

Effect of Educational Program about Head nurses Authentic Leadership Style on Staff Nurses Empowerment and Motivation

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Abstract

Background: Nurses form the largest group of healthcare professionals and are on the front-line of care for patients in hospitals. More excellent patient outcomes result from nurses working in a supportive setting. Organizational leaders necessity to demonstrate trust and independence to encourage nurse motivation, as these behaviors are congruent with intrinsically held nursing values. Authentic leadership has been introduced as the root element of productive leadership needed to develop healthier work environments because there is particular attention to the development of empowering leader-follower relationships. **Aim:** The study aims to examine the effect of the authentic Leadership training program on staff nurses' motivation and empowerment. **Research design** Quasi-experimental research design was utilized in this study. **Setting:** The study was conducted at the Health Insurance Hospital – Minia governorate. **Subjects:** All head nurses worked in the inpatient and outpatient units (n = 23) and all staff nurses worked in the same units (n = 208) are included in the study. **Tools:** four tools were used in this study; Authentic Leadership knowledge questionnaire, Authentic Leadership Self-Assessment scale, Empowerment Scale, and Motivation Scale. **Results:** The total knowledge score and levels of authentic leadership style among head nurses were low before the program implementation; after the program implementation they had higher scores with statistically significant differences; also the staff nurse empowerment score and motivation score was increased after implementing authentic leadership education program for head nurses. **Conclusions:** Authentic leadership training program provided in this study had a positive effect on head nurses through increasing their knowledge and their self-assessment about authentic leadership style after the program implementation during the different times of measurement. As well as staff nurses' motivation and empowerment score increased after implementing authentic leadership educational program. **Recommendations:** Periodical seminars and programs for head nurses are required to develop their leadership style competencies to be more motivated and empowered for their nurses.

Keywords: *Authentic Leadership, Educational Program, Head Nurses, Staff Nurses, Empowerment & Motivation.*

Introduction

The nursing career is various and demanding where role ideals and leaders need to be engaging and inspiring. Some of the biggest impediments facing the nursing profession in today's ever-changing and daunting healthcare setting is knowing and strengthening leaders in nursing care (Scully, 2015). Additionally, nurses remain the backbone of medical care, which is why nursing leaders should produce and maintain a healthy working environment that stimulates and encourages nurses to diminish the turnover of nurses and enhance their organizational commitment. The nurses have been seen to prefer working in an environment that promotes social relationships and encourages participation in decision making (Alshahrani & Baig, 2016).

Leaders have a meaningful part in producing a climate of support and empowerment (Lewis &

Cunningham 2016). Additionally, leaders of now are exacted to consider the human resources of their institutions and produce an atmosphere that promotes individual participation in the organization's work. People crave personalized leadership that talks to their hearts and encourage them to do things they didn't understand they were capable of accomplishing. It is always been a nightmare to operate in an atmosphere where you don't feel a sense of synergy with your boss. Among the numerous forms of positive leadership models like charismatic, transformational, or ethical, the authentic leadership style is emerging as a dominant one (Christy & Duraisamy, 2015).

Authentic leadership has interpreted as, a model of leader behaviour that carries upon and supports both positive psychological capacities and a confident ethical climate, to encourage greater self-awareness,

an internalized moral perspective, balanced processing of information, and relational transparency on the role of leaders acting with followers, nourishing positive self-development (Yadav & Dixit, 2017). The authentic leader prompts followers to investigate decisions and constitutes an environment where the follower considers a sense of belonging (Alok, 2014). Authentic leadership significantly influences trust, especially through compatibility between the words and actions of the leader (Wang & Hsieh, 2013).

So, the implementation of authentic leadership seat influence not alone the nursing workforce and the profession but also the healthcare distribution system and community as a whole. Forming a sound work environment for nursing practice is critical to sustaining a sufficient nursing workforce; the stressful creation of the profession often directs to burnout, inability, and costly absenteeism and ultimately contributes to the escalating shortage of nurses. Leaders perform a crucial role in the maintenance of nurses by developing healthcare practice conditions to provide quality results for staff nurses and sufferers (Shirey, 2006).

Nurses are enabled to reach organizational purposes if their professional environments are structured in systems that afford a path to information, assistance, and devices essential to get the job completed as well as possibilities to discover and grow. Those organizational structures are critical determinants that influence the behavior of the employees (Hassan, 2010). Empowerment is the means of yielding power with employees, thereby magnifying their trust in their capacity to fulfill their jobs and their belief that they are prominent givers to the organization (Bateman & Snell, 2015). Empowerment in nursing can be both originating from the conditions or growing from one's psychological status. It can both psychological or structural. Empowerment as inspected by various nurses is obliged to promote their reduction of power, to affect their working conditions, and to obtain workplace structures to gather structural empowerment (Cicolini et al., 2014).

Empowerment is classified into a relational and motivational level. At a motivational construct, empowerment is an individual's independence, strength, and control. At the relational level, empowerment is control style and employee sharing. The empowered person should have the ability to influence the results and make various operations according to the real situation without trembling making mistakes and getting a penalty for these behaviors (Cai & Zhou, 2009).

Hence motivation is one of the most crucial factors for any organization; it is one of the five factors that

define the existence of any organization, as they set motivation on an equitable footing with men, money, machines, and morale (Reiger & Rees, 2013). Determining and recognizing the factors that motivate employees is a vital need since the performance of any organization depends on the availability of a satisfied and motivated workforce. According to Teklu, (2018) who describes motivation as 'The wellspring of duty behavior or energy, and it relates to the force of a person's willingness to perform allotted work tasks'. In today's workplace, motivation inspires companies to achieve key competitive benefits, raise productivity, market share, and overall gain profits.

According to Armstrong (2012), there are two types of motivation. These are intrinsic and extrinsic motivation. Intrinsic motivation can be seen as acting for the satisfaction that derives from doing such activity and job done rather than the rewards granted for doing it. While extrinsic motivation develops from the connection between carrying out an activity to achieve a distinguishable outcome.

So, the union of leader enabling behaviours and workplace empowerment appeared in reduced levels of job tension and enhanced performance effectiveness. Thus, empowerment has remained associated with leadership behaviours that are similar to behaviours exhibited by authentic leaders as proposed in Avolio et al., (2004) authentic leadership theory. By making motivation and empowerment a pre-requisite requirement for any job, worker empowerment can be strengthened by leaders. Motivation can also be enhanced by showing positive responses and rewards to employees when they perform inventive outcomes (Zhou & Ren, 2011).

Significance of the study

New research shows that a sense of empowerment among employees reconciles the relation between authentic leadership and worker creativity. Furthermore, empowerment is the arrangements in the work patterns which assist subordinates to obtain their targets in a more standardized way. In healthcare research on authentic leadership, it is ascertained that empowered staff has higher responsibility and authority, which is demanded in the healthcare service (Mubarak & Noor, 2018). Research reveals that authentic leadership assists in empowering leader-follower relationships. Wong & Laschinger, (2013) explored that, Relational transparency – component of authentic leadership raises employee empowerment which leads to standardized performance.

It was found at Health Insurance Hospital that some hospital nurses had a negative interaction with their units and want to leave work. And they shared the

bad feeling about their leader by talking to nurses; because of their leadership style, and attitudes when communicating with them. Consequently, there is a requirement to assess the impact of authentic leadership on staff nurse's quality of work life to manage the level of authentic leadership among head nurses and determine its effect upon staff nurse's empowerment and motivation for more advancement of the nursing profession and quality of care.

The conclusions from this study might guide to concrete social reform by contributing health care leaders with information to advance strategies to improve leadership effectiveness, performing more important levels of nurse empowerment, the motivation that results in healthier patients, enhanced nurse retention, and expansion in referrals to healthcare services. These improvements may serve society by minimizing medical mistakes, improving the rate of patient recovery, and ultimately diminishing the expense of healthcare.

Aim of the study

The study aims to examine the effect of the authentic Leadership training program on staff nurses' motivation and empowerment.

Research hypothesis

- The knowledge score of a head nurses immediately after implementing the educational program and during the follow-up periods of the post-test will be higher than before implementing the educational program.
- Self-assessment test score of head nurses about authentic leadership style immediately after implementing the educational program and during the follow-up periods of testing will be higher than before implementing the educational program.
- Staff nurse's test scores of empowerment after implementing the educational program and during the follow-up periods will be higher than before implementing the educational program.
- Staff nurse's test scores of motivation after implementing the educational program and during the follow-up periods will be higher than before implementing the educational program.

Subjects & Method

Design: A quasi-experimental research design was utilized in this study.

Setting: The study was conducted at the Health Insurance Hospital – Minia governorate .

Subjects: All head nurses worked in the inpatient and outpatient units (n = 23) and all staff nurse who worked in the same units (n = 208) are included in the study. Excluded head nurses and nurses who refused to participate in this study.

Tools: To achieve the aim of the present study four tools were used to collect the data .

1) Tool I: Authentic leadership style knowledge questionnaire

The tool consisted of two parts as follows

Part one personal characteristics, which include the data about characteristics of the head nurses such as age, years of experience, and position.

Part two: included: authentic leadership style knowledge questionnaire. This tool was designed to collect data from head nurses to assess their knowledge about authentic leadership, The questions were constructed in either form of true & false, multiple choices. The tool was produced by the researchers next reviewing of related works of literature (**Yadav & Dixit, 2017, Semedo et al., 2017, & Kumar & Pansari, 2015**) the tool contained (50) questions grouped under three headings as follow: authentic leadership, balanced processing, rational transparency, self-awareness, and internalized moral perspective. The questions scored as "1" for the true answer and "0" for the false answer. So scoring system represents varying levels of nurse's knowledge ranging from a low level of knowledge (0-16), moderate level of knowledge (17-33), and a high level of knowledge (34-50). For higher score, the higher knowledge of the head nurse about the authentic leadership style.

2) Tool II: Authentic Leadership Self-Assessment scale

This scale was developed by **Northouse (1999)**. It was used to assess nursing head nurses' authentic leadership behavior. It consisted of 16 items are grouped into four subscales, which include self-awareness "4" items, .internalized moral perspective "4" items, balanced processing"3" items, and relational transparency "5" items. There are no right or wrong responses. The subject's responses were on five points Likert scale ranging (from "not at all (1)point" and "Frequently, if not always (5)". The maximum scores of these scales were 80, these scores were classified into three categories according to the following strength: 16-37 low, 38-59 moderate, and 60-80 high.

3) Tool III: Empowerment Scale

The tool consisted of two parts as follows

Part one: Personal characteristics were designed by the researchers. It was used to collect data about the personal data characteristics of the study participants. It included items related to (age, gender, years of experience, educational qualification and department.....etc.).

Part two: Empowerment Scale

This scale was produced by the researchers based on reviewing the relevant literature (**Cai & Zhou, 2009, Cicolini et al., 2014 & Bateman & Snell, 2015**). It is

used to assess nurses' empowerment provided by head nurses. The questionnaire consisted of 22 items. Responses rated on the "3" points Likert scale varying from (1) rarely to (3) always. The tool scoring is classified as follows: Low from (22-36) moderate (37-51) and high(52-66).

4) Tool III: Motivation Scale

The tool was developed by (Whitaker, 2011) which was adopted and modified by the researchers to meet the purpose of assessing nurses' motivation provided by head nurses. The scale consisted of 25 items. The subject's responses rated on 5 points Likert scale ranging from (1) strongly disagree (5) strongly agree. The maximum score of this scale was (125) these scores were classified as follows: Low motivation (25-58) moderate (59-92) and high motivation (93-125)

The tools Validity and Reliability

Tools were examined for their face validity by 5 faculty members' expertise in this field which field. Tools face validity was made to know the extent to which assumed to be measured. the items sequences, simplicity, importance, applicability, phrasing, term, form, and overall look. Based on experts' comments and instructions; minor adjustments had been made such as rephrasing and rearrangements of some sentences.

Reliability test was estimated using the Cronbach's Alpha Coefficient for the study tools. Cronbach's Alpha Coefficient was used to measure the internal consistency of the items composing to each tool. The values of internal consistency reliability of the four tools were valued. It was 0.99 for tool (1) 0.983 for tool (2), 0.758 for tool (3) and 0.847 for tool (4).

Methods

Procedure

The study was carried through the following stages: Assessment and planning, implementation, and evaluation phase.

The assessment and planning phase

- Official confirmation from the authoritative personnel to conduct the study was obtained before starting the study. Oral agreement of participation from head nurses and nurses staff was obtained.
- The pilot study was carried out on (10%) of the participants (2) head nurses and (25) staff nurses to ensure the clarity and applicability of the tools items and excluded from the study. Hence, minor changes were made.
- Pre-test before the program stated to appraise the head nurses concerning authentic leadership style. The knowledge test was taken from 40 to 60 minutes, and the time needed to respond to the sheet of self-assessment about authentic leadership style was nearly 35 minutes, data

gathered for one month from the beginning of June to the end of June 2019.

- Assess the staff nurses' perception of motivation and empowerment before starting the head nurses program. The Motivation and empowerment scale was given to the nurses by the researcher. The time required to answer this sheet was 20-30 min, data obtained in one month from the beginning to the end of July 2019.
- The researcher was prepared the timetable of the program.
- The researcher has planned the learning atmosphere in which the study was administered, and every needed resource (conference rooms and data show in the hospital).

The implementing phase (implement training program):

- Based on the results of the assessment and planning phase. The training program was developed based on the review of related literature as well as the teaching sessions and time schedules were developed. The program discussed other related topics include; description and importance of authentic leadership, the Theory of authentic leadership, successful authentic leaders, and the future of authentic leaders.
- The study subjects of head nurses were divided into 2 subgroups, every one comprised of (10 - 13) head nurses, and the researcher implemented the program for each subgroup at a separate time.
- Total sessions were implemented according to the practical time of the participant; and it was done in teaching rooms of the hospital's education building.
- The researcher explained the objectives of the educational program to the head nurses; time table and content
- At the start of each session, the objectives of the session were told. The feedback before each session was obtained about the earlier session and after each session, there was a review of the current session.
- The training program was performed for head nurses at the studied hospital. The teaching methods were utilized: lecture, discussion; brainstorming, assignment, and small group work activities.
- The teaching materials were utilized: PowerPoint, video, and booklets.
- The training program was completed in two months from the start of August 2019 to the finish of September 2019.

Evaluation phase

Evaluating of the immediate effect of an authentic leadership training program on staff nurses

motivation and empowerment were done using the four tools as authentic leadership style knowledge questionnaire, Authentic Leadership Self-Assessment scale as well as nurse perception about motivation scale and empowerment scale. It was filled in a period from the beginning of October 2019 to the end of October 2019.

The follow-up was conducted after three months of the program implementation to assess the effect of the authentic leadership training program on staff nurses motivation and empowerment were done using the four tools as authentic leadership style knowledge questionnaire, Authentic Leadership Self-Assessment scale as well as nurse perception about motivation scale and empowerment scale. It was filled in a period from the beginning of February 2020 to the end of February 2020.

Ethical consideration

- Official approval was confirmed by the administrator of the hospital and nurse hospital,
- The head nurses and staff nurses were familiarized that their cooperation in the study was voluntary and no harm if they not engaged in the study.

- Explanation regarding the study was done to the head nurses and staff nurses involved the aim of the study and the potential benefits,
- The head nurses and staff nurses were familiarized with the withdrawal procedures if they decided to leave the study at any time before, during, and or after the completion of data collection,
- Oral consent was obtained from the head nurses and staff nurses following explaining the nature and advantages of the study.
- Confidentiality of data, privacy, identity, willing participation, and the right to decline to participate in the study was emphasized to subjects.

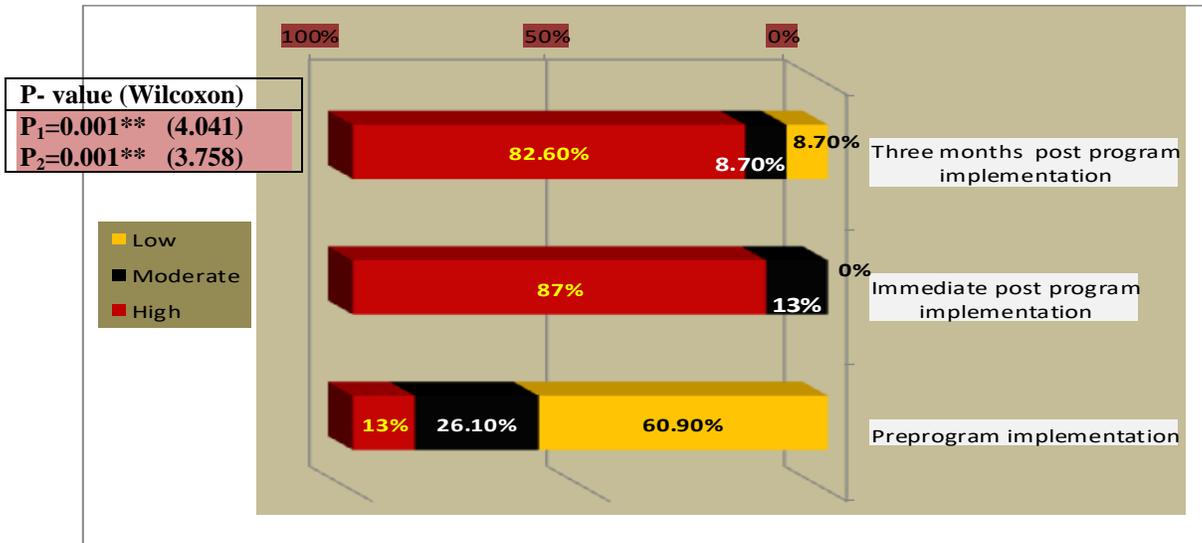
Statistical Analysis

The statistical analysis of data created by utilizing an excel program and SPSS statistical package social science version 24. The description of the data done in form of "mean + SD" for quantitative data and frequency & proportion for qualitative data. The interpretation of the data was done to test the statistically significant difference between groups. The qualitative data chi-square test was used. (P) is significant if $< \text{or} = 0.05$ at confidence interval 95%. The quantitative data, a paired sample t-test was used to compare one group at different times.

Results

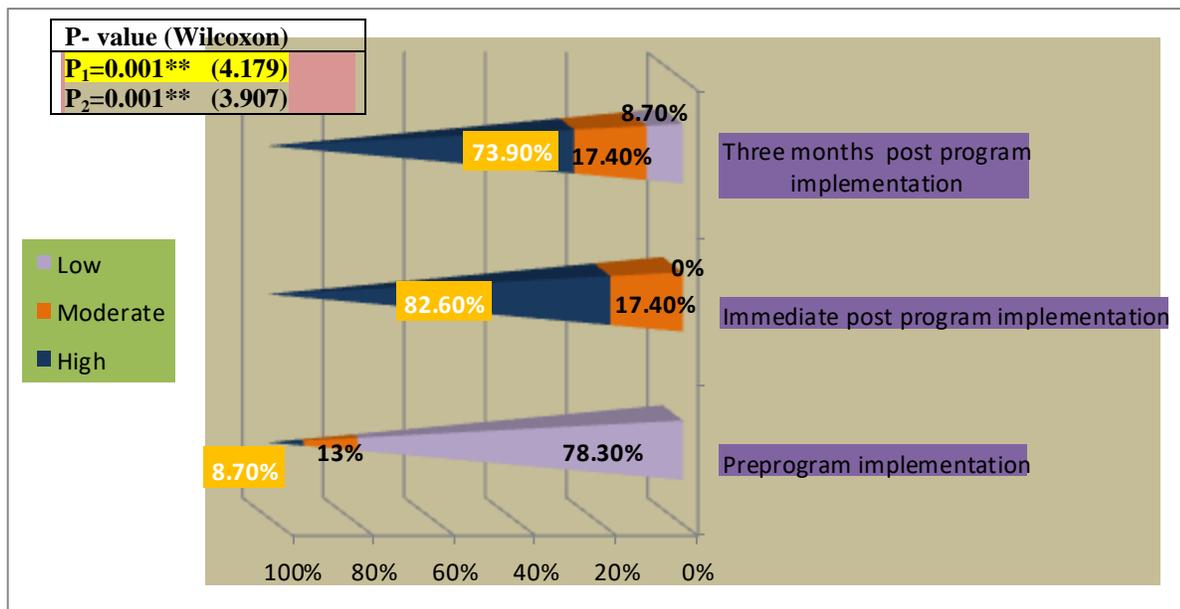
Table (1): Personal characteristics data of the study subjects at Health Insurance Hospital.

Personal characteristics	Head nurses (23)		Staff nurses (208)		
	No	%	No	%	
1. Age					
• >30yrs	11	47.8	1-29yrs	142	68.3
• 30-40 yrs.	8	34.8	30-40yrs	42	20.2
• <40yrs	4	17.4	<40yrs	24	11.5
Mean ± SD	29.35+7.88		27.76 ± 6.38		
2. Sex					
• Male	4	17.4	51	24.5	
• Female	19	82.6	157	75.5	
4. Qualifications					
• Diploma	0	0	123	59.1	
• Institute	0	0	57	27.4	
• Baccalaureate	23	100	28	13.5	
5. Years of experience					
• 1-10	14	60.9	144	69.2	
• 11-20	5	21.7	37	17.8	
• <21yrs	4	17.4	27	13	
Mean ± SD	9.87+7.11		8.92 ± 6.4		
6. Area					
• Critical	6	26.1	93	44.7	
• General	17	73.9	115	55.3	



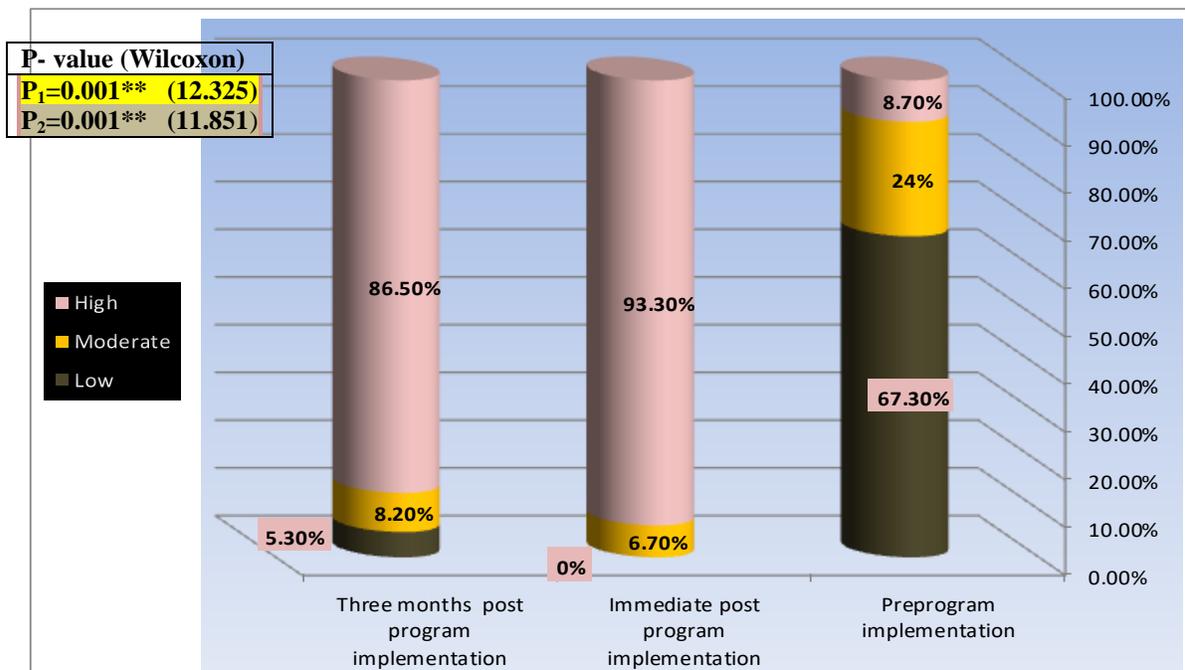
P_1 = pre and immediately post the program implementation
 P_2 = pre and after three months of program implementation
 * $p < 0.05$ (significant)

Figure (1): Distribution of head nurses' total authentic leadership knowledge throughout the program at Health Insurance Hospital (No =23)



P_1 = pre and immediately post the program implementation
 P_2 = pre and after three months of program implementation
 * $p < 0.05$ (significant)

Figure (2): Distribution of head nurses' self-assessment authentic leadership throughout the program at Health Insurance Hospital (No =23)

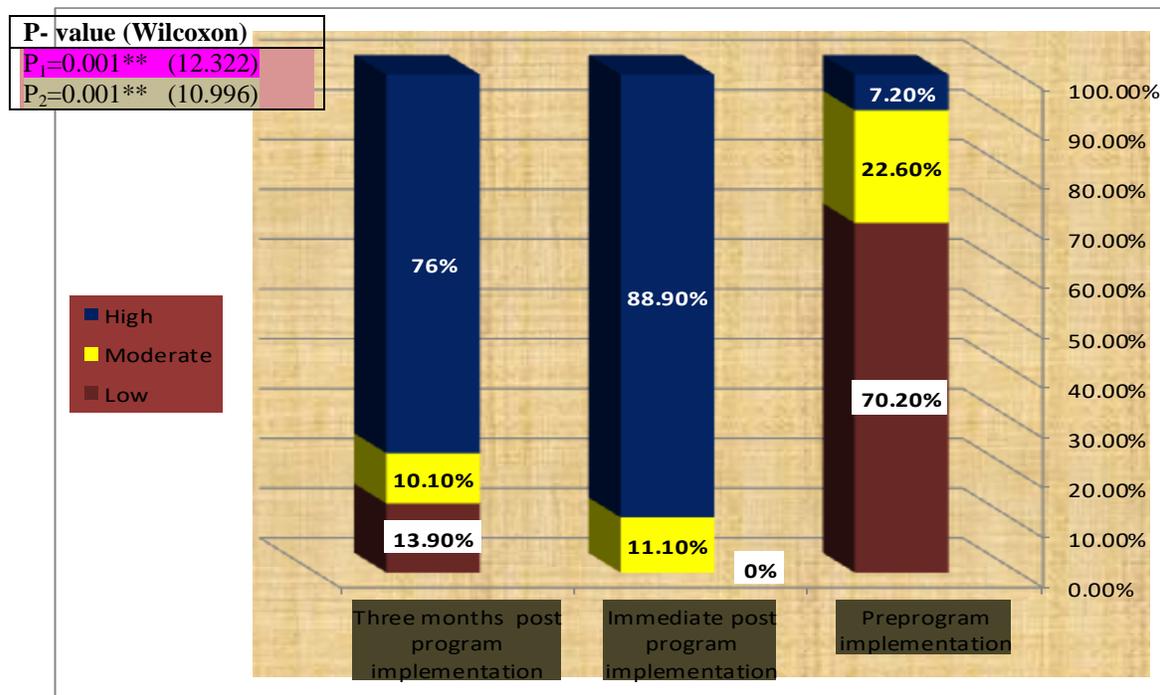


P_1 = pre and immediately post the program implementation

P_2 = pre and after three months of program implementation

* $p \leq 0.05$ (significant)

Figure (3): Distribution of nurses' motivation throughout the program at Health Insurance Hospital (No =208)



P_1 = pre and immediately post the program implementation

P_2 = pre and after three months of program implementation

* $p \leq 0.05$ (significant)

Figure (4): Distribution of nurses' empowerment throughout the program at Health Insurance Hospital (No =208)

Table (2): Comparison between head nurses, total knowledge, self-assessment about authentic leadership, and nurses' motivation during different times of testing at insurance health Hospital

Items	Head nurses' total knowledge (No =23)		Nurses' motivation (No =208)		Fisher - exact (p-value)	Head nurses, self-assessment (No =23)		Nurses' motivation (No =208)		Fisher - exact (p-value)
	No	%	No	%		No	%	No	%	
Preprogram implementation										
Low	14	60.6	140	67.3	.944 (.607NS)	18	78.3	140	67.3	1.367 (.484NS)
Moderate	6	26.1	50	24		3	13	50	24	
High	3	13	18	8.7		2	8.7	18	8.7	
Immediate post-program implementation										
Low	0	0	0	0	1.211 (.389NS)	0	0	0	0	3.276 (.089NS)
Moderate	3	13	14	6.7		4	17.4	14	6.7	
High	20	87	194	93.3		19	82.6	194	93.3	
Three months of post-program implementation										
Low	2	8.7	11	5.3	.972 (.781NS)	2	8.7	11	5.3	3.265 (.153NS)
Moderate	2	8.7	17	8.2		4	17.4	17	8.2	
High	19	82.6	180	86.5		17	73.9	180	86.5	

Table (3): Comparison between head nurses' total knowledge, self-assessment about authentic leadership, and nurses' empowerment during different times of testing at insurance health Hospital

Items	Head nurses' total knowledge (No =23)		Nurses' empowerment (No =208)		Fisher - exact (p-value)	Head nurses, self-assessment (No =23)		Nurses' empowerment (No =208)		Fisher - exact (p-value)
	No	%	No	%		No	%	No	%	
Preprogram implementation										
Low	14	60.6	146	70.2	1.668 (.474NS)	18	78.3	146	70.2	1.158 (.646NS)
Moderate	6	26.1	47	22.6		3	13	47	22.6	
High	3	13	15	7.2		2	8.7	15	7.2	
Immediate post program implementation										
Low	0	0	0	0	.082a (.730NS)	0	0	0	0	.805 (.322NS)
Moderate	3	13	23	11.1		4	17.4	23	11.1	
High	20	87	185	88.9		19	82.6	185	88.9	
Three months of post-program implementation										
Low	2	8.7	29	13.9	.356 (.927NS)	2	8.7	29	13.9	1.483 (.486NS)
Moderate	2	8.7	21	10.1		4	17.4	21	10.1	
High	19	82.6	158	76		17	73.9	158	76	

Table (4): Correlation between head nurses' total knowledge, self-assessment about authentic leadership, nurses' motivation, and empowerment during different times of testing at insurance health Hospital

Variables	Head nurses' total knowledge		Head nurses' self-assessment		Nurses' motivation		Nurses' empowerment	
	R	p	r	p	R	p	r	p
Preprogram implementation								
Head nurses' total knowledge			.230	.291	.032	.886	.500	.015*
Head nurses' self-assessment	.230	.291			.189	.388	.258	.234
Nurses' motivation	.032	.866	.189	.388			.827	.001**
Nurses' empowerment	.500	.015*	.258	.234	.827	.001**		
Immediate post-program implementation								
Head nurses' total knowledge			.537	.012*	.555	.025*	.735	.001*
Head nurses' self-assessment	.537	.012*			.671	.001	.170	.439

Variables	Head nurses' total knowledge		Head nurses' self-assessment		Nurses' motivation		Nurses' empowerment	
	R	p	r	p	R	p	r	p
Nurses' motivation	.555	.025*	.671**	.001			.901	.001
Nurses' empowerment	.735	.001*	.170	.439	.901	.001		
After three months of the program implementation								
Head nurses' total knowledge			.237	.277	.243	.264	.133	.545
Head nurses' self-assessment	.237	.277			.671**	.000	.170	.439
Nurses' motivation	.243	.264	.671**	.000			.090	.197
Nurses' empowerment	.133	.545	.170	.439	.090	.197		

Table (1): Shows regarding head nurses, that (47.8%) of head nurses are in age group less than 30 years with a mean of 29.35 ± 7.88 ; the majority of them (82.6%) are females; all the sample (100%) of them have baccalaureate degree of nursing; more than half (60.9%) have years of experiences ranged between 1-10 years with mean 9.87 ± 7.11 ; and about three quarters (73.9%) work in the general areas.

As regards to staff nurses, that (68.3%) of staff nurses are in age group ranged between 1-29 years with a mean of 27.76 ± 6.38 ; the majority of them (75.5%) are females; more than half (59.1%) of them have diploma degree of nursing; more than two third (69.2%) have years of experiences ranged between 1-10 years with mean 8.92 ± 6.4 ; and more than half (55.3%) of the sample work in the general areas.

Figure (1): Shows that more than half (60.9%) of head nurses has a low level of knowledge; while there was only (13%) of them has a high level of knowledge in the pre-test. After the program implementation, there are (87%) of the head nurses has a high level of knowledge immediately post-test. Also after three months of program implementation, there is little change in knowledge level between head nurses, as there is (82.6%) of them had a high level of knowledge, with statistically significant differences ($p=0.001$) between pretest and different periods of measurements (pretest with immediately posttest, and pretest with after three months of posttest).

Figure (2): Shows that more than three quarters (78.3%) of head nurses has a low level of authentic leadership; while there was only (8.7%) of them has a high level of authentic leadership in the pre-test. After the program implementation, there are (82.6%) of the head nurses have a high level of authentic leadership immediately post-test. Also after three months of program implementation, there is little change in knowledge level between head nurses, as there is (73.9%) of them had a high level of authentic leadership, with statistically significant differences ($p=0.001$) between pretest and different periods of measurements (pretest with immediately posttest, and pretest with after three months of posttest).

In figure (3): It is observed that only (8.7%) of nurses have a high level of motivation before program implementation. While immediately after program implementation, the majority (93.3%) of nurses have a high level of motivation; as well as about (86.5%) nurses have a high level of motivation after three months of program implementation. These are statistically significant differences ($p=0.001$) between pretest and different periods of measurements (pretest with immediately posttest, and pretest with after three months of posttest).

Figure (4): It is observed that only (7.2%) of nurses have a high level of empowerment before program implementation. While immediately after program implementation, the majority (88.9%) of nurses have a high level of empowerment; as well as about (76%) nurses have a high level of empowerment after three months of program implementation. These are statistically significant differences ($p=0.001$) between pretest and different periods of measurements (pretest with immediately posttest, and pretest with after three months of posttest).

Table (2): Illustrates that there are no statistically significant differences between head nurses' knowledge and (nurses' motivation & nurses' empowerment) during different periods of measurements (pretest with immediately posttest, and pretest with after three months of posttest).

Table (3): Illustrates that there are no statistically significant differences between head nurses' self-assessment about authentic leadership style and (nurses' motivation & nurses' empowerment) during different periods of measurements (pretest with immediately posttest, and pretest with after three months of posttest).

Table (4): Demonstrates that there are positive relations between head nurses' knowledge and (head nurses' self-assessment about authentic leadership style, nurses' motivation, and nurses' empowerment) during immediately post-program implementation (.01, .02 & .001) respectively. Also, there is a positive relation between head nurses' self-assessment about authentic leadership style and (head nurses'

knowledge & nurses' motivation) during immediately post-program implementation as (.01. &.001) respectively.

Discussion

Organizations are cultural systems where human resources associate with their environment and, more importantly, with their managers and supervisors. The nature and level of interaction are regularly delivered by the leadership style and the overall culture of the institution. It is, accordingly, not unexpected that organizations spend a substantial amount of time and money on enhancing the skills and competencies of leaders. Organizations are continually exploring methods to improve leaders who will lead subordinates to operate efficiently in achieving organizational purposes. In essence, the accomplishment or failure of an organization depends on the performance and effectiveness of its workforce and the direction it derives from leadership (Keskes, 2014).

So the greatness of training programs in institutions has progressed over the past decades. Fast changes in the environment of institutions such as global economics, the growing pace of technological development, and intense competition have produced original challenges for leaders. Thus, offering efficient training assistant leaders to improve their skills and adapt to change environments as a great acumen for practice professionals (Radstaak, 2008).

The present study was conducted to examine the effect of the authentic leadership training program on staff nurse's motivation and empowerment.

In the current study, regarding personal characteristics of head nurse, that (47.8%) of head nurse are in age group less than 30 years with a mean of 34.35 ± 7.883 ; the majority of them (82.6%) are females; more than half (59.1%) of them have diploma degree of nursing; more than two thirds (69.2%) have years of experiences ranged between 1-10 years with mean 9.87 ± 7.111 ; and about three quarters (73.9%) work in the general areas.

In the present study, regarding personal characteristics of staff nurses, that (68.3%) of staff nurses are in age group ranged between 1-29 years with a mean of 27.76 ± 6.38 ; the majority of them (75.5%) are females; all the sample (100%) of them have baccalaureate degree of nursing; more than half (60.9%) have years of experiences ranged between 1-10 years with mean 8.92 ± 6.4 ; and more than half (55.3%) of the sample work in the general areas.

The finding of the existing study indicated that there was a highly statistically significant gain in level knowledge among head nurses about authentic leadership style at the pretest and different times of measures after the program implementation

(immediately after, after three months of the program implementation). head nurses were a low level of knowledge preprogram and significantly knowledge level improved to high immediately post and after the three months of the program implementation.

This outcome might be assigned to the fact that the head nurses before program implementation don't recognize the importance of authentic leadership style. Also, the head nurses had low knowledge about authentic leadership style, because they studying leadership many years ago and there is no update or refreshment of their knowledge; as well in-service training is absent in their work areas about the updating of leadership styles using in the working setting.

However, after the program implementation, the head nurses have the refreshment of their knowledge of authentic leadership style. Also, the program provides reinforcement and relevant information for head nurses; as well as it increases their understanding about their authentic leadership style which include information such as the definition of authentic leadership style; differentiate between different type of leadership styles or manners, important of authentic leadership style, and barriers of authentic leadership behavior.

This finding was following Mabrouk (2009) who found that most of the head nurses had unacceptable levels of knowledge and its application before training. While knowledge level had improved after training and had become satisfactory.

Furthermore, Thrall, (2009) mentioned that the nurse managers especially head nurses; are often served to managerial positions without adequate preparation and their continuing education agenda lacks studies of comprehensive managerial knowledge and skills. This contributed to the unsatisfactory levels of their knowledge and skills. Also Baron & Parent, (2015) stated that leadership program suitable for the construction of authentic leadership knowledge for the head nurses. On the same line Walumbwa et al., (2008) found the participation knowledge increased after the implementation of the program sessions.

Moreover finding of the current study indicated that there was a very statistically significant advance in the level of head nurses about authentic leadership style at the pretest and different times of measures after the program implementation (immediately after, after three months of the program implementation). Head nurses were a low level of authentic leadership style preprogram and significantly authentic leadership style improved to high immediately post and after the three months of the program implementation.

The probable reason for the deficiency of head nurses before the training program might be attributed to their lack of perception and knowledge related to the authentic leadership style. Also, the whole of them wasn't previously attending training courses about authentic leadership style. This result reflected on the level of performance of head nurses in the hospital which was found to be unacceptable.

This was in harmony with **Wulffers, (2014)** who stated that the leader's behavior and performance heightened after attended the sessions of authentic leadership programs. On the same line **Walumbwa et al., (2011)** concluded that authentic leadership, regarded not only as of the original construct of positive leadership but also equated to the highest forms of effective leadership, can be developed utilizing a suitable leadership program. Moreover, **Yammarino et al., (2008)** illustrated a positive program effect of all development resulting in enhanced intra- and inter-relational trust. The primary stakeholders who stand to benefit from this study are leadership itself, and those responsible for the development of effective organizational leadership.

The result of the current study illustrated that staff nurse's motivation and empowerment by (head nurses) increased immediately after program implementation and after three months of program implementation when compare with pre-program implementation with highly statistically significant differences during different times of testing. From the researcher's point of view, head nurses gain new information, knowledge, and skills to be aware of themselves and others to be self-motivated and motivated others, also use different types of motivation and empowerment strategies for their staff after implementation of the training program.

The current study in the same line with **Bordei, (2015)** who stated that the study results explicated that job satisfaction and authentic leadership behavior have a definite influence on work motivation. As well as **(Miniotaite & Bucuniene, 2013)** who demonstrated that authentic leadership enhances not only members' intrinsic motivation, but also their confidence in the organization, their institutional commitment, and whole job satisfaction level. In addition to **(Peterson et al., 2012)** Consequently, an authentic leader recognizes his purposes and actions concerning his motivations. Self-awareness additionally relates to how frequently a leader acknowledges his impact on other persons.

This was in harmony with **Penger, & Černe, (2014)**, They stated that a great level of intrinsic motivation of authentic leader has a meaningful definite impact on their members whose behavior is affected by their leader. As a consequence, their actions become advance by high moral standards, which can be

nourished through themselves. This drives to the idea that authentic leadership behavior creates positive results from the people. It can be claimed that authentic leadership behavior has a certain influence on subordinates' work motivation levels.

Besides **(Hsiung, 2012)**, who found that authentic leaders' affection and attitude toward work has a positive impact on workers' intrinsic motivation. Furthermore, authentic leaders inspire members' self-determination. Taking into attention that an authentic manager is occupied in maintaining the intrinsic motivation of his subordinates, he/will not just have an actual positive influence on an employee's mood.

The present study under **Giallonardo et al., (2010)** founded that authentic leadership was significantly associated with job satisfaction and production within its effect on empowerment. On this same line **Laschinger et al., (2012)** stated that authentic leadership significantly enhanced job satisfaction both directly and indirectly within empowerment. moreover, to **Laschinger et al., (2007)** who added that authentic leadership was significantly related to every element of empowerment. Finally, **Zhou & Ren (2011)** stated that motivated employees exhibit raised levels of creativity

Conclusion

There was a positive influence of the authentic leadership training program concerning head nurses on nurses motivation and empowerment

The conclusion of the present study settled that

There were statistically significant differences in knowledge level as well as the level of authentic leadership style among head nurses during the different periods of measurements. Also, There were statistically significant differences in motivation as well as empowerment among nurses during the different periods of measurements.

Moreover, there were no statistically significant differences in the head nurses' knowledge score, nurses' motivation and nurses' empowerment during the different periods of measurements. In addition to there are no statistically significant differences between head nurses' self-assessment about authentic leadership style and (nurses' motivation & nurses' empowerment) during different periods of measurements.

Recommendations

Based on the results of the study, the subsequent recommendations are suggested

- Magnify a healthy work environment with open communications by conducting an agenda for staff meetings and workshops.
- Recognize when planning a training program; the head nurses' workload and patient demand during

the day and which time per day is better to attend the training sessions to gain maximum attention and satisfaction from the participants.

- Extend head nurses recognition of the significance of leadership style and its advantages on their nursing staff.
- Encourage conducting the leadership program periodically for all head nurses.
- Have the ability to promote supportive operation conditions and relationship that foster assurance and empathy
- Provide nurses with the possibilities for challenge and promotion or advancement
- Encourage work collaboration and collegiality and being fair enough in dealing with them with no bias.
- A study to determine the factors affect head nurses' authentic leadership.

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