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Nurse Leader Effect on Burnout Among Mental Health Nurses Working in Inpatient Psychiatric Nursing

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NURSE LEADER EFFECT ON BURNOUT AMONG MENTAL HEALTH NURSES
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Nurse Leader Effect on Burnout Among Mental Health Nurses Working in Inpatient

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Abstract

Background: Burnout is a phenomenon that affects many nurses working in different nursing specialties. Research has shown that nurses working in psychiatry suffer from burnout. Burnout can have serious consequences to the individual nurse, to the patients they are responsible for, and the organization as a whole.

Purpose: The purpose of this critical review of the literature is to explore the impact nursing leadership can have on burnout among mental health nurses

Conceptual Framework: The Modeling and Role-Modeling theory will be adapted to guide the review and to explain the human relationship of nurse leaders and mental health nurses in the context of reducing and preventing burnout.

Methods: Twenty qualitative and quantitative studies were reviewed. The Johns Hopkins Research Evidence Appraisal Tool as well as the Johns Hopkins Non-Research Evidence Appraisal Tool (Dearholt & Dang, 2012), were used to evaluate the strength of the research evidence.

Results: The literature reviewed identified that nursing leadership involvement in the inpatient psychiatry units has a positive impact on nurse burnout. The presence of nurse leaders protects nurses against depersonalization, increases job satisfaction, provides clinical supervision, enhances effective communication, and ensures nurses have the resources they need to succeed.

Conclusion: The presence of nursing leadership on inpatient psychiatry units is important as it protects mental health nurses from burnout. When leaders are visible, nurses feel supported and valued. Nursing leadership ought to work collaboratively with

mental health nurses, and include the nurses' input in departmental decisions that affect them.

Implications: Nurse leaders in psychiatry need to be trained in interpersonal communication as well as in clinical supervision. Education and interventions to both staff and leaders about the effects of burnout is necessary to protect against burnout. More research is needed to explore the unique leadership qualities that are needed for leaders who work in inpatient psychiatry. Also, more research is needed to explore unique leadership needs for psychiatric care environments.

Key words: Nurse burnout, nursing leadership, psychiatric nurses, mental health nurses, Nursing management, stress, and coping

Table of Content

Chapter One: **Introduction**

Burnout has been defined as a syndrome of physical and emotional exhaustion frequently seen among individuals who work in the caring professions (Maslach, Jackson & Leiter, 1996). It is a gradual process whereby an individual in response to prolonged stress detaches from work and other relationships. Maslach, Jackson and Leiter (1996) describe psychological burnout as a syndrome consisting of three essential characteristics: emotional exhaustion, which describes a reduction in the emotional resources of an individual, depersonalization, which is characterized by an increase in negative, cynical, and insensitive attitudes towards patients, and low personal accomplishment, which refers to a feeling of being unable to meet patients' needs and to satisfy essential elements of job performance.

Symptoms associated with burnout include, low energy, feelings of lack of control and helplessness, lowered motivation to engage in work, and negative attitude towards self, work, and others. In Psychiatry, nurses are often subjected to both physical and verbal aggression from their patients. Research has shown that when nurses are frequently subjected to violence or threats of violence they can become desensitized, suffer emotional, physical and psychological health problems (Bimenyimana, Poggenpoel, Myburgh, & Van Niekerk, (2009); Levert, Lucas & Ortlepp (2000); Ahola & Hakanen (2014); Furtado, Batista, & Silva (2011).

Research has also shown that nurses in leadership positions may play an important role in alleviating burnout (Furtado, Batista & Silva, 2011). For this review, the terms psychiatric nurse(s) and mental health nurse(s) will be used to refer to nurses who work with mentally ill patients and will therefore be used interchangeably.

Statement of Purpose

This critical review of the literature will explore the issue of nurse burnout in mental health nursing. In particular, the study will be focused on the role that nursing leadership can play in reducing and preventing burnout among mental health nurses who work in inpatient psychiatry. The review intends to find out what impact nurse leader involvement on inpatient psychiatry units has on burnout among mental health nurses.

Evidence That Warrants Literature Review

Dickson and Wright (2008) observed that nurses, in general, and mental health nurses, in particular, are at risk for burnout because they are constantly interacting with patients. Pompili et al. (2006), also found that psychiatric nurses experience higher levels of burnout than nurses in other specialties. Burnout is costly and wasteful because it more often than not leads to nurse turnover, and organizations have to spend a lot of money recruiting and training new nurses. According to Hoge et al. (2007), burnout has been identified by the United States Federal government as a key component of the major problem of retaining competent nursing staff in treatment facilities and state behavioral health systems. In the period 2003-2004 out of 18.2 % of psychiatric nurses who left the specialty, 26% of the nurses left due to burnout as compared to illness (15%), disability (15%), other position (13%), and promotion (12%).

Recently, inpatient psychiatric services have moved from state institutions to hospital settings. The patient population in inpatient psychiatry units has thus changed to include populations that were normally referred to state institutions. This has resulted in high patient turnover (National Association of Psychiatric Health Services, (NAPHS), 2006) which leads to high readmission rates, overcrowding in inpatient psychiatry units

and increase in patient aggression leading to frequent use of restraints and seclusion. This has resulted in nurse burnout and injury which, leads to medication errors, and other negative patient outcomes (Hanrahan, 2010; Rothschild et al., 2007). The problem is made worse by a nursing shortage in general and a serious shortage of psychiatric nurses (Hanrahan, 2009). In 2006, a study on hospital based psychiatric nursing shortages by the National Association of State Mental Health Program Directors Research Institute found that 36 out of 43 states had psychiatric nurse vacancies in hospital settings (NASMHPD Research Institute, 2006). The nursing shortage and the admission of more violent patients (who would have previously been referred to state facilities) increased the workload of mental health nurses and consequently increased burnout.

Additionally, nursing care has expanded and nurse managers are often responsible for large-scale policy planning, staff management, financial resource management, and business management, in addition to their core responsibilities of coordinating and supervising the delivery of health care. Due to the increased responsibilities of nursing leaders it has been observed that the leaders are more often than not in their offices and far removed from bedside nursing. They are involved in administrative duties and only show up on the unit floor when there is a problem or when the regulatory bodies like The Joint Commission are expected to visit the hospital. In many cases the leaders are not aware of the issues that are facing staff nurses and are therefore not in a position to notice the stress that the nurses have to undergo every day. A study that examined how organizational factors of the inpatient psychiatric environments are associated with psychiatric nurse burnout found that psychiatric nurse burnout is associated with unsupportive management (Hanrahan et. al. 2008).

Different interventions have been employed to ameliorate the high burnout in nurses. This review of the literature aims to find out what impact psychiatric nursing leadership involvement on inpatient psychiatry units has on nurse burnout. Research in other areas of nursing shows that there is a positive relationship between the degree to which the staff nurses feel that they are valued by their leaders and the organization and the degree of nurse burnout (Kanai-Pak, Aiken, Sloane, & Poghosyan, 2008; Poghosyan, Aiken, & Sloane, 2009). It is therefore imperative to review the literature in order to identify the impact of competent nursing leaders and which leadership styles can be applied in inpatient psychiatry units to prevent burnout.

Significance of the Research to Nursing

This review of literature highlights the impact that nurse leaders' presence on inpatient psychiatry units can have and outlines guidelines for addressing the problems that lead to nurse burnout among nurses working in psychiatry. This project provides a positive strategy for nurse leaders' involvement in inpatient psychiatry units as a basis of supporting nurses in their nursing roles in order to prevent burnout and provide positive work environments in which nurses thrive and clinical best practice is delivered.

With nursing shortages being experienced in all sectors of nursing, mental health nursing is not exempt (Hanrahan, 2009). It is therefore important to care for the nurses that are in the workforce and empower them to stay in psychiatric nursing and be the best nurses that they can be. While nurse leaders have the responsibility of holding nurses accountable for the job that they are hired to do, they also must carry the burden of supporting the nurses and empowering them to succeed. Nurse leaders cannot support the nurses unless they are physically on the floor listening, discussing, and engaging the

nurses in open dialogue on ideas that would improve the working conditions of the nurses while at the same time providing validation of the work that the nurses are doing every day. Being on the nursing unit allows leaders the opportunity to mentor nurses, foster best practices and find workable solutions for department issues (Silvers, 2017). In addition, when leaders are visible on the unit, their presence is perceived as caring for the nurses, and the leaders on the unit can model healthy, professional, and supportive behaviors for the nurses (Silvers, 2017).

Conceptual Framework

Working with mentally ill patients can be stressful. Some of the stressors include, heavy workload, lack of positive feedback and support from nurse leaders, lack of resources, poor work environments, the stigma associated with working in psychiatry, and the emotional stress of working with aggressive patients (Paris & Hoge 2010). It is therefore important to have good working relationships as nurses depend on each other to ensure safety of the patients as well as safety for coworkers

The theory of Modeling and Role-Modeling (MRM), which is a relationship based theory, will be applied as a framework in this review of the literature as it places the client at the center of all nursing care. This theory was selected as a conceptual framework for this review because at its core is the emphasis on seeing issues as the person affected sees them. The theory recognizes the role of the patient as the expert in their illness and therefore in the best position to identify what they need. In MRM, modeling is the act of gaining understanding of the client's world from the client's perspective. According to Erickson, Tomlin and Swain (1983), the MRM theory proposes that nurses should attempt to view the world through the client's eyes. Role-Modeling

then is using the client's model, to plan interventions and provide resources that meet his/her perceived needs. Concepts of this theory that are related to the nurse's role include, facilitation, nurturance, and unconditional acceptance. The theory views the client in a holistic sense as someone who has physical, emotional, biological, spiritual, and psychological needs. The MRM theory provides the nurse a basis for providing patient centered care and allows the nurse the opportunity to provide holistic care.

There are five aims of nursing interventions when using the MRM theory. They are, building a trusting relationship with patients, promoting hope and positive self-esteem, promoting the patient's idea of control, assisting patients to determine and engage their strengths, setting goals that have been mutually agreed upon by patient and nurse that promote health and allow the client's basic needs to be met. All the above interventions are meant to enable the patient to attain self-care. The concept of self-care is huge in the MRM theory. The theory proposes that individuals know, on some level, why they are unwell and how to get better. Through the process of modeling, nurses are able to understand the patient's perceived personal problems. When using the MRM theory nursing interventions are designed based on the belief that patients understand why they are ill and that they also know what they need to do to improve and optimize their state of health and promote their well-being. The MRM theory refers to this inherent knowledge as self-care knowledge. According to Erickson et al., (1983) all individuals have internal and external self-care resources. Internal self-care resources are personal strengths (self-strengths) that a person can use to promote health and growth. The MRM theory emphasizes that these strengths must be defined by the perceptions of both the nurse and the client and can include values, attitudes, endurance, patterns, or any other

qualities that can be perceived as a personal strength and resource of that individual. External self-care resources include the client's social support and network systems. The social network includes people with whom the person is socially acquainted with, and support systems are people who are perceived to support, and provide resources for the person. Using both internal and external resources, the nurse can assist the client to achieve, and promote an optimal level of holistic health (Erickson, et al., 1983).

The MRM theory also notes that for individuals to be able to maximize the full potential of their resources, they must have their needs met in accordance with Maslow's hierarchy of needs. According to Maslow (1943), human needs are organized in a hierarchy as physiologic needs, safety and security needs, love and belonging needs, self-esteem needs, and self-actualization needs. More basic needs must be met prior to meeting higher level needs. The higher the level of needs met, the greater the ability an individual has to cope appropriately with stress and ill health and the easier it is for them to achieve equilibrium. People whose high-level needs are unmet are not able to mobilize resources when they are faced with stress/illness. A nurse, with full knowledge of what the clients' perceived needs are, is able to provide holistic care by designing nursing interventions that will help the client meet their physiological, psychological, social, cognitive, and spiritual needs according to what the client perceives as the most important need.

Modeling and role-modeling involves both the patient and the nurse. Schultz (2004) describes the concept of modeling as a central concept whereby each individual needs to develop an understanding of the other person's world within the other person's framework and perspectives, while suspending one's own opinions, values, and

perceptions. Therefore, the nurse using this theory places herself/himself in the patient's view point and sees the world through the patient's eyes. When individuals see the world through another person's eyes, they are able to build relationships based on mutual respect and from a more neutral starting point (Schultz, 2004).

The MRM theory requires the health care professional to understand the patient's perspective regarding his/her health problem. Nurses do not make assumptions and decide on what they think a patient's needs are, but rather listen to the patient and prioritize interventions depending on what the client thinks is most important.

Even though this theory is often used to refer to the nurse-patient relationship, Schultz (2004) points out that the theory essentially describes human relationships. For purposes of this study, the theory will be adapted to explain the human relationship of nurse leaders and mental health nurses in the context of reducing and preventing burnout.

Summary

This chapter has provided and discussed the rationale for the literature review and the significance of addressing the issue of burnout among mental health nurses. Protecting nurses from burnout is important because when nurses are healthy and function at the top of their professional expectations, they are motivated to work diligently, which leads to better nursing care and consequently good patient outcomes. The theory of Modeling and Role-Modeling was introduced and discussed as a conceptual framework for the literature review.

Chapter Two: Methods

This chapter will review the search strategies for the literature review on the nurse leader effect on burnout among mental health nurses working in inpatient psychiatry. The criteria for including and excluding research studies as well as the criteria for evaluating the research studies will be presented. The number and type of research studies will also be specified.

Search Strategies

The search strategy used to identify research studies for this literature review include the databases, MEDLINE (2006 to 2017), CINAHL (2006 to 2017), PsycINFO (2006 to 2017) and PsycARTICLES (2006 to 2017). Search terms used were: Psychiatric Nur*, Mental Health Nur*, Mental Health Professional*, Mental Health Staff, Mental Health Personnel, and Behavioral Health Nur*. These search terms were combined with the terms stress, burnout, coping, job satisfaction, stress management, leadership, management and administration.

Criteria for Including or Excluding Research Studies

To be included in the review, the research studies had to be written in English, published between 2006 and 2017, pertain to mental health nurses and are related to burnout and nursing leadership. Papers not written in English, literature reviews and commentaries were excluded.

Employing the above search strategy, more than 100 articles were initially identified and saved. All the articles were current in terms of the timeline specified except for those that were needed to give historical perspectives on burnout and those on the Modeling and Role Modeling theory. The articles were then reviewed to identify

those studies that specifically explored burnout on inpatient psychiatry units in hospital settings. The search was narrowed further to select only studies that were conducted on inpatient psychiatry and had looked at nursing leadership's role in mitigating mental health nurses' burnout rates.

Number and Types of Studies for the Review

For this critical review of the literature project, twenty studies were reviewed. The articles were selected and included in the matrix either because they specifically addressed the role of nursing leadership involvement on burnout among nurses working in mental health or their findings could be generalized to mental health nurses.

The studies reviewed employed a variety of research designs and ten articles had a qualitative descriptive design. Seven articles represented cross-sectional observational designs and two of them were descriptive quantitative studies. Only one study used a quasi-experimental design. The studies chosen were conducted in different parts of the world including, South Africa, Cyprus, United Kingdom, USA, Canada, China, Finland, Ireland, and Jordan and as such, provide a comprehensive picture on the effects of burnout in inpatient psychiatry and the impact of nursing leadership on ameliorating the levels of burnout among mental health nurses.

Criteria for Evaluating Research Studies

This literature review project aimed to find the highest level of scientific evidence to support the research question. The Johns Hopkins Research Evidence Appraisal Tool as well as the Johns Hopkins Non-Research Evidence Appraisal Tool (Dearholt & Dang, 2012), were used to evaluate the strength of the research evidence. Using the Matrix method (Dearholt & Dang, 2012), each research article was evaluated with six topics:

Citation/Level and Quality, Purpose, Sample/Setting, Design, Results/Conclusion, and Recommendations. All the research studies were evaluated for their strength before being included in the literature review. Only the research studies with high levels of scientific evidence were used.

Summary

The research studies chosen for the review were representative of nurse populations from different parts of the world. They are a testament of the widespread nature of burnout among nurses in many parts of the world. The Johns Hopkins Evidence Appraisal Tool used to evaluate the evidence ensured that only studies that had strong research evidence were included in the review. The studies selected were of high quality and sufficiently provided the needed data.

Chapter Three: Literature Review and Analysis

This chapter includes a review and analysis of the articles that fit the inclusion criteria. The reviewed studies are presented in an evidence matrix using these topics: Citation/Level and Quality, Purpose, Sample/Setting, Design, Results/Conclusion, and Recommendations. The level and quality of the articles were determined using the Johns Hopkins Evidence Level and Quality Guide (Dearholt & Dang, 2012). This chapter will provide a synthesis of the findings as well as a critique of the strengths and weaknesses of the salient studies.

Synthesis of Major Findings

Throughout the literature reviewed, the authors indicate that there is evidence to support burnout in the nursing profession (Dickson &Wright, 2008; Hoge, et al., 2007). While there are many different factors that contribute to the prevention and reduction of nurse burnout among mental health nurses, this review of the literature specifically intends to find out what the literature indicates regarding the effect of nursing leadership involvement on the units and burnout among mental health nurses.

Leader - Nurse Communication and Burnout

Mental health nursing relies on communication and relationship building as the core of its clinical practice (Peplau, 1997; Ennis, Happell, Broadbent and Reid-Searl, 2013). Nurses rely on therapeutic communication to establish rapport with patients and also to communicate important transfer of care communication with each other and other providers. Ennis et al. (2013) found that communication has particular relevance for clinical leaders in mental health nursing. In their study on the importance of communication for clinical leaders in mental health nursing, Ennis et al. (2013) found

that clinical leaders in the mental health specialty are nurses with the ability to communicate effectively and influence others in the clinical setting. They identified leader attributes of communication like choice of language, nonverbal communication, and listening as being important communication skills that mental health leaders need to possess and practice in their day-to-day interactions with nurses to enable them to have this influence. Findings by Ennis et al. (2013) also found that the nurse leaders that were thought to be effective clinical leaders by nurses working in mental health were those with an ability to communicate with others in a way that builds effective working relationships and rapport. Hanrahan et al. (2010) identified the importance of leadership presence and availability in the context of open communication and sharing information with staff nurses as major predictors of psychiatric nurse burnout reduction. Nurses appreciate the opportunity to participate in policy decisions that affect them, being acknowledged publicly for their work, being heard, as well as getting answers to their questions in a timely manner. According to Edwards et al., (2006), the nurse's ability to discuss sensitive and confidential issues with their supervisors was found to have positive association with lower levels of burnout.

Clinical Supervision and Burnout

Nurse leaders when available on the unit have the opportunity to provide clinical supervision to the nurses. Gonge and Buus (2011) who defined clinical supervision as an activity that allows nursing staff to reflect on their clinical practice under the guidance of a supervisor, found that this kind of supervision is beneficial for psychiatric nursing staff and that it improves their quality of care, coping, job satisfaction and can lead to less stress, emotional exhaustion, and depersonalization. This in effect contributes to lower

levels of burnout (Gonge & Buus, 2011). Rice et al. (2007) on reviewing the supervisor's perspective found that the supervisors thought that provision of clinical supervision improves staff morale and motivation and provides an avenue for the supervisor to review the nurse's clinical practice and evaluate their professional and personal development. This allows the nurse leaders to identify gaps in individual nurse's practice and provide resources and interventions for growth and hence promote job satisfaction (Rice et al., 2007)

In 2006, Edwards et al. studied the role of clinical supervision and its influence on burnout levels in Welsh community mental health nurses. Surveys and demographic questionnaires were given to a sample of 817 community mental health nurses and there were 260 respondents. Both the Maslach Burnout Inventory (MBI) and the Manchester Clinical Supervision Scale (MCSS) were used in this study. This study found that higher scores on the MCSS were associated with lower levels of burnout, implying that if clinical supervision is seen as effective, then the community mental health nurses surveyed were more likely to report lower levels of emotional exhaustion and depersonalization (Edwards et al., 2006). Results from this study also showed that if nurses felt supported by their supervisor and that if they had a positive attitude towards clinical supervision this could also lead to lower levels of burnout for depersonalization (Edwards et al., 2006).

Sherring and Knight (2009) in their study on burnout among city mental health nurses found that nurses who feel supported and valued have lower levels of burnout. However, their study also found that for nurses to benefit from nurse leaders, they have to perceive that the supervision they receive is adequate. A study by Koivu, Saarinen and

Hyrkas (2012) found that nurses who did not find their clinical supervision effective were inclined to over commit to work, which is common in persons prone to develop burnout while quality of work increased significantly among the nurses who received effective clinical supervision. They suggested that efficient clinical supervision could be both an antecedent as well as a consequence of well-being at work (Koivu, Saarinen, & Hyrkas, 2012). Sherring and Knight (2009) also found that mental health nurses feel supported by their leaders when they are involved in decision-making and that this helps to reduce levels of burnout. This finding is supported by a study by Hamaideh (2011) on burnout, social support, and job satisfaction among Jordanian mental health nurses that concluded that increasing job satisfaction, and training supervisors to support staff are important steps in reducing burnout levels.

Clinical supervision enables supervisors to assist nurses reflect on their clinical practice. Doing this helps identify knowledge and skill gaps and areas that need improvement and allows supervisors to provide assistance to the nurse. This is important for mental health nurses as it focuses on the development and refinement of professional practice and ensures accountability (Gonge & Buus, 2011). This practice also allows the nurse leader to evaluate the nurse's skills and ensure they are meeting standards of work, and errors are detected or prevented ensuring good practice and continuous improvement in clinical care (Rice et al., 2007).

Psychiatric Work Environment and Burnout

The inpatient psychiatry practice environment is different from other nursing specialty areas. In psychiatry, many patients are ambulatory and they walk freely in the common area of the units. Nurses and other care providers interact with each other and

with patients in these common areas. The atmosphere in the psychiatry work environment can range from being quiet to suddenly becoming loud as patient behaviors change. Mentally ill patients can quickly become elevated in mood, become aggressive toward each other or to care providers. Patient aggression has been described as being a part of the psychiatry work environment and has been found to be one of the factors that contribute to burnout among mental health nurses (Bimenyimana, Poggenpoel, Myburgh, & Van Niekerk, 2009).

Several studies (Bogaert et al., 2013; Hanrahan et al., 2010) identified the presence of nursing leadership and their availability to the nurses as a factor in assisting psychiatric nurses to deal with the stress of their work environment. Hanrahan et al. (2010) in their study on the relationship between psychiatric nurse work environments and nurse burnout in acute care general hospitals found a strong and significant relationship between psychiatric nurses' experiences of feeling valued by their leaders with lower rates of expressed emotional exhaustion and depersonalization.

Bogaert et al. (2013) in their study on the impacts of unit-level nurse practice environment and burnout on nurse-reported outcomes in two psychiatric hospitals identified a positive association between nurse management at the unit level with lower levels of the burnout. They cautioned that nurse leaders ought to pay attention to peer and interdisciplinary relations by promoting a model of care that ensures a fair and meaningful recognition and acknowledgement of good collegial relationships. This creates an attractive and productive work environment in psychiatric inpatient care units (Bogaert et al. 2013).

Roche, Duffield and White (2011) in their study on factors in the practice environment of nurses working in inpatient mental health surveyed 260 mental health

nurses with a response rate of only 32%. The results from this study showed a positive relationship between effective clinical supervision and burnout. However, the reduction in nurse burnout could not be attributed to supervision alone, as other factors in the practice environment like quality nursing care and opportunities to participate in hospital affairs might have contributed to decreased level of burnout (Roche, Duffield &White, 2011).

Hanrahan, Aiken, McClaine and Hanlon (2010) studied the relationship between psychiatric nurse work environments and nurse burnout in acute care nursing. They concluded that leadership of nurse managers is central to all aspects of the work environment and to preventing emotional exhaustion and burnout. They suggested that nurse managers should recognize the strength of the relationship between organizational factors and psychiatric nurse burnout.

Leadership Style and Burnout

There are many different styles of leadership that are used by nurse leaders. According to Madathil, Heck and Schuldberg (2014), leadership style and work role autonomy have been found to be environmental factors that protect against burnout in nurses. They found that transformational leadership by nurse supervisors may help to reduce burnout by reducing the impact of depressive symptoms and increasing feelings of personal accomplishment in psychiatric nurses. Their study found that nurses felt that transformational leadership helped them feel more valued and was conducive to a positive work environment which lowered perceived stress and ultimately contributed to less burnout (Madathil, Heck & Schuldberg, 2014).

A study by Kanste, Kyngäs and Nikkil (2007) on the relationship between multidimensional leadership and burnout among nursing staff found that transformational leadership can protect nurses from depersonalization. Attributes of transformational leadership like sharing organizational goals with clear explanation on how nursing tasks help achieve them, ability to solicit and entertain new ideas, self-management and adaptability help nurses buy into what the organization is doing and enable them to feel part of the team as they feel listened to and are aware of the big picture. This study also found that management by exception protects from depersonalization and increases personal accomplishment. Active management by exception behavior of the nurse manager increases personal accomplishment by ensuring that mistakes are corrected early and employees are proactively mentored and trained, thus becoming better clinicians, which protects from burnout (Kanste, 2008).

Critiques of Salient Studies

The studies that are salient to the study question have both advantages and disadvantages. Most of the studies were performed on mental health nurses. All of them apart from the study by Edwards et al. (2006) which studied the role of clinical supervision and its influence on burnout levels in Welsh community mental health nurses were conducted on nurses working in inpatient psychiatry settings. The analyses in the studies suggest that there is an association between leaders' involvement on the unit and psychiatric nurse emotional exhaustion and depersonalization.

A major drawback on the studies by Edwards et al., (2006) and Bogaert et al. (2012) is that they used the cross-sectional design. Using the cross-sectional design makes it impossible (Pompili et al., 2006) to confirm causal links between leadership

supervision and burnout rates. Even though the analyses in the study by Edward et al., (2006) indicated there was an association between the level of supervision and psychiatric nurse emotional exhaustion and depersonalization other variables like personal characteristics of the nurse or patient to nurse staffing ratios among others could be ruled out. The cross-sectional survey data used in the study has also been criticized because it only limited the study to a point in time (Edward et al., 2006).

The study by Bogaert et al. (2013) studied psychiatric nursing units in only two hospitals. The low response rate of the study by Roche, Duffield and White (2011) at 32% made it difficult to be certain that the responses received were representative of the total sample. When sample size is too small, it is difficult to generalize the findings.

Summary

This chapter looked at the selected studies and synthesized the research in light of the impact nursing leadership involvement can have on burnout among mental health nurses. This literature review provided evidence that burnout is a real phenomenon in many different nursing specialties. Nurses in psychiatry units, because of their unit layouts and ambulatory patients who can be unpredictable and aggressive, have to work together as a cohesive team and manage the environment together not only for patient safety, but for staff safety as well. Communication is therefore important both when working with patients as well as when collaborating with coworkers. The nurse leaders are instrumental in facilitating the management of the work environment as well as enhancing communication among nurses and other providers. The research reviewed showed that nurse leaders, when involved in inpatient psychiatry units, are able to

provide resources, facilitate communication, and provide support and clinical supervision for the nurses to protect mental health nurses against burnout.

Literature Matrix

Citation/level & Quality	Purpose	Sample/Setting	Design		Results/ Conclusion	Recommendations
			Methodology	**Measurement**		
Bimenyimana, E., Poggenpoel, M., Myburgh, C., & van Niekerk, V. (2009). The lived experience by psychiatric nurses of aggression and violence from patients in a Gauteng psychiatric institution. *Curationis*, *32*(3), 4-13 10p. doi:10.4102/curations. v32i3.1218 **Level:** - III **Quality:** - Good	To explore and describe the lived experiences by psychiatric nurses of aggression and violence from patients in a Gauteng psychiatric institution and to describe guidelines to assist the psychiatric nurses to manage patient aggression and violence in the psychiatric institution.	A purposive sample of psychiatric nurses in Gauteng psychiatric institution in South Africa, was utilized. All the participants were registered psychiatric nurses who had been working in the institution at least for the last two years. Out of ten participants, five were males and five were females all aged between twenty and forty years old.	A qualitative, descriptive and contextual research design was utilized. One-on-one interviews were conducted with participants until saturation		-Aggression and violence toward psychiatric nurses by the mentally ill patients is real -Nurses experience physical, verbal and emotional assault. -As a result of this violence, many nurses are leaving the profession. -The nurses feel unsupported and burnout is common.	- A holistic view of addressing patient aggression to help the nurses work with patient population - A proactive support for the nurses to help in management of negative feelings - Nurses need assistance in management of aggression from patients and coping with stress. -Future studies on the impact of violence and aggression on the professional and personal lives of the psychiatric nurses.

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ conclusion	Recommendations
			Methodology	**Measurement**		
Edwards, D., Burnard, P., Hannigan, B., Cooper, L., Adams, J., Juggessur, T., & ... Coyle, D. (2006). Clinical supervision and burnout: The influence of clinical supervision for community mental health nurses. *Journal of Clinical Nursing*, *15*(8), 1007-1015 9p. doi:10.1111/j.1365-2702.2006.01370.x **Level:** - III **Quality:** - Good	To establish the degree to which clinical supervision might influence levels of reported burnout in community mental health nurses in Wales, UK.	260 community mental health nurses in Wales, UK The mean age was 42 years (range 25–64) 62% were women.	Descriptive Qualitative design. Surveys were used Maslach Burnout Inventory and Manchester Clinical Supervision Scale were used to collect data		-Only 32%of the original sample completed the survey. -There was a positive relationship between effective clinical supervision and burnout. -The findings from this study suggested that if clinical supervision is effective then community mental health nurses experience lower levels of burnout.	-Further research is required to determine the long-term benefits of implementing clinical supervision - Further research to determine what other factors have an influence on levels of burnout for this group of nurses over an extended period of time.

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ Conclusion	Recommendations
			Methodology	Measurement		
Ennis, G., Happell, B., Broadbent, M., & Reid-Searl, K. (2013). The importance of communication for clinical leaders in mental health nursing: The perspective of nurses working in mental health. *Issues in Mental Health Nursing, 34*(11), 814-819 6p. doi:10.3109/01612 840.2013.829539 **Level:** - III **Quality:** - Good	To describe the views of nurses working in mental health about the importance of effective communication in a day to day clinical leadership.	Registered nurses practicing in a mental health setting who had worked in the service for at least 12 months.	Qualitative study This study was conducted using a grounded theory approach Individual semi-structured interviews, recorded on a digital voice recorder, and later transcribed verbatim were used.		-Communication is an attribute of effective clinical leadership for nurses working in a mental health setting.	-Further research is needed on the development of evidence-based knowledge on the attributes of clinical leader in mental health nursing

Citation/level & Quality	Purpose	Sample/Setting	Design		Results/ Conclusion	Recommendations
			Methodology	**Measurement**		
Karanikola, M. K., & Papathanassoglou, E. D. (2013). Exploration of the burnout syndrome occurrence among mental health nurses in Cyprus. *Archives of Psychiatric Nursing, 27*(6), 319-326 8p. doi:10.1016/j.apnu.2013.08.004 **Level:** - III **Quality:** - Good	To explore the levels of burnout and associations with anxiety and depressive symptoms among psychiatric–mental health nurses in Cyprus	Registered psychiatric mental health nurses with bachelor's degree employed in adult and child/adolescent hospital and community mental health services in the public sector in the Greek-Cypriot area of Cyprus A sample of 226 nurses was used	A quantitative study. A descriptive correlational design with cross-sectional comparisons was applied through self-reported questionnaires Measurements used were, Maslach Burnout Inventory, Hamilton Anxiety Scale and the Beck's Depression Inventory		- The study found an association between burnout, anxiety and depressive symptoms in psychiatric mental health nurses. -Psychiatric mental health nurses are at an increased risk of stress-related physiological disturbances	-Future studies to determine whether or not a causative relationship between burnout and anxiety and depressive symptoms exists. -The study recommends empowering nurses and strengthening the relationship between the nurses and supervisors and with hospital administration.

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ Conclusion	Recommendations
			Methodology	Measurement		
Sherring, S., & Knight, D. (2009). An exploration of burnout among city mental health nurses. *British Journal of Nursing, 18*(20), 1234-1240 7p. doi:10.12968/bjon.2009.18.20.45114 **Level:** - III **Quality:** - Good	To describe burnout among mental health nurses working at a city National Health Services Trust in the UK and to develop an understanding of the variables involved in burnout for mental health nurses	A population sample of all qualified mental health nurses working at the Trust was recruited. A total of 475 nurses	A qualitative study. A survey design was used. The survey incorporated the Maslach Burnout Inventory (MBI)		-Nurses who have higher-level academic qualifications and feel supported and valued at work have lower levels of burnout. -The quality and frequency of clinical supervision decreases the level of burnout experienced. -Reducing burnout could produce cost savings and improve patient care.	-Further research on burnout among mental health nurses is needed to help find ways to lower the risk of burnout. -Further research should also be conducted into the relationship between burnout and academic qualifications -More research to uncover the impact of clinical supervision in supporting and valuing mental health nurses, and involving them in decision making

Citation/level & Quality	Purpose	Sample / Setting	Design		Results/ Conclusion	Recommendations
			Methodology	Measurement		
Koivu, A., Saarinen, P. I., & Hyrkas, K. (2012). Does clinical supervision promote medical–surgical nurses' well-being at work? A quasi-experimental 4-year follow-up study. *Journal of Nursing Management, 20*(3), 401-413. doi:10.1111/j.1365-2834.2012.01388.x **Level:** II **Quality:** Good	The aim of the study was to examine the effectiveness of Clinical supervision (CS) in medical-surgical nursing by exploring the effects of CS on psychosocial risk/protective factors shown to be of importance to nurses' well-being and health outcomes.	Setting - Medical and Surgical units of a Finnish university Hospital. Sample - Female registered nurses and nursing assistants working in 5 medical and 9 surgical units of the hospital. Altogether 84 nurses	A quasi-experimental design -Questionnaire surveys were used - The Nordic Questionnaire for Psychological and Social Factors at Work (QPSNordic) - Self-rated health (SRH) - Maslach Burnout Inventory–General Survey (MBI–GS) - General Health Questionnaire (GHQ-12) - The Finnish version of the Manchester Clinical Supervision Scale (MCSS)		- Perceptions of support from superiors, the fairness of leadership and the human resource primacy of the organization improved among those nurses who reported effective CS, and their intrinsic work motivation remained on a higher level than that of other nurses - The nurses who did not find their CS effective were inclined to over commitment to work, which is common in persons prone to develop burnout and related health problems - Quality of work increased significantly among the nurses who attended effective CS, whereas it decreased among other nurses. - Perceptions of autonomy and professional efficacy increased among those nurses who attended effective CS, whereas these perceptions decreased among the other nurses	- To sustain nurses' well-being at work, nurse managers need to develop a learning organization in the workplace by using clinical supervision - Research is needed to find out measures that promote and evaluate CS in health care organizations

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Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ Conclusion	Recommendations
			Methodology	Measurement		
Alsaraireh, F., Quinn Griffin, M. T., Ziehm, S. R., & Fitzpatrick, J. J. (2014). Job satisfaction and turnover intention among Jordanian nurses in psychiatric units. *International Journal of Mental Health Nursing*, *23*(5), 460-467 8p. doi:10.1111/inm.12070 **Level** - III **Quality** – Good	The purpose of this study was to examine the relationship between job satisfaction and turnover intention among Jordanian nurses in the psychiatric units of the Jordanian National Mental Health Center.	- A governmental hospital for mental health in Jordan. - The hospital has 250 beds, 200 nurses, and more than 30 outpatient clinics. -179 nurses met the inclusion criteria	Quantitative study, with a Descriptive, Cross-sectional design. - The Minnesota Job Satisfaction Questionnaire (MSQ) was used to measure job satisfaction - -Withdrawal Cognition Scale (WCS) was used to measure nurse turn over		- Job satisfaction was found to be negatively related to turnover intention. - Personal characteristics have important influences on nurses' job satisfaction and turnover intention. - Higher job satisfaction among female nurses and married nurses, and lower job satisfaction among male nurses and single nurses. - Nurses with higher education had higher intensions of leaving - Administrative interventions are needed to improve quality of work	- More research to provide a better understanding of factors influencing nurses' stress and job satisfaction in mental health nursing and to identify strategies to improve working might allow conditions - Research on education and training programs about risk management and prevention of violence on nurses

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ Conclusion	Recommendations
			Methodology	**Measurement**		
Furtado, L. R., Batista, M. C., & Silva, F. F. (2011). Leadership's impact in turnover and career abandonment intention: The Azorean hospital nurses case. *Hospital Topics*, *89*(3), 51-58. doi:10.1080/0018586 8.2011.596797 **Level:** III **Quality:** Good	To identify the manager's leadership behavior and to determine it had an impact on turnover and career abandonment intentions among nurses	Setting- Two public hospitals Sample – All nurses except those working in the OR and OPD. A total of 266 nurses (22 head nurses and 244 staff nurses)	Prospective descriptive and inferential study. - Questionnaires were used		- Nursing leadership is important in staff nurse retention - private hospitals have higher nurse retention - Excessive nurse turnover is costly for hospitals - Nurse turnover has negative implications for patients - Organizational commitment and economic fact impact nurse retention.	- Hospitals need to provide incentives including better wages and good working conditions for nurses - Staff nurses need support in enhancing both individual and professional development. - Nurse managers need training in meeting the needs of their nurses

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ Conclusion	Recommendations
			Methodology	Measurement		
Hanrahan, N., Aiken, L., McClaine, L., & Hanlon, A. (2010). Relationship between psychiatric nurse work environments and nurse burnout in acute care general hospitals. *Issues in Mental Health Nursing, 31*(3), 198-207 10p. doi:10.3109/016128 40903200068 **Level:** III **Quality:** Good	- To examine the extent to which organizational factors of the inpatient psychiatric environments are associated with psychiatric nurse burnout.	- 67 hospitals all members of the American Hospital Association (AHA) - Psychiatric Nurse Sample (n = 353)	- Cross-sectional observational design - A secondary analysis linked nurse survey data - Hospital data		- Better nurse practice work environments and lower psychiatric nurse reports of emotional exhaustion and depersonalization - Changes in the quality of the nurse practice environment improves psychiatric nurse job satisfaction, and leads to better patient outcomes - Hospital administrators and nurse managers should recognize the strength of the relationship between organizational factors and psychiatric nurse burnout. - leadership of managers is central to all aspects of the work environment and to preventing burnout emotional	- Nurse leaders can modify some organizational factors including valuing the contribution of nurses, - Nurses should be engaged in active quality improvement programs Nurse managers should be skilled in recognizing and addressing problems that indicate riffs in nurse and physician collaboration, and providing adequate psychiatric nurse staffing and thus prevent burnout. - Future research is needed to explore impact of inpatient psychiatric care environments and patient outcomes

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ Conclusion	Recommendations
			Methodology	Measurement		
Madathil, R., Heck, N. C., & Schuldberg, D. (2014). Burnout in psychiatric nursing: Examining the interplay of autonomy, leadership style, and depressive symptoms. *Archives of Psychiatric Nursing, 28*(3), 160-166 7p. doi:10.1016/j.apnu. 2014.01.002 **Level:** III **Quality:** Good	To examine the relationships between leadership style of psychiatric nurse supervisors, work role autonomy, and psychological distress in relation to psychiatric nurse burnout	- Eighty-nine psychiatric nurses from Montana and New York hospitals	Quantitative study - Descriptive cross-sectional design. - The Maslach Burnout Inventory-Human Services Survey - Demographic questionnaire - Multifactor Leadership Questionnaire - Nursing Work Index - Brief Symptom Inventory		- Leadership style and work role autonomy were found to be environmental factors that protect against burnout in nurses - The relationship between depressive symptoms and the burnout component of personal accomplishment is influenced by nurses' perceptions of the leadership style in their work environment - nurse supervisor leadership styles are a possible environmental protective factor	- Transformational leadership by nurse supervisors may help to reduce burnout while also reducing the impact of depressive symptoms on feelings of personal accomplishment in psychiatric nurses. - Future research is needed to find out if there is an association between nurse supervisor leadership style and decrease in rates of nurse burnout and turnover.

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ conclusion	Recommendations
			Methodology	Measurement		
Hamaideh, S. H. (2011). Burnout, social support, and job satisfaction among Jordanian mental health nurses. *Mental Health Nursing,* 32:234–242. doi: 10.3109/01612840.2010.546494

Level: III

Quality: Good | To measure the levels of burnout and identify the correlates of burnout among Jordanian mental health nurses. | The target population was Jordanian nurses working in mental health care settings in Jordan. 220 were invited to participate. | Descriptive correlational cross-sectional design

The Maslach Burnout Inventory (MBI).
The Social Support Scale (SSS).
The Job Satisfaction Scale (JSS) | | - Nurses with high levels of burnout are more likely to leave their job.
-Improving working conditions, ensures a safe working environment.
- Increasing job satisfaction, and training supervisors to support staff are important steps in reducing burnout levels. | -Improvement of the psychosocial work environment among mental health nurses.

 - Increase continuing education programs for nurses, especially in stress management, coping skills, and personal skills and accomplishments, and those that update knowledge.

-Supervisors should help minimize conflicting tasks and provide advice and support for non-work issues. |

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ conclusion	Recommendations
			Methodology	**Measurement**		
Long, C. G., Harding, S., Payne, K., & Collins, L. (2014). Nursing and health-care assistant experience of supervision in a medium secure psychiatric service for women: Implications for service development. *Journal of Psychiatric & Mental Health Nursing*, *21*(2), 154-162. doi:10.1111/jpm.12066 **Level:** III **Quality:** Good	The study examined the perceived benefits, the best practice elements and the practical aspects of clinical supervision including how to improve practice.	128 nurses (46 RNs and 81 Health Care Assistants) The women's service of an independent charitable trust hospital with a pathway of care from medium security through to low security to open mental health settings was used	Questionnaire surveys -Secure Unit Supervision Questionnaire (SUSQ) -Supervision Audit Questionnaire -Partnership Questionnaire for Supervision -The Bradford Clinical Supervision Scale		-Staff are motivated by and feel positive about clinical supervision (CS) -There is a widespread lack of knowledge about CS - Education and training on the purpose and practice of CS is needed. -Motivated staff play a major role in communication strategy to inform and motivate other staff	- Securing organizational and management support and agreement to commit the necessary resources. - Developing and operationalizing a strategic plan for CS - Integrity monitoring and evaluation

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ conclusion	Recommendations
			Methodology	Measurement		
Kanste, O., Kyngäs, H., & Nikkil, J. (2007). The relationship between multidimensional leadership and burnout among nursing staff. *Journal of Nursing Management*, *15*(7), 731-739. doi:10.1111/j.1365-2934.2006.00741.x **Level:** III **Quality:** Good	To explore the relationship between multi-dimensional leadership and burnout among nursing staff.	601 nurses and nurse managers working in different health care organizations around Finland.	Non-experimental survey design -Multifactor Leadership Questionnaire (MLQ) - Maslach Burnout Inventory-Human Services Survey (MBI-HSS)		-Rewarding transformational leadership can protect nurses from depersonalization. -Management-by-exception protects from depersonalization and increases personal accomplishment.	-It is recommended that nurse managers need training on how to give their staff adequate feedback about performance, social support, individualized consideration and encouragement to develop know-how. -The study suggests that interventions aimed at preventing or reducing burnout need to focus on the leadership behavior of the nurse manager.

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ Conclusion	Recommendations
			Methodology	Measurement		
Laschinger, H. K. S., Labatt, A., Borgogni, L., Consiglio, C., Read, E. (2015). The effects of authentic leadership, six areas of worklife, and occupational coping self-efficacy on new graduate nurses' burnout and mental health: A cross-sectional study. *International Journal of Nursing Studies 52 (5) 1080–1089.* doi.org/10.1016/j.ijnurstu.2015.03.002 **Level:** III **Quality:** Good	To test a model linking authentic leadership, areas of work life, occupational coping self-efficacy, burnout, and mental health among new graduate nurses.	New graduate nurses with less than 3 years of nursing experience working in direct patient care settings. 1009 new nurses from across Canada	-Cross-sectional study. Standardized questionnaires - General Health Questionnaire - Maslach Burnout Inventory-General Survey - Authentic Leadership Questionnaire - Areas of Worklife Scale - Occupational Coping Self-Efficacy scale		-Burnout is an occupational hazard that has detrimental effects on the mental health of new graduate nurses. – Burnout threatens retention of new graduate nurses in mental health nursing.	- Leaders need to play an important role in strengthening new nurses' confidence in their ability to cope with the demands of their jobs. - Leaders should protect nurses from burnout development and poor mental health. - Leadership training is needed to develop supervisors' authentic leadership skills.

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ conclusion	Recommendations
			Methodology	Measurement		
Bowers, L., Nijman, H., Simpson, A., & Jones, J. (2011). The relationship between leadership, team working, structure, burnout and attitude to patients on acute psychiatric wards. *Social Psychiatry & Psychiatric Epidemiology*, *46*(2), 143-148. doi:10.1007/s00127-010-0180-8 **Level:** III **Quality:** Good	To understand the relationship between leadership, team working, structure, burnout and attitude to patients on acute psychiatric wards, and assess how that relates to rates of conflict and containment.	136 acute psychiatric wards with their staff in 26 NHS Trusts in England,	Multivariate cross-sectional design. Questionnaires were used. -The Attitude to Personality Disorder Questionnaire (APDQ) -Ward Atmosphere Scale (WAS) - Team Climate Inventory (TCI) -Multifactor Leadership Questionnaire (MLQ) -Maslach Burnout Inventory (MBI).		-Overall performance of staff teams is associated with differing rates of containment onwards. -Interventions to reduce rates of containment on wards may need to address staff issues at every level, from leadership through to staff attitudes.	-To assist wards in establishing and maintaining an effective structure for patients, will require an intervention that enhances leadership and supports and builds the ward team and its functioning. -Leadership training for the ward manager. -Team building interventions for the team. -Ward rule and routine clarification and agreement to strengthen structure. -Clinical supervision to reduce burnout and enhance positive attitudes to difficult patients.

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ Conclusion	Recommendations
			Methodology	Measurement		
Kanste, O. (2008). The association between leadership behavior and burnout among nursing personnel in health care. *Nordic Journal of Nursing Research,* 28(3), 4 -8. doi:10.1177/0107408 30802800302 **Level:** III **Quality:** Good	To explore the association between leadership behavior and burnout among nursing personnel in health care	900 nurses and nurse managers in various health care organizations around Finland	Surveys -Multifactor Leadership Questionnaire (MLQ) -Maslach Burnout Inventory-Human Services Survey (MBI-HSS).		-Nursing leadership is both positively and negatively associated with burnout among nursing personnel. - Active management-by-exception behavior of the nurse manager may increase personal accomplishment. -Passive management-by-exception and laissez-faire leadership were positively related to emotional exhaustion and depersonalization, while the connection to personal accomplishment was negative	-Active and future-oriented transformational leadership and rewarding subordinates seem to protect from burnout. - Forward-looking transformational nurse manager are essential in successful nursing leadership -Traditional leadership behavior such as rewarding and active monitoring of work performance is still needed in nursing.

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ Conclusion	Recommendations
			Methodology	Measurement		
Koivu, A., Saarinen, P. I., & Hyrkas, K. (2012). Who benefits from clinical supervision and how? The association between clinical supervision and the work-related well-being of female hospital nurses. *Journal of Clinical Nursing, 21*(17-18), 2567-2578. doi:10.1111/j.1365-2702.2011.04041.x **Level:** III **Quality:** Good	To identify which nurses benefitted from clinical supervision and explore whether they were healthier and more satisfied with their work than their peers who did not attend clinical supervision	304 female hospital nurses working in medical and surgical units in Finland	Survey - Manchester Clinical Supervision Scale (MCSS) - Nordic Questionnaire for Psychological and Social Factors at Work (QPSNordic) - General Health Questionnaire (GHQ-12)		-Clinical supervision is job associated with job and personal resources that promote well-being at work. -Efficient clinical supervision is probably both an antecedent as well as a consequence of well-being at work.	-Management planning to provide formal support for health care providers. -Reflecting on practice in clinical supervision generates new ideas about how to improve the quality of care and the psychosocial work environment. -Clinical supervision may be viewed as a preventive method rather than a treatment for burnout.

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ conclusion	Recommendations
			Methodology	Measurement		
Shi, R., Zhang, S., Xu, H., Liu, X., & Miao, D. (2015). Regulatory focus and burnout in nurses: The mediating effect of perception of transformational leadership. *International journal of nursing practice, 21*(6), 858-867. doi:10.1111/ijn.12315 **Level:** III **Quality:** Good	To examine the relationship between a group of Chinese nurses' regulatory focus and their burnout, as mediated by their perceptions of transformational leadership.	The sample was heterogeneous and included nurses in a variety of roles, age groups, and levels of education and seniority in hospitals in western China. (n=378)	Correlational study using a cross-sectional design. -General Regulatory Focus Measure (GRFM) - Transformational Leadership Inventory (TLI). -Maslach Burnout Inventory—General Survey (MBI-GS)		-Promotion- and prevention-focused individuals benefit asymmetrically from perceived transformational leadership. - Promotion-focused individuals benefit from a perceived transformational leadership. -	- Occupational health can be promoted by encouraging nurses and their managers to adopt promotion-focused tactics when pursuing goals. -Leaders should pay attention to the individuals nurse's regulatory focus. - Nurse managers can amplify nurses' sensitivity to transformational leadership and improve nurses' well-being and optimize patient outcomes.

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ conclusion	Recommendations
			Methodology	**Measurement**		
Gonge, H., & Buus, N. (2011). Model for investigating the benefits of clinical supervision in psychiatric nursing: A survey study. *International Journal of Mental Health Nursing, 20*(2), 102-111. doi:10.1111/j.1447-0349.2010.00717.x **Level:** III **Quality:** Good	To test a model for analyzing the possible benefits of clinical supervision in psychiatry nursing	136 nursing staff members in permanent employment on nine general psychiatric wards and at four community mental health centers at a Danish psychiatric university hospital.	-Cross-sectional questionnaire survey. -Manchester Clinical Supervision Scale (MCSS)		- Participation in clinical supervision was associated with effectiveness, and effectiveness was significantly associated with benefits in terms of increased job satisfaction, vitality, rational coping and less stress, emotional exhaustion, and depersonalization.	- Mediation of benefits of clinical supervision might be enhanced though efforts to ensure frequent participation.

Citation/level & Quality	Purpose	Sample/ Setting	Design		Results/ conclusion	Recommendations
			Methodology	**Measurement**		
Van Bogaert, P., Clarke, S., Willems, R., & Mondelaers, M. (2013). Nurse practice environment, workload, burnout, job outcomes, and quality of care in Psychiatric hospitals: A structural equation model approach. *Journal of Advanced Nursing*, *69*(7), 1515-1524. doi:10.1111/jan.12010 **Level:** III **Quality:** Good	To study relationships between nurse practice environment, workload, burnout, job outcomes and nurse-reported quality of care in psychiatric hospital staff.	357 registered nurses, licensed practical nurses, and non-registered caregivers from two psychiatric hospitals in Belgium between December 2010 - April 2011.	A cross-sectional design with a survey.		-Nurse–physician relationship and other organizational dimensions such as nursing and hospital management were closely associated with perceptions of workload and with burnout and job satisfaction, turnover intentions, and nurse-reported quality of care.	- Studies to explore mechanisms linking the psychiatry nursing environment and burnout and other variables and what differences exist across settings -Nurse managers need to pay attention to the work environment in relation to workload, quality of care, job outcomes and burnout among nurses.

Chapter Four: Discussion, Implications, and Conclusions

This chapter will discuss the literature findings in the light of the research project: *nurse leader effect on burnout among mental health nurses*. Historical and current trends and gaps in the literature will be highlighted, as well as implications and recommendations for nursing research suggested. The theory of Modeling and Role-modeling will be discussed as a framework for the literature review.

This critical review of the literature has found that the presence of nurse leaders on the psychiatric units does help in reducing and preventing burnout among mental health nurses (Bogaert et al., 2013; Hanrahan et al., 2010; Kanste, Kyngäs & Nikkil, 2007). The findings in the literature reviewed are helpful in highlighting specific competencies of nurse leaders in psychiatry as well as identifying areas that need further research.

Current Trends and Gaps in the Literature

The review did not find many research studies conducted in the United States specifically looking at the factors that contribute to burnout in psychiatric nursing. However, research conducted outside the United States indicates that psychiatric nurses exhibit higher levels of burnout than nurses in other specialties (Pompili et al., 2006; Sahraian et al., 2008).

Current trends in mental health services include deinstitutionalization of mentally ill patients. Inpatient psychiatric services have been moved from state institutions to general hospitals where patients receive care for acute illness and are then transitioned into the community where they continue to receive outpatient mental health treatment

services. National hospital data indicate growing problems with overcrowding of inpatient psychiatric units and high patient turnover as well as an increase in episodes of aggression from patients who would have been better placed in state hospitals (National Association of Psychiatric Health Systems [NAPHS], 2006). There are also reports of adverse events including, staff injuries, medication errors, and nurse burnout in inpatient psychiatric units (Rothschild et al., 2007). A shortage of mental health nurses makes these problems worse (Hanrahan, 2009).

Discussion

The purpose of this review of the literature was to find out what impact nurse leader's involvement on inpatient psychiatric units has in terms of affecting burnout among mental health nurses. Overall, the literature indicates that the presence of nurse leaders on psychiatric units reduces burnout among mental health nurses (Bogaert et al., 2012; Hanrahan et al., 2010; Kanste, Kyngäs & Nikkil, 2007). Leadership skills were noted to be important especially in relation to emotional exhaustion and depersonalization. Hanrahan et al. (2010) strongly suggested that skilled managers on psychiatric units are incredibly important to the well-being of psychiatric nurses.

The literature identified key areas where nursing leaders can be effective in preventing burnout in mental health nurses. The first area identified was in the nurse leader communication. Communication was thought to be a critical component and competency that nursing leaders need to possess. Effective communication enables nurse leaders to build working relationships. Open communication in terms of sharing of information with nurses was a found to reduce burnout. When nurse leaders are available on the units and are genuinely concerned with the day-to-day issues affecting nurses on

the units, nurses are able to confide in them. This, in essence, allows the leaders to identify nurses who are struggling with work or personal issues and provide resources to help the nurses cope with stress before they burn out.

Clinical supervision was another component of nursing leadership that emerged from the literature as a critical tool for preventing burnout among mental health nurses. Clinical supervision as an intentional activity allows nurses to reflect on their clinical practice under the guidance of a supervisor (Gonge and Buus, 2011). This kind of supervision allows the nurse leader to identify gaps in the employee's clinical practice and provide guidelines and recommendations on how they can improve. When this is done on a regular basis, nurses reported increased confidence and feelings of personal accomplishment (Aiken, McClaine & Hanlon, 2010). Clinical supervision also helps the employee to seek clarification and guidance from the leader and this can help nurses become better practitioners. The literature indicated that clinical supervision can improve nurse morale and prevent burnout as nurses feel supported and cared for (Sherring and Knight, 2009). Findings by Hanrahan et al. (2010) also supported this as they showed a strong and significant relationship between psychiatric nurses' experiences of feeling valued with lower rates of expressed emotional exhaustion and depersonalization.

In terms of psychiatric work environment, nursing leadership's presence was found to be a part of the psychiatry work environment that was instrumental in reducing and preventing burnout in the mental health nurses. A feeling of being valued by a supervisor was attributed to lower rates of emotional exhaustion and depersonalization (Hanrahan et al., 2010). Nursing leaders on the unit are thought to improve peer relations on the units and this helps create a productive work environment which, in turn, increases

job satisfaction and individual accomplishment. Being on the unit allows the leaders to see changing needs of the nurses in real time and allows them to make needed resources available in response to the changing needs, provide supervision, organization and direction for the nursing staff. The literature indicated as well that nurse leaders on the unit help to navigate the relationship between nurses and physicians which helps protect against burnout (Hanrahan et al., 2010).

The literature review showed that the leadership style that is most effective in reducing and preventing nurse burnout among mental health nurses is the transformational leadership style. Through this style of leadership, it was found that when leaders managed by exception, nurses felt valued which helped protect them from depersonalization and increased their sense of accomplishment (Kanste, 2008). The nurse leaders who do this assist in motivating, involving, and enhancing individual and professional development of the staff nurses. For this to happen, it is essential that nurse managers are available to the staff nurses on the units in order to understand their day-to-day challenges as well as understand the nurses' perspectives regarding the issues that are affecting them.

Implications for Nursing Practice

Leadership skills like effective communication, active listening, conflict management, teaching, mentoring and clinical supervision can be learned. According to Hanrahan et al. (2010), building the needed skill set of psychiatric nursing leaders could have a pronounced effect on the quality of the inpatient care environment and patient outcomes and provide protection against nurse burnout. The transformational leadership style which was identified as a leadership style that nurses are most comfortable with

may not be possessed by all nursing leaders. This implies that nurse leaders and supervisors will need to be trained to ensure that they have the skills and tools they need to help protect nurses against burnout. Education and interventions to both staff and leaders about the effects of burnout will also help protect against burnout. The literature review recommended that leadership programs and ongoing continuing education of leaders and managers of inpatient psychiatric units that are tailored to psychiatric care environment are necessary to help keep the leaders abreast with the tools they need to mediate the stress of working with mentally ill patients. Nurse leaders and supervisors should be more available to the mental health nurses and prioritize providing one-on-one clinical supervision regularly. It was noted in the literature that there is extensive communication among mental health nurses. Therefore, leaders need to be accessible on the units to help foster effective communication and involve nurses in decision-making processes as this is thought to help nurses feel included and valued.

It is also important for the nurse leaders in psychiatry to empower nurses and strengthen the relationship between the nurses and supervisors and with other mental health professionals. Nurse leaders in psychiatry would be invaluable in giving their nurses adequate feedback about performance, provide social support, and identify individualized encouragement to nurses in order to grow them professionally and help ensure job satisfaction. The nurse leaders need to be proactive in providing support and help the nurses manage negative feelings as well as assist them in identifying tools and resources on coping with the stress of caring for aggressive patients.

Implication for Nursing Education

While the literature acknowledges that leadership courses offered in baccalaureate programs are effective in providing student nurses with the fundamentals and theories of leadership, the nursing programs do not go into details on how the leadership theories are applied to the distinct nursing specialty areas (Hanrahan et al., 2010). The inpatient psychiatric environment in general hospitals is very different from other inpatient units in hospitals and therefore leadership training for leaders in psychiatric units should be geared toward meeting the unique needs of the specialty area.

Recommendation for Nursing Research

The literature identified the transformational leadership style as a model that helps protect mental health nurses from depersonalization and increased their sense of accomplishment. However, more research is needed to explore unique leadership needs for psychiatric care environments. Several studies noted that nurses who feel supported and valued have lower levels of burnout. Research is therefore needed to find out specific ways that are effective in helping mental health nurses feel supported. Further research is also needed to explore the specific attributes of clinical leaders in mental health nursing.

Integration and Application of Selected Theoretical Framework

Modeling and Role-Modeling (MRM) theory as a conceptual framework has been used as a foundation for research, education, and clinical practice in nursing. It is a theory derived from practice because it supports theory-based nursing practice. While the theory traditionally has been used to refer to the nurse-patient relationship, Schultz (2004) noted that humans are alike and therefore the theory in essence describes human relationships.

The MRM theory, for the purpose of this literature review, was adapted to explain the human relationship of nursing leaders and staff nurses working in inpatient psychiatry units and the role the leaders can play in reducing and preventing nurse burnout. Leaders employing the MRM theory can help reduce and prevent burnout among mental health nurses by using the theory's concepts of facilitation, nurturance, and unconditional acceptance.

The MRM theory requires the nurse to place herself/himself in the position of the patient in order to understand the patient's world view or understand that which is most important to them. MRM theory also postulates that most people know what they need to do to improve and promote their well-being. Nurse leaders cannot assist nurses in preventing burnout without accurately understanding the nurses' perceptions in terms of what they perceive as the problems causing them stress. The leaders will need to understand that nurses know best how the problems that are causing them stress and burnout come about and that they have the knowledge of how the problems can be solved. In instances where the nurses may not know exactly what to do to cope, they are aware that something needs to be done.

The nurse leaders can provide facilitation for the nurses by helping them succeed in their work through the provision of support and needed resources for self-care. This success, according to the MRM theory, will have to be defined by the nurses and be clearly made known to the leader. The leader will need to actively listen to the nurses and understand the nurses' perceptions of the issues that are causing stress at work and collaborate with the nurses in solving them. The literature review showed that nurses working in psychiatry benefit from feeling valued by their leaders and that nurses who

perceive themselves as being valuable to the organization have lower rates of expressed emotional exhaustion and depersonalization. Leaders will need to empower the nurses to actively participate in identifying strategies that can be employed to prevent burnout. The nurse leaders need to recognize and consider the psychiatry work environment including patient assignment, milieu management, nurse-nurse interactions and nurse-physician relationship as well as providing needed physical resources in planning and facilitating the nurse's success. When leaders assist in maintaining a productive and collaborative culture, nurses feel supported, cared for, and valued.

Nurturance will be achieved by leaders working with mental health nurses if the nurses perceive that leaders understand and are supportive of their values (Schultz, 2004). This calls for the leaders to seek to understand the issues that cause the nurses stress from the nurses' point of view and to nurture and guide the nurses' ability to come up with strategies to work through the issues while at the same time providing resources to achieve the desired results.

Schultz (2004) defines unconditional acceptance as an acceptance with empathetic communication with no strings attached and a nonjudgmental respect of the other person. Since MRM is a relationship based theory, both the nurse and the leader have a part to play in preventing nurse burnout. The leaders will need to be visible and accessible to the nurses in order to listen and develop an understanding of the nurses' issues and perspectives while suspending their own opinions (Schultz, 2004). Clear communication plays an important role for this understanding to happen as this will enable the two parties to build a relationship based on mutual respect.

The MRM theory describes the concept of person as having several subsystems: biological, psychological, social, cognitive, and spiritual systems. These subsystems all have to be kept in mind by the leaders as playing a part in the nurse's well-being at work. Nurse leaders therefore, when dealing with nurse issues, should not just target one subsystem perhaps because that is the one being manifest at a particular time but should instead focus on all subsystems in order to view the nurse in a holistic manner (Schultz, 2004). The person subsystems are the internal stressors or strengths of the individual. If a nurse for instance, is unable to perform a certain skill appropriately, this can be an internal stressor, the leader needs to know and understand how this is affecting the nurse and take appropriate action to help the nurse succeed without causing more stress.

According to the MRM theory, the concept of environment refers to the external stressors, resources, and interactions (Schultz, 2004). The psychiatry nursing leader needs to recognize the psychiatric nursing environment when planning and facilitating the nurses' success. Hanrahan et al., (2010) in their study on the relationship between psychiatric nurse work environments and nurse burnout in acute care general hospitals noted that the relationship between mental health nurses and other psychiatry providers is very important. The nurse-physician relationship was found to be one of the strongest predictors of psychiatric nurse burnout and when positive, it protects against burnout in the area of emotional exhaustion and depersonalization. The same study found that general hospitals that promote better nurse practice environments also have better nurse-physician relationships and lower psychiatric nurse burnout (Hanrahan et al., 2010). The nurse leaders therefore, if available and engaged on the nursing unit, can be instrumental in helping navigate and nurture this important relationship.

Conclusion

This literature review and its discussion has shown the importance of leaders getting involved in psychiatry units and establishing positive relationships with staff nurses working in psychiatry. Caring for the nurses in terms of having daily interactions with them and valuing the work they do is meaningful and brings purpose in their work. This contributes to increased job satisfaction and consequently reduces stress and burnout. Engaging and allowing nurses to identify job stressors and involving them in problem solving (MRM theory) is an approach that the literature found to be effective in empowering mental health nurses and protects them against burnout (Hanrahan et al., 2010). Effective communication between nurse leaders and mental health nurses, as well as communication with other providers, is important among mental health nurses. It is important for nurse leaders to be visible on the psychiatry units in order to facilitate communication and provide clinical supervision for the nurses in order to protect nurses from burnout.

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