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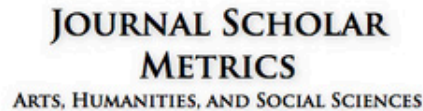
A Scoping Review of Management Styles Impact on the Health Workers' Psychological Well-Being

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Abstract

The healthcare setting is a complex and dynamic workplace that interacts with the worker's well-being. Interventions that aim to protect the healthcare workforce from workplace pressure should consider, among other targets, management or leadership styles. We aimed to describe the effects of leadership style on healthcare workers' psychological well-being. A scoping review was conducted by synthesizing the peer-reviewed original research accepted or published about the effect of leadership styles on mental well-being in French and English from the databases PubMed and Google Scholar during the past decade (2013-2024). We got from the research strategy 516 records, and 13 studies in English from 7 countries were included for synthesis. Leadership styles such as abusive and exploitative interact negatively with healthcare workers' mental well-being in the form of emotional pressures, cognitive pressures, or mental pressures, psychological distress, stress, exhaustion, and interfering with psychological capital and ownership. Whereas leadership styles such as transformational, supportive, authentic, and inclusive leadership styles safeguard the health staff's mental well-being. The result of this review recommends putting in place leadership development programs to introduce leadership development into the health school students' curriculum. Our study proposes also conducting research with analytic and experimental designs, as well as extending studies to other healthcare professionals and healthcare settings.
Key words: leadership styles, healthcare worker, psychological well-being.

Novelty and Significance

What is already known about the topic?

- Transformational leadership style is known to have a positive relationship with healthcare worker well-being and mental safety.
- Burnout, or psychological exhaustion, is one of the most noted manifestations of health workers' psychological attacks.

What this paper adds?

- The review focused on the relationship between the mental health of healthcare workers and management styles, highlighting the trend found among studies published in the last decade.
- The review has highlighted the mediators of the relationship between leadership styles and psychological well-being of healthcare workers.
- The review has shown that inclusive leadership management style shows a positive relationship with the mental well-being of healthcare staff.

The exercise of planning, prioritizing, and organizing work efforts to accomplish goals within an organization is called management (Al-Sawai, 2013; Chartered Management

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Institute, 2015). A management style or leadership style can be the way managers use to reach these goals (Chartered Management Institute, 2015; Lundqvist, Reineholm, Ståhl, & Wallo, 2022). Today we have many classifications of the leadership style, like the one proposed by Chen DS-S (charismatic, servant, transactional, and transformational) or the Goleman classification, where leaders' behavior is well considered (Restivo *et alii*, 2022). Transformational, transactional, and laissez-faire are among the common managerial styles (Shearer, 2012).

Human resources are crucial in the delivery of healthcare; low-resource environments where human resources are insufficient and mismanaged constitute serious obstacles to the healthcare delivery system (Musinguzi, Namale, Rutebemberwa, Dahal, Nahirya-Ntege, & Kekitiinwa, 2018; Sabbah *et alii*, 2020). The quality of management in healthcare settings is critical to the healthcare delivery system (Sabbah *et alii*, 2020). Poor management can be associated with up to 75% of healthcare professionals misbehaving toward patients in the healthcare setting (Karemere, 2015). The studies published in the past decade showed that the manager's attitude is related to the staff's well-being (Lundqvist *et alii*, 2022; Sabbah *et alii*, 2020; Heming *et alii*, 2023). Leadership styles like transformational or inclusive leadership are known to maintain the health care professional's well-being, like psychological safety (Munir & Nielsen, 2009; Ahmed, Zhao, & Faraz, & Qin, 2021). Globally, the proportion of healthcare workers who report experiencing at least one absence per week can reach 7% (Kisakye, Tweheyo, Ssengooba, Pariyo, Rutebemberwa, & Kiwanuka, 2016). Inadequate leadership can lead to a higher risk of sickness absence among healthcare workers, whereas one unit of leadership support improvement can reduce by 2 days the length of sickness absence (Buzeti, 2022; Stengård, Peristera, Johansson, & Nyberg, 2021). Indeed, the cost of absenteeism for low supportive leadership behavior can range from 534.54 to 1675.16 euros per person per year, which is higher compared with high supportive leadership behavior (Schmid, Jarczok, Sonntag, Herr, Fischer, & Schmidt, 2017). An average absence length is between 7-9 days per month per person and costs annually between $1 and $4 million (Al Ismail, Herzallah, & Al-Otaibi, 2023; Sukhee *et alii*, 2023). The contribution of psychological ill-health can evolve between 17 and 33% of absenteeism (Kisakye *et alii*, 2016; Paiva, Dalmolin, & Santos, 2020).

The general aim of this review was to study the impacts of management styles on healthcare workers' mental health. We aimed specifically to identify and describe the impacts of leadership styles on healthcare workers' psychological safety by synthesizing the data from relevant original articles accepted or published over the past decade.

Method

Procedure

A review was done by synthesizing the peer-reviewed original research accepted or published about the effect of leadership styles on mental well-being from 2013 to 2024. We included the peer-reviewed original research accepted or published from 2013 to 2024 about the effect of leadership styles on mental well-being in French and English. The reviews and grey literature documents were excluded. The included article sources were PubMed and Google Scholar as well as the references of selected articles. Two team members were implied in the selection, bias assessment and data extraction. The disagreements were settled by third one (or consensus) at each step of selection, data extraction, and bias assessment.

Search strategy and Selection process

We interrogated PubMed and Google Scholar using queries made from keywords of mesh (Medical Subject Headings) thesaurus ("leadership", "management", "mental health", "psychological well-being", and "health care worker") and keywords from literature ("leadership styles", "management styles", "hospital staff"; stress; "depression"; "burnout"; "anxiety") as well as Boolean operators ("AND", "OR"). The filters were year range (2013-2024) and languages (French and English).

Two authors examined titles and abstracts based on inclusion/exclusion criteria. The article considered as eligible by any author underwent a full text screening. The third one, independently checked the eligibility of each full-text document and extracted the data. The data extracted were author name, publishing year, the objectives of the study, study subjects, study design, measurements, main results or conclusion.

The qualities of article included were assessed by the observation studies quality assessment grid of Salmi (1998) and Québec Teaching Hospital Grid (CHU de Quebec, 2024). These tools allowed us to examine the different sections of included articles and consistency between them. At the end we can classify the articles as acceptable or not acceptable.

RESULTS

A total of five hundred sixteen documents were found in our research strategy; with 501 through computerized search, and 15 additional articles identified through manual searching of the reference lists of the articles found in the computerized search. The evaluation of title and abstract allowed us to exclude 473 documents. The 43 articles considered potentially relevant were evaluated, resulting in the exclusion of 30 of them and the selection of the remaining 13 for the review (see the phases of the procedure in Figure 1).
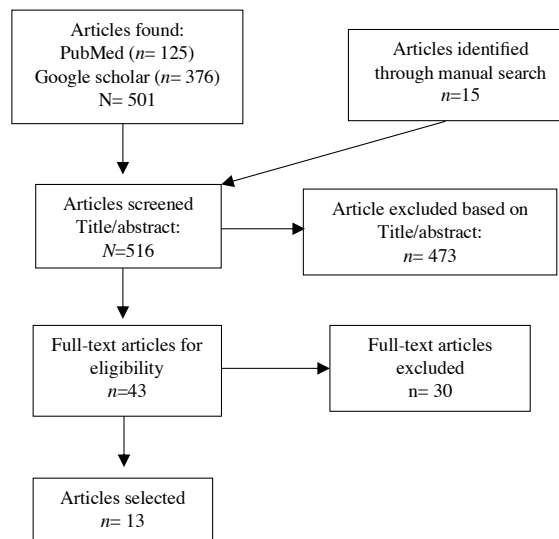

Figure 1. Articles selection flow chart.

Table 1 shows the main characteristics of the included studies. All the studies selected for review were published in English and were realized in seven different countries: Iran (2), Canada (1), Nigeria (1), China (3), Pakistan (4), South Korea (1), and Lebanon (1). The papers included in this study were published in 2022 (2), 2021 (4), 2020 (3), 2023 (3), and 2015 (1).

The cross-sectional design ($n= 6$) and time-lagged design ($n= 3$) were used more often in the studies selected for this review. The number of healthcare workers included per study ranged from 45 to 3662, and from 3 to 4 for the number of measuring instruments used per study. The papers selected for this review treated the relationship between healthcare staff mental well-being and leadership styles as *abusive leadership* (1), *authentic leadership* (1), *exploitative leadership* (1), *supportive leadership* (1), *laissez-faire* (1), *transactional leadership* (3), inclusive leadership (2), and *transformational leadership* (6). A summary of the definitions of the different leadership styles is shown in Table 1.

Discussion

In this review, we aimed to describe the impacts of leadership styles on healthcare workers' psychological well-being during the past decade. We found that this topic was treated globally, particularly in the Asian region; the most addressed leadership style in literature during the past decade was transformational leadership. In fact, around one article out of two in this review addressed the influence of transformational leadership on healthcare staff's mental well-being, as Pishgooie *et alii* (2019) who noted that transformational leadership style has a significant relationship with job stress. The work of Chen *et alii* (2022) claimed that the transformational leadership framework may reduce the risk of burnout in hospitals. Hassan, Halliru, and Maiyaki (2023) recommended that to enhance mental wellness, healthcare organization management should particularly focus on developing a transformational leadership style. As well Sabbah *et alii* (2020) concluded that transformational leadership is positively related to the mental health of healthcare workers. Transformational leadership had a significant negative relationship with burnout during the study realized by Ebrahimzade, Mooghali, Bagheri Lankarani, & Kalateh Sadati (2015). The results of Irshad, Majeed, and Khattak (2021) research showed that transformational leadership enhances psychological well-being among healthcare workers. Several authors got also interested to transactional leadership style, three articles included in our synthesis were about transactional leadership style. Pishgooie *et alii* (2022) affirmed that workplace stress and transactional leadership styles are significantly associated, and Ebrahimzade *et alii* (2015) found that transactional leadership has a significant negative relationship with burnout. As well Sabbah *et alii* (2020) concluded that transactional leadership is positively associated with the mental well-being of healthcare workers (nurses).

The leadership style's negative effects on healthcare workers' mental well-being, particularly the nurses, were presented in the form of emotional pressure, cognitive pressure, mental pressure, psychological distress, stress, exhaustion, compromising psychological capital, and ownership. Our results suggest integrating the development of leadership or management style among the interventions to address the issues about healthcare staff psychological well-being, such as *Health-oriented leadership* (Hol), where the leaders take into account the health and stress levels of themselves and their followers through their behaviors and communication, as well as shaping their duties and working conditions

Table 1. Main characteristics of the studies included in the review.

Study-Country	Objectives-Population	Design-Measurement	Results-Conclusion
Chen *et alii* (2022) Pakistan	Investigate the role of the transformational leadership in preventing burnout risk among hospital employees. 398 Hospital employees.	Prospective quantitative study. - *Global Transformational Leadership Scale* (Carless *et alii*, 2000). - *Copenhagen Burnout Inventory* (Kristensen *et alii*, 2005) - *Brief Resilience Scale* (BRS-6) (Smith *et alii*, 2008) - 5-item to measure *Intrinsic Motivation* from Tierney *et alii* (1999)	Hospitals could decrease the chance of burnout by incorporating the transformational leadership framework.
Ebrahimzade *et alii* (2015) Iran	To analyze the connection between managers' leadership styles and nurse burnout. 207 nurses.	Cross-sectional - Maslach Burnout Inventory (Maslach *et alii*, 1986). - Multifactor Leadership Questionnaire (Bass & Avolio, 2000).	The relationship between transformational and transactional leadership and burnout was negative. Laissez-faire leadership had a negative impact on personal achievement. The effective role of transformational leadership in reducing burnout among nurses was highlighted.
Hassan *et alii* (2023) Nigeria	Examine the effect of staff's psychological well-being on the link between leadership styles and staff's organizational citizenship behavior. 45 health workers.	Quantitative study.	Healthcare organizations are advised to enhance their management practices by adopting a transformational leadership style to improve psychological well-being and enhance employee engagement.
Irshad *et alii* (2021) Pakistan	Identify factors that contribute to healthcare workers' psychological well-being. 232 healthcare workers.	Time-lagged (Quantitative study). - *Safety Specific Transformational Leadership* measured using a 10-item scale (Barling *et alii*, 2002). - *Psychological Well-Being* measured using an 18-item version scale Ryff (1989). - *Safety Consciousness* measured using a 7-item developed by Barling *et alii* (2002).	Transformational leadership was found to enhance psychological well-being among healthcare workers, with perceived risk as a mediator.
Majeed & Fatima (2020) Pakistan	Investigated the connection between exploitative leadership and psychological distress of nurses. 231 nurses.	Time-lagged study (Quantitative study). - *Exploitative Leadership* measured using a 15-item scale (Schmid *et alii*, 2019). - *Negative Affectivity* measured using a 10-item scale (Watson *et alii*, 1988). - *Psychological Distress* measured using a 10-item scale (Kessler *et alii*, 2002) - *Psychological Detachment from Work* measured using a 4-item scale (Sonnentag & Fritz, 2007).	The relationship between exploitative leadership and psychological distress among nurses is mediated by negative affectivity. Negative employee outcomes are caused by exploitative leadership, resulting in negative affectivity and psychological distress.
Lee & Dahinten (2021) South Korea	To examine psychological safety as a mediator of the relationship between inclusive leadership and nurses' voice behaviors and error reporting. 526 nurses.	Cross-sectional. - *Inclusive Leadership* measured using a 9-item scale (Carmeli *et alii*, 2010). - *Psychological safety* measured with a 7-item scale (Edmondson, 1999). - *Speaking up* measured with the *Hospital Survey on Patient Safety Culture 2.0* (Lee & Dahinten, 2021). - *Withholding voice* measured with the *Speaking Up about Patient Safety Questionnaire* (Richard *et alii*, 2017).	Nurse managers' inclusive leadership has shown significant direct and indirect effects on outcomes through psychological safety. The inclusion of leaders enhances nurses' psychological safety.

Table 1 (cont.). Main characteristics of the studies included in the review.

Study-Country	Objectives-Population	Design-Measurement	Results-Conclusion
Pishgooie *et alii* (2019) Iran	Investigate how leadership style affects nurse job stress and anticipated turnover. 1617 nurses.	Cross-sectional study - *Multifactor Leadership Questionnaire (MLQ) 5X* (Bass & Avolio, 1995). - *Health and Safety Executive questionnaire (HSE)* (Health & Safety Executive, 2009) - *ATN Anticipated Turnover Scale (ATS)* (Hinshaw & Atwood, 1984)	Job stress and anticipated staff turnover have a significant link with a transformational and transactional leadership style. A laissez-faire leadership style has been found to have a positive impact on job stress. To enhance job satisfaction and the quality of nursing services, nurse leaders can employ a combination of transformational and transactional leadership.
Sabbah *et alii* (2020) Lebanon	To study the relationship between nurses' quality of life and perceived leadership styles. 250 nurses.	Cross-sectional. - Multifactor Leadership Questionnaire 5X Short Form (Avolio & Bass, 2004). - SF-12v2 Health Survey (Ware *et alii*, 1996).	Those who perceived their manager's laissez-faire leadership style had a lower mental health measure. According to this study, leadership styles affect nurses' well-being.
Simard & Parent-Lamarche (2021) Canada	Study the abusive leadership, and his effect on healthcare staffs' mental well-being and intention. 921 healthcare system workers.	Retrospective quantitative study. - A three-item scale (O'Driscoll & Beehr 1994). - WHO Well-Being Index (Heun et alii 2001). - Job Content Questionnaire (Karasek 1985).	The effects of decision authority on psychological well-being are neglected through abusive leadership, leading to greater intention to quit among workers. The findings indicate the significance of management style for the psychological health of healthcare staffs and their intention to quit their jobs during a pandemic.
Um-e-Rubbab *et alii* (2021) Pakistan	Examine how supporting leadership affects employees' psychological well-being during the Covid-19 pandemic. 214 nurses	Time-lagged study (Quantitative study). - *Supportive Leadership* measured using a 15-item scale (McGilton, 2010). - *Psychological capital* measured using a 24-item scale (Luthans *et alii*, 2007). - *Nurses' Well-Being* measured using a scale by Van Veldhoven & Broersen (2003).	The psychological well-being of employees can be predicted through supportive leadership. Psychological capacity played a role in the relationship between supportive leadership and employees' psychological well-being.
Zhao *et alii* (2020) China	Assess the role of psychological safety as a mediator for the influence of an inclusive leadership style on psychological distress. 451 Hospital nurses.	Cross-Sectional study - *Inclusive Leadership* measured using a 9-item scale adapted from Carmeli et *alii* (2010). - *Psychological safety* measured with a 7-item scale (Edmondson, 1999). - *Psychological distress* measured using the *non-Specific Psychological Distress Scale*, (Kessler & Mroczek, 1994).	Inclusive leadership has an inverse relationship with psychological distress with a strong path-coefficient. By creating a psychologically safe environment, an inclusive leadership style can help alleviate psychological distress among health care workers.
Zhang *et alii* (2023) China	To examine whether psychological capital can mediate the link between nursing managers' authentic leadership and nurses' caring behavior. 3,662 nurses.	Cross-sectional study. - Authentic Leadership measured using a 16-item *Authentic Leadership Questionnaire* (Walumbwa, 2008). - *Psychological capital* measured using a 24-item scale (Luthans *et alii*, 2007). - Nurses' caring behavior measured using the Chinese version of the *Caring Behavior Inventory* (Walumbwa *et alii*, 2013).	Psychological capital mediates significantly the relationship between authentic leadership and nurses' caring behavior.
Zeng *et alii* (2023) China	Examine the impact of inclusive leadership on nurses' turnover intentions and the mediation role of psychological ownership during COVID-19 prevention and control. 299 nurses	Cross-sectional study - *Inclusive Leadership Scale* (Carmeli *et alii*, 2010). - *Psychological Ownership Scale* (Van Dyne & Pierce, 2004). - *Turnover Intention Scale* (6-item) Michaels & Spector, 1982).	The direct effect of inclusive leadership on psychological ownership is significant. By treating nurses fairly, inclusive leadership can enhance their psychological ownership level and decrease their intention to quit.

(Franke & Felfe, 2011; Franke, Felfe, & Pundt, 2014). The findings of Kerse, Çakıcı, and Deniz (2022) revealed that Hol improved psychological health, which enhanced job and life satisfaction. In line with Stuber *et alii* (2020), seminars about group leadership interventions with reflective and interactive components may be an interesting approach to addressing mental health and well-being in healthcare settings. Our review found that transformational leadership has a positive association with healthcare workers' mental well-being and improves many aspects of healthcare workers' mental well-being. This result was consistent with the study of Munir and Nielsen (2009), who noted that educating managers in transformational leadership techniques can improve healthcare professionals' well-being. Faniadou's study (2020) demonstrated that transformational leadership style is negatively correlated to psychological exhaustion, which was coherent with the work done by Frazier (2014) that noted a strong transformational leadership style between workplace relationships, employee well-being, and morale. In the recent study by Jung, Han, & Kim (2024), nurses noted higher subjective career success when they worked with transformational leaders, particularly when nurses had high positive psychological capital. Lee and Seo (2024) carried out a study investigating the relationships between nurses' psychological safety and inclusive leadership and found a favorable link between psychological safety and inclusive leadership, which sustains the results of this review, and the study done by Zeng, Wang, and Chen (2023) on inclusive and psychological ownership concluded that inclusive leadership could improve nurses' psychological ownership level. As well Zhao, Ahmed, and Faraz (2020) suggested that by fostering a psychologically secure atmosphere, an inclusive leadership style can act as a strategy to prevent or limit psychological suffering for healthcare professionals. Studies like Nelson *et alii* (2014) and Teo, Lux, and Pick (2023) reported that authentic leadership increases or improves the levels of psychological well-being in the healthcare setting. Through the paper done by Zhang *et alii* (2023), our review also showed that authentic leadership needs psychological capital to impact nurses' caring behavior.

Our findings are in line with the recent research led by Alhalal *et alii* (2024) on authentic leadership, nurses' well-being, and nurses' psychological capital, which demonstrated the association between nurses' well-being and authentic leadership is mediated by psychological capital. The meta-analysis done by Schermuly, Creon, Gerlach, Graßmann, and Koch (2022) about the effects of leadership styles on psychological empowerment did not support transactional leadership, even though it may stimulate psychological empowerment in contexts as diverse as the USA and China. The study by Erschens *et alii* (2022) noted that transactional leadership was associated with higher well-being (psychological) scores, and that was in concordance with the ones from authors like Ebrahimzade *et alii* (2015) and Sabbah *et alii* (2020), where we found that transactional leadership has a negative relationship with burnout and is positively associated with the mental well-being of healthcare workers. Our literature review found that, in a challenging setting, supporting leadership can assist nurses in developing their own psychological resources. We noted also, the relationship between supportive leadership and employees' psychological well-being is influenced by the psychological capacity (Um-e-Rubbab *et alii*, 2021). This notification was consistent with the work realized by Thompson (2023) on leadership strategies within the healthcare industry, which affirmed that despite elements associated with burnout, a supportive leadership style positively predicted higher levels of workplace commitment.

Recent research about the factors that precede and mediate leadership in healthcare highlights a deficit in our knowledge about what conditions and organizations are lacking

to develop leadership behavior in a challenging healthcare setting (Alilyyani, Wong, & Cummings, 2018). In effect, the opportunity, reputation, status, and advancement that come with being a leader tempt a lot of people to have the leader position. Studies also noted that some may not be enthusiastic about lead because of perceived risks and impacts on their lives. These notices could partially explain the emotional pressure, cognitive pressure, mental pressure, and psychological distress of healthcare workers exposed to abusive and exploitative leadership and also showed the necessity to conduct more experimental and comparative studies to understand more about leadership behaviors and interaction with the mental well-being of healthcare workers (Simard & Parent-Lamarche, 2022; Majeed & Fatima, 2020; Carton, 2021). According to the results of Erschens *et alii* (2022) research, physicians without leadership duties scored the lowest for well-being, whereas leaders scored higher than followers. Though nearly all professional groups got lower scores for destructive and laissez-faire leadership, these results were coherent with the outcomes of Sabbah *et alii* (2020) and Simard *et alii* (2022) studies, which showed that healthcare staff led by laissez-faire or abusive leaders are exposed to low mental well-being quality.

The appreciation and range of the results from this review should take into account some facts. In effect, this synthesis considers only peer-reviewed accepted and published papers; we may exclude relevant documents from gray literature. Despite the richness of PubMed and Google Scholar, we only used the free option, so eligible paying papers and access via institutes may not be included. The documents selected were published in English only, so interesting papers in other languages could be ignored. The globalization of our results should also consider the fact that most of the articles used for this synthesis were from Asia and the diversity of measures used to appreciate leadership styles and psychological well-being, as well as the fact that most healthcare workers included were nurses.

The design of the studies included in this review has often been cross-sectional or time-lagged, which does not allow us to fully appreciate the causality between mental well-being and leadership styles. Besides these limits, our literature review showed the trend and importance of the topic of the interaction between mental well-being and the style of leadership. The outcome data from this review can be useful for decision-makers, healthcare unit managers, healthcare workers, and researchers.

The fast and growing sophistication of the healthcare system will require healthcare workers to team up in order to significantly increase their effectiveness and meet future healthcare challenges like pandemics. The management or leadership style will be critical to facing these challenges and achieving the healthcare missions. Our review recommends to health policymakers the necessity of creating leadership development programs. Our findings imply that academic decision-makers incorporate leadership development into the curriculum for health school students and hold ongoing training sessions on the subject. This work also showed the necessity of conducting research with analytic and experimental designs about the relationship between management or leadership styles and healthcare staff's psychological well-being. Future studies should be extended to other healthcare professionals and healthcare settings like community health centers, public health departments, oncology, psychiatry, and emergency care departments.

Our review showed some aspects of how management styles may impact the healthcare workforce. This review allows us to get an overview and trend of the relationship or interaction between leadership style and healthcare staff's mental well-being. Also, through this work, we noted that this topic is a global concern. Leadership styles such as

abusive and exploitative can negatively affect healthcare workers' mental well-being in the form of emotional pressures, cognitive pressures or mental pressures, psychological distress, stress, exhaustion, compromising psychological capital, and ownership. However, leadership styles like transformational, supportive, authentic, and inclusive can safeguard the health staff's mental well-being. The range of these conclusions was limited by the databases used to get eligible and relevant papers, the papers publishing language, study sample diversity, study design, and the diversity of measurement instruments. Nevertheless, these results may be helpful for healthcare workers, health policymakers, academic decision-makers, and researchers. In effect, this review recommends putting in place leadership development programs to introduce leadership development into health school students' curricula. Our study proposes conducting research with analytic and experimental designs as well as extending studies to other healthcare professionals and healthcare settings.

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