AUTHENTIC LEADERSHIP IN NURSING: CREATING
HEALTHY WORK ENVIRONMENTS

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CERTIFICATION OF APPROVAL

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td></td>
<td>iv</td>
</tr>
<tr>
<td>Abstract</td>
<td></td>
<td>vi</td>
</tr>
<tr>
<td>CHAPTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td>Authentic Leadership in Nursing: Creating Healthy Work Environments</td>
<td>1</td>
</tr>
<tr>
<td>II.</td>
<td>Exploring the Theory of Authentic Leadership</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Defining Authentic Leadership</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Dimensions of Authentic Leadership</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Exemplar Case</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>The Authentic Leadership Questionnaire</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Differentiating Authentic Leadership</td>
<td>12</td>
</tr>
<tr>
<td>III.</td>
<td>Effects of Authentic Leadership in the Nurse Work Environment</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>The Relationship between Authentic Leadership and the Work Environment</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>The Role of Employee Engagement and Employee Satisfaction</td>
<td>22</td>
</tr>
<tr>
<td>IV.</td>
<td>Developing Authentic Leaders</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Developing the Four Dimensions of Authentic Leadership</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Leadership Training and Higher Education</td>
<td>35</td>
</tr>
<tr>
<td>V.</td>
<td>Implications for Nursing Practice</td>
<td>40</td>
</tr>
<tr>
<td>References</td>
<td></td>
<td>44</td>
</tr>
</tbody>
</table>
ABSTRACT

Unhealthy work environments contribute to medical errors, ineffective delivery of care, and stress of healthcare employees. These undesirable consequences pose a significant burden on healthcare organizations and efforts to improve nurse work environments must be undertaken. A healthy work environment is one that is productive, produces quality care, is satisfying, and meets personal needs. It is the totality of all factors that influence job satisfaction and performance. Authentic leadership is proposed as the foundation of effective leadership needed to build trust and healthier work environments. Authentic leadership emphasizes the character of the leader through the four dimensions of self-awareness, balanced processing, transparency, and internalized moral perspective. Empirical evidence has emerged linking authentic leadership with positive patient and nurse outcomes, such as enhanced patient care quality, work engagement, and job satisfaction. Evidence-based strategies of authentic leadership development within a training program context have not been conclusively established. Post-graduate education may be the best method to prepare nurses to lead authentically. Healthcare organizations must take the lead in fostering authentic leadership. Healthcare organizations have the opportunity to develop authentic leaders who will create healthy work environments, an essential component of enhancing patient care quality and maintaining an adequate nursing workforce.
CHAPTER I

AUTHENTIC LEADERSHIP IN NURSING: CREATING HEALTHY WORK ENVIRONMENTS

The links between nurse work environments, patient care outcomes, and nurse workforce outcomes are irrefutable. Adverse patient outcomes such as falls, nosocomial infections, medication errors, and mortality have been associated with nurse work environments (Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Laschinger & Leiter, 2006). Work environments also have significant effects on nurse burnout, job dissatisfaction, nurse turnover, and employee engagement (Aiken et al., 2008; Laschinger & Leiter, 2006; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004). These undesirable consequences pose a significant burden on healthcare organizations and efforts to improve nurse work environments must be undertaken.

The American Association of Critical-Care Nurses (AACN) recognizes that unhealthy work environments contribute to medical errors, ineffective delivery of care, and stress of healthcare employees (2005). Understanding that a healthy work environment is imperative to ensure patient safety, enhance nurse recruitment and retention, and safeguard the financial viability of healthcare organizations, the AACN formed six essential standards for establishing and sustaining a healthy work environment. These essential standards represent evidence-based and relationship-centered principles and include skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic
leadership (AACN, 2005). While all six standards are considered essential, authentic leadership is the foundation for a healthy work environment. Authentic leadership has been described as “the glue that holds together a healthy work environment” (McCauley, 2005, p. 2).

Authentic leaders achieve high levels of authenticity by knowing who they are, knowing their core values, and acting upon those values while maintaining transparency (Avolio, Gardner, Walumbwa, Luthans, & May, 2004). These core values are rooted in high moral and ethical standards that guide behavior and decision making (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008). The common theme among authentic leaders is doing what is good for others while being guided by their inner conscience (Avolio & Wernsing, 2008).

Authentic leadership has garnered increased attention in recent years; due in part to an increase of highly publicized corporate scandals, management misconduct, and broader societal challenges facing organizations (Walumbwa et al., 2008). Stakeholders have become much less tolerant of inconsistencies between leaders’ espoused principles, values, and conduct and are expecting a much higher level of integrity from those leaders. The positive psychological capacities of authentic leaders aim to address these deficiencies.

Authentic leadership positively impacts the work attitudes and behaviors of employees by emphasizing leader self-awareness, balanced processing, relational transparency, and high moral standards (Avolio et al., 2004). Empirical evidence has emerged linking authentic leadership with positive patient and nurse outcomes such
as lower incidence of adverse patient outcomes (Wong & Giallonardo, 2013),
increased employee engagement (Bamford, Wong, & Lashinger, 2013; Giallonardo,
Wong, & Iwasiw, 2010; Wong, Laschinger, & Cummings, 2010), and increased
employee satisfaction (Laschinger & Fida, 2015; Wong & Laschinger, 2013).

The purpose of this document is to discuss a model of leadership that can
enhance healthcare work environments. The framework of authentic leadership will
be explored, as well as how it can be measured. A review of current literature
demonstrating the relationship between authentic leadership and the healthcare work
environment will be conducted. Finally, methods of developing authentic leaders will
be discussed.

Establishing and sustaining a healthy work environment that promotes clinical
and professional excellence must be a priority for healthcare organizations. The
quality of nursing leadership can make a difference in creating these conditions.
Healthcare organizations have the opportunity to develop authentic leaders who will
create a healthy work environment, an essential component of maintaining an
adequate nursing workforce.
CHAPTER II

EXPLORING THE THEORY OF AUTHENTIC LEADERSHIP

In the last decade, there has been an emergence of literature focusing on the concept of authentic leadership, due in part to an increase of highly publicized corporate scandals, management misconduct, and broader societal challenges facing organizations (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008). Stakeholders have become much less tolerant of inconsistencies between leaders’ espoused principles, values, and conduct and are expecting a much higher level of integrity from those leaders. The positive psychological capacities of authentic leaders aim to address these deficiencies. The purpose of this chapter is to explore the framework of authentic leadership, as well as how it can be measured. Authentic leadership will also be differentiated from ethical and transformational leadership.

Defining Authentic Leadership

The core of authenticity is to know, accept, and remain true to oneself (Avolio, Gardner, Walumbwa, Luthans, & May, 2004). Authenticity is associated with advanced levels of cognitive, emotional, and moral development (Walumbwa et al., 2008). Authentic leaders are those who have achieved high levels of authenticity in that they know who they are, they know their core values, and they act upon those values while transparently interacting with others (Avolio et al., 2004). These core values are rooted in high moral and ethical standards that guide behavior and decision making (Walumbwa et al., 2008). The common theme among authentic leaders is
doing what is good for others while being guided by their inner conscience (Avolio & Wernsing, 2008).

Authentic leaders are role models. They lead by example as they demonstrate transparent decision making, confidence, optimism, hope, and resilience (Avolio & Gardner, 2005). Walumbwa et al. (2008) define authentic leadership as:

a pattern of leader behavior that draws upon and promotes both positive psychological capacities and a positive ethical climate, to foster greater self-awareness, an internalized moral perspective, balanced processing of information, and relational transparency on the part of leaders working with followers, fostering positive self-development. (p. 94)

As with most leadership frameworks, this definition indicates an interactive relationship that develops between the leader and their followers. It is important to note that the influence of authentic leadership hinges on the degree to which values such as integrity, transparency, and justice are shared by other members of the group (Gardner, Avolio, Luthans, May, & Walumbwa, 2005).

Avolio et al. (2004) propose that authentic leaders influence followers’ attitudes and behaviors through the fundamental inner processes of identification, hope, positive emotions, optimism, and trust. The authors suggest that this influence is made more powerful through the personal and social identification of the people they lead. Personal identification occurs when followers recognize they share similar values with the leader, which are modeled through each other’s behavior. Social identification is gained when leaders demonstrate high levels of honesty and integrity
in their dealings with their followers. The authors postulate that this identification process mediates the relationship between authentic leadership and hope, trust, and positive emotions. Hope, trust, and positive emotions are subsequently positively related to followers’ work attitudes, which elicit desirable work behaviors. Thus, “authentic leaders create the conditions for higher trust and elicit positive emotions from followers, enhancing decision making, improving the well-being of organizations, and ultimately building positive emotional states and high levels of engagement throughout the workforce” (Avolio et al., 2004, p. 813).

**Dimensions of Authentic Leadership**

The core components of authentic leadership are self-awareness, relational transparency, balanced processing, and internalized moral perspective. Authentic leaders communicate their genuine selves by eliciting these four key behaviors. These behaviors are distinct but related components of the authentic leadership framework (Walumbwa et al., 2008). All four behaviors must be present for a leader to be considered authentic.

**Self-Awareness**

A heightened level of self-awareness is the foundation of authentic leadership. Avolio and Gardner (2005) describe self-awareness as an “emerging process where one continually comes to understand his or her unique talents, strengths, sense of purpose, core values, beliefs, and desires” (p. 324). Leader self-awareness involves understanding individual strengths and weaknesses and being cognizant of their impact on other people (Walumbwa et al., 2008). Authentic leaders operate from a
personal point of view, developed from personal experiences, reflection, and learning (Shamir & Eilam, 2005). This level of self-awareness is a deep process of self-discovery, consisting of learning how past events shape current perceptions and behaviors and how the leader makes meaning of personal experiences (Walumbwa et al., 2008). This is a life-long learning process without an ultimate destination because the actual self is dynamic and changes over time (Avolio & Wernsing, 2008).

**Relational Transparency**

The theory of authentic leadership recognizes the relational nature of leadership. Thus, a key component of authentic leadership is relational transparency (Avolio & Wernsing, 2008). This refers to presenting the genuine self to others. Further, it means sharing relevant information, being open to giving and receiving feedback, and being forthright regarding motives and rationales behind decisions. This promotes trust by openly sharing an appropriate amount of information and expressing the leader’s true thoughts and feelings and encouraging others to do the same. If a leader is aware of their core values, which are based on integrity, then transparent interactions will easily follow. Gardner et al. (2005) suggest that as leader self-awareness increases, leaders become more transparent in communicating their values, emotions, goals and motives to others.

**Balanced Processing**

Authentic leaders understand that all people are biased processors of information (Avolio & Wernsing, 2008). It is human nature to be unconsciously influenced by a variety of social and environmental factors. Balanced processing
refers to the leaders’ ability to objectively analyze all relevant data before coming to a decision, while seeking input from others who challenge their deeply held positions (Walumbwa et al., 2008). When seeking alternative viewpoints, the leader must be aware of their own inherent cognitive biases. The consideration of alternative, competing perspectives will enhance team diversity and encourage innovative, mutually accepted solutions.

**Internalized Moral Perspective**

Walumbwa et al. (2008) suggest that any leadership theory would be misguided if it fails to recognize the inherent ethical responsibilities embedded in the leadership role. An internalized moral perspective refers to an alignment of internal moral values and actions, while resisting external pressures (Walumbwa et al., 2008). Authentic leaders do not seek leadership roles for status, honor, or other personal reward; rather they lead from conviction (Shamir & Eilam, 2005). They are guided by moral and ethical principles that serve the greater good rather than succumbing to self-serving interests (Avolio & Wernsing, 2008). This results in decision making and behavior reflective of these internalized values. This kind of leadership depicts a higher level of moral reasoning and capacity to make judgements that serve the collective interests of stakeholders and organizations (Avolio & Wernsing, 2008).

Organizational leaders who exhibit an internalized moral perspective create caring ethical climates that embrace the intrinsic worth of employees and stakeholders (May, Chan, Hodges, & Avolio, 2003). The culture created by such leadership emphasizes core ethical values as a basis for making difficult decisions. In
turn, employees appreciate the decision-making process to be just, fair, and impartial. Within this ethical climate, employees and stakeholders are able to voice concerns about inequities to organizational leaders. Above all, this culture encourages employees to emulate the moral behaviors of their leaders. May et al. (2003) suggest that the reputation of such ethical cultures attracts more authentic people to work for these organizations. Given the profound impact that leaders exert on followers and organizations, undoubtedly sound moral and ethical principles should be the foundation for effective leadership.

These four dimensions suggest that authentic leaders genuinely desire to understand their own leadership in order to serve others more effectively. An authentic leader is one who knows who they are and their core values. They develop relationships with followers by promoting transparency and encouraging diverse viewpoints, build credibility and trust within their followers by serving as an example, and act in accordance with deep personal convictions, thereby leading in a manner that followers recognize as authentic.

**Exemplar Case**

Jane is the director of surgical services at an acute care facility located in a rural area. For several years, costs of the healthcare facility have been rising faster than its revenue. Reimbursements from federal and state agencies continued to decline. In a region where nearly 90% of patients are covered by Medicare or Medicaid, the current operations of the facility could not be sustained. Despite vigorous efforts by the leadership team to reduce costs and increase revenue, it was
determined that more drastic measures would need to be made in order to remain financially viable. The executive team communicated to Jane and all of the other directors that they would need to reduce their labor budget by 15%.

Jane was distraught about the idea of downsizing. She recalled being laid off early in her career and it was devastating, financially and emotionally. She knew whatever course of action she took, someone would be negatively affected. Jane decided to hold a staff meeting regarding labor reduction efforts before the rumor mill began. This way, she could openly communicate future changes that would affect employees, stakeholders, and the organization. She had several ideas about how to meet the executive team mandate, but this way she could gather ideas from all team members before making any decisions.

At the beginning of the meeting, Jane explained to her employees that in order for the facility to continue operating and providing services to patients, a 15% reduction in labor would be necessary. She invited everyone’s suggestions. One senior employee near retirement stated that he would retire early if the organization would provide healthcare benefits until he was eligible for Medicare. Another employee suggested that everyone take one unpaid day off per pay period, reducing the number of work hours from 80 to 72. One of the front line managers committed to be more vigilant in regards to sending staff home early when procedural volume was low. Jane thanked everyone for their suggestions and assured staff that she would communicate the final plan, once approved by the executive team.

In this situation, Jane exhibited all four behaviors of authentic leaders. She
demonstrated self-awareness by reflecting on her past experience of being laid off and understanding the great impact that her actions would have on other people. Jane behaved transparently by openly communicating the future labor reductions and the rationale behind it. She encouraged open communication among her staff members as well. Jane demonstrated balanced processing by soliciting ideas and suggestions from all of her employees, regardless of job position. Lastly, she treated the situation as a moral dilemma, as it had potential to cause harm to others. She was guided by principles aiming to serve the greater good, rather than serving the interests of one particular group. She values the intrinsic worth of employees and stakeholders. Jane presented a comprehensive plan to the executive team that took into account the collective interests of the affected parties. Her employees appreciated her decision-making process to be fair and just. Throughout this case, Jane led in a manner consistent with the principles of authentic leadership.

The Authentic Leadership Questionnaire

In an effort to measure authentic leadership, Walumbwa et al. (2008) developed and tested a theory-based tool called the Authentic Leadership Questionnaire (ALQ). The ALQ contains 16 items that address the four dimensions of authentic leadership: self-awareness (four items), relational transparency (five items), internalized moral perspective (four items), and balanced processing (three items). All scale items are rated on a five-point Likert scale in which the participant is asked to rate their supervisor’s authentic leadership behaviors. Sample items include, “says exactly what he or she means” and “demonstrates beliefs that are
consistent with actions” (Walumbwa et al., 2008, p. 121). The instrument was tested using five samples from the United States, China, and Kenya. Acceptable internal consistency was reported, as evidenced by Cronbach’s alphas ranging from 0.70 to 0.90. A confirmatory factor analysis established construct validity of the four-dimensional structure of the ALQ. Additionally, discriminate validity was established by distinguishing authentic leadership from ethical and transformational leadership.

The development of a theory-based measure of authentic leadership provided future researchers with a method for assessing authentic leadership (Walumbwa et al., 2008). The inclusion of non-Western cultures strengthens the research because although leadership is generally viewed as a universal phenomenon, most leadership research has used samples from Western cultures. This also enhances the generalizability of the ALQ measure. Since the development of the ALQ, multiple studies have emerged linking authentic leadership with various follower and organizational outcomes.

**Differentiating Authentic Leadership**

Avolio and Gardner (2005) describe authentic leadership as a root construct, in that it forms the basis for what constitutes other forms of positive leadership. Authentic leadership can incorporate other forms of positive leadership, such as transformational or ethical. Further, leaders may demonstrate different styles of leadership, such as authoritarian or participative, while still behaving authentically. The key distinction of authentic leaders is their strong sense of self, values, and
beliefs (Avolio & Gardner, 2005; Walumbwa et al., 2008).

Walumbwa et al. (2008) noted that there certainly are some conceptual overlaps between authentic, ethical, and transformational leadership. Authentic and ethical leadership both describe leaders as moral persons who demonstrate honesty, integrity, and a desire to the right thing. These theories share a focus on the ethical role modeling of the leader. In contrast, ethical leadership contains a moral transactional component that involves a reward or discipline system to hold followers accountable for ethical conduct. Additionally, authentic leadership contains distinctive components, including self-awareness, relational transparency, and balanced processing, that are not considered in the definition of ethical leadership. Therefore, the scope of authentic leadership is more far-reaching than ethical leadership.

Authentic and transformational leadership have overlapping similarities as well (Avolio et al., 2004; Joo & Nimon, 2014; Walumbwa et al., 2008). Both theories stress the importance of role modeling, setting high moral standards, and leading with honesty and integrity (Avolio et al., 2004). However, Avolio et al. (2004) assert that the focus on transparency and high moral standards is far more central to authentic leadership. Authentic leaders influence their followers through their strong sense of self-awareness, values, and beliefs, whereas transformational leaders influence through a powerful and positive vision (Wong & Cummings, 2009). Further, while authentic leaders may focus on developing their followers’ authenticity, transformational leaders focus on developing their followers into leaders
(Walumbwa et al., 2008). In their study of the relationships among authentic, ethical, and transformational leadership, Walumbwa et al. (2008) demonstrated that authentic leadership was positively related to ethical and transformational leadership while also significantly distinguishable.

Recent leadership literature has concentrated on authentic leadership as the root construct underlying all positive forms of leadership (Avolio et al., 2005). The framework of authentic leadership has been described, namely the four interrelated dimensions of self-awareness, balanced processing, relational transparency, and internalized moral perspective. While critics may postulate that the theory of authentic leadership resembles other positive forms of leadership, Walumbwa et al. (2008) has empirically distinguished authentic leadership from ethical and transformational leadership. Construct validity of the four dimensional structure of the ALQ has provided a foundation for future research on the relationship between authentic leadership and healthy work environments. The positive psychological capacities of authentic leaders has the potential to create heightened levels of trust in the leader, work engagement, workplace well-being, and job performance (Avolio et al., 2004; Gardner et al., 2005).
CHAPTER III
EFFECTS OF AUTHENTIC LEADERSHIP IN THE NURSE WORK ENVIRONMENT

A healthy work environment is essential for maintaining an adequate nursing workforce. According to Shirey (2006), the stressful nature of the nursing profession leads to burnout, disability, and high absenteeism, all of which contribute to the nursing shortage. A healthy work environment is one that is productive, produces quality care, is satisfying, and meets personal needs; it is the totality of all factors that influence job satisfaction and performance (Kramer & Schmalenberg, 2008). The American Association of Critical-Care Nurses (2005) maintains that authentic leadership is fundamental in establishing and maintaining a healthy work environment. Leaders who demonstrate authenticity set the tone for their organizational culture and their actions set behavioral standards for employees to emulate (Shirey, 2009).

Authentic leadership is composed of four dimensions: self-awareness, relational transparency, balanced processing, and internalized moral perspective (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008). Self-awareness refers to understanding one’s own strengths and weaknesses and being aware of one’s impact on other people. Relational transparency refers to the process of presenting the genuine self to others. This involves openly sharing an appropriate amount of information, expressing true thoughts and feelings, and sharing rationales behind
decisions or changes. The third dimension, balanced processing, is defined as the leader’s ability to process all relevant data before coming to a decision, while seeking input from others who challenge the leader’s deeply held positions (Walumbwa et al., 2008). And finally, internalized moral perspective is characterized by an alignment of moral standards, values, and actions, while not being swayed by external pressures. This alignment results in decision making and behavior reflective of these internalized values.

The authentic leadership theory is relatively new and only recently has empirical evidence of relationships between authentic leadership and outcomes in the healthcare environment emerged. The purpose of this chapter is to explore the current literature in order to describe the effects of authentic leadership on nurses, patients, and healthcare organizations. The role of employee satisfaction and engagement in achieving organizational goals will also be discussed.

**The Relationship between Authentic Leadership and the Work Environment**

Nurse leaders play a crucial role in creating a healthcare practice work environment that produces quality outcomes for nursing staff and patients (Shirey, 2006). Many positive links between authentic leadership and the nurse work environment have been established and the body of research is growing.

**Trust in Managers**

Several studies found that nurses report increased trust in managers who exhibit authentic leadership behaviors (Wong & Cummings, 2009; Wong, Laschinger, & Cummings, 2010; Wong & Giallonardo, 2013). Trust in managers is
an essential component of a healthy work environment. Three attributes of a leader are critical in the development of trust: ability, benevolence, and integrity (Mayer, Davis, & Schoorman, 1995). Authentic leaders demonstrate benevolence and integrity by encouraging open communication, sharing critical information, and engaging their followers (Avolio, Gardner, Walumbwa, Luthans, & May, 2004). High moral standards and honesty exemplified by authentic leaders also enhances trust among followers.

Voice Behavior

The authentic behaviors of managers positively influence voice behavior of nurses (Wong & Cummings, 2009; Wong et al, 2010; Wong & Giallonardo, 2013). Voice behavior refers to speaking up and voicing ideas or concerns, without prompt in an effort to better a situation. One study found that relational transparency, in particular, had a positive effect on voice behavior (Wong & Cummings, 2009). A climate in which staff members are able to voice concerns is essential to creating a safer care environment. Trust in management is critical for staff willingness to voice concerns regarding the work environment. These findings support the model of authentic leadership, which maintains that relational transparency on behalf of leaders, promotes trust in followers (Walumbwa et al., 2008).

Work Engagement

In addition to trust and voice behavior, authentic leadership positively influences nurses’ work engagement (Bamford, Wong, & Laschinger, 2013; Giallonardo, Wong, & Iwasiw, 2010; Wong et al., 2010). Work engagement refers to
a positive and satisfying work-related state of mind. Engaged employees demonstrate commitment to their employer, are satisfied with their work, and are willing to put forth extra effort to achieve organizational objectives (Lowe, 2012). Bamford et al. (2013) found that all four dimensions of authentic leadership are important in influencing nurse’s work engagement. However, the internalized moral perspective dimension of the managers had the strongest correlation with nurse work engagement. This suggests that the high moral principles demonstrated by authentic leaders play a primary role in leader-follower relationships. It can be expected that nurse leaders who demonstrate integrity and whose actions are aligned with their moral principles facilitate work engagement by creating a safe and ethical culture within the work environment.

When examining new graduate nurse’s work engagement, Giallonardo et al. (2010) found that new graduates, when paired with preceptors who demonstrate high levels of authentic leadership, felt more engaged in their new jobs. Of the four authentic leadership dimensions, internalized moral perspective had the highest correlation with work engagement. This finding is consistent with the previously mentioned work of Bamford et al. (2013). Preceptorship is an important component in the development of new graduate nurses, as well as the retention of these new nurses. This study underscores the importance of behavioral integrity of effective preceptors.

**Patient Care Quality**

Two studies linked trust in managers to quality performance measures, such as
nurse assessed unit care quality (Wong et al., 2010) and frequency of adverse patient outcomes (Wong & Giallonardo, 2013). Wong et al. (2010) demonstrated that authentic leadership positively influenced trust in the manager, which had a significant direct effect on work engagement. Subsequently, work engagement positively influenced nurse assessed unit care quality. Likewise, Wong and Giallonardo (2013) found that an increased level of trust in the manager and perceived manager authenticity was related to a lower incidence of adverse patient outcomes. The authors concluded that authentic leaders are able to create work environment conditions that support a culture of safety that leads to fewer adverse patient outcomes.

Authentic leadership also influenced patient care quality through structural empowerment and support for professional practice (Laschinger & Fida, 2015). Empowering work environments provide access to opportunity, information, support, and resources. Work environments that support professional practice are those that promote autonomy, control over practice environment, and effective nurse-physician relationships. Nurses who perceived their leaders as authentic felt that their work settings provided sources of structural empowerment, which in turn were associated with greater support for professional practice (Laschinger & Fida, 2015). These variables positively influenced nurse-assessed patient care quality.

**Person-Job Match**

Employee engagement is enhanced by an overall person-job match in the six areas of worklife: workload, control, rewards, community, fairness, and values
congruence (Bamford et al., 2013). This relationship is positively influenced by authentic leadership. Bamford et al. (2013) found that nurses who work with managers demonstrating higher levels of authentic leadership reported a greater overall person-job match and greater work engagement. These findings are supported by Wong and Giallonardo (2013) who demonstrated that perceived manager authenticity was positively associated with nurses’ perceptions of the work environment and resulted in greater overall person-job match. This link is further supported by the work of Laschinger, Borgogni, Consiglio, and Read (2015), which demonstrated that the authentic behaviors of managers significantly and directly influences person-job match in new graduate nurses. These studies provide further empirical evidence of authentic leaders influence on the work environment.

**Job Satisfaction**

Authentic leadership has a positive influence on job satisfaction through work engagement, structural empowerment, and support for professional practice (Giallonardo et al., 2010; Laschinger & Fida, 2015; Wong & Laschinger, 2013). Giallonardo et al. (2010) demonstrated that higher levels of preceptor authenticity resulted in greater work engagement, which led to higher levels of job satisfaction in new graduate nurses. Laschinger and Fida (2015) found that authentic leaders influence job satisfaction by cultivating empowering work environments that support professional practice. Similarly, Wong and Laschinger (2013) found that authentic leadership is significantly and positively related to job satisfaction and performance through its positive effects on structural empowerment. The authentic leadership
dimensions of self-awareness and balanced processing were most highly correlated with empowerment (Wong & Laschinger, 2013). This suggests that when nurse leaders understand how they impact others and solicit opinions of employees in the decision making process, nurses are more likely to perceive their work environment as empowering.

**Interprofessional Collaboration**

In addition to job satisfaction, authentic leadership and structural empowerment influences perceptions of quality interprofessional collaboration (Laschinger & Smith, 2013). Laschinger and Smith (2013) found that new graduates’ perceptions of their manager’s authentic behaviors were significantly related to their feelings that their knowledge and contributions were respected by other health professionals. While authentic leadership and structural empowerment both influenced perceptions of interprofessional collaboration, authentic leadership was found to be a more significant factor. The influence of authentic leadership and structural empowerment on interprofessional collaboration was further supported by Regan, Laschinger, and Wong (2016). Using a sample of experienced nurses, Regan et al. (2016) demonstrated that higher levels of authentic leadership, structural empowerment, and the presence of a professional nursing practice environment predicted higher levels of interprofessional collaboration. These findings suggest that leaders and organizational context are important factors for interprofessional collaboration in both new and experienced nurses. Nurse leaders who demonstrate authentic behaviors may enhance interprofessional collaboration, thereby promoting
higher quality, less fragmented care (Laschinger & Smith, 2013).

**Burnout**

The authentic behavior of nurse leaders has also been linked to decreased levels of burnout (Laschinger et al., 2015; Laschinger, Wong, & Grau, 2012; Laschinger, Wong, & Grau, 2013). Nurse burnout may result in negative health outcomes for nurses, such as depression and poor physical health, but may also threaten patient care quality and organizational performance (Laschinger et al., 2013). Laschinger et al. (2013) found that authentic leadership had a negative influence on emotional exhaustion, which is the core component of burnout. The authors found that authentic leadership also contributed to lower levels of cynicism, which can result after sustained emotional exhaustion. In addition to burnout, Laschinger et al. (2012) found that authentic leadership decreased the likelihood of bullying experienced by newly graduated nurses. The authors determined that decreased levels of burnout and bullying improved newly graduated nurses’ job satisfaction and resulted in lower turnover intentions.

These cumulative findings support Avolio et al.’s (2004) supposition that authentic leadership positively impacts the work attitudes and behaviors of employees. The growing evidence of the positive effects of authentic leadership on nurse work environments represents a workplace standard for which healthcare organizations should strive.

**The Role of Employee Engagement and Employee Satisfaction**

In the current healthcare climate, there is an overwhelming focus on quality
performance and patient satisfaction. This is a result of the Centers for Medicare and Medicaid Services withholding hospitals’ reimbursement based on the quality of clinical processes and the patient experience. For example, Medicare no longer pays to treat patients who acquire certain preventable conditions such as pressure ulcers or catheter-associated urinary tract infections. Reimbursements are also tied to the patient experience and their perception of care received. For example, patients are asked to rate the quality of communication with their doctors and nurses and if their rooms were clean and quiet. High quality patient care should be the ultimate goal of any healthcare organization and is unquestionably at the core of nursing. Leadership has an undeniable role in creating environments that promote safe quality care and excellent customer service. In order to optimize these healthcare performance indicators, healthcare leadership must consider antecedents to these outcomes: employee engagement and employee satisfaction.

Engaged employees are essential to the success of healthcare organizations because more-engaged employees are most capable of achieving organizational goals, as opposed to their less-engaged colleagues (Lowe, 2012). In a study of 10,000 healthcare employees, Lowe (2012) found a consistently strong relationship between employee engagement and organizational performance, in terms of employee retention, quality, patient-centered care, and safety culture. Engaged employees have strong emotional attachments to their jobs and organizations. They take pride in their work, experience job and organizational satisfaction, and feel enthusiastic about their work.
Employee satisfaction is an important component of work engagement and is directly correlated to patient satisfaction (Collins, Collins, McKinnies, & Jensen, 2008). In fact, studies have shown that patient satisfaction increases when employee satisfaction is high (Collins et al., 2008). The premise is that employees with positive organizational perspectives convey that energy to patients. Healthcare leaders cannot expect healthcare professionals to provide quality care and excellent customer service if they are burdened with unhealthy work environments.

Improving employee engagement and employee satisfaction has more than just a positive effect on employees and patients; it is an essential component of healthcare organizations remaining financially viable. Patients who are satisfied with their care are more likely to return to the facility and to recommend it to others, increasing hospital revenue (Al-Mailam, 2005). Besides receiving government incentives for quality care and patient satisfaction, healthcare organizations may reduce costs associated with turnover by enhancing employee engagement and satisfaction. The cost of nurse turnover can have a profound impact on a hospital’s bottom line. The average cost of turnover for a bedside nurse ranges from $36,900 to $57,300 (NSI Nursing Solutions, Inc., 2015). Lowe (2012) found that half of disengaged employees planned to leave their job in the next year, while only ten percent of highly engaged employees will be job hunting. Additionally, employees who are satisfied with their organization are less likely to leave the organization (Collins et al., 2008). Authentic leaders are needed to create and sustain healthy work environments that promote employee satisfaction and engagement, thereby enhancing
quality patient care, patient satisfaction, and nurse retention.

The current body of literature suggests that authentic leadership plays a role in creating healthy work environments that foster trust in managers and support quality patient care. The evidence suggests that when managers emphasize self-awareness, balanced-processing, transparency, and high moral standards in their management practices, nurses demonstrate greater levels of work engagement and job satisfaction. Authentic leaders are capable of creating work environments that influence voice behavior and a culture of safety, where nurses do not fear reporting adverse events. Authentic leadership also contributes to lower levels of burnout and decreased incidence of workplace bullying, which are important factors in absenteeism, nurse retention, and the overall health of the nurse. In a time when the current healthcare system is facing great changes and shrinking economic resources, it is essential that healthy work environments are fostered through authentic leadership, allowing both nurses and managers to practice their profession in a way that promotes personal and professional satisfaction, as well as contributes to quality patient outcomes.
CHAPTER IV
DEVELOPING AUTHENTIC LEADERS

The nursing profession is being faced with multiple challenges today, including an aging workforce, limited economic and human resources, an increasingly complex healthcare system, and ever-advancing technology. Nurse leaders play a pivotal role in today’s healthcare organizations and their development and sustainment is crucial to the future of the nursing profession. Strong, effective nurse leaders who demonstrate authenticity are needed to create and promote healthy, safe environments for nurses and for patients.

Authentic leadership has been proposed as the foundation of effective leadership needed to build trust and healthier work environments (Avolio, Gardner, Walumbwa, Luthans, & May, 2004). A healthy work environment is one that is productive, produces quality care, is satisfying, and meets personal needs; it is the totality of all factors that influence job satisfaction and performance (Kramer & Schmalenberg, 2008). Authentic leadership emphasizes the character of the leader through the four dimensions of self-awareness, balanced processing, transparency, and internalized moral perspective. The development of these dimensions is a long-term process whereby leaders move towards a more complex way of understanding themselves and others (Avolio & Wernsing, 2008). Shirey (2006) suggests that becoming an authentic leader is a journey rather than a destination; a journey of personal growth that is multidimensional. The purpose of this chapter is to explore
strategies to develop authentic leaders.

**Developing the Four Dimensions of Authentic Leadership**

Gardner, Avolio, Luthans, May, and Walumbwa (2005) suggest critical elements from an individual’s personal history serve as antecedents to authentic leadership development. Elements such as family, childhood, culture, education, role models, and prior leadership experiences shape one’s identity. In particular, a positive role model who demonstrates high levels of integrity, transparency, and trustworthiness has the power to shape a leader’s personal growth and resulting self-awareness. The authors also suggest that certain trigger events in a leader’s life stimulate positive growth and development (Gardner et al., 2005). Positive trigger events such as a job promotion with expanded responsibilities, pursuing a challenging advanced degree, or forming a close relationship with someone from a different background with different worldviews will shape the leader’s development to the extent which they are cogitated.

The four dimensions of authentic leadership are not independent of each other; rather they are interdependent. Hence, development of authentic leadership is an interdependent and dynamic process. The starting point of this process is determining what constitutes an individual’s current core values and beliefs (Avolio & Wernsing, 2008). The leader’s core values must include more universal principals rather than their personal desires. Gardner et al. (2005) posit that values are learned through socialization processes and serve to benefit groups of individuals. However, once these values are internalized, they become an integral part of the self.
Therefore, self-awareness regarding core values is a prerequisite to leading authentically.

**Self-Awareness**

Self-awareness is a lifetime learning process without an ultimate destination because the actual self is dynamic and changes over time (Avolio & Wernsing, 2008). This learning process includes moments of insight or trigger moments, self-reflection, and an accumulation of knowledge over time. Murphy (2012) demonstrated the learning process of self-awareness through the life stories of three hospital chief nurse executives (CNE) who were deemed to be authentic leaders by their colleagues. The CNEs described family, teachers, patients, and colleagues in their development as authentic leaders, but it was not the people or the accumulated experiences that made them authentic leaders. Their ability to look back and reflect on these people and experiences and look for new meanings in order to create their own life stories as authentic leaders is what made the difference. This life-long journey of self-discovery is at the core of authentic leadership (Avolio & Wernsing, 2008; Gardner et al., 2005).

Avolio and Wernsing (2008) offer three practices that enhance self-awareness. First, leaders should regularly seek feedback from multiple sources, thereby creating trigger moments. Leaders can utilize 360-degree performance feedback tools to elicit candid feedback from people with whom they have regular interaction. The 360-degree performance feedback process involves gathering confidential and anonymous feedback from employers, peers, and direct reports. This feedback can then be
compared to a self-assessment so that performance gaps can be evaluated. This helps the leader gain perspective on how he or she is perceived across a range of people.

A second practice in the development of self-awareness is engaging in self-reflection. This involves taking time to consider trigger moments and to learn from leadership experiences (Avolio & Wernsing, 2008). Self-reflection is a form of critical thinking that involves examination and evaluation, which results in learning about the self. Engaging in practices such as journaling or meditation can promote reflection on leadership episodes. The key is to learn and grow from leadership experiences, rather than focusing on what may have gone wrong.

A third practice for enhancing self-awareness is self-observation or mindfulness. This practice involves observing one’s thoughts, feelings, and behaviors as they are happening in a nonjudgmental way (Avolio & Wernsing, 2008). Self-observation helps the leader become more cognizant of their thought and emotional processes as they are happening, creating greater adaptive flexibility. The leader is then able to interrupt automatic reactions and select alternative responses based on insights garnered from self-reflection.

Progressing towards self-awareness also encompasses awareness of emotions (Gardner et al., 2005). Emotional intelligence is a characteristic trait that is critical to the success of nurse leaders. Emotional intelligence refers to the ability to perceive emotions, to use emotions to facilitate thought, to understand emotions, and to manage emotions (Mayer, Salovey, & Caruso, 2004). Leaders need to first be aware of their own emotions so that they may more accurately identify the emotions of their
followers and express emotions more accurately (Feather, 2009). Self-reflection enables leaders to identify their specific feelings and how they are shaped by different incidents, people, or situations (Stichler, 2006).

Another way to enhance emotional intelligence is to analyze past situations and correlate the emotions that were underlying the reaction (Stichler, 2006). This knowledge will provide the leader control to choose a reaction in future situations. Becoming aware of other’s emotions can be enhanced through active listening. Active listening entails more than simply hearing what is said. The leader must listen while observing others’ body language, facial expressions, and other subtle clues about the interaction (Stichler, 2006). Lastly, leaders can enhance relationships with others by managing their own emotions in response to another’s emotional message or behavior (Stichler, 2006). This requires the ability to use self-awareness and social awareness to manage a situation, rather than react to it. Leaders can partake in a self-assessment of emotional intelligence in order to establish areas which need improvement. Enlisting the help of a coach who demonstrates high levels of emotional intelligence will aid in the development of this trait.

Becoming more self-aware and discovering new things about yourself can be an uncomfortable process. It is important to remain nonjudgmental during this journey. This will lead to greater self-acceptance. Acquiring more self-awareness without accompanying self-acceptance can be painful (Avolio & Wernsing, 2008). Therefore, utilizing a variety of self-awareness practices to develop authentic leadership will serve to achieve the best outcome (Avolio & Wernsing, 2008).
Balanced Processing

Development of self-awareness can bring to light common biases of leaders in the way they perceive and process information (Avolio & Wernsing, 2008). This provides an opportunity for leaders to intentionally seek more ways to balance their perspectives. Thus, greater self-awareness will likely lead to more balanced processing. Balanced processing refers to the leaders’ ability to objectively analyze all relevant data before coming to a decision, while seeking input from others who challenge their deeply held positions (Walumbwa et al., 2008). In order to aid this process, organizations should provide education and training so that leaders may become more aware of their inherent cognitive biases. Leaders will then be able to decipher their own predispositions and learn how to constructively interact with other team members who operate from their own prejudices at all times (Avolio & Wernsing, 2008).

Balanced processing can be achieved by leaders through seeking out alternative or competing perspectives on important issues. Leaders should create diverse teams by ensuring team members come from varying backgrounds and beliefs. While a team which consists of members from different backgrounds who hold diverse views can enrich team processes, conflict is an inevitable consequence of diversity. Conflict is usually viewed as a negative phenomenon to avoid, however constructive conflict can enhance the group process. According to Sessa, Bennet, and Birdsall (1993), conflict underlies team effectiveness and is necessary for teams and organizations to thrive. Teams that engage in healthy debate with a leader who
ensures fair consideration of competing ideas, will result in more creative and adaptive solutions (Avolio & Wernsing, 2008).

**Transparency**

A key component in practicing authentic leadership is exhibiting transparency. Avolio and Wernsing (2008) suggest that transparency is essential in building trust between people. Transparency involves sharing relevant information, giving and receiving feedback, being upfront regarding motives, and exhibiting alignment between words and actions. Unfortunately, in today’s litigious climate, along with sometimes contentious labor union relations, transparency can be a difficult practice to follow.

Effective communication is an essential element of transparency. Ineffective communication is a common source of discontent within teams and can result in a decreased collaborative effort of the team members (Barczak, 1996; Newson, 2006). Leaders can foster an environment of trust by creating a collaborative climate where members communicate openly, discuss problems, and share knowledge (Laing, 2003). Sharing information by clearly communicating changes and expectations allows team members to remain focused on achieving desired outcomes (Newson, 2006).

In their life stories, the aforementioned CNEs demonstrated transparency by being clear about their values and being honest with people (Murphy, 2012). Leaders can promote transparency by asking staff members what they want to know and how they can better inform them (Avolio & Wernsing, 2008). Leaders should also share
rationales behind decisions. If a leader knows their core values, and they are based on high moral principles, then being transparent in interactions with others will naturally follow (Avolio & Wernsing, 2008).

**Internalized Moral Perspective**

Developing an internal moral perspective first starts with self-discovery and learning which values and principles are most important in a leader’s current stage of life (Avolio & Wernsing, 2008). Authentic leaders must continually reflect on their core values and verify that their actions are aligned with the highest ethical and moral principles. This continuous desire for high moral standards was demonstrated in the life stories of the three CNEs (Murphy, 2012). Maintaining authenticity, despite pressures to take an easier path, requires leaders to have a clear moral compass. One way the CNEs maintained their authenticity was by continually clarifying and being true to their values and to the purpose of their leadership, namely the patient (Murphy, 2012).

Moral or ethical issues encompass human behaviors that can pose harm or benefit others. Leaders can enhance their internalized moral perspective by practicing authentic decision-making. May, Chan, Hodges, and Avolio (2003) suggest three crucial steps in the authentic decision-making process: recognizing moral dilemmas, transparently evaluating the alternatives, and developing intentions to act in alignment with one’s evaluations. Recognizing a dilemma as a moral issue requires the leader to evaluate the intensity of the potential consequences and the degree to which others will be affected by said consequences (May et al., 2003). Once the
leader has determined a situation as a moral dilemma to be resolved, they can draw upon their core values, past experiences, and relevant knowledge to help them fully understand the problem (May et al., 2003).

After determining the existence of a moral dilemma, authentic leaders should explore available alternatives in a transparent manner (May et al., 2003). The consequences of different solutions should be examined based on principles that are fair, just, and serve the greater good. The leader should use reasoning that not only focuses on outcomes, but also focuses on their duties to the stakeholders involved. Authentic leaders exhibit transparency with stakeholders, in regards to the rationale behind decisions, because they can be confident their course of action addresses the problem utilizing high moral and ethical standards.

The leader should then honor intentions to carry out the chosen course of action. Authentic leaders must practice resiliency against internal or external pressures to act in opposition to their core values (May et al., 2003). Senior leadership can aid in this process by fostering an ethical climate within organizations. All team members should participate in educational courses that promote high moral standards and ethical decision making. Additionally, organizations should have a process in place for anonymous reporting of safety concerns or breeches in ethical practices.

Developing and maintaining authentic leadership is a continuous process involving self-awareness, balanced processing, transparency, and moral actions. These practices will bring leaders to serve as role models in their leadership
relationships, fostering higher levels of trust, engagement, and performance in their followers (Avolio & Wernsing, 2008).

**Leadership Training and Higher Education**

All too often, nurses are placed in leadership positions without adequate preparation or education. There is an expectation that nurses who perform well at the bedside will also do well in leadership positions (Boykin & Schoenhofer, 2001; Robbins & Davidhizar, 2007). This expectation can no longer suffice in today’s complex healthcare climate. Success as an authentic leader requires both professional and personal mastery (Shirey, 2006). Therefore, specialized training and higher education is needed to develop today’s healthcare leaders.

The extent to which authentic leadership can be taught effectively within a traditional training context to produce lasting effects has been questioned (Cooper, Scandura, & Schriesheim, 2005). Baron (2012) suggests that the characteristics of the personal skills required for leadership make it difficult to teach in a traditional training environment. The degree to which adult behavior can be impacted, particularly ethical behavior, is a subject of debate. Cooper et al. (2005) speculate that the “true self” which authentic leaders discover isn’t necessarily an “ethical self.” Additionally, moral or ethical behaviors are value-based and are shaped by culture and family experiences (Cooper et al., 2005). On the other hand, May et al. (2003) argues that the ability to recognize and evaluate ethical issues is within an individual’s learning capacity and therefore can be developed in leaders.

Few empirical studies have assessed the ability of training programs to foster
authentic leadership. In his study of 73 managers, Baron (2012) addresses this gap and demonstrates that authentic leadership can be taught. Over a three year period, the managers participated in 45 training sessions that focused on developing five major skills: authenticity, influence and impact, development of self and their employees, establishing lasting relationships, and achieving results. Each participant received structured coaching and was also required to perform as a coach for members in the following cohort. The study revealed that participants scored higher on self-assessed authentic leadership and mindfulness behaviors after completing the program. The author suggests that features of the program such as duration, sustained pace of engagement, community of participants, and peer coaching create an environment that enable the individual to make contact with their true self.

Within the same training program, Baron and Parent (2015) conducted a qualitative study of 24 mid-level managers to examine the process of developing authentic leaders in a training context. Semi-structured interviews revealed that the process begins with an exploration phase in which participants increased their self-awareness, identified new behaviors that could address their leadership issues, and then tested those behaviors to confirm their effect. This was followed by an integration phase in which the managers reflected on the positive outcomes of the new behaviors and applied them to their organizational setting. Subsequently, the participants of the study noticed marked development in the three areas of self-awareness, relational transparency, and balanced processing, while development of an internalized moral perspective appeared to be more moderate.
Kinsler (2014) suggests that Evidence-Based Leadership Coaching (EBLC) accompanied by mindfulness could facilitate the development of authentic leaders. This is supported by the aforementioned study conducted by Baron (2012). The author argues that EBLC and mindfulness create conditions that enhance self-awareness and self-regulation, central pillars of authentic leadership (Kinsler, 2014). Because everyone is unique, this kind of personalized approach is needed to develop authentic leadership. The author also suggests that an organization wide commitment is necessary for authentic leadership to flourish.

Evidence-based strategies of authentic leadership development within a training program context have not been conclusively established. Thus, post-graduate education may be the best way to prepare nurses to lead authentically. The American Association of Colleges of Nursing (2011) has developed a comprehensive curricular framework to prepare graduates of master’s programs to be leaders in complex organizations. Master’s degree programs prepare the nurse to function as an effective leader based on a thorough understanding of team dynamics. Graduates cultivate effective communication strategies to utilize in developing and leading multidisciplinary teams. Graduates are also prepared to mentor and coach other members of the healthcare team. Master’s prepared nurses are able to incorporate core ethical principles in identifying potential and actual ethical issues and assist with addressing such issues. While this list of expected outcomes of graduates is not exhaustive, it provides support for the notion that master’s prepared nurses are most apt to lead authentically.
The American Organization of Nurse Executives (AONE) and the Council on Graduate Education for Administration in Nursing (CGEAN) agree that nurse leaders should be prepared at the master’s degree level, particularly as they assume more responsibility for multiple departments, service lines, and system level roles (AONE, 2010; CGEAN, 2011). Studies have demonstrated that master’s prepared nurses develop elevated cognitive competencies and higher order thinking skills allowing for critical analysis, sophisticated decision making, complex problem solving, and purposeful reflection (Ashworth, Gerrish, & McManus, 2001; Gerrish, McManus, & Ashworth, 2003; Drennan, 2010; Drennan, 2012; Clark, Casey, & Morris, 2015). Master’s prepared nurses have also been found to demonstrate enhanced leadership and management capabilities, such as effective communication, team building, flexibility, and change management (Ashworth et al., 2001; Drennan, 2012). Improving interpersonal skills, such as relationship development, further empowers the master’s prepared nurse to lead effectively (Clark et al., 2015). These cognitive and relational skills are vital in the development of authentic leaders.

The positive outcomes of master’s degree programs in nursing within a leadership context have been established. However, there is a distinct shortage of empirical studies demonstrating that authentic leaders can be developed through participation in a training program. In order to establish and maintain healthy work environments through authentic leadership, healthcare organizations need evidence-based strategies to develop authentic leaders. This is a fertile area for future research. Baron (2012) and Baron and Parent (2015) have laid the groundwork for developing
authentic leadership training programs. These training practices should be replicated in different industries and countries in order to establish generalizability of such an approach. Additionally, longitudinal studies are needed to examine ways to sustain authentic leadership behaviors.

Healthcare organizations must take the lead in fostering authentic leadership. Strategies to develop the four dimensions of authentic leadership have been explored. This is a long-term multidimensional leadership journey. Leadership training programs and master’s level education may enhance the development of authentic leaders. Organization wide commitment is a key component in the establishment of authentic leadership behaviors. Healthcare organizations have the opportunity to develop authentic leaders who will create a healthy work environment, an essential component of maintaining an adequate nursing workforce.
A healthy work environment is an essential component of quality patient care, job satisfaction, and work engagement. Authentic leadership is proposed as the foundation of a healthy work environment. The American Association of Critical-Care Nurses (AACN) introduced the healthy work environment standards in 2005. More than a decade later, nurses still report a lack of consistent leadership supportive of a healthy work environment and rate leadership as the single most important variable related to nurses’ intent to stay in their current position (Blake, 2015).

Fostering a healthy work environment must be a priority for healthcare organizations. The authentic behaviors of nurse leaders can make a difference in creating these conditions.

The positive effects of authentic leadership in the healthcare work environment have been established. Developing competent and effective leaders must be a priority for healthcare organizations. A downturn in the economy or budget constraints may deter healthcare organizations from financing programs that aim to train and develop leaders. Organizational leaders should consider leadership development as an investment, rather than a cost. Avolio, Avey, and Quisenberry (2010) propose a method for estimating return on leadership development investment. The authors found on average, organizations could expect a positive and substantial return on the effects of leadership interventions in terms of leadership effectiveness.
and performance (Avolio et al., 2010). However, leadership development interventions should be proven valid before investing in such interventions.

Evidence-based strategies of authentic leadership development within a training program context have not been conclusively established. There is a dearth of empirical studies on leadership development in general, and authentic leadership is no exception. To date, only two studies on authentic leader development have been published (Baron, 2012; Baron & Parent, 2015). Future research efforts should focus on strategies to develop authentic leaders. Baron (2012) and Baron and Parent (2015) have laid the groundwork for authentic leader development training programs. These training practices should be replicated in different industries and countries in order to establish generalizability of such an approach. Additionally, longitudinal studies are needed to examine ways to sustain authentic leadership behaviors.

All too often, nurses are placed in leadership positions without adequate preparation or support. There is an expectation that nurses who perform well at the bedside will also do well in leadership positions (Robbins & Davidhizar, 2007). Healthcare organizations must cease this practice and instead focus on developing future leaders so that they are equipped with the necessary skills when leadership opportunities materialize. Bedside nurses should be given opportunities to mentor new nurses, chair committees, advance policy, and attend leadership seminars. These activities may enhance their future ability to lead effectively.

In addition to focusing efforts on leadership development, healthcare organizations should advocate for graduate level education as nurses undertake
broader leadership roles. The American Organization of Nurse Executives (AONE) and the Council on Graduate Education for Administration in Nursing (CGEAN) agree that nurse leaders should be prepared at the master’s degree level, particularly as they assume more responsibility for multiple departments, service lines, and system level roles (AONE, 2010; CGEAN, 2011). The cognitive and relational skills advanced in a master’s program are vital in the development of authentic leaders. Healthcare organizations should incentivize current and future leaders to advance their education by offering generous tuition reimbursement and salary increases after graduate degrees are earned. Furthermore, executive leadership positions should require a master’s degree or higher.

Healthcare organizations must take the lead in fostering authentic leadership. Organization wide commitment is a key component in the establishment of authentic leadership behaviors. Healthcare organizations have the opportunity to develop authentic leaders who will create healthy work environments, an essential component of enhancing patient care quality and maintaining an adequate nursing workforce.
REFERENCES
REFERENCES


nofNurseLeaders_FINAL.pdf


Kinsler, L. (2014). Born to be me... who am I again? The development of authentic leadership using evidence-based leadership coaching and mindfulness. *International Coaching Psychology Review, 9*(1), 92-105.


doi:10.1016/j.ijnurstu.2012.05.012


Murphy, L. G. (2012). Authentic leadership: Becoming and remaining an authentic
nurse leader. Journal of Nursing Administration, 42(11), 507-512.
doi:10.1097/NNA.0b013e3182714460


Shirey, M. R. (2009). Authentic leadership, organizational culture, and healthy work


