

Entrepreneurial Leadership Competency and its Effect on Authentic Followership at Samanoud Central Hospital



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ABSTRACT

Background: Entrepreneurial leadership plays a crucial role during this challenging period. Entrepreneurial leader creates health environment where the entrepreneurial competencies are focused on, and hence provide the authentic followership with the motivation to do more than their daily duties and put in the extra effort to be entrepreneurs. **Aim:** To assess the effect of entrepreneurial leadership competency on authentic followership at Samanoud Central Hospital. **Method:** Descriptive correlational design was utilized and the study was conducted on 210 staff nurses from all inpatient unites at Samanoud Central Hospital. Two tools were used, entrepreneurial leadership competency questionnaire and authentic followership questionnaire. Results: More than half of the studied staff nurses had a high level of entrepreneurial leadership competency, and nearly half of them had a good level of authentic followership. There was a statistically significant positive correlation between entrepreneurial leadership competency and authentic followership. **Conclusion:** Improve perception of staff nurses about entrepreneurial leadership competency improved their perception about authentic followership. **Recommendations:** Support staff nurses for ongoing education and giving them opportunity for attending continuous training, workshops, and conferences. Enhance relation transparency among staff nurses by open and transparent communication with medical and administrative teams. Encouraging innovation and fostering creativity among nurses by providing necessary support and needed opportunities.

Keywords: Authentic Followership, Entrepreneurial Leader, Entrepreneurial Leadership Competency

1. Introduction

A successful nursing career requires an entrepreneur with extraordinary traits and abilities to expand, develop, and multiply organizational activities. The hospital's lifespan is determined by the entrepreneur's leadership, decision-making, interaction with nurses, situational awareness, and other skills. Each of these abilities and characteristics is unique to the leader and is a component of group dynamics such as leadership. These relationships are based on the group having a leader who will oversee all group activities, make all decisions, be accountable for each member's work, and inspire nurses to take the initiative when it comes to the group. Accordingly, motivated by their innovative and enterprising leader's ideas, the genuine followership aspires to achieve more than they can to complete their tasks (Sandybayev, 2019).

An entrepreneur is a successful person who has launched a work, built it in a place where none had been before, and maintained it for at least five years (Alaqueel, 2022). Entrepreneurship is seen as the function of "place," and it offers a prism

through which to view how entrepreneurial activity can affect a region. Emphasizes the importance of the entrepreneur as a leader in the community and as an organizational innovator, emphasizing how they can upend established systems and forge new routes based on their unique circumstances and traits. The entrepreneurial movement reflects a resurgence of interest in regionally specific entrepreneurship-friendly environments that are in line with an emphasis on the agency of entrepreneurial actors to develop and modify their own (Wurth, Stam, & Spigel, 2022).

Entrepreneurial leadership is a novel and modern leadership that combines entrepreneurial spirit and leadership qualities. It is a dynamic process that involves sharing a vision, inspiring followers to commit, and accepting risks in the face of opportunity (Röschke, 2018). Entrepreneurial leadership is a distinct leadership approach that uses followers' creative contributions to identify and seize entrepreneurial opportunities to achieve superior performance and organizational goals (Iqbal, Nazir, & Ahmad, 2020)

Entrepreneurial leadership focuses on leading via innovation and adaptability to changing surroundings. All nurses are encouraged to participate in the development and design of the intended goals for the health organization under this leadership style. Entrepreneurial leadership can inspire job performance and encourage others to take calculated chances. It can also drive nurses to work in teams. Each team consequently concentrates on a shared goal that acts as a vehicle for reaching the desired outcome. Individuals can also achieve entrepreneurial leadership because they are driven to expand and refine their goals and objectives for the healthcare organization (Clifford, 2022).

Entrepreneurial leader helps in ensuring that nursing work has a direction to move forwards, which leads to its reputation inside the nursing and profitability. The characteristics of entrepreneurial leader are: autonomy, creativity, proactivity, ability to formulate and influence a strategic vision, problem-solving skills, decision-making abilities, rapid trust-building, facilitating the generation of new ideas, experimenting, risk-taking, and strategic initiatives (D'Souza, 2023).

Entrepreneurial competency is defined as the set of skills, knowledge, behaviors, and abilities an entrepreneur needs in order to launch and expand a new nursing practice (Magazi, 2019). Additionally, it is described as fundamental qualities including general and particular knowledge, motivations, traits, self-images, social roles, and abilities which result in venture birth, survival, and/or growth (Mitchelmore & Rowley, 2010).

The entrepreneurial competency had twelve dimensions namely: Strategic, conceptual commitment, opportunity, organizing and leading, relationship, learning, personal, technical, ethical, social responsibility and familism. Strategic competency is linked to competitive success, especially for health organization that operate in a dynamic and competitive environment. Conceptual competency is the capacity to foster original thought, generate fresh concepts, and engage in lateral thinking (Ahmad, 2007). Commitment competency makes a commitment to make the nursing work success whenever possible. Opportunity competency is the ability of an entrepreneur to recognize, create, and assess legitimate service possibilities (Sakib et al., 2022).

Also organizing and leading competency related to organize resources and task, motivate and lead subordinates. Relationship competency is an entrepreneur's ability to effectively manage an

organization's many internal and external resources, cultivate relationships and networks, communicate, negotiate, and handle conflict. Learning competency include the ability to learn from past mistakes and experiences, observe others to gain new insights, and adopt new methods to enhance work. Personal competency includes self-confidence, self-awareness, self-motivation, persistence, self-management and positive mindedness (Sakib et al., 2022).

Moreover, technical competency is the capacity to apply and acquire technical knowledge, such as the handling of tools and procedures, that is pertinent to the nursing work. Ethical competency is willingness to own up to mistakes, speak the truth, operate with integrity and transparency when working with nurses, and accept accountability for one's own activities. Social responsibility competency includes participating in community activities, caring for others' wellbeing, and considering the welfare of staff. And finally familism competency implies that there is a value associated with "familial security" that is tied to entrepreneurship and inspires people to work hard and succeed in their career (Ahmad, Halim, & Zainal, 2010).

Entrepreneurial leaders not only tend to share visions and possess distinctive qualities, but they also produce results that depend not only on the leaders but also on the features and actions of their followers. Entrepreneurial leaders engage their followers by casting a vision that takes the organization from concept to actualization while mitigating risk (Imoukhuede, 2019).

A follower is a person who possesses the ability to follow, and followership is the act of following. The first step in becoming a follower is to get managers to be open to conversation and nurses to voice their ideas (Roger & Timothy, 2022). Authentic followership requires the capacity for followers to be authentic. It describes a follower behavior pattern that fosters positive psychological traits and a desirable ethical environment to increase relational transparency and foster positive self-development. Additionally, it describes the process by which followers develop their own sense of motivation (Dailey, 2019).

Authentic followership is measured by the following dimensions: (a) internalized moral perspective, (b) relational transparency, (c) self-awareness and (d) psychological ownership. The internalized moral perspective is the ability to do the right thing based on one's ethical principles, which included an internalized and cohesive form of self-regulation that an authentic leader must

have when working. Relational transparency is the trust that exists between leaders and followers, is a crucial element of authentic followership. Self-awareness entails the ability to recognize the impact that one can have on others. And finally, psychological ownership, which comprises a sense of belongingness, self-identity, accountability and self-efficacy (Imoukhuede, 2019).

Authentic followership offers a number of advantageous effects. Because the person receiving instruction from the leader will understand how to respond and behave as a follower, it has a beneficial effect on training performance. In addition, it can improve shared values, organizational loyalty, and job satisfaction perception. It also positively affects decision-making capacity. Additionally, followership has a good relationship with followers' creativity and involvement at work (Utomo, Handoyo, & Fajrianthi, 2021).

Authentic followers have a relational nature with leaders and compliment them as necessary to accomplish the mission of the organization. They have a high level of trust in their leaders, which inspires them to be dedicated to the leadership objectives. These followers are open to change and innovation and are sensitive to organizational norms and cultures. Authentic followers are exhibited by high degrees of engagement, identity, and dedication to the organization. Authentic followers are motivated by an internal sense of duty and integrity in their work and act in good faith and also extremely transparent and open in their feedback to their leaders (Imoukhuede, 2019).

Significance of the study

Although there is growing interest and developing perspectives related to entrepreneurial leadership, there is limited empirical development of the concept due to lack of focused research and adequate tools to measure entrepreneurial characteristics and behaviors (Harrison, Burnard, & Paul, 2018). The perspective of this study is important to increase insights to nurse work survival, motivate nurses to engage in creative activities, increased performance, return on investment, and profits, and enabling alignment to health organization goals. This will likely lead to an increase in productivity given that the follower wants to perform in appreciation of the leader. Studies that established to assess the impact of entrepreneurial leadership competency on authentic followership in healthcare is lacking however it's well established outside healthcare. So, this study aims to assess the effect of entrepreneurial leadership

competency on authentic followership at Samanoud Central Hospital.

1.2. Aim of the study

This study aims to assess the effect of entrepreneurial leadership competency on authentic followership at Samanoud Central Hospital.

1.3. Research Questions

Q1. What is the level of entrepreneurial leadership competency as perceived by staff nurses at Samanoud Central Hospital?

Q2. What is the level of authentic followership as perceived by staff nurses at Samanoud Central Hospital?

Q3. Is there a relationship between entrepreneurial leadership competency and the authentic followership at Samanoud Central Hospital?

2. Method

2.1 Design

Descriptive correlational research design was utilized to conduct this study.

2.3 Setting

The study was conducted at all inpatient units at Samanoud Central Hospital that provides a wide range of healthcare services throughout the Delta Region.

2.4 Participants of the Study

Convenience sample of staff nurses who have more than one year experience and are willing to participate in the study in all inpatient units at Samanoud Central Hospital (n = 210).

2.5 Tools of Data Collection

Two tools were used for data collection, Entrepreneurial Leadership Competency Questionnaire, and the Authentic Followership Questionnaire.

Tool I. Entrepreneurial Leadership Competency Questionnaire

It was developed by Man (2001) and modified by Ahmed (2007). It aims to measure entrepreneurial leadership competency. It consists of two parts

Part I: It was used to identify personal characteristics of staff nurses such as: Age, gender, marital status, educational qualification and years of experience.

Part II: It consists of 90 items measuring entrepreneurial leadership competencies. It represents in twelve dimensions of entrepreneurial leadership competency as following: Strategic dimension (13 items), commitment dimension (5

items), conceptual dimension (11 items), opportunity dimension (6 items), organizing and leading dimension (13 items), relationship dimension (7 items), learning dimension (6 items), personal dimension (9 items), technical dimension (4 items), ethical dimension (6 items), social responsibility dimension (4 items) and finally familism dimension (6 items).

Scoring system: Staff nurses' responses were measured by a five-point Likert scale ranging from 1-5 (1=very unimportant, 2=unimportant, 3=neutral (neither important nor unimportant, 4=important, 5=very important). (<50%) low level of entrepreneurial leadership competency, (50%-75 %) moderate level, and (>75%) high level based on the cut-off point.

Tool II. Authentic Followership Questionnaire

It was developed by Vanwhy (2015). It aims to measure the authentic followership. The questionnaire consisted of 23 items, representing in four dimensions which are: Internalized moral perspective (6 items), relational transparency (4 items), self-awareness (6 items) and psychological ownership (7items).

Scoring system: Staff nurses responses were measured by five-point likert scale ranging from 1- 5 (1=strongly disagree, 2= disagree, 3= neither agree or disagree, 4= agree, 5= strongly agree). (<50%) poor level of authentic followership, (50%-75%) fair level, and (>75%) good level of authentic followership based on cut of point.

2.6 Validity

It was established for face and content validity, through a panel of five experts from Faculty of Nursing Mansoura and Tanta University who revised the tools after they had been translated into arabic for clarity, relevancy, applicability, comprehensiveness, understanding and simplicity for implementation and according to their opinions, modifications were applied as modifications were related to grammatical language and rephrasing of some sentences. Based on the jury opinion the seven-point Likert scale of entrepreneurial leadership competency modified to five-point Likert scale.

2.7 Reliability

The tools of data collection were tested for its reliability by using Cronbach's α (alpha) test using Statistical Package for Social Science (SPSS) version 23. Reliability was computed and found for entrepreneurial leadership competency and authentic followership questionnaires. It was 0.95 for entrepreneurial leadership competency and 0.91for authentic followership.

2.8 Pilot Study

A pilot study was conducted on 21 of the staff nurses, who represent (10%) of the total subjects, to ensure clarity and relevancy of tools. Also to determine the time needed to fill in the questionnaire. Based on the findings of the pilot study, necessary modifications were done, and the pilot study was excluded from the study sample.

2.9 Ethical Considerations

Ethical approval was obtained from the Research Ethical Committee of Faculty of Nursing, Mansoura University. Researchers explain the nature and aim of the study to staff nurses. All subjects will be informed that participation in the study is voluntary and written informed consent was obtained from each participant in the study. Confidentiality of data was obtained and was protected by the allocation of a code number to the questionnaire sheets. Staff nurses informed that the content of the tools will be used for the research purpose only. Participants' right to withdraw from the study at any time was ascertained.

2.10 Data Collection

The actual field work, taking five months started at the beginning of June 2023 to the end of October 2023. Data was collected at Samanoud Central Hospital in all inpatient units. The researcher attended the previously mentioned setting 6 days weekly from 9 a.m. to 1 p.m. in morning shift until the end of complete data. The researcher introduced herself, explained the aim of the study and obtained the staff nurses acceptance to participate in the study after assuring the confidentiality of data. The researcher interviewed each nurse individually and the questionnaire sheet takes about 20 - 25 minutes to filling in. Staff nurses were permitted to ask for any interpretation and explanation. The staff nurses answered in the questionnaire. Data were gathered by the researcher until the required samples were obtained.

2.11 Data Analysis

The collected data were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 23, SPSS Inc. Chicago, IL, USA). The normality assumption was accepted. Therefore categorical variables were represented as frequency and percentage. Continuous variables were represented as mean and standard deviation. Independent t-test was used to test the difference between two mean of continuous variables. ANOVA-test was used to test the difference between more than two means of continuous variables. Chi-square was used to explore relationship between categorical variables.

Pearson correlation coefficient test was conducted to test the association between two continuous variables. Hierarchal regression analysis was conducted to explore independent variables (demographics, and entrepreneurial leadership competency) of authentic followership. The demographic characteristics which were entered in the first step of hierarchal regression analysis for controlling the possible confounding effects after that was entrepreneurial leadership competency entered in the second step. Statistically significant was considered as (p -value ≤ 0.05 & 0.01).

3. Results

Table (1) illustrated personal characteristics of the staff nurses at Samanoud Central Hospital. This table showed that more than half (53.8%) of the studied sample were in the age group (20 -30) years old. The majority (85.2%) of them were female. In concerning to marital status, (62.4%) were married. More than half (51.9%) of them had a bachelor degree. Finally, regarding to years of experience (43.8%) of the studied sample had experience ranged from 1-5 years.

Figure 1 shows the mean percentages and ranking of entrepreneurial leadership competency dimensions as perceived by staff nurses at Samanoud Central Hospital. This figure revealed that familism competency was the highest mean percentage (75.9%) followed by learning competency (75.1%), while strategic competency was the lowest mean percentage (69.83%) followed by technical competency (71.0%).

Figure 2 shows total entrepreneurial leadership competency levels as perceived by staff nurses. According to this figure more than half of the studied sample (51.9%) had high level of total entrepreneurial leadership competency, while (20.5%) of them had low level.

Figure 3 shows mean percentages of authentic followership dimensions as perceived by staff nurses. This figure revealed that psychological ownership was the highest mean percentage (73.48%) followed by internalized moral perspective (72.80%), while relational transparency was the lowest mean percentage (67.95%).

Figure 4 shows levels of total authentic followership as perceived by the staff nurses. According to this figure (47.1%) of staff nurses had good level of total authentic followership, while

(22.9%) of them had poor level of total authentic followership.

Table 2 shows entrepreneurial leadership competency and authentic followership in relation to personal characteristics of the staff nurses at Samanoud Central Hospital. It showed that there was highly statistically significant relation between staff nurses perception of entrepreneurial leadership competency and authentic followership related to personal characteristics in all variables except in gender was no statistically significant.

Staff nurses more than 40 years had highest mean percent of entrepreneurial leadership competency and authentic followership, while (20-30 and 31-40) years have lowest mean percent of entrepreneurial leadership competency and authentic followership. And staff nurses who widowed status had the highest mean percent of entrepreneurial leadership competency and authentic bachelor degree had the highest mean percent of entrepreneurial leadership competency and authentic followership, while diploma and technical degree have the lowest mean percent of entrepreneurial leadership competency and authentic followership. Also, the staff nurses who had experience more than 10 years had the highest mean percent of entrepreneurial leadership competency and authentic followership, while married, single und divorced have the lowest mean percent of entrepreneurial leadership competency and authentic followership. And staff nurses had, while (1-5 and 6-10) years have the lowest mean percent of entrepreneurial leadership competency and authentic followership.

Table 3 illustrates relationship between levels of entrepreneurial leadership competency and levels of authentic followership among staff nurses ($n=210$). According to this table, there was highly statistically significant relation between levels of entrepreneurial leadership competency and levels of authentic followership.

Figure 5 shows correlation between total entrepreneurial leadership competency and total authentic followership as perceived by staff nurses. According to this result, there was highly statistically significant positive correlation between total entrepreneurial leadership competency and total authentic followership

Table (1): Personal Characteristics of the Staff Nurses at Samanoud Central Hospital (n=210).

Variables	n	%
Age in years		
▪ 20-30	113	53.8
▪ 31-40	90	42.9
▪ > 40	7	3.3
Mean±SD	30.34±5.98	
Gender		
▪ Male	31	14.8
▪ Female	179	85.2
Marital status		
▪ Single	56	26.7
▪ Married	131	62.4
▪ Divorced	16	7.6
▪ Widowed	7	3.3
Level of education		
▪ Diploma degree	20	9.5
▪ Technical degree	81	38.6
▪ Bachelor degree	109	51.9
Experience years:		
▪ 1-5	92	43.8
▪ 6-10	89	42.4
▪ > 10	29	13.8
Mean±SD	5.82±3.29	

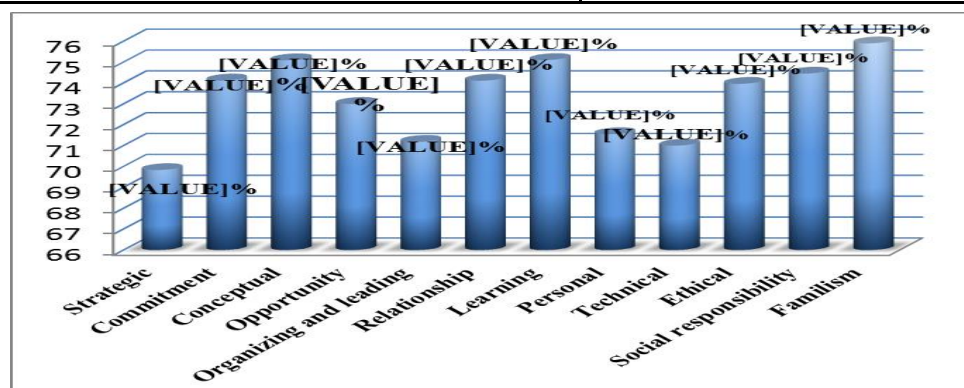


Figure (1): Mean Percentages and Ranking of Entrepreneurial Leadership Competency Dimensions as Perceived by the Staff Nurses at Samanoud Central Hospital (n=210)

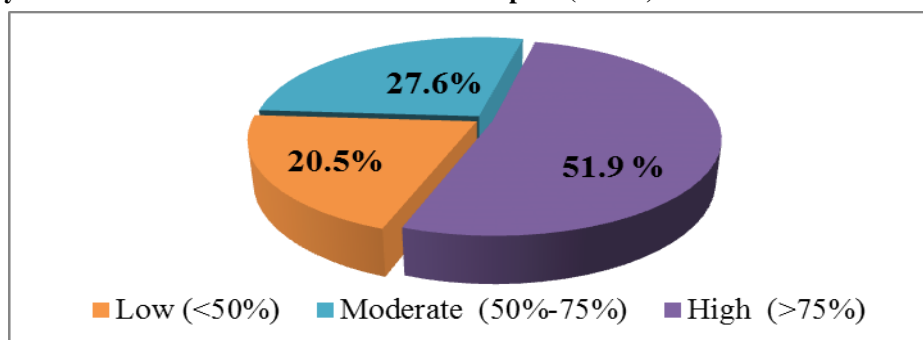


Figure (2) Levels of Total Entrepreneurial Leadership Competency as Perceived by the Staff Nurses (n=210)

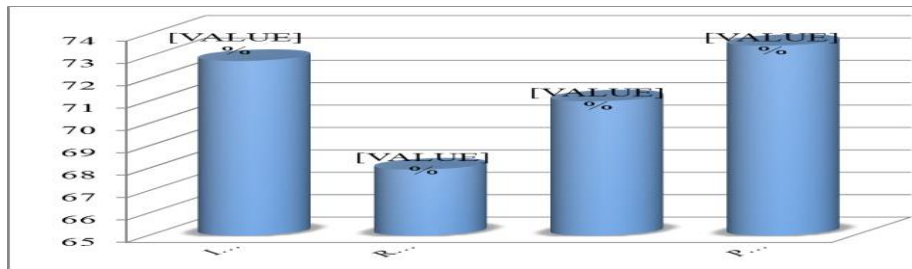


Figure (3): Mean Percentages of Authentic Followership Dimensions as Perceived by the Staff Nurses (n=210).

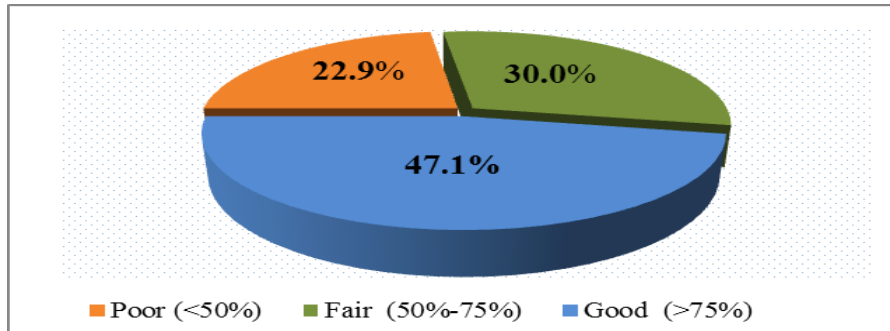


Figure (4): Levels of Total Authentic Followership as Perceived by the Staff Nurses (n=210).

Table (2): Entrepreneurial Leadership Competency and Authentic Followership in Relation to Personal Characteristics of the Staff Nurses at Samanoud Central Hospital (n=210).

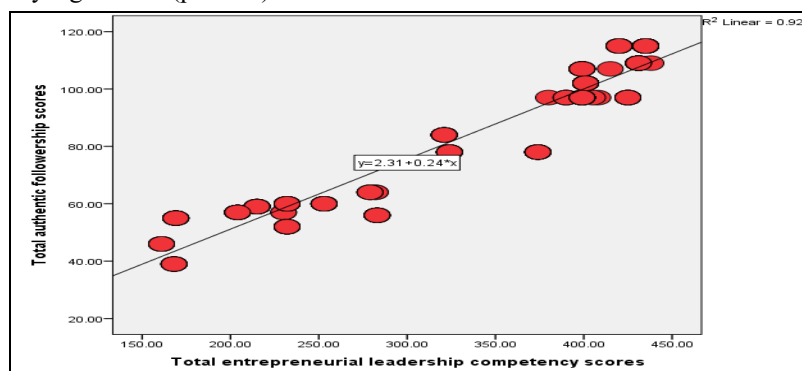
Variables	Entrepreneurial leadership competency	Authentic followership
Age years:	Mean±SD	Mean±SD
• 20-30	278.82±96.43	72.48±25.47
• 31-40	382.82±56.34	92.48±16.62
• > 40	420.00±5.87	115.00±4.98
F value / p-value	47.14/ 0.000**	29.49/0.000**
Gender		
• Male	333.13±106.72	89.65±22.62
• Female	327.23±94.35	81.22±24.60
t value / p-value	0.32/0.75	1.78/0.08
Marital status		
• Single	255.32±94.7	65.20±22.36
• Married	361.02±80.67	91.08±21.69
• Divorced	270.94±45.60	66.00±16.40
• widowed	425±0	97±0
F value / p-value	27.88/0.000**	23.89/0.000**
Level of education		
• Diploma degree	305.50±71.12	65.6±12.99
• Technical degree	251.72±77.97	65.31±19.61
• Bachelor degree	389.01±65.08	98.31±17.76
F value / p-value	88.31/0.000**	86.57/0.000**
Experience years:		
• 1-5	240.39±53.8	60.04±11.67
• 6-10	385.11±63.61	95.04±15.63
• > 10	431.38±6.53	115.00±7.45
F value / p-value	217.84/0.000**	277.95/0.000**

** Highly statistically significant ($p \leq 0.01$).

Table (3): Relationship Between Levels of Entrepreneurial Leadership Competency and Levels of Authentic Followership Among Staff Nurses (n=210).

Levels of entrepreneurial leadership competency	Levels of authentic followership						X ² / p
	Poor (<50%)		Fair (50%-75%)		Good (>75%)		
	n	%	n	%	n	%	
▪ Low (<50%)	30	69.8	13	30.2	0	0.0	204.85/ 0.000***
▪ Moderate (50%-75%)	18	31.0	40	69.0	0	0.0	
▪ High (>75%)	0	0.0	10	9.2	99	90.8	

** Highly statistically significant ($p \leq 0.01$)

**Figure (5): Correlation Between Total Entrepreneurial Leadership Competency and Total Authentic Followership as Perceived by the Staff Nurses (n=210).**

4. Discussion

Every day, the globe sees new developments that lead to significant advancements and novelties, such as an increase in the number of nursing jobs, cutting-edge technological advancements, and unique work styles. Entrepreneurial leadership takes advantage of opportunities and inspire its followers to adopt entrepreneurial behaviors in order to achieve their own goals. Generally, entrepreneurial leader creates health environment where the entrepreneurial competencies are focused on, and hence provide the authentic followership with the motivation to do more than their daily duties and put in the extra effort to be entrepreneurs (Gandhi, Robb, & Lee, 2021). Hence, the purpose of the present study aimed to assess the effect of entrepreneurial leadership competency on authentic followership at Samanoud Central Hospital.

Regarding to entrepreneurial leadership competency dimensions, The results of this survey showed that the learning dimension came in second, with the family dimension having the highest mean percent. This could be because staff nurses work closely with coworkers and close friends, share information and resources with others (especially with close friends), foster an entrepreneurial culture at work through seminars, recognize and ask for assistance from coworkers

they can trust, lay the groundwork for new nurses to take over the work, and cooperate with and support others (especially with close friends) in the nursing profession.

Similarly, this outcome aligned with the research conducted by Fida and Christian (2023) on the competences and skills of entrepreneurial leadership: Family competency was found to be the highest dimension in a systematic literature review. It was suggested that this might be because of certain behaviours that highlight how supportive and cohesive families are, and how resource sharing and cooperation promote the well-being of the group as a whole and the accomplishment of common goals. Furthermore, Alloush (2018) found that the learning competency dimension had the highest mean percent among staff nurses in his study on the influence of entrepreneurial competencies on firms performance in Jordan. This finding may be explained by people's ability to effectively draw lessons from their experiences and outside knowledge and use these insights to succeed in a variety of real-life contexts.

Additionally, learning competency was found to be the second highest dimension by Sakib et al. (2015), who studied entrepreneurial competencies, small and medium-sized enterprises' (SMEs) performance in a developing economy.

This finding may be attributed to the SMEs' capacity to make timely and well-informed decisions while taking various stakeholders and factors into consideration. However, the current results were at odds with a study by Khan (2021) that examined entrepreneurial competences and firm performance, noting that the entrepreneurs' learning competency dimension had the highest mean percent and the family dimension had the lowest mean percent.

The current study's findings also showed that technical competency was the next highest dimension, with strategic competency being the lowest. This outcome can be the result of decreased monitoring of hospital goals being met, an inability to prioritize tasks in line with nursing work goals, or a decline in the capacity to recognize long-term concerns, opportunities, or difficulties. Additionally, avoid using particular instruments pertinent to the task at hand and avoid determining strategic choices by balancing costs and benefits.

Strategic competency was shown to be the least significant component, which is consistent with the results of Mogale's (2021) study on the role that entrepreneurial competence plays in assisting host communities in taking advantage of procurement opportunities from multinational mining firms. The study suggests that this could be because of a lack of long-term planning and a narrow strategic vision. Furthermore, according to Fida and Christian (2023), strategic competency had the lowest mean percentage. This could be because strategic decisions frequently entail risk and uncertainty, which can be difficult for some staff nurses to manage.

This was also supported by research done in 2022 by Iskandar, Joeliaty, Kaltum, and Hilmiana, who looked at social enterprise performance, competitive advantage, and entrepreneurial competencies: According to a review of the literature, strategic competency was the lowest dimension. It was suggested that this could be because entrepreneurs could not have the knowledge or expertise needed to create and carry out long-term strategy plans that work. Moreover, the current finding was consistent with Sakib et al.'s (2022) study on entrepreneurial competency and the performance in developing economies, which found that strategic competency was the lowest dimension of entrepreneurial leadership competency. This suggests that the reason for this could be attributed to difficult and unachievable work goals and vision, a decrease in the effectiveness of strategies, a failure to devise

appropriate corrective action when needed, and so on.

Furthermore, Alloush (2018) found that the lowest mean percent of staff nurses was associated with strategic competency because they do not employ tactics or make strategic changes in their nursing profession. Alloush researched the impact of entrepreneurial abilities on businesses performance in Jordan. However, Jamie, and Oliver (2020) found that strategic competency was the highest competency of entrepreneurial leadership because it allowed staff nurses to make well-informed strategic decisions and guide actions with a long-term focus in order to achieve sustained success and gain competitive advantages in the workplace. Their study of entrepreneurial competencies: A required skill for business performance contradicted this finding.

Concerning to the levels of total entrepreneurial leadership competency, The results of this study showed that a high degree of entrepreneurial leadership competency was had by over half of the staff nurses. This finding may be connected to the idea that staff nurses acquire knowledge through a range of sources, take initiative to learn, stay current in their area, and apply what they have learned to real-world situations. They also learn from their experiences, failures, and past mistakes. They may also overcome obstacles and succeed in a variety of real-life scenarios by applying their acquired theories to real-world circumstances and constantly honing their skills through prior experiences and outside information.

The outcome was comparable to that of Khan (2021), who demonstrated that there was a high overall level of entrepreneurial leadership competency. This could be attributed to following corporate governance guidelines in work practices, maintaining standards and philosophical principles in the workplace, and providing services in a fair, transparent, and honest manner. This finding was further corroborated by a study conducted in Namibia in 2019 by Magazi, which examined the relationship between entrepreneurial leadership competencies and the success of small and medium-sized enterprise (SME) start-up and growth ventures. The study found that over 50% of staff nurses rated their level of entrepreneurial leadership competency as high, and suggested that this could be because successful entrepreneurs are able to identify, develop, and assess high-quality opportunities, as well as exhibit behaviours associated with spotting market opportunities.

The following is the same order in which Jamie and Oliver (2020) examined entrepreneurial competencies: An essential ability for business performance, it was found that staff nurses had a high overall level of entrepreneurial leadership competency, demonstrating that they understood the broader implications of issues and observations, could translate ideas and observations into work contexts, could take reasonable job-related risks, could monitor progress towards objectives in risky actions, could look at problems in novel ways, could explore novel ideas, and could treat new problems as opportunities.

As well, Iskandar, Joeliaty, Kaltum, and Hilmiana (2022), who investigate social enterprise performance, competitive advantage, and entrepreneurial competences, publish the following in the same issue: According to a literature analysis, staff nurses thought they possessed a high degree of overall entrepreneurial leadership competency. This could be because entrepreneurs are able to recognize possibilities when others do not, as well as opportunities and difficulties.

Furthermore, Alloush (2018) found that a significant proportion of staff nurses rated their overall entrepreneurial leadership competency as high. This finding suggests that people can effectively draw lessons from their experiences and external knowledge, using these insights to navigate and succeed in a variety of real-life contexts. Alloush (2018) studied the impact of entrepreneurial competencies on firms performance in Jordan. However, the results of this study differed from those of Fida and Christian (2023), who discovered that there was a low overall level of entrepreneurial leadership competency. It is possible that this is because staff nurses were unable to establish trustworthy relationships with others over the long term, avoided conflict and interpersonal interactions, failed to maintain a personal network of professional contacts, and communicated ineffectively.

Regarding to authentic followership dimensions, the present study finding revealed that psychological ownership was the highest dimension and followed by internalized moral perspective. This could be because staff nurses feel that it's critical to achieve the organization's goals and uphold its shared values, that they are committed to the organization, that they have a strong psychological aptitude for authenticity, and that they agree with the organization's norms.

The study's findings are consistent with those of Dailey (2019), who evaluated psychological ownership and authentic followership and discovered that, according to staff nurses, psychological ownership was the most important dimension. Additionally, the results are consistent with Sheehan's (2018) analysis of the relationship between calling and authentic followership, which found that psychological ownership was the most important factor. This could be because psychological ownership encourages staff nurses to think creatively and come up with solutions for problems that affect their ownership.

This is in line with the findings of a study conducted in 2019 by Imoukhuede, who examined the effects of entrepreneurial leadership on authentic followership in both Nigeria and the US. The study also found that staff nurses viewed psychological ownership as the most important dimension and that it had a major influence on the way they approached their work and the results they achieved as a whole. Furthermore, VanWhy (2015) found that psychological ownership was the highest dimension in the development of the authentic followership profile (AFP) test instrument. This finding may have to do with an individual's support of the organization's norms, psychological ownership, recognition of the significance of achieving its goals, and alignment with its collective values.

Additionally, Ogundiran (2022) found that internalized moral perspective was the second mean percentile in her study of the relationship between cohesion and authentic followership in work teams. She also noted that staff nurses make decisions that are compliant with legal and ethical standards, which helps them to lower risks and promote sustainable outcomes. Furthermore, internalized moral perspective was revealed to be the second highest mean percent perceived by staff nurses in Koontz's (2021) quantitative study evaluating organizational culture perception in relation to the mean percent of authentic followership.

Unlike a study by Ogundiran (2022) who studied the relationship between cohesion and authentic followership in work teams and reported that psychological ownership was lowest dimension. Also, Kim (2021) who studied the relationship between followers' perception of the leaders' implicit followership theory and authentic followership and noted that the second lowest subscale mean percent was related to psychological ownership, ensuring that insufficient support from

management can lead to lower levels of engagement and ownership.

Furthermore, the results of this study showed that relational transparency was the least important factor. This might be because staff nurses did not trust their supervisor, did not feel that their supervisor had a responsibility towards them, and did not think that sharing open feedback with their supervisor was important. Other factors that could be preventing relational transparency include poor communication practices, unclear messages, and inadequate information sharing. Avoiding conflict or difficult conversations could also make staff nurses more likely to withhold information or not address issues that could affect relational transparency in an open and honest manner, which would limit their willingness to share information.

Chapman (2016), who investigated authentic leadership and work happiness, corroborated this outcome. Relational transparency was found to be the least perceived aspect of authentic followership in a quantitative analysis of the mediating effects of authentic followership in the registered nursing community. This is likely because staff nurses' low self-confidence prevents them from openly expressing their needs and concerns, and their goals and expectations are often vague, which can cause confusion and misunderstandings about their roles and responsibilities.

Additionally, the results of Kim's study from 2023, which focused on the spiritual calling and authentic followership of American Korean workers, support this finding as well. Kim discovered that staff nurses ranked relational transparency as the least important dimension, and she added that a lack of management support can stifle candor and impede open communication among staff members. Furthermore, this result is consistent with Sheehan's (2018) research on calling and authentic followership, which indicated that staff nurses rated relational transparency as the least important dimension. This suggests that staff nurses do not feel psychologically secure enough to voice their opinions or concerns without fear of unfavorable outcomes.

Kim (2021) corroborated this finding by examining the relationship between followers' perceptions of leaders' implicit followership theory and authentic followership. She found that relational transparency was the least perceived aspect of authentic followership, indicating that staff nurses may view being open and transparent as risky due to possible negative outcomes like judgment or criticism.

Additionally, this result was in line with the findings of Koontz (2021), who conducted a quantitative study to measure staff nurses' perceptions of organizational culture in relation to the mean percent of authentic followership. The staff nurses' perceptions of relational transparency were found to be the second lowest. Additionally, VanWhy (2015) discovered that relational transparency had the second-lowest mean percent after researching the creation of the authentic followership profile (AFP) test tool. However, this study conflicted with a study by deZilwa (2016), who examined the qualities and potential of authentic followership and discovered that relational transparency was the most highly regarded dimension as perceived by staff nurses. This could be because staff nurses value and trust one another, which motivates them to share information openly without worrying about criticism or reprisal.

Regarding to the level of total authentic followership, the current study's findings showed that over half of staff nurses had a high degree of authentic followership. This outcome might be explained by the staff nurses' perception that authentic followership is characterized by support for the organization's norms, a strong psychological capacity for authenticity, a sense of psychological ownership for the organization, a belief in the significance of achieving the organization's goals and upholding its collective values, a sense of commitment to the organization, and concern for its happenings.

Similarly, this finding is consistent with Tak, Seo, and Roh's (2019) investigation into the relationship between authentic leadership, authentic followership, positive psychological capital, and project performance. Their findings indicated that staff nurses exhibited a high degree of overall authentic followership, which could be attributed to their ability to act morally and morally. Furthermore, authentic followership was positively perceived, according to Imoukhuede (2019), who studied the effects of entrepreneurial leadership on followership in Nigeria and the US. This suggests that psychological ownership has a big influence on how nurses interact with their work and achieve their goals as a whole.

In the same way, this conclusion was in line with that of Koontz (2021), who examined staff nurses in their study and found that they had a good degree of overall authentic followership based on a quantitative analysis evaluating organizational culture perception. Additionally, Ogundiran (2022) showed that overall authentic followership was at a

good level, making morally and legally sound decisions, lowering risks, and fostering sustainable outcomes. Ogundiran's study examined the relationship between cohesion and authentic followership in work teams. According to Kim (2023), who examined the spiritual calling and authentic followership of Korean American workers in the United States, authentic followership was positively regarded. This could be because staff nurses were able to identify solutions for problems that affected ownership targets, like job or healthcare organizations.

Furthermore, a study conducted in 2015 by Leroy, Anseel, Gardner, and Sels examined authentic followership, basic need satisfaction, authentic leadership, and work role performance. The results showed that the overall level of authentic followership was thought to be fair. Additionally, Dailey (2019) assessed psychological ownership and authentic followership, finding that the overall level of psychological ownership was fair. This may be because psychological ownership requires staff nurses to be creative and actively seek out solutions to problems that affect the entity they view as their own, whether it be their place of employment or the healthcare organization they work for.

The current study's findings regarding the relationship between the study variables and the participants' personal characteristics showed that, with the exception of gender, there was no statistically significant relationship between entrepreneurial leadership competency and any of the personal characteristics. This could be the case because more senior staff nurses with higher education levels and more years of experience have acknowledged and addressed their own shortcomings, maintained high levels of energy and a positive outlook, prioritized tasks to manage their time, managed their own career development, motivated themselves to perform at their best, and identified opportunities and threats to match strengths and weaknesses. These elements aid in the knowledge acquisition process, give staff nurses increased awareness and proficiency, and improve their level of expertise.

This result is consistent with Jamie and Oliver's (2020) observation that there was a statistically significant correlation between the personal traits of entrepreneurs and their entrepreneurial leadership competencies, with the exception of gender. Furthermore, a literature review by Iskandar, Joeliaty, Kaltum, and Hilmiana (2022) on entrepreneurial competencies, competitive advantage, and social enterprise

performance revealed a strong positive correlation between entrepreneurial leadership competency and expected gender-specific personal characteristics. Furthermore, Magazi (2022) discovered a correlation between the personal qualities of SMEs and the success of their start-up and developing business ventures in Namibia, as well as the impact of entrepreneurial leadership competencies on business success.

Additionally, the results of this study demonstrated a positive, statistically significant relationship with the exception of gender—between authentic followership and personal qualities. This could be as a result of the staff nurses' potential for personal development, including their capacity for independence, responsible thought, and sound judgment. These character attributes may help people show genuine followership. Additionally, self-assurance and independence. Authentic followership can be enhanced by staff nurses who can think critically, accept other points of view, and engage with others more authentically and effectively when they trust and feel strong in themselves.

Additionally, staff nurses who possess this quality are better equipped to handle obstacles and changes in work settings. Staff nurses who have the ability to inspire others as well as themselves are more likely to interact with colleagues in a constructive and pleasant way. These fundamental traits and competencies can serve as a solid basis for cultivating genuine followership inside professional settings and establishments.

Beside, Ogundiran (2022) corroborated this finding by examining the connection between cohesion and authentic followership in work teams and discovering a robust positive association between authentic followership and all personal traits, with the exception of gender. Additionally, Sharma's (2022) research revealed a correlation between the personal traits of staff nurses and their assessment of their real followership. Additionally, Imoukhuede (2019) discovered a statistically significant correlation between personal traits and true followership.

Nevertheless, the current study was consistent with Kim's (2023) research on spiritual calling and authentic followership among American Korean workers, which found no meaningful correlations between authentic followership and individual traits. Furthermore, Dailey (2019), who studies psychological ownership and authentic followership, found no statistically significant correlation between

psychological ownership and authentic followership.

Concerning to correlation among the study variables, the present study found a statistically significant positive link between staff nurses' perceptions of complete authentic followership and entrepreneurial leadership competency. This could be the case due to the fact that staff nurses who exhibit remarkable entrepreneurial leadership qualities like flexibility, decision-making, resilience, emotional intelligence, and cooperative problem-solving are probably going to greatly improve their genuine followership. With the use of these skills, they may motivate and enthuse their followers more deeply, building closer bonds and greater levels of dedication. They foster trust and increase staff nurses' dedication by skillfully negotiating obstacles and fostering a creative, supportive atmosphere.

According to Imoukhuede (2019), there was a statistically significant positive correlation between total entrepreneurial leadership competency and total authentic followership as perceived by staff nurses. This could be attributed to the fact that staff nurses actively share knowledge and resources, uphold strong values, such as integrity, and ensure ethical conduct in their work. These qualities not only increase their effectiveness but also foster a trustworthy and supportive environment in healthcare settings.

Additionally, Gustafson (2023) found a statistically significant positive correlation between total entrepreneurial leadership competency and authentic followership as perceived by staff nurses. This suggests that entrepreneurial leaders who exhibit strong competency are likely to inspire and engage their followers more effectively because they possess traits like vision, innovation, risk-taking ability, and strategic thinking. Gustafson looks at the processes connected to knowledge and skills as well as the design of team tasks as indicators of how well entrepreneurial teams follow their leaders.

This study conflict with one conducted by Aitken (2020), who investigated the relationship between authentic followers and entrepreneurial leaders. Aitken's study found that, as perceived by staff nurses, there was no statistically significant positive correlation between total entrepreneurial leadership competency and authentic followership. The reason for this could be attributed to variations in the interpersonal and cultural interactions between authentic followers and entrepreneurial

leaders. These variations might have an impact on how they think and communicate.

5. Conclusion

Most nurses at Samanoud central hospital were high perceived for entrepreneurial leadership competency and authentic followership. Moreover, improve perception of staff nurses about entrepreneurial leadership competency improved their perception about authentic followership.

6. Recommendations

Based on the study finding, the current study recommended the following:

- Hold regular meetings with staff nurses to discuss their challenges and needs.
- Staying updated with the latest practices and research in nursing and healthcare in general, and working on developing both clinical and managerial skills.
- Support staff nurses for ongoing education and giving them opportunity for attending continuous training and workshops.
- Enhance relation transparency among staff nurses by open and transparent communication with medical and administrative teams.
- Build an entrepreneurial culture and mindset of authentic followership.
- Set up a system for promotions and rewards to motivate staff and create a positive work environment.
- Promote teamwork by creating a collaborative and supportive work environment.
- Encouraging innovation and fostering creativity among nurses by providing necessary support and needed opportunities.
- Additional research must be conducted about facilitators and barriers for developing entrepreneurial leadership competency and authentic followership.

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