Authentic leadership and the personal and professional profile of nurses

Liderança autêntica e perfil pessoal e profissional de enfermeiros

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Abstract

Objective: To verify the association of authentic leadership with the personal and professional profile of nurses.
Methods: A correlational study, conducted in a tertiary hospital. Data collection occurred from October to December of 2014. Participants included 69 nurses who had worked more than two years in the institution. Instruments used: characteristic-containing variables of a personal and professional profile (sex, position, working hours, other occupations, specialization degree, leadership positions already held, and knowledge about leadership referential), and the *Authentic Leadership Questionnaire*. Data were analyzed using descriptive statistics and the - Student's t - test ($p < 0.010$).
Results: For authentic leadership, 36 (52.2%) participants achieved a very high score, and 32 (46.4%) obtained a high score. The self-awareness subscale was higher: nurses averaged 1.7.
Conclusion: Nurses presented characteristics of authentic leadership, but no association was found with many of the studied variables.

Resumo

Objetivo: Verificar a associação da liderança autêntica ao perfil pessoal e profissional de enfermeiros.
Métodos: Estudo correlacional, realizado num hospital terciário. A coleta de dados ocorreu de outubro a dezembro de 2014. Participaram 69 enfermeiros com mais de dois anos na instituição. Instrumentos utilizados: caracterização contendo variáveis de perfil pessoal e profissional (sexo, cargo, horário de trabalho, outra ocupação laboral, curso de especialização, cargo de liderança já exercido e conhecimento sobre referenciais de liderança) e *Authentic Leadership Questionnaire*. Os dados foram analisados com estatística descritiva e teste *t* - *Student* ($p<0,010$).
Resultados: Para liderança autêntica, 36 (52,2%) apresentaram escore muito alto e 32 (46,4%) alto. A subescala autoconsciência do *Authentic Leadership Questionnaire* mostrou-se superior, em média 1,7, dentre os enfermeiros.
Conclusão: Os enfermeiros apresentaram características de líderes autênticos, porém não houve associação com muitas das variáveis estudadas.

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Introduction

Several rapid changes have been found in the last five years in economic, social, political, ethical and philosophical sectors, which characterize the complexity of the current time. As a result of these transformations, the labor market has demanded greater flexibility and broadened its vision about new knowledge and skills, among these is the practice of leadership. In this context, nursing had to review their actions.[1,2]

Nursing leadership involves potentiation, coordination and articulation of nursing team activities for the delivery of care. The nurse is primarily responsible for empowering the team to achieve this goal.[3]

Among the predominant models of leadership in the health area, a historical perspective in the 1940s, suggested that leadership was derived from innate personality traits. The behavioral style of the leader was designed in the 1960s. The contingent or situational approach was prevalent from the 1960s to the early 1980s. And from the 1980s to the present day, a form of charismatic, visionary, and transformational leadership emerged. [4]

Today, although incipient, studies on authentic leadership have been steadily advancing within the health area. Its use was preceded in the industrial, financial and retail areas, and was defended by Walumbwa et al.[5] This model has a preponderant, indirect and notorious effect on the team management process, and on the desired outcomes in hospital institutions.

Authentic leadership reveals the extent to which the leader presents a pattern of openness and clarity in his behavior, by sharing information needed for decision-making, and accepting the opinion of others. This leader disseminates his personal values, motivations and feelings, thus allowing followers to more accurately assess the competence and morality of his actions.[6]

There are four components of an authentic leader: balanced processing, moral and ethical perspective, transparency, and self-awareness.[7] Balanced processing involves objectively analyzing all relevant information and seeking the opinion of others before making decisions. The moral and ethical perspective involves the behavior of leaders who are more guided by internal norms and moral values than external pressures from their peers, organization or society. Transparency consists of making personal disclosures, such as sharing information and openly expressing one's truths, thoughts, feelings, and moral values with his follower. Self-awareness includes confidence in one's own motivations, desires, as well as recognition of strengths and weaknesses.[6,7]

Authentic leadership can positively affect the attitudes and behaviors of a company's employees, promoting expressions of work engagement, organizational citizenship behavior (OCB), and performance.[6] Organizational citizenship behavior is understood as any positive and constructive initiative in which the employee engages of his own will, for the benefit of co-workers and the company. Employees who express OCBs are recognized for exceeding minimum expectations, which is, doing what is their duty in their workplace. Thus, the organization benefits, because this behavior is related to increased productivity, efficiency and customer satisfaction, as well as reducing costs and rates of turnover and absenteeism.[8]

Authentic leadership studies are recent and related to positive outcomes that the authentic leader provides for the organization.[6-9] Affective commitment on the part of the nurse, job satisfaction and an increase in the quality of care can be found when nurses have a relationship of trust with their managers. Increased safety practices in hospital organizations were also identified, with fewer medication errors and patient falls.[6] Authentic leaders develop environments of greater empowerment, improving communication, enabling the team to perform its work in a collaborative manner with members of all health disciplines, favoring better patient care. In addition, they provide high quality inter-professional collaboration, greater respect in the physician-nurse relationship, and job satisfaction.[9,10]

The association between the personal and professional profile with authentic leadership was not the object [6-11] of study, which justified the development of this research. It is necessary to advance this knowledge to identify the nurses' characteristics that interfere with the practice of this leadership model, proposing coping strategies that can support their solidity in the health and nursing management scenario.

In view of the above, the study question was: Is there an association between authentic leadership and the personal and professional profile of nurses within a hospital institution?

The objective of this study was to verify the association of authentic leadership with the personal and professional profile of these nurses.

Methods

This was a correlational study, conducted in a large tertiary, general public hospital, which serves as a reference center for surgery, urgent and emergency care in Vale do Paraíba, in São José dos Campos, SP, Brazil.

The data collection period occurred between October and December of 2014. The sample was not stratified for convenience. The inclusion criteria were: a bedside nurse or a clinical nurse, in direct contact with the patient, working for two years or more in the institution, and not being on leave for any reason. The institution, where the study was conducted, defines a bedside nurse as the professional who provides direct care to the patient, with the assistance of nursing technicians and assistants. The clinical nurse is responsible for planning and coordinating the care model. A total of 133 nurses (100%) who were staff members of the research institution and who met the inclusion criteria were approached, but only 69 (51.9%) responded positively to the invitation to the study.

The data were collected by the researchers using two instruments: the first presented personal and professional profile variables: sex, position, work schedule, other occupation, specialization degree, leadership position already held, and knowledge of the following references of leadership: behavioral,[12] situational,[13] charismatic, visionary, transformational and authentic. The second was the *Authentic Leadership Questionnaire (Self)*. The purchase of the license and permission was necessary in order to administer this instrument. It is a self-administered questionnaire available in 38 languages, including in Portuguese. Developed by Avolio, Gardner and Walumbwa,[8] the questionnaire consisted of 16 assertions that were answered using a Likert scale, varying from 1 to 5 points in graduation: **never** (1 point), **rarely** (2 points), **sometimes** (3 points), **regularly** (4 points), and **always** (5 points). All the responses were summed, and scores varied from 16 to 80 points, and were discriminated as: very low authentic leadership behavior (16-32 points), low (33-48 points), high (49-64 points) and very high (65-80 points). There were five questions (1, 2, 3, 4 and 5) for the transparency domain, four questions (6, 7, 8 and 9) for moral perspective, three questions (10,11 and 12) for balanced processing, and four questions 13, 14, 15 and 16) for self-awareness.

The *Authentic Leadership Questionnaire (Self)*, was not validated during the data collection period. However, as it was already translated into Brazilian Portuguese, it was possible to use it. The cross-cultural adaptation is under study, so the results have not yet been published. Thus, the purchase of the adapted version for Portuguese was appropriate, in view of its use in other research,[14,15] and based on the recommendation of the primary authors of the instrument[8] for its use until the transcultural adaptation was performed.

The subjects answered both instruments in writing, after reading and signing the Terms of Free and Informed Consent form. The questionnaires were sent to the unit where the participants were working; in order to assure the quality of the collected data, the instruments and the terms were read with the participant and any doubts were clarified. A date was scheduled with each participant for later data collection. The pre-test was performed with three nurses who were included in the sample, since no changes were made to the content of the instruments or to the collection strategy.

Data analysis was based on the use of descriptive statistics. Categorical variables were presented by means of absolute and relative frequencies and continuous variables by position (mean, minimum, maximum) and scale [standard deviation (SD) and interquartile range]. The Cronbach's alpha was used to analyze the overall internal consistency of the *Authentic Leadership Questionnaire*, with an interpretation interval between 0 and 1.[16] In order to evaluate the association of authentic leadership with variables of the personal and professional profiles, the Students t-test was adopted, with a significance level of 10% (p <0.010).

This study was performed according to the recommendations established by Resolution 466/2012 of the National Health Council, and was submitted to the Brazil Platform and approved by the Ethics and Research Committee of UNIFESP, protocol n. 820.255, 10/08/2014.

Results

Table 1 presents the relative and absolute frequencies of the personal and professional profile variables investigated.

The sample consisted mostly of females (94.2%, n = 65). The majority of participants occupied the position of bedside nurse (82.6%, n = 57) and the remainders were clinical nurses (17.4%, n = 12), who, in turn, worked eight hour/day. The night shift nurses were those who participated most in the research (30.4%; n=21); few of them had other occupations (37.5%, n=:6). The specializations were mainly in the clinical area, mostly in "ICU, Urgent care / emergency; Critical Care and Cardiology "(36.3%, n=20), as this hospital is a reference in surgery, urgent and emergency care. Most of the nurses had held leadership positions; most of them viewed themselves as care leaders (76.8%, n=53). Respondents reported knowing the referential related to behavioral (66.7%, n=46), authentic (40.6%, n=28) and situational (34.8%, n=24) leadership.

Table 1. Relative and absolute frequencies of the personal and professional profile variables

Variables	(%)
Sex	
Female	65/69(94.2)
Male	4/69(5.8)
Position	
Bedside nurse	57/69(82.6)
Clinical Nurse	12/69(17.4)
Work schedule	
12 hours - Night Shift 1	8/69(11.6)
12 hours - Night Shift 2	21/69(30.4)
6 hours - Morning shift	17/69(24.6)
6 hours - Afternoon shift	10/69(14.5)
8 hours - Day shift	13/69(18.8)
Other occupation	
Hospital	6/16(37.5)
School	2/16(12.5)
University	2/16(12.5)
Other*	6/16(37.5)
Specialization degree	
No	14/69(20.3)
Yes	55/69(79.7)
Specialization field*	
ICU, urgent care/ emergency/ critical care, and cardiology	20/55(36.3)
Nursing management and/or health management and/or hospital management	7/55(12.7)
Master of Business Administration (MBA), executive in health and/or business management	3/55(5.4)
Teaching of higher education and/or pedagogy	8/55(14.5)
Pediatric intensive care and/or pediatrics	7/55(12.7)
Nursing and/or Health Audit	5/55(9.0)
Neurology	1/55(1.8)
Oncology	1/55(1.8)
Organ procurement	1/55(1.8)
Occupational health	7/55(12.7)
Environmental service	1/55(1.8)
Neonatal ICU	5/55(9.0)
Obstetrics	3/55(5.4)
Family Health Strategy	5/55(9.0)
Surgical center/Sterile Processing Department	1/55(1.8%)
Dermatology	2/55(3.6%)
Trauma	1/55(1.8%)
Have you held a leadership position?	
No	16/69(23.2)
Yes	53/69(76.8)
Position of leadership already held	
Direct care	35/53(66)
Direct care and supervision	1/53(1.9)
Supervision	9/53(17)
Supervision and coordination	1/53(1.9)
Director	1/53(1.9)
Unit manager	3/53(5.7)
Coordinator	2/53(3.8)
Technical Responsible	1/53(1.9)
Knowledge about leadership referential**	
Behavioral	46/69(66.7)
Situational	24/69(34.8)
Charismatic	23/69(33.3)
Visionary	10/69(14.5)
Transformational	11/69(15.9)
Authentic	28/69(40.6)

*"Other" is related to Basic Health Unit (BHU), Family Health Program (FHP), Emergency Care Unit (ECU)
** The percentage does not add up to 100%, because the respondent could select more than one item

Table 2 shows the descriptive statistics of: age, years since completing nursing education, time in the institution, and time in the current unit.

The research sample was a young population, with a mean age of 33.3 years old. However, age variability with a standard deviation of 6.5 was found. This was also reflected in the time in the institution (SD = 2.3). The variation of the time since completing nursing education was between 2 and 21 years (SD = 3.7).

The Cronbach's alpha of the *Authentic Leadership Questionnaire* domains achieved the following values: 0.357 for balanced processing; 0.637 for moral and ethical perspective; 0.635 for transparency; and 0.567 for self-awareness. The overall Cronbach's alpha was 0.702.

Figure 1 represents the distribution of the overall score on authentic leadership using a boxplot.

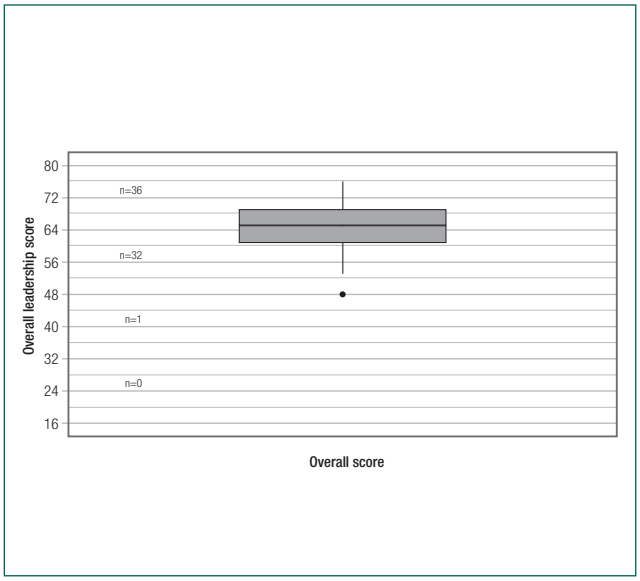

Figure 1. Boxplot of the overall score and classification ranges

Scores of 36 interviewees were very high (64-80 points); 32 were high (48-64 points); and only one was low (32-48 points). Most of the sample fell between the first and third quartiles, varying respectively between 61 and 69, representing that nurses self-evaluate as having authentic leadership behaviors.

The difference by domain was subtle, and the means varied in their extremes between 15.6 and 16.9. The balanced processing function scored slightly higher than the others, with a mean of 16.9, and the transparency domain scored lower than the others, with a mean of 15.6.

Authentic leadership domains were compared to the knowledge that the nurses reported on the leadership referential investigated. The indexes of nurses who reported knowing about transformational leadership showed greater significance in relation to the percentages related to the presence of transparency (p=0.047). When there was no knowledge of any of the leadership referential, greater self-awareness was present, as compared to those who knew at least one of the models (p=0.058).

When the means of the scores were compared according to the position held by the participants, previous achievement of some specialization degree, and their performance as a leader, the mean of the self-awareness domain was higher, on average 1.7, in these bedside nurses as compared to the clinical nurses (p = 0.006).

Nurses who reported having held a leadership position reached a higher value for self-awareness (p=0.104) and moral perspective (p = 0.091) domains, but without statistical significance.

The variables of sex, work schedule and other occupations did not present a significant relationship with the authentic leadership domains.

Table 2. Descriptive statistics of age, time since completing nursing education, time in the institution, and time in the current unit, in years, of the professionals interviewed

Measurement	n	Minimum	Maximum	Mean	Standard deviation	Median
Age	69	24	57	33.3	6.5	32
Time after nursing education	69	2	21	8.4	3.7	8
Time in the institution	69	2	9	4.4	2.3	4
Time in the unit	69	0.1	9	2.6	2.2	2

Discussion

The limitation of this study is due to the fact that the cross-cultural adaptation of the *Authentic Leadership Questionnaire* to Brazilian culture was not available at the time of data collection. This research corroborates the adequacy of this methodological process and attests to its efficiency, by enabling the identification of the correlation of the investigated variables with the authentic leadership behaviors in this sample.

The sample of this study was young in age, time since completing education and time working, however, with high standard deviation values. This fact shows a generational conflict among nurses. Nursing management must consider this reality to promote the development of these professionals.

In the health scenario, it is urgent to adopt more participative leadership models that support the development of this competence by nurses.[16] In this context, the majority of those in this research sample identified themselves as a team leader and provider of patient care, and referred to knowing the referential of behavioral, authentic and situational leadership that favored the interface between leaders and followers for the development of people.

When measuring authentic leadership, a variation was obtained between domains using the Cronbach's alpha; however, the overall internal consistency was 0.702. Some evidence[7,15,17,18] demonstrates that the minimum value (0.70) is accepted as good. However, nurses' achieved high and very high scores in their responses, which differs from other studies using the *Authentic Leadership Questionnaire*, whose findings demonstrate moderate levels of authentic leadership.[7,10,18] This fact leads us to believe there was an overvaluation of the nurse's status as a leader; that is, when he evaluates himself, he considers himself participatory, interacting with the others in order to perceive his needs, and valuing collective decision-making.

Nurses who claimed they knew about transformational leadership showed greater significance in relation to the authentic leadership domain. This is expected, because transformational leadership provides a stimulus to develop the assumptions of authentic leadership.[19,20] With theory development, the differences between them were outlined. Transparency is one of the central components of authentic leadership, as the leader self-regulates to align his values with intentions and actions.[18,19]

The self-awareness domain was higher in bedside nurses than in clinical nurses. Self-awareness includes self-confidence, motivation, values, goals, feelings, desires, strengths and weaknesses, as well as the multifaceted nature of oneself.[21] Clinical nurses, according to the institution field of study, have a vision focused on the coordination of care model, leaving the proximity of the nursing team and also the patient under the care bedside nurse's responsibility, although they work together. As the nurses have these assignments, more self-awareness would be demanded. Their responsibility to monitor the work activities of the technicians and assistants, and their own self-knowledge, are reflected in supervising the teamwork. It is interesting to note in this research that some nursing assistants see themselves as a care leader.

Independent of the occupied position, nurses that do not know any leadership referential scored more highly on the self-consciousness domain. The development of an authentic leader is based on his personal history, family influences, life challenges, educational and work experiences that facilitate personal growth and development, allowing the individual to develop skills that require innovative and unconventional solutions. It works as a catalyst for high levels of self-awareness. Even nurses, who do not know about authentic leadership, or other referential, can express behaviors of authentic leadership with an emphasis on self-awareness, due to the opportunities for personal development they have had throughout life.

Having once been in a leadership position provided a non-significant p-value, but highlighted the self-awareness and moral perspective domains. The specific competencies desired for a professional who assumed a certain function allowed him to self-evaluate more frequently and have his conduct guided

by the moral and ethical precepts that regulate the profession

It is necessary for new studies with the use of authentic leadership to be conducted. This can provide managers with a model for the development of leaders in the organizational context, with better care results and a consequent increase in work environment satisfaction.[22,23] The importance of caring as the central nucleus of the work process is perceived with the identification that nurses have greater self-awareness. Thus, it is important to emphasize that, in order for authentic leadership to be a reference for the development of leaders, nurses must be very close to their subordinates, so that their leadership matches the wishes of the team members, and occurs from their self-awareness.

Conclusion

The nurses studied showed characteristics of authentic leaders. Self-awareness was the domain that presented the highest value among nurses rather than among clinical nurses, being an essential element within the framework of authentic leadership. The other variables did not present significant relationships. The cross-cultural adaptation and validation of the Authentic Leadership Questionnaire for the Portuguese language is necessary and new studies in nursing should be developed for the advancement of knowledge.

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Collaborations

Carvalho AGF, Cunha ICKO, Balsanelli AP and Bernardes A contributed to the study design, data interpretation, article writing, relevant critical review of the intellectual content, and final approval of the version to be published.

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