CHAPTER 2

LITERATURE REVIEW

This chapter presents a review of the research literature. The chapter has been divided into the following sections:

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5. Conceptual framework

Concepts of management style

In the rapidly changing health care environment, professional nurses have to improve nursing services to provide good quality nursing care. As nurses perform work in organizations, it is necessary for organization to have good managers and good management style. The best management style was perceived to be participative which encouraged and valued from staff nurses at all levels in the organization (Urden & Monarch 2002, as cited in Tomey, 2009).

Definition of management style

Many authors have provided various definitions of management style. According to Morris and Pavett (1992), they defined management styles as traditional managerial functions of controlling, staffing, and planning; work values such as work leisure and loyalty; and macro-level practices such as centralization, training, and development. Moreover, Khandwalla (1995) defined management style as the distinctive way in which an organization making decisions including goal setting, formulation and implementation of strategy, all basic management activities, cooperating image building, and dealing with key stakeholders depending on an organization's ability.

As stated by Albaum (2003), management style is based on decision characteristics of organization behavior as contrasted to individual behavior, decision procedures within a firm and corporate culture that will tend to be fairly consistent among managers. In addition, management style can be also described as functions of

behaviors and linked to personality and further classified management style into six styles including charismatic, persuasive, consultative, transactional, transformational, and delegating styles (McGuire, 2005).

Lately, management style is defined as a recurring set of characteristic that are associated with the decision process of the firm of individual managers (Poon et al, 2006). Moreover, management style is a variable that is often overlooked in shaping worker attitudes and is crucial to understanding why workers stay in these firms (Taplin and Winterton, 2007). Schleh (1977, as cited in Quang, and Vuong, 2002) described management style as the adhesion binding both operations and functions including principles to profit on abilities of people in organization. Most importantly, Likert, (1961, 1967, as cited in Lucus, 1991) defined management style as a characterized by confidence and trust in the employees, and recognition of the value of shared communication, decision making, goal setting, and control.

In summary, the definition of management style had been extensively studied. Management style has been viewed differently in terms of scope, precision and dimensionally of the style described as most crucial. Interestingly, the definition provided by Likert has been commonly used by many researchers and will be used in this study.

Therefore, management style can be described as confidence and trust in the employees and recognition of the value of shared leadership, motivation, communication, decision making, goal setting, and control.

Theories and dimensions related to management style

Various theories of management style have emerged over the last century. A few of them will be presented in this paper such as Ruth McGuire's list of management style (2005), Bass and Stodgill (1990)'s management behaviors, management style by Herche and colleaques *(2000)*; Efere (2003), and Likert' Profile of Organizational Characteristics (1967)

Dimensions of management style

The following dimensions are drawn from some theories that have been used in previous studies. Ruth McGuire (2005) categorized management styles into 6 styles. Some styles are commonly recognized more than others. These include:

1. Charismatic: A style that relies heavily on personality to lead and inspire others; these are very good communicators.

2. Persuasive: Managers who use a persuasive style make decisions but then invest time in persuading their staff that the decision made is the right one.

3. Consultative: A consultative style involves considering the advice and feelings of others before the manager make a final decision.

4. Transactional: Use of a transactional management style means making transactions with staff and trading rewards such as money, and jobs in return for compliance.

5. Transformational: Managers who use a transformational style focus on staff development and attitude transformation.

6. Delegating: Managers who use a delegating style give subordinates responsibilities for decision making and problem solving.

Bass and Stodgill (1990) described types of management behaviors, as follows:

1. Autocratic: usually makes decisions promptly, communicates with staff members to carry out decisions loyally and with others.

2. Decisive: usually makes decisions promptly, but before going to all members, e.g. gives reasons for the decisions and answers.

3. Consultative: usually consults with other staff members, listens and decides, then expects them to carry out decisions loyally.

4. Democratic: calls a meeting of staff members; when there discusses the problem and accepts the majority viewpoint.

In a recent study, Herche, et al (2000) classified dimensions of management style as follows:

1. Information valuation which is the obtaining of market information and the need to spend money.

2. Quantitative planning which is the degree of advance planning using quantitative data for decision-making.

3. Individual decision making which is a willingness to take risks, including not always listening to others, nor favouring decision making by committee.

4. Advance planning which is the importance of planning in advance in decision making.

5. Information use which occurs when information is useful in supporting new knowledge rather than existing beliefs and can cause a change in decision.

Efere (2003) explained different managers displaying different styles of management in the course of their work as follows:

1. Authoritarian style, which is referred to as coercive style of management, would normally demand immediate compliance.

2. Authoritative style which is full of authority and influence, managers who display this type of management style can very easily mobilize people with a great deal of enthusiasm and with clear objectives.

3. Democratic style which is as the name implies. Democratic managers seek to achieve their objectives by consensus and staff participation. These are managers who would seek the opinion of their staff on serious issues. This creates the feeling of participation and responsibility among the staff.

4. Affiliate style of management which is intended to create unity and harmony in the organization by seeking to build an emotional bond among staff.

5. Permissive style which is also referred to as Laissez-faire style, this is the style management where managers give little or no direction to the staff, basically, letting the staff to just carry on with their job.

6. Indifferent style which is a bit similar to the permissive style. The indifferent style is basically that the manager just can't be bothered.

7. Coaching style which is a management style where a manager focuses on training, guiding, counselling and staff personal development for the future grow of the organization.

8. Pacesetting style, which is a style of management where managers set examples and standards for high performance.

9. Visionary style which is a management style, were managers move their staff to share positive dreams of the potential benefits and opportunities that they stand to gain.

10. Bureaucratic style which is management style by the book, so such managers are completely in flexible.

11. Defensive style which is a management style that is practiced by managers who always seek to find fault from the staff and give the impression that he/she is correcting the fault.

There is no particularly accepted style of management, but styles that lead to increased staff motivation, job satisfaction, and productivity should be encouraged. Those that have the opposite effect should be discouraged.

Likert (1967) developed a typology of management styles. He developed four systems of management which described the relationship, involvement, and roles between management and subordinates in industrial settings. The four systems are as follows:

1. Exploitive-authoritative system: superiors show little confidence in subordinates. Superiors ignore subordinates' ideas. Communication follows downward, is inaccurate and leaves subordinates feeling suspicious. Goals and decision making are accomplished by top management with resulting orders issued downward. Fear, threats, punishment and occasional rewards are the motivating forces.

2. Benevolent-authoritative system: superiors are condescending to subordinates; communication is limited, censored, and filtered downward. Upward communication may exist in the form of a suggestion system, but employees are

intimidated to share ideas. Goals and decision making are made by top and middle management while subordinates are occasionally consulted for input or problem solving. Orders are issued downward. Rewards and some actual or potential punishments are the motivating forces.

3. Consultative system: superiors have substantial confidence in subordinates. Subordinates' ideas are sought and freedom to discuss work with the superior is felt. Goal-setting responsibility is felt by a substantial proportion of personnel. Employees generally behave in way to achieve organization goals. Communication flows down and up but information is limited and viewed with caution. Rewards, occasional punishment and some involvement are motivating forces.

4. Participative system: superiors have complete confidence in subordinates. Subordinates' ideas are always sought and freedom to discuss jobs with superiors is felt. Goals are set at all levels. Communication is abundant and flows down, up and sideways. Information is accurate and received with an open mind. Economic reward, based on a compensated system that is developed through participation, is the motivating force. Likert's four main systems will be used as the conceptual framework for this study. Each system is characterized by management style differences in six major categories: leadership, motivation, communication, decision making, goals, and control (Likert, 1961, 1967, cited in Lucus, 1991 pp 119-125).

Each characteristic of management style is described as follows:

1. Leadership in exploitive-authoritative systems is autocratic leadership; benevolent-authoritative systems has a condescending attitude; consultative systems

have substantial confidence; and participative group systems have a great deal confidence and trust.

2. Motivation in exploitive-authoritative systems is through fear, threats, punishment, occasional rewards; benevolent-authoritative systems have rewards and some punishment; consultative systems have rewards, occasional punishment, some involvement; participative group systems have involvement and rewards.

3. Communication in exploitive-authoritative systems is downward; in benevolent-authoritative systems is mostly downward; in consultative systems is downward and upward; in participative group system is downward, upward, and sideways.

4. Decisions in exploitive-authoritative systems are made at the top; in benevolent-authoritative systems are at the top, with some delegation; in consultative systems subordinates are generally consulted; in participative group systems are well-integrated at all levels.

5. Goals in exploitive-authoritative systems are orders from top; in benevolent-authoritative systems are orders with some comments; in consultative systems are orders after discussion; in participative group systems are set by the group.

6. Control in exploitive-authoritative systems is concentrated at the top; in benevolent-authoritative systems is still rather high in organization; in consultative systems shows moderate delegation; in participative group systems is widely shared by members.

According to Likert's management style theory, people were more likely to carry out decisions if they had a participatory role in the process of making them. This theory supports the idea that the key to positive interaction consists of maintaining an

individual's self worth and importance. Working towards organizational objective can help individuals realize their personal goals.

Likert developed four systems of management which described the relationship, involvement, and roles between management and subordinates in industrial settings. The four systems are a result of the study that he has done with the highly productive supervisors and their team members of an American insurance companies. Later on, he and Jane G. Likert revised the systems to apply to educational settings. Their revision was initially intended to spell out the roles of principals, students, and teacher; eventually other individuals in the academic realm were included such as superintendents, administrators, and parents (Hall, 1972).

In this study, the researcher will use the four systems of management by Likert (1967) because Likert clearly defined each component of each system. Moreover, it has been commonly used in previous studies. Most importantly, is captures all aspects in management: decision making, leadership, communication, motivation, goal setting, and control. It is also relevant to the managerial system in Lao, PDR.

Measurement of management style

Based on the literature review, the following instruments were commonly used to measure management style. There are numerous instruments widely used to measure management style such as Albuam et al (1995) Management Style Questionnaire (MSQ), Heaven (1985) authoritarian management of the organization, management styles were assessed through an inventory developed by Harrision and

Stokes (1992) as well as Questionnaire Profile of Organizational Characteristic (POC) by Likert (1967).

1. The questionnaire and scales to measure management style were developed based on the work of Albuam et al. (1995) and Herche (1999). The management style dimension consists of information utilization, complexity, group decision making, risk acceptance, and technology orientation. A total of 20 items were from factor analyses. The reliability was between 0.54 and 0.83 (Poon, Evangelista & Albaum, 2006).

2. Heaven (1985) measure of authoritarian management style. The instrument was developed to assess employees' perceptions of their immediate supervisor's management style. Modifying the measure from the source of the immediate supervisor to the organization's overall management behavioral pattern is consistent with previous research that has investigated perceptions of overall behaviors in organizations (e.g., perceived aggression in the organization, Aquino & Douglas, 2003; entrepreneurial style, Covin & Slevin, 1988). Asked to respond on a seven point Likert scale (1 = strongly disagree, 7 = strongly agree) to items concerning the management of their organization. Items were: "Management is domineering in the sense of trying to impose their will on others." "Management is rigid/dogmatic in the sense that they see things as either right or wrong; there is hardly ever and in between position." "Management has a difficult time seeing another's point of view." "Management is conservative in the sense of preferring 'rightist' rather than 'leftist' political parties." "Management tend to be conventional in custom, manner, or dress (e.g., a male opening a door for a female; a female waiting for a male to take the initiative in a crisis)," and "Management is conservative

in the sense of liking what is traditional." Items were averaged (Cronbach's alpha = .80) (Thau, at al. 2008) this instrument only measures one management style.

3. Harrision and Stokes's inventory of management style (1992). This inventory measures the members' perception of management style of the organization as defined by four cultural orientations namely, power, role, achievement and support. It is a 60-item inventory. Modifications were made on response scaling and scoring to suit the requirements of the present study. Each item is rated on a 4-point scale from strongly agree to strongly disagree. Score for each orientation is the summation of rating given to 15 items corresponding to that orientation. Alpha coefficients for the four orientations range from 0.671 to 0.859 (Vijayakumar, 2007).

4. Likert's Profile of Organizational Characteristics (POC)

This profile of organizational characteristics was described in detail by Likert in 1967. It consisted of eighteen items, each with a 20 point, verbally anchored response scale. Between two and four of these eighteen items are used to measure the degree of participation in each of the six organizational dimensions: leadership (three items), motivation (three items), communication (four items), decision making (three items), goal-setting (two items), and control (three items). For example, one of the four items that assesses communication is as follows: "How well do superiors know problems faced by subordinates?" Responses range from 0 (not very well) to 20 (very well). A low score on the survey indicates an authoritative orientation (low participation) whereas a high score reflects a participative orientation. According to Likert, organizations are classified into one of four systems based upon the linear summation of the eighteen items.

Later on, Likert's Profile of Organizational Characteristics (POC) contains only 16 items that measure perceptions of management style along 6 subscales: leadership, motivation, communication, decision making, goals, and control. Each item of the scale is scored on an 8-point Likert scale, represented by Likert's continuum of four styles: exploitative-authoritative (corresponding to a score of 1 and 2); benevolent-authoritative (corresponding to 3 and 4); consultative (corresponding to 5 and 6); and participative group (corresponding to a score of 7 and 8). Validity of the tool has been established during 30 years of use in organizations (Miller, 1977). Data have shown positive relationships between improved management profiles and employee performance (Likert, 1967; Likert & Likert, 1967). Reliability coefficients between the total score and individual items are reported to be greater than .73; the correlation between odd and even items was .97 (Likert, 1967). With the clinical nurse specialists, the reliability coefficient was .94 (Lucus, 1988). For the current staff nurse sample, the Cronbach alpha correlation was .90. The validity of the QPOC is well documented. The previous reliability scores ranging from 0.90 to 0.96 (Likert, 1967; Likert & Likert , 1976; Lucus, 1988; Lucus, 1991).

According to Winyaratana (2000), the Thai version of POC was modified from the English version. The instrument was tested in 20 staff nurses. The content validity index was .83 and the reliability was .97.

In summary, all above instruments can be used to measure the management styles of head nurses. However, Likert's Profile of Organizational Characteristics (POC) will be used in this study since it is appropriate to Eastern culture where centralized management exists.

Studies related to management style using Likert's four systems

According to Likert's management theory, many studies had been conducted. Morris and Pavett (1992) examined productivity and management style differences in a Mexican maquiladora operation by using Likert's system 4 (participative group). The result showed that the scores the U.S. managers were significantly higher than those from the Mexican managers. Differences between these scores indicate the use of more authoritative management style in Mexico than in the U. S.

Nakata and Saylor (1994) explored management style of 239 staff nurses by using Likert's four systems of management style. The results showed that nurses currently perceived a benevolent-authoritative system. However, they desired a participative group system. Leveck and Jones (1996) explored management style of 611 nurses by using Likert's four systems of management style. The result showed that nurse currently perceived benevolent-authoritative system.

Later on, Moss and Rowles (1997) conducted a study to describe management styles of 623 staff nurses in three Midwestern hospitals and shows staff nurse job satisfaction increases clearly as the management style nears the participative management style. The head nurse management styles as perceived by staff nurse practice was consultative and staff nurse perceive head nurse management style were exploitative authoritative. In addition, Susan Key (2000) surveyed cross-cultural differences in managerial style of U.S and Indonesian managers finding that Indonesian managers endorsed a more autocratic style than U.S. managers and valued collectivism more than U.S. managers, while U.S. managers valued individualism more than the Indonesian managers.

Quang and Vuong (2002) studied management styles and organizational effectives in Vietnam. They identified the management styles that are prevailing in companies located in the northern part of Vietnam. They considered bureaucratic, familial, conservative, participative, authoritarian, intuitive and entrepreneurial management styles in this study. The findings of the study illustrated that bureaucratic management style was found mostly, followed by familial, conservative, and participative management styles in all state enterprises, private enterprises, and joint ventures. Similarly, Kim (2002) studied the relationship between management style and job satisfaction in the strategic planning process. She found that participative style was correlated to job satisfaction.

Albaum (2003) applied a management style assessment technique developed by Herch (2003). Hatch classified management style into 5 dimensions: information valuation, quantitative planning, individual decision making, advance planning, and information using. The questionnaire consists of 13 scale items. Responses were received from 216 managers many countries. The results revealed that Australian managers indicated the highest score on information using whereas the people Republic of China and the Filipino managers indicated the high score on advance planning.

Dolan (2003) conducted descriptive correlational study to identify the management styles of font-line nurse managers as perceived by staff nurses and to evaluate the relationship of these styles to staff nurse job satisfaction. About 98 nurses completed the survey. The results showed that the majority of respondents perceived their manager to have consultative management style, which reflects the manager's use of staff ideas and opinions and their frequent involvement of staff in

decision making. The perception of consultative style indicates that the participants had positive relationship with, and substantial confidence in, their unit.

Lately, Poon, Evangelista and Albaum (2006) compared the management style of marketing managers in Australia with their counterparts in the People's Republic of China (PRC). They used a questionnaire survey. There were 67 valid Australia samples and 104 valid Chinese samples. The results showed that PRC managers have significantly higher scores in the five management style dimensions of information utilization, complexity, group decision-making, risk acceptance and technology orientation, than their Australian counterparts.

Arab et al, (2006) investigated leadership style of 385 hospital managers and found that 75% was consultative leadership style. In this study the author used Likert's concept, therefore, the term leadership style is used as same as and management style.

Lately, there have been some studies related to management style in Thailand.

Kaewnak (1998) studied and compared management styles of head nurses as perceived by their nursing staff in northern regional central hospitals. The results showed the management style as perceived by head nurses was participative group system, whereas consultative system was perceived by staff nurses. The results of this study have been found similar to Winyaratana (2000), who studied job stress levels of staff nurses and the management style of head nurses as perceived by themselves and by their nursing staff. She examined the relationship between management style of head nurse as perceived by their nursing staff and job stress of nursing staff in Maharaj Nakorn Chiang Mai Hospital. The subjects were 83 head nurses obtained by

using stratified random sampling method and 330 staff nurses obtained by using multi-stage sampling method from staff nurses working in the same ward as selected head nurses. The results revealed that the management style as perceived by head nurses was participative, whereas that perceived by staff nurses was consultative. The management style of head nurses as perceived by their nursing staff had low negative correlation with staff nurse job stress ($r = -.14$, $p < .01$).

In summary, based on Likert management systems theory, benevolent-authoritative system and exploitative-authoritative systems were perceived by staff nurses in many previous studies. A few studies revealed that management style perceived by staff nurses was consultative. However, staff nurses desired participative group system.

Factors related to management style

In studying factors that influence management style, a few variables have been considered as important. Several studies showed that age and gender influenced management style (Wattanasupachoke, 2006).

Age: Age and management style have a significant positive correlation (Ali & Al-Shakis, 1985). Traindis (1980) found that the correlate positive with the endorsement of participative management style. Pinder (2005) found that age had affected managerial style.

Gender: Davidson and Ferrario (1992) examined of styles of management with comparisons of 124 female and 95 male managers. The results showed that women, rather than men, are more likely to exhibit an effective team management style suit to today's pace and style. Moreover, Voelck (2003) explored gender-based

differences in management style. The semi-structured interviews were conducted with twenty-eight managers in the libraries of thirteen publicly-assisted universities in Michigan. The research design incorporated both quantitative and qualitative methodologies. Results revealed statically significant differences by sex in the scale responses on several management styles. The authors concluded possible connections between gender-related differences in management styles.

In summary, demographic factors such as age and gender affect management style in organizations.

Concept of Burnout

Burnout is a very important concept that is related to prolonged stress at work that develops when the demands of work and the individual's capacity was imbalanced for long period of time (Gulalp, Karcioglu, Sari, & Koseoglu, 2008). Burnout also affects individual and job performance, including personal interactions and individual health issues (Rush, 2003). Thus, the definition of burnout, dimension of burnout, studies related to burnout, measurement of burnout as well as factors related to burnout will be organized in the following section.

Definition of burnout

Many definitions of burnout have been provided by researchers. Shirom (1989 as cited in Gu¨ru¨z, Tutar, & Baspinar, 2007) defined burnout as a state of exhaustion and weariness, chronic and consistent, as well as negative emotional experiences of the individual. Later on, Schaufeli and Enzmann (1998) defined burnout in terms of outcome as a severe consequence of prolonged stress at work that

developed when the demands of work and the individual's capacity was imbalance for long period of time. Rush (2003) concluded that the concept of burnout have included to fail and become exhausted, loss of creativity, loss of commitment, a syndrome of chronic stress, as well as inappropriate attitudes toward self and consumers.

Lately, Altun (2002, cited in Spooner-Lane and Patton, 2005) defined burnout as the end result of unmanaged work stress. Moreover, Miller, Stiff and Ellis (1998, cited in Becker, Halbesleben, and O'Hair, 2005) stated that burnout is a reaction to constant emotional, communicative contact with a need for help. Gulalp et al. (2008) identified burnout is a syndrome explained serious emotional depletion and behavior with a poor adaptation at work due to prolonged occupational stress. It has three principal components of emotional exhaustion, depersonalization, and diminished feelings of personal accomplishment.

Interestingly, Maslach et al. (1996) identified burnout as most commonly defined as syndrome of feelings of emotional exhaustion, depersonalization, and reduced personal accomplishment. Later on, Maslach (2004, cited Laschinger, Leiter, Arladay, & Gilin,2009) defined burnout as a psychological syndrome of exhaustion, cynicism and inefficacy which is experienced in response to chronic job stressors.

In summary, the definition of burnout had been extensively studied. Burnout has been defined differently in terms that differ in scope, precision, and dimensionality of the syndrome. Together, these definitions described the most crucial element of burnout as a negative mental condition. People who work in human service organizations consistently report lower levels of job satisfaction than people working in other types of organizations. In this study, the definition of burnout by Maslach and Jackson (1996) will be used in this study.

Theories and dimensions of burnout

Burnout is a holistic concept with many dimensions. Furthermore, burnout is a psychological response to work stress that is characterized by emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment. There are two models of burnout mentioned in this section; Demerouti, Bakker, Nachreiner, and Scaufeli model (2000) and Maslasc and Jackson model (1996). Details of each model will be classified as follows:

1. Demerouti, Bakker, Nachreiner, and Scaufeli (2000)

Demerrouti et al. (2000) proposed the model of burnout based on general stress theory of Lazarus and Folkman (1984). The model discriminates between two conceptually different categories of working conditions, namely job demands and job resources. It was hypothesized that: 1) job demands are working conditions that evoke stress-reactions when nurses feel overwhelmed. They assumed that workload and time pressure are the most important work-related stressors. This model expands the view that characteristics of nurse environment may lead to experiences of burnout, including demanding contracts with patients, poor environmental conditions, and problems related to shift-work; 2) job resources are working conditions that evoke stress reactions of nurses when they are lacking and insufficient. Examples of job resources include performance feedback, task variety, and participation in decision making, job control, social support and financial rewards.

2. Maslach, Jackson, and Leiter (1996)

Maslach, Jackson, and Leiter (1996) suggest that there are three core elements that compile the burnout syndrome. The first component is emotional exhaustion, which results from having high intensity, long-term contact with service

recipients. The second component of burnout is depersonalization, which refers to showing a detachment beyond the requirements of professional distance from service recipients; seeing the recipients as objects and being indifferent when dealing with them. The third component involves personal accomplishment: the feeling of high self-significance and self-worth that leads to efficiency and possibility. This sense of accomplishment decreases with burnout. The followings are details of each sub dimension proposed by Maslach and Jackson:

1. Emotional exhaustion refers to the depletion or drainage of emotional resource. Experts feel that they are no longer able to 'give' themselves at the psychological level-they feel like they are at the end of the rope (Hu and Schaufeli, 2009). This concept also refers to characteristics of individual experience when she or he lacks of energy and feels frustration and tension in their workplace (Hu and Schaufeli, 2009). That is emotional exhaustion related to being emotionally overwhelmed by job demands.

2. Depersonalization points to the development of negative, callous, and cynical attitudes toward the recipients of one's services. They are labeled in derogatory way and treated accordingly. The term depersonalization might cause some confusion since in psychiatry it is used to denote a person's extreme alienation from self and from the world. The concept also refers to characteristics that display a detached attitude toward coworkers in workplace, clients, and other people (Hu and Schaufeli, 2009). It can be related to development of negative feelings and detached response to the others.

3. Personal accomplishment is the tendency to evaluate one's work with recipients positively. It is believed that the objectives are achieved, which is

accompanied by feeling of sufficiency and professional self-esteem. The concept also refers to characteristics that would have a tendency to evaluate himself or herself positively. With burnout, they have a decline on feeling job competence and success even though they have contributed to their work (Hu and Schaufeli, 2009). That is, burnout is related to a decline feeling of achievement in one's work.

In summary, burnout as a multidimensional syndrome has been widely studied based on different perspectives. Among them, the most often cited dimension of burnout comes from Maslach, Jackson, and Leiter, it was widely use by many researchers, it was a nature dimension. So in this study, the dimension of Maslach, Jackson, and Leiter will be used. The development of depersonalization appears to be related to emotional exhaustion, and then the two aspects of burnout should be correlated (Maslach, Jackson, & Leiter, 1996).

Measurement of burnout

Burnout has been measured in different ways. Based on literature review, the following instruments are commonly used to measure burnout in nursing research. Three instruments, including Oldenburg burnout inventory (OLBI), and Maslach Burnout Inventory by Maslach, Jackson, and Leiter measuring burnout are described as follows:

Oldenburg burnout inventory (OLBI)

Oldenburg burnout inventory (OLBI) has been constructed and validated in an independent studied among 293 employees from different occupational fields, including human service and blue-collar workers (Ebbinghaus 1996). The inventory measures burnout independent of vocational aspects on two dimensions, namely

exhaustion and disengagement. The seven items of the exhaustion sub-scale are generic, and refer to general feelings of emptiness, overtaxing from work, a strong need for rest, and a state of physical exhaustion. Examples are: 'After my work, I regularly feel worn out and weary', and 'After my work, I regularly feel totally fit for my free time activities' (reversed) (1=totally disagree, 4=totally agree). In the present study, cronbach's alpha of the exhaustion scale was 0.84. Disengagement refers to disengaging oneself from one's work (work object and content), and to negative, cynical attitudes and behaviors to wards one's work in general. This sub-scale encompasses eighteen items, including: 'I frequently talk about my work in a negative way', and 'I get more and more engaged in my work' (reversed). The same answer categories as for exhaustion were used (Alpha=0.92).

The Maslach Burnout Inventory

The Maslach Burnout Inventory-Human Services Survey (MBI-HSS) is a 22 item self-reporting instrument that yields three separate subscales of emotional exhaustion, depersonalization, and personal accomplishment - measuring the degree that results from the working environment. Participants rate, on a 7-point response format, how often they feel a particular way about job, with the range being 0(never)to 6 (everyday). High degree of burnout is reflected by high scores on the emotional exhaustion and depersonalization subscales and by low scores on the personal accomplishment subscale. Average degree of burnout is reflected in average scores on the three subscales. A low degree of burnout is reflected a low score on emotional exhaustion and depersonalization subscales and high score on personal accomplishment subscale.

The MBI consists of 22 items divided into three subscales to measure each aspect of the burnout syndrome. 1) The nine items in the emotional exhaustion subscale assess feelings of being emotionally overextended and exhausted by one's work. 2) The five items in the depersonalization subscale measure an unfeeling and impersonal response towards service users. 3) The eight items in the personal accomplishment subscale assess feeling of competence and successful achievements in one's work.

For each of these three aspects, a subscale of burnout is composed of two dimensions: frequency and intensity. Statements pertaining to personal feelings and attitudes for each aspect are rated by the respondent for frequency and intensity according to a Likert scale. Frequency is rated on a scale from 0 to 6, with 0 being never and 6 being every day; intensity is rated 0 if the feeling or attitude does not occur, and 1 to 7, with 1 being barely noticeable, and 7 being very strong. Thus the MBI yields six, noncumulative scores. Maslach reported reliability of the MBI. The following values of Cronbach's Alpha were obtained in estimating internal consistency: .90 (frequency) and .87 (intensity) for emotional exhaustion, .79 (frequency) and .76 (intensity) for depersonalization and .71 (frequency) and .73 (intensity) for personal accomplishment. Test-retest 2 to 4 weeks apart resulted in variable reliability coefficients as reported by Maslach: .82 (frequency) and .53 (intensity) for emotional exhaustion, .60 (frequency) and .69 (intensity) for depersonalization and .80 (frequency) and .68 (intensity) personal accomplishments.

Mojoyinola and Ajala (2007) developed a burnout measure among workers in hospital and industries with particular impact on their health, well being and job performance began with a thorough literature research to locate accepted scales. Four

scales were used as instrument for the study. Burnout scale: this consisted of twenty items adapted from the Maslach burnout inventory (MBI). The adapted scale yielded Cronbach alpha value of 0.84; State of health scale: this was made up of a twenty item questionnaire adapted from the Globerg. General Health questionnaire (GHQ): it yielded a Cronbach alpha value of 0.82; well being scale, this was adapted from section 2 of stress less Inc. Model for 1995-2005 scale. The adapted version was re-validated yielding a Cronbach alpha value of 0.85; Performance scale, this is a self constructed twenty items scale that was reliability validated and yielded a Cronbach alpha value of 0.83.

In summary, MBI is widely used in nursing practice. The MBI had acceptable validity and reliability, and importantly all items in the scale presented information in an understandable way. Therefore, the MBI will be used in this study.

Studies related to Burnout

There have been many studies conducted to assess burnout in the both health care field and also the other fields. Jorgensen (1985) conducted a study to investigate the level of burnout among faculty in collegiate nursing programs. Burnout was measured by the Maslach Burnout Inventory (MBI). The findings indicated that the score of nurse faculty do exhibit a broad range of burnout with the mean score being significantly lower but in the same range of moderate as professionals in other human service organizations.

Beaver, Sharp, Cotsonis (1986) measured burnout among 98 educated and employed certified nurse midwives. The findings revealed that the majority of respondents reported low levels of burnout. However, some respondents reported high

levels of burnout. Interestingly, it was found that burnout was related to young, have children, newly employed, and lack of support. Furthermore, Demerouti, Bakker, Nachreiner and Schaufeli (2000) conducted a study to examine leadership and burnout by using Maslach's framework in 185 nurses. The results showed that nurses increased levels of emotional exhaustion. Transformational and contingent reward leadership did not influence emotional exhaustion.

In Taormina (2000) several approaches to preventing burnout are compared. One hundred and fifty-four nurses in five Hong Kong hospitals completed the Maslach Burnout Inventory (MBI), the organizational socialization inventory (OSI) the result indicated that favorable evaluations on the four OSI domains (job training, organizational understanding, coworker support and future prospects). Results yielded strong negative correlations with depersonalization and decreased personal accomplishment, but none were related to emotional exhaustion. Stepwise regression analyses indicated that training was the only (inverse) predictor of emotional exhaustion, whereas interpersonal skills and understanding were strong (inverse) predictors of depersonalization.

Additionally, Pergamon (2001) did a research to determine the level of burnout in nursing academicians in Turkey and the findings indicated that the most significant indicator of personal accomplishment was job satisfaction in nursing education settings. Garrett and McDaniel (2001) studied the relationships among environmental uncertainty, social climate, and burnout among staff nurses. The results showed that there were no statistically significant differences between the mean level of burnout for the participants in this study and that of other healthcare workers.

Moreover, Stordeur D'hore and Vendeberghe (2001) conducted a survey among nurses of a university hospital. There were 625 nurses included in a study. They found stress emanating from the physical and social environment; role ambiguity and active management-by-exception leadership were significantly associated with increased levels of emotional exhaustion. Transformational and contingent reward leadership did not influence emotional exhaustion. Takeda, Yokoyama, Miyake, Nozaki (2001) studied occupational factors related to burnout in staff of facilities for mentally related children. The self-report questionnaire consisted of five parts of the Pinses' burnout. The subjects included 382 staff. The result of stepwise multiple regression analysis revealed that burnout scores were significantly related to "work burnout", "work satisfaction", "dissatisfaction with effectiveness of treatment/instruction", "emotional support", and "a version to dealing with children" and "dissatisfaction with effectiveness of treatment/instructions".

Adali and Priami (2002) studied the level of burnout syndrome among nurses in different nursing specialties and the environmental factors that contribute to the development of burnout using a sample of 233 nurses. The results of the study indicated that nurses of emergency departments showed significantly higher levels of emotional exhaustion in comparison to nurses working in intensive care and internal medicine units. For the intensive care nurses, environmental factors seemed to have an impact to the development of nurse's burnout.

Shanafelf, Bradley, Wipf and Back (2002) determined the prevalence of burnout in medical resident and explored its relationship to self-reported patient care practices in a university-based residency program in Seattle, Washington. They used a cross-sectional design using an anonymous, mailed survey. The number of

participants was 115 internal medicine residents. Burnout was measured by using the Maslach Burnout Inventory. Among the 115 subjects, 76 percent responded the survey and seventy six percent met the criteria for burnout. When each domain of burnout was evaluated separately, only a high score for depersonalization was associated with self-reported suboptimal patient care practices.

Cropanzano, Rupp and Byrne (2003) studied whether emotional exhaustion would predict job performance. The authors used Maslach and Jackson's (1981) instrument. The subjects included 204 employees. The results showed that emotional exhaustion exerted an independent effect on these criterion variables beyond the impact of age, gender, and ethnicity.

Gutierrez, Rojas, Tovas, Tirado, Cotonieto and Garcia (2005) studied burnout syndrome among Mexican hospital nursery staff. The objective of the study was to identify frequency and related factors of burnout syndrome among the nursing staff. Two hundred and thirty six nurses were selected randomly. The result of the study showed that mean age of nursing personal was 33 ± 11.93 years with 13 ± 7.2 years of seniority. About 40 percent of workers showed emotional exhaustion, 32 percent felt dehumanized, 63 percent had lost interest in their work, and 50 percent reported general exhaustion. From the studied nursing personal, 39 percent showed burnout syndrome-compatible data. There were statistical differences with nurses without burnout syndrome age > 33 years ($p=0.001$), seniority ($p=0.05$), and work place ($p=0.05$), but not with kind of medical service ($p=0.36$), shift ($p=0.86$), and work category ($p=0.96$).

Aiken, Clarke, Sloane, Sochalski and Silber (2005) determined the association between the patient-to-nurses ratio and patient mortality, failure-to-rescue

(death following complications) among surgical patients, and factors related to nurse retention in California. These cross-sectional analyses used 10184 staff nurses and 232342 general, orthopedic, and vascular surgery patients discharged from the hospital between April 1, 1998, and November 30, 1999 and administrative data from 168 nonfederal hospitals in Pennsylvania. The result showed that after adjusting for nurse and hospital characteristics, each additional patient per nurse was associated with a 23 percent increase in the odds of burnout and a 15 percent increase in the odds of job dissatisfaction.

Jaracz, Gorna and Konieczna (2005) conducted a study on the purpose of evaluation of professional burnout among hospital nurses and the analysis of correlations between burnout and a subjectively perceived stress and coping styles. The sample consisted of 227 nurses. They utilized 3 questionnaires including Maslach Burnout Inventory (MBI), Coping Inventory for Stressful Situations (CISS) and Subjectively Perceived Stress (SPS). The results of the study showed that average and high level of burnout in the emotional exhaustion (EE), depersonalization (D) and personal accomplishment (PA) was present at 71 percent, 39.8 percent and 77 percent of nurses respectively. A significant correlation has been found between the subjectively perceived stress and the level of burnout. Significant correlations have been found between MBI scores and CISS scores. Correlation between burnout and a task oriented coping was negative and correlation between burnout and emotion oriented coping was positive.

Interestingly, Becker, Halbesleben and O'hair (2005) investigated the relationship between defensive communications in performance appraisal settings by considering the mediating effect of leader-member exchange relationships. In a study

of employees of US federal fire department, defensive communication was associated with lower quality leader-member exchange relationship, which was related to burnout. Partrick (2006) assessed level of burnout in nurses and whether or not individual or work characteristics would be associated with this syndrome. They used Maslach Burnout Inventory. A random sample was done using 547 Victorian nurse members. They found that increasing age and fewer working hours were associated with lower levels of emotional exhaustion and depersonalization. Working overtime was positively associated with emotional exhaustion.

Langelaan, Bakker, Doornen and Schaufeli (2006) examined whether burnout and its positive antipode –work engagement –could be differentiated on the basis of personality and temperament among 572 Dutch employees. Discriminant analyses were used to distinguish burned-out and engaged employees from their non-burned-out and non-engaged counterparts, respectively. The result showed that high neuroticisms is the core characteristic of burnout, whereas work engagement is characterized by neuroticism in combination with high extraversion and high levels of mobility. Thus, personality and temperament make a difference as far as burnout and work engagement are concerned.

In the following year, Patrick and Judy (2007) assessed levels of burnout in nurses and to ascertain if there were individual or work characteristics that was associated with this syndrome. They used the Maslach Burnout Inventory (Maslach 1996).There was 574 usable questionnaires available, indicating a response rate of 29.3%, the results showed that Victorian Australian Nursing Federation nurses members exhibited lower depersonalization and higher personal accomplishment compared to medical and overall normative data. Increasing age and fewer working

hours were associated with lower levels of emotional exhaustion and depersonalization. Working overtime was positively associated with emotional exhaustion.

Mojoyinola and Ajala (2007) examined the impact that burnout had on state of health, well being and job performance of hospital and industrial workers. They used four scales Burnout scale, state of health scales, well being scale, performance scale. The study was carried out among 250 hospital and industrial workers in Oyo State, Nigeria. It was found that burnout had significant effects on state of health, well-being and job performance of the hospital and the industrial workers. The authors recommended that employers of labour should provide adequate welfare support to their employees.

Additionally, there is a significant correlation existing between burnout and self-efficacy, hazard exposure, and organizational role stress, along with age and illness. In addition, organizational role stress age has been found to be independent and most significant predictor of burnout (Lu, 2008).

Most importantly, one study found that 39 percent of the faculty members experienced moderate to high level of burnout. The results also showed that there were significant negative relationships ($p < .05$) between burnout and participative management, presence of collegial support, and time spent in research and in clinical practice. Multiple regressions indicated that management style was the strongest predictor of burnout, with collegial support the second predictor (Dick, 1992).

Moreover, Malliarou, Moustaka , and Konstantinidis (2008) determined the burnout levels of nurses employed in a major regional university hospital and the correlation of factors of burnout level with demographic and professional factors.

They used Maslach Burnout Inventory (MBI), developed originally by Maslach (1981). The questionnaire was distributed to 150 register nurses. The results showed that generally occupational burnout appears to be in moderate levels. About 9.37 percent of the sample experienced a high degree of burnout with 6.24 percent experienced a low degree. Emotional exhaustion correlates significantly with working a rotation shift ($p=0.05$). Emotional exhaustion also correlates significantly with resignation from hospital ($p=0.002$). Depersonalization correlates significantly with the multidisciplinary cooperation ($p=0.05$).

Gulalp, Karcioglu, Sari, and Koseoglu (2008) studied characteristics of staff related to burnout in emergency department. MBI was used to assess burnout. The results showed that the mean score of emotional exhaustion was 19.1, with 22.3 for personal accomplishment, and 7.8 for depersonalization. Lin, John, and Veigh (2009) studied the level of burnout and factors that contribute burnout in hospital nurses in the People's Republic of China. A translated version of the Maslach Burnout Inventory-Human Services Survey was used to measure burnout in 249 randomly selected nurses. The results showed moderate levels of emotional exhaustion and personal Accomplishment, and low levels of depersonalization. Age, years of experience, and professional title had a significant positive relationship with emotional exhaustion and personal accomplishment. Older, married nurses with more personal responsibilities and in more senior positions experienced higher levels of emotional exhaustion.

Santos, Alves, and Rodrigue (2009) identified burnout among nurses working in cardiac and general intensive care units and how it is correlated with demographic data. The researchers used Maslach and Jackson Inventory (MBI-HSS).

The results showed that nine subjects had high emotional exhaustion while another nine subjects reported high depersonalization and ten subjects had a high score of reduced professional accomplishment.

In summary, burnout has been found mostly among nurses working in both Western and Eastern world. Again, burnout has been viewed as a multidimensional syndrome and has been widely studied based of different perspectives. Among them, the most often cited dimension of burnout comes from Maslach and Jackson. It has been widely used by many researchers. So in this study, the dimension of Maslach and Jackson will be used. To measure burnout, MBI will be employed. It consists of three principal components of 1) emotional exhaustion, 2) depersonalization, and 3) diminished feelings of personal accomplishment.

Factors related to burnout

Based on the literature review, the factors including demographic factors such as age and marriage as well as working environment, work experience, working environment and work load have been found related to burnout as follows:

1. Demographic factors such as age and marriage: When considering age, Schaufeli (1990) reports that burnout often occurs at a relatively young age, below 30-40 years. The explanation is that young professionals are liable to have too idealistic an image of their profession, which may lead to a disappointing start to their careers. A second explanation is the possibility that professionals who have burnout leave their jobs than by 'selection' and the older professionals without burnout remain. Age, years of experience, and professional title had a significant positive relationship with emotional exhaustion and personal accomplishment. Older, married nurses with more

personal responsibilities and in a more senior position experienced higher levels of emotional exhaustion (Lin, John, & Veigh, 2009).

2. Work experience: the number of years a person has been working as a midwife is associated with burnout. One study found that midwives are expected to have a higher work capacity when they have more work experience. Given a certain workload, midwives with more work experience are expected to be less liable to burnout Schaufeli, 1998, cited Bakker et al 2005).

3. Working environment including shift work and multidisciplinary cooperation; they have been found related with burnout and subsequent turnover intentions (Malliarou, moustaka , & Konstantinidis, 2008; Lachinger et al. 2004, 2006; Nedd 2006). Moreover, work load, high expectations of patients and their families, excessive responsibility in work environment, working with unqualified and few personnel, lack of support by co-workers, by managers, shift changes and long work hours also related to burnout (Bakker, 2003; Demir, 2003; Brown & O'Brien, 1998, Westman & Etzion, 1999 cited Malliarou, Moustaka, Konstantinidis, 2008).

4. Workload: The literature shows that double shifts and increasing workload would lead to more emotional exhaustion (Santos, Alves, & Rodringues, 2009). Interestingly, Santos and colleagues mentioned that nurses with higher changes in the three burnout dimensions were those working 36 hours/week, when compared to those with higher workloads although there were less nurses in this group. As to the number of patients cared for, those who took care of five to six patients presented higher burnout than those taking care of a higher number of patients. One can infer that the number of institutions/hospitals and the number of patients cared could cause burnout (Santos, Alves, & Rodringues, 2009).

Relationship between head nurse management style and staff nurse burnout

Several studies indicated that there was a association between management style and staff nurses burnout. Schulz, James, Greenley, and Brown (1995) indicated that management style as well as organization structure, culture, and management process are important to work environment and in turn to satisfaction and subsequently to burnout. Contrary to the literature, client severity was not associated with burnout nor to work dissatisfaction. Therefore, relationship between staff nurses and nurse managers are particularly important. Normally, nurses work for long working hours, a variety of tasks, including both nursing and non-nursing activities, and have complicated relationships with multidisciplinary team and patients' relatives. These factors may contribute to burnout (Kanste, Kyngas, and Nikkila, 2007). Jorgensen (1985) conducted a study to investigate the level of burnout among faculty in collegiate nursing programs and its relationship to management behavior of the dean, collegial support, and faculty workload. Management behavior was measured by an adaptation of the Likert's Profile of Organization characteristics. Burnout was measured by the Maslach Burnout Inventory (MBI). Significant negative relationship ($P < .001$) was found between burnout and management style approval positive feedback by the dean. Significant positive relationship ($P < .001$) was found between burnout and arbitrary punitive behavior by the dean.

Furthermore, Storedeur D'hore and Vendeberghe (2001) conducted a survey among nurses of a university hospital. There were 625 nurses included in a study. They found role ambiguity and active management-by-exception leadership were significantly associated with increased levels of emotional exhaustion.

Most importantly, one study found that 39 percent of the faculty members experienced moderate to high level of burnout. The results also showed that there was a significant negative relationship ($p<.05$) between burnout and participative management, presence of collegial support, and time spent in research and in clinical practice. Multiple regressions indicated that management style was the strongest predictor of burnout, with collegial support the second predictor (Dick, 1992). Recently, Angermeier et al. (2009) examined the impact of participative management style on employee outcomes by using Likert's Profile of Organizational Characteristics. Data was drawn from 2,522 employees across 312 departments in health care organizations. The results indicated that participative management provided 79 percent lower burnout. The authors suggested that participative management has significant impact of employee outcomes, of which lower burnout was included. On the other hand, Demrouti, Bakker, Nachreiner and Schaufeli (2000) conducted a study to examine leadership and burnout by using Maslach's framework in 185 nurses. The results showed that nurses increased levels of emotional exhaustion. However, transformational and contingent reward leadership did not influence emotional exhaustion.

All of this studies showed that there was correlation between management style and burnout. Many researchers have conducted the relationship between nurse burnout and management style, support, leadership style, and participative management.

The Situations of nursing service and management in Lao, PDR

In the Lao, PDR, health care administration has been centralized. All health care services are provided by the government. Health care services are mainly provided by staff nurses but the levels of these services are not adequate for all Lao people. However, in reality, head nurses had a hard time to effectively manage health services according to the mentioned duties and responsibility due to their ability, level of education, knowledge and skills.

Furthermore, the head nurses receives daily report from nurses and weekly conferences within their wards. Nevertheless, the nurses are always busy due to many patients. In addition, communication is usually ineffective. Mostly it is one-way communication from the top administrator to staff nurses and other health personnel (Manual of orientation, Nursing Department, Mahosot Hospital, 2004). This characteristic of communication appeared in all three hospitals. The top management informs or gives information to staff in the unit level without asking for staff's participation. Head nurses usually notify doctors for any news or reports to the hospital presidents. One head nurse mentioned that the problem from ineffective communication resulting in delayed services (Personal interview No. 1 on 28 December, 2009). She stated that patients received delayed x-ray and some other procedures due to miscommunication. Decision making of head nurses and staff rarely happen. Management in organization is based on rules and regulations. Regarding their knowledge and skills in management, they do not have plans for managing all resources, including people, finance, and resources. Staff nurses with head nurse rarely have participated in decision making, planning, or evaluating processes. Ideally, head nurses should be responsible for designing and maintaining

an environment in which individual working together in groups effectively accomplishing objectives, aims and goals. Therefore, participation is needed from all levels of staff (Policy of Ministry of Health, 2008). In Vientiane, there are three central hospitals: Mahosot Hospital, Mittaphap Hospital and Sathatilath Hospital. Information from Nursing Department Hospital in the year 2009 states that Mahosot Hospital is a 450-bed hospital consisting of 349 staff nurses and 26 wards. There is one staff nurse with a master's degree. There are only 18 nurses who have a bachelor's degree, while most of staff nurse have diplomas or the three-year nursing program. The other two hospitals also have similar circumstance in terms of educational level. Sathatilath Hospital is a 186 bed-hospital consisting of 144 staff nurses and 18 wards, whereas Mittaphap Hospital is a 150 bed- hospital consisting of 165 staff nurses and 17 wards. In Sathatilath Hospital, there are only 9 nurses who earned bachelor's degrees while most of staff nurse have diploma degrees. In addition, for Mittaphap Hospital, there are only 7 nurses who earned a bachelor's degree while most of staff nurse have earned diploma degrees. This number indicates that most of staff nurse in Lao, PDR earned only diploma degree. Interestingly, it has been found that the education level is different among head nurses themselves.

Most head nurses have auxiliary and diploma degrees whereas only few head nurses have bachelor's degree. Moreover, there is no training program in management for head nurses. Apparently, head nurses in the three hospitals have to cooperate horizontally with every organization. They are expected to follow standards of nursing services by providing safe, clean and comfortable nursing care. Their duties include promoting a healthy environment for patient care, and supervising and monitoring staff's proficiency (JICA project to human resource development of

nursing and midwifery, 2008). However, all of the above duties are not completed. For example, now there are no handbooks or guidelines for preventing infection. Moreover, there is no plan or policy regarding career path for staff nurses. Therefore, JICA also recommended that to improve nursing service system, education is very important (JICA project to human resource development of nursing and midwifery, 2008). Education is a vital basis of management of head nurses leading to improve patient and nursing outcomes. On a daily work basis, there is no patient care team. Patient care team is expected to provide the quality health services to people. The staff nurses are assigned to work for each job. They work routinely. They hardly work as a team. Both nurse and doctor have their own duty. This may result in no interdisciplinary team in the three hospitals. To effectively manage the nursing unit, there should be some control over staff nurse's performance. In Lao PDR, head nurses do not monitor or evaluate nurses' work. There are no guidelines or protocols to nurses' performance at all. These situations result in medical errors. For example, last year, one nurse gave the wrong blood to the patient. Once she gave blood to the patient, the patient was chilled. The supervisor found out later that the blood group was different from the patient's blood group. Another example was the wrong medication. There were two nurses responsible for medication in one unit. However, the nurse who prepared drugs and the nurse who gave drugs to patients were different.

These situations are led to nursing quality and patient safety in Lao PDR. In case of emergency, only the doctor can make a decision whether the hospital van can be used or should the nurse go home with the patient. Information is rarely shared by top management. Furthermore, the number of patients has increased every year. The number of patients has direct impact on nurse's workload. In 2004, there were 45,586

outpatient visits, 33,124 inpatients at Mahosot Hospital; 53,613 outpatient visits and 29,696 inpatients at Sethathilath Hospital; and 62,945 outpatient visits and 47,181 inpatients at Mittaphap Hospital. Hospital utilization has since increased dramatically. In 2008 there were 209,062 outpatient visits, 82,470 inpatients at Mahosot Hospital; 85,046, outpatient visits and, 12,495 inpatients at Setthatilath Hospital; and 85,196 outpatient visits and 50,765 inpatients at Mittaphab Hospital (Statistic records from Hospital, 2009). These numbers show that the nurse's workloads have definitely gone up. According to World Health Organization (WHO, 2005), hospital outpatient unit should have a patient-nurse-ratio of 15:1 and 3:1 for inpatient unit. For the countries around Laos such as Thailand, it has found that the patient-nurse-ratio is 20:1 for outpatients and 5:1 for inpatient unit. If compared with the patient-nurse ratio from data from three hospitals in Vientiane, Laos in 2008, there were 379,899 OPD visits and 32,487 IPD admissions while there were 641 staff nurses to 786 beds in three hospitals. Theses make up the patient-nurse ratio in OPD of 49: 1 and 15: 1 for IPD. These statistics also supports high workload of staff nurses. These may contribute to management problems of head nurses on how to deal with many problems regarding patients and staff. This might lead to stress and burnout of staff nurses.

The staff nurse burnout may be affected by long periods of providing care because they have a high workload. Staff nurses always work 24 hour shifts, except ICU, ER, and post cardio-surgery unit. Nurses usually complain about the 24-hour shift because they are very tired. Sometimes, they are absent from work and finally, they move and change their jobs. Statistics of Central Hospitals show that from 2007-2009, 46 nurses resigned from the nursing profession. Therefore, on average, there

were 12 resigned from work per year. Furthermore, 19 nurses moved from one hospital to another (Nursing Department report to Ministry of health, 2009).

However, reward system has been also provided by the government. This reward help motivate hospital staff to remain working, although, there has been high workload. Reward is classified into 4 categories. Category 1 is the task achievement of six months to one year evaluation. Hospital staff will receive a gift and a certificate from the hospital director, together with having their name recorded in a hospital record. Category 2 is the task achievement of five-year evaluation. Hospital staff receive a gift from the hospital director and a certificate from the Minister of Ministry of Health, together with having their name recorded in the Ministry of Health book. Category 3 is the task achievement of ten-year evaluation. Hospital staff will receive a gift from the hospital director and a certificate of the Prime Minister, together with having their name recorded in the government book and rank promotion. Category 4 is the task achievement of twenty-year evaluation. They will receive a gift from the hospital director and a certificate from the President, of Lao, PDR, together with having their name recorded in the government book and rank promotion. During the past years approximately 16 nurses in central hospitals received the rewards in categories 3 and 4 (Central Hospital Report, 2008).

In summary, several studies have tested the relationship between management styles especially participation systems and burnout among staff nurses, nurses, and head nurses based on Likert's management theory. All of this studies showed that there was correlation between management style and burnout. Many researchers have been conducted on the relationship between nurse burnout and management style, support, leadership style, and participative management. However,

the results are not consistent among previous studies. Moreover, empirical studies are needed in Lao, PDR.

Conceptual framework

According to the conceptual framework of management style developed by Likert (1967), management style consists of four main systems: 1) exploitive-authoritative system, 2) benevolent-authoritative system, 3) consultative system, and 4) participative group system. The previous studies have found relationships between management style and burnout. Maslach, Jackson, and Leiter (1996)'s model of burnout will be assessed. They mentioned that burnout is seen as syndrome including three dimensions: 1) emotional exhaustion, 2) depersonalization, and 3) decreased personal accomplishment.