Authentic Leadership and the Impact on Psychological Safety and Relationship Quality

Mechelle J Plasse, PhD, APRN-BC
Disclosures

Mechelle J. Plasse, PhD, APRN-BC
Assistant Professor MGH Institute Health Professions

This research was supported in part by Northeastern University’s “Emerging Nurse Scholar Award” as well as “Sigma Theta Tau Gamma Research Scholar Award”
LEARNING OBJECTIVES
At the conclusion of the presentation participants will be able to:

• Discuss the relational constructs of leadership, relationship quality and psychological safety in the creation of a healthy work environment in the acute care setting.

• Appraise the effect of Authentic Leadership skills on work environment within the acute care setting.

• Reflect upon their own relational strengths and weakness within the workplace to identify areas requiring additional attention to improve overall health of the workplace.
Variables of relating

- Leadership style
- Nurse to nurse relationship quality
- Interactional civility
- Psychological safety
A relational event or a technical exchange?

• A study of 10,000 nurses - mortality rate 60% higher if poorly rated work environment (Aiken, Clarke, Sloane, Lake & Cheney, 2008)

• Meta-analysis identified interpersonal relationships as essential for healthy work environment (Kramer, Schmalenberg & Maguire, 2010)

• Manager support & nurse-MD communication essential for healthy work environment BUT communication was positive only in the context of a quality relationship (Kramer & Schmalenberg, 2008)
The importance of relationships in healthcare

• Relationship on collaboration (Gittell, et al 2000), disruptive behavior (Rosenstein & O’Daniel, 2005), lateral violence & bullying (Vessey, DeMarco & DiFazio, 2010).

• Quality relationships among providers linked to safe patient care

• The IOM (2011) is calling for interdisciplinary education and improved collaboration in the acute care setting
High Quality Relationships (HQR)

- Dutton and Heaphy (2003) identified 3 capabilities of HQRs
  - Emotional carrying capacity, the tensility of the tie & degree of connectivity

- High-quality relationship (HQR) defined as a connection “marked by vitality, mutuality & positive regard” (Dutton & Heaphy, 2003)
Authentic Leadership (AL)

- Positive relationally based model (Avolio, et al., 2004)
- Contains core elements of other positive models (TL & Ethical)
- The AL shapes the environment through the possession & modeling of 4 elements:
  - self-awareness
  - balanced information processing
  - relational transparency
  - internalized moral perspective
Authentic Leadership Research

- AL significantly related to job satisfaction with the relationship mediated through empowerment (Wong & Laschinger, 2013)

- Relationship between AL & perceptions of quality care by nurses, mediated by trust in manager (Wong, Laschinger & Cummings, 2010)

- Both AL and structural empowerment were significantly related to a new nursing graduate’s perception of interprofessional collaboration (Laschinger & Smith, 2013)
Psychological Safety (PS)

• The tacit knowledge or belief that it’s interpersonally safe to be vulnerable among colleagues (Edmondson, 1999; Kahn, 1990).

• Fosters honesty, willingness to present divergent ideas, safe to admit errors, openness in asking for help and other risk-taking behaviors needed for effective coordination of complex care

• Without it- greater risk for error and poor outcomes (Edmondson, 2004; 2012)
Specific Aims

• To explore the congruence between nurse director’s self-evaluation of authentic leadership style and staff nurses’ evaluation of leadership style.

• To determine the impact of leadership style on team psychological safety.

• To identify if leadership style’s impact on psychological safety is mediated by high quality relationships.
The Study Design

- A non-experimental predictive survey design

- Convenience sampling

- Staff nurses and nurse directors from general medical-surgical and critical care units

- To improve response rate, a $10.00 gift card incentive was offered upon completion of this confidential survey
Instrumentation

- **Authentic Leadership Questionnaire (ALQ)** - a 16-item measure with four subscales which correspond to the four components identified in the model
  - Reliability previous studies: .70 - .90; current .98
- **High-Quality Relationship measure** - a 20-item measure
  - Reliability previous studies .72-.85; current .93
- **Psychological Safety** - a 7-item instrument
  - Reliability previous studies 0.78 to 0.82; current .74
- **Workplace Incivility Scale (WIS)** - a 6-item instrument
  - Reliability in previous studies ranges .86 to .88 and current study .90
Procedure

- Informational session for the nurse directors
- Email notice 4 days prior to release of survey link
- Second email provided a link to the confidential survey
- Two week later a reminder sent for those who did not respond
- $10.00 gift card incentive was offered upon completion of the confidential survey
The Sample

• Staff nurses and Nurse Directors from general medical and surgical units within an acute care hospital setting

• A response rate of usable surveys were 55% for the nurse directors ($n = 17$) and a 21% response rate for staff nurses ($n = 455$)

• A modest effect size of 0.2 for the relationship ALQ and psych. Safety

• G-Power software (Faul, Erdfelder, Lang, & Buchner, 2007) for correlational analysis, a recommended power of 0.80, alpha level of .05, and a two-tailed test, we estimated a needed sample size of 321 or greater
Correlation of major study variables for staff nurses

<table>
<thead>
<tr>
<th></th>
<th>ALQ</th>
<th>HQR</th>
<th>WIS</th>
<th>PS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALQ</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HQR</td>
<td>.338**</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIS</td>
<td>-.339**</td>
<td>-.551**</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PS</td>
<td>-.028</td>
<td>-.077</td>
<td>.036</td>
<td>1</td>
</tr>
</tbody>
</table>

*P < .050*
### Covariance matrix for major study variables

<table>
<thead>
<tr>
<th></th>
<th>ALQ</th>
<th>HQR</th>
<th>WIS</th>
<th>PS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALQ</td>
<td>1.200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HQR</td>
<td>.220</td>
<td>.352</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIS</td>
<td>-.311</td>
<td>-.274</td>
<td>.700</td>
<td></td>
</tr>
<tr>
<td>PS</td>
<td>-.058</td>
<td>-.085</td>
<td>.055</td>
<td>3.459</td>
</tr>
<tr>
<td>Means</td>
<td>2.536</td>
<td>3.540</td>
<td>2.014</td>
<td>2.536</td>
</tr>
<tr>
<td>SD</td>
<td>1.096</td>
<td>.593</td>
<td>.837</td>
<td>1.860</td>
</tr>
<tr>
<td>Skewness (SE)</td>
<td>-.550 (.114)**</td>
<td>-.393 (.114)**</td>
<td>1.221 (.114)**</td>
<td>-5.777 (.114)**</td>
</tr>
<tr>
<td>Kurtosis (SE)</td>
<td>-.640 (.228)</td>
<td>.685 (.228)**</td>
<td>1.687 (.228)**</td>
<td>33.360 (.228)**</td>
</tr>
</tbody>
</table>

Note: ALQ – Authentic Leadership Scale; HQR – High Quality Relationship Scale; WIS – Workplace Incivility Scale; PS – Psychological Safety; Staff nurse  n = 455

** Significant at less than .010
Hypothesized Model Paths

• Model

```
[Diagram showing paths between ALQ, WIS, HQR, and PS with labels Path a, Path b, Path c₁, Path c₂, and Path d.]
```
Mediation Analysis

Significant $p < .050$

Path a
$$0.185^{**}$$

Path b
$$-0.264^{**}$$

Path c_1
$$0.004$$

Path c_2
$$-0.014$$

Path d
$$0.003$$
Discussion and Limitations

• Higher levels of authentic leadership was correlated with higher levels of relationship quality and lower levels of incivility.

• This supports the notion that leadership style does impact the relational tone of a unit, thereby influencing the peer-to-peer relationships within the team.

• The lack of direct or indirect relationship of leadership to psychological safety may indicate either different or additional factors involved in the mediation.
Discussion and Limitations

• A narrow leadership style instrument was used but a broader measure, such as Multi-factor scale might have better captured the relationship with psychological safety

• Complex nature of organizational research may require a more complex model
Discussion and Limitations

- Timing of survey release
- Inability to conduct a team based measure
- Use of convenience sampling
- Unionized facility
Future Studies

• Broaden literature scope to identify additional mediating variables

• Multi-site study with probability sampling and perhaps within unit analysis of the variables identified

• A comparison of union and non-union facilities to determine whether there are unique factors related to power, trust and psychological safety

• Analysis of ALQ subscales to determine with greater specificity which characteristics have a stronger impact on identified variables
Contribution

• Supports the notion that front line management can set the relational tone of a patient care unit

• Supports current literature regarding relationally based leadership skills contributing to healthy peer-to-peer relationship building

• With ongoing concerns regarding negative workplace behavior such as incivility, these outcomes can guide future interventions for the same

• Contributes to learning objectives in leadership education
Questions