervisor was provided on a step to step basis.

V.   Conclusion

5.1.Overview:
This systematic review was created in the context of the influence of leadership style on job satisfaction and burnout among staff nurses. This conclusion will provide implications for practice and for future research.

5.2: Implications for Practice:
Nurse leaders/managers often make use of different leadership styles. The different leadership styles were discussed in Chapter One, with each having specific characteristics. This systematic review can be utilised by healthcare stakeholders from nursing students to healthcare professionals and healthcare organisations.

Nursing students may gain from this systematic review through learning skills about healthcare management, which will develop their career opportunities. Moreover, they can expand their knowledge on healthcare in general and healthcare management. In summary, the included articles point towards transformational leadership as an effective leadership style in improving job satisfaction and reducing burnout levels among staff nurses. With this important conclusion, nursing students can start developing transformational skills early, since these skills can be learned. Nursing students should, therefore, be offered transformational leadership training and mentorship in their nursing schools (Salem &Putri, 2012). Overall, this review will be crucial in helping nursing students make informed choices and decisions when choosing careers related to nursing management. This review can help prepare the same students in facing the difficulties and demands of healthcare management by ensuring that they have information on the most effective leadership style.

Healthcare professions that would benefit from this review chiefly include nurse leaders. Apart from nursing students, healthcare professionals and in particular nurse leaders can undergo transformational leadership training and mentoring to improve their knowledge and skills in transformational leadership. According to Davies (2013),transformational nurse managers are stated to ensure that staff nurses are satisfied with their jobs and show low burnout levels, to ensure that high-quality care is provided to patients. Healthcare organisations are under great pressure to deliver quality care to their customers, due to the increasing shortage of nurses and rapidly aging population in need of quality healthcare (Salem &Putri, 2012). With such pressure, healthcare organisations need to ensure that their employees, in this case nurses, are satisfied with their jobs and show minimal burnout levels. For this to be achieved, it is essential that these organisations take advantage of the results of this review and ensure that transformational leadership style is employed in their organisations(Pickerell, 2014). With a huge percentage of the current generation of nurse managers set to retire in the next ten years, new and young nurse managers are needed. It is the duty of these healthcare organisations and nursing schools to encourage young professionals to take up careers in healthcare management and at the same time train and mentor them in relation to transformational leadership (Anderson & Miller, 2007). In addition, healthcare organisations should be able to provide good working conditions to ensure that each nurse is committed to the organisation and their occupation.

Overall, this review has implications for the general health care setup and all the stakeholders involved. As discussed, the results of this review establish that transformational leadership is the most effective leadership style in reducing burnout and increasing job satisfaction levels among staff nurses. This conclusion could have implications for healthcare professionals, nursing students, and healthcare organisations.

5.3: Implications for Future Research:

This systematic review has closed the overall literature gap that existed concerning effective leadership styles. Previous researchers only determined the relationship between several leadership styles and job satisfaction and burnout among nurses. However, this review focused on exploring how to reduce burnout levels and improve job satisfaction levels using the most effective leadership style. There arefurther considerations and improvements to be made on the state of knowledge as evidenced in this SR, and this leads to the implications which the review has for future research.

Several implications that could be applied in future research emerged as a result of this SR. Future research concerning the same topic could continue to provide insightful information to nursing practice and healthcare in general. As established earlier, knowledge and skills for transformational leadership can be developed through training and learning. What is lacking is information on the best leadership training that could be employed to ensure that knowledge is put into action. Future research could focus on determining the best training methods to impact transformational leadership skills in nursing students focused on healthcare management and nurse leaders.

This systematic review focused on job satisfaction and burnout levels among staff managers. Insufficient information exists on the levels of job satisfaction and burnout among nurse managers. This forces the need for future research to focus on nurse managers' burnout and job satisfaction in relation to the leadership style they employ in their practice (Warshawsky et al., 2014). Furthermore, it is also critical that future research to focus on the different management levels that exist among the nurse leaders, since the result may vary significantly. Different levels of management may lead to different results in relation to the topic of this review. Moreover, even when levels of burnout and job satisfaction among nurse managers are considered, the different management levels may lead to significantly different results (Warshawsky et al., 2014).

Another important consideration concerning implications for future research is the economic development of the countries in which the included studies were conducted. The available resources determine the performance of the healthcare sector in a nation and thus, level of economic development is an important issue (Azaare, & Gross, 2011).The results of studies conducted in an economically developed country may be significantly different from those conducted in an underdeveloped or developing economy. Future reviews or researchers, therefore, need to put into consideration the level of economic development, which determines the availability of resources in the healthcare sector, and the level of experience among the nurse managers and staff nurses.

Finally, other important issues such as culture and race, which are also essential in determining the job satisfaction levels, need consideration (Negi, 2009). Culture determines the perceptions which employees have of the occupation. Such perceptions are instrumental in determining aspects such as burnout and job satisfaction levels. Therefore, it is recommended that future research determines the relationship between such concepts.

5.4: Conclusion:

Job satisfaction and burnout among staff nurses is a global issue that needs consideration and swift action to be taken. This situation led to this systematic literature review on the most effective leadership style to improve job satisfaction and reduce burnout among staff nurses. This review selected and combined nine studies after inclusion and exclusion criteria were implemented. Overall, transformational leadership style was established as the most effective leadership style. The evidence from this review can be used to maximise the effectiveness of transformational leadership in improving health care provision globally (Alloubani et al., 2014). Its findings are significant for all healthcare stakeholders, including governments, healthcare organisations, healthcare professionals, and students taking up healthcare related courses: specifically, nursing. Research on leadership styles and their relationship with burnout and job satisfaction are in existence, but this review extends beyond that and provides information on transformational leadership as the most effective leadership style in dealing with the two concepts.

Acknowledgements

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