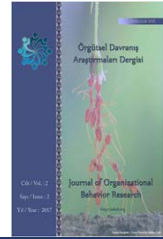




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EVALUATION OF AUTHENTIC LEADERSHIP LEVELS OF NURSE MANAGERS

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ABSTRACT

The aim of the present study is to determine whether or not nurses perceived their nurse managers as authentic leaders. The study was conducted with 309 nurses recruited using stratified sampling method among nurses (n=1569) who worked in the hospitals in the city center of Trabzon. It was found that 53.7% of the nurses had bachelor's/post-graduate degrees, 77.7% of them had 4A personnel cadre and 59.5% of them worked in the public hospitals. Authentic leadership mean score of the nurse managers was 3.968 ± 0.592 . Those nurses, who worked in the private hospitals, were satisfied with their clinic and working with their nurse managers, perceived their nurse managers as moral, innovative, proficient and democratic managers and thus as more authentic leaders in terms of total score and subscale scores and these results were statistically consistent ($p < 0.05$). Especially the nurses who worked in the private hospitals and other nurses perceived nurse managers as authentic leaders.

Keywords: Hospitals, Nurses, Nursing, Leadership, Nurse Managers.

INTRODUCTION

Innovations brought by today's changes and technology affect closely structures, operations, goals, and targets of institutions. Accordingly, the value of the concept of "leadership" has emerged as institutions maintain their existence and achieve success (Karahana, 2008: 145). Therefore, leadership has been a concept that has been studied throughout history and has become a subject of scientific researches. The concept of leadership was first addressed with the great man approach and then continued with characteristics, behavioral and situational leadership approaches, and finally new leadership approaches have been developed. On the other hand, nowadays, continuously experienced changes and organizational uncertainties have required authentic leadership, one of the contemporary leadership approaches. In this leadership approach, it is argued that positive psychological capital skills of the leader such as trust, optimism, endurance, and hope affect positively the behaviors and attitudes of the followers. Authentic leaders focus on their empowerment and development of individuals instead of focusing on their negative aspects. In this sense, a positive climate will appear between the leaders and their followers and this situation will lead to formation of positive and desirable organizational and individual outputs (Duygulu, 2014: 124, 132).

Leadership is an important issue for the health sector as in other sectors. Nurses, working with other occupational groups in the health sector, in which a rapid change has been experienced, should use effectively their knowledge, power, and leadership skills to provide a qualified, effective and safe care to people. The nurse managers should reveal their leadership characteristics in order to reach their aims as they are responsible for planning, organizing, performing, controlling, and evaluating the nursing services (Duygulu, 2014: 124). Accordingly, it is important for nurse managers, who have an important effect in nurses' providing qualified healthcare services, to evaluate their leadership behaviors from the nurses' point of view who follow them (Göktepe and Baykal, 2006: 38). In addition, search for leadership in nursing has gained great importance in the direction of the developing conditions because there is a lack of leadership in nursing. In addition, as stated in some studies, nurses state that the nurse managers do not treat fairly and equally for the people and their needs (Erkan and Abaan 2006: 2; Göktepe and Baykal, 2006: 41) and do not develop positive human relations (Öztürk, 2012: 289). Though, nurses also, like all other people, want to be peaceful in their unit, feel that they are an important part of the institution and to be satisfied with their job. At this point, the team spirit comes into play. In order to achieve this, there is a need for leaders, who are authentic, open-minded, success-oriented, honest, unbiased, transparent, and consistent, have a high opinion of the employees and strengthen them, have a vision, give confidence, take the risk when required, want to serve people, and create a positive atmosphere in the organizations. In this case, the authentic leaders come into play. These leaders are ethical individuals who inspire themselves and their followers, believe to achieve the impossible, have consistency between what they say and do, and are motivated with the group interests instead of personal interests (Kesken and Ayyıldız, 2008: 729, 738, 742, 749).

When studies on leadership in nursing are examined, it is seen that there is a limited number of studies revealing leadership behavior and characteristics of nurse managers in Turkey. These studies have been conducted mostly on behavioral (Duygulu and Kublay, 2008: 1; Erkan and Abaan, 2006: 1; Göktepe and Baykal, 2006: 37) or within the scope of transactional and transformational leadership approaches from new leadership approaches (Serinkan and İpekçi, 2005: 281; Öztürk et al., 2012: 17). Number of studies indicating authentic leadership attitudes and behaviors among contemporary leadership approaches in nursing is very limited (Taşlıyan and Hırlak, 2016: 92; Tercan, 2017: i, 53). In this direction, this study was conducted to determine whether or not the nurses perceived their nurse managers as authentic leaders.

METHODS

This descriptive study was conducted in a university, four public hospitals, and a private hospital in city center of Trabzon between May-June 2016 in order to determine whether or not the nurses perceived their nurse managers as authentic leaders. While the population of the study consisted of 1569 nurses working in all the hospitals in city center of Trabzon, the sample was calculated with the sampling method with a known population and composed of 309 service nurses who were selected by the stratified sampling method according to the hospitals and worked in the hospital services for at least 1 year. Permissions from the related



hospitals, and approval from Karadeniz Teknik University Faculty of Medicine, Clinical Trials Ethics Committee were obtained in order to conduct the study. Also, permission of the authors was obtained to use the Authentic Leadership Scale.

In the data collection, the Information Form and the Authentic Leadership Scale were used. The information form consists of the demographic characteristics of the nurses and their views and knowledge on their nurse managers. The Authentic Leadership Scale was developed by Walumbwa et al., in 2008 and adapted into Turkish by Tabak et al. in 2012. The scale has totally 16 items and 4 subscales (self-awareness, moral balanced processing, relational transparency, and internalized perspective) (Tabak et al., 2012: 99, 105; Walumbwa et al., 2008: 97). The Cronbach's Alpha value of the scale was determined as 0.93 (Tabak et al., 2012: 100). In this study, the compatibility of the factor structure of the authentic leadership scale according to the perceptions of the nurses with the original version was retested with the confirmatory factor analysis (CFA). When the goodness of fit criteria was examined after the factor analysis, $\chi^2/Sd = 2.903$ was found and as the χ^2/Sd value was under 3, it was accepted that the model-data fit was very good. It was found that GFI was 0.901 and CFI was 0.912. GFI and CFI of $>.90$ indicated an acceptable compatibility. RMSEA was found as 0.079 and the RMSA value of <0.080 indicated an acceptable compatibility (Çokluk et al., 2010: 314, 315). The analysis results pointed out that the fit statistics calculated by the confirmatory factor analysis were compatible with the actual data collected from the nurse participants in an acceptable level. The increase in the total scale and the subscale scores showed that the authentic leadership characteristics increased. The Cronbach's Alpha value of the scale was also found as 0.88. The number, percentage, and mean were used in the data analysis in order to describe the demographic characteristics of the nurses; Kruskal Wallis test or Mann Whitney-U test was used to compare the demographic characteristics of the nurses and their views and the knowledge on the nurse managers with the scale scores.



RESULTS

It was found that 26.2% of the nurses were in the age range of 36-40 years, 88.3% were female, and 68.3% were married. 37.2% had a professional experience of 1-5 years, 53.7% had bachelor/postgraduate's degrees, and 77.7% were working in the 4A personnel staff. 59.6% of these nurses worked in public hospitals, 30.4% were working in the specific units of the hospitals like emergency department and intensive care unit and 76% were working in the service, where they worked currently, for 1-5 years. 68.9% of them stated that they were satisfied with their jobs, 62.5% were satisfied with their hospitals, and 82.8% were satisfied with their services. 100% of the nurses working in the private hospital had a medical vocational high school/associate's degree.

It was found that 71.5% of the nurses stated that their nurse managers had bachelor/associate's degrees. In addition, 88.8% of the nurse managers, who had medical vocational high school/associate's degrees, were working in the private school. 97.1% of the nurses stated that they were satisfied with working with their nurse managers, 81.2% stated that they thought their nurse managers was competent as a manager, 89% stated that the nurse managers behaved ethically, 88.7% stated that they were visionary, and 91.9% stated that they

were open-minded. 45.3% stated that their nurse managers adopted the participatory management style.

The authentic leadership total score of the nurse managers was 3.96 ± 0.59 , their relational transparency subscale score was 4.09 ± 0.62 , the internalized perspective subscale score was 3.85 ± 0.73 , their moral balanced processing subscale score was 3.85 ± 0.78 and their self-awareness subscale score was 4.01 ± 0.77 .

The authentic leadership scale total score and subscale scores of the nurses, who were the medical-vocational high school graduates (except for the relational transparency, the internalized perspective, the self-awareness), were working in 4C and worker staff (except for the internalized perspective), were working in the private hospital, were satisfied with profession (except for the internalized perspective, the moral balanced processing), the hospital (except for the internalized perspective) and the service where they working, were high, which was statistically significant (Table 1).

Table 1. The Comparison of the Demographic Characteristics of the Nurses and the Authentic Leadership Scale Total and Subscale Scores.

Demographic characteristics	n	Relational Transparency	Internalized Perspective	Moral Balanced Processing	Self-Awareness	Authentic Leadership Total
Educational status		Mean. Rank (Med)	Mean. Rank (Med)	Mean. Rank (Med)	Mean. Rank (Med)	Mean. Rank (Med)
Medical vocational high school(1)	64	175.75(4.30)	169.28(4.0)	180.51(4.0)	173.66(4.2)	180.81(4.18)
Associate's degree(2)	79	146.08(4.2)	159.3(4.0)	156.35(4.0)	152.3(4.2)	153.85(4.12)
Bachelor/postgraduate's degree (3)	166	151.25(4.2)	147.45(3.7)	144.52(3.6)	149.09(4.0)	145.600(4.0)
$\chi^2_{KW} =$		4.581	3.039	7.659	3.648	7.207
p=		0.101	0.219	0.022	0.161	0.027
MWU=				1>3 (p<0.05)		1>3 (p<0.05)
The status of staffing						
4A (4)	240	147.85(4.2)	150.39(4.0)	145.67 (3.6)	147.75(4.0)	145.87(4.0)
4B (5)	40	163.51(4.2)	159.32(3.8)	176.25(4.0)	160.93(4.1)	166.64(4.1)
4C and worker (6)	29	202.43(4.6)	187.21(4.2)	202.9(4.3)	206.83(4.7)	214.53(4.4)
$\chi^2_{KW} =$		10.17	4.55	13.46	11.70	16.09
p=		0.006	0.103	0.001	0.003	0.000
MWU=		6>4,5 (p<0.05)		5,6>4 (p<0.05)	6>4,5 (p<0.05)	6>4,5 (p<0.05)
The hospital						
University (7)	107	156.02(4.2)	145.43(3.75)	158.63(4.0)	157.55(4.0)	152.56(4.06)

Public (8)	184	145.54(4.2)	155.14(4.0)	146.56(3.6)	143.9(4.0)	146.64(4.0)
Private (9)	18	245.61(4.7)	210.44(4.2)	219.69(4.5)	253.28(4.8)	254.92(4.5)
$\chi^2_{kw} =$		20.806	8.253	11.467	25.112	24.246
p=		0.000	0.016	0.003	0.000	0.000
MWU=		9>8,7 (p<0.05)	9>8,7 (p<0.05)	9>8,7 (p<0.05)	9>8,7 (p<0.05)	9>8,7 (p<0.05)
Satisfaction with profession						
Satisfied	213	163.46(4.2)	161.44(4.0)	158.74(4.0)	163.16(4.2)	164.0(4.1)
Not satisfied	96	136.22(4.0)	140.71(3.7)	146.69(3.6)	136.89(4.0)	135.03(3.8)
MWU=		8421.0	8852.5	9426.5	8485.5	8306.5
Z=		-2.494	-1.898	-1.107	-2.412	-2.641
p=		0.013	0.058	0.268	0.016	0.008
Satisfaction with working in the hospital						
Satisfied	193	163.22(4.2)	157.5(4.0)	164.11(4.0)	164.63(4.2)	164.25(4.1)
Not satisfied	116	141.33(4.0)	150.84(4.0)	139.84(3.6)	138.98(4.0)	139.61(4.0)
MWU=		9608.5	10711.0	9436.0	9336.0	9408.5
Z=		-2.096	-0.639	-2.333	-2.463	-2.350
p=		0.036	0.523	0.020	0.014	0.019
Satisfaction with working in the service						
Satisfied	256	162.84(4.2)	160.36(4.0)	163.76(4.0)	164.52(4.2)	163.99(4.1)
Not satisfied	53	117.12(3.8)	129.12(3.7)	112.68(3.6)	109.0(3.7)	111.57(3.7)
MWU=		4776.5	5412.5	4541.0	4346.0	4482.0
Z=		-3.409	-2.330	-3.824	-4.152	-3.892
p=		0.001	0.020	0.000	0.000	0.000



It was significant that the internalized perspective subscale score of the nurses, who had medical vocational high school/associate's degree and had a nurse manager, was high. The authentic leadership scale total and subscale scores of the nurses, who were satisfied with working with their nurse managers, found the management of the nurse managers qualified, and thought that their chief nurses treated ethically, were visionary, were open-minded, and had a democratic management style were high, which was statistically significant (Table 2).

Table 2. The Comparison of The Thoughts of The Nurses on Characteristics of The Nurse Managers and the Authentic Leadership Scale Total and Subscale Scores.

The Characteristics of Nurse Managers	n	Relational Transparency	Internalized Perspective	Moral Balanced Processing	Self-Awareness	Authentic Leadership Scale Total
Education of the nurse manager		Mean. Rank (Med)	Mean. Rank (Med)	Mean. Rank (Med)	Mean. Rank (Med)	Mean. Rank (Med)
Medical vocational high school / associate's degree	88	162.92(4.2)	171.06(4.0)	154.28(4.0)	164.94(4.0)	165.85(4.1)
Bachelor /postgraduate's degree	221	151.85(4.2)	148.6 (3.7)	155.29(4.0)	151.04(4.0)	150.68(4.0)

MWU=		9027.0	8310.5	9660.5	8849.0	8769.0
Z=		-0.988	-2.005	-0.090	-1.245	-1.349
p=		0.323	0.045	0.928	0.213	0.177
Satisfied with working with the nurse manager						
Satisfied	300	159.19(4.2)	158.41(4.0)	159.21(4.0)	159.31(4.0)	159.4(4.1)
Not satisfied	9	15.28(2.6)	41.44(2.7)	14.56(2.0)	11.33(2.0)	8.22(2.3)
MWU=		92.5	328.0	86.0	57.0	29.0
Z=		-4.786	-3.891	-4.831	-4.936	-5.006
p=		0.000	0.000	0.000	0.000	0.000
Finding the nurse manager competent as a manager						
Not competent	58	121.18(3.8)	99.92(3.25)	105.26(3.3)	97.53(3.5)	98.36(3.4)
competent	251	162.81(4.2)	167.73(4.0)	166.49(4.0)	168.28(4.2)	168.09(4.1)
MWU=		5317.5/-	4084.5/-	4394.0/-	3946.0/-	3994.0/-
Z=		3.215	5.238	4.748	5.480	5.362
p=		0.001	0.000	0.000	0.000	0.000
Does the nurse manager treat ethically?						
Yes	275	167.14(4.2)	165.20(4.0)	164.86(4.0)	165.87(4.2)	167.83(4.1)
No	34	56.70(3.3)	72.10(3.2)	75.25(3.1)	67.10(3.0)	51.22(3.2)
MWU=		1335.5/-	1857.0/-	1963.5/-	1686.5/-	1146.5/-
Z=		6.830	5.766	5.568	6.131	7.186
p=		0.000	0.000	0.000	0.000	0.000
Is the nurse manager visionary?						
Yes	274	167.88(4.2)	163.7(4.0)	168.32(4.0)	168.05(4.2)	168.62(4.1)
No	35	54.17(3.2)	86.87(3.0)	50.73(3.0)	52.87(3.00)	48.340(3.0)
MWU=		1266.0/-	2410.5/-	1145.5/-	1220.5/-	1062.0/-
Z=		7.127	4.818	7.400	7.241	7.507
p=		0.000	0.000	0.000	0.000	0.000
Is the nurse manager open-minded?						
Yes	284	162.09(4.2)	160.51(4.0)	162.54(4.0)	162.32(4.2)	163.08(4.1)
No	25	74.50(3.6)	92.42(3.5)	69.34(2.6)	71.8(3.0)	63.18(3.2)
MWU=		1537.5	1985.5	1408.5	1470.0	1254.5
Z=		-4.724	-3.674	-5.047	-4.897	-5.365
p=		0.000	0.000	0.000	0.000	0.000
The management style of the nurse manager						
Autocratic (1)	13	38.54(2.8)	58.31(2.7)	28.04(2.6)	31.15(2.5)	25.15(2.5)
Helpful (2)	45	99.10(3.8)	116.84(3.5)	102.38(3.6)	98.06(3.5)	90.39(3.5)
Participatory (3)	140	160.88(4.2)	154.45(4.0)	161.05(4.0)	161.51(4.0)	158.92(4.0)
Democratic (4)	111	183.89(4.4)	182.49(4.0)	183.57(4.0)	184.38(4.2)	191.45(4.1)
χ^2_{kw} =		52.458	34.330	54.859	56.933	69.870
p=		0.000	0.000	0.000	0.000	0.000
MWU=		2-4>1; 3,4>2; 4>3 (p<0.05)	2-4>1; 3,4>2; 4>3 (p<0.05)	2-4>1; 3,4>2; 4>3 (p<0.05)	2-4>1; 3,4>2; 4>3 (p<0.05)	2-4>1; 3,4>2; 4>3 (p<0.05)



No statistically significant difference was found between the age, gender, marital status, occupational experience, the service and the term of employment in the service of the nurses and the authentic leadership scale total and subscale scores ($p>0.05$).

DISCUSSION

Authentic leadership is a leadership focusing on honesty, coherence, being a positive role model with high ethical standards in developing the relationship between the leader and the follower, and taking trust as a basis (Öztürk et al., 2012: 17, 18). As Read and Laschinger (2015: 4) have stated, authentic leadership is a way in which the nurse managers can affect the work experiences of the new graduate nurses and its related results positively. Also, the authentic leadership is important as it emphasizes self-awareness, high ethical standards, open-mindedness and making a balanced evaluation and increases the job satisfaction and performance of the nurses (Wong and Laschinger, 2013: 947). In this direction, in this study on determining whether or not the nurses perceived their nurse managers as authentic leaders, the authentic leadership level of the nurse managers was high according to the nurses who were mostly females, more half of who were married, who had an bachelor/postgraduate's degree, and who were working in the public hospitals. Similar to these results, also in some international studies, the authentic leadership levels of the nurses are high (Bennet, 2015: 122; Laschinger et al., 2012: 1271; Laschinger et al., 2013: 547). In the study by Wong and Laschinger (2013: 952), it was determined that the nurses had a medium level of authentic leadership. Also in the study by Giallonardo et al., (2010: 998), the newly graduated nurses perceived their teachers as authentic leaders at the medium level. Also, the relational transparency, internalized perspective, moral balanced processing, and self-awareness subscale levels of the nurses are high. The relational transparency had the highest score in the subscales. Similar to this result, also in the study conducted by Bennett (2015: 122) with nurses, all the subscales were high, the highest score was observed in the relational transparency and internalized perspective subscales. This may be associated with the fact that managers with the relational transparency establish an open communication with staff in all kinds of objectives, performance goals, development, and conclusion issues in the organization (Erkutlu and Chafra, 2016: 14).

Compared to the nurses who had bachelor/ postgraduate's degree, the nurses, who were the graduates of the medical-vocational high schools/associate's degree program, perceived their nurse managers as authentic leaders more. This may be associated with the fact that the nurses with the bachelor/postgraduate's degree had higher expectations from the nurse managers, compared to the nurses graduated from the medical-vocational high school, and they also perceived themselves as a leader. But, in the study by Nelson et al., (2014: 95), it was determined that the authentic leadership level was affected positively as the educational level increased. In addition, the authentic leadership level of the nurse managers were high in nurses who were satisfied with their profession, hospitals, services, and working with their nurse managers. Also in the study by Öztürk et al., (2012: 17), it was found that the leadership behaviors affected the satisfaction of the nurses positively. Also in some international studies, a correlation has been determined between the job satisfaction of the nurses and the authentic leadership levels, which supports the results of the present study (Bennett, 2015: 129;



Giallonardo et al., 2010: 993, Laschinger et al., 2012: 1266; Wong and Laschinger, 2013: 947). This may be also useful in terms of developing satisfaction and well-being of patients to whom nurses serve. Moreover, authentic leaders may have an important role in creating positive work environment, strengthening newly graduated nurses, preserving their mental health and preventing their burnout (Laschinger et al., 2015: 1080; Laschinger and Smith, 2013: 24).

The nurses who had the medical-vocational high school/associate's degree had higher scores in the internalized perspective subscale compared to the nurses with bachelor/postgraduate's degree. This may be due to the properties of the hospital rather than the educational status of the nurse managers. Because in the present study, a great majority of nurses and the nurse managers, who had the medical-vocational high schools/associate's degree, worked in the private hospital. However, the authentic leadership levels of the nurse managers of the nurses in the 4C or worker staff and the nurses working in the private hospital were higher. This may be associated with the choices of the private hospital during the recruitment, in order words the fact that the nurse managers working in the private hospital were chosen according to some specific criteria. Also in the study conducted by Öztürk et al., (2012: 21) to assess the leadership approaches of the nurse managers according to the hospitals, it was determined that the nurses working in the private hospital perceived their nurse managers as a transformational leader at a higher level, compared to the nurses working in the university and public hospitals.

Also, other from the demographic characteristics, the nurses who thought that their nurse managers acted ethically also perceived their nurse managers as the authentic leaders at a higher level. This is an expected finding because the actions of a leader are consistent with the values and ethical standards and this is the reason why he/she is considered as an authentic leader (Öner, 2017: 4). In addition, the leadership is identified with the vision and the leadership definitions and the characteristics of the leader are explained with forming and maintaining a vision (Tekin and Ehtiyar, 2011: 4007). Accordingly, it was an expected result that the nurses, who thought their nurse managers as visionary, perceived their nurse managers as an authentic leader at a higher level, based on the scale and its subscales. In addition, according to the results of the present study, the nurses evaluated their nurse managers, who had a democratic management style, as an authentic leader, at a higher level. The democratic management is one of the requirements of the leadership and today, the managers are expected to be democratic.

In our age, nurses should provide a high quality and cost-effective patient care rather than performing many nursing duties. To achieve this, nurses should be effective leaders (Duygulu and Kublay, 2008: 1). Also in this study, it was determined that the nurses, who stated that their nurse managers, were competent as a manager, evaluated their nurse managers as an authentic leader more. In addition, nurse managers are responsible from the planning, organizing, evaluating and supervising the nursing services, that is, the management process. They are in a strategically important position in order to apply the required innovations in their fields (Duygulu and Kublay, 2008: 11). For this reason, they should be open-minded to innovation, which is one of the important characteristics of the leadership, in order to enhance the care quality and to provide the improvement of them and their staff. Accordingly, in the



present study, it was observed that the nurses, who thought that their nurse managers were open to innovation, considered that their chief nurses were more authentic leaders. Taşkın Yılmaz et al., (2014: 147) emphasized that an innovative behavior was an important characteristic required for a manager and they determined in their study that head nurses had innovative behaviors at high level.

CONCLUSION

In the study conducted to determine whether or not the nurses perceived their nurse managers as authentic leaders, it was determined that the nurses, who were working especially in the private hospital, were in the 4C/worker staff, were satisfied with their jobs, hospitals, services, and their nurse managers and thought that their nurse managers were competent as a manager, treated ethically, were visionary, open to innovation and democratic, perceived their nurse managers as an authentic leader. The nurses evaluated that the authentic leadership levels of nurse managers were high in “relational transparency”, “internalized perspective”, “moral balanced processing”, and “self-awareness” subscales. Additionally, the nurses who had a medical vocational high school/associate’s degree generally perceived their nurse managers as authentic leader more primarily in internalized perspective subscale. In accordance with these results, it may be useful to encourage the participation in scientific meetings such as manager training seminars, certification programs, congress and workshop for improving authentic leadership characteristics of nurse managers especially in the public and university hospitals, to ensure participation of each nurse manager into these programs immediately, and to make selection among nurses, who actively take part in these programs, during assignment of nurse managers. It is recommended to determine nurse managers displaying authentic leader behaviors in the units and consider and support them for top executive positions/healthcare services manager of the institution in the future. It is recommended to conduct studies on determination of authentic leadership status of not only nurse managers but also nurses so that it can be ensured to train leader nurses for nurse manager positions in the future.



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