**A scoping review of the literature pertaining to burnout and leadership in mental health clinicians**

**Abstract**

*Purpose:* To explore what is known in the literature about leadership and burnout within mental health clinicians (MHC).

*Methodology:* The Arksey and O’Malley (2005) framework was used to conduct a systematised scoping review of three databases; PsycInfo, PubMed and CINAHL. To ensure a broad scope of the literature Google, Google Scholar, and three sources of grey literature were also searched.

*Findings:* In total 1087 articles were identified and 36 were included in the final review, 23 of which were cross-sectional and correlational studies. There is a lack of experimental studies, longitudinal research, and qualitative approaches. The literature repeatedly demonstrated an association between leadership and burnout; transformational-leadership style, good quality supervision, supportive relationships, positive communication, and fostering autonomy are areas of interest.

*Originality:* To the best of the author’s knowledge there is no other review which maps out the research pertaining to leadership and burnout among MHC. These findings can be used to guide future research to ensure that efforts are directed towards original, meaningful, and practical ventures that will add to the evidence base and benefit clinical practice.

*Research Implications:* Future research activity should aim to follow the recommendations made in the literature; more experimental and longitudinal approaches are needed to support practical application of the findings.

Keywords: scoping review, burnout, mental health clinicians, leadership, supervision

Paper type: Literature review

**Introduction**

The World Health Organisation (WHO) defines burnout as a condition which is linked to chronic workplace stress. While it is not a medical condition, burnout is recognised by the International Classification of Disease, 11th revision (WHO, 2019). It is known to manifest in individuals who are working with other people, often in a care-giving capacity (Maslach, 2017). A specific, and widely accepted, definition would be that burnout is a collection of symptoms including emotional exhaustion, depersonalisation, and a reduced sense of personal achievement, which results from a period of ongoing frustration or difficulties within the workplace (Lee and Ashforth, 1990; Leiter, Bakker and Maslach, 2014). The body of literature pertaining to burnout reliably suggests a higher prevalence of burnout in mental health clinicians (MHC) compared to other professions (Johnson et al., 2018; Morse et al., 2012; Paris & Hoge, 2010).

Burnout is a problem because it has adverse implications for staff (Johnson et al., 2018), the service (Acker, 2012), and patients (Hall et al., 2016). A large-scale prospective study spanning six years and five organisations, including healthcare and psychiatry, reported that staff burnout significantly predicted future sickness absence (Borritz et al., 2010). A more recent review found a reliable association between burnout and a range of physical and psychiatric consequences in employees, such as cardiovascular disorder, diabetes, chronic pain, and hospitalisation for mental health reasons (Salvagioni et al., 2017). This review also demonstrated a significant link between burnout and absenteeism, presenteeism, and job dissatisfaction (Salvagioni et al. 2017). In a study based in mental health services, Delgadillo et al. (2018) demonstrated a significant association between high levels of therapist burnout and poorer treatment outcomes in patients receiving psychological therapies. This evidence serves to highlight the importance of managing burnout in MHC, an issue which is potentially getting worse. According to a recent government report, the pressures of the ongoing Covid-19 pandemic has severely exacerbated this problem and as such an urgent response is required to support staff working in the national health services (NHS) (Health and Social Care Committee, 2021).

Both organisational and individual factors have been found to influence burnout (O’Connor et al., 2018). However the literature seems to favour exploring individual rather than organisational interventions, despite the fact that burnout is essentially a workplace-specific problem (Maslach, 2017; Dreison *et al.*, 2018). Reviews of the literature often make the same recommendation, that we need more understanding and exploration of organisational factors and interventions (Morse et al., 2012; O’Connor et al., 2018). Furthermore, a meta-analysis in a different but comparable field of healthcare found that organisational interventions have the potential to be more effective in managing burnout than individual interventions (West *et al.*, 2016).

Leadership and supervision are key organisational factors recognised by the burnout literature (Maslach, 2017; Morse et al., 2012). Stanley (2017) maintains that, especially in clinical settings, leaders of all levels play a vital role in the development and wellbeing of staff; a notion that is supported by the NHS long term plan (NHS England, 2019). The present article will therefore define leaders as any designated role within the organisation that gives the individual a degree of responsibility to support or influence one or more member of their team; this will include Lead, Senior, Managerial, and Supervisory roles as they pertain to MHC.

Research has repeatedly identified certain aspects of Leadership as being positively associated with organisational success and negatively associated with burnout in Health and Mental-health services (Corrigan & Garman, 1999; Corrigan et al., 2002; Green et al., 2013). However, it is unclear whether the research has evolved beyond recognising this connection, to developing interventions or having a tangible impact on clinical practice. To gain clarity in this area, a broad understanding of the current body of literature is needed and a scoping review would provide this. A review of this nature will allow for a broad scope and exploration, resulting in a narrative which will outline what is known about the relationship between these two concepts within this population, whether there are any practical solutions, and whether there are any trends in the literature. This is valuable information that will guide future research and inform services for the benefit of staff, patients, and the service itself.

**Methods**

It is widely agreed that scoping reviews are an appropriate study design to examine the extent, range, and nature of research activity (Arksey & O’Malley, 2005; Peters et al., 2020; Pollock et al., 2020). A scoping review was therefore completed to explore the literature pertaining to burnout and leadership factors within MHC.

The 5-stage framework of Arksey and O’Malley (2005) was used to structure this scoping review process and is represented by the following sub-headings. This process was further informed by Levac, Colquhoun and O’brien (2010) with the aim of increasing methodological rigour and quality of reporting.

***Identifying the research question***

The research question was developed using the ‘PCC’ (population, concept, and context) mnemonic (Peters et al., 2020). There were no specified relationships or causality assumed and no intervention or study design specified. This is a broad research strategy as is typical with scoping reviews, the purpose being to conduct a wide, inclusive search of the literature (Peters et al., 2020).

The research question:

What is known about burnout and leadership styles in MHC?

The specific aims of this research question are to discover:

1. What research exists in this area?
2. What is the nature of the relationship between burnout and leadership for MHC?

***Identifying relevant studies***

An electronic search was conducted using keywords based on the research question and synonyms were identified based on common usage in the literature; these were then combined using Boolean operators. Table 1 outlines the search strategy, including key words, synonyms, and medical subject headings (MeSH) used for each database as appropriate. For this search, the definitions of ‘mental health clinicians’, ‘burnout’, and ‘leadership’ can be found in table 2 with the inclusion and exclusion criteria. Three databases were chosen: PsycInfo, CINAHL, and PubMed. These were deemed relevant to the research question and are recognised as highly rated sources of information (Aveyard, 2019; Harari et al., 2020).

TABLE 1 HERE

Guidance suggests that effective scoping reviews should include multiple complementary searches (Arksey and O’Malley, 2005; Harari *et al.*, 2020). Therefore, the following sources were also searched using the key terms: the first five pages of google, the first five pages of google scholar as sorted by relevance, and three sources of grey literature (Clinical Trials, 2021; National Institute for Health and Care Excellence, 2021; Open Grey, 2021). Multiple sources of grey literature were included to try and limit the effect of publication bias and to ensure up-to-date information is included where there may be a delay in publication (Aveyard, 2019). Finally, the reference lists were scanned to identify relevant studies based on the study title and were explored further if it included reference to the keywords.

***Study selection***

Inclusion and exclusion criteria were set a priori based on the research question and the practical limits of the current project; see table 2. Following the initial search strategy, limiters were applied to the results which included language and date of publication. With the aim of including a broad range of literature, a time frame of 1991-2021 was searched, however articles not written in English and books or chapters were excluded due to practical constraints of the project. The inclusion and exclusion criteria were then applied over two stages of screening, initially reading the title and abstracts and then finally reviewing the full documents for eligibility. The search began on 01.03.2021 and was completed on 05.05.2021. The process for this aspect of study selection was guided by the preferred reporting of items for systematic reviews and meta-analyses extension for scoping reviews (PRISMA-ScR) (Tricco et al., 2018).

TABLE 2 HERE

The initial electronic search identified 1072 articles and the screening process selected 36 articles for the final review; the PRISMA-ScR flowchart (figure 1) demonstrates study selection. To manage potential bias in this process, which could not be managed by the use of multiple researchers, it is being reported in accordance with recommended protocols, with as much transparency as possible (Aveyard, 2019; Tricco et al., 2018).

FIGURE 1 HERE

***Charting the data***

A data-charting form was developed using Excel; the headings were chosen to answer the research question and to follow recommended guidelines (Arksey and O’Malley, 2005; Levac, Colquhoun and O’brien, 2010). The following headings were included: author(s), publication year, source, location, article type, methodology, study design, population, reference to burnout, reference to leadership, and findings.

***Collating, Summarising and Reporting the Data***

Following the data-charting process a basic numerical analysis was conducted to provide a descriptive summary of the literature included in this review (Arksey and O’Malley, 2005; Levac, Colquhoun and O’brien, 2010). Levac, Colquhoun and O’brien (2010) suggest the use of thematic analysis (TA) to analyse and frame the reporting of results in this stage of the scoping review. In-depth coding was not necessary for the purpose of generating broad themes with which to frame the narrative account, however the six phases of Braun and Clarke (2006) were used to inform the process to ensure a reasonable level of rigour and clarity of method. From the charted data the dataset of ‘findings’ was isolated and key themes were identified which will frame the narrative account of this review. Scoping reviews do not typically appraise the quality of the studies included (Arksey and O’Malley, 2005) therefore no analysis of quality was conducted.

**Results**

A total of 36 articles were included in the final review. Most of the articles (*n*=25) were published between 2011-2021; the larger proportion of these studies (*n=*14) were published in the most recent five-year period between 2016-2021. This seems to show a trend of increasing interest on this specific topic. See Table 3 for an overview of all key characteristics. The majority of these studies were conducted in the United States (*n=*22) or the United Kingdom and Ireland (*n=*7). The remaining studies were conducted in Australia (*n=*2), Austria (*n=*1), Italy (*n=*3), and the Netherlands (*n=*1). Among primary research articles, quantitative was the most frequently used methodology (*n*=27). Both unpublished dissertations (*n*=11) and peer reviewed journal articles (*n*=25) were included. There were no other types of literature in the final selection. The populations identified within the studies were mostly a mix of MHC (*n=*16), however some articles also specified a particular interest in counsellors (*n=*11), mental health nurses (*n=*4), psychiatrists (*n=*3), IAPT clinicians (*n=*2), and psychologists or psychotherapists (*n*=1).

TABLE 3 HERE

***1.*** What research exists in this area ?

There is a growing interest in this area as shown an increasing in number of studies focussing on this topic over the last 30 years (see table 3). However, when considering the research articles, there seems to be little heterogeneity within this field as the following account demonstrates.

The initial numerical analysis suggests a trend towards an increasing number of correlational studies (*n*=23) in this area, all of which are cross-sectional. Of the research articles only two studies specifically used qualitative approaches (Jones, 2017; Roncalli & Byrne, 2016). Twenty-seven of the articles included had a clear quantitative approach, identifying this as the prominent type of research in this field. There were six studies which were primarily literature reviews; three of which used a narrative reporting style and reported at least part of a systematised search strategy (Coates et al., 2015; Morse et al., 2012; Onyett, 2011), one dissertation reported a systematic literature review (Turnpenny, 2017), and one article described a systematic review with meta-analysis (O’Connor, Muller Neff and Pitman, 2018). The final article identified as a ‘review’ followed the style of a narrative review according to Aveyard (2019) but with no reported search strategy (Abassary and Goodrich, 2014). Of these reviews, only two published methodology that would allow for a full replication of the search strategy (O’Connor et al., 2018; Turnpenny, 2017).

In addition to low levels of qualitative studies, it appears longitudinal and experimental research are also lacking; only one study utilised an experimental design with a long-term follow-up (Scarnera *et al.*, 2009).

Within the included literature, six articles reported novel theoretical ideas or opinions; of these, three articles outlined specific models of supervision or leadership (Abassary & Goodrich, 2014; Gibson et al., 2019; Jones & Branco, 2020) and three were general descriptions of factors considered by the authors of the articles to be important in leadership or supervision (Gabel, 2011; Gabel, 2012; Worrell, 2018).

Many of the articles named a specific style of leadership; the most prevalent styles identified were transformational and transactional (Broome et al., 2009; Green et al., 2013, 2014; Layton, 2019; Lozano-Chapa, 2017; Lubofsky, 2002; Madathil et al., 2014; Schulz et al., 1995). Occasionally, these were also discussed with reference to the laissez-faire or ‘passive-avoidant’ leadership style however this was mainly for contextual purposes (Brewer, 1994; Langner, 2002; Lubofsky, 2002; Madathil, Heck and Schuldberg, 2014; Layton, 2019). Only one study reported findings related to a passive-avoidant style and this was not published (Lozano-Chapa, 2017). Passive-avoidant is the third leadership style that is measured using the Multi-factor Leadership Questionnaire (MLQ) which was used in some of the articles (Lubofsky, 2002; Green, Miller and Aarons, 2013; Green *et al.*, 2014; Madathil, Heck and Schuldberg, 2014; Lozano-Chapa, 2017) however many only used parts of the scales that related to transformational or transactional leadership.

The other named models of leadership include leader member exchange theory (Layton, 2019) authoritarian or democratic leadership styles (Brewer, 1994; Gabel, 2012), psychotherapeutic leadership style (Gibson, Till and Adshead, 2019), the servant leadership style (Grunhaus, 2018), and social or instrumental leadership styles (Melchior *et al.*, 1997). Of these articles only four could be labelled as a primary research and only one was published (Melchior *et al.*, 1997); the other pieces of research were unpublished dissertations (Brewer, 1994; Grunhaus, 2018; Layton, 2019). This is in contrast to the articles that discussed the more popular transformational or transactional leadership styles, all of which were pieces of primary research and the majority were published in peer review journals (Schulz, Greenley and Brown, 1995; Broome *et al.*, 2009; Green, Miller and Aarons, 2013; Green *et al.*, 2014; Madathil, Heck and Schuldberg, 2014).

Many articles focussed on individual behaviours, attitudes, or relationships that were not associated with an overarching theory. It is difficult to compare these articles as the concept being studied was often defined by the tools chosen as opposed to a widely accepted definition; see table 3.

***2.*** What is the nature of the relationship between burnout and leadership for MHC?

The following narrative will focus on the key findings relating to leadership and burnout within the broad themes identified by the thematic analysis.

*Theme 1: Leadership style*

Transformational and transactional were the most widely referenced leadership styles. The findings suggest that transformational is negatively related to emotional exhaustion (Green, Miller and Aarons, 2013; Madathil, Heck and Schuldberg, 2014; Lozano-Chapa, 2017) and positively related to personal accomplishment (Green *et al.*, 2014; Madathil, Heck and Schuldberg, 2014). There was no evidence to directly contradict these findings.

The evidence for transactional leadership style was less clear; it was found to be negatively associated with factors relating to burnout in one unpublished study (Lubofsky, 2002). Schulz et al. (1995) also suggested that transactional leadership style can lead to reduced burnout, but this influence was via other factors. Another study found passive-avoidant leadership style to be positively associated with emotional exhaustion and depersonalisation, and negatively associated with personal achievement (Lozano-Chapa, 2017).

In terms of individual leader-behaviours, outside of a defined ‘style’, many review articles referenced the importance of fostering a sense of autonomy in reducing burnout (Coates et al., 2015; Morse et al., 2012; O’Connor et al., 2018; Onyett, 2011; Turnpenny, 2017) and four pieces of primary research found evidence that increased sense of autonomy was linked to lower levels of burnout (Schulz, Greenley and Brown, 1995; Webster and Hackett, 1999; Lasalvia *et al.*, 2009; Madathil, Heck and Schuldberg, 2014). One article, that incorporated a qualitative element, reported that many clinicians value autonomy and want more in their working life (Roncalli and Byrne, 2016).

Some articles identified positive feedback or communication from leaders as a ‘social reward’ (Coates et al., 2015; Lasalvia et al., 2009; Morse et al., 2012; O’Connor et al., 2018; Pedrini et al., 2009; Scanlan & Still, 2019; Turnpenny, 2017) while others referenced this concept in terms of a general interpersonal style (Coates et al., 2015; Gabel, 2012; Morse et al., 2012; Roncalli & Byrne, 2016; Webster & Hackett, 1999; White, 2017). These articles are a mixture of literature reviews, experimental, correlational-studies and opinion pieces; all were consistent in suggesting the benefit of positive communication from leaders in protecting clinicians from burnout.

A general supportive approach from leadership, outside of a one-to-one supervision session, was deemed important by 12 articles (Abassary & Goodrich, 2014; Coates et al., 2015; Gabel, 2012; Gibson et al., 2019; Jones, 2017; Lubofsky, 2002; Melchior et al., 1997; Morse et al., 2012; O’Connor et al., 2018; Onyett, 2011; Pedrini et al., 2009; Webster & Hackett, 1999). This concept was mostly measured by self-report surveys completed by the clinicians and a clear definition was difficult to find.

Several articles also spoke of the importance of a general supportive culture in reducing burnout, which many suggested was under the influence of leadership by way of modelling attitudes, fostering supportive atmospheres and encouraging collaborative working styles (Gibson et al., 2019; Jones, 2017; Lasalvia et al., 2009; O’Connor et al., 2018; Onyett, 2011; Roncalli & Byrne, 2016; Schulz et al., 1995).

*Theme 2: Nature of Supervision*

There were two specific models of supervision suggested specifically with the aim of protecting against burnout; the context, action, response and empathy (CARE) model (Abassary and Goodrich, 2014) and trauma informed supervision (Jones & Branco, 2020). However neither of these papers presented evidence that the model had been tested, only that it was consistent with recommendations in existing literature.

Lawrence (2017) was the only article to suggest peer supervision was more important than one-to-one supervision for protecting staff against burnout. No other article disputed the importance of peer supervision, however no other article rated it as more important that one-to-one supervision. Four articles specifically identified clinical supervision as important regarding burnout reduction or prevention (Knudsen et al., 2013; O’Connor et al., 2018; Turnpenny, 2017; Webster & Hackett, 1999). The two articles that discussed IAPT both emphasised the importance of clinical supervision and specifically the restorative function, in addition to normative and formative elements of supervision (Turnpenny, 2017; Worrell, 2018).

Six articles conclude that higher levels of quality or effectiveness of supervision (as rated by supervisees) is beneficial in terms of protecting staff against burnout (Edwards et al., 2005; Knudsen et al., 2013; Morse et al., 2012; O’Connor et al., 2018; Onyett, 2011; Webster & Hackett, 1999). However the concept of ‘quality’ is not always clear and often defined by high scores on the various measures used, which were different in many of the articles. Some authors created their own measures for the purpose of the study (Webster and Hackett, 1999; Knudsen, Roman and Abraham, 2013), three were review articles and so incorporated many definitions (Morse et al., 2012; O’Connor et al., 2018; Onyett, 2011), and one article used an established scale to measure quality (Edwards et al., 2000).

Support within supervision is reported as an important factor in the context of burnout by nine articles (Abassary & Goodrich, 2014; Bohnenstiehl, 2019; Brewer, 1994; Edwards et al., 2005; Jones & Branco, 2020; Knudsen et al., 2013; Turnpenny, 2017; White, 2017; Worrell, 2018). The definition of ‘supportive’ is not clear or consistently reported however often it was associated with the supervisory relationship e.g. Bohnenstiehl (2019), social support e.g. Knudsen et al. (2013), or interpersonal skills e.g. Gabel (2012). The supervisory relationship was specifically linked to burnout in three articles (White, 2017; Bohnenstiehl, 2019; Hiebler-Ragger *et al.*, 2021). However two unpublished articles found no significant link between the supervisory relationship and factors relating to burnout (Lawrence, 2017; Layton, 2019).

**Discussion**

This scoping review has provided a current overview of the available literature relating to leadership and burnout within MHC. All methodologies were included, as were published and unpublished research therefore it is reasonable to conclude a broad scope was achieved.

There are a growing number of correlational studies which identify a relationship between general supervision or leadership factors and burnout within MHC. However due to the tendency towards correlational and cross-sectional design, it is difficult to establish any causality in these relationships. The correlation between low levels of burnout and a sense of autonomy was one of the most widely reported findings. Furthermore, leaders can influence levels of autonomy in the clinicians’ work (Melchior et al., 1997). This suggests that for leaders, services, and future research, aiming to increase a sense of autonomy in MHC should be a key area for focus. However the research does not necessarily indicate how this can be achieved. Of all the reported leadership-related variables, there is a notable association between transformational leadership style, positive communication, supportive relationships, and high-quality supervision with lower levels of burnout. However, as with ‘autonomy’, few of these concepts have a singular definition and, as the current review demonstrates, there are many different measures used to quantify them; this difficulty has also been highlighted by other literature reviews (Owen et al., 2021). Therefore while these findings can demonstrate potential areas of importance, future research is necessary before the findings can be tested or reliably applied to the real-world.

The aim of this scoping study was to examine the extent, range, and nature of research activity, and this has been outlined in the findings. However, another key potential function of a scoping review is to identify whether a full systematic review is feasible (Arksey & O’Malley, 2005). There were no systematic reviews or meta-analyses identified which focussed on this area of leadership and burnout in MHC. Of the 36 included articles there were six literature reviews, only two could be considered systematic with a replicable search strategy and only one of these was published in a peer reviewed journal; this article also reported a meta-analysis and focussed more generally on burnout in MHC with a leadership component. The lack of a systematic literature reviews with a focus on leadership and burnout in MHC, in addition to the large amount of research with similar study designs would suggest that a systematic review would a useful and feasible focus for future research. This type of in-depth analysis of the leadership factors associated with burnout in MHC could allow for a more refined intervention to be developed or recommended, which ultimately could improve the impact of this research on clinical practice.

Many articles that demonstrate a connection between factors of burnout and leadership go on to recommend leadership training as a potential solution to services, such as Green et al. (2013) or Broome at al. (2009). However, to compliment these recommendations, there is little research testing the efficacy of leadership training programmes and their impact on staff burnout in mental health care. Therefore these recommendations will have limited utility or impact if services do not have evidence-based options from which to choose. This idea is supported by the fact that for many years, correlation studies have been consistently indicating a link between leadership styles and burnout. In addition, burnout continues to be a growing problem in the NHS despite increasing interest from the literature. Admittedly there are many factors concerned in staff wellbeing and burnout however it would be valuable for service and policy if research were able to better bridge the gap between theory and practice. If the findings and recommendations were translated to practical and demonstratable interventions, these could be implemented by services and supported by policy.

Morse et al. (2012) reported similar findings over ten years ago, in a review that identified a

lack of focus in the literature on organisational factors and interventions related to burnout. It is unclear as to why the literature does not seem to have progressed in this time, however one possible explanation is that there are barriers preventing experimental-type research in clinical settings, such as time constraints, reduced resources, competing priorities, and staffing pressures (McHugh and Byrne, 2011; Lucock *et al.*, 2017; Smith and Thew, 2017). Examples might include Carson et al. (1999) who reported poor attendance to an intervention because of a staffing crisis, or van Dierendonck et al. (1998) who suspected that sickness levels and absenteeism effected their high attrition rate. Scarnera et al. (2009) aimed to test an intervention in practice however recruited a smaller than expected sample which precluded their ability to run a full control-trial. In comparison, correlational studies often involve a self-selecting sample and clinicians can choose to complete a survey when convenient.

***Implications for research and practice***

*Research*

Future research should direct efforts towards experimental and long-term study designs. There are themes recognised by this review that suggest transformational leadership practices, positive communication, supportive relationships, and fostering a sense of autonomy in staff should be considered as important areas of focus. For this to happen an initial step may be required to quantify and clearly define some of these concepts to increase validity and reliability.

In this review there was one article which tested the effectiveness of an intervention in practice; Scarnera et al. (2009) provides data for a pilot study, with a longitudinal follow-up, demonstrating the utility of a leadership intervention which improved certain aspects of staff burnout. More implementation and experimental research is required to test leadership-based interventions and their impact on factors relating to burnout. This will provide practical and evidence-based findings for services as to which leadership interventions will most benefit their service practices and improve staff burnout.

*Practice*

Through an increasing number of correlational studies, burnout continues to be linked to leadership practices, which suggests that clinical practice is not learning from these findings or that leadership practices are not adapting in an effective manner. Developments in research are needed however services must also help to bridge this gap between research and implementation. Services would benefit from findings ways to support such research and identifying any barriers within their own practice. Protected research positions or networks within healthcare settings have been shown to be an effective way to build research capacity and possibly overcome barriers such as lack of support or competing resources (Wenke and Mickan, 2016; Lucock *et al.*, 2017). Clearly, diverting resources to research when services may be already under-resourced may be a difficult decision however the cost of burnout and ineffective leadership is widely documented (Dewa *et al.*, 2014; Johnson *et al.*, 2017), and therefore the long-term benefits of improving clinical research, leadership development, and staff burnout should be considered in balance.

***Limitations***

This scoping review has been conducted and reported in accordance with appropriate guidelines for this specific research design(Arksey & O’Malley, 2005; Tricco et al., 2018)*.* Methodological rigour could be improved with greater emphasis on inter-rater reliability and incorporating a hand-search of the relevant journals (Levac et al., 2010).

This review highlighted the broad range of settings in which MHC are based however it did not explore the potential impact of confounding variables such as job role or environment. It is possible that environmental or other organisational factors could mediate the impact of leadership styles on the wellbeing or burnout of the mental health clinician, as suggested by Lee, Chiang and Kuo, (2019). Schulz et al. (1995) explored how organisational factors mediated the effect of leadership on burnout however few other studies provided this analysis. There could be trends in leadership styles or behaviours which are more prevalent among certain professional groups within MHC or within certain work environments; for example private practice compared to NHS or nurses compared to psychotherapists. The mapping or identification of this information in future literature reviews could help services to tailor their interventions depending on their specific context thus increasing the potential impact of the research.

This review highlighted trends in the literature towards certain leadership styles or behaviours being associated with burnout reduction. However as with many scoping studies the use of this method to identify trends or gaps in the literature should be used with caution as quality assessment does not form part of the data analysis (Arksey & O’Malley, 2005). To illustrate, there did seem to be an emerging trend whereby the leadership styles most discussed by peer reviewed journal articles were transformational and transactional, and the alternative leadership styles were more likely to be discussed in the unpublished or non-primary research type papers. This could indicate something meaningful regarding the strength of the evidence for these leadership styles and could be explored in future research, perhaps with a full systematic review. However for a scoping review, where the aim is to explore the range and nature of research activity, this is not necessarily a limitation but a point of note when interpreting the findings and conclusions.

***Conclusion***

These findings suggest there is an association between burnout and leadership for MHC, in addition to identifying several individual leadership styles and concepts that are of particular interest. However the findings would also suggest that the evidence-base has not developed in terms of applying knowledge to practice as there are very few examples of experimental research in this area. Although there are potential barriers, increased experimental research to test interventions for leadership practices within mental health services is clearly required to allow this field to progress. Clinical services could support this development of research by finding ways to support the implementation and testing of interventions in a clinical setting. This next step would allow for the research to have more of a meaningful impact on the wellbeing and levels of burnout of MHC in practice.

**Declaration of interest statement**

No potential conflict of interest is reported by the author and no funding has been received for the production of this research.

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