The Impact of Authentic Leadership on Nurses' Work Life: A Literature Review "Critical"

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RESEARCH

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ABSTRACT

Authentic leadership (AL) has been shown to have a significant impact on different fields, such as healthcare, education, and business. AL also impacts different work life outcomes, such as improving employee performance, increasing the safety climate, and building trust relationships between managers and staff. This review was conducted in the Middle East and it was determined that AL could add much to the Qatar National Health Strategy and leaders' capacity.

Aim: The purpose of this literature review was to explore the relationship between authentic leadership and nurses' work lives.

Method: The literature review "Critical" included quantitative and qualitative studies. The decision to review a study was based upon inclusion and exclusion criteria, and the data of the selected studies were analyzed using either an appraisal tool for a qualitative or a quantitative study.

Tools: The first evaluation tool used to assess qualitative research studies was created by Long and Godfrey (2004). [1] The second evaluation tool used to assess quantitative research studies were created by Long, Godfrey, Randall, Brettle, and Grant (2002). [2]

Conclusion: Authentic leadership has significant impact on different aspects of nurses' mental health, work engagement, and job satisfaction.

Key Words: authentic leadership; literature review; job satisfaction; middle east.

INTRODUCTION

Leadership plays an important role in the work lives of employees and may have a powerful influence on their feelings and perceptions about work. There are relationships between nursing leadership and staff nurse satisfaction, productivity, morale, retention, as well as patient outcomes [3, 4]. Contemporary healthcare work environments are fast-paced, complex, demanding, stressful, and leaders are required to exhibit caring, empathetic, and sensitive behavior toward their staff [5]. There are different models of leadership style and each one is defined by specific characteristics. One of the contemporary leadership models receiving increased attention in the literature is authentic leadership [6-8, 3, 4].

The AL model has been studied and implemented in different countries, such as the USA, Canada, Australia, Europe, and the UK. While integration of AL into leadership models is growing globally, there is no evidence from the published literature documenting studies on the impact of AL in Middle Eastern countries, particularly in Qatar, on nurses' work lives. According to the Qatar National Health Strategy 2011-2016, the Government of Qatar's aim is to develop a knowledgeable and skilled workforce, which includes building the capacity of local leaders. It is the hope of this researcher that the AL model will be considered and discussed formally by Middle Eastern health care leaders and the Hamad Medical Corporation (HMC).The AL theory of leadership has the potential to guide, create, and sustain a healthy work environment for staff, patients, and the overall organization [6-12].

According to Lyons et al. (2013), [11] the American Association of Critical Care Nurses has identified six essential standards for achieving a healthy work environment. These elements are AL, true collaboration, skilled communication, effective decision making, appropriate staffing, and meaningful recognition. One style of leadership that has been found to contribute to a healthy work environment is AL. Studies show that a healthy work environment leads to a high quality of patient care outcomes [3, 4].

Recently, the hospital executive and administration at HMC have been focusing their attention on improving health care leadership style throughout the hospital. This strategy is reflective of studies that reported a significant improvement in quality of care with effective leadership [3, 11, 5, 4] (Laschinger, 2010; Lyons et al., 2013; O'Connor, 2008; Wong, 2015). This element of AL is aligned with Qatar's National Health Strategy.

In this article, the review of the AL literature was critically examined guided by Long, Godfrey et al's (2002, 2004) [1, 2] qualitative and quantitative models. The purpose of conducting this literature review was to increase the understanding of the impact of AL on nurses' work lives. The results of this review have the potential to guide and inform recommendations on ways to build leaders' capacity

to improve nurses' work lives and the Qatar National Health Strategy. Recommendations for how to recruit leaders with AL also emerged in the review, which will be presented in this paper.

Methodological approach

The method used for analyzing the literature in this review was developed by Long (2002, 2004). Long's models include quantitative and qualitative research study evaluation tools. This method was chosen because it is a clear, concise way to organize, collate, and analyze literature from published sources. Long's evaluation tool has sub-sections with questions for reviewing quantitative studies focused on identifying rich data in studies including the study purpose, findings, summary, study, setting, sample, ethics, group comparability, measurement outcomes, policy, and implications. The qualitative evaluation tool has similar sub section questions, with additional questions reflective of diverse qualitative method tools theoretical frameworks, data collection, analysis, and potential research bias. In addition to using Long's method of review, the question "How does this relate to the local context of Qatar?" was asked of each study included in the analysis. This method includes questions that address study properties, settings, samples, and ethics. This literature review and analysis also includes an investigation of AL's policy and practice implications.

Literature Search Strategy and Results

To retrieve relevant literature on AL, computer searches were conducted in English for articles published from 2000 to 2016 searched. A manual search of publications was also included in the search strategy. The mixed method articles were included. The keywords and Boolean operator used were "authentic leadership" AND nurse. These were used in three databases: CINAHL, Business Source Complete, and Medline. The initial search resulted in 96 articles. From the 96 peer reviewed journal articles retrieved there was 1qualitative 17quantitative, and 0 mixed methods. There were duplicated articles found in the search and they were counted with articles that were

excluded based on title. The literature search inter rater reliability was further enhanced with an additional review of search results by two PhD researchers.

Data Evaluation

The inclusion criteria that guided the evaluation of studies to be included in the review were: written in English language; authentic leadership measured against some outcome of nurses' work lives; articles published in the literature; nurses, nursing students and / or preceptors included in the sample; outcome measures related to nurses' work lives; and peer-reviewed articles. Both qualitative and quantitative studies were included. There was one grey literature included in the review. The excluded articles explored other leadership styles; studies not related to nursing and focused on physicians, occupational therapy, and non-nursing populations; studies not published in English; and dissertations and reviews.

The initial search resulted in 96 unique articles. The CINHAL search identified 46 articles, while Medline identified 43 articles. The Business Source Complete search resulted in seven articles. After reading the titles, 37 articles were deemed eligible for abstract review. After the abstract review, the 17 remaining articles were deemed eligible for inclusion. A manual search of the reference lists for these 17 articles resulted in one further article deemed eligible for inclusion. After evaluation, 18 articles were included that focused on AL's impact on nurses' work lives (see Figure 1).

Critical Appraisal

The literature was evaluated using two appraisal tools. One guiding the review of quantitative studies and the other of qualitative studies. These tools were used to evaluate each article in consideration for inclusion in the review. Quantitative and Qualitative Research Evaluation Tools, created by Long and Godfrey (2004) and Long, Godfrey, Randall, Brettle, and Grant (2002), [1, 2] were used in this appraisal. Each tool has six sub sections. For example, the quantitative evaluation tool sub sections included; the study overview including the author, title, source and year

of study publication; the purpose and aim of the study and if it is part of wider study; the outcome criteria and measurement used; the summary included the strength, weakness of study, policy and practice implications the setting, where the study was conducted geographically or in what care setting; the sample questionnaires review inclusion, exclusion criteria; ethical consideration such as whether ethical committee approved the study, was informed consent obtained, and ethical issues addressed. Other review areas included, for example, was group comparability when, if there was more than group, analyzed and were they compared before an intervention. Also, scale of measurement was critiqued with the length of follow up, and if the period of follow up is sufficient to see desired effect. For the policy and practice implication question, consideration of what setting and population were represented and the generalizability of study finding were a focus. The qualitative evaluation tool sub sections included questions on the setting, part the phenomena being studied and if there was sufficient detail about phenomena. The theoretical framework guiding the study was evaluated for how it guided the study overall. How the sample was selected and if the sample was appropriate to support the aim of the study was a question. Also, there were questions about data collection, analysis, and potential research bias. For example did the method used to collect data support the study goals? Other questions focused on data analysis and whether it was sufficiently described. Regarding research bias the researcher's position, assumption, and possible bias were also questioned.

Data Analysis

Data were collected and analyzed using a literature review matrix with the analysis outcome summary highlighted the study characteristic, including design and purpose, sample number, outcome measures, and setting.

Of the 18 articles included in this review, 17 were quantitative studies that were conducted in Ontario, Canada and one was a qualitative study that was conducted in the USA. Most of the studies were retrospective and

cross-sectional in design. There were also a case report, case control, and randomized clinical trial.

In total, there were 5741 participants included with 2682 of them being newly graduated nurses. The definition of a newly graduated nurse differed between studies. In one study, a newly graduated nurse was one that had not practiced for more than three years, while another study defined newly graduated nurses as those who had practiced for less than two years. The majority of studies collected similar demographic data on their participants.

The majority of the settings were in acute care hospitals, which included a teaching hospital and a community hospital in Ontario, Canada. There was one study conducted at 17 cancer treatment facilities within the boundaries of several healthcare settings. One study was conducted at three acute care hospitals in the USA. No studies on authentic leadership within the Middle East were identified. This implies limited knowledge about the importance of AL and its impact on nurses in Qatar and at HMC.

AL definition

Understanding Authenticity

The concept of authenticity has remained the same since Aristotle [13]. Greek philosophers defined authentes or authento as being self-made. In 1846, Kierkegaard defined authenticity as being the true-self. This means a person is not following the lead of a crowd. More recently, Harter (2002) defined authenticity as keeping one's own experience of thoughts, emotions, and beliefs [14].

Authenticity and Leadership

Authenticity has also developed over time in the literature on leadership. In 2004, Avolio, Luthans, and Walumbwa defined AL as "individuals who know who they are and what they think and are perceived by others as being aware of their own values, moral perception, knowledge and strength" [14]. Walumbwa et al. (2008) [8] defined AL as "a pattern of leader behavior of greater self-awareness, an internalized moral perspective, balanced processing of information, and relational transparency" [14].

The AL Model

Peus, Wesche, Streicher, Braun, and Frey (2012) [13] applied Kernis and Goldman's (2006) theory to leadership. Peus et al. (2012) [13] described the four components of the AL model as self-awareness, an internalized moral perspective, balanced processing of information, and relational transparency. Self-awareness is a process of reaching a deeper understanding of one's strengths and weaknesses. An internalized moral perspective can guide leaders to act using internal moral standards and values toward groups and organizational stresses. Balanced processing of information can be used to analyze related data before leaders make decisions. Relational transparency is presenting one's authentic self instead of an insincere one to others. Relational transparency also impacts behavior by assisting others to share information openly and express their true thoughts and feelings in interpersonal interactions, such as avoiding inappropriate emotional expressions.

ALs Potential within the Middle Eastern Context

Current Practice in Hamad Medical Corporation (HMC)

There are many different styles of leadership at HMC. Leaders are given authority through their positions and are recruited and hired according to their educational background, experience, and references. At this time, there is no focus on the authenticity of applicants' leadership styles. While there may be some elements of AL in the leadership styles that are exhibited at HMC, they have not yet been identified as AL.

RESULTS

The majority of the 18 articles selected for inclusion in the review supported the theoretical model of AL presented in the background section. Consistently, these studies aimed to examine AL's impact on nurses' work lives. Three main themes emerged from the analysis of these

articles: mental health, job satisfaction, and work engagement.

Mental Health

Mental health is important at every stage of every life. Mental health includes emotional, psychological, and social well-being. It impacts how people think, sense, and work. AL has an impact on different aspects of nurses' mental health. The characteristics of impact of nurses' mental health are social relation, work life, psychological aspect. Read and Laschinger (2015) and Laschinger and Fida (2014b) [15, 16] showed that nurses whose leaders demonstrate authenticity, experienced positive mental health indirectly. Six sub-themes emerged in the literature review regarding mental health: relational social capital, work life areas, psychological capital, occupational coping self-efficacy, burnout, and turnover.

Relational social capital

Authentic leaders facilitate health care providers to connect within social networks; therefore, AL leads nurses to feel a sense of community. Social capital is important for connection with others. Read and Laschinger (2015) stated that three forms of social capital develop via interpersonal relationships: structural, relational, and cognitive social capital. Structural social capital is defined as the shape of relationships between actors in social networks. Relational social capital is defined as the quality of these relationships. Cognitive social capital is defined as shared meanings and understandings within these groups. Read and Laschinger (2015) measured the relationship between AL and relational social capital using the sense of community subscale from the Areas of Work life Scale (AWS). They reported that newly graduated nurses who perceived social capital had managers with moderate AL behavior. These nurses ranked their experiences of sense of community with a high mean score of 3.75. This sense of community inspired positive mental health in personal and social identification.

Wong, Laschinger, and Cummings (2010) [17] defined personal identification as people's beliefs about someone becoming how they defined themselves. These authors defined social identification as the degree to which people identify with their work group, feel a sense of belonging to this group, and view group membership as an important aspect of their identity.

Wong et al. (2010) [17] examined the relationship between AL and personal and social identification. Personal and social identification were measured in leaders using a scale developed by Kark in 2002. Authentic leaders could connect nurses' concepts of self with health team professionals. They cited staff nurses who perceived moderate personal and social identification had managers demonstrating at least a moderate level of AL. They also stated that registered nurses perceived personal identification as moderately high. Registered nurses connected with others by knowing them through self-recognition and involving them in a team. They described registered nurses perceived social identification at acute care teaching and community hospitals, identified with their work group, and felt pride in belonging to this group.

Work life area

Positive nurses' work lives are impacted by a number of factors. Bamford, Wong, and Laschinger (2013) [18] communicated a relationship between AL and nurses' compatibility within six areas of their work lives using the AWS: community, rewards, values, control, workload, and fairness. Studies have stated newly graduated nurses and registered nurses who perceived their leaders with moderate AL experienced a high level of compatibility between themselves and their work lives .[15]Years of nurse manager work experience were seen as significantly related to this match [18, 19].

Bamford et al. (2013) [18] cited that authentic leadership impacts nurses through community, rewards, values, control, workload, and fairness. Community was described as a quality of social culture that involves relationships with managers and other professional teams. Rewards were defined as financial, social, and internal recognition for work contribution. Values were defined as congruence between an organization's priorities, values, and staff. Control was defined as opportunities for staff to

make significant decisions about their work through professional autonomy and effectively gain access to resources for their job. Workload was defined as job strain put on an employee by giving a specified amount of time and resources. Fairness was defined as the level of openness and respect within an organization and decision making process.

Bamford et al. (2013) examined the relationship of AL with each of these areas using the AWS. They described that registered nurses who had a higher mean score in job match with community had leaders with a high level of AL behaviors. These authentic leaders affected nurses' relationships with their work communities through relationships with managers, colleagues, and subordinates. They communicated that these registered nurses experienced greater rewards. Thus, authentic leaders have a positive indirect effect on nurses' experience of rewards. Authentic leaders affect nurses' work lives by recognizing and rewarding their work contribution.

Bamford et al. (2013) reported that registered nurses had a stronger match between their own and the values of their work place. They cited authentic leaders had an effect on the values of their staff nurses; as a result, these were congruent with the organization's priorities and values. They also stated that registered nurses experienced greater mean scores in the area of control. They showed that AL contributed more to registered nurses' control in their jobs through opportunities to make important decision about their work and access resources to do their job effectively.

However, authentic leadership does not have much impact on nurses' workload and fairness. Bamford et al. (2013) reported that some registered nurses who perceived their leaders with moderate AL behavior experienced the lowest match and others perceived a mismatch with their job regarding workload and fairness. Their results showed that authentic leaders impact nurses' feeling of fairness by acting with integrity, communicating openly and honestly, and formulating decisions.

Psychological capital

Laschinger and Fida (2014b) [16] defined psychological capital (PsyCap) as positive human strengths and psychological capacities which can develop employees' performance. These authors measured PsyCap using the Psychological Capital Questionnaire. They described those newly graduated nurses who perceived their leaders as moderately authentic experienced high levels of PsyCap. These nurses experienced high levels of hope, resiliency, optimism, and efficacy. Newly graduated nurses rated ordinary feelings of hope with the highest mean score, followed by resiliency, optimism, and efficacy.

Occupational coping self-efficacy

Occupational coping self-efficacy is more specific than PsyCap. It is related to others' perceived confidence in their abilities to cope with work demands. Nurses can appraise their ability to meet job demands related to intrapersonal resources that may be developed or destroyed based on leadership. Laschinger et al. (2015) [15] examined the relationship between AL and occupational self-efficacy using the Occupational Coping Self-efficacy Scale. They communicated newly graduated nurses who perceived their leaders as at least moderately authentic experienced high levels of occupational coping self-efficacy.

Burnout

Burnout has been connected to poor mental health, such as depression and anxiety. Usually, burnout results from long term exposure to stressors. Burnout has dimensions of interpersonal strain, emotional exhaustion (EE), and cynicism [16]. Interpersonal strain was defined as feelings of being uncomfortable and disengaged in relationships with others at work, which causes extreme social request and pressure. Cynicism was defined as a negative attitude towards one's work in an effort to mentally distance oneself from his or her work [15]. Laschinger et al. (2015) found EE to be the core element of burnout that is sustained over time; it produces emotional withdrawal from work and a feeling of inefficacy.

Burnout, interpersonal strain, cynicism, and EE were measured differently. Burnout was measured by the EE and cynicism subscales of the Maslach's Burnout Inventory-General Survey (MBI-GS; see Table 2). The effect of AL on nurses' burnout, interpersonal strain, and cynicism was studied by Laschinger et al. (2015) [20]. They examined the effect of AL on interpersonal strain at work using a six item scale developed by Laschinger et al. (2012) [21].

Laschinger et al. (2015) stated newly graduated nurses who perceived their leaders with moderate AL experienced lower levels of interpersonal strain. They also found interpersonal strain at work led to poor mental health. Studies cited newly graduated nurses and experienced nurses with authentic leaders are less likely to experience cynicism at work; interestingly, newly graduated nurses were shown to experience less cynicism than experienced nurses [15, 16, 22]. Laschinger and Fida (2014a) [23] did a two-fold study where nurses were recruited to rate their level of cynicism. One group of nurses had managers exhibiting high levels of AL, and the other had managers who exhibited low levels of AL. The latter group of nurses rated cynicism higher than the first group.

Laschinger and Fida (2014b) and Laschinger et al. (2013) [16, 24]described many newly graduated nurses and experienced nurses who felt confident and experienced a low level of EE and fewer mental health symptoms; however, the newly graduated nurses who perceived EE experienced less EE than experienced nurses. Laschinger and Fida (2014a) and Laschinger and Fida (2014b) [16, 23] stated that AL had a negative effect on the experiences of newly graduated nurses and burnout. They communicated newly graduated nurses perceived their leaders as demonstrating authenticity and, thus, had fewer feelings of EE and cynicism. Laschinger et al. (2015) found that AL had an indirect effect on lowering the burnout that is associated with poor mental health. However, researchers admit that burnout is a professional threat that affects the mental health of newly graduated nurses.

Laschinger and Fida (2014a) reported newly graduated nurses who perceived their managers as having moderate AL experienced more EE. This apparent difference in the relationship between AL and EE was highlighted by Laschinger et al. (2015). They stated that newly graduated nurses who perceived their managers as authentic experienced higher levels of EE. Authentic leaders affect newly graduated nurses' and registered nurses' EE differently, as AL can lead to different feelings and levels of positive mental health.

Laschinger, Wong, and Grau (2012) reported that newly graduated nurses who work for one year experienced increased burnout. They described these graduates perceived AL in a range from some times to fairly often. As a result, they perceived EE with a high mean score. There is evidence that authentic leaders had a significant effect on lowering burnout in nurses.

Authentic leadership had an indirect effect on clinical group and non-clinical group burnout. Wong and Cummings (2009) measured AL using a tool called the Leadership Practice Inventory (LPI; see Table 5). Balanced processing of AL was measured by "listening to diverse points of view" [25] (Wong & Cummings, 2009, p. 20). They found leaders with balanced processing and supportive attributes had a negative effect on burnout in the non-clinical group. This was seen through a low moderate mean score.

On the other hand, AL had less impact on the clinical group. They communicated that nurses reported high levels of burnout compared with other groups; however, nurses' burnout was not considered as significant in the clinical group because nurses were combined with other health professionals. Still, AL had a negative effect on burnout in the clinical group because the clinical group perceived low to moderate levels of burnout.

Turnover

Authentic leadership has an important role in reducing nurse turnover. Turnover is the rate of nurses leaving the workplace. Laschinger et al. (2012) [21] measured turnover to find retention outcomes using a job satisfaction scale and a turnover intentions scale. They examined the effect of AL on nurse turnover and found that AL had a significant effect in lowering turnover. Newly

graduated nurses whose leaders demonstrate AL were less likely to leave their job. Laschinger and Fida (2014a) stated that newly graduated nurses who perceived their leader as authentic had more positive mental health and were less likely to leave their jobs and careers. Thus, authentic leadership has a negative indirect significant effect on nurse's job and career turnover intentions.

Authentic leadership was cited to have an impact on adequate staffing at direct acute care settings. Shortage of staff related to turnover was measured by Laschinger and Fida (2015) using the Nurses-Assessed Patient Care Quality tool that measures the quality of nursing care. They stated registered nurses who perceived their leaders as moderately authentic experienced fewer disruptions to their ability in doing their jobs due to staff shortages. Authentic leaders had a significant indirect negative effect on short staffing that interferes with the quality of patient care. Authentic leaders had an effect on reducing staff shortages and increasing retention. Authentic leaders facilitate adequate staffing in units which decreases nurses' workload and increases their positive mental health.

Job Satisfaction

Wong and Laschinger (2013) [26] defined job satisfaction as workers' affective responses to a job based on a range of elements. Giallonardo, Wong, and Iwasiw (2010) [27] defined job satisfaction as the "extent to which employees like their job" (p. 996). Job satisfaction can be extended to employees' desire for employment by which they are fulfilled. The majority of studies measured job satisfaction with the job satisfaction scale, the index of work satisfaction part B, and the North Carolina Centre for Nursing – Survey of Newly Licensed Nurses (NCCN-SNLN). However, Laschinger et al. (2012) [21] used the job satisfaction scale and the turnover intention scale to assess retention outcomes. Overall, authentic leaders were seen to positively impact nurses' job satisfaction.

Read and Laschinger (2015) [28] reported that newly graduated nurses who perceived their leaders as authentic experienced higher job satisfaction. Laschinger et al. (2012) communicated newly graduated nurses who

perceived their leaders as demonstrating AL experienced a high level of satisfaction in their jobs. Authentic leadership had a significant direct effect on job satisfaction. Laschninger and Fida (2014b) described newly graduated nurses who perceived their leader as demonstrating AL behavior felt highly satisfied with their job. Wong and Laschinger (2013) [26] reported that AL had a statistically positive significant direct and indirect effect on job satisfaction.

Laschinger and Fida (2015) found that registered nurses who perceived their leaders as authentic experienced a high level of job satisfaction (see Table 4). Thus, AL had a positive indirect significant effect on registered nurses' job satisfaction. Fallatah and Laschinger (2016) [29] also cited that AL significantly affected newly graduated nurses ' job satisfaction. They described those newly graduated nurses who perceived their manager as having moderate AL behavior experienced moderate job satisfaction.

Authentic leadership has an impact on nurses' job satisfaction and its subscales. It has an impact on seven subscales of job satisfaction, including professional status, autonomy, nurse-nurse interaction, nurse physician interaction, task requirement, organizational policies, and pay. Giallonardo et al. (2010) [27] stated that newly graduated nurses who perceived their preceptor as authentic experienced moderate job satisfaction. These nurses ranked between the 50th and 75th percentile on the job satisfaction scale out of a maximum of 308. After averaging the total perceptions of newly graduated nurses on job satisfaction, the mean was 192.22.

Structural empowerment

Authentic leadership has an impact on newly graduated nurses' structural empowerment. Wong and Laschinger (2013) defined structural empowerment as the existence of workplace social structures, which allows employees to achieve their work in meaningful ways. Empowerment is the ability to organize people and material resources to achieve an organizational vision. It can happen through access to information, support, opportunity, and

resources. There are two kinds of empowerment: informal and formal. Informal is defined as employee development of organizational networks of association. Employees' ability to develop job options with important organizational goals is seen as formal empowerment. Empowerment increases people's capacity to make choices that facilitate their achievement of their desires.

Structural empowerment was measured by the Condition Work Effectiveness Questionnaire -II (CWEQ-II) that measures four components of structural empowerment: opportunity, information, support, and resources. A number of studies have examined the relationship between AL and structural empowerment [20, 24, 22, 30, 12, 26]. Read and Laschinger (2015), Regan et al. (2016), and Wong and Laschinger (2013) described that registered nurses and newly graduated nurses with authentic leaders experienced moderate structural empowerment. Authentic leadership had a significantly positive effect on structural empowerment; therefore, structural empowerment had significant indirect effects on job satisfaction.

Moreover, Laschinger and Fida (2015) and Laschinger et al. (2013) found registered nurses and newly graduated nurses who perceived their leaders with AL experienced more structural empowerment. Structural empowerment is an important facilitator that AL influences within nurses' job satisfaction. Laschinger et al. (2013) communicated newly graduated nurses perceived higher levels of five components in structural empowerment than experienced nurses: opportunity, support, accessing information, and resources.

Wong and Laschinger (2013) reported registered nurses perceived high mean scores in opportunity. However, registered nurses perceived formal power with a lower level of structural empowerment. Registered nurses perceived informal power with moderate structural empowerment. On the other hand, AL had a significant effect related to job satisfaction via its effect on empowerment in newly graduated nurses. Laschinger and Smith (2013) cited that newly graduated nurses rated opportunity as the most empowering factor, perceived

structural empowerment at a moderate level, and rated support as the least.

Newly graduated nurses experienced moderately higher levels of empowerment in accessing information than experienced nurses. Newly graduated nurses experienced moderate support, while experienced nurses experienced less support. Newly graduated nurses experienced their lowest level of empowerment regarding resources. However, newly graduated nurses experienced resource empowerment at a higher level than experienced nurses. This shows that authentic leaders empowered newly graduated nurses more than experienced nurses.

Leaders who demonstrate authenticity had a positive effect on nurse managers' empowerment in an organizational culture. Shirey (2009) stated nurse managers, who experienced AL, reported that they are supported and empowered from their directors, chief nursing officers, and other senior leaders. Whereas, nurse managers with leaders who are not authentic within the organizational culture reported they are not empowered, felt less freedom to express themselves, and felt less support from their senior leaders.

Workplace bullying

Laschinger and Fida (2014a) described workplace bullying as repeated and prolonged exposure to predominate psychological mistreatment directed at a target who is annoyed, badgered and upset, and perceives her or himself as not having the chance to react in kind. Bullying was measured by the work related subscale of Negative Acts Questionnaire-Revised (NAQ-R; see Table 2). Laschninger and Fida (2014a) and Laschinger et al. (2012) examined the effect of AL on workplace bullying. Laschinger and Fida (2014a) found newly graduated nurses who perceived their leaders as moderately authentic experienced less workplace bullying. Similarly, Laschinger et al. (2012) communicated newly graduated nurses who perceived their manager as behaving authentically experienced low levels of bullying at their workplaces. Authentic leaders reduced nurses' workplace bullying as the

result of proper structural empowerment and increased newly graduated nurses' job satisfaction.

Trust in manager

Authentic leadership has an important impact on nurses' trust. Authentic leaders allow others to trust in them. Wong and Giallonardo (2013) defined trust as "the willingness to be vulnerable to another party when that party cannot be controlled or monitored" (p. 742). They measured trust by a Trust Management Scale developed by Mayer and Gavins (2005). Wong and Giallonardo described those registered nurses who perceived their managers with a moderate level of AL greatly trusted their manager. Authentic leaders had a strong significant direct effect on trust in managers. Trust in managers leads to nurses feeling satisfied about their jobs.

Leaders with authentic behaviors had an impact on clinical and non-clinical group trust in management. Wong and Cummings (2009) used items from the AWS that represent trust in management in their study. They communicated that AL had an indirect significant effect on trust in management in the clinical group. They cited supportiveness had a significant indirect effect on trust. The clinical group perceived higher levels of trust in management. However, AL behaviors had an effect on non-clinical group trust on management. They found the non-clinical group perceived higher levels of trust in management than the clinical group. Relational transparency was one AL behavior that had a significant positive direct effect on the non-clinical group's trust in management. This suggests that AL behaviors had a significant positive direct effect on the non-clinical group's trust in management.

Authentic leadership was also seen to impact registered nurses' trust in their managers at acute care teaching and community hospitals. Wong et al. (2010) reported that staff nurses who perceived their manager as moderately authentic experienced trust in their manager. The most influential factor of AL was internalized moral perspective; whereas, the least influential factor was self-

awareness. They also stated that staff nurses perceived a moderate level of trust in their managers.

Voice behavior

Wong et al. (2010) described voice behavior or speaking up as "Organizational Citizenship Behavior (OCB), which called extra role behaviors' or actions that are positive, discretionary and categorized as conscientiousness, altruism, civic virtue (includes voice), and sportsmanship" (p. 891). Wong and Cummings (2009) and Wong et al. (2010) examined the relationship between AL and voice behavior using the AWS. They reported AL had an effect on clinical and non-clinical voice behavior. They found that the clinical group perceived voice behavior with the highest mean score. They cited that empowerment had a significant direct effect on voice behavior. Whereas, supportiveness had an indirect significant effect on voice behavior. They described leaders who demonstrate relational transparency and supportiveness encouraged voice behavior in the non-clinical group. They stated that the non-clinical group exhibited a higher level of voice behavior. Wong et al. (2010) found staff nurses who perceived their leaders as exhibiting high levels of internalized moral perspective experienced moderately high levels of voice behavior. They reported staff nurses who perceived their manager as moderately authentic experienced their voice behavior. Whereas, staff nurses who perceived their leaders with the lowest levels of self-awareness experienced moderately high levels of voice of behavior. AL affects nurses' voice behavior through their trust in their leaders and feelings of satisfaction with their jobs. They described transparency and supportiveness had a significant, positive, indirect effect on voice behavior that increases nurses' trust and job satisfaction.

Empathy

Authentic leaders had an impact on nurses by exhibiting empathy. Mortier et al. (2016) [31, 32] described empathy as a significant social skill for nurses in interacting

with or taking emotional care of patients. They also described empathy as a way of quickly understanding patient's' feelings that is important for leaders' emotional intelligence. They measured empathy with a subscale developed by Wong and Law (2002) regarding emotional intelligence to examine the relationship between AL and empathy. They found that nurses who perceived their managers as authentic exhibited more empathy. They stated AL had a strong, positive relationship with authentic leaders' relational transparency behavior and their level of empathy leading to increased job satisfaction in nurses.

Work Engagement

Work engagement is the action that a person has agreed to engage in; Bamford et al. (2013) and Giallonardo et al. (2010) defined work engagement as "a positive, fulfilling, work related state of well-being characterized by vigor, dedication, and absorption" (p. 532). Bamford et al. (2013), Giallonardo et al. (2010), and Wong et al. (2010) measured work engagement using the Utrecht Work Engagement Scale (UWES). This scale is composed of three subscales: vigor, dedication, and absorption. Giallonardo et al. (2010) added extra items to the UWES to examine the effect of AL on nurses' work engagement.

Authentic Leadership was found to have an impact on newly graduated nurses and registered nurses' work engagement. Registered nurses and newly graduated nurses who perceived their leader as highly to moderately authentic experienced moderate to high levels of work engagement [18, 27, 17]

Authentic leaders impact registered nurses' and newly graduated nurses' dedication, absorption, and vigor. Bamford et al. (2013) and Giallonardo et al. (2010) communicated registered nurses and newly graduated nurses perceived dedication with the highest mean score, absorption with a moderately high mean score, and vigor with the lowest mean score.

Performance

Wong and Laschinger (2013) defined job performance as actions and behaviors that helped to achieve organizational goals. They measured performance using the General Performance Scale. The General Performance Scale, which is a scale composite of task and role performance, was developed by Roe et al. (as cited in Wong & Laschinger, 2013). Task performance is composed of five items, and it measures employees' perception of their own performance according to their supervisor and compared with others in their team. Role performance is composed of three items, and it measures the function of an employee compared with other team members in terms of the amount of workload assumed and number of times colleagues ask for advice. Whereas, Wong and Cummings (2009) measured performance using the MBI-GS.

Wong and Cummings (2009) and Wong and Laschinger (2013) examined AL's effect on job performance. Wong and Laschinger (2013) cited performance was positively increased indirectly by AL. They found registered nurses experienced a high level of performance. They also cited that newly graduated nurses experienced higher task performance than role performance. Wong and Cummings (2009) described AL empowered features of their clinical group's performance. Thus, this clinical group experienced moderately high levels of performance. Furthermore, they stated AL affected non-clinical group performance. Non-clinical group participants whose leaders were authentic and demonstrated ethical behavior experienced moderate levels of performance. The clinical group rated their experiences of performance higher than the non-clinical group.

Quality of care

Authentic leadership has an impact on patient care quality. Wong and Giallonardo (2013) measured adverse patient outcomes using a tool developed by Sochalski that is derived from the American Nurses Association's (ANA) nursing Quality Indicators. It is comprised of four items: medication error, nosocomial infections, complaints from patients, and complaints from families. Laschinger and Fida (2015), Wong and Giallonardo (2013), and Wong et al. (2010) examined the effect of AL on the quality of care.

They found that authentic leadership reduced adverse patient outcomes.

Wong and Giallonardo (2013) reported that registered nurses whose managers exhibited AL experienced fewer adverse patient outcomes. They aggregated measures and cited that registered nurses frequently experienced low levels of adverse patient outcomes. The result shows that authentic leaders have a significant positive indirect effect on adverse patient outcomes related to increased work engagement.

Laschinger and Fida (2015) measured quality of care using a single item of Nurses-Assessed Patient Care Quality. They stated registered nurses who perceived their leaders as being authentic experienced a high quality of care delivered in their units. Similarly, authentic leadership impacted the quality of care at acute care teaching and community hospitals. Wong et al. (2010) described staff nurses who perceived their managers as moderately authentic experienced moderately high quality of care in their units through work engagement.

Supportive practice environment

Fallatah and Laschinger (2016) measured supportive professional practice environment using the Nursing Work Life Index (NWI-R). The NWI-R consists of three subscales: autonomy, control over practice environments, and collegial nurse-physician relationships. Fallatah and Laschinger (2016) and Laschinger and Fida (2015) aimed to examine AL and supportive practice environments.

Fallatah and Laschinger (2016) communicated that newly graduate nurses who perceived their manager as exhibiting AL behavior experienced a moderate supportive professional practice environment. Similarly, Laschinger and Fida (2015) found that registered nurses who perceived their leaders as more authentic experienced more supportive practice environments.

This effect on the practice environment can also be seen in the disciplinary environment. Shirey (2009) interviewed nurse managers in-depth to answer a demographic questionnaire and 14 face-to-face questions.

She observed that AL affects organizational culture, and she reported that twelve out of twenty-one nurse managers who work in positive organizational cultures worked in healthy work environments and engaged in more authentic leadership behaviors. She cited leaders who did not demonstrate AL did not contribute to supportive work environments. They stated disciplinary environments destroyed nurse managers' personal energy and affected their competency.

Inter-professional collaboration

Authentic Leadership plays an important role in inter-professional collaboration (IPC). Inter-professional collaboration leads to a dynamic work environment with engagement between nurses and other professionals. Regan et al. (2016) measured IPC using the Inter-professional Collaboration Scale (IPCS), which is a researcher developed scale based on extensive review of the literature. Regan et al. (2016) and Laschinger and Smith (2013) examined the effect of AL on IPC. Regan et al. (2016) described registered nurses who perceived their leader as highly authentic experienced a high level of inter-professional collaboration that enhances work engagement between nurses and their professional teams. Authentic leadership was also shown to have an impact on newly graduated nurses. Laschinger and Smith (2013) communicated that newly graduated nurses at acute care hospitals, who perceived high levels of IPC, had authentic leaders.

Supportive group

Wong and Cummings (2009) used AWS items to examine the mediating effect of supportive groups. They found that authentic leaders with supportive behavior had a significant effect on clinical and non-clinical groups' perceptions of being supported. They reported that the non-clinical group perceived their leaders as supportive (n = 4.58), while the clinical group perceived their leaders as less supportive (n = 4.29). They cited supportive authentic leaders affect supportive clinical groups. Clinical groups who

perceived their leaders as authentic had high mean scores. However, non-clinical groups experienced higher support than the clinical groups led by authentic leaders who have a supportive leadership style.

Thriving as vitality and learning

Authentic leadership has an impact on nurse's vitality. Mortier et al. (2016) examined the relationship between AL and vitality. They measured nurses' vitality using Porath et al.'s (2012) scale. They used five of its 10 items to measure vitality and the other five items to measure learning. They stated nurses whose leaders demonstrate AL and high levels of empathy experienced higher levels of vitality. Authentic leadership is positively related to nurses' vitality, which may enhance work engagement, increase shared knowledge between health professionals, and increase motivation to learn (Mortier et al., 2016) [31]. They described that motivation to learn can be increased by authentic leaders. They communicated intro leaders who demonstrate AL affected nurse's learning. By testing the hypothesis of set mediation analysis, they investigated the relationship between the two variables. They found AL had a positive effect on nurses' learning. Nurses who perceived leaders with more AL experienced more learning at work, provided better care, and were more engaged.

Potential for Inclusion and Feasibility for Nursing Environments in the ME

Authentic leaders who are transparent and balanced and have processing, an internalized moral perspective, and self-awareness could add another way of guiding leaders as they work in Qatar's complex health environment. Authentic leadership qualities can fill the gaps of the National Health Strategy 2011-2016 by supporting, recruiting, and promoting a nursing workforce, due to their improvement in work life, patient care, and organizational culture. Therefore, Qatari nurses should experience less negative mental health, less turnover, and less dissatisfaction with more job performance and healthier work environments. Authentic leaders need to be considered and empowered within HMC and other health care organizations.

Recommendations

Recommendations for health care organizations to redirect their attention in support of AL have emerged from this literature review. Educational programs and an authentic leadership course based on AL theories and research evidence need to be considered in nursing undergraduate and graduate curricula globally. This would demonstrate and encourage knowledge development and beginning competency about AL qualities. Organizations could encourage leaders to demonstrate AL competencies through developing and implementing policies that reinforce AL behaviors. Organizations can plan recruitment strategies based on AL qualities, to begin building and strengthening teams interpersonal resources who come into the organization with an existing awareness of AL. During promotion and recruitment of nurse leaders AL could be an expectation of hiring, performance reviews and promotion. For the Middle East, and in particular the Qatar health care agencies, implementation of an AL philosophy has the potential to shift how Nursing leaders guide their teams and can significantly impact support for assist in achieving the Qatar Development Strategy 2011-2016.

Implications
Implications for Practice

Suggestions for practice and future research, including the application of AL, are an outcome of this literature review. In the literature, the culture of a healthy work environment was connected to AL [12]. AL creates support, trust, and respect among professionals and within organizations, which is linked to positive nurse, patient, and organizational outcomes [30, 12, 25]. In Qatar, a shared governance approach to decision making is being explored at HMC. As part of this model, nurse leaders are required to

have an open communication style while also motivating staff, making decisions, and involving unit practice councils [19, 17]. Authentic leadership as a strategy supports the implementation of a shared governance approach within HMC and other health care agencies in Qatar, as AL qualities encourage and involve staff nurses in making decisions. This helps to create shared governance. Inclusion of authentic leaders in promoting and recruiting future nurse leaders in Qatar has the potential to strengthen leadership within a system that also supports the shared governance strategy of HMC. Potential outcomes of this approach are nurse leaders and nurses experiencing job satisfaction, improved job performance, positive mental health, increased work engagement, increased nurse retention, and enhanced support for newly graduated nurses during their transition into their new professional career [26-29, 15, 21, 17].

An AL strategy also supports nurse leaders' implementation of an equitable approach to staff workload planning and builds a sense of community while valuing, rewarding, and supporting nurses to have increased control over their practice. Staff nurses would experience fairness in their areas of work life, while also experiencing inter-professional collaboration and improved patient quality of health [18].

Exposing nurse leaders, nurse educators, and nursing students to AL is a strategy that will raise their awareness about the qualities of AL. As a result, there is potential to support nurse leaders' development of AL qualities that shape how they understand their responsibilities, relationships, and role accountabilities within a professional team. Mentorship of newly graduated nurses within an AL environment could increase retention of newly graduated nurses who understand how their contributions are valued and developed as part of a health care delivery plan.

Nurse leaders guided by an AL philosophy can also enhance awareness about IPC and the need to ensure their staff has access to resources and knowledge about IPC. Thus, nurse leaders could provide the link for AL's qualities as a support for implementing IPC. Nurse leaders are expected to ensure that there is effective collaboration between nurses and other professionals to improve patient centered care and provide a high level of health care quality; AL as a strategy could support this work.

Strategies based upon the AL studies in this review need to be further considered when developing policies for practice and nursing practice competencies. These competencies could be assessed through 360 degree feedback approaches where nurse leaders are made aware of their own and their teams' strengths through diverse and regular evaluation approaches of their performance [18, 29,17].

Guided by an AL philosophy, nurse leaders have the potential to develop teams that have a sense of social identification, feelings of empowerment, and improved unit practice outcomes, while developing high standards in the workplace. There is also a potential to reduce workplace bullying. Nurse leaders could express empathy for their nurses through AL; this could foster thriving nurses, as their nurse leaders build trust with their staff and support a professional nursing environment that enhance IPC. In the literature review, studies suggested that nurse leaders who supported staff nurses built trust for their managers [31, 30, 25, 17, 19]. Thus, staff nurses believed that they could voice their concerns and suggestions for workplace and patient care improvements. This approach supported novice nurses who were developing their basic leadership skills and experienced nurse leaders facing institutional challenges about strategic planning and vision setting.

As part of an AL strategy, structural empowerment needs to be considered where nurse leaders and staff nurses acknowledge the realities of work environment factors. Through this awareness, institutional support for nursing professionals and new graduates would be identified and specific activities within the practice setting developed that reflect realities of practice. Nurse leaders could then work within institutions to better support staff nurses to access information and resources that empower them in meaningful ways and support their work. Nurse leaders need to become more transparent and share information in order to include their staff in making decisions. This approach, influenced by AL, has the potential

to increase ownership and work engagement. Nurse leaders guided by AL have the potential to design workplaces that enhance nurses' autonomy, control over practice, and colleague-nurse-physician relationships [29]. Nurse leaders could support professional practice environments for newly graduated nurses while supporting registered nurses' job satisfaction.

Implications for Future Research

Suggestions for further AL research include a consideration of the study design. Longitudinal study designs could support the investigation of the potential causal effects of AL over time, and the use of a latent growth model could support this work [16, 23, 26, 17]

Another additional strategy to support AL research would be to use a cross-sectional design as a way to assist in collecting data by using self-report at the same time. This strategy would reduce bias as self-report may create a common method variance, which emphasizes the participants' responses [15].

A non-experimental, predictive survey design could also be implemented. This type of study has the potential to link AL with objective outcome measures, reflecting quality of care outcomes such as patient satisfaction, adverse events, and nurse-sensitive outcomes. Studies also suggested examining other mediators that have a relationship with AL and work outcomes, such as PsyCap and group cohesion [17].

In the future, research about AL must be inclusive of cultural diversity, as the majority of AL research has been conducted in Western countries. Authentic leadership research within Middle Eastern countries would support an understanding of authentic leaders in Qatar and other Middle Eastern health settings. Studies need to investigate AL in health care and community settings within an Arabic context to truly uncover the perspective of Middle Eastern nurses and leaders and how AL impacts nurses' work lives and decision making within a Qatari and Middle Eastern context. How AL is related to a healthy work environment and a positive health organization could also emerge in a study in the Middle East. Future studies also need to

examines nurses' mental health, job satisfaction, and work engagement.

Implications for Education

This literature review has potential to influence and impact how AL is included in undergraduate and graduate nursing curriculum. With further research studies focused in the ME exploring the impact of AL implementation within clinical and community agencies, there is an opportunity to uncover a deeper understanding of AI and develop pedagogical ways to apply this philosophy in educational programming not only in the classroom but through knowledge translation activities in practice settings while they learn. AL theories and Models can influence the next generation of leaders though helping students to demonstrate and encourage their personal knowledge development about AL qualities [13] (Kernis & Goldman's 2006; Peus et al, 2012).

CONCLUSION

The purpose of this literature review was to answer the primary research question: What is authentic leadership's impact on nurses' work lives? This literature review was also intended to answer two secondary questions: What are the direct impacts of AL on nurses' work lives? What are the indirect impacts on nurses' work lives? It became evident while reviewing the literature that AL has had a significant impact on nurses' work lives. Studies on AL uncovered the significant impact it has on nurses' job satisfaction and performance. In addition, other impacts of AL emerged that were focused on three main themes: mental health, job satisfaction, and work engagement. Authentic leaders' qualities play a significant role in shaping nurses' work lives and a healthy work environment. As an outcome of this literature review, it is recommended that HMC consider how to recruit, develop, and promote authentic leaders as part of their future vision of leadership. This vision could involve the development of workplace strategies that support the inclusion of authentic leaders in professional health teams and within other organizational decision making groups. To further support

development of AL within the dynamic culture of HMC, further research on implementing an AL model of leadership within a Qatari context involving different healthcare settings would further support understanding the value and impact of AL.

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PEER REVIEW

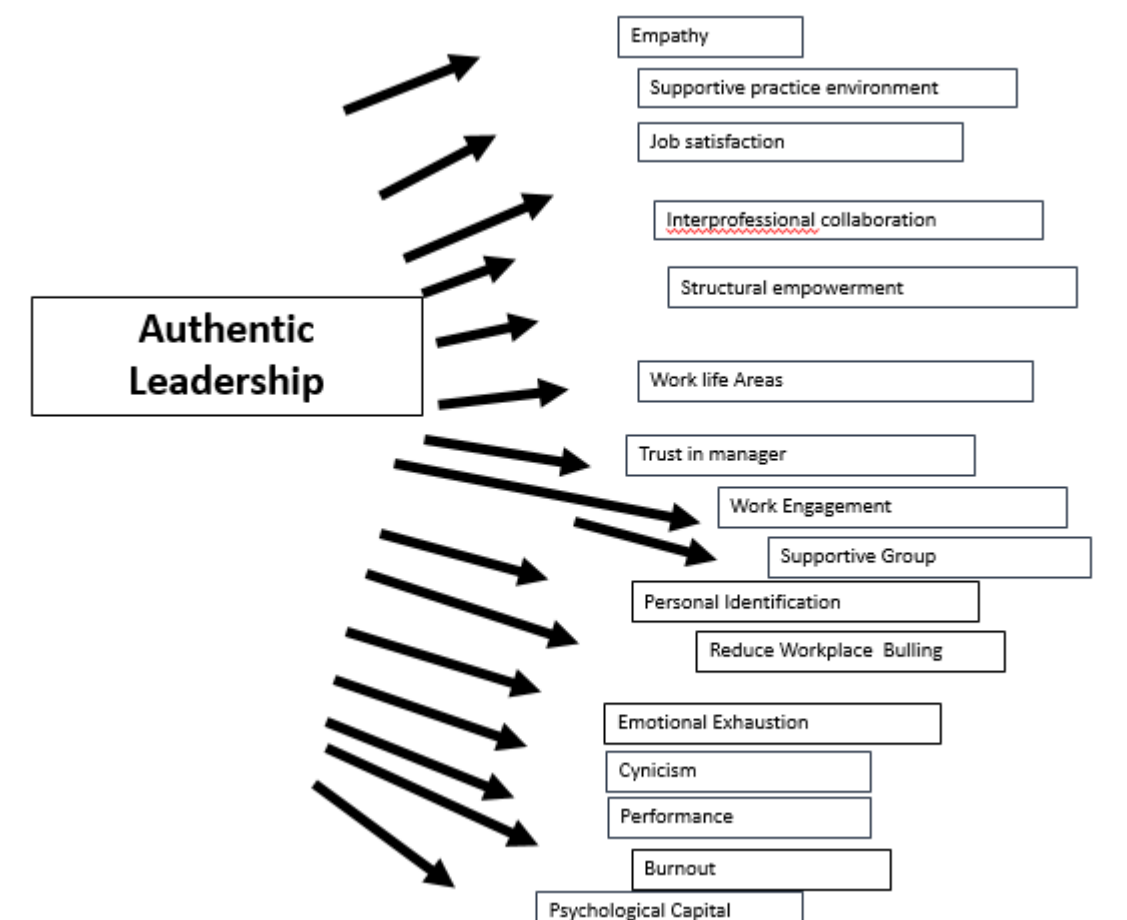Not commissioned. Externally peer reviewed.

FIGURES

Figure 1. Findings: Authentic leadership influence directly on nurses' work life. Laschinger, Wong & Grau (2012); Mortier, Vlerick, and Clays (2016); Fallatah, and Laschinger (2016); Read, and Laschinger (2015); Wong, and Giallonardo, (2013); Wong, and Laschinger, (2013); 8. Bamford, Wong, and Laschinger, (2013); Laschinger, Wong and Grau (2013); Laschinger. Borgogni. and Consiglio, (2015); Wong, Laschinger, and Cummings (2010); Giallonrdo, Wong, & Iwasiw, (2010); laschinger and smith (2013); Laschinger, and Fida, (2015); Laschinger, and Fida, (2014 b); Wong, and Gummings (2009); Laschinger, and Fida, (2014a).
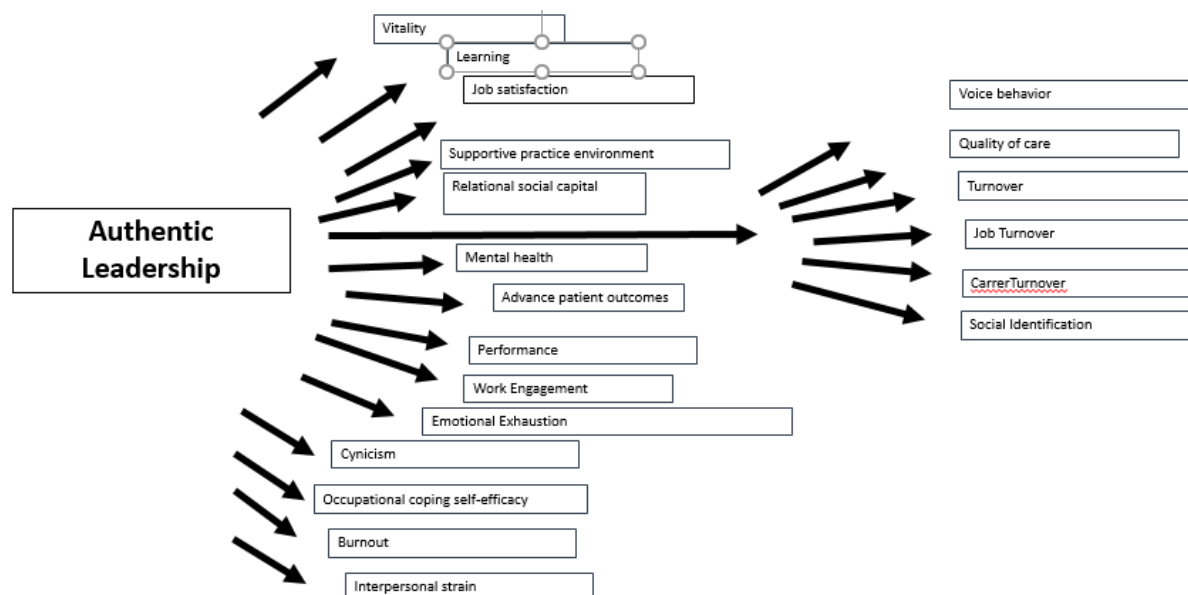
Figure 2. Findings: Authentic leadership influence indirectly on nurses' work life. Laschinger, Wong and Grau (2012); Mortier, Vlerick, and Clays (2016); Read, and Laschinger (2015); Wong, and Giallonardo, (2013); Wong, and Laschinger, (2013); Bamford, Wong, and Laschinger, (2013); Laschinger, Wong and Grau (2013); Laschinger. Borgogni. And Consiglio, (2015; Wong, Laschinger, and Cummings, (2010); Laschinger, and Fida, (2015);Laschinger, and Fida, (2014a); Wong, and Gummings (2009).