The current healthcare organizational landscapes are being transformed by health and safety concerns in the workplace, advances in technology, retirements of the nursing workforce and nursing leaders, and declining economy create challenges in nursing workforce. Additionally, organizations have to be leaner by making cost-effective practices and at the same time retaining high-performing staff and attracting new staff members. Organizations also need to increase efficiency and quality of healthcare through increased participation and knowledge of its empowered employees. Empowered work environments are caused by effective leadership. The perception of authentic leadership by nurses results in work positivity and greater trust engagement in the workplace. Nurse leaders, who display authentic leadership behaviors, can create safe working conditions by shaping the quality of information, support and resources available for their staff in the workplace (Wong & Laschinger, 2013). Moreover, organizations that provide authentic leadership training to its nurse leaders can help improve staff retention (Read & Laschinger, 2015), create an empowering and positive working environment (Wong & Laschinger, 2013), improve work engagement (Bamford et al., 2013), increase the perception of inter-professional collaboration (Regan et al., 2016), and help in employee creativity (Malik et al., 2016). Nurse leaders who practice authentic leadership can also help in their work environments by improving patient satisfaction, decreasing medication errors and restraint utilization (Wong et al., 2013).

In 2013, fifteen billion dollars on leadership activities were spent by U.S. organizations on leadership development activities. The sustainability of leadership development must be given to both external programs and internal development through authentic leadership training (Shirey, 2015). In October 2017, a low-cost evidence-based authentic leadership program was created and implemented in order to determine nurse leaders' authentic behaviors. Two theoretical frameworks were used, which were Authentic Leadership Theory and Theory of Self-Efficacy. The Theory of Self-Efficacy has its roots from social cognitive theory and conceptualizes that there is a reciprocal relationship among person, environment, and behavior interactions. Moreover, self-efficacy judgment comes from four major sources called enactive attainment, vicarious experience, verbal persuasion, and physiological state or psychological feedback (Smith & Liehr, 2014). Authentic leadership theory is comprised of four major components. These components are self-awareness, balanced processing, internalized moral perspective, and relational transparency. Self-awareness includes reflecting on one's core values, emotions, identity, motives, and goals. Others perceive that leaders who have more self-awareness as more authentic leaders (Northouse, 2015). This was the major component of the scholarly project.

The scholarly project was conducted at a major institution in New York City over an eight-week period. The change model chosen for the project was Deming’s PDSA cycle. The PDSA (Plan-Do-Study-Act) cycle is a systematic series of steps used to increase learning and knowledge of a product or process continuous improvement (Taylor et al., 2014). The participants comprised of managers and team leaders. A pre-training Authentic Leadership Questionnaire (ALQ) survey was provided to the participants prior to the authentic leadership training. After the evidence-based authentic leadership training was conducted in person and online, the participants received post-training ALQ surveys online and through electronic correspondence.

The Authentic Leadership Questionnaire (ALQ) has four components, but the project had its main focus on the self-awareness domain due to the eight-week time period constraint. The four self-awareness domain questions were also rated on a 5-point Likert scale. There was an attempt to control for extraneous variables by collecting data from managers and team leaders on factors that could have impacted the study outcomes. These included items such as years of experience as a manager or team leader.
leaders, years of experience at the current site of employment. Sensitivity analyses was conducted to
determine whether “overall” study results were similar within different subgroups defined by extraneous
factors. In addition, there was a confirmation that the distribution of ALQ responses was non-normal using
the Shapiro-Wilk test. The Wilcoxon signed-rank test was used, which was a non-parametric equivalent of
a paired t-test, in the analysis of the data.

Although the results of self-awareness and other authentic leadership components did not yield
statistically significant results, it created further discussion on the need for a leadership program, such as
authentic leadership training, in organizations in order to foster the growth of its leaders and create a
long-term impact in the development of frontline staff and improvement of patient outcomes. Authentic
leadership is the foundation of all positive forms of leadership (Avolio & Gardner, 2005). A low-cost
authentic leadership program will help the macrosystem, mesosystem, and microsystem levels of
healthcare and lead to better outcomes for the nurse leaders, staff, and patients.

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Evidence-Based Authentic Leadership Training

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References:
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Abstract Summary:
Authentic leadership is the root of all positive forms of leadership. By having an authentic leadership training in hospital organizations, there can be an improved self-awareness in authentic behaviors by nurse leaders, which can lead to positive outcomes of staff and patients.

Content Outline:
I. Introduction
   A. Healthcare challenges
   B. Authentic leadership role in improving healthcare in macrosystem, mesosystem, and microsystem levels

II. Body
   A. Authentic leadership positive effects on macrosystem level
      1. Helps improve financial challenges through organizational engagement and empowerment
   B. Authentic leadership positive effects on mesosystem level
      1. Nurse leader engagement and empowerment
      2. Better retention and satisfaction rates
   C. Authentic leadership positive effects on microsystem level
      1. Staff empowerment and engagement
      2. Decrease medication errors
      3. Better staff satisfaction and retention rates
      4. Increase creativity
   D. Authentic leadership training vs. other types of training
      1. Internal development of leaders
      2. Cost-effective
      3. Can be incorporated into different positive forms of leadership

III. Conclusion
A. Authentic leadership training positively affects all levels of healthcare.

B. Authentic leadership training is cost-effective and can be incorporated to other leadership training programs.

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