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REVIEW

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Motivation, Leadership, Empowerment and Confidence: Their Relation with Nurses' Burnout

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ABSTRACT

Introduction: Burnout is usually defined as a state of physical, emotional and mental exhaustion that results from long-term involvement in work situations that are emotionally demanding. A great deal of researches has been devoted to the understanding of factors contributing to burnout and the negative effects that burnout has in the cost and the quality of the provided healthcare. **Discussion:** Many researchers believe that in difficult and stressful working conditions the work environment should be changed in order to reduce burnout levels successfully. Indeed, recent studies have highlighted the role of human resources management in burnout. It has been widely recognized that human resource management policies should be at the core of any sustainable solution that aims to increase health care systems performance and efficient. **Conclusion:** Motivation, leadership, empowerment and confidence are very important factors that should be considered in this direction because they are strongly related with burnout levels.

Key words: burnout, motivation, leadership, empowerment, confidence, mental health.

1. INTRODUCTION

The negative effects of burnout on the cost and level of quality in the provided health care have been widely documented in research and in theoretical level as well. Despite of his nature, burnout prevails as a costly problem, there has been little research devoted to the presentation and especially in the evaluation of strategic intervention programs that aim to reduce it [1].

In the international literature two approaches for intervention programs about the reduction of burnout can be found [2]. The first one is considered as the attempt to change the workers themselves, that through the new skills that can obtain in order to cope with occupational stress, which leads to burnout [3]. The second approach incorporates the attempt to change the organization of the system, such as changes in sections of workers, their tasks, more breaks [3].

The first approach appears to be more widespread, because it is believed that burnout is caused by personal issues or perhaps is supposed to be easier to change individuals than an organization [2,4]. There are many who believe that working environment should be changed in order the reduction of burnout is success-

ful [5]. Indeed, in the recent years the role of human resources management in the reduction of burnout, is highlighted [5,6]. The present study aims to indicate the key role of the four factors of motivation, leadership, empowerment and confidence in burnout.

2. BURNOUT SYNDROME: DETERMINATION OF THE PHENOMENON

According to Kulkarni, burnout is not a new syndrome. Its origins can be placed long back in time in Shakespeare's play «The passionate Pilgrim». However for the past thirty years and on, the burnout syndrome is in the forefront occupying various researchers [7]. The first time that the term burnout was used by healthcare provider was back in 1975 by Herbert Freudenberger, in his effort to describe the physical and emotional state that he, and his colleagues were experienced. This group of people was working intensively in the free clinic movement of the late 1960s and early 1970s [8]. According to Freudenberger the term burnout is used in order to define the state of fatigue or frustration brought about by devotion to a way of life, or relationship

that has failed to produce the expected reward [9].

The concept of burnout in international research has been variously defined. One of the most widely accepted definitions of burnout that was given by Maslach, describes the phenomenon as a syndrome of physical and mental exhaustion [10]. The employee loses interest and positive feelings had for the patients, it ceases to be satisfied with his work and performance and develop a negative image of him [10].

A milestone, in the determination of burnout, is considered to be the work of Maslach & Jackson, which was resulted in the foundation and development of a theoretical model and a methodological tool for the study of burnout, the MBI [11]. Maslach & Jackson, identified burnout as a syndrome of emotional exhaustion and cynicism, which often occurs in workers whose employment is strongly associated with human factors and particular among social services professionals [1]. According to them, burnout is a syndrome composed of three dimensions: emotional exhaustion, depersonalization and a sense of lack of personal accomplishments in the work area [2,3]. The definition of the syndrome combined with the successful efforts of Maslach & Jackson to develop and validate a methodological tool for the study and measurement of burnout affect significantly the empirical study of the phenomenon [10]. The standard measurement tool that is called MBI (Maslach Burnout Inventory) has provided and it still provides to the researchers the methodological skills that are necessary for the study of burnout both in depth and in range [11,12].

Furthermore Pines & Aronson carried out significant work on the study of burnout; they identified burnout as a physical, emotional and mental state, which caused a long involvement in individuals that conditions and situations are requiring emotional involvement [13]. The term "burnout" is often used today among employees. It represents a form of response of the employee to the pressure he feels, who professionally engages closely and intensively with people and their problems during employment [6].

Traditionally, burnout was considered to occur among social services professionals, such as nurses and teachers. However today the burnout syndrome is a widespread issue affecting and other professions, even within the family life [14,10]. Up to date many definitions has given to burnout, in this way the difficulties for an accurate determination of burnout are reviled [5,6].

Regardless the many efforts to determining burnout, various definitions found in the literature have shown to have several common points. In general, there is relative consensus among researchers that burnout has the following characteristics:

It can appear at the level of individuals or organizations, it is an inner psychological experience that includes feelings, attitudes, expectations and motives, it is related with a variety of problematic situations and health effects, its consequences are negative, it is a negative experience of the individual, it may occur in healthy individuals with no prior history of health issues such as psychopathological problems and it often results in productivity reduction.

The negative effects of burnout at an individual group and organizational level led researchers in efforts to find those factors associated with the syndrome and seem to affect its occurrence. Among others, studies have shown that motivation, leadership, empowerment and Confidence can play an important role in the occurrence of burnout.

3. THE ROLE OF MOTIVATION AND THE RELATION WITH BURNOUT

Motivation can be the main feeding force that can be applied to the employee so he could voluntarily act in order a goal to be achieved. Motivation was found to be an epicenter for many researchers for the past twenty years, for the management as a field of knowledge motivation is nothing else but an integral part of human resource theory. However, motivation made her appearance in health sector in recent years. According to a study, conducted by the World Health Organization (WHO) human resources are the most valuable element in healthcare services, especially mental health units [15]. A mental healthcare service is based on competencies and motivation (motivations) that the staff has, in order to promote the health of the mentally ill, to prevent disorders and to provide care to patients [15]. Generally, the basic element to which are expected, the nursing and medical staff of a unit, to have the ability to provide health care. Those groups of workers have a moral duty to treat and care their patients in a professional way. However, those rules accompanied by the struggle of workers to deal with many complex problems that may be occurring at the same time with their professional activities.

The obvious lack of employee capacity in the health sector has been in the center of many international researches, cause besides the many problems that are caused the absence of staff, also has many negative impacts on the morale of existing staff [16]. The high number of resignations combined with the lack of adequate staff are closely related with the reduction of job satisfaction, low quality care and the poorest health outcomes of the patients [17,18]. Despite the challenges that currently exist in the healthcare sector and the problems health systems are facing, a large part of the personnel exceeds or attempts to overcome the organizational problems and it is motivated focusing in the treatment and the care of the patients. However, understanding the those factors which are motivational for the personnel of a healthcare facility in order to establish a constructive relationship, treatment -disease is quite difficult and especially in a healthcare context becomes more complicated [19].

On the international literature a variety of definitions for motivation can be found. According Montana et al motivation, is the process of mobilizing a person's actions in order to fulfill a need or success of a desired target [20]. A more comprehensive definition of motivation was given by Janssen et al, who define it as the level to which the employee wants to perform as well as he can in his work in order to achieve an internal (intrinsic) satisfaction [21].

Significant correlations were found between motivation of nurses and the characteristics of their work, such as autonomy that was given to them, working conditions, quality of supervision by their superiors and the relationships between them [21,22]. Edgar in a research that conducted, he derived empirically from nurses reports four elements, which seem to be important for internal motivation (intrinsic motivation) of the nurses [22]. Those important elements were, the excellent levels of time that they have for the provided care, autonomy that was given to make decisions, open communication and the ability to manage the complexity of their work. Edgar's research results are explaining the influence that these important variables (time, autonomy, communication and complexity) have on the internal motivation of nurses [22].

Furthermore, this research also showed that the internal nurse's motivation, to manage health care interventions, is influenced by internal psychological states. More specifically, nursing staff was reported that it has carried out the processes and care successfully had those positive internal psychological states that were created by the fact that these processes were meaningful to them, furthermore they were aware of their responsibility for results in relation to the care that had offered [22].

The relationship between the psychological states of nursing personnel and motivation has been also reported by Janssen et al, in their study showed that motivation of nursing personnel is significantly and negatively affected by high levels of emotional exhaustion, the exaggerated workload, the lack of appreciation by colleagues and superiors, the lack of social support, personal isolation, the dissatisfaction from the professional development and the perception that the care that they providing is low [21].

The general conclusion, which seems derived from the theories of internal motivation is that motivation of the nursing personnel is related to the meaning that the nursing personnel has on the application of care interventions and it is significantly affected by their working conditions.

Moreover, this perspective is supported, by a theory that is called "psychological contract" [23]. Psychological contracts separated into collaborative and transactional and represent the level and type of obligation is, as perceived by the employer and the employee. A "collaborative" contract is developed by the feelings of mutual obligation of both parties to support one another, their interests, encourage mutual trust, devotion and commitment [23]. As opposed, a "transactional" psychological contract directed by stereotyped or financial obligations between the employer and employees [23]. According Rousseau and Tijorwala, the psychological contract in nursing units positively influences the motivation of staff [23]. In addition important role to the creation of motivation can play and the level of confidence that is surrounding the leadership. Confidence arises from the active information processing and mixing options, which should be based on loyalty, good functioning and a constructive decision-making process of the leaders [23]. The internal motivation in nursing personnel it's strengthened by establishing high confidence levels between the employer and the employee [23]. This confidence is so important that promotes the motivation of nursing personnel even if significant organizational changes and reconstructions in the health care unit are carried out [23]. In conclusion and according to Rousseau and Tijorwala, both collaborative psychological contracts, as well as the high confidence levels, can support positively the internal motivation of nursing personnel [23].

4. THE ROLE OF LEADERSHIP

In the world of business the belief that leadership is a critical component of the "recipe" for operational efficiency is widespread. Perceptions about leadership have not only affected the function of specific organizations and businesses, as well as the entire realm of the political system, the educational system, even so the functional structure of governments. In the health sector, burnout and leadership seem to be close related. Cherniss has indicated that a low level leadership can be a critical factor that may cause burnout in health service professionals [24,25]. According to the research of Krogstad et al, hospital workers the encouragement and support by their leaders are actions greatly

appreciated by the personnel [26].

Thus leadership could be defined as the process of influencing the actions and behavior of individuals from their leader so voluntarily and spontaneously work together to achieve their goals [27].

In the international literature many theories can be found concerning leadership. However, in the recent years, many theorists have been occupied by the difference between Leadership and Management. Kotter, had distinguished those two activities, but considers them significantly supplementary [28].

Management's primarily concern is the plot of the various practices and procedures that an agency is adopting, such as is the planning (strategic, financial). Specifically, through management the capacity to achieve design can be developed, due the proper staffing and the organization of logistical and human resources.

Furthermore, management is in charge of sharing of responsibilities and tasks within the individuals that have the required skills in addition is in charge for the communication and adoption of control systems for the processes based on design [28]. On the other hand, the leadership is more focused on preparing the organization for upcoming changes and helps to overcome any difficulties that may arise through the course towards the goals that are set by planning department [28].

Abraham Zaleznik, focuses on individuals and refers that managers tend to adopt a more impersonal, if not passive, attitude toward the goals [29]. Managers objectives are coming more through needs rather than desires and therefore are closely related with the history and culture of the organization that are running. Leaders seem to be more energetic rather reflective, preferring to shape ideas than to respond to them. Leaders can often adopt a personal and very active attitude towards the goals that are set.

Peter Drucker once said "Managers are people who do things by the right way, leaders are people who do the right things" [30]. In sum we can say that leader is a man who is able to develop and communicate a vision that it can give meaning to the work of others [29]. Rensis Likert, director of the Institute of Social Research of the University of Michigan, developed the theory of four models of leadership: authoritarian-exploitative, the benevolent-autocratic, the Consultative and the participatory [31].

Of those four leadership models, the leadership models that are the most adopting by many organizations today is the consultative and participatory. In the first model leaders may have substantial but not fully confidence in their subordinates. It is also possible that there is an informal organization that can either support or partially opposes to the purpose of the formal organization. The peak of the pyramid defines the general framework for action, but both the middle as well as the lower levels of the organization pyramid have sufficient authorization for a specific decision making. Furthermore, in this model communication works two-ways and it has a broad degree of authorization. In the second leadership model, participatory leaders have full confidence in their subordinates. The formal and informal organization is identical, so finally all the social forces assisting to the efforts in order the purposes (goals) of the organization can be achieved. The authorization for decision making is recognized in all levels of the pyramid, communication is completely free and extends between colleagues, people are motivated by different rewards (financial and other), they

are setting out the objectives and attempt is made to improve processes. Friendly relationships can be developed between superiors and subordinates. In this point it should be noted that the application of participatory system, although is usually considered as most effective is not easy at all; but still this is a form in which managers persist, if the conditions allows to, and if it is indeed effective for their environment.

A noteworthy theory about leadership can be considered Tannenbaum and Schimdt Model [32]. This model is based on the consideration of leadership as well as on a variety of types of behavior of a leader—Chief, as they can appear under the influence of the internal environment of the organization and of the social environment to. Tannenbaum and Schimdt didn't suggest a specific leadership behavior, but they indicate that various types of behavior can be proven sometimes more and sometimes less effective.

As basic elements that might affect these types of leadership behavior are considered to be the personality of the leader, the impact of their subordinates, the condition that are formed within the organization at a time (such as the spirit of the organization, the performance of subordinates, the nature of the problem, time pressure) as well as the various social influences.

An important contribution to the evaluation of an effective leader is given to us by the theory of the administrative grate of Blake-Mouton [33]. According to this theory, duty of a leader is to be interested for the work result as well as the human relations that are prevailing within his team. According the results of Blake and Mouton management executives are tend to have a “dominant style» and they using it more frequently than any other. Furthermore they appear to have a backup style that is exhibit in special cases, when the predominant style hasn't proven effective. These two elements for each style are, to some degree within each executive. The way they appear is influenced by a number of factors such as the type of people who oversees the situation in which there is in and the very own personality.

In the literature more types and styles of leadership can be found besides those above models, for an example there are other studies formatting type or style of leadership, such as the studies of Campbell, Kreitner and Kinicki, but still they seem to be based on previous theories [34,35]. Many authors also focused on the characteristics and attitude that a leader should have towards his associates.

The way that leadership is practiced affects the appearance or not of burnout. In the guide for Prevention of burnout in mental health units, published by the Regional Development and Mental Health Company, particular reference to the way of exercise of leadership practice is made and summarizes ten rules that should be adopted by leadership as it comes for the relations with their subordinates. Those rules, as noted in the guide, can be proven effective in the reduction of stress and in the appearance of burnout, and based on those leaders must inform and consult their subordinates on decisions which affect them; advise and encourage their subordinates, help them exercise their tasks, strengthen their skills, respecting and rewarding their work; assign work tasks equally (allowing even the rotation of staff) in a transparent and in a way within time limits are necessary for their programming; show comprehension for their personal problems; defending the interests of existing; demonstrate respect for their privacy; avoid gossip; inform of their intention to visit them; find ways so that the working

environment is pleasant and decent; respect their moral values and never ask to violate them.

Looking at the above rules it can be easily established that one the main objectives of them is the creation of a climate of trust between the leader and subordinates. Besides, according to the worlds health organization definition of leadership, leader should be able to build and preserve a climate of trust among others [15].

5. THE EMPOWERMENT OF THE PERSONNEL AND THE ROLE IN BUILDING CONFIDENCE

Confidence has proven to be the most essential ingredient in the culture of an institution or of a health organization in a way that the nursing personnel will feel satisfied by their work, commitment, the clarity of roles and empowerment. In the study of Laschinger and Sabiston, they examined whether empowerment has a direct effect on confidence, in 412 nurses in hospitals of the city of Ontario in Canada [36]. They noted that empowerment had a direct effect on emotional employment obligations (work of personnel because they want it) and in the confidence that had in the administration. Managers and executives of hospitals, who had created a working environment that promoted the empowerment of employees, were more likely to “gain” their trust. Significant relationships were found between confidence in management and nurses perceived access to information and support. Conclusions of this research suggested that when staff considers that it has sufficient access to support, resources, and information, are more likely to have confidence to managers and feel more determent and committed to the goals and policies defined by the hospital.

Ray and Marion, used in their research the grounded theory in order to explore how hospitals can care for their employees, while costs and expenses are taken under consideration [37]. Research results indicated that there is a loss of trust among employees towards the administration when a health organization is driven by financial incentives. Repetitive lack of support by the management, lack of respect for the nursing personnel, the need for effective communication and more transparency on management and the desire for greater involvement of nurses in decision-making, were the main factors affecting confidence

In a study conducted by Laschinger et al, the impact of hospitals called “magnet” have to the nursing personnel was examined [38]. It was found that higher levels of autonomy, control and collaboration were associated with higher levels of trust in the administration, which then led to the incretion of job satisfaction. Positive characteristics of the work environment were linked with lower emotional exhaustion and higher job satisfaction and the perceptions that employees had about the quality of the provided care. The most important conclusion of this study probably was that the work environment created by employees, who have been empowered, has lower levels of burnout.

The empowerment of the personnel and the participation in decision-making have been proven by various studies, which carried out in the recent years, to be positively correlated with the reduction of burnout. In Hochwlder & Brucefors research, nurses completed in questionnaires ascale that measures the empowerment which is given to them in the workplace [38]. Empowering was correlated by regression analysis, with eight indicators related to health; among them were severe depression,

anxiety, insomnia and burnout as was assessed by the MBI. Introduction of empowerment as explanatory variable appeared to be more statistically significant in the case of burnout.

Theorists of motivation as Locke and Latham, emphasize the primary role which, freedom of thought and choice, employee can have [39]. Concepts such as autonomy and empowerment, should be identical with the ultimate goal of nursing work, the provided care and contribute to maintaining the internal work motivation. Empowerment can be specified as a theoretical framework that includes the power supply, activities and opportunities for employees [38,40,41].

According to Laschinger and Sabiston, the ability of nurses to practice according with their professional standards and values, is a fundamental factor for their satisfaction, but it is also a commitment to the profession and to the health organization [36]. The approaches of empowerment in workplace, such as participative and joined management, are innovations towards to a direction for the creation of job satisfaction in a large group of employees in the health sector as nurses. The presence empowerment in workplace allows employees to be initiatives and provide the necessary solutions to situations that may be beyond the limits of their responsibilities.

According to Kanter as it is referred to Raiger 2005, the determination of a person's work and relations within the organization where he works are affecting his access to employment-related empowerment structures [42]. Accessing such empowerment structures leads to an increase in the individual's work, autonomy, job satisfaction and it is reducing burnout. Thus creating a work environment that allows employees empowerment enables employees to have access to information (better communication), support and access to additional learning and in the development of opportunities.

The determination of work as mentioned above as well as the relations of an individual with the organization offering the employee what is called formal power and informal power respectively. As Kanter proposed it, the access that an employee could have in power and in opportunities for personal development are associated with lower levels of burnout that was examined by Hatcher and Laschinger in a descriptive correlation study [42]. Results of this study indicated that there is a significant correlation between total employment empowerment and burnout. In the research of Laschinger et al, was found that 38% of variance of job satisfaction and stress that employees receiving is attributable to psychological empowerment of nursing personnel [36]. This study also found that when employees feel psychologically and structurally empowered then the levels of job satisfaction are increased and they feeling less stress

6. CONCLUSIONS

Demographic changes, economic and intellectual growth and technological revolution in health service field, have changed the demand as well as the running costs of health services. The new challenges that are forming due the continuous dynamic environment have often urged the health organizations and health services systems to go into radical changes in inputs, so their outflow (patient satisfaction) to be in high levels. Human factor seem to play a key role in the effort of improvement. Well-motivated and appropriately qualified personnel are significant to the success of the health care which is provided. Nevertheless, now days have been widely recognized that poli-

cies of human resources management should be in the core of any sustainable solution of health system performance [43]. It is commonly accepted that the human resources is what determines the success or failure of any transformation in healthcare.

Leadership, motivation, empowerment and confidence are four important aspects towards this direction. An effective leadership is taking into account such as the expectations and motivations of their behavior as well as the conditions within the organization. The ultimate objective of leadership is to motivate and empower employees, based on specific methods that will help improve employee efficiency without disturbing their mentality. Benchmark for an effective leadership is to create a climate of confidence with employees. Without it, many of the efforts of the leadership would be unsuccessful. Finally, the empowerment personnel contribute positively to their health [44].

Leadership, motivation, empowerment and confidence are four important factors that can function as shield providing protection against burnout and promoting the mental health status of the personnel.

CONFLICT OF INTEREST: NONE DECLARED.

REFERENCES

1. Maslach C., Schaufeli W., Leiter MP. Job burnout. *Annual Review of Psychology* 2001; 52:397-422.
2. Maslach C., Goldberg J. Prevention of burnout: New perspectives. *Applied Prevention Psychology* 1998; 7:63-74.
3. Pappa EA., Agnostopoulos FA., Niakas D. Burnout of physicians and nurses and its effects on the quality of health care. *Archives of Hellenic Medicine* 2008; 25(1):94-101.
4. McCormack N., Cotter C. Symptom recognition and preventing burnout, In *Managing Burnout in the Workplace*. Edited by McCormack N. and Cotter C. Chandos Publishing, 2013; pp151-192.
5. Awa WL., Plaumann M., Walter U., Burnout prevention: A review of intervention programs. *Patient Education and Counseling* 2010; 78(2):184-190.
6. McCormack N., Cotter C. *Managing Burnout in the Workplace*. Edited by Chandos Publishing, 2013.
7. Kulkarni GK. Burnout. *Indian Journal of Occupational & Environmental Medicine* 2006; 10:3-4.
8. Daley MR. Burnout: Smoldering problems in protective services. *Social Work* 1979; 24(5): 375-9.
9. Freudenberger HJ. The staff burnout syndrome in alternative institutions. *Psychol Psychother Theor Res Pract* 1975; 12(1):73-82.
10. Maslach C., Jackson SE. *Maslach Burnout Inventory*. Palo Alto, Consulting Psychologists Press, CA, 1982
11. Maslach C., Jackson SE. The measurement of experienced burnout. *Journal of Occupational Behavior* 1981; 2:99-113.
12. Maslach C. *Burnout-The cost of caring*. Englewood Cliffs, NJ: Prentice Hall, 1982.
13. Pines A., Aronson E. *Career burnout: causes and cures*. Free Press London, New York, 1988.
14. Fradelos E., Mpelegrinos S., Mparo Ch., Vassilopoulou Ch., Argyrou P., Tsironi M., Zyga S., Theofilou P. Burnout syndrome impacts on quality of life in nursing professionals: The contribution of perceived social support. *Prog Health Sci* .2014; 4(1):102-109.
15. WHO. *Human Resources and Training in Mental Health*, (Mental Health Policy and Service Guidance Package), 2005; ch. 4.
16. Aiken LH., Clarke SP., Sloane DM., et al. Nurses' reports on hospital care in five countries. *Health Affairs* 2001; 20 (3): 43-53.

17. Aiken LH., Clarke SP., Sloane DM., et al. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association* 2002; 288 (16):1987-1993.
18. Leiter MP., Harvie P., Frizzell C. The correspondence of patient satisfaction and nurse burnout. *Social Sciences Medicine* 1998; 47(10):1611- 1617.
19. Khalatbaria J., Ghorbanshiroudia S., Firouzbakhsha M. Correlation of Job Stress, Job Satisfaction, Job Motivation and Burnout and Feeling Stress. *Procedia-Social and Behavioral Sciences* 2013; 85:860 – 863.
20. Montana P., Charnov B. *Management*. 2nd Edition, Kleidar-ithmos, 1993.
21. Janssen PPM., De Jonge J., Bakker AB. Specific determinants of intrinsic work motivation, burnout, and turnover intentions: a study among nurses. *Journal of Advanced Nursing* 1999; 296(6):1360-9.
22. Edgar L. Nurses' motivation and its relationship to the characteristics of nursing care delivery systems: a test of the Job Characteristic Model. *Canadian Journal of Nursing Leadership* 1999; 12(1):14-22.
23. Rousseau DM., Tijorwala SA. What's a good reason to change? Motivated reasoning and social accounts in promoting organizational change. *Journal of Applied Psychology* 1999; 84(4):514-28.
24. Cherniss C. *Professional Burnout in Human Service Organizations*. Praeger, New York, 1980.
25. Fletcher CE. Hospital RN's job satisfactions and dissatisfactions. *Journal of Nursing Administration* 31; (6):324-31.
26. Krogstad U., Hofoss D., Veenstra M, et al. Predictors of job satisfaction among doctors, nurses and auxiliaries in Norwegian hospitals: relevance for micro unit culture. *Human Resources for Health* 2006; 4-3.
27. Petridou E. *Management administration*. Zygos, Thessaloniki, 1998.
28. Kotter JP. What Leaders Really Do, *Harvard Business Review*, Special Issue 2001; 85-96.
29. Abraham R. Organizational cynicism: Bases and consequences. *Genetic, Social and General Psychology Monographs* 2000; 126:269-292.
30. Handy JA. Theoretical and methodological problems within occupational stress and burnout research. *Human Relations* 1988; 41:351-365.
31. Bourantas D. *Management, Organizational Theory and Behavior*. Athens University of Economics, 1992.
32. Greenberg J. *Managing Behavior in Organizations*, Prentice Hall United States of America, 1996.
33. Barnard Ch. *The Nature of Leadership in Leadership, Classical, contemporary and critical Approaches* (Editor: Keith Grint). Oxford University Press, 1997.
34. Campbell DJ. *Organizations and the Business Environment*. Butterworth-Heinemann, London, 1997.
35. Kreitner R, Kinicki A. *Organizational Behavior*, 4th ed. McGraw-Hill New York, 1998.
36. Laschinger H., Sabiston JA. Staff Nurse Empowerment and Workplace Behaviours. *The Canadian Nurse* 2000; 96(2):18-22.
37. Ray M., Marion F. The transformative process for nursing in workforce redevelopment. *Nursing Administration Quarterly* 2002; 62(2):1-14.
38. Hochwlder J., Brucefors AB. Psychological empowerment at the workplace as a predictor of ill health. *Personality and Individual Differences* 2005; 39(7):1237-1248
39. Locke EA., Latham GP. Building a practically useful theory of goal setting and task motivation. A 35-year odyssey. *Am Psychol* 2002; 57(9):705-17.
40. Whlin I., Ek A., Idvall E. Staff empowerment in intensive care: Nurses' and physicians' lived experiences, *Intensive and Critical Care Nursing* 2010;26(5):262-269
41. Yang J., Liu Y., Chen Y., Pan X. The effect of structural empowerment and organizational commitment on Chinese nurses' job satisfaction. *Applied Nursing Research* 2014; 27(3):186-191.
42. Raiger J. Applying a cultural lens to the concept of burnout. *J Transcult Nurs* 2005; 16(1):71-6.
43. Dussault G., Dubois CA. Human resources for health policies: a critical component in health policies. *Human Resources for Health* 2003; 1(1):1-16.
44. Laschinger S., Heather K. et al. The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study. *International Journal of Nursing Studies* 2012; 49(10):1266 – 1276.