The Influence of Nurse Manager Leadership Style on Staff Nurse Work Engagement

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BACKGROUND: Nursing literature supports the importance of an engaged nursing workforce as a means to positively influence performance. Nurse manager leadership style plays a critical role in engaging staff nurses. These relationships have been minimally studied in nurse managers and staff nurses.

OBJECTIVE: The aim of this study is to evaluate the influence of nurse manager leadership style factors on staff nurse work engagement.

METHODS: Using a descriptive correlational research design, 441 staff nurses working in 3 acute care hospitals were surveyed. Survey instruments included the Utrecht Work Engagement Scale and the Multifactorial Leadership Questionnaire 5X short form.

RESULTS: Transactional and transformational leadership styles in nurse managers positively influenced staff nurse work engagement. Passive-avoidant leadership style in nurse managers negatively influenced staff nurse work engagement.

CONCLUSIONS: Nurse managers who provide support and communication through transformational and transactional leadership styles can have a positive impact on staff nurse work engagement and ultimately improve organizational outcomes.

With the uncertainty of the long-term impact of healthcare reform, regulatory mandates, advancing technology, potential workforce shortages, and financial pressures, decisions regarding where to allocate resources are a challenge for nurse managers (NMs).[1-3] This problem has not gone unnoticed and national organizations have weighed in on the issue. The Institute of Medicine (IOM) has recognized the importance of developing nurse leaders as a means to impact staff nurse practice environments and improve organizational outcomes.[4] In healthcare organizations, NMs play an important role in influencing supportive staff nurse practice environments. Nurse managers not only manage nursing units but serve as leaders to staff nurses. The influence of the NM is actualized through their leadership style.[5,6] It is through the leadership style of the NM that change can be intentional and effective in achieving organizational goals. Nurse manager leadership style can positively impact the healthcare work environment and ultimately patient outcomes. Previous studies have suggested high levels of work engagement were associated with high levels of patient satisfaction, quality of care, and work effectiveness.[4,7]

Work Engagement

Early studies on work engagement were conducted in non-healthcare settings. Only recently has research on work engagement emerged in nursing literature. In a study by Bogaert et al,[1] work engagement was determined to be influenced by practice environment factors such as NM support at the unit level. Laschinger et al[3] concluded that staff nurse work engagement resulted in increased job satisfaction and organizational commitment. Staff nurse work engagement resulted in increased organizational commitment and improved quality of work life.[8] Work engagement literature suggests that there is a positive impact on employee productivity and it is influenced by leadership style. The aim of this study is to investigate

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the influence of NM leadership style on staff nurse work engagement.

Conceptual Framework

This study was grounded in 2 previously developed conceptual frameworks: The Full Range Leadership Model (FRLM)[9] and the Work Engagement Conceptual Framework.[10] The FRLM was selected to guide this study because it highlights 3 main leadership styles. These styles will be investigated in NMs and the impact they have on staff nurse work engagement. The FRLM developed by Bass[9] describes 3 styles of leadership in a continuum from transformational to transactional to passive-avoidant (PA). Nine factors are divided among 3 leadership styles (Table 1). There are 5 factors associated with transformational leadership style: idealized influence (behaviors), idealized influence (attributes), inspirational motivation, intellectual stimulation, and individual consideration. Idealized influence (behaviors) is described as the trust and confidence a leader builds with followers through personal association. Idealized influence (attributes) is the way a leader develops a collective sense of mission and values with followers.[9] Inspirational motivation is the promotion of a clear vision by the leader to followers.[9] Intellectual stimulation is the promotion of innovation and creativity among followers by the leader. Individualized consideration is the empowerment passed onto the followers by the leader. Empowerment is facilitated through the leader by encouraging autonomy and voice of the staff.[9]

There are 3 factors of transactional leadership style: contingent reward, management by exception (active), and management by exception (passive). Contingent reward is defined as the exchange between leaders and followers in which there is an exchange for a specific reward. Management by exception is defined as negative feedback, negative reinforcement, and corrective criticism and is subdivided into 2 factors: active and passive. Management by exception (active) provides more negative reinforcement and corrective criticism than management by exception (passive). This type of leader watches for mistakes and takes corrective action when mistakes are identified. Passive-avoidant leadership is defined as a "lack of leadership." The leader takes a "hands-off approach," delays decisions, provides no feedback, and makes very little effort to satisfy the needs of followers.[9]

The work engagement conceptual framework is the 2nd framework chosen to guide this study. Described by Laschinger, the framework is characterized by 3 subscales: vigor, dedication, and absorption.[3] Vigor is characterized by the mental resilience and high levels of energy experienced during work. It is the willingness to exert effort in work and to persist during difficult times. Dedication is characterized by the strong involvement in ones work. It is the experience of enthusiasm, inspiration, pride, sense of significance, and challenge. Absorption is characterized by the "happy" engrossment in ones work and a full level of concentration where time passes quickly and a person has difficulty detaching from work.[10] The 9 leadership style factors will be measured in NMs based on the FRLM and the 3 work engagement subscales will be measured in staff nurses based on the work engagement conceptual framework.

Methods

A descriptive, correlational design was used to analyze and evaluate the research question. An anonymous online survey was developed using SurveyMonkey and e-mailed to staff nurses at 3 hospitals in the southeastern region of United States. The 3 hospitals were chosen because of their similar size, location, and

Table 1. *Multifactor Leadership Questionnaire 5X Short Form Scales and Descriptions*

Leadership Style	Factors	#	Description
Transformational	Idealized influence (behaviors)	4	Leader builds trust and confidence through personal association
	Idealized influence (attributes)	4	Leader develops a collective sense of mission and values
	Inspirational motivation	4	Leader creates a collective vision
	Individual consideration	4	Leader teaches and coaches on an individual basis
	Intellectual stimulation	4	Leader encourages innovation through examination and analysis of critical assumptions
Transactional	Contingent reward	4	Leader provides meaningful rewards based upon task completion
	Management by exception (active)	4	Leader seeks deviation from expectations and provides punishment
	Management by exception (passive)	4	Leader reacts to situations after they become serious
Passive-avoidant	Laissez-faire	4	Absence of leadership

= number of items in questionnaire.
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healthcare services provided. One of the 3 hospitals received Magnet® recognition. A gatekeeper was identified for each of the hospitals. The gatekeeper sent the e-mails containing the survey as well as the reminder e-mails to all staff nurses at each hospital. The 1st 12 survey items included demographic questions and were followed by the Utrecht Work Engagement Scale (UWES)[10] and Multifactorial Leadership Questionnaire (MLQ) 5X short form.[9] Inclusion criteria included consent to participate, completion of the entire survey, currently working as a staff nurse, and not currently in hospital orientation. The survey was open for 6 weeks, with reminder e-mails going out at weeks 2 and 4. No identifying information was collected from the participants. Before the study was conducted, institutional review board approval was obtained from the supporting university and hospital sites. Completing the online survey by the staff nurse participants implied consent. The data collected using the online survey were maintained in a Microsoft Excel spreadsheet on a computer with a secure password-protected file.

Research Question

Based on this study aim, the following research question was proposed: What is the influence of NM leadership style factors on staff nurse work engagement?

Survey Instruments

Multifactor Leadership Questionnaire 5X Short Form

The current study used 2 previously validated survey instruments to investigate the study variables: the MLQ 5X short form[9] and the UWES.[10] Staff nurse perception of NM leadership style was measured using the MLQ. This 45-item instrument measures a continuum of 3 leadership styles: transformational, transactional, and PA.[9] This questionnaire has been used internationally to measure leadership style across a wide variety of disciplines, including nursing. The questionnaire is rated using a 5-point Likert scale ranging from 0 (not at all) to 4 (frequently, if not always). Five factors are used to measure transformational leadership style, 3 factors measure transactional leadership style, and 1 factor is used to measure PA leadership style. A high degree of validity and reliability has been established with the MLQ, with a reported Cronbach's α of .76 to .89.[9] Staff nurse perception of NM leadership style was measured. Permission to use this instrument was granted by the instrument developers.

Work Engagement

Work engagement was measured using the UWES.[10] This 17-item instrument has been widely used in various countries and across many disciplines, including nursing. The instrument is rated using a 7-point Likert scale ranging from 0 (never) to 6 (always) and measures 3 subscales of work engagement: vigor, dedication, and absorption. A high degree of validity and reliability has been established with this instrument, with a reported overall Cronbach α of .71 to .84. Permission to use this instrument was granted by the instrument developers.[10]

Results

Sample

The survey was emailed to 2,008 registered nurses (RNs) working in 3 acute care hospitals located in southeastern United States. A total of 630 RNs accessed the survey; 441 met inclusion criteria and were subsequently analyzed. A priori power analysis established that adequate power existed to detect significant relationships among the study variables based on a sample size of 395. Table 2 depicts a breakdown of the staff nurse participant demographics. Most of the respondents were in the 30 to 39 years age range (n = 116, 26.3%) and held a baccalaureate degree in nursing (BSN) (n = 225, 51.7) as their highest degree of educational preparation. They reported employment in their current job for less than 1 year (n = 55, 12.5%), 1 to 5 years (n = 120, 27.2%), 6 to 10 years (n = 133, 30.2%), and more than 10 years (n = 133, 30.2%). Most of the staff nurses worked full-time (n = 300, 68%) and on the day shift (n = 252, 57.1%). Most of the staff nurses worked in both medical-surgical nursing units (n = 109, 24.7%) and critical care units (n = 107, 24.2%). The sample demographics were compared with the Health Resources and Services Administration[11] national sample of RNs and were concluded to be similar to this study sample of staff nurses.

Data Analysis

Scale means and standard deviations did not show that the staff nurses viewed their NMs as strongly transformational, transactional, or PA in their leadership style. Table 3 depicts the MLQ leadership style factors, UWES subscales, number of items for each survey item, and mean (SD) scores. The highest means belonged to transformational leadership style factor of inspirational motivation (mean [SD], 2.69 [1.01]; with a 0 to 4 point scale range) and the work engagement subscale of dedication (mean [SD], 4.49 [0.95]; with a 0 to 6 point scale range). The lowest means belonged to the PA leadership style (mean [SD], 1.43 [0.98]) and the work engagement subscale of absorption (mean [SD], 3.65 [0.82]).

Table 2. Staff Nurse Participant Demographics

	N	%
Age		
20-29	72	16.3
30-39	116	26.3
40-49	106	24.0
50-59	98	22.2
>60	49	11.1
Gender		
Male	48	16.3
Female	393	89.1
Education		
Diploma	36	8.2
Associate	153	34.7
BSN	225	51.7
Masters	24	5.4
Professional credentials		
RN	319	72.1
Certified RN	96	21.8
Advanced practice RN	2	0.5
RN with master's degree	16	3.6
Other	9	2.0
Area of practice		
Medical-surgical	109	24.7
Critical care	107	24.2
Perioperative	49	11.1
Maternal/infant health	50	11.3
Behavioral health	21	4.8
Rehab	6	1.4
Pediatric	4	0.9
Other	95	21.5
Hours per week		
<20	16	3.6
20-32	36	8.2
33-40	300	68.0
>40	89	20.2
Type of shift		
Day	252	57.1
Evening	5	1.1
Night	117	26.5
Other	67	15.2
Years in position		
<1	55	12.5
1-5	120	27.2
6-10	133	30.2
>10	133	30.2
Years in hospital		
<1	53	12.0
1-5	106	24.0
6-10	126	28.6
>10	156	35.5
Years in nursing		
<1	29	6.6
1-5	79	17.9
6-10	77	17.5
>10	190	58.1

Multivariate analysis was used to conduct the multiple regression of the study variables and determine the influence of the 9 NM leadership style factors on the 3 staff nurse work engagement subscales. The chosen method for the multiple regression data analysis was a backward elimination technique. This data analysis procedure tested the predicted value of the dependent variables (work engagement subscales) against a set of independent variables (leadership style factors). In a series of steps, the independent variable with the smallest decrease in R^2 was removed (the fit within the model along the regression line). Removal of the independent variables continued in a stepwise fashion until the only study variable remaining significantly contributed to the model. Significance was based on a predetermined α value of $P < .05$. Tables 4 to 6 depict the multiple regression data analysis findings for each of the work engagement subscales of vigor, dedication, and absorptions, respectively. None of the perceived NM leadership styles resulted in a significant impact on the staff nurse work engagement subscale of vigor (Table 4).

The data analysis revealed that transformational, transactional, and PA leadership style factors significantly influenced the staff nurse work engagement subscale of dedication (Table 5). Each transformational leadership style factor (idealized influence behavior and attributes, inspirational motivation, individual consideration, and intellectual stimulation) ($P < .001$) resulted in a positive and significant influence on staff nurse work engagement. The transactional leadership style factors of contingent reward and management by exception (active) had a positive and significant influence on staff nurse work engagement ($P < .001$).

The transactional leadership style factor of management by exception (passive) and PA had a negative and significant influence on staff nurse work engagement ($P < .001$) (Table 5). For the work engagement subscale of absorption, the data analysis

Table 3. Descriptive Statistics for MLQ Leadership Factors and UWES Subscales

	No. of Items	Mean (SD)
MLQ leadership styles/factors		
Transformational		
Idealized influence–behaviors	4	2.40 (1.11)
Idealized influence–attributes	4	1.74 (0.72)
Inspirational motivation	4	2.69 (1.01)
Individual consideration	4	2.33 (0.98)
Intellectual stimulation	4	2.24 (1.02)
Transactional		
Contingent reward	4	2.59 (1.04)
Management by exception–active	4	2.19 (0.93)
Management by exception–passive	4	1.53 (0.94)
PA	4	1.43 (0.98)
UWES Subscales		
Vigor	6	3.99 (0.89)
Dedication	5	4.49 (0.95)
Absorption	6	3.65 (0.82)

Table 4. Regression Analysis of Leadership Style Factors and Work Engagement Subscale of Vigor

NM Leadership Style/Factors	R^2	β	F
Transformational			
Idealized influence–behaviors	0.600	.093	0.99
Idealized influence–attributes	0.113	.073	0.38
Inspirational motivation	0.052	.101	0.47
Individual consideration	0.083	.077	0.29
Intellectual stimulation	0.062	.011	0.01
Transactional			
Contingent reward	0.084	.195	1.78
Management by exception–active	0.028	−.025	0.03
Management by exception–passive	0.078	.014	0.01
PA	0.099	.047	0.13

revealed a negative and significant influence of PA leadership style ($P < .05$) and the transactional leadership style factor of management by exception (active) ($P < .05$) on staff nurse work engagement (Table 6).

Discussion

The study findings for NM leadership style and staff nurse work engagement were consistent with previous research findings and support the current literature by examining the influence of 3 leadership styles in NMs on staff nurse work engagement. Bamford et al[12] concluded that transformational leadership had a positive impact on staff nurse work engagement. This positive impact on staff nurse work engagement may be explained through the supportive and relational leadership behaviors associated with transformational leadership styles.[7] Examples of supportive leadership behaviors include role modeling, promoting a clear vision, innovation, creativity, and encouraging autonomy.[13]

The study findings for transactional leadership style factors revealed a mixture of both positive and negative predictive relationship with the study variables. This is consistent with previous research that concluded that nurses may be engaged by the rewards provided by transactional leaders.[13,14] When the transactional leader exemplified passive leadership behaviors such as delayed feedback and limited communication, a negative impact on work engagement was identified.[15] The transactional leadership style factor of contingent reward and management by exception (active) were both significant and positive predictors for work engagement. The transactional leadership style factor of management by exception (passive) was a significant and negative predictor of staff nurse work engagement. When a NM exemplified a transactional leadership style that was passive, the impact in work engagement was negatively impacted. Passive behaviors include delaying feedback and limited communication by the NM.[15,16]

The study findings for PA leadership style in NMs revealed a significant and negative impact on staff nurse work engagement. This is consistent with the study conclusions by Negussie and Demissie,[13] who described the negative impact of PA leaders such as delaying decision making and providing little to no feedback to employees.

Findings from this study support the importance of the leader communicating with followers. When NMs provide frequent feedback, the result is increased staff nurse work engagement. A lack of communication and feedback from the NM resulted in decreased staff nurse work engagement. Communication is the hallmark of transformational leadership style, and this

Table 5. Regression Analysis of Leadership Style Factors and Work Engagement Subscale of Dedication

NM Leadership Style/Factors	R^2	β	F
Transformational			
Idealized influence–behaviors	0.058	.266[a]	11.74
Idealized influence–attributes	0.112	.419[a]	24.18
Inspirational motivation	0.048	.254[a]	10.95
Individual consideration	0.080	.329[a]	16.74
Intellectual stimulation	0.059	.270[a]	12.08
Transactional			
Contingent reward	0.069	.309[a]	14.31
Management by exception–active	0.028	.481[a]	15.15
Management by exception–passive	0.072	−.293[a]	14.57
PA	0.099	−.456[a]	19.60

[a]$P < .001$.

Table 6. Regression Analysis of Leadership Style Factors and Work Engagement Subscale of Absorption

NM Leadership Style/Factors	R^2	β	F
Transformational			
Idealized influence–behaviors	0.064	−.118	0.15
Idealized influence–attributes	0.114	−.05	0.15
Inspirational motivation	0.500	−.071	0.59
Individual consideration	0.083	−.08	0.38
Intellectual stimulation	0.062	−.094	0.57
Transactional			
Contingent reward	0.076	−.144	2.37
Management by exception –active	0.028	.246[a]	4.13[a]
Management by exception –passive	0.078	.135	1.03
PA	0.099	−.456[a]	5.38[a]

[a]$P < .05$.

leadership style in NMs has the potential to positively influence organizational success through staff nurse work engagement. Transformational leadership style should serve as a guide for leadership development because it empowers, motivates, and fosters accountability among followers and ultimately improves satisfaction, which increases organizational success.[13,16]

Limitations and Future Research

There were several limitations associated with this study. Limitations include the use of a convenience sample and use of a survey. The use of a convenience sample prevents generalization of the findings to the staff nurse population. The survey measured staff nurse perception of NM leadership style and staff nurse engagement. A 1-time survey is a limitation because participants may not honestly answer the survey questions and may score based on selective memory of their NM. Another limitation to consider is that the perceptions of engagement may vary over time and this study used a 1-time measure of the study variables.

Future research should include the use of different research strategies that can lead to new insights on this topic. One example of an alternative research strategy could include intervention research that uses leadership development programs while measuring organizational outcomes such as nurse retention and patient satisfaction scores. Alternative research strategies can be useful in obtaining more information about how leadership development programs can best impact organizational outcomes such as staff nurse work engagement.

Implications for Practice

The results from this study have direct implications for nursing practice and support the call by the IOM to promote the development of nurse leaders.[4] Recommendations include development of leadership skills in NM that emphasize transformational and transactional management by exception (active) behaviors while minimizing management by exception (passive) and PA leadership behaviors. Key differences between these leadership styles are supportive leadership behaviors and increased communication with staff. Communication can include providing positive or negative feedback. The recommendation for practice is for NMs to refine their skills as leaders. This can be accomplished through leadership development training, self-assessment, reflection, and mentorship, all of which can have a positive impact on organizational outcomes and can ultimately impact organizational outcomes such as job satisfaction and intent to stay.[14-16]

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