The style of nursing leadership in hospitals is an independent risk factor for 30-day mortality of patients in acute care

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Context
The focus of the study is on nursing leadership and its association to patient mortality. Cummings and colleagues state in the introduction that the relationship between nursing leadership styles in hospitals and patient outcomes has not been explored in many studies. The authors discuss the influence of different nursing leadership styles, such as task- and relationship-focused, emotionally intelligent and transformational leadership styles.

Methods
The purpose of the study was to examine the contribution of hospital nursing leadership styles to 30-day mortality after controlling for patient demographics, comorbidities and hospital factors. Secondary data about nurses, patients and institutions from 90 hospitals collected from 1998 to 1999 through the Canadian Alberta Nurse Survey were used. The main analysis method was hierarchical logistic regression analyses with logit link. The effect of nursing leadership, patient factors and hospital nursing variables on mortality was estimated, including their independent effect after adjustment. Finally, the residual effect of leadership styles was assessed after controlling for all patients, hospital nursing and institutional factors.

Findings
After controlling for patient demographics, comorbidities and institutional and hospital characteristics, nursing leadership styles explained 5.1% of the 72.2% variance in mortality across the hospitals. High-resonant leadership (eg, a style that is visionary, coaching, affiliative and democratic) was significantly related to lower mortality.

Implications for practice
The study has shown that ‘nursing leadership makes a difference’ for staff as well as for patients. The results indicate that more focus on leadership and management in nursing education is needed at master’s as well as doctoral levels. The most characteristic features of healthcare today may be the continuously changing environment and resulting organisational changes. Especially during times of organisational change, the importance of clear objectives, vision, information, dialogue and leader support increases. Contextual changes to hospitals and the effect of situational leadership should be included in future research on leadership styles and outcomes. An organisation’s culture is important and affects leadership style during change; the same applies to nurses’ expectations of their nurse leaders. A person-centred nursing culture promotes the outcome of nursing to patients’ benefit and also increases nurses’ well-being and job satisfaction.

Competing interests None.

References