

Title Slide: Authentic Nurse Leadership

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Disclosure slide

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Learning Objectives of This Presentation are:

- Identify three types of leadership styles
- Discuss key attributes that contribute to authentic leadership
- Explain design of research study
- Discuss conclusion of study

This presenter has no conflicts of interest to disclose.

AUTHENTIC NURSE LEADERSHIP

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Purpose of the Study:

To develop and validate an instrument measuring perceived ***Authentic Leadership*** among nurses that is

Grounded in a nursing theoretical framework to support clinical practice and knowledge development.

Introduction:

- The healthcare environment is experiencing unprecedented and intense reformation.
- Challenges and opportunities have never been greater within our complex healthcare system.

(Porter-O'Grady, 2011).

- Nurse leaders must have in-depth knowledge of pertinent issues in order to challenge and change organizational culture, while simultaneously sustaining and supporting Human Caring.
(Turkel, 2007).

Introduction:



- Nursing is rooted in the ***Science of Human Caring***.

Caring is essential to the personal and professional lives of nurses (Boykin & Schoenhofer, 2013).

Today's nurse leaders face a myriad of challenges that require a new type of leadership... ***Authentic Leadership***.

Introduction:

Authentic Leadership ensures the balance between healthcare business and **Caring** as a human need (Porter-O'Grady, 2011).

Nurse leaders who are authentic are behaviorally ***altruistic, transparent, have personal integrity; possess attributes of caring, ethical moral values, shared and balanced decision making, effective communication, and integral relationships.***

Background:

- National Leadership Index Survey indicates:
distrust in leadership (Gergen & Kalikow, 2009)
- Past restructuring of healthcare has negatively effected nursing environments, which led to distrust among nurses regarding leadership, thus leading to ***lack of engagement***.

IOM (2004) recommends positive nursing environment.

Literature supports **three types of Leadership Styles:**

- 1. Servant.***
- 2. Transformational.***
- 3. Authentic.***

Servant Leadership:

- Foundational principles are altruistic in nature.
- Focus on leaders' self awareness.
- Responds to followers' needs.
- Embodies practices that emphasize caring, nurturing and enrichment of the individual lives of followers.
- Focuses on consensus of all.
- Timelines not crucial.
- Not effective for today's healthcare environment.
- More appropriate for stable environment, in which evolutionary development can take place.

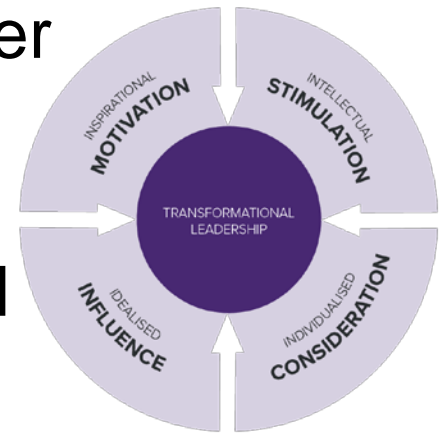


Transformational Leadership:

- Meets internal and external demands of fast paced healthcare environment.
- Used by ANCC to achieve excellence in healthcare services.
- Concerns regarding critical review of the model & assessment of instruments commonly used to measure TL (MLQ, Global Inventory, Kouzes, and Posners LPI).
- MLQ: Dichromatic interpretation of leadership
 - Measures two different leadership models.
 - (Transformational and Transactional).
 - Contains limited amount of transformational attributes.
- Therefore, assumes that leader has transactional style.

Transformational Leadership:

- Lacks conceptual framework development and clarity.
- Controversy as to what mediates follower psychological wellbeing.
- Charismatic Leadership (CL) often used synonymously with component of TL.
- CL can often lead to self-serving behavior: Lack of check and balance may result in significant risks.



Authentic Leadership (AL)

Conceptualized Framework by Avolio & Gardner (2005)

Proposed that authentic leaders make a difference in organizations by:

- Helping followers to find meaning at work
- Building optimism and commitment among followers
- Developing transparent relationships that build trust
- Promoting ethical climate

Developed and validated an instrument to measure leaders authentic leadership attributes based on Authentic Leadership conceptual framework

(Walumbwa et al. 2008)

Authentic Leadership (AL) Practice Approach

Authentic leadership based on a practice approach and/or real life events (George,2004; Terry 1993). No instrument developed to measure either concepts.

Robert Terry utilized a formula to leadership (1993):

- Focused on actions of: leader, leadership team or organization.
- Leaders should strive to do right thing, knowing and acting on true self.

Bill George (2003):

- Lead from core values
- Identified **5 basic characteristics**
 1. Understand purpose
 2. Have strong values about right thing to do
 3. Establish trusting relationships
 4. Demonstrate self-discipline and act on values
 5. Passionate about their mission

Authentic Leadership (AL) in Nursing

Numerous studies in disciplines other than nursing (education, business, psychology, correctional facilities, etc.) utilize the AL model and theory.

Based on previous empirical studies in AL, several nursing studies utilized and analyzed AL.

- Focused on positive role modeling, honesty, integrity, and high ethical standards in leader-follower relationship (Wong et al. 2010)
- Described effects of preceptors' AL on new grads' work engagement and job satisfaction (Gillonardo et at., 2010)
- Identified the relationship of AL and New grad and bullying (Laschinger et al.,2012)
- AL and staff nurse structural empowerment (Wong & Laschinger,2013)
- Conducted a Qualitative Study on Nurse Exec AL (Murphy, 2012).

Authentic Leadership:

Authentic nurse leader attributes:

- **Personal integrity**
- **Transparency**
- **Altruism**

Personal Integrity:

- Characterized by **sound ethical/moral courage and self-awareness.**
- Can lead to positive outcomes, such as: **trust, engagement, commitment, job satisfaction, and overall positive workplace wellbeing** (Avolio et.al., 2004; Gardner et. al., 2005).

Transparency:

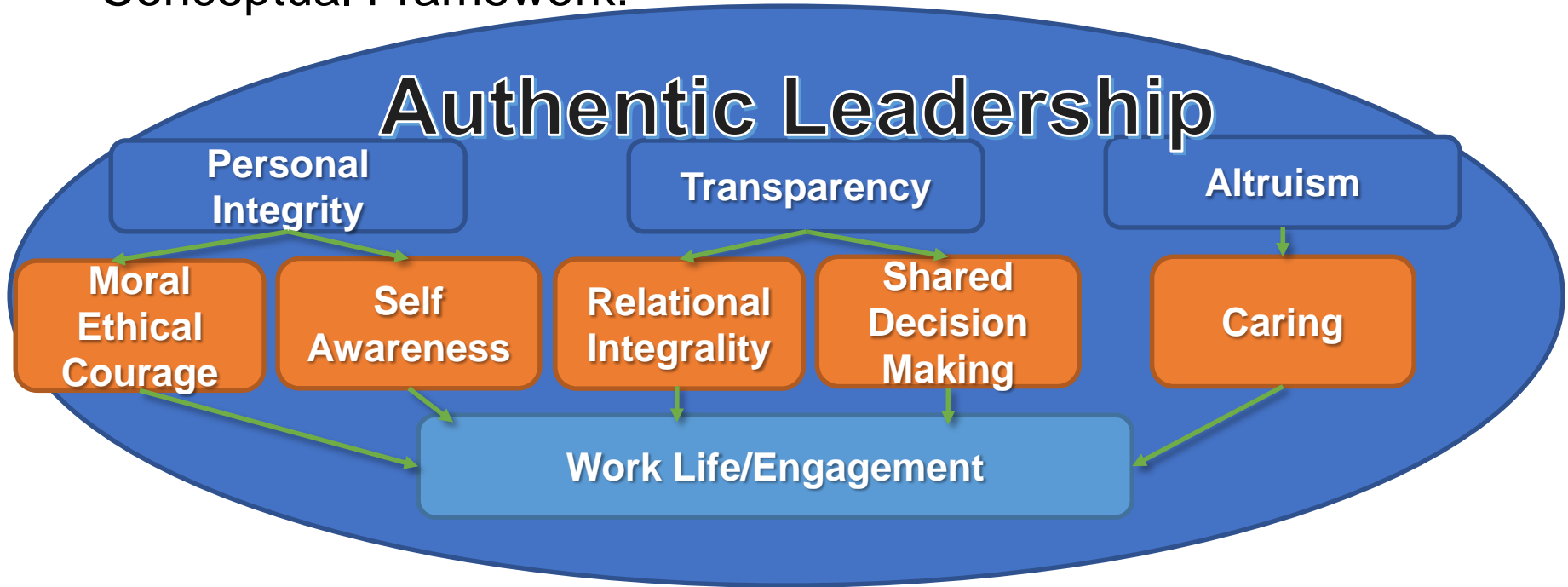
- Behavioral manifestation of authentic leadership.
(Van Iddekinge, ., 2005).
- Encompasses relational integrity and shared decision making which can lead to positive follower outcomes.
- **Open and honest** and have **innate ability to connect with others** through sharing their own experiences or stories.
- ***Genuine desire to serve others and support shared decision making.***

Altruism:

- “Unselfish interest in the welfare of others.”
(Webster, 2015)
- ***Self-transcending values*** and **higher levels of compassion (care)** and altruistic attributes, which prepares authentic leaders to engage in positive modeling (George, 2003; Gardner, 2005).

Authentic Nurse Leadership

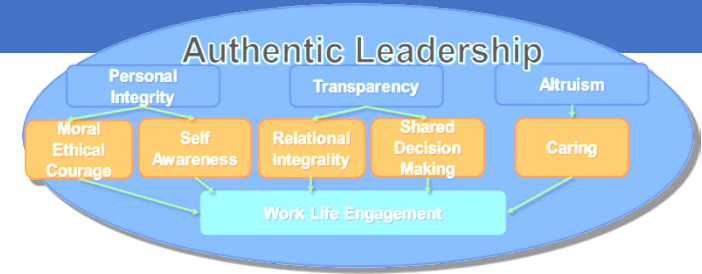
- Conceptual Framework:



Developed based on critical review of literature:

- Authentic Leadership Theory (George, 2003; Avolio, et al., 2004)
- Concept of Caring (Ray, et al., 2002; Watson, 2006; Boykin & Schoenhofer, 2013).

PERSONAL INTEGRITY



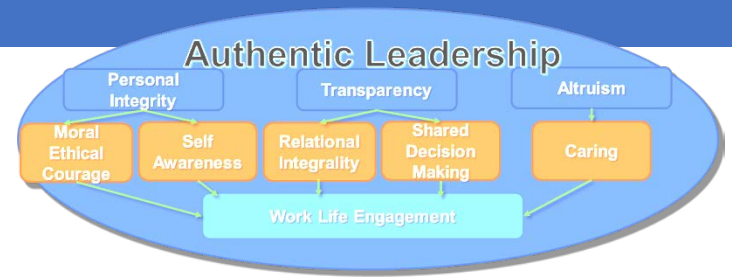
Moral Ethical Courage

- Self regulating from belief system.
- Listens to inner compass even when under pressure.
- Know what the right thing is to do.

Self Awareness

- Intrinsically motivated
- Personal insight
- Have a vision
- Passionate
- Resilience
- Confidence

TRANSPARENCY



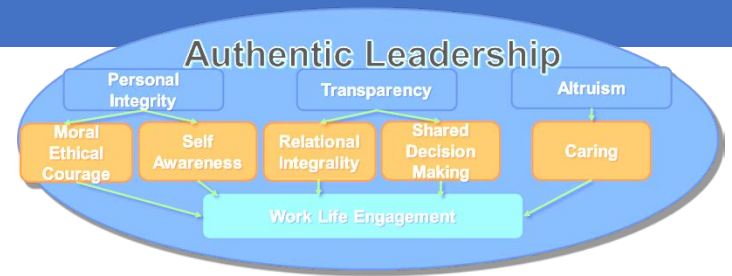
Relational Integrity

- Innate ability to connect with others.
- Open communications.
- Share experiences acknowledge weaknesses and strengths.
- Honest
- Trustworthy
- Respectful

Shared Decision Making

- Open to ideas of others.
- Makes informed decisions based on input from others and with an ethical consideration for self and others.

ALTRUISM



Caring

- Compassionate
- Empathetic
- Aware of own needs and needs of others.
- Cares for self and others without self-gains or self-interest.

Methodology:

- **Cross-over design (pilot and full scale testing).**
- Participants **randomly assigned** to receive the Authentic Nurse Leadership Questionnaire (ANLQ) and the Authentic Leadership Questionnaire (ALQ) either Week 1 or Week 2.
- **Participant sample:**
 - Expert Panel included 19 Masters/Doctoral RNs with nurse executive experience.
Pilot (n=20).
 - Full Scale testing (n=309) included RNs providing $\geq 50\%$ patient care.

Setting: Acute care hospital(s).

Instruments:

- Demographic Form.
- Authentic Nurse Leadership Questionnaire (ANLQ)
- Area Work-life Scale (AWS)
- Authentic Leadership Questionnaire (ALQ)
- Utrecht Work Engagement Scale (UWES)

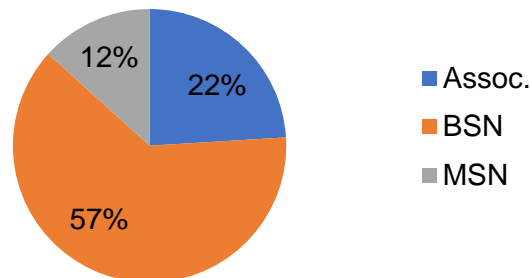
Data Analysis: Descriptive, inferential, exploratory factor analysis and structural equation modeling.

Sample Demographics:

- Mean age = 47.4 (2.6 years younger than ANA survey and slightly older than HRSA analysis of Nursing workforce).
- Female gender = 95.4% Male gender = 4.6% males (9% lower than RN population according to ANA)
- 31.4% worked in Magnet®-designated hospital.
- 6% board certified.
- (No significant findings regarding demographics, other than board certification in surgery and pediatrics was identified.)



Educational Degrees



Methodology:

- **Process used in Instrument Development:**

- Polit & Beck's **Steps of Developing Multi-Item Scale.**
- COSMIN Study Taxonomy of Measurement Properties for Evaluating Health Instruments (Mokkink, et al., 2010)

Steps:

Conceptualizing the construct.

Developing item pool.

Deciding scaling/scoring methods.

Evaluating wording features, readability.

Expert review of **content validity.**

Pilot Testing

Full Scale testing

Test-retest **reliability** week 3 after baseline data completion

Study Aim One:

- ***Examine content validity through panel of experts.***
- Content validity questionnaire calculated content validity score by each item.
- 6 questions dropped.
- Final questionnaire had 29 items.

Authentic Nurse Leader Questionnaire
Staff Leader Evaluation

The response to the following questions should be answered in reference to your nursing leader to whom you immediately report to. When responding to the survey answer the questions in the context to how you perceive your leader in exhibiting the following attributes, please use the following scoring metrics.

(0) Never, (1) Rarely, (2) Some of the Time, (3) Most of the Time, (4) All of the Time

	0	1	2	3	4
Self-awareness					
My Nurse leader is knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader is open to feedback about self-improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader has a vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader is visible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader has confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader is professionally involved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moral Ethical Courage					
My Nurse leader's actions reflect core values even in difficult situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader's decisions are made with high ethical standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader would not be influenced by group pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader conducts themselves free himself/herself personal conflict or appearance of self-serving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relational Integrity					
If my nurse leader makes a mistake, he/she owns up to it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader is trustworthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader nurtures a climate of respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader is non-judgmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader remains positive even in difficult situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader openly shares information through good communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My nurse leader takes time to get to know others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The response to the following questions should be answered in reference to your nursing leader to whom you immediately report to. When responding to the survey answer the questions in the context to how you perceive your leader in exhibiting the following attributes, please use the following scoring metrics.

Study Aim Two:

- ***Evaluate internal consistency and test-retest.***
- Reliability of the developed questionnaire measuring perceived authentic leadership in staff nurses.
- Full Study:
 - Positive correlation between the initial ANLQ and re-test ANLQ ($r = .888, p < .001$)
 - Significant positive relationship between all subscales (all $p < .05$)
 - Cronbach's alpha coefficients were .984 for the 29-item scale ($n=185$) and ICC for test-retest reliability is .937 ($n=129$) Power = .99
 - Cronbach's alpha coefficient ranged from .87 to .99 for all subscales, and ICCs for test-retest reliability ranged from .874 to .926, power $> .88$

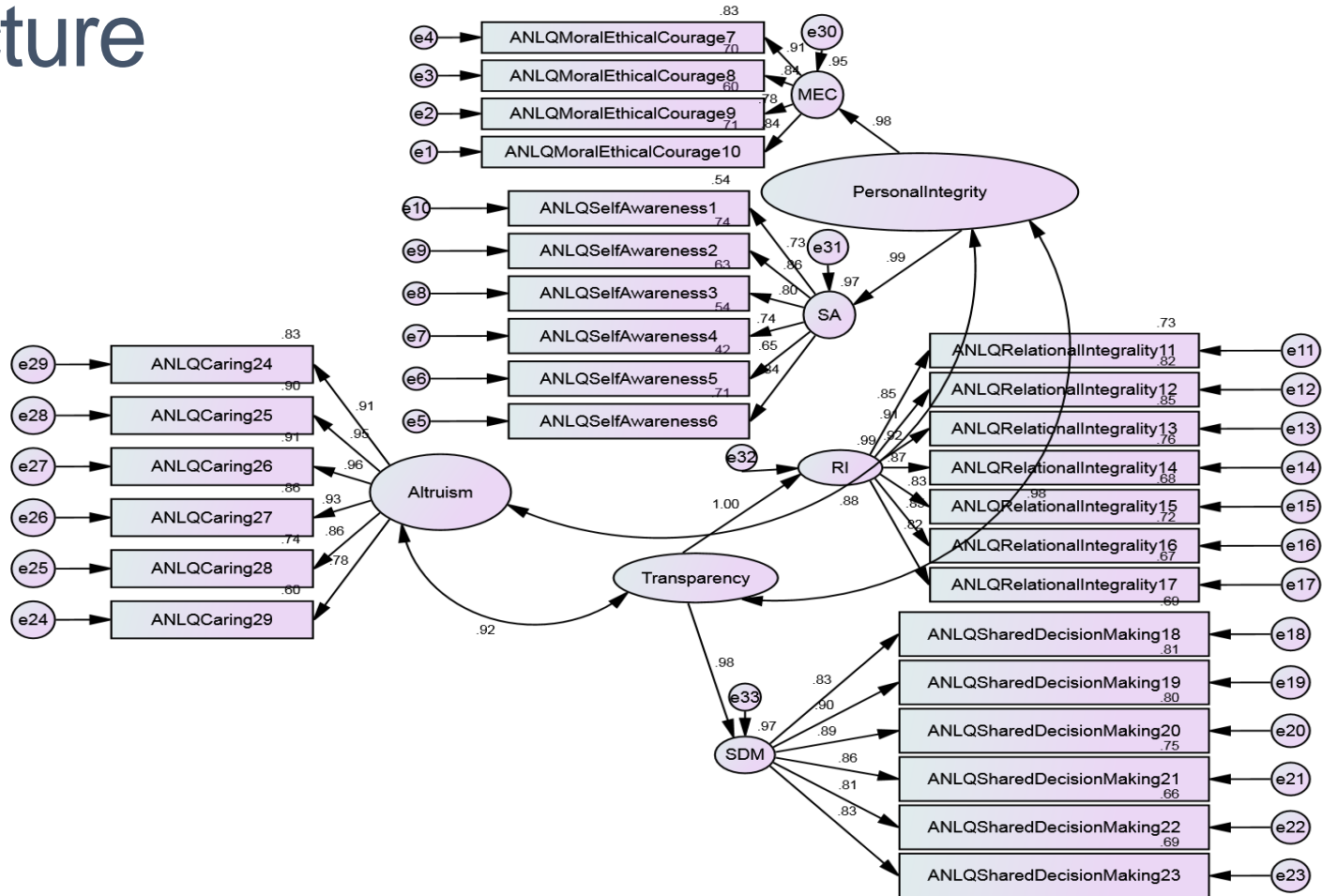
Study Aim Three:

- ***Evaluate construct validity through exploratory factor analysis and confirmatory factor analysis and hypothesis testing.***
- Exploratory Factor Analysis (EFA):
 - Analysis of 29 item ANLQ.
 - 185 completed questionnaires (no missing data identified).
 - Principle Axis Factoring with Promax rotation used to analyze the first order structure of 3 factor and 5 factor solution.
(The rotated factor loading matrix supported the theoretical item pf questionnaire.)
 - Looked at percentage of variance explained by each model.
 - Examined how well EFA matched conceptual framework.
 - Looked at overlap (decide whether to keep or move).

Confirmatory Factor Analysis (CFA):

- Model comparison determined that the first order 3 factor and first order 5 factor model were not the best fit.
- The **second order structure model** was the best of the **three models**.
- Examined different type of model fit, indices include: absolute, relative and parsimony fit. The values met indicated good model fit.
- Examined relationship among subscales and entire scale.
(Research Questions # 2-3)
- ***Results show co-variance among subscales and three domains indicate they are complex and not independent.***
- Looked at weight and co-efficient and the contribution of each subscale.
Subscale of self-awareness is a little lower than .9 in comparison to all other subscales. Future studies needed to explore if consistent.

CFA: Estimated Model for Second Order Structure



Findings:

- ***Significant relationship between perceived authentic leadership and nurse engagement, as measured by UWES.***
 - In particular, the moral-ethical courage subscale.
 - ANLQ was significant predictor of nurse engagement as measured by the UWES (12.5% variance).

- ***Significant relationship between perceived authentic leadership and nurse work-life, as measured by AWS.***
 - Multiple linear regressions indicated moral-Ethical Courage and Shared Decision Making subscales are significant predictors for Nurse Work-Life (47% variance).

Hypothesis 1-4 Construct Testing:

- ***ANLQ demonstrated better nursing values than ALQ, as indicated by a stronger relationships with Nursing Work Life.***
- Correlation coefficients between subscales of the AWS and ANLQ ranged from .289 to .678 (n =182).
- ***ANLQ demonstrated better nursing values than ALQ, as indicated by a stronger relationships with Engagement.***
- Correlation coefficients between subscales of the UWES and the coefficients between subscales of the UWES and the ANLQ ranged between .192 to .328 (n =182).

Research Question # 1:

What characteristics do the staff nurses associate with perceived authentic leadership and its subscales?

- **Three** of the AWS (**fairness**, **reward** and **value**) were **significant predictors** of all 5 scales of ANLQ.
- Nurses with board certification in **Surgical Nursing** perceived their leader **lower** in **ethical moral courage**.
- Nurses with Pediatric board certification perceived less shared decision making than non-certified nurses.



Research Question # 2:

- ***What are the weights and contributions of each subscale to the entire perceive Authentic Leadership Questionnaire (ANLQ)?***
- CFA was conducted and co-variances among subscales were all positively significant.
- T test for correlation relationships for both the 3 factor structure and the 5 factor structure demonstrated coefficients among three domains ranging from .92 to .98

Research Question # 3:

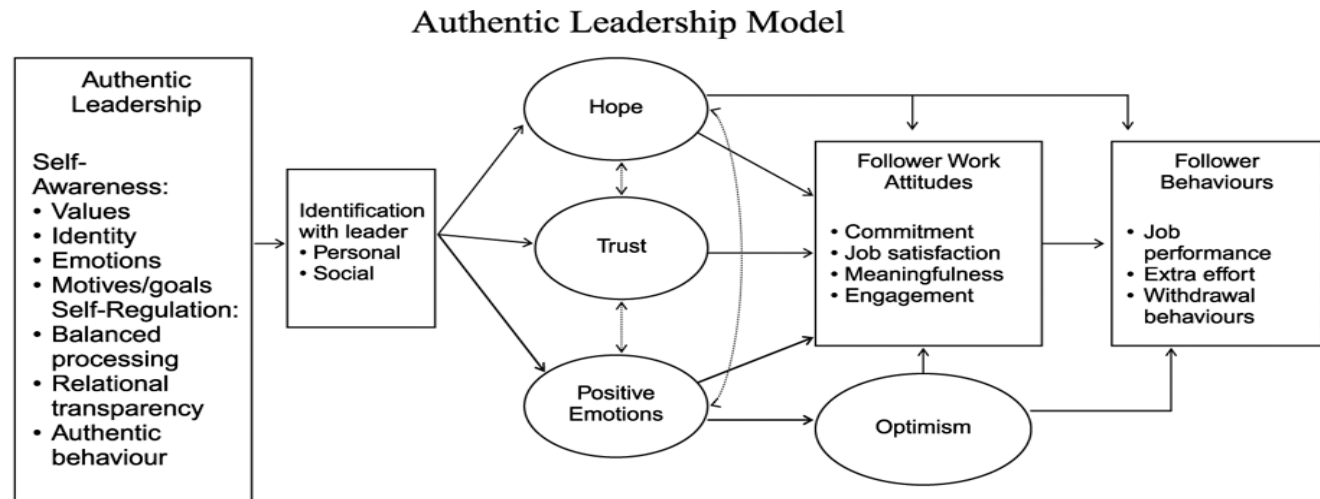
- ***What are the relationships (co-variances among subscales of the perceived Authentic leadership Questionnaire (ANLQ)?***
- All subscales were significantly positive.
- The assumption was tested in the CFA for both 3 factor and 5 factor structure.
- Correlation coefficients among domains were greater than .96
- High correlations among domains and subscales indicates that there are conceptual overlaps among subscales.

Research Question # 4:

What is the relationship of authentic leadership as measured by the Authentic Nurse Leadership Questionnaire (ANLQ), and the Authentic Leadership Questionnaire (ALQ)?

ALQ was **missing** domain Altruism with subscale of **Caring**.

However, correlation testing for criterion validity determined a stronger relationship between ANLQ and ALQ because Pearson correlation coefficients were $> .66$



Source: Adapted with permission from Avolio *et al.* (2004)

Conclusions:

- 1. ANLQ is a reliable and valid instrument to measure perceived Authentic Nursing Leadership.
- 2. ANLQ questionnaire developed based on the Authentic Nurse Leadership Framework was statistically supported by both exploratory and confirmatory factor analysis.
- 3. Bivariate correlation analyses showed significant and positive relationships of perceived Authentic Leadership with Nursing areas of Work-Life and Nurse Engagement.
- 4. Findings supported that the ANLQ demonstrated better Nursing Values, as indicated by stronger relationship with Nursing areas of Work Life and Nurse Engagement.
- (Continuation and pursuit of further multiple samples and testing is necessary for the continued validation of instruments to measure Authentic Nurse Leadership).

Limitations:

- May include **demographic influence, survey design, survey response and sample size.**
- Majority of subjects were female (96.3%).
- Difficulty in recruitment due to lack of email contact information and a time lag in participants receiving the survey link.
- 60.2% response rate from peri-operative nurses.
(May be a limitation to the generalization of study findings)
- **Study cross-over design:**
- May have impacted **sample size** (participants required to answer multiple surveys at three different times over the course of three weeks.)
- May have caused a **carry-over effect** resulting from two similar surveys given at two different times during the survey. (May have affected the participants' responses).
- Demographic survey design regarding collecting administrative delayed responsibilities.

Recommendations:

- **Caring was a significant finding in this study, identified as embodied in the discipline of Nursing and what nurses seek in their nurse leaders.**
- **Nurse leaders must...**
- Demonstrate **personal integrity ability** to clearly articulate and define goals with **self awareness and moral ethical courage** modeling attributes in concordance with confidence and deeply held values under pressure.
- Communicate with **transparency** and embrace **shared decision making** to open ideas that enhance relationships and quality outcomes.
- Engage in **authentic presence** and listen carefully to foster follower **trust**, which leads to **engagement**.

Recommendations:

- Include Authentic Leadership in **Nursing Education** at all levels of Nursing curriculum and demonstrate in daily **Nursing Practice** from bedside to boardroom.
- Conduct further **Nursing Research** with another samples in various clinical settings to refine conceptual framework and instrument. Also, conduct qualitative study from staff nurse perspective identifying nurse leader attributes.

References:

- Available upon request.
- Contact Information:
- mmulligan@matherhospital.org