JONA
Volume 50, Number 9, pp 489-494

THE JOURNAL OF NURSING ADMINISTRATION

Clinical Nurses' Perceptions of Authentic Nurse Leadership and Healthy Work Environment

Rosanne Raso, DNP, RN, NEA-BC, FAAN
Joyce J. Fitzpatrick, PhD, MBA, RN, FAAN, FNAP
Kevin Masick, PhD

OBJECTIVE: The aim of this study was to determine the relationship between clinical nurses' perception of the authentic nurse leadership of their manager and their perception of the work environment on their unit.
BACKGROUND: Authentic leadership (AL) and healthy work environments contribute to staff engagement and improved patient outcomes. There is limited research linking these 2 variables.
METHODS: Two hundred fifty-four clinical nurses at a national conference participated in a cross-sectional, correlational, descriptive study using the Authentic Nurse Leadership Questionnaire and the Critical Elements of a Healthy Work Environment Survey.
RESULTS: Overall, nurses rated the authentic nurse leadership of their manager as present most of the time and agreed their work environment was healthy. There was a moderate correlation between AL and healthy work environment. Background variables were not significantly related to nurses' perceptions of the authentic nurse leadership of their manager or their work environment.
CONCLUSIONS: This is the 1st study using these authentic nurse leadership and healthy work environment frameworks. In this novel nursing model of AL, caring is an attribute that was valued by frontline nurses. This is a call to action for leadership development at every level using AL principles and for the improvement of lagging domains in nursing work environments, both critically needed during challenging healthcare times and for the ultimate purpose of improving patient and workforce outcomes.

In a healthcare environment of value-based care and high-performance expectations, leadership that influences outcomes is vital. Use of relational leadership styles such as authentic, transformational, resonant, and servant leadership is regularly applied and studied in nursing management. Relational styles are based in positive psychology and have been found to be related to improved outcomes in nursing compared with task-focused leadership styles.[1] Authentic leadership (AL) is described in the nursing and management literature as a pattern of leader behavior that promotes honest relationships and positive psychological outcomes in followers.[2-4] Recently, Giordano-Mulligan and Eckardt[5] conceptualized the authentic nurse leadership (ANL) model congruent with current nursing leadership attributes. These researchers developed, implemented, and validated an ANL instrument; conducted a national survey of 309 nurses; and reported that nurses perceived a statistically significant relationship between authentic nurse leaders' attributes, nurse engagement, and nurse work-life.[5] Previous nursing studies utilized AL models that were primarily developed and validated in disciplines other than nursing.

According to Shirey,[4] healthy work environments (HWEs) in nursing are supportive of the whole human being and patient-focused and joyful workplaces. Nine

Author Affiliations: Vice President and Chief Nursing Officer (Dr Raso), New York–Presbyterian/Weill Cornell Medical Center; Elizabeth Brooks Professor of Nursing (Dr Fitzpatrick), Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, Ohio; and Owner/Principal Consultant, Moving Targets Consulting (Dr Masick), Orlando, Florida.
The authors declare no conflicts of interest.
Correspondence Dr Raso, New York–Presbyterian/Weill Cornell, 525 E 68th St W133, New York, NY 10065 (rraso@nyp.org).
DOI: 10.1097/NNA.0000000000000921

HWE principles were initially identified in 2004 by the Nursing Organizations Alliance,[6] followed by the American Association of Critical-Care Nurses (AACN) with its 6 HWE standards relating them to patient safety, clinical outcomes, and staff recruitment and retention.[7] AL was identified as one of AACN's 6 essential HWE standards. AL has since been identified as an antecedent to HWE in the nursing literature.[5,8] Wei et al[8] concluded in their systematic review that nurse leaders are anchors for HWEs.

Leadership has been linked to positive patient and staff outcomes in research studies for decades. HWEs also have been linked to nurse and patient outcomes, including an Institute of Medicine report stating that unless work environments are healthy, patient safety is threatened.[9] With nurses as the largest healthcare frontline workforce, the nurses' work environment is critical. The American Nurses Association echoes the importance of HWEs with a policy statement that employers have a fundamental duty to create HWEs.[10] Frontline clinical nurses, central to patient outcomes, experience the presence or absence of ANL and HWE. Their perception is important to our understanding of both ANL and HWE concepts.

Conceptual Frameworks

AACN's HWE conceptual framework was used for this study.[7] The model is evidence-based and relationship-centered, including 6 standards: skilled communication, true collaboration, effective decision-making, AL, meaningful recognition, and adequate staffing. All 6 elements are considered essential, meaning that missing any 1 of them will not result in a sustainable HWE.[7] The model was reviewed and republished 11 years later with no changes to the standards, including supportive empirical evidence between the 2 editions, thus reaffirming their relevance and importance to practicing nurses.[11]

Additionally, Giordano-Mulligan's ANL framework was used. Giordano-Mulligan synthesized the AL theory,[2,3] the concept of caring and an extensive literature review of nurse leader attributes. ANL has 3 main constructs with 5 subcomponents or attributes: personal integrity to include moral ethical courage and self-awareness, transparency to include relationship integrality and shared decision-making, and altruism to include caring. Caring was identified as an integral attribute,[12] differentiating traditional AL and ANL and reflecting the uniqueness of the nursing profession.

Review of the Literature

A search of PubMed, CINAHL, and Google Scholar was conducted using the search terms *authentic leadership* and *healthy work environment*, independently and combined, for milestone and frequently cited articles, and then refined to include nursing from 2013 to May 2019. Manual search of frequently cited publications was also done. Work environment was found numerous times in titles; however, the instruments often measured safety cultures. Forty-five articles were reviewed. Refining to all 3 search terms (*authentic leadership*, *healthy work environment*, and *nursing*) resulted in very few publications.

Authentic Leadership

AL nursing research has only been conducted within the last decade. Laschinger et al[13-15] studied AL in nursing, authoring articles since 2010, primarily focused on RN job satisfaction. Shirey[16] contributed a systematic literature review on leadership practices for an HWE, stating that the most desirable leadership attributes require authenticity, concluding that relational leaders contribute to higher nurse satisfaction and better work environments, boosting employee health and well-being. In their systematic review of antecedents, mediators, and outcomes of AL in healthcare, predominantly in acute care settings, Alilyyani and colleagues[17] found associations with 42 outcomes in healthcare staff and 1 patient outcome.

Healthy Work Environment

Clinical benefit of HWEs has been reported in large studies.[18-20] In Olds and colleagues'[18] fully adjusted model, a 1-SD increase in work environment score was associated with an 8.1% decrease in the odds of mortality. A recent meta-analysis of work environment and outcomes in 17 studies revealed consistent and significant associations between work environment and both nurse and patient outcomes: work environments were associated with 28% to 32% lower odds of nurse job dissatisfaction, burnout, or intent to leave, and the odds of an adverse patient event or death were 8% lower.[19]

There is limited empirical literature linking AL and HWE variables in nursing. As a complement to the 2005 landmark publication by AACN, Shirey[4(p256)] published the 1st nursing article on AL and HWE, identifying AL as "the glue that is needed to hold together HWEs." Alexander and Lopez[21] studied the leader behaviors of 17 nurse executives to discover how they created and sustained HWEs to support the AACN standard of AL. The 4 attributes of AL were reinforced, and these authors suggested there is evidence that AL can be learned and simulated in leadership development programs in the academic and practice setting.

Methods

Study Design and Research Question

A descriptive, correlational, cross-sectional design was undertaken to determine the relationship between AL and HWE. There were 3 research questions:

1. What is the clinical nurses' perception of the ANL of their manager?
2. What is the clinical nurses' perception of their work environment?
3. What is the relationship between clinical nurses' perception of their managers' ANL and their perception of the work environment in their unit?

Sample and Procedure

Institutional review board approval was obtained. A convenience sample of RNs was recruited at the 2019 American Nurses Credentialing Center® National Magnet® Conference. Inclusion criteria were full-time clinical RNs who were direct care providers in any setting. Exclusion criteria were RNs in management roles, advanced practice nurses, and those with part-time/per-diem work status. The survey was created in Qualtrics (August 2019; Provo, Utah). Nurses were presented with a flyer explaining the purpose of the study and a QR code to scan and anonymously complete the electronic survey.

Instruments

Authentic Nurse Leadership Questionnaire

The Authentic Nurse Leadership Questionnaire (ANLQ) was developed by Giordano-Mulligan and Eckardt[5] and Giordano-Mulligan[12] to validate the ANL framework. The ANLQ has 29 items on a 5-point Likert-type scale ranging from 0 (never) to 4 (all of the time), with 5 subscales representing the key attributes of authentic nursing leadership. Cronbach's α in the original study was .96 with an internal consistency α value of .99.[5,12] In the present study, the Cronbach's α for the total score was .97. Cronbach's α's for the subscales were .87 for self-awareness, .82 for moral ethical courage, .92 for relational integrality, .92 for shared decision-making, and .91 for caring.

Critical Elements of a Healthy Work Environment Survey

The Critical Elements of a Healthy Work Environment Survey (CE-HWES) is a 32-item survey based on HWE AACN standards.[7,11] Each item includes a 4-point Likert-type response ranging from 1 (strongly disagree) to 4 (strongly agree). The scale measures the health of the work environment in the participants' work units and their organizations. For this study, only the 16-item work unit scale was used.[22] This instrument has been used in 4 surveys conducted by Ulrich et al[23] since 2006 with Cronbach's α for the work unit at .94 in the most recent study. The Cronbach's α for the work unit scale in this study was .93. Cronbach's α's for the 6 subscales were as follows: .56 for skilled communication, .76 for true collaboration, .84 for effective decision-making, .71 for appropriate staffing, .77 for meaningful recognition, and .83 for AL. Skilled communication had a lower Cronbach's α (.56) than is acceptable (Table 1).

Results

Sample Characteristics

A total of 377 nurses completed the survey. Exclusion criteria were met for 88 nurses in the sample including 52 managers, 12 advanced practice nurses, 24 other nonclinical nurses, 26 part-time, and 8 per-diem. The final sample consisted of 254 nurses. The majority of nurses were female (n = 215 [84.6%]) with an average age of 36.4 (SD, 9.5) years, 10.0 (SD, 8.5) years of experience as a nurse, and 72.0% (n = 183) with bachelor's degrees in nursing. Most nurses worked day shift (n = 196 [77.2%]), with the top 2 practice settings being critical care/progressive care (n = 69 [27.2%]) and adult medical-surgical (n = 66 [26.0%]). A total of 169 nurses (66.5%) worked for a Magnet-designated hospital, and 44 (17.3%) worked in organizations that had applied for Magnet designation (Tables 2 and 3).

Results Related to Research Questions

The 1st research question assessed the clinical nurses' perception of the ANL of their manager using the 29-item ANLQ. Subscale scores were determined by a mean of the subscale items, and total score as a mean of all 29 items. Higher item, subscale, and total scores reflect higher levels of perceived ANL. The averages for the overall scale and individual subscales ranged

Table 1. *Cronbach's α for ANLQ and CE-HWES*

Variable	Items	Cronbach's α
ANLQ	29	0.97
Self-awareness	6	0.87
Moral ethical courage	4	0.82
Relational integrality	7	0.92
Shared decision-making	6	0.92
Caring	6	0.91
CE-HWES	16	0.93
Skilled communication	2	0.56
True collaboration	3	0.76
Effective decision-making	4	0.84
Appropriate staffing	2	0.71
Meaningful recognition	2	0.77
Authentic leadership	3	0.83

Table 2. Nurse Demographics

Variable	n	%
Gender		
Female	215	84.6
Male	35	13.8
Gender fluid/nonbinary/gender queer	2	0.8
Prefer not to answer	2	0.8
Highest nursing education		
Diploma	3	1.2
Associate	28	11.0
Baccalaureate	183	72.0
Master's	39	15.4
Missing	1	0.4
Practice setting		
Ambulatory/outpatient	22	8.6
Critical/progressive care	69	27.2
Emergency care	19	7.5
Medical-surgical (adult)	66	26.0
Pediatrics	18	7.1
Perioperative	17	6.6
Psychiatry	4	1.6
Obstetrics	18	7.1
Subacute/long-term care	2	0.8
Other	15	5.9
Missing	4	1.6
Shift		
Days	196	77.2
Evening	11	4.3
Nights	45	17.7
Missing	2	0.8
Magnet		
Magnet designation	169	66.5
Applied for Magnet designation	44	17.3
Neither	41	16.2

between 3.00 and 3.13. This indicates that nurses perceive the AL in their manager occurs most of the time. See Table 4 for the means and SDs.

The 2nd research question assessed the clinical nurses' perception of their work environment using the 16-item work unit CE-HWES. Subscale scores were determined by a mean of the subscale items, and total score as a mean of all 16 items. Higher item, subscale, and total scores reflect higher levels of perceived HWE. The average of the overall scale was 3.02, and the subscales for skilled communication, effective decision-making, meaningful recognition, and AL ranged from 3.08 to 3.10, indicating that nurses agree there is an HWE. Subscales for true collaboration and appropriate staffing resulted in scores less than 3.0. See Table 4 for the means and SDs.

The 3rd research question assessed the relationship between clinical nurses' perception of their managers' ANL and their work environment. The Pearson *r* correlation coefficient for the overall instruments was statistically significant ($P < .01$), with a moderate correlation ($r = 0.59$). All correlations between the subscales of both instruments were statistically significant, ranging from 0.33 to 0.59. See Table 5 for all Pearson *r* correlation coefficients.

Table 3. Means, SDs, and Range

	Mean	SD	Range
Age	36.4	9.5	40
Years of experience as RN	10.0	8.5	42

Exploratory Analysis

Relationships between the key study variables and demographic variables were examined. An independent-samples *t* test was conducted to determine differences between gender, education, practice settings, and shift. Education was categorized to compare the difference between nurses with bachelor's degrees versus master's degrees. The top 2 practice settings, critical/progressive care and adult medical-surgical, were compared. Lastly, nurses who worked days were compared with those worked nights. A final 1-way analysis of variance (ANOVA) was conducted to explore differences between Magnet statuses.

The results of the independent-samples *t* test for ANL were not significant for gender, bachelor's versus master's degree, critical/progressive care versus adult medical-surgical, or days versus nights. The results of the ANOVA to compare differences in Magnet status were not significant. This indicates that regardless of the nurses' characteristics, their perceptions of ANL are similar.

A final exploratory analysis examined the relationship between age and years of experience as a nurse and their perceptions of ANL and HWE. A Pearson *r* correlation was conducted between age with overall perceptions on the ANLQ and HWE and between years of experience with overall perceptions on the ANLQ and

Table 4. Means and SDs for ANLQ and CE-HWES Instruments

Variable	Mean	SD
ANLQ	3.06	0.70
Self-awareness	3.13	0.70
Moral ethical courage	3.06	0.71
Relational integrality	3.05	0.78
Shared decision-making	3.00	0.77
Caring	3.07	0.78
CE-HWES	3.02	0.48
Skilled communication	3.08	0.58
True collaboration	2.84	0.63
Effective decision-making	3.10	0.54
Appropriate staffing	2.87	0.69
Meaningful recognition	3.10	0.60
Authentic leadership	3.08	0.54

Table 5. Pearson Correlations for the ANLQ and CE-HWES

	ANLQ	Self-awareness	Moral Ethical Courage	Relational Integrality	Shared Decision-Making	Caring
CE-HWES	0.59[a]	0.55[a]	0.51[a]	0.53[a]	0.58[a]	0.55[a]
Skilled communication	0.42[a]	0.43[a]	0.34[a]	0.37[a]	0.39[a]	0.43[a]
True collaboration	0.38[a]	0.37[a]	0.34[a]	0.33[a]	0.37[b]	0.35[a]
Effective decision-making	0.49[a]	0.43[a]	0.43[a]	0.45[a]	0.49[a]	0.45[a]
Appropriate staffing	0.43[a]	0.39[a]	0.34[a]	0.40[a]	0.45[a]	0.38[a]
Meaningful recognition	0.49[a]	0.46[a]	0.42[a]	0.45[a]	0.50[a]	0.46[a]
Authentic leadership	0.59[a]	0.56[a]	0.50[a]	0.54[a]	0.57[a]	0.54[a]

[a] $P < .01$.

[b] $P < .05$.

HWE. The results of the Pearson *r* correlations were not significant, indicating that nurses' perceptions of ANL and HWE are not influenced by age or years of experience.

Discussion

This is the 1st study testing the relationship between the new ANL framework and AACN's HWE model. The findings support a positive relationship between ANL and HWE, contributing to our understanding of the impact of ANL on nurses' work environment. AL as an essential standard of HWE in AACN's conceptual model is supported by these results. Giordano and Eckardt's[5] model of ANL was found to be present most of the time in all of the domains and an effective style in terms of work environment.

In the HWE results, although the overall work environment was ranked as healthy, the domains of true collaboration and appropriate staffing were found to be rated as "disagree" in the perception of the nurses. In Ulrich and colleagues'[23] latest and 4th large national study using this instrument, the findings in these 2 subscales were similar. This indicates potential areas of concern for nurse leaders from both organizational and unit-based perspectives. None of the background and demographic variables made a difference to the nurses' perceptions of either their work environment or the ANL of their manager.

Implications for Nurse Leaders

There are multiple implications from this study. ANL emerges as a more modern framework for nursing leadership and a blueprint for leader development. One example is a pilot program developed by Frasier,[24] who demonstrated success in improving manager perception of their AL attributes. In this program, there was a combination of didactic learning, reflection through journaling, biweekly check-ins, and peer support. This is a start to much needed work in this area. We should also consider more robust leadership development beginning in generic nursing programs, to foster "nurses across the country to lead from any seat."[25(p135)] Attributes of ANL could be vigorously explored and applied at any level.

As ANL increased, so did HWE in this predominantly Magnet-oriented study population. Standards for Magnet designation have focused on the transformational leadership style. Should evidence of AL principles be included in future standards? Although both are relational styles, the evidence for the outcomes of AL has grown substantially, including this study.

AL as an essential standard in AACN's HWE model is operationally defined differently than the ANL model used in this study. Despite that difference, a positive correlation was found at the overall and domain level, which may help define the components of AL as an essential standard of HWE more fully. Also related to the HWE model, although overall an HWE was found, there were 2 standards that were not: true collaboration and effective staffing. If each standard is considered essential, can the work environment be considered healthy if two domains are not met? This question is an important one for all nurse leaders and for the model as well. Additionally, leaders must pay attention to these lagging standards.

If leaders are the anchor for HWE, we are learning that ANL is a style that underpins it. Neither age, education, practice setting, years of experience, nor Magnet status influenced ANL or HWE. Perhaps the focus on generational and other workforce differentiators is not needed when it comes to the basics of leadership and work environment—they are present or not in the eyes of the nurses in this sample, regardless of nurse variables.

Future research should be expanded to different sample populations. Additionally, research is needed regarding the interdependencies of effective leadership, HWE, and staff and patient outcomes. Creating and sustaining HWEs and developing ANL attributes

in ourselves, as well as current and future leaders, can contribute to these improved outcomes.

Limitations

The convenience sample of clinical nurses at a national Magnet conference with a majority of the sample working for Magnet-designated organizations introduced a bias and may not be representative of a larger clinical nurse perspective. The cross-sectional design also limits generalizability. Another limitation was that 1 of the HWE subscales, skilled communication, did not have an acceptable Cronbach's α in this study.

Conclusion

This is the 1st study of the relationship between ANL and HWE using these models, contributing to our understanding of the leadership style needed to build HWEs. The ANL model, which includes caring as an attribute, was found to have a positive relationship with HWE through the eyes of frontline RNs, and the ANLQ was found to be reliable in a 2nd study. Although HWE was present overall, the domains of true collaboration and effective staffing were not. This is a call to action for leadership development at every level and for the improvement of lagging domains in nursing work environments, both critically needed during challenging healthcare times and for the ultimate purpose of improving patient and workforce outcomes.

Acknowledgment

The authors thank Celeste Alfes, DNP, MSN, RN, FAAN, CNE, CHSE-A, and Connie Barden, MSN RN, CCRN-K, FAAN, for their invaluable expertise and support of this research.

References

1. Cummings GG, Tate K, Lee S, et al. Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. *Int J Nurs Stud*. 2018;85:19-60.
2. George B. *Authentic Leadership: Rediscovering the Secrets to Creating Lasting Value*. San Francisco, CA: Jossey-Bass; 2003.
3. Avolio BJ, Gardner WL, Walumbwa FO, Luthans F, May DR. Unlocking the mask: a look at the process by which authentic leaders impact follower attitudes and behaviors. *Leadersh Q*. 2004;15(6):801-823.
4. Shirey MR. Authentic leaders creating healthy work environments for nursing practice. *Am J Crit Care*. 2006;15(3):256-267.
5. Giordano-Mulligan M, Eckardt S. Authentic nurse leadership conceptual framework: nurses' perception of authentic nurse leader attributes. *Nurs Adm Q*. 2019;43(2):164-174.
6. Nursing Organizations Alliance. Elements of a healthful practice environment. https://www.aonl.org/principles-and-elements-healthful-practicework-environment. Accessed January 19, 2020.
7. American Association of Critical-Care Nurses. AACN standards for establishing and sustaining healthy work environments: a journey to excellence. *Am J Crit Care*. 2005;14(3):187-197.
8. Wei H, Sewell KA, Woody G, Rose MA. The state of the science of nurse work environments in the United States: a systematic review. *Int J Nurs Sci*. 2018;5(3):287-300.
9. Institute of Medicine. *Keeping Patients Safe: Transforming the Work Environment of Nurses*. Washington, DC: National Academies Press; 2004.
10. American Nurses Association. Healthy work environment. https://www.nursingworld.org/practice-policy/work-environment. Accessed January 20, 2020.
11. American Association of Critical-Care Nurses. *AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence*. 2nd ed. 2016. https://www.aacn.org/wd/hwe/docs/hwestandards.pdf. Accessed January 20, 2020.
12. Giordano-Mulligan M. *Developing and Validating an Instrument to Measure Perceived Authentic Nurse Leadership [dissertation]*. Garden City, NY: Adelphi University; 2017: ProQuest 10610420.
13. Laschinger HKS, Wong CA, Grau AL. Authentic leadership, empowerment and burnout: a comparison in new graduates and experienced nurses. *J Nurs Manag*. 2013;21(3):541-552.
14. Laschinger HKS, Fida R. Linking nurses' perceptions of patient care quality to job satisfaction: the role of authentic leadership and empowering professional practice environments. *J Nurs Adm*. 2015;45(5):276-283.
15. Laschinger HKS, Borgogni L, Consiglio C, Read E. The effects of authentic leadership, six areas of worklife, and occupational coping self-efficacy on new graduate nurses' burnout and mental health: a cross-sectional study. *Int J Nurs Stud*. 2015;52(6):1080-1089.
16. Shirey MR. Leadership practices for healthy work environments. *Nurs Manage*. 2017;48(5):42-50.
17. Alilyyani B, Wong CA, Cummings G. Antecedents, mediators, and outcomes of authentic leadership in healthcare: a systematic review. *Int J Nurs Stud*. 2018;83:34-64.
18. Olds DM, Aiken LH, Cimiotti JP, Lake ET. Association of nurse work environment and safety climate on patient mortality: a cross-sectional study. *Int J Nurs Stud*. 2017;74:155-161.
19. Lake ET, Sanders J, Duan R, Riman KA, Schoenauer KM, Chen Y. A meta-analysis of the associations between the nurse work environment in hospitals and 4 sets of outcomes. *Med Care*. 2019;57(5):353-361.
20. Aiken LH, Clarke SP, Sloane DM, Lake ET, Cheney T. Effects of hospital care environment on patient mortality and nurse outcomes. *J Nurs Adm*. 2008;38(5):223-229.
21. Alexander C, Lopez RP. A thematic analysis of self-described authentic leadership behaviors among experienced nurse executives. *J Nurs Adm*. 2018;48(1):38-43.
22. American Association of Critical-Care Nurses. *Section B: Critical Elements of a Healthy Work Environment Scale. 2018 AACN National Survey of Critical Care Nurse Work Environments*. Aliso Viejo, CA: AACN; 2018.
23. Ulrich B, Barden C, Cassidy L, Varn-Davis N. Critical care nurse work environments 2018: findings and implications. *Crit Care Nurse*. 2019;39(2):67-84.
24. Frasier N. Preparing nurse managers for authentic leadership: a pilot leadership development program. *J Nurse Adm*. 2019;49(2):79-85.
25. Sullivan-Marx Eileen. Leadership evolution: the academy's sustained and growing contribution. *Nurs Outlook*. 2020;68(2):134-136.