The impact of authentic leadership on the work environment and patient outcomes in hospital settings - A literature study

Burhan Tahhan
Examensarbetets titel: The impact of authentic leadership on the work environment and patient outcomes in hospital settings - A literature study

Författare: Burhan Tahhan
Huvudområde: Vård- och omsorgsadministration
Nivå och poäng: Magisternivå, 15 högskolepoäng
Utbildning: Magisterprogram i hållbar organisering och hälsofrämjande ledarskap inom vård och omsorg
Handledare: Angela Bångsbo
Examinator: Cecilia Ljungblad

Abstract

In Sweden, turnover among healthcare professionals is a significant problem in hospital settings. Efficient leadership of healthcare professionals is vital for enhancing the quality and integration of healthcare. Authentic leadership (AL) is a relational leadership style instigated from the field of positive organizational conduct and is asserted to advocate healthy work environments that impact healthcare professional’s efficiency and positive organizational outcomes. This master’s thesis aims to describe the impact of AL on the work environment and patient outcomes in hospital settings. The method is a literature study. Peer-reviewed English or Swedish articles that examined the impact of AL on the work environment and patient outcomes in hospital settings were selected from seven databases. Quality appraisal, data extraction, and analysis were accomplished on the included studies. A total of 26 articles (n=24 quantitative, n=1 qualitative and n=1 mixed method) satisfied the inclusion criteria. Results were evaluated according to the literature review content analysis. Findings support positive relationships between AL and increased optimism and trust among healthcare professionals, job satisfaction and turnover, patient care quality, structural empowerment, and work engagement. Findings were, therefore, consistent with AL theory. Future studies using more diversity in research themes, settings, study populations, organizations, job areas, geographic origins, and theory context are merited. People in positions of influence in healthcare settings and healthcare practitioners can use the findings of this study as a guide to increase awareness of the processes by which AL promotes positive outcomes in the workplace.

Keyword: Authentic leadership, hospital setting, healthcare
TABLES OF CONTENTS

INTRODUCTION .................................................................................. 1
BACKGROUND .................................................................................. 1
PROBLEM .......................................................................................... 14
STUDY PURPOSE ............................................................................. 14
METHOD ........................................................................................... 15
RESULTS .......................................................................................... 20
DISCUSSION .................................................................................... 23
INTRODUCTION

Various healthcare professions are required to exercise high-quality patient care and work for sustainable development; this can be facilitated by authentic leadership (AL) and structural empowerment. There is a significant turnover of healthcare professionals in the Swedish healthcare service due to many reasons discussed in the background below. At the same time, the Swedish healthcare service is undergoing constant technological development as more patients with advanced needs place high demands on healthcare professionals. The knowledge of care providers is in a continuous process of development and change. All this place demands on leadership abilities in healthcare. To work with evidence-based practices, practitioners must follow treatment developments and acquire new knowledge. The objective of this master’s thesis is to assess original peer-reviewed articles about AL in hospital settings to pinpoint potential knowledge gaps and demonstrate recommendations for prospective studies. Authentic leadership is a leader’s non-dictatorial, principled, and transparent behavior arrangement, within which knowledge and skills are used to ensure quality care and patient safety. While leadership research so far has shown that there is no best way to exercise leadership, various leadership styles have highlighted ways leadership can be applied to achieve optimal results. For this reason, the area of AL in hospital settings needs to be studied, and this motivates the choice of subject.

BACKGROUND

As background, the following areas that are central for the study will be presented: healthcare in Sweden, turnover among healthcare professionals in hospital settings, concepts management, leaders, and leadership, a critique of authentic leadership theory and leadership styles and organizational impact. The background ends by examining the study’s theoretical framework and AL.
HEALTHCARE IN SWEDEN

Sweden is partitioned into 290 municipalities and 20 county councils, and the responsibility for the healthcare service is decentralized – liability is divided among them. This administration is controlled by the Health and Medical Care Act (Hälso- och sjukvårdslagen, HSL; SFS 2017: 30). The primary role of the central government is to institute laws and procedures and set the legislative program for healthcare. The healthcare system is mainly financed through taxes, and it uses almost 12% of the GDP, spending EUR 3,932 per capita. Sweden is the fifth largest spender on healthcare per capita in Europe (OECD, 2017).

There are rules and regulations that govern the Swedish healthcare system, which is set by the National Board of Health and Welfare (Socialstyrelsen, 2017). These include the Patient Safety Act (SFS, 2010: 659), which aims to promote a high level of patient safety in healthcare and dental care; the Confidentiality Act / Sekretesslagen (OSL, 2009:400), which aims to protect the patient’s personal integrity; the Lex Maria law (Vårdhandboken, 2019), which obligates all healthcare professionals to report injuries or risks of injury in healthcare settings; and the Disease Prevention Act / Smittskyddslag (SFS 2004:168), which aims to prevent the spread of infectious diseases. This is the core legislation that governs the Swedish healthcare system.

Healthcare service is described, according to the National Board of Health and Welfare, like health and medical care that is conducted in hospitals, health care centers, and clinics (Socialstyrelsen, 2017). According to the Health and Medical Care Act / HSL (SFS 2017:30), the county councils are responsible for healthcare services in hospitals, healthcare centers, and clinics (Socialstyrelsen, 2017).

The HSL (SFS 2017: 30) law puts the individual’s need for care at the center. In this framework law, the goal is high-quality health care on equal terms, in which the person with the greatest need is given priority. Care must be provided with respect and dignity, work to prevent ill health, and investigate and treat diseases.
According to the Swedish Work Environment Authority (Arbetsmiljöverket, 2018), there are many risks regarding work environments in health and medical care. The most common risks are high physical and mental stress and disease contraction.

Occupation-related diseases caused by strain account for one-third of the illnesses reported in health care between 2008 and 2013. Due to the increase of social and organizational stress, irregular work hours, heavy workloads, collaborative problems and conflicts, as well as constant changes, mental and physical tension in healthcare professionals is escalating. Additionally, there is a risk of violence and threats from patients, next of kin, and outsiders in healthcare. At particularly high risk are the healthcare professionals who work in emergency departments, psychiatric and geriatric care, and ambulance services (Arbetsmiljöverket, 2018). Due to the close contact with infected patients and environments that the work requires, disease contraction in the health care system has become a growing problem in recent years.

**Current challenges in the healthcare system**

It is essential to a society that healthcare resources are used well and provide satisfactory results. Effective use of resources is also important since healthcare services are facing major challenges, both financially and otherwise.

According to Larsson and Welander (2018), Swedish patients are more dissatisfied with their treatment in comparison with patients from other countries. Confidence in the healthcare system as a whole has decreased. This is primarily due to a lack of healthcare professionals and increasing staff turnover, among other reasons (Larsson and Welander, 2018; Bångsbo, 2018). The healthcare professional shortage, difficulties in retaining them with enough qualifications and experience, and the increase in staff turnover have many explanations. According to Boman, Lidwall, Magnusson, and Månsson (2017), the reason for this problem is in part since healthcare professionals desire better working conditions, higher salaries, and most importantly need positive
leadership to be motivated to remain in their workplace and, above all, within the profession.

Furthermore, Sellgren, Kajermo, Ekvall, and Tomson (2009) outline four contributing factors that can influence professionals in healthcare services who abandon their workplace: the prominence of meaningful work that renders joy, the increasing workload, the size of the working group, and leadership style. An essential aspect of upholding a healthy, viable workforce is an insistent concern and a countrywide priority (Health and Social Care Inspectorate [IVO], 2017). Swedish healthcare is facing a shortage of healthcare professionals as the workforce is ageing with the population and will be difficult to replace as they retire. All of this is aggravated by amplified financial and efficiency pressures. Productivity and retention of healthcare professionals are imperative for organizational results. These challenges need to be addressed to aid settle the healthcare professional deficit and advance the cost-effectiveness of healthcare systems nationwide (Hasselbladh, Bejerot and Gustafsson, 2008).

The Swedish healthcare system is facing a significant challenge on another front as the number of elderly patients with more healthcare needs increases. The increasing life expectancy is at a rate corresponding to two months per year (Socialstyrelsen, 2017). The average life expectancy is defined as the expected lifespan at a given age based on mortality and survival for all ages. The current longevity is 81 years for men, 84 years for women, and an average of 83 years. According to Statistics Sweden (Statiska Centralbyrån, 2016), nearly two million or 20% of Sweden’s population are 65 years or older, and the figure is expected to increase by 300,000 or 16% over the next 10 years.

Healthcare professional’s turnover in hospital settings

Healthcare professional turnover has been the focus of research interest since the beginning of the century (Hom, Lee, Shaw & Hausknecht, 2017). Turnover in healthcare is a challenge for both managers in the field and organizational researchers, and the phenomenon is seen as complex and multifaceted with factors that affect all
areas in healthcare (Hayes, O'Brien-Pallas, Duffield, Shamian, Buchan, Hughes & North, 2012). Besides, healthcare professional turnover generates additional costs for recruitment, selection, and training of new healthcare professionals (Park and Shaw, 2013).

According to Duffield, Roche, Buchan, Dimitrelis, and Homer (2014) as well as Westin (2017), there is currently a high healthcare professional’s turnover nationally and internationally. In Sweden, there are reports about the mass number of healthcare professionals choosing to quit their jobs in hospitals across the country due to many factors, such as heavy workloads, stress, low wages, and poor leadership (Vårdförbundet, 2018). On the international front, according to a 2014 study, the staff turnover among nurses in New Zealand was 44.3%, while in the United States it was 26.8%, and in Canada 19.9% (Duffield et al., 2014). There is a consensus that healthcare professionals’ turnover is both costly and devastating for the quality of care and patient safety (O'Brien-Pallas, Murphy, Li, Shamian & Hayes, 2010). Research has linked healthcare professional turnover to reduced productivity of staff (Hayes, O'Brien-Pallas, Duffield, Shamian, Buchan, Hughes & Stone, 2006).

Malloy and Penprase (2010) concluded that leadership has a central role to play in work environments and can affect them either positively or negatively. Cummings, MacGregor, Davey, Lee, Wong, Lo, and Stafford’s (2010) results suggest that the relationship between leaders and followers plays an essential role on the results at the individual, group, and organizational stages. This relationship can, therefore, affect factors such as workers’ job satisfaction, organizational commitment, and turnover. Furthermore, Paquet, Courcy, Lavoie-Tremblay, Gagnon, and Maillet (2013) also emphasize the centrality of the leader’s role in the creation of an optimistic work environment within the healthcare system, since providing a positive and healthy work environment correlates with increased patient safety and well-being among healthcare professionals.

The evidence clearly states that there is a strong association between leadership and the creation of healthy work environments. However, there is little evidence on the topic of
what establishes effective leadership in the types mentioned above of settings that entail several challenges, including high healthcare professional turnover, economic pressures, shortages, and technologic advances (Northouse, 2018).

According to Stengård, Berntson, Dellve, Härenstam, Skagert, Pousette and Wallin, (2013) healthcare professional turnover can consequently increase the manager’s turnover intention which subsequently can lead to many negative impacts for the organization as a whole, for example, reduced productivity and the loss of competence and valuable knowledge.

**Authentic leadership theory**

The AL theory is comparatively new in contrast to other leadership theories, such as servant leadership, transactional leadership, and transformational leadership (Clapp-Smith, Vogelgesang & Avey, 2009).

Although there are many leadership theories applied in healthcare such as transformational and transactional leadership (Bass and Avolio, 1994), emotional intelligence through resonant leadership (Rossi, 2005), and servant leadership (Anon, 1979), several focus predominantly on leader or follower characteristics or behaviors, and very few on the leader-follower relationship (Northouse, 2018). Focusing on leader self-awareness and relational transparency, AL concentrates on the relationship between leaders and followers in terms of personal and social identification. Furthermore, it concentrates on the role of emotions and trust in leader-follower relationships (Walumbwa, Avolio, Gardner, Wernsing & Peterson, 2008). Additionally, AL emphasizes the constructive role modelling of uprightness, honesty, and high ethical principles in the development of leader-follower associations. In terms of motivation, AL is thought to restore optimism, build confidence, promote transparent relationships, and foster trust and commitment, which is vitally essential to motivate healthcare professionals and improve patient outcomes (Davidson, Mitchell, Beverly, Brown, Rettiganti, Walden & Wright, 2017).
Many scandals and mishaps in both private and public healthcare revealed examples of poor leadership, in which leaders did not earn the trust and respect of their subordinates. This has resulted in employees admiring leaders with attributes of honesty, genuineness, and trustworthiness (Hassan and Ahmed, 2011), and because of these aspects, AL theory was created.

Peterson, Walumbwa, Avolio, and Hannah (2012) define authenticity as ‘being true to one’s own personality, character and spirit’. Thus, leadership often is seen as the ability of leaders to elicit and prompt behavior from their followers. Contrastingly, AL accomplishes this task by the leader’s ability to be true to him or herself in this process.

Authentic leaders perform in ways that are parallel with their personal beliefs, principles, feelings, and needs (Rego, Sousa, Marques & Cunha, 2012). Their actions are full of genuineness and sincerity, and their expressions and body language mirror their thoughts (Ladkin and Taylor, 2010). Avolio, Gardner, Walumba, Luthans, and May (2004) state that an authentic leader is a person with high self-awareness of values, abilities, and knowledge. Furthermore, the authentic leader is described as self-confident, flexible, and hopeful with a strong moral character. Several perspectives define AL, which includes interpersonal, intrapersonal, and development perspectives (Costas and Taheri, 2012). The interpersonal view concentrates on the interactions and relations between the leader and his or her subordinates, while the intrapersonal standpoint focuses on the qualities, traits, and thought processes of the leader, in which the emphasis is positioned on the leader’s self-regulation, self-knowledge, and self-concept (Northouse, 2018).

Followers usually reciprocate their leader’s behavior; if the leader is authentic, followers ‘acknowledge and accept themselves, and identify their behavior to reach goals that are parallel with their leader’ (Walumbwa et al., 2008). The development perspective centers on the basic knowledge that AL can be created and improved over time and does not require an innate skill or trait (Northouse, 2018). These developments happen through self-knowledge, awareness, and self-regulation that improve over time as a result of the leader’s own experiences (Avolio, Gardner, Walumba, Luthans, &
May, 2004). According to George (2003), self-awareness, internalized ethical perspective, relational clarity, and balance processing are the four primary components of AL. Self-awareness relies on a profound examination of one’s personal values, emotions, identity, goals, and motives (Gardner and Pipe, 2005). These ruminations, particularly concerning one’s life experiences, can provide insight into one’s true self. Improving self-awareness is not an effortless task, rather a process that happens over time (Avolio, Walumbwa, & Weber, 2009). Possessing an internal moral perspective is the ability to behave based on personal beliefs and ethics, resisting the effect of others’ influence (Wooley, Caza, & Levy, 2011), while balanced processing is being able to have an open mind and contemplate other people’s perspectives without bias (Northouse, 2018). Finally, relational transparency is the ability to wholly consider one’s viewpoint, while at the same time discovering the perspectives of others with an open and honest mind (Wong and Cummings, 2007).

**Developing authentic leadership**

Maxwell (2007) stated that not everyone is born a leader; however, one can develop leadership skills nonetheless, and the leadership development process takes deliberate determination and time. Since self-awareness is a vital component in AL, the process of self-discovery is an efficient method to begin. It is not a straightforward task to account for one’s emotions and uncovers feelings, biases, values, and beliefs, especially when one does not realize that one possesses them. One primary method to begin this development process is by taking personality tests. A worthy example is the Big Five Project personality test by Costa and McCrae (1992). This personality test can provide insight into attributes such as communication styles, relationships, thought processing patterns, and values. Reflection is another way of developing self-awareness since it involves the examination of experience through a method of deep introspection (Ash and Clayton, 2004). As one examines past experiences, one must seek to specify thoughts and feelings, lessons learned, and their benefits, so meaning from personal experience can be gleaned. Reflection is not a simple task for many people. There are some that find it challenging to make the distinction between retelling simple facts
related to a particular experience (Not Reflecting) in comparison to the identification of deep, introspective personal meaning that experience holds reflection (Ash and Clayton, 2004). One must keep in mind that reflection can evoke unexpected, unpleasant emotions. There are effective ways to practice reflection, by keeping a diary or journal and by taking time to recount events of the day with a specific focus on particular circumstances that elicited feelings and inspiration. It is vital to acknowledge if one has learned a lesson from an event, or if one needs to change actions and still feel the same. By perfecting this skill of reflection, one can gain knowledge of the inner being and personal morals, values, emotions, beliefs, and thought processes, which can result in self-awareness and an internalized moral standpoint.

As stated before, individuals who depend on an internalized moral perspective can stand strong in their own values and beliefs without letting the influence of others affect their opinions or behaviors. Even though values and beliefs are formed through evolving experiences dating back to early childhood, they are also likely to continue to gain transparency and further develop a person’s moral perspective in adulthood (Hinojosa, McCauley, Randolph-Seng, & Gardner, 2014). A study by Kouzes and Posner (2017) found that one can be authentic only when one leads according to important principles that matter the most to one. Firstly, in terms of values, not all people share the same perspective. As an authentic leader, one can develop the capability to identify the values that one shares with others and find common ground, which can improve credibility and increase authenticity (Kouzes and Posner, 2017).

The learning process requires an open mind, and the acceptance of others’ perspectives is a difficult task for some, specifically individuals who already possess a strong sense of their perceptions. However, authentic leaders can use their ability to balance processing to seek input from and consider the perspectives of others when making decisions (Wong and Cummings, 2009). As per Ilies, Morgeson, and Nahrgang (2005), leaders who spend their time acknowledging the perspectives of others achieve a greater sense of mutual well-being. Perspective-taking is a term mostly used in the context of conflict resolution management. However, the principle also relates to the development of the ability to see others’ perspectives openly, without bias.
To recognize other people’s perspectives is as not a simple as it sounds, to take time and acknowledge others’ points of view with objectivity (Runde and Flanagan, 2012). The diversity of others’ approaches can lead to new insights in perspective-taking, and thus develop creative solutions to tasks (Hoever, van Knippenberg, Van Ginkel, & Barkema, 2012). The more one accepts other people’s perspectives, the more positive the relationship outcome for both parties (Gehlbach, Marietta, King, Karutz, Bailenson, & Dede, 2015). After studying the perspectives of others, one must consider them without bias. Sample (2009) refers to this concept as thinking grey. It is the ability to consider situations not only in the extremes of white or black but in many shades of grey. Sample (2009) recommends that leaders, when making decisions, do not do so haphazardly, but wait until all the sides have been considered, and all the perspectives have been identified.

Transparency in relationships is also a proficiency that authentic leaders must improve. This skill entails leaders, to be honest, and open in their communications and actions with others, which will, in turn, encourage followers to feel comfortable sharing their perspectives, suggestions, concerns, and ideas (Wong and Cummings, 2009). It provides leaders with the ability to act within the boundaries of their values, and hence, communicate in a positive manner that mirrors full authenticity (Hinojosa et al., 2014). Learning to be honest and transparent involves developing confident and assertive communication skills.

Management vs leadership

In healthcare, there are both managers and leaders at different levels in organizations. Hence, these different roles and the concept of leadership need to be clarified for the clinically active healthcare professionals in hospital settings. There are numerous definitions of leadership, as there are individuals who have tried to construe the concept (Yukl, 2012). The manager has a formal appointment to a managerial position and is part of a hierarchical arrangement in an organization. The healthcare manager has an overall responsibility, in which patient safety and quality assurance of care are regulated.
in the Patient Safety Act (SFS 2010: 659). The manager is also expected to be a leader. The term leader may include people who do not have formal managerial positions but take on leadership roles (Yukl, 2012).

Yukl (2012) describes many different styles of leadership, but the common attribute is the ability to influence others. Kotter (2014) asserts that leadership means carrying out positive changes that help an organization move forward. Furthermore, he believes that management and leadership are not synonymous, but both are needed to drive an organization forward. According to Yukl (2012), leadership is a process that involves persuading others to understand and agree on the tasks that should be performed and their execution. Leadership is also a process that aims to facilitate individual and joint work towards shared goals. The definition above is one of several ways to define and explain the concept of leadership. Leadership seeks to structure and participate in activities and relationships with employees consciously. Leadership is a procedure in which an individual motivates and impact on other people towards a common goal (Yukl, 2012). To succeed in leadership, according to Bolman and Deal (2019), a coherent overall picture is required. It is crucial for all employees to feel that the work they do is meaningful. To allow employees to use their experiences and receive positive feedback when needed is essential. Bolman and Deal (2019) state that leadership can be singular but recommend that it is shared with others. To achieve a successful organization, leaders must be available on several different levels in an organization (Bolman & Deal, 2019).

Yukl (2012) believes that there are standard characteristic features of effective leaders, and these properties are parts of integrality. Successful leaders have high-stress tolerance and strong self-confidence and inspire confidence in others; they are responsible and grant employees’ opportunities to participate. Furthermore, Yukl (2012) believes that leadership is about caring for relationships with employees by showing empathy, being an active listener, and contributing to personal development. Bolman and Deal (2019) describe that there are common characteristics that make up an effective leader, which include that a leader inspires, creates trust, and builds relationships with employees.
Authentic leadership in healthcare

Authentic leadership has proven to contribute to positive attitudes and behaviors of the healthcare professional team and a better organization in healthcare (Wong and Cummings, 2009). Central to AL is that healthcare professionals are offered opportunities for independence and participation in their work and that they socially identify with the leader. Furthermore, Datta (2015) argue that AL reduces the healthcare professional’s sense of emotional fatigue and cynicism, which is a contributing factor to burnout. Authentic leadership is also considered to contribute to greater trust from healthcare professionals and increased patient safety (Datta, 2015). According to Wong and Cummings, 2009), it is vital that the leader in his or her collaboration with healthcare professionals emphasizes openness and self-awareness.

One crucial component of AL is authentic followership, which is the process of acting in accordance to one’s genuine self, even as one acknowledges the standpoints of others, thus building a sense of ‘autonomous ambition’ (Leroy, Anseel, Gardner, & Sels, 2015). According to a study by Leroy et al. (2015), AL and authentic followership are interlinked. Authentic followers felt their job performance mirrored their true selves and had a feeling of their essential needs being met when they had an authentic leader. This kind of relationship between followers and leaders can lead to firmer relationships, which yield improved organizational results (Uhl-Bien, Riggio, Lowe & Carsten, 2014). Studies reveal that AL indeed leads to successful results. A study by Davidson et al. (2017), found that AL minimized incidents of bullying in the workplace and therefore reduced the emotional exhaustion of healthcare professionals. This led to improved job satisfaction and in turn, improved job output. Another study by Wang, Sui, Luthans, Wang and Wu (2014) established that healthcare professionals with lower levels of hope, efficacy, resilience, and optimism exhibited the most improvement with AL.
Critique of authentic leadership theory

There are a number of criticisms to the model of authentic leadership theory. For instance, as AL is heavily dependent upon the leader’s life, it will probably be influenced by the leaders’ culture, socio-economic standing and many other different aspects (Zhang, Everett, Elkin & Cone, 2012). Moreover, the degree and effectiveness of a leader’s AL are relative to the cultural, structure and situational context; then no singular interpretation of the idea is feasible (Zhang et al., 2012). According to Sanchez-Runde, Nardon & Steers (2011) leadership is a cultural construct, which means that it is based in many cultural settings wherever and whenever it is exercised and therefore the leaders ought to act in authentic ways in which are compatible and excepted with the native anticipations. Thus, the practices of AL in a corporation based mostly in an individualistic society, for example, the western world could be considered rude or disrespectful in an exceedingly cooperative society like the eastern part of the world. According to Gardiner (2011), the construct of AL is profoundly flawed because it fails to consider how societal and past situations affect one’s capability to be a leader. According to Zhang et al. (2012) AL theory deficiencies in validity in the eastern part of the world, for example, India or China, but as the economic growth of these countries occurs internationally, the cross-cultural understanding increases and might lead to more applicability in non-Western countries. Despite the criticisms, AL theory continues to be researched and well advised as a modern leadership theory (Covelli, Bonnie, Mason & Iyana, 2017).

Leadership styles and organizational impact

The leadership style executed can have a weighty impact on the success or failure of the organization. Leadership is not just about making decisions. It is also about the kind of culture present in the workplace, the structure of the organization, and how to handle problems and issues that can destabilize the whole organization. Leadership styles affect everyone from senior management to the newest coworker. They create a corporate culture that influences the organization and its performance (Klein, Wallis & Cooke,
According to Raluca-Elena Hurduzeu (2015) and Ebrahim Hasan Al Khajeh (2018), the leadership role in an organization is very central in creating an ambition, objective and a formation of achievable purposes, for example, designing diverse approaches, policies, and techniques to attain the organizational goals effectively and proficiently along with guiding and harmonizing the efforts to achieve good results.

**PROBLEM**

Healthcare professional turnover has a costly impact on organizations and patient safety. Several studies have underlined the serious aspect of leadership in augmenting healthcare professional retention and improving work environments and patient care quality. Longer life expectancy is leading to an increasing need for healthcare services; this requires healthcare teams to work with complex patient needs. To perform high-quality care, healthcare professionals must have leadership that supervises and supports one another and communicates knowledge to increase the quality of care. Therefore, it is of enormous importance that everyone on the team understands the meaning of leadership. Few research studies examine the influence of AL in hospital settings. Hence, the purpose of this study is to describe the impact of authentic leadership on the work environment and patient outcomes in hospital settings.

**STUDY PURPOSE**

To describe the impact of authentic leadership (AL) on the work environment and patient outcomes in hospital settings.
METHOD

Design

The method used was a literature study. A literature study provides a mapping of research results within the selected area. This can thus form a foundation for future research (Axelsson, 2012). A high-quality literature study should be comprehensive, be based on current data and be reproducible, for example, that other researchers should be able to redo the research and arrive at a similar conclusion (Forsberg and Wengström, 2016). It is about creating an overview of the state of knowledge in the related area and raising interest in further research. The motivation is to inform and critically examine a delimited area of knowledge (Axelsson, 2012). This study was conducted by following Polit and Beck’s flow chart in eight steps for literature studies (Polit and Beck 2012), see Figure (1) below.

Figure 1. Flowchart for literature study Polit and Beck (2012).
Selection

The first step was to determine the inclusion criteria and exclusion criteria for obtaining articles that were following the purpose of the literature study. Both quantitative and qualitative research articles were used, which is possible in a literature study and strengthens the study's evidence if both are included (Forsberg and Wengström, 2016).

Table 1. Literature review inclusion and exclusion criteria

<table>
<thead>
<tr>
<th>Elements</th>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Articles that study any healthcare providers as a population such as occupational therapists, physiotherapists, nurse’s physicians, radiologists, nutritionists, and laboratory technicians in hospital settings.</td>
<td>Studies that consider non-healthcare professionals as a population in the study. Different settings than a hospital.</td>
</tr>
<tr>
<td>Study design</td>
<td>Peer-reviewed original research (Quantitative, qualitative and mixed method) with quality level medium or high. Available in English or Swedish with full text accessible. They are published between the years 2010-2019.</td>
<td>Dissertations and theses Full text not accessible. English/Swedish full text not accessible. Low-quality articles.</td>
</tr>
</tbody>
</table>

Inclusion criteria

Articles included in this study would respond to the purpose of highlighting the authentic leadership in hospital settings. The original articles are "peer-reviewed", which means that the articles were scientifically reviewed, kept a high quality and are available in full text. The chosen language for the original articles was written in English or Swedish. The search was limited to nine years back in time, between the years 2010-2019. The time limit was used to find current articles in the research area.
The direction of the articles would be authentic leadership in hospital settings. The studies would include authentic leadership and hospital settings in the abstract.

**Exclusion criteria**

Studies with non-relevant settings and studies that did not match the purpose are excluded (Kristensson, 2014). Selected exclusion criteria were literature review articles as well as articles that focused on other aspects than authentic leadership in hospital settings. Articles written in languages other than English and Swedish are excluded. Articles that did not focus on authentic leadership and hospital settings were excluded as presented in the summarized search process in Figure 2 below.

![Flowchart](image)

Figure 2.
Quality criteria

Articles that corresponded to selected inclusion and exclusion criteria underwent a quality review (SBU, 2017). The articles that were considered to be of high or medium quality were included. Both quantitative, qualitative and mixed method research was included to ensure that no relevant research was excluded (Polit and Beck, 2012). Original articles that did not meet the inclusion criteria and did not match the purpose were excluded. Articles with high reading comprehension, clear structure, with well-defined questions and a clearly described method, where results and interpretation of results were logical and understandably increased scientific quality where selected (SBU, 2017).

Ethical Aspects

It is important to consider ethical reflections when a literature review is to be executed. Some of these ethical aspects to be considered by the author are that the included studies should be approved by the ethics committee (Forsberg and Wengström, 2016). The ethical committee has approved all the studies included in this research.

DATA COLLECTION

Database search

According to the SBU (2017), several studies show that it is not enough to search in one database, but it is required to do searches in several databases to find all studies that correspond to the purpose. The question formulation governs the choice of databases (SBU, 2017). The author has chosen to use databases in health and medicine. A search for the literature was done in the databases OTseeker, Medline, Pubmed, Health management database, Svemed+, Cinahl and PsycINFO. To find relevant keywords for the area, Swedish MeSH was used.
Search terms

Keywords were identified and determined based on the purpose of the study; then databases were selected for searching relevant literature. Searches were done in the above-mentioned databases with a focus on care and medicine so that the author did not miss relevant articles to the study. The literature search was performed in the databases between January - March 2019. The keywords were chosen based on the overall purpose. Search terms used were authentic leadership, hospital settings and healthcare. Free text search was used for the terms that did not exist as MeSH terms or CINAHL Headings. Boolean operators were used, for example, AND and OR to help precise and aid the article search.

Search strategy

The keywords were combined with each other to obtain the most relevant articles (Polit and Beck, 2012). A discussion with the librarian at Borås University has taken place regarding the keywords and the search strategies. Based on the title, the first selection of articles was made, then the abstract was read thoroughly, and the author critically examined the content. Several articles were excluded immediately as the articles did not match the study purpose. In total, abstract articles were scrutinized in one hundred and nineteen articles. When titles and abstracts on the articles matched the purpose and inclusion criteria, the articles were read in full text. Twenty articles did not match the purpose and were excluded, as shown in Figure 2. Twenty-six articles were read, and after the quality review, no articles were excluded due to the fact that all articles met the approved level in the quality review. The search resulted in twenty-six eligible articles. A total of 24 quantitative articles, one qualitative and one mixed method article were selected. The quality was examined according to the SBU’s quality review template, which can be used as a support for reviewing a study result. Several issues address different quality aspects that affect the validity and reliability of the studies, where the study’s results are assessed according to three levels, low, medium or high (SBU, 2017). The author decided to include studies that are approved by the ethics committee (Forsberg and Wengström, 2016).
DATA ANALYSES

All articles have been analyzed according to the study's purpose via a literature review content analysis (Axelsson, 2012). The articles were read in their entirety by the author, and a summary was written to clarify the content of the articles, as seen in Appendix 1. The author carefully read the articles several times to interpret and compile the results with a credible and systematic approach (Willman, Stoltz & Bahtsevani, 2014). Furthermore, the articles were analyzed, and the relevant parts that corresponded to the purpose of this thesis were color-marked. Main category and subcategories could be identified (Axelsson, 2012). Similarities and differences among the articles were identified and grouped into four subcategories and one main category (Friberg, 2017).

RESULTS

The results are presented in four subcategories that address the purpose of the study, as shown below in Table 2. The subcategories were combined into one main category: Authentic leaders in hospital settings.

Table 2. Category and subcategories

<table>
<thead>
<tr>
<th>Subcategories</th>
<th>Main category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased optimism and trust</td>
<td>Authentic leaders in hospital settings.</td>
</tr>
<tr>
<td>Job satisfaction, creativity and turnover</td>
<td></td>
</tr>
<tr>
<td>Patient care quality</td>
<td></td>
</tr>
<tr>
<td>Structural empowerment and work engagement</td>
<td></td>
</tr>
</tbody>
</table>
The included articles were published between 2010 to 2016 (Appendix 1 summarizes the main components of the included studies). A clear majority of the 26 studies were quantitative research articles ($N = 24$), while one study used a qualitative method based on the grounded theory. The 26th article was a mixed methods study. The research data in the mixed methods study were gathered using both interviews and surveys. In the quantitative articles, the data assortment was achieved with one- or two-wave surveys. The articles that included the authentic leadership questionnaire were ALQ ($N = 21$), and the authentic leadership inventory was ALI ($N = 4$). A considerable number of the included studies originated in Canada ($N = 20$), while the rest originated in Australia, South Africa, India, Iran, Belgium, and Israel. Nurses, notably newly graduated nurses, were the most common study population. Other healthcare professionals under study were nurses with many years of experience, administrators, managers, doctors, specialists, apothecarists, medical student, dentists and their aides, and other healthcare professionals (e.g., maintenance and research staff in hospital settings). All the studies were administered in a hospital setting, with acute care being the most researched. Only a small number of studies listed the studied work area, though the private and public healthcare sectors were studied in a few cases. The included studies comprehended AL according to its original description (Avolio and Gardner, 2005). The included studies results emphasized the beneficial outcomes of AL in healthcare.

**Increased optimism and trust**

Numerous studies have noted a need for robust leadership to create cultures of safety through by developing trust in leaders (Wong and Cummings, 2007). According to Avolio et al. (2004), AL is the core ingredient of effective leadership needed to produce trust, optimism, and sustainable work settings that stimulate high-quality patient care and positive recruitment and retention of healthcare professionals. The most extensive research theme was increased **optimism** (Laschinger and Read, 2016; Stander, De Beer and Stander, 2015) and **trust** (Coxen, van der Vaart and Stander, 2016; Wong, Laschinger and Cummings, 2010; Stander, De Beer and Stander, 2015; Wong and Giallonardo, 2013). The studies in this subcategory included research on AL’s affiliation with increased optimism and trust at work. In terms of optimism and trust,
AL is maintained to restore optimism, build confidence, promote transparent relationships, and promote trust and commitment, which is vitally essential to motivate healthcare professionals and improve patient outcomes (Laschinger and Smith, 2013). Findings provided support for positive affiliations between AL and increased optimism and trust.

**Job satisfaction, creativity, and turnover**

Authentic leadership has a significant positive impact on work contentment, self-reported work performance through structural empowerment, and work retention (Wong and Laschinger, 2013). *Job satisfaction* (Fallatah and Laschinger, 2016; Giallonardo, Wong and Iwasiw, 2010; Laschinger and Fida, 2014 (B); Laschinger and Fida, 2015; Laschinger, Borgogni, Consiglio, and Read, 2015; Mortier, Vlerick, and Clays, 2016; Nelson et al., 2014; Read and Laschinger, 2015; Rahimnia and Sharifirad, 2015; Wong and Laschinger, 2013), *creativity* (Malik, Dhar and Handa, 2016) and *job turnover intentions* (Fallatah, Laschinger and Read, 2016; Laschinger, Wong and Grau, 2012; Laschinger and Fida, 2014 (A). The findings support positive relationships between AL and job satisfaction and decreased staff turnover. According to Bonenberger, Aikins, Akweongo, and Wyss (2014), job satisfaction and retention are some of the most important factors for healthcare professionals, and leadership style can have an enormous effect on all these factors, either positively or negatively.

**Patient care quality**

Authentic leadership has a constructive influence on healthcare professionals and organizations as a whole (Boshoff, 2018), as well as a tremendous positive influence on *patient care quality* (Johansson, Sandahl and Andershed, 2011). The articles in this grouping contained research on AL’s affiliation with *patient care quality* (Boamah, Read, and Laschinger, 2016; Shapira-Lishchinsky, 2014; Wong, Laschinger, and Cummings, 2010), *patient safety performance* (Stevens, Hemmings, Scott, Lawler and White, 2014; Shapira-Lishchinsky, 2014) and favorable patient results (Wong and
Giallonardo, 2013). The findings support positive relationships between AL and care quality and increased safety performance.

**Structural empowerment and work engagement**

The articles in this grouping incorporated research on AL’s affiliation with *work engagement* (Bamford, Wong, and Laschinger, 2013; Giallonardo et al., 2010; Mortier, Vlerick, and Clays, 2016; Stander et al., 2015; Wong, Laschinger, and Cummings, 2010), and *structural empowerment* (Laschinger, Wong, and Grau, 2013; Laschinger and Smith, 2013; Laschinger and Fida, 2015; Laschinger, Borgogni, Consiglio, and Read, 2015; Read and Laschinger, 2015; Regan, Laschinger, and Wong, 2016; Wong and Laschinger, 2013). The findings support positive relationships between AL and structural empowerment, work engagement, and workgroup relationships.

**DISCUSSION**

**Method discussion**

This study is a literature study of mostly quantitative studies, along with one qualitative study and one mixed method study, with the purpose of describing the impact of AL on the work environment and patient outcomes in hospital settings. Qualitative research is used to achieve a deeper understanding of the phenomenon, something that quantitative analysis cannot capture. By using both quantitative and qualitative studies, this discussion can provide an increased understanding and interpretation of the results (SBU, 2017). A qualitative approach has contributed to a deeper understanding of the area in which different factors were considered, while the quantitative approach has contributed to a larger group of participants, which means that the study captured a higher number of individuals upon which to base its results. The mixed method approach includes a better, fuller, and more profound understanding, as well as a
reinforced explanation that provides its strengths that offset the weaknesses of both quantitative and qualitative research (Johnson, Onwuegbuzie and Turner, 2007). The quantitative research approach was basically used on almost all the included articles. Qualitative research in a hospital setting may bring a perspective that quantitative research cannot (Holme, Solvang & Nilsson, 1997). Mixed methods studies, however, may have significant combined perspective (Watkins and Gioia, 2015). Therefore, additional mixed methods and qualitative studies might convey new perspectives and different research themes to the study topic. This literature review has limits, as it included only peer-reviewed original study articles of high or medium quality, consequently excluding all other information supply sources that might have included data about the subject.

This study’s purpose focused on authentic leadership in hospital settings. Authentic leadership in healthcare, in general, is a much broader subject area that required precision since the subject is relatively unexplored. The subject of the study dictated the choice of databases, and the author has chosen to remain within the subject databases in healthcare and medicine. Since no single database could provide all the necessary information, searches had to be conducted in numerous databases, which were selected in accordance with the study purpose and were expected to be associated with authentic leadership, hospital settings, and healthcare. According to SBU (2017), the literature search must be done in a minimum of two databases. The use of many databases in this study is thought to be a strength. This review analyzed the main features of the included studies. More multipurpose research characteristics might raise the generalization of the study results (Forsberg and Wengström, 2016) and provide a broader understanding of AL in hospital settings.

The literature search resulted in 26 articles, as seen in Figure 2. All the included articles were of high quality except for one study, which was of medium quality. The author chose to include research with both high and medium quality articles, which is an advantage of this literature review. The author used Swedish MeSh to find relevant keywords. The author believes that the credibility of the study has increased through the use of several databases, which provide a broader overview of the subject. However, the
The timeframe for the search in these databases can be seen as a negative element to the credibility, given the time limit in the execution of this master's thesis (Polit & Beck 2012). The search was limited to articles in English and Swedish. However, valuable studies might have been published in other languages, thereby possibly affecting the outcome of this study.

The author has chosen to use a literature content analysis, according to Axelsson (2012) to analyze large amounts of text and identify differences and similarities in the given text. The author has discussed this method with the supervisor and considered it appropriate for use in this literature study. The experience of authentic leadership can vary from one healthcare professional to another, and therefore, literature review content analysis was used to illustrate the similarities and differences within this research topic and increase the reliability of the results. The authors discussed the subcategories and main category with the supervisor, who has been a great support as an expert in the field, and this support can be seen to increase the reliability of the study.

The author has chosen to summarize the included articles in Appendix 1, as seen below, without reinterpretation to enable the reader to generate perceptions and thoughts about the included articles in this literature study, which can be seen as an advantage due to the fact that the majority of these studies are quantitative, resulting in greater confidence in the validity of the results.

The reliability of the study can be substantiated by the fact that it is well described and documented and can be easily reproduced.

**Results discussion**

This literature review was implemented to describe the impact of authentic leadership on the work environment and patient outcomes in hospital settings. Though AL has been studied across many countries in the healthcare framework (Cummings et al., 2010), the research has not been widespread (Peus, Wesche, Streicher, Braun & Frey,
2012). The results of the included articles emphasize the numerous positive effects that AL has on healthcare professionals in hospital settings.

This literature study identified four subcategories in the articles, each of which had different research intentions that are intercorrelated to one another: Increased optimism and trust, job satisfaction, creativity and turnover, patient care quality, and structural empowerment and work engagement. These are central research subcategories for healthcare professionals, as leadership can have an impact on them all (Nelson, Boudrias, Brunet, Morin, De Civita, Savoie, & Alderson, 2014).

Job satisfaction is one of the most prevalent research subcategories because working in healthcare organizations can be mentally and physically demanding (Buchan, Duffield, & Jordan, 2015) and if the wellbeing of healthcare professionals is not considered, severe complications can result, such as mental and physical exhaustion (Cummings et al., 2010) and turnover intentions (Tomey, 2009). This can lead to many adverse effects on the organization as a whole, diminution in patient care quality and satisfaction. However, if healthcare professionals experience job satisfaction, positive outcomes might result in creativity (Rego, Sousa, Marques & Cunha, 2012), optimism, and trust (Valsania, Leon, Alonso & Cantisano, 2012). The authentic leadership model is established to impact healthcare professionals in numerous efficacious ways (Wang et al., 2014). Job satisfaction is a popular and vital research subcategory as it can influence work related stress positively, increase organizational commitment, and staff effectiveness (Gieter, Hormans and Pepermans, 2011).

Examining the impact of AL on patient care results is wise (Bamford et al., 2013), as AL is a factor affecting patient care quality results (Wong and Giallonardo, 2013). The most significant subcategory for AL research is patient care quality since patient care is the focal point of the whole healthcare system. Patient care is so critical that now it is usually strictly scrutinized and regulated. Prior research has shown that AL could improve the cooperation of healthcare professionals (Laschinger and Smith, 2013), which is one of the fundamental techniques that AL impacts the work environment and job satisfaction through AL leadership and followership. The collaboration of healthcare
professionals is a relevant and prominent study topic that possibly will be further researched in the context of AL. Also, the work climate itself in the healthcare setting is a broad notion that can bring a lot of further standpoints to the AL examination, and further studies regarding AL development in hospital settings are needed (Shirazi and Sharifirad, 2013). Another compelling theme for research in health care might be the difference between AL and other leadership models, for example, transactional and transformational leadership. Future research should place substantially more accentuate on the whys and wherefores; AL is frequently seen as a predominant leadership model, particularly in hospital settings, and greater understanding and explanation of this topic is necessary. Authentic leadership’s affiliation with organizational cost-effectiveness and patient orientation could be an admissible research theme as well (Datta, 2015).

Newly graduated nurses were the most prevalent study population in the articles. While examining nurse opinions is prudent, other healthcare professionals such as occupational therapists and physiotherapist opinions must be examined as well, as diverse healthcare professionals have distinct expertise and opinions. The included articles mainly discussed subordinates, which is thus fruitful for investigating AL further on the leader’s perceptions. Acute care in a hospital environment was repeatedly mentioned in the articles. Most studies did not consider the work areas, such as whether it was private or public care. Further research is desirable on the AL in various contexts and work areas. Most of the studies were researched in North America (Canada), and thus, further research should be conducted in alternative geographic regions, such as Europe, Asia, Australia, and Africa. This literature review can guide upcoming research on this matter, as it established numerous research gaps correlated to study features, methods and research themes.

SUSTAINABLE ORGANIZATIONAL DEVELOPMENT AND AUTHENTIC LEADERSHIP

Leadership style and skills, how work is organized, and working conditions play an important role in healthcare professionals’ health and the organization as a whole
(Orvik, Dellve & Eriksson, 2013). Because of the conditions and opportunities provided in the workplace, the development of positive health can be strengthened by, for example, a sense of context, commitment, and well-being. Satisfied healthcare professionals in well-functioning work organizations also provide benefits for the individual, the organization, and society as a whole. To contribute to sustainable development in health and medical care in Sweden, authentic leadership must be recognized (Datta, 2015).

From a health economic point of view, sustainable development is about being cost-effective while providing the highest quality of clinical resources (Socialstyrelsen, 2018), and an essential part of sustainable healthcare is leadership. Therefore, close and authentic leadership is vital for development. If an organization is to succeed, healthcare professionals’ involvement and engagement are essential, and AL plays a vital role in forming a positive ethical environment and sustainable follower performance by developing both authentic leaders and followers (Shirazi and Sharifirad, 2013).

Avolio and Gardner (2005) stated that AL is mainly responsible for “sustainable performance” and job satisfaction. Sustainable performance and job satisfaction are vital parts of patient care quality and a sustainable work environment. Authentic leadership promotes work engagement, health promotion, and wellbeing at work, factors that have an impact on efficiency and excellence in accomplishment and work engagement. Furthermore, work engagement is thought to be a significant part of work-related health, as it is intensely linked to health-related status, as well as effectiveness and features of performance quality (Dellve and Eriksson, 2017). An AL approach is strongly associated with healthcare professionals’ health and work engagement (Boshoff, 2018), which supports sustainable work conditions.

The author hopes that this thesis provides managers in hospital settings with resources and guidance, enabling them to reflect on the facts in the context of their circumstances and to achieve long term sustainability in healthcare and promote the wellbeing of healthcare professionals.
CONCLUSION

The present evidence supports positive relationships between AL and the healthcare professional’s outcomes of increased optimism and trust, job satisfaction and turnover, patient care quality, structural empowerment and work engagement, and trust in the manager. Evidence also supported AL effects on decreasing undesirable workplace behaviors (bullying and impoliteness) and mental and physical exhaustion. In addition, this literature review showed that several of the studies demonstrated a strong correlation between AL and the positive follower and patient outcomes. Structural empowerment, trust, areas of work life, a decrease of burnout, and bullying and impoliteness were significant intermediaries of the effect of AL on outcomes. However, most of the studies that examined AL originated in Canada (20 out of 26), and more than half of the studies were in acute care settings with mostly new graduated registered nurses. There remains a need for future studies using different designs and conducted in a variety of healthcare settings with a more diversified population.

CLINICAL IMPLICATIONS

This study evaluates authentic leadership in hospital settings. Managers and healthcare professionals can use the study results in the healthcare system to obtain comprehensive information on authentic leadership and to implement AL in their clinical environment to increase optimism and trust among each other, job satisfaction, patient care quality and structural empowerment, and work engagement, and to decrease turnover.

The results established that relationships exist between AL and a wide variety of healthcare professionals and patient outcomes. Organizational leaders and healthcare practitioners can use AL theory to increase awareness of the processes or mechanisms to promote positive outcomes in the workplace, while academics can form new studies to examine this model in greater depth. Furthermore, researchers can detect gaps in knowledge and work to fill these gaps and further advance and modify the theory.
REFERENCES

The included studies are marked with *


Shirazi, A., & Sharifirad, M. S. (2013). What causes you to feel included, and why it is important? In 11th International Management Conference.


### Appendix 1. Article summary with quality review according to SBU (2017)

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Land</th>
<th>Design</th>
<th>Data collection</th>
<th>Study population and sample size</th>
<th>Method of analysis</th>
<th>Quality level</th>
<th>Main findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Fallatah and Spence Laschinger.</td>
<td>2016</td>
<td>Canada</td>
<td>Quantitative</td>
<td>Survey. Authentic leadership questionnaire (ALQ).</td>
<td>93 new graduate nurses. Acute care, Hospital settings.</td>
<td>Statistical analysis</td>
<td>High</td>
<td>Supervisors who display AL leadership generate auxiliary proficient proceeding environments and are more likely to boost NGA job contentment.</td>
</tr>
<tr>
<td>2: Fallatah, Spence Laschinger and Read.</td>
<td>2016</td>
<td>Canada</td>
<td>Quantitative</td>
<td>Survey. Authentic leadership questionnaire (ALQ).</td>
<td>998 new graduate nurses (acute care (hospital) and community settings).</td>
<td>Statistical analysis</td>
<td>High</td>
<td>AL had a substantial positive effect on nurses’ personal and organizational identification with their leaders. Personal identification interposed the relationship between AL and organizational identification.</td>
</tr>
<tr>
<td>Study</td>
<td>Country</td>
<td>Year</td>
<td>Study Design</td>
<td>Methodology</td>
<td>Sample Size</td>
<td>Data Collection Setting</td>
<td>Data Analysis</td>
<td>Findings</td>
</tr>
<tr>
<td>--------</td>
<td>----------</td>
<td>------</td>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------------------</td>
<td>---------------</td>
<td>----------</td>
</tr>
<tr>
<td>3: Malik, Dhar and Handa.</td>
<td>India</td>
<td>2016</td>
<td>Quantitative</td>
<td>Survey. Authentic leadership questionnaire (ALQ).</td>
<td>405 nurses and their 81 supervisors</td>
<td>Hospital settings.</td>
<td>Statistical analysis</td>
<td>Organizational identification had a substantial positive effect on occupational coping self-efficacy.</td>
</tr>
<tr>
<td>5: Spence Laschinger and Read.</td>
<td>Canada</td>
<td>2016</td>
<td>Quantitative</td>
<td>Survey. Authentic leadership questionnaire (ALQ).</td>
<td>993 new graduate nurses. Numerous specialties.</td>
<td>Statistical analysis</td>
<td>High Propriety standards support to prevent burnout and coworker impoliteness. Leaders can be able to influence propriety norms by engrossing in AL behavior’s and optimizing.</td>
<td></td>
</tr>
<tr>
<td>Study (Study Reference)</td>
<td>Country</td>
<td>Year</td>
<td>Study Design</td>
<td>Methodology</td>
<td>Sample Size</td>
<td>Data Collection Setting</td>
<td>Statistical Analysis Type</td>
<td>AL Impact</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------</td>
<td>------</td>
<td>--------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------------------</td>
<td>--------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>6:</strong> Rahimnia and Sharifirad.</td>
<td>Iran</td>
<td>2015</td>
<td>Quantitative</td>
<td>Survey. Authentic leadership inventory (ALI). 212 healthcare providers (nurses and other medical professionals) Hospital settings.</td>
<td>High</td>
<td>AL is positively linked to inventive behavior through a healthcare professional’s wellbeing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7:</strong> Read and Spence Laschinger.</td>
<td>Canada</td>
<td>2015</td>
<td>Quantitative</td>
<td>Survey. Authentic leadership questionnaire (ALQ). 191 new graduate nurses. Acute care, Hospital settings.</td>
<td>High</td>
<td>AL builds organizationally empowering job climate that promotes relational social capital among NGA, leading to good health and retention results.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8:</strong> Spence Laschinger and Fida.</td>
<td>Canada</td>
<td>2015</td>
<td>Quantitative</td>
<td>Survey. Authentic leadership questionnaire (ALQ). 723 nurses (Numerous specialties).</td>
<td>High</td>
<td>AL is vital in producing structural enabling professional system settings that promote great excellence care and job contentment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9:</strong> Spence Laschinger, Borgogni,</td>
<td>Canada</td>
<td>2015</td>
<td>Quantitative</td>
<td>Survey. Authentic leadership 1009 new graduate nurses. Acute care.</td>
<td>High</td>
<td>AL had a progressive effect on work areas, Health professional’s self-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Consiglio and Read.  

<table>
<thead>
<tr>
<th>10: Stander, F.W., de Beer, L.T. and Stander.</th>
<th>2015</th>
<th>South Africa</th>
<th>Quantitative Survey. Authentic leadership inventory (ALI).</th>
<th>633 healthcare professionals (administrative, specialist, management, other) Hospitals and clinics (public).</th>
<th>Statistical analysis</th>
<th>High</th>
<th>AL anticipated a state of having positive beliefs and trust in the organization. Positive belief and trust in the organization arbitrated the affiliation between AL and work commitment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>11: Nelson, Boudrias, Brunet, Morin, De Civita, Savoie, and Alderson.</td>
<td>2014</td>
<td>Canada</td>
<td>Quantitative Survey. Authentic leadership questionnaire (ALQ).</td>
<td>406 registered nurses. Working in public, private healthcare and education work environment</td>
<td>Statistical analysis</td>
<td>High</td>
<td>AL has a positive impact on the work environment, consequently escalating levels of mental wellbeing at the workplace.</td>
</tr>
<tr>
<td>12: Spence</td>
<td>2014</td>
<td>Canada</td>
<td>Quantitative Survey.</td>
<td>205 new graduate</td>
<td>Statistical</td>
<td>High</td>
<td>AL decreased work-related productivity, resulting in reduced mental and physical exhaustion, which was related to bad mental health.</td>
</tr>
<tr>
<td>Study</td>
<td>Year</td>
<td>Country</td>
<td>Study Design</td>
<td>Sample Population</td>
<td>Data Analysis Methodology</td>
<td>AL Intensity</td>
<td>Summary</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
<td>----------</td>
<td>---------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>--------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Laschinger and Fida (A).</td>
<td></td>
<td></td>
<td></td>
<td>Authentic leadership questionnaire (ALQ).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15: Spence Laschinger, Wong and Grau.</td>
<td>2013</td>
<td>Canada</td>
<td>Quantitative</td>
<td>342 new graduate and 273 experienced nurses. Acute care. Hospital settings.</td>
<td>Statistical analysis</td>
<td>High</td>
<td>AL was vital to the structural empowering conditions in the work environments, thus contributing to lower levels of emotional fatigue and</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>17:</strong> Spence Laschinger, Wong and Grau.</td>
<td>2012</td>
<td>Canada</td>
<td>Quantitative</td>
<td>Survey. Authentic leadership questionnaire (ALQ).</td>
<td>342 New graduate nurses. Acute care. Hospital settings.</td>
<td>Statistical analysis</td>
<td>High</td>
</tr>
<tr>
<td>Number</td>
<td>Authors</td>
<td>Year</td>
<td>Country</td>
<td>Design</td>
<td>Instrument</td>
<td>Sample</td>
<td>Analysis</td>
</tr>
<tr>
<td>--------</td>
<td>---------</td>
<td>------</td>
<td>---------</td>
<td>--------</td>
<td>------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>21:</td>
<td>Regan, Spence Laschinger and Wong.</td>
<td>2016</td>
<td>Canada</td>
<td>Quantitative</td>
<td>Authentic leadership questionnaire (ALQ).</td>
<td>220 nurses with experience (long-term care, community) Hospital settings.</td>
<td>Statistical analysis</td>
</tr>
<tr>
<td>Study ID</td>
<td>Authors</td>
<td>Year</td>
<td>Country</td>
<td>Study Design</td>
<td>Data Collection</td>
<td>Sample Size</td>
<td>Analysis</td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
<td>------</td>
<td>---------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------</td>
</tr>
<tr>
<td>23: Shapira-Lishchinsky</td>
<td></td>
<td>2014</td>
<td>Israel</td>
<td>Qualitative Interviews team, analysis based on grounded theory.</td>
<td>50 nurses (Numerous specialties) Hospitals and other organizations (public, private, religious)</td>
<td>Qualitative content analysis</td>
<td>High</td>
</tr>
<tr>
<td>24: Boamah, Read and Spence Laschinger.</td>
<td></td>
<td>2016</td>
<td>Canada</td>
<td>Quantitative Survey. Authentic leadership questionnaire (ALQ).</td>
<td>406 new graduate nurses, numerous specialties. Hospital settings.</td>
<td>Statistical analysis</td>
<td>High</td>
</tr>
<tr>
<td>25: Stevens, Hemmings,</td>
<td></td>
<td>2014</td>
<td>Canada</td>
<td>Mixed method Interview/Survey.</td>
<td>29 medical staff and 22 dental</td>
<td>Statistical analysis/</td>
<td>Medium</td>
</tr>
</tbody>
</table>
Scott, Lawler and White, team Hospital setting and dental clinics. Qualitative content analysis. hygiene amenability rates was established. Data discovered that environmental aspects, a good example by the leader and instructions to oppose incorrect views about hand sanitation and infection control might perhaps be more vital responsible factor for patient safety performance in this concern than the actual style of the leader.