

Undergraduate Nursing Faculty's Lived Experience of  
Authentic Leadership in Nursing Education

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## **Abstract**

Current nursing practice is encountering challenges with retention, burnout, and staff satisfaction. Nurses are caring for patients who are more critically ill; expected to do more with less; and experiencing increased demands of their time due to nursing staff shortages. Research has shown how Authentic Leadership (AL) can positively impact nursing practice. However, there is a significant research gap of faculty lived experiences with or without the application of AL and its overall impact on nursing education. The purpose of this study was to explore the lived experiences of undergraduate nursing faculty and current use of AL in nursing education. The primary aim was to focus on the common experiences of undergraduate nursing faculty with Authentic Leadership.

Utilizing the phenomenology approach, this research sought to explore the essence of the lived experience of nursing faculty within or without AL. Six nursing faculty from Midwestern undergraduate nursing programs participated in qualitative interviews. Transcripts from the interviews were repeatedly reviewed and coded for identification of emerging themes. Through thematic analysis, eight emerging themes were initially identified and then refined into three main themes: 1) knew how I wanted to lead; 2) culture of support; and 3) faculty efficacy.

This study provided the significant positive impact of AL on nurse educators. The positive effects on nursing faculty has the potential to also positively impact their students, to be studied in the future. Increased AL in undergraduate nursing education could lead to healthy work environments, which would help to positively address the retention, burnout, and stressful work settings that nurses are facing across the nation. The researcher recommends future study of the lived experience of undergraduate nursing faculty with or without authentic leadership on a much larger scale.

## Undergraduate Nursing Faculty's Lived Experience of Authentic Leadership in Nursing Education

### CHAPTER I: INTRODUCTION

#### **Purpose of the Study**

The purpose of this study was to explore the lived experiences of undergraduate nursing faculty and current use of Authentic Leadership in nursing education.

#### **Background and Rationale**

Authentic Leadership (AL) has roots dating back to Ancient Greece, with its recent unearthing it has gained growing attention in just the past few years. In today's society where lack of morality, ethics, and authenticity regularly lead to scandals, failures, and major concerns for businesses and organizations of all types, authentic leaders are desperately needed (Sfantou et al., 2017). There is urgency for morally effective leadership as has been demonstrated extensively by experts in the field (Sfantou et al., 2017). Authentic leaders are recognized for promoting the wellbeing of their employees and creating a positive ethical climate (Shirey, 2015). Authentic leaders not only have the ability to make a positive impact in an unstable work environment, but they can also create sustainable performance outcomes (Leroy, Anseel, Gardner, & Sels, 2015).

Employee behavior and organizational effectiveness are largely dependent on the leadership of any organization (Malik & Dhar, 2017; Tonkin, 2013; Zhao & Li, 2019). The importance of good leadership should not be underestimated. When leadership is not promoting the wellbeing of employees, work quality and performance decrease (Zaghini, Fiorini, Piredda, Fida, & Sili, 2019). In a profession, such as nursing, this quality is of utmost importance. The role of nurses directly impacts patient lives. The risk of not employing AL, in an extremely complex system, is to cause harm. The time is now to

develop not only authentic leaders, but authentic followers (Gardner, Avolio, Luthans, May, & Walumbwa, 2005).

Nurses directly impact quality patient care and the image of a healthcare organization (Malik, 2018). Past and current research findings disseminate the effects of authentic leadership, such as nurses feeling engaged in their work under the guidance of authentic leaders, they are more motivated, more satisfied, and more committed to their role. These positive outcomes are associated with greater health and wellbeing for both nurses and patients, along with improved outcomes (Alexander & Lopez, 2018; Alilyyani, Wong, & Cummings, 2018). However, little is understood about undergraduate nursing faculty's lived experiences within or without the applied practices of authentic leadership.

### **Research Question and Aim**

What are undergraduate nursing faculty's lived experiences within or without the applied practices of authentic leadership? The primary aim was to focus on the common experiences of undergraduate nursing faculty with leadership.

### **Assumptions**

The primary investigator relied on the following assumptions: participants will be honest in their identification of meeting the study's inclusion criteria, they will answer interview questions to the best of their ability, thus sharing their subjective lived experience, and will contemplate the probing interview questions used to provide answers that fully explore their experiences. Other assumptions for this study included that a phenomenological methodology is circumstantial and environmental bound, allowing for patterned relationships to be expounded upon in order to develop a profound understanding of the phenomenon at hand.

## **Delimitations**

The sites included in this study are baccalaureate undergraduate nursing programs at rural Midwest universities and colleges. Only part-time and full-time nursing faculty members who are actively teaching and who have also served on a committee during their time as nursing faculty were included in this study. The timeframe for data collection was August 2020 through September 2020.

## **Definition of Terms**

The following operational definitions were used in this research study:

**Authentic Leaders**—“persons who have achieved high levels of authenticity in that they know who they are, what they believe and value, and they act upon those values and beliefs while transparently interacting with others” (Avolio, Gardner, Walumbwa, Luthans, & May, 2004, p. 802).

**Authentic Leadership**—“a process that draws from both positive psychological capacities and a highly developed organizational context, which results in both greater self-awareness and self-regulated positive behaviors on the part of leaders and associates, fostering positive self-development” (Luthans & Avolio, 2003, p. 243). Many scholars agree, there are four essential qualities of AL: self-awareness, relational transparency, balanced processing, and an internalized moral perspective (Alexander & Lopez, 2018; Avolio & Gardner, 2005; Banks, McCauley, Gardner, & Guler, 2016; Fallatah & Laschinger, 2016; Shirey, 2015).

**Self-awareness**—“an emerging process where one continually comes to understand his or her unique talents, strengths, sense of purpose, core values, beliefs, and desires” (Avolio & Gardner, 2005, p. 324).

**Transparency**—“the open and transparent manner whereby authentic leaders and followers are posited to share information with each other” (Avolio & Gardner, 2005, p. 317).

**Balanced Processing**—“inclined and able to consider multiple sides of an issue and multiple perspectives as they assess information in a relatively balanced manner” (Avolio & Gardner, 2005, p. 317).

**Moral Perspective**—“ethical and transparent decision making process whereby authentic leaders develop and draw upon reserves of moral capacity, efficacy, courage, and resiliency to address ethical issues and achieve authentic and sustained moral actions” (Avolio & Gardner, 2005, p. 324).

### **Significance of the Study**

Research indicates the significance of AL directly impacts patient outcomes by improving patient safety. Healthy Work Environments (HWE) lead to improved patient safety by encouraging excellent communication, collaboration among the healthcare team, and effective decision making. (American Association of Critical Care Nurses, 2005; Malik, 2018; Sfantou et al., 2017). Shirey (2006) stated that patients are not the only ones who benefit from healthy work environments, but nurses do as well. The essential components of a HWE are provided and further explained in chapter two of this document.

Authentic leadership has a direct impact on the key components of creating a healthy work environment which leads to improved performance and job satisfaction among nurses (Shirey, 2015). There is a direct and cyclical impact of AL on patient safety. The quality of work increases as authentic leadership increases. Similarly, when

leadership is not promoting the wellbeing of employees, work quality and performance decrease (Zaghini et al., 2019).

Research has shown how AL can positively impact nursing practice, however, there is a significant research gap of faculty lived experiences with or without the application of AL and its overall impact on nursing education (Alilyyani et al., 2018; Collard, Scammell, & Tee, 2019; Shirey, 2006). Complex organizations from business to healthcare demonstrate improvement in employee performance, advancement, and satisfaction when AL culture exists (Banks et al., 2016; Gardner et al., 2005; Malik & Dahr, 2017; Malik, 2018). Knowing this, undoubtedly causes need for understanding the consequences of an AL environment among educators who teach the science of nursing.

## **CHAPTER II: LITERATURE REVIEW**

Authentic leadership is a leadership theory that has recently gained significant attention (Avolio et al, 2004; Raso, 2019). Avolio and Gardner (2005) have made significant contributions to heighten awareness of the benefits of authentic leadership and have helped to expand research to further authentic leadership practice for the last several years. However, the premise and basis for authentic leadership is far from new. With historical connections as far back as Ancient Greece, authentic leadership has long-lasting values which are still important today, possibly more so than ever. The following presents an introduction to the historical context of authentic leadership along with a connection to the profession of nursing.

Current nursing practice is encountering challenges with nurses who are entering the profession unprepared to lead. This is creating an unsuccessful work environment that is negatively impacting healthcare leaders, nurses, nursing students, and patients (Van Bogaert, 2016). Authentic leadership can positively impact nurses by elevating professional nursing practice (Fallatah & Laschinger, 2016). The association of authentic leadership in nursing practice with a healthy work environment, extra role behavior (exceeding job requirements), employee satisfaction, and patient safety are discussed. The connection to higher education, and more specifically nursing education, is also presented. Finally, the link to the theoretical context of Maslow's hierarchy is offered (Maslow, 1954). Overall, authentic leadership presents many potential benefits in nursing education to ensure the best preparation of future nurses and the overall success of the profession. There is limited research on the use of authentic leadership in nursing education.



## Historical Context

Authentic leadership has become increasingly popular over the last several years. While some may think it is just another leadership theory to add to the ever-growing list, the roots of authentic leadership are directly connected to Ancient Greece and their enduring focus on being true to oneself (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008). When considering the key components of Authentic Leadership (AL), this connection is easily made. Many scholars agree, there are four essential qualities of AL: self-awareness, relational transparency, balanced processing, and an internalized moral perspective (Alexander & Lopez, 2018; Avolio & Gardner, 2005; Banks, McCauley, Gardner, & Guler, 2016; Fallatah & Laschinger, 2016; Shirey, 2015).

Self-awareness is a continuous process in which a person understands his or her talents, abilities, values, strengths, and weaknesses (Avolio & Gardner, 2005). An authentic leader is connected to his or her true self and is aware of how it impacts his or her leadership approach. Additionally, someone who is truly self-aware understands the impact his/her actions have on others (Atwijuka & Caldwell, 2017).

Transparency is demonstrated by being open and honest in all aspects of who they are and what they do (Avolio & Gardner, 2005). Authentic leaders demonstrate a transparent approach with those they lead, showing the importance of openness and honesty. This provides an excellent example for all those involved to follow suit. A transparent leader shows congruence between who they are and how they act (Atwijuka & Caldwell, 2017).

Balanced Processing in a leader is demonstrated by someone who is able to consider multiple perspectives and many sides of an issue as they assess information for decision making (Avolio & Gardner, 2005). This trait of an authentic leader creates a

strong environment where decisions are carefully made and all those involved can gain a greater understanding as to why something is done a certain way (Atwijuka & Caldwell, 2017).

Moral Perspective is a process by which authentic leaders utilize moral reserves and ethical guidelines to make decisions (Avolio & Gardner, 2005). Authentic leaders approach their work with a focus on what is moral for all those involved and do not yield to internal or external pressure in making decisions, but rather are guided by their own high-ethical standards (Alexander & Lopez, 2018).

Authentic leaders not only possess these four qualities, but they also exhibit them in a way to serve as role models to promote similar traits in their employees (Alexander & Lopez, 2018). This leads to the development of authentic followers who are not only more effective and productive in their roles, but also more likely to go above and beyond what they are required or expected to do. Authentic leaders are focused on empowering those they lead rather than focusing on the power they have themselves (Riggio, Chaleff, & Lipman-Blumen, 2008). The most important work of an authentic leader is to develop future leaders.

This AL influence on followers is far-reaching. Each of the four main components of AL has an impact on the leader's effectiveness and the development of their followers. To demonstrate relational transparency, ALs should own up to mistakes they have made in an effort to be an example for those they are leading and encourage them to do the same (Ribeiro, Duarte, & Filipe, 2018). Also, when an authentic leader uses transparent communication and says exactly what he/she means, the leader creates an environment where employees have trust, effective communication, and higher levels of engagement (Riggio et al., 2008). AL promotes the overall well-being of employees and the

atmosphere of the work environment by positively impacting the psychological capital (self-efficacy and resiliency to improve) of individuals (Karlou, Afarinesh, & Zargar, 2019). By showing a margin of vulnerability while leading, it creates a trust with individuals versus being a leader who wants to be held as “all-knowing” among other colleagues and those they supervise.

Even though the historical basis for AL can be traced back as far as recorded history, its importance and relevance to today could not be stronger. Genuine, ethical leadership that is focused on promoting well-being for all is needed now more than ever (Avolio & Gardner, 2005; Tonkin, 2013). In a 2015 survey at the World Economic Forum, eighty-six percent of leaders agreed that in the world today there is a leadership crisis (Shrivastava, 2018). Businesses and organizations of all sizes, types, and professions have dealt with the negative effects of leadership lacking morality, ethics, and authenticity. With large corporations suffering major losses due to unethical leader behavior, the desire for virtuous and principled management is great. Authentic leadership meets the mark for what stakeholders and employees alike are seeking in their leaders. Authentic leaders are self-aware and transparent. They promote the well-being of their employees and create a positive ethical climate (Shirey, 2015). The state of society today has created urgency in this need for effective leadership (Sfantou et al., 2017). Authentic leaders not only have the ability to make a positive impact in an unstable work environment, but they can also create sustainable performance outcomes (Leroy, Anseel, Gardner, & Sels, 2015).

While authentic leadership is very closely correlated with ethical behavior, the main focus of this leadership style is not about developing the moral compass of the leader. Rather, leaders need to feel empowered to use their values to guide them in

making decisions that are in the best interest of those under their guidance. The greatest leaders will be able to overcome outside negative pressures, be extremely self-aware, and be guided intrinsically to do the right thing allowing them to be effective (Winn, 2019). Authentic leadership is meaningful because authentic leaders give a voice to those who otherwise felt like they did not have one (Gardiner, 2017). AL is empowering, motivating, and uplifting.

Employee behavior and organizational effectiveness are largely dependent on the leadership of any organization (Malik & Dhar, 2017; Tonkin, 2013; Zhao & Li, 2019). The quality of work increases as authentic leadership increases. Similarly, when leadership is not promoting the wellbeing of employees, work quality and performance decrease (Zaghini, Fiorini, Piredda, Fida, & Sili, 2019). The impact of a leader should not be underestimated. Not only does the leader directly affect positive work behavior, productivity, and quality; poor leadership directly leads to negative work behavior, counter productivity, and decreased quality. Authenticity and the positive benefits that come along with AL take time to develop and see results. However, the damage that can be done from inauthentic leadership behavior can wreak havoc very quickly, leaving catastrophic results. Research shows when employees do not feel satisfied with leadership, they experience more stress, exhibit more counterproductive work behaviors, and express more cynicism (Zaghini et al., 2019). When considering a professional area of work like healthcare, it is easy to see the extreme importance of ensuring quality. Decreased employee performance puts organizations at great risk for untoward outcomes. Ethical behavior and trustworthiness in leaders who work in service professions are essential (Schuckert, Kim, Paek, & Lee, 2018). People's lives are literally at stake. It is

too risky to wait for negative outcomes. The time is now to develop authentic leaders and followers (Gardner, Avolio, Luthans, May, & Walumbwa, 2005).

### **Nursing Practice**

Nursing is one example of a service profession where it is critically important to have authentic leadership. The culture of an organization is highly dependent on the leader (Gregory, 2013; Malik & Dhar, 2017; Zaghini et al., 2019). In healthcare, nurses are vital to patient outcomes and the overall success of the facility. Nurses directly impact quality patient care and the image of a healthcare facility (Malik, 2018). When nurses feel engaged in their work due to authentic leaders, they are more motivated, satisfied, and committed to their role. This leads to greater health and wellbeing for both nurses and patients, along with improved outcomes (Alexander & Lopez, 2018; Alilyyani, Wong, & Cummings, 2018).

Being a nurse is a stressful role (Malik & Dhar, 2017). Nurses are caring for patients who are more critically ill; expected to do more with less due to financial constraints; and experiencing increased demands of their time due to nursing staff shortages, on top of already long shifts. Nurses deal with more personal and emotional situations with patients than any other healthcare professional (Van Bogaert, 2016). Many experienced nurses are leaving the profession as a large portion of the baby-boomer generation approaches retirement age (Collard, Scammell, & Tee, 2019). Also, on top of the current national shortage of nurses, nursing retention is a pressing concern (Collard et al, 2019). Nurses with less experience are moving into leadership. Many new nurses are leaving the profession after only a short time in practice due to increasing levels of stress (Collard et al., 2019).

Creating a supportive work environment is key to improving job satisfaction, especially in new graduate nurses (Fallatah & Laschinger, 2016). Nurses, who have a better relationship with their immediate supervisor, report greater job satisfaction and higher organizational commitment (Donohue-Porter, Eckardt, Prottas, Rondello, & Silberstang, 2019). When authentic leaders create a supportive environment for nursing practice, everyone benefits. Nurses have greater satisfaction, improved job performance, and feel more supported, which is especially important to retain new graduate nurses to grow the profession (Malik & Dhar, 2017).

Authentic leaders encourage the development of followers who have similar attributes to the four components of AL--self-awareness, relational transparency, balanced processing, and an internalized moral perspective. This leadership approach creates an environment where communication is open and effective, leading to greater outcomes for staff and patients. This leadership approach elevates employee performance by empowering them to be genuine, ethical, self-aware, and driven to give their best (Winn, 2019). Employees with authentic leaders are more likely to speak up and break the silence with concerns they have in the workplace (Guenter, Schreurs, van Emmerik, & Sun, 2017). In nursing practice, this is particularly important as patient lives could be at stake. Additionally, with authentic leadership, employees feel heard by their leaders and receive helpful feedback. This transparent communication further enhances the safety of all in the healthcare environment (Dirik & Seren Intepeler, 2017; Jiang & Luo, 2018; Jiang & Men, 2017).

Leadership happens at all levels in healthcare and nurses are frequently asked and expected to provide leadership to the healthcare team, both in formal and informal roles. Formally, nurses lead as managers, supervisors, and in charge nurse roles, just to name a

few. Informally, they lead the healthcare team everyday as they advocate for their patients, coordinate care across many specialties and/or services, and delegate and guide other staff. Nurses enter these leadership positions with little or no preparation or support, which leads to high turnover for nursing leaders and staff, as well as employee dissatisfaction (American Association of Critical Care Nurses, 2005). As a result, it is essential for healthcare facilities to see the importance of developing authentic leadership skills for all nurses (Regan, Laschinger, & Wong, 2016; Shirey, 2006). Authentic leadership skills for all nursing staff leads to enhanced patient care (Harris & Mayo, 2018). Not only does AL have the potential to improve patient outcomes, but it also positively influences staff engagement (Raso, 2019; Sfantou et al., 2017).

Authentic leadership decision-making is evidence-based, which is a great match for the nursing profession whose practice foundation is based on evidence (Atwijuka & Caldwell, 2017). Nurses that are more vested in their place of employment are less likely to leave and more likely to put extra effort towards their job responsibilities (Karlou et al., 2019; Malik & Dhar, 2017; Malik, 2018; Ribeiro et al., 2018; Schuckert et al., 2018; Wei, Li, Zhang, & Liu, 2018). Staff engagement is one major component in the big picture of a healthy work environment.

### **Healthy Work Environment**

A healthy work environment (HWE) has many components. According to the American Association of Critical Care Nurses (2005), the six standards for a HWE include skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership. Likewise, there are many factors that affect the environment in any workplace. However, one thing is key and this is—leadership directly influencing the atmosphere that employees experience (Malik,

2018). In nursing, a HWE is vitally important, as the product of this work is patient outcomes. To create and sustain a HWE, nurse leaders must be deliberate, engaged with their employees, cultivate support, and recognize the importance of contextual factors (M. R. Shirey, 2017). The most significant motivator of a healthy work environment is quality leadership (Alexander & Lopez, 2018). Components of a HWE and their meanings are described as follows.

**Extra role behavior.** Not only can good leadership encourage employees to give their very best, but it can also create an environment where employees want to exceed what they are required to do, also known as extra role behavior. Many researchers agree authentic leadership creates a healthy work environment that leads to increasingly satisfied employees who improve their job performance and are more likely to go above and beyond what they are required or expected to do in their jobs (Banks et al., 2016; Collard et al., 2019; Gardner et al., 2005; Leroy et al., 2015; Malik & Dhar, 2017; Malik, 2018; Qu, Dasborough, Zhou, & Todorova, 2019; Schuckert et al., 2018; Tonkin, 2013; Wei et al., 2018). When employees feel appreciated and valued, they are more engaged with their work and more likely to perform extra role behavior. In nursing, this behavior is especially positive, as patients are positively impacted.

**Employee satisfaction.** Work-life balance is an important component of employee satisfaction (Jiang & Men, 2017). When employees feel increasing demands at work that negatively impact their life outside of work, employee satisfaction decreases, turnover increases, and productivity decreases (Braun & Nieberle, 2017). Authentic leadership has a positive impact on this conflict between work and family by recognizing these difficulties among employees and providing support. AL leads to less conflict with the work-life balance by buffering losses and fostering gains between the domains of private



life and work (Braun & Nieberle, 2017). This awareness and support is especially important in today's society where employees are not willing to separate their personal values from their work environment (Winn, 2019). Healthy Work Environments are pleasing places to work where the whole person is supported and the patient is the main focus (Shirey, 2006).

Negative outcomes in the workplace certainly do not promote a healthy work environment. Authentic leadership helps to reduce and prevent bullying, incivility, burnout, turnover, and dissatisfaction (Alilyyani et al., 2018). Those working in the profession of nursing deal with high levels of stress without adding unnecessary and preventable issues like workplace bullying. Nursing units with authentic leaders experience lower levels of workplace bullying and increased patient safety, decreased turnover, and increased patient and staff satisfaction (Davidson, 2017; Zaghini et al., 2019). In contrast, unhealthy work environments have a devastating impact on patients and staff, and inattention to negative workplace behaviors poses a serious threat (American Association of Critical Care Nurses, 2005). Bullying and incivility have no place in any work environment, but certainly not in nursing where patients' lives must be carefully managed.

**Patient safety.** The opportunity to increase patient safety and improve patient outcomes has been identified multiple times in the literature. An interesting consideration is that key components of a HWE and the principles of authentic leadership in nursing practice are very much connected cyclically. Many researchers agree healthy work environments lead to improved patient safety (Alexander & Lopez, 2018; American Association of Critical Care Nurses, 2005; Dirik & Seren Intepeler, 2017; Malik, 2018; Raso, 2019; Sfantou et al., 2017; Shirey, 2006; Zaghini et al., 2019). The performance of nurses

impacts patient outcomes and leadership directly affects nursing performance (Zaghini et al., 2019). In contrast, there is “mounting evidence that unhealthy work environments contribute to medical errors, ineffective delivery of care, and conflict and stress among health care professionals” (American Association of Critical Care Nurses, 2017, para. 1).

Improved patient safety leads to increased job satisfaction among nurses. Increased job satisfaction reduces turnover rates. A reduction in turnover of nurses decreases additional stressors in the workplace such as overtime requirements and increased job demands due to staffing shortages. Decreased stressors promote further increase in job satisfaction. Authentic leadership reduces or prevents potential remaining stressors like workplace bullying and incivility. By creating a less stressful work environment and encouraging a culture where workplace bullying is not tolerated, authentic leaders create a healthy work environment where nurses can perform at their best (Laschinger, Wong, & Grau, 2012). Thus, further increasing patient safety. Nurses’ primary focus in their work is to provide the very best quality care to achieve optimal patient outcomes. Patient safety is at the center of everything they do. Authentic leadership helps to create and sustain a healthy work environment that allows nurses the greatest opportunity to provide high quality, safe patient care. HWEs in nursing provide the best possible outcomes for patients and nurses alike (American Association of Critical Care Nurses, 2016; Shirey, 2006). When patient safety is improved, patient satisfaction is also improved. Patient safety and patient satisfaction are two essential components that have a positive impact on the quality healthcare delivered. There are also many financial benefits that come from the impact of authentic leadership. Reducing nursing burnout and turnover has a huge cost-savings potential. The loss of a nurse can cost a facility \$11,000 to \$90,000 per nurse, which does not even include the wider costs of unfilled vacancies,

patient deferment, training and orientation, as well as the disruption to patient care, which can all add up to \$8.5 million plus (Kelly, Gee, & Butler, 2020). The probable benefits of authentic leadership in nursing are hard to deny.

### **Authentic Leadership in Higher Education**

There is a global leadership crisis today, but academic programs have not made significant efforts to address this critical concern (Shrivastava, 2018). Society needs leaders who are prepared with ethical and moral values to address the current issues that plague all professions. Authentic leadership has the components necessary to provide the world with leaders who are ready for these challenges. However, it is not enough to only provide this training after leaders are immersed in their profession, but to engage educators and students in higher learning institutions.

Research has shown that authentic leadership can positively impact students in the higher education setting to better prepare them to be successful in their future professions (Shapira-Lishchinsky & Levy-Gazenfrantz, 2016; Shrivastava, 2018). Additionally, many researchers agree that including leadership training in higher education is extremely important and is effective in developing students' leadership skills (Baron, 2016; Frederick, Wood, West, & Winston, 2016; Katsioloudes & Cannonier, 2019; Shapira-Lishchinsky & Levy-Gazenfrantz, 2015). Authentic leadership training of students in the college setting has demonstrated that students will not only be prepared to serve as authentic leaders in the future, but they will also be better people and better employees (Shrivastava, 2018).

Leadership development that focuses on helping future leaders develop their moral identities has great potential benefits (Sidani & Rowe, 2018). Not only should students be taught authentic leadership, but faculty in higher education should as well.

When faculty are not prepared to be good leaders nor serving as great role models for their students, not only will they be poorly effective in preparing students, but they could actually cause detriment and negative outcomes (Bryman, 2007).

Furthermore, administrators in education need excellent leadership skills that are ethical and fair in order to successfully lead an educational program or college (Kalargyrou, Pescosolido, & Kalargiros, 2012; Srivastava & Dhar, 2016). Administrators who lack effective leadership and people-managing skills can be very damaging to faculty morale (Ambrose, Huston, & Norman, 2005). Research shows poor leadership in higher education leads to decreased faculty retention and poor faculty job satisfaction (Ambrose et al., 2005). Faculty who are dissatisfied and have a high turnover rate are much less likely to produce positive outcomes, impacting all levels of the institution. Lack of authentic leadership is detrimental to students, faculty, administrators, and the overall institution.

Though there is some research showing the importance of authentic leadership in higher education, there is definitely a need for more (Jaworski, Panczyx, Lenszuk-Gruba, Nowacka, & Gotlib, 2020). More research is needed to show how authentic leadership is superior to other forms of leadership in preparing students (Shrivastava, 2018). Further research into how authentic leadership can best be taught to students is vital to future progress (Baron, 2016; Bryman, 2007; Frederick et al., 2016; Kalargyrou et al., 2012; Sidani & Rowe, 2018).

### **Nursing Education**

The gap in research to AL in higher education is even greater when looking at the specific area of nursing education. There is minimal research available to show how AL can be best utilized in preparing future nurses during their undergraduate education.

Many researchers reference the need for a specific focus on future research on authentic leadership in nursing education (Alilyyani et al., 2018; Collard et al., 2019; Dever et al., 2015; Shirey, 2006; Nkongho Eyong & Rathee, 2017). There is significant research that shows how beneficial authentic leaders can be in nursing practice and how important AL is to healthy work environments. More research is needed to show the value of developing authentic leaders through a specific focus on AL in nursing education.

Retention of Registered Nurses (RN) is a critical concern globally, and newly qualified nurses comprise the highest rates of turnover within the profession (Collard et al., 2019). Nurses are entering the profession at a time when more is expected of them early on, and they have not been adequately prepared for the leadership roles that they are being quickly thrust in to. Bachelor of Nursing Science graduates are to have the essential knowledge, skills, and attitudes to be successful as newly qualified nurses, however given the current state of the workplace, much of the time they are only allowed minimum time to adjust and adapt, and are then expected to be capable bedside nurses as well as leaders (Collard et al., 2019). Healthy work environments are needed now more than ever, but the evidence shows they are declining (Fallatah & Laschinger, 2016; Raso, 2019; Shirey, 2017; Van Bogaert, 2016). Nurses are experiencing very high rates of burnout due to stressful working conditions, lack of adequate staffing, and high turnover rates. This leads to many concerns among nurses, including decreased motivation, increased incivility and cynicism, and poor overall emotional wellbeing (Kelly et al., 2020). This negatively impacts patient care.

Authentic leadership is the key to addressing these concerns (Shirey, 2006). Authentic leadership promotes the mental health of new graduate nurses by positively affecting occupational self-coping, lowering burnout, and reducing interpersonal strain

(Van Bogaert, 2016). By providing nurses with a safe and supportive environment to work and learn, authentic leaders are allowing new graduates to grow. Maslow's theory closely correlates to this concept. Humans are motivated to reach goals, but in order to be successful in attaining higher levels of achievement, basic needs must first be met (Maslow, 1954). Authentic leaders create an environment that meets these basic level needs to provide an opportunity for new nurses to grow and be successful in their role.

This is where nursing education has the opportunity to provide support for this ever-growing area of concern. Nurses are acquiring leadership positions, sometimes very soon after entering the profession, and they do not possess adequate support and training for these roles (American Association of Critical Care Nurses, 2005; Malik & Dahr, 2017). Schools of nursing are in a unique position to revise this by not only introducing the components of authentic leadership to nursing educators and nursing students, but through role modeling and setting AL cultural expectations. Additionally, as more nurses are educated within authentic leadership, the profession will experience an increase in nurses as authentic leaders. This change will positively impact the workplace by creating more healthy work environments.

Careful attention is needed as new graduate nurses are acclimated to the profession. Much like the cyclical nature explained previously with patient safety, the factors of authentic leadership, nursing practice, and HWEs are all interconnected with nursing education. Introducing nursing students to authentic leadership knowledge and skills prior to entering the profession may allow them the opportunity to be better prepared to be successful (Shirey, 2006). When nurses are prepared to serve as authentic leaders, in both formal and informal roles, they contribute to a HWE where bullying and incivility are not the norm, nor tolerated. When HWEs increase, staff satisfaction

increases and turnover decreases (American Association of Critical Care Nurses, 2005; Fallatah, & Laschinger, 2016). As staff satisfaction and turnover improve, patient safety is elevated (Shirey, 2006). In the work of providing students with authentic leadership development, they will be prepared to positively influence and enhance AL into the profession of nursing (Alilyyani et al., 2018; Shirey, 2006). The healthcare environment today is challenging and nursing students need AL to successfully navigate the challenges they will face (Dever et al., 2015). The components of AL are key to create HWEs for new graduates (Van Bogaert, 2016). Healthy work environments are essential to the success of the nursing profession.

### **Theoretical Context**

When considering authentic leadership and its connection to nursing, it is helpful to approach it from a theoretical connection. Abraham Maslow was a psychologist who developed a theory based on human needs several decades ago. His theory is still relevant and widely used today. Maslow's hierarchy identified that humans are naturally motivated to strive for goals. This motivation is driven by the desire to meet basic human needs. Maslow demonstrated that basic needs, such as air, water, food, and shelter, which he classified as physiologic needs, must first be met in order for humans to move up in the hierarchy, where the ultimate level one is striving for being self-actualization, or the best one can be (Maslow, 1954).

Maslow's hierarchy of needs directly connects to the practice of authentic leadership. Authentic leaders create a healthy work environment where safety and relationship needs are met, thus moving toward their best potential self. Authentic leaders demonstrate self-awareness, transparency, balanced processing, and moral perspective, they create a workplace that is respectful, safe, and supportive. This type of environment

ensures that the basic needs of nurses are protected and that they are able to strive for goals higher on the spectrum. In an unhealthy work environment, negative factors such as bullying, incivility, high turnover, low staff morale, and low staff engagement, prevent nurses from striving for higher levels of achievement because their more basic needs of feeling safe, valued, and included are not being met. Nurses understand that patients must have their basic needs met in order to reach their highest level of potential when recovering from an injury or illness. The same is true for nurses. They must feel safe and respected in a supportive work environment in order to reach their highest potential through development, learning, and progressing as they continually strive for self-actualization. Authentic leadership has the ability to create this type of environment.

### **Summary**

Research shows that authentic leadership increases healthy work environments which leads to many positive effects on nurses. In addition, patient outcomes are positively affected as well. At a time when moral leaders are desperately needed to combat the societal concerns of scandal with dishonest and unethical leadership, AL is the answer. Nursing education needs to take action to prepare student nurses for success in their future profession through authentic leadership. The work of nurses is vital. Patient lives are at stake. Current research on the role of authentic leadership in undergraduate nursing programs is very limited. Therefore, more research is needed to learn about the benefits of AL in nursing education and best practices for moving forward.

Retention of Registered Nurses is a critical concern that must be addressed. Healthy work environments are needed now more than ever, as burnout and work stress are growing to epidemic proportions across the nation. New nurses are leaving the



profession at higher rates than any other level of experience. Those who do continue to work in the profession after the first couple of years are moving into key leadership and management positions quicker than ever before. Yet, nurses are not prepared for these leadership roles prior to entering practice. Nursing education is in a key position to address these concerns.

### **CHAPTER III: METHODS AND PROCEDURES**

This phenomenology study sought to explore the essence of the lived experience of nursing faculty within or without authentic leadership. Phenomenology is particularly appropriate for this research because it focuses on the common experiences of individuals who have encountered the same phenomenon (Creswell & Poth, 2018).

#### **Research Design**

This study utilized a qualitative research design with a phenomenological approach. The purpose of this approach was to discover the essence of nursing faculty in their experiences with authentic leadership. Through exploring the lived experiences, emerging themes were unearthed to expand the knowledge base of how authentic leadership impacts undergraduate nursing faculty.

#### **Population and Sample**

Participants in this study were part-time and full-time nursing faculty who have a minimum of three years of teaching experience, either clinical and/or theory, in baccalaureate undergraduate nursing programs in the Midwest. Participants also have experience with serving on at least one committee during their tenure as faculty.

Inclusion criteria included the following: Part-time or full-time faculty with a minimum of three years teaching experience at an undergraduate BSN program in Iowa, Nebraska, or South Dakota, who are still actively teaching clinical or theory, or both. Each participant must have participated in at least one committee during his/her time as nursing faculty. Including the criteria of participating in at least one committee ensured participants have had an opportunity to directly interact with someone in a key leadership role or even served in a leader role themselves.

Exclusion criteria included the following: adjunct undergraduate nursing faculty, those faculty teaching in a program type other than baccalaureate (i.e. Associate Degree Nursing, Diploma, or Accelerated), not served on a committee, those faculty who were retired or are no longer working in nursing education.

In Nebraska, 97% of nurse faculty are female (Nebraska Department of Health and Human Services, 2017). In Iowa, 94% of all RNs are female (Iowa Center for Nursing Workforce, 2019). In South Dakota, 91% of all RNs are female (South Dakota Board of Nursing, 2019). All participants in this study were female.

It was anticipated that the majority of participants would likely have a master's degree. In Nebraska, only 0.9% of RNs have a doctoral degree, with 11.5% at the master's level, and 51.5% at the baccalaureate level Nebraska Department of Health and Human Services, 2017). In Iowa, 2% of RNs have a doctoral degree, 12% have a master's degree, and 39% have a bachelor's degree (Iowa Center for Nursing Workforce, 2019). In South Dakota, 2% of RNs have a doctoral degree, 13% have a master's degree, and 50% have a bachelor's degree (South Dakota Board of Nursing, 2019). Out of the six participants in this study, two had a bachelor's degree and four had a doctoral degree.

The anticipated sample size for this phenomenological study was 3 to 10 participants (Creswell & Creswell, 2018). Following Creswell and Creswell's lead, a smaller sample size allowed the principle investigator (PI) of this study to focus on the quality of information obtained from participants rather than the quantity of participants. The goal was to interpret the rich meaning of the phenomenon through an adequate sample where saturation of data can be reached (Gray, Grove, & Sutherland, 2017). With the narrow scope of this study, the anticipated sample size was characteristic for qualitative research using phenomenological design.

## **Demographics**

The anticipated age range for participants in this study was 40 to 65 years old. According to the American Association of Colleges of Nursing (2019), the average age of doctoral-prepared nurse faculty is 51 to 62 years and the average age of a master's degree-prepared nurse faculty is 50 to 56 years. The average age of an RN in South Dakota is 44.8 years (South Dakota Board of Nursing, 2019). The average age of an RN in Nebraska is 43.9 years (Nebraska Department of Health & Human Services, 2017). The average age of an RN in Iowa is 49.5 years (Iowa Center for Nursing Workforce, 2019). The age range of participants was 38 to 51 years of age, with an average age of 45.8 years.

The anticipated ethnic background for the participants in this study was likely to be White Non-Hispanic. According to the National League for Nursing (2015), 81% of nursing faculty in the United States are White Non-Hispanic, 8% are African American, 3.7% are Hispanic, and 2% are Asian. In Nebraska, 93.7% of RNs are White Non-Hispanic (Nebraska Department of Health & Human Services, 2017). In South Dakota, 92% of RNs are White Non-Hispanic (South Dakota Board of Nursing, 2019). In Iowa, 95.7% of RNs are White Non-Hispanic (Iowa Center for Nursing Workforce, 2019). All participants in this study, all identified themselves with the White/Non-Hispanic ethnic background.

## **Description of Setting**

The setting for this study were colleges and universities in the Midwest that have baccalaureate undergraduate nursing programs. Private, virtual interviews were scheduled with each participant at a mutually agreed upon time.

## **Procedure**

This qualitative research study used structured interview questions developed by the Principal Investigator (PI) with the assistance of her dissertation committee. The structured interview questions were broad questions to gain insight on the participants' experiences with authentic leadership in nursing education. Follow up probing questions were also utilized to allow the PI to gain a deeper understanding (Appendix B).

Upon Institutional Review Board (IRB) approval, the PI emailed each Dean/Director of Nursing at the potential study sites to provide information about the research study and its purpose. The PI included the inclusion/exclusion criteria and requested the Dean/Director distribute the invitation to participate to their nursing faculty. The invitation to participate asked faculty to self-select and also included a request for informed consent. Upon contact from prospective participants via email or phone call, the PI answered questions and then emailed a copy of the consent form to those who wished to participate. The PI emailed all study documents through an encrypted email address. The PI encouraged the participants to use their personal emails to further protect their privacy, instead of using their work emails. The PI also emailed de-identified research data to the dissertation committee chair via an encrypted email address for the purpose of confirming thematic analysis.

Research data was housed in the PI's personal Google® Drive and was viewed on the PI's laptop, using a protected password. Google® Drive requires a two-step authentication for further protection of material contained within. Additionally, the laptop remained in a locked office, when not in use. Confidentiality remained a focus of the data at all times. Audio recordings of the interviews were only utilized by the researcher. Once transcription was completed, the audio recordings were deleted. An additional recorder

was available as a backup, but was not needed. One copy of the audio file was saved to the researcher's laptop hard drive and a backup copy was saved to the PI's personal Google® Drive, which is password protected.

### **Data Collection Procedures**

Once a participant agreed to be a part of the study, then a day and time were agreed upon for the PI to interview the participant. Interviews were completed via video conferencing (VC) with the use of Zoom® due to geographical area of potential study sites as well as the current social distancing guidelines from the Centers for Disease Control and Prevention (CDC) due to the Coronavirus (COVID-19) Pandemic. The PI explained to participants that interviews would be private, between only the PI and the individual participant. The PI coordinated times that worked well for participants, allowing adequate time between scheduled interviews to prevent any overlap or rush. Interviews were completed in a private, quiet setting with no interruptions. Participants were assigned a coded number to protect their confidentiality and anonymity.

Using a phenomenology approach, data were collected via interviews utilizing the structured interview questions developed by the PI. At the start of each interview, participants were provided definitions for the following key terms to ensure proper understanding: Authentic leadership, self-awareness, transparency, balanced processing, and moral perspective. The purpose of the study was again explained. And the PI reminded each participant that the questions were intended to provide insight on how authentic leadership impacts them as nursing faculty. Participants were asked to answer questions with a focus on their experiences as a nurse faculty member. Questions focused on their thoughts, feelings, and experiences with authentic leadership in nursing education.

The PI followed an interview protocol (Appendix B) to ask a series of open-ended, semi-structured questions during the interviews:

Q1. Describe for me your experience with authentic leadership in your role as nursing faculty. Planned probing question: What example or examples might describe your experience?

Q2. In what ways or opportunities have you learned about authentic leadership? Planned probing question: What example would describe these learning opportunities?

Q3. Tell me about times when you did not experience AL in your workplace. Planned probing question: In what way did that impact you?

Q4. Tell me about transparency in your workplace. Planned probing question: What does that look like?

Q5. How do leaders demonstrate self-awareness in your workplace? Planned probing question: Describe one specific example of a leader you observed who demonstrated self-awareness.

Q6. How do leaders demonstrate balanced processing in your workplace? Planned probing question: What does that look like?

Q7. How do leaders demonstrate moral perspective in decision making in your workplace? Planned probing question: Describe one example of a time when you witnessed moral perspective in decision making.

Q8. Please describe for me how your experiences with authentic leadership has impacted you and your work as nursing faculty.

Planned probing question: What examples can you think of when you felt a leader was not being authentic?

Q9. Is there anything else you think may be important for me to understand about your lived experience with authentic leadership?

Interviews were predicted to last from 30 to 40 minutes. Actual interview length ranged from 29 to 42 minutes. During the interview, the PI discussed member checking and received permission for the PI to email the participant the preliminary findings after the interview was transcribed. The audio of the interviews were recorded through the video conferencing program Zoom® to allow the researcher to transcribe the data after completion of the interview. Throughout this process all audio and transcription files were kept in the PI's personal Google® drive. Research data was viewed on the PI's laptop, which was also password protected.

### **Analytical Procedures**

Upon completion of the interviews, the PI began analyzing the data by reviewing audio files and listening intently. The PI then transcribed the recordings verbatim. After completion, participants were contacted by the PI for member checking to review the preliminary findings from their interview to review for accuracy. The PI sent each participant an encrypted email containing the preliminary interpretations of themes and descriptions, requesting participant feedback. All participants confirmed the accuracy of the PI's preliminary findings. This strategy enhances the credibility of the interpretations of the data (Creswell, 2013).

Creswell (2013) recommends qualitative researches use a minimum of two validation strategies. In addition to member checking, the PI utilized the dissertation committee chair for a review of the verbatim transcription to identify similar words and phrases for later comparison with the PI, thus to ensure validity with the analysis process. Next, the PI reviewed the transcriptions to become immersed in the details of the



interviews. The PI also recorded details about the setting and environment of each interview. Through this repeated review of the transcription, the PI utilized space to memo in the margins with other thoughts and details that developed. And finally, the PI identified emerging themes by coding phrases throughout the data set utilizing Tesch's Eight Steps in the Open Coding Process as described in Creswell and Creswell (2018).

Tesch's Eight Steps include the following:

- 1) Get a sense of the whole. Read all transcriptions carefully. Perhaps jot down some ideas as they come to mind as you read.*
- 2) Pick one document (i.e., one interview)—the most interesting one, the shortest, the one on the top of the pile. Go through it, asking yourself, "What is this about?" Do not think about the substance of the information but its underlying meaning. Write thoughts in the margin.*
- 3) When you have completed this task for several participants, make a list of all topics. Cluster together similar topics. Form these topics into columns, perhaps arrayed as major, unique, and leftover topics.*
- 4) Now take this list and go back to your data. Abbreviate the topics as codes and write the codes next to the appropriate segments of the text. Try this preliminary organizing scheme to see if new categories and codes emerge.*
- 5) Find the most descriptive wording for your topics and turn them into categories. Look for ways of reducing your total list of categories by grouping topics that relate to each other. Perhaps draw lines between your categories to show interrelationships.*
- 6) Make a final decision on the abbreviation for each category and*

*alphabetize these codes.*

*7) Assemble the data material belonging to each category in one place and perform a preliminary analysis.*

*8) If necessary, recode your existing data.* (Creswell & Creswell, 2018, p. 196).

A meeting between the PI and the dissertation chair was used to discuss similarities and discrepancies after each coded the data separately. A listing of words and phrases that were similar and commonly used were clustered together into columns to create topic categories in a table. The PI rechecked the listed topic categories with the transcripts to check for any new topic areas until saturation of the categories was reached. Initially, eight emerging themes were recognized through examination of the table. Again, the PI met with the dissertation chair to review the emerging themes. The final commencing of themes was brought forward as the PI examined themes by documenting structural descriptions of the participants experiences (Creswell, 2013). From this point, the PI made refinements, thus solidifying the initial eight themes to three main themes using a constant comparison overview. Descriptive wording on the selected topic categories were eventually used to create the final terminology that would be used for the three identified themes. The identified themes were used to create categories for results reporting.

### **Triangulation**

In an effort to maximize credibility, dependability, and conformability of this study, the following techniques were used. Method triangulation was evident through multiple methods of data collection. The PI utilized an individual interview process that allowed to not only record audio for transcription, but also to record observations and

field notes. These documents, including the field notes, were reviewed several times by the PI and also shared verbally with the dissertation chair. Considerable time and effort was spent reviewing these documents. The PI also created a crosswalk between the themes and used direct quotes to ensure accuracy.

The data from participants was interpreted via the interaction the PI had with those interviewed. The patterns revealed how the phenomenon under study is shaped by cultural and social factors. This demonstrated that the inclusion and exclusion criteria were set correctly to gain the rich data needed for this study. Investigator triangulation was utilized by the PI and the dissertation chair both reviewing the verbatim transcripts and meeting to compare coding and themes to confirm findings at different intervals during data analysis. The building of the themes in depth was explored in collaboration between the PI and dissertation chair.

Theory triangulation was utilized by comparing this research study to that of Maslow's hierarchy of needs, a longstanding, well-trusted theory. Credibility was ensured by remaining in the field for two months, engaging with the participants and as such, a trusting relationship was developed. Dependability was established by applying a suitable qualitative method using an interview guide which was appropriate for the phenomenon under study. Lastly, confirmability was gained as the findings of the study were derived from the actual data collected.

### **Ethical Considerations**

Participants' rights were protected at all times in this study. Participants were provided a copy of the invitation to participate (Appendix A) as well as the Adult Consent Form (Appendix B). The PI provided participants the opportunity to ask questions about the documents or any other questions regarding the study. The PI also

assured each participant that participation was voluntary and they were able to withdraw from the study at any time without impacting their jobs, student status, or their relationships with the PI and the PI's institution.

A random interview number was assigned to each interview to protect confidentiality and anonymity. Also, the PI carefully selected direct quotes and composite stories during data analysis to protect participant identity. The PI will securely maintain study materials and raw data for up to five years, after which it will be permanently deleted from electronic storage and disposed of by a document destruction agency.

### **Summary**

The purpose of this study was to explore the lived experiences of undergraduate nursing faculty and current use of authentic leadership in nursing education. Through the use of phenomenology, this research explored the common experiences of undergraduate nursing faculty. The identification of themes allowed a greater understanding of this concept. The need for research to expand the awareness of authentic leadership and its potential impact on the profession of nursing is significant. This research contributes to this knowledge base.

## **CHAPTER IV: RESULTS**

### **Introduction**

Research has shown how AL positively impacts the nursing profession. Nurses report being externally motivated to be more engaged in the workplace, a greater commitment to the profession, overall more stimulated, additional work satisfaction, and progressions in practice. However, there is a significant research gap of faculty lived experiences with or without the application of AL and its overall impact on nursing education (Alilyyani et al., 2018; Collard, Scammell, & Tee, 2019; Shirey, 2006). The purpose of this study was to explore the lived experiences of undergraduate nursing faculty and current use of authentic leadership in nursing education. The primary aim was to focus on the common experiences of undergraduate nursing faculty with leadership. This analysis also examined the demographic data of participants including the following items: gender, age, ethnic background, highest level of education, years worked in nursing education, and whether or not they had served on a taskforce, committee, or workgroup.

Utilizing a phenomenology approach, this research sought to explore the essence of the lived experience of nursing faculty within or without authentic leadership. Invitations to participate were distributed via deans and directors of nursing education programs at the approved research sites. Participants were asked to self-select to participate in this study.

Six nursing faculty from Midwestern undergraduate nursing programs participated in private interviews with the principal investigator. Eligible participants were part-time or full-time faculty with a minimum of three years teaching experience in nursing education, currently teaching at an undergraduate BSN program in Iowa, Nebraska, or South Dakota, who were actively teaching clinical or theory, or both. Each

participant had to have participated in at least one committee during his/her time as nursing faculty. Including the criteria of participating in at least one committee ensured participants have had an opportunity to directly interact with someone in a key leadership role or even served as a leader in some role themselves.

This chapter provides findings from the thematic analysis processes taken to identify themes from six participant interviews. Three main themes emerged: 1) Knew How I Wanted to Lead; 2) Culture of Support; and 3) Faculty Efficacy. The following will provide explanation of these themes.

### **Data Analysis**

After completion of the private interviews, the PI applied an orderly approach for phenomenological data analysis. The PI listened and re-listened to the recorded interviews and transcribed the recordings verbatim. Once transcription was complete, the PI reviewed the transcripts for significant statements and commonly repeated words and then sorted the data using a sequenced coding method. The PI became fully immersed in the data through repeated review of the transcriptions. Color-coding was utilized for initial steps in thematic analysis. Separately, the PI and the dissertation chair thoroughly reviewed the transcripts, after which they discussed patterns they each observed. Following this, the PI created a table to categorize the data into emerging themes.

Initially, eight emerging themes were recognized by the PI through examination of the table. Again, the PI and the dissertation chair met to review the emerging themes. (See Appendix E). The final commencing of themes was brought forward as the PI examined themes by documenting structural descriptions of the participants' experiences (Creswell, 2013). From this point, the PI made refinements, thus solidifying the initial

eight themes to three main themes using a constant comparison overview. See Appendix F)..

These emerging themes from the individual interviews were shared with each respective participant for member checking after their single interview was completed and transcribed. All participants confirmed that the emerging themes identified by the PI were concurrent with their responses and thoughts shared during their interviews.

## Results

This qualitative research revealed three main themes among undergraduate nursing faculty's lived experience with or without authentic leadership in nursing education: 1) knew how I wanted to lead; 2) culture of support; and 3) faculty efficacy. The themes supported by exemplar participant states are unveiled subsequently in Table 1.

Table 1.

Themes and Exemplar Participant Statements

Theme	Exemplar
<b>Knew how I wanted to lead</b>	<i>"I have had some very fabulous authentic leaders as I've gone into nursing education that have helped to show me how to lead. I have also had the experience of some not so effective leaders that I've actually been able to learn a lot about how to not lead."</i>
<b>Culture of support</b>	<i>"I feel that our leaders are very transparent and we are very transparent right back. Very, very good communication and transparency on everything. There are no surprises."</i>
<b>Faculty efficacy</b>	<i>"When I have authentic leadership, I feel more empowered to do what I feel is right. I also feel more empowered to be part of decision making. I also feel like when they use authentic leadership, I feel more autonomous."</i>

## Findings

Six individuals participated in this qualitative research study. All six participants were female. The average age of participants was 45.8 years, with a range of 38 to 51 years of age. In regards to ethnic background, all six participants identified themselves as white/non-Hispanic. For highest level of education, two participants had master's degrees and four had doctoral degrees. Three of the participants had 6 to 10 years of teaching experience, two had 11 to 20 years of experience, and one had 20 plus years of experience in nursing education. Two of the participants teach theory only and four of the participants teach both theory and clinical. All six participants have served on a taskforce, committee, or workgroup during their time as nursing faculty.

Of the six participants in this study, all identified that they learned about authentic leadership in their masters or doctoral studies, indicating that they did not receive this information in their undergraduate studies. All six noted that they learned about how to be a leader through personal experiences and observations, both positive and negative in what they did and did not want to be as a leader. Faculty felt they knew how they wanted to lead, they experienced a culture of support, and felt an increase in faculty efficacy all related to the presence of authentic leadership.

### **Knew how I wanted to lead**

All participants discussed, at some point in their interviews, the observation of others as leaders impacted them in knowing how they wanted to lead others and/or how they did not want to lead others.

*"I have had some very fabulous authentic leaders as I've gone into nursing education that have helped to show me how to lead. I have also*



*had the experience of some not so effective leaders that I've actually been able to learn a lot about how to not lead."*

*"I find it actually beneficial that I learn how to be a leader by watching other leaders or being led by people. For the longest time my department chair who is now my former department chair, she was such a great mentor to me because of the type of leader she was and I learned a lot about how I wanted to lead others."*

Positive reflections on experiences with leaders included participants reflecting on leaders who were described as supportive, transparent, and trustworthy. Participants shared how an atmosphere of collaboration and being open to new ideas were present when a leader was acting authentically. One participant stated how a good leader understands the influence he or she has on someone else's story and how important this concept is for a leader to be effective. Another participant highlighted the importance of role-modeling authentic leadership for students as a vital way for students to learn about effective leadership. All participants agreed that authentic leadership leads to positive rapport among faculty and creates an environment of trust.

On the flip side, participants also shared how they felt when they experienced poor leadership. Statements about feeling stressed, uncomfortable, not heard, and frustrated were expressed.

*"So going from a coworker to a supervisor and just being a little bit heady with the power where they really didn't take into consideration when they were in [my] the role prior and how it felt..., being dictated to and not having our thoughts and feelings given any validity."*

*“Where someone really was all about themselves and really not thinking about everyone else in the situation and how are we benefiting the good of the department and benefitting the good of the students instead of the leader themselves really looking out for their best interests.”*

Faculty felt like there was no cohesiveness among the team when poor leadership was present and that they could not safely speak their mind. When the leader was seen as more of a dictator, when faculty felt bullied, or they felt the leader was only self-interested and not engaged or invested in the good of the group, the leadership was seen as negative and something they were aware they did not want to represent themselves in leadership roles.

### **Culture of support**

The key components of authentic leadership were identified by participants as what helps to create a culture of support for nursing faculty. When leaders consistently demonstrated self-awareness, balanced processing, transparency, and moral perspective in decision making, participants felt supported to do their jobs well. All participants indicated they learned about authentic leadership through their graduate studies, whether that was in their masters or doctoral work, respectively. One participant even identified that she was not really aware of the term “authentic leadership” prior to the interview, but that she quickly connected the formal term with the aspects of what she learned about excellent leadership in her higher education. All identified the potential benefit of having this knowledge of authentic leadership earlier in their education (rather than post-baccalaureate).

Transparency was explained by participants as a leader who exhibits excellent communication skills—someone who can clearly explain why something needs to be

done or why a decision was made. Several participants indicated a transparent leader is one who has clear expectations that are easily understood by faculty. This transparent leader creates a high level of trust and collaboration among all faculty members.

*“I think transparency can occur at all levels. From administration down to faculty, and I also think interdepartmentally, transparency exists there as well...For a lot of it, I would say transparency comes with the giving of information.”*

*“I feel that our leaders are very transparent and we are very transparent right back. Very, very good communication and transparency on everything. There are no surprises.”*

Self-awareness in leaders was identified as a leader who is willing to be vulnerable and admit that he/she does not know everything. A leader who shows accountability for all his/her actions and asks for feedback on how he/she is doing was seen as a very positive trait. Also, the participants discussed how a leader who considers the bigger picture and who is aware of their impact on others is a leader who is very self-aware. Participants identified they were much more trusting and felt more empowered by a leader who was able to acknowledge his/her weaker areas and would willingly seek out more information, rather than a leader who pretended to know all.

*“When they are able to show what they don’t know and ask questions and be very clear with what they are doing and what those answers are I think it shows a lot of self-awareness. When the leader is willing to be a little bit vulnerable and acknowledge that they may not know everything.”*

*“In my workplace, well my current leader is great because she is new to our program, and so there is a lot she doesn’t know where to find it or what our process is...And she said I don’t know it and I’m not the expert in this. So why not align myself with strong players that can help me get my job done better. And that’s why she is a great mentor because she didn’t try to make people think that she knew everything.”*

When asked about balanced processing, participants felt that authentic leaders do an excellent job of seeking out the input of others at all levels. One participant shared that not only seeking out faculty input, but also input from students, stakeholders, and other staff is a positive approach she has witnessed by an authentic leader who was demonstrating balanced processing. Participants also stated that a leader who is non-threatening and willing to listen to others’ views is someone who is authentic. A leader who is involved but does not micromanage was identified by several participants as someone who is exhibiting balanced processing. One participant gave an example of a leader who lacked balanced processing—this leader would appear interested and would listen to others input, but then would ignore that input or suggestions and nothing would happen. This led to feelings of distrust with that leader.

*“I think a lot of it [balanced processing] is seeking out different people. If they are consistently just relying on the same person where they are getting their perspective from that’s very narrow...I think that is one of the best ways to have that balance in leadership, to make sure not only are you listening to those different perspectives when they come to you but that you are actively seeking out those different perspectives.”*

Participants felt moral perspective was demonstrated by authentic leaders when they observed leaders advocating for the best interest of others. Some examples given were considering a wide array of perspectives, encouraging conversations among those involved, and leading open and honest conversations. They also felt it was authentic when leaders considered the ethical and moral responsibility of all decisions they made.

*“I think when they are willing to talk through where they stand with things, this is my perspective this is how I am seeing things, but now tell me where you stand with it. So when they can do a comparison and kind of self-check. I think that is another way where they can show that morality.”*

*“I think they [authentic leaders] demonstrate moral perspective by asking for faculty feedback and engaging in open and honest conversations. I would like to see more open and honest conversations. I’m sure that, obviously, administrators have their own moral compass and they are making decisions based on what’s best for the company. But I also think that sometimes hearing their rationale and hearing their thoughts creates a sense of trust and appreciation for those morals that they have.”*

### **Faculty efficacy**

Faculty efficacy was identified as the final theme among undergraduate nursing faculty’s lived experience with or without authentic leadership in nursing education. When authentic leadership was present, nursing faculty felt there was an increase in faculty effectiveness. Participants identified feelings of inclusion, empowerment, value,

trust, and appreciation when authentic leadership was present. They felt this led to a greater work-life balance.

*“It’s been more of a pleasurable experience...It just makes you a happier person. More job satisfaction...If that [authentic leadership] doesn’t happen, the workplace is not a fun place and so, respect one another and listen to each other.”*

*“When I have authentic leadership, I feel more empowered to do what I feel is right. I also feel more empowered to be part of decision making. I also feel like when they use authentic leadership, I feel more autonomous.”*

Additionally, with a thorough understanding of why decisions were made and why things were done a certain way, it made them feel more satisfied in their roles. This increased job satisfaction led to increased productivity, increased happiness about their roles, and overall increased desire to do their best and be motivated in their jobs. One participant identified that her experiences with an authentic leader had transformed her into the positive leader she is today. These components create a healthy work environment.

## **Results Summary**

This chapter provided the results from the data analysis of the qualitative interviews of six nursing faculty on the lived experience of undergraduate nursing faculty with or without authentic leadership in nursing education. This research demonstrated that nursing faculty highly value the influence of leaders they have experienced in their careers as to how they themselves do and do not want to lead others. Faculty experienced a culture of support and increased faculty efficacy when authentic leadership was present.

## **CHAPTER V: DISCUSSION AND SUMMARY**

This phenomenological study sought to explore the lived experience of undergraduate nursing faculty with or without authentic leadership in order to identify potential implications for the profession of nursing. Individual interviews utilizing structured questions were completed to collect the qualitative data for this research. By collecting data from several participants, this study was able to identify key themes to expand the knowledge base of how authentic leadership impacts undergraduate nursing faculty.

### **Research Question and Interpretation**

Research has shown how AL can positively impact nursing practice, however, there is a significant research gap of faculty lived experiences in regards to AL and its overall impact on nursing education (Alilyyani et al., 2018; Collard, Scammell, & Tee, 2019; Shirey, 2006). The lack of research in this area of nursing education demonstrates the importance and potential value of this study.

The research question this study sought to answer was as follows: What are undergraduate nursing faculty's lived experiences within or without the applied practices of authentic leadership? Six undergraduate nursing faculty participated in this study by completing the demographic survey and individual interviews with the principal investigator. All six participants were nursing faculty currently teaching theory or clinical or both clinical and theory in an undergraduate nursing program located in the Midwest. These nursing faculty were either masters or doctorate prepared. Additionally, all six participants had served on a committee, workgroup, or taskforce at some point in their time as nursing faculty. This criteria was key to ensure participants had previous experiences in working directly with leaders or serving in a leadership role themselves.

Nine broad interview questions and eight probing questions related to the central research question were answered through a phenomenological research design. The questions used with each participant were:

Q1. Describe for me your experience with authentic leadership in your role as nursing faculty. Planned probing question: What example or examples might describe your experience?

Q2. In what ways or opportunities have you learned about authentic leadership? Planned probing question: What example would describe these learning opportunities?

Q3. Tell me about times when you did not experience AL in your workplace. Planned probing question: In what way did that impact you?

Q4. Tell me about transparency in your workplace. Planned probing question: What does that look like?

Q5. How do leaders demonstrate self-awareness in your workplace? Planned probing question: Describe one specific example of a leader you observed who demonstrated self-awareness.

Q6. How do leaders demonstrate balanced processing in your workplace? Planned probing question: What does that look like?

Q7. How do leaders demonstrate moral perspective in decision making in your workplace? Planned probing question: Describe one example of a time when you witnessed moral perspective in decision making.

Q8. Please describe for me how your experiences with authentic leadership has impacted you and your work as nursing faculty. Planned



probing question: What examples can you think of when you felt a leader was not being authentic?

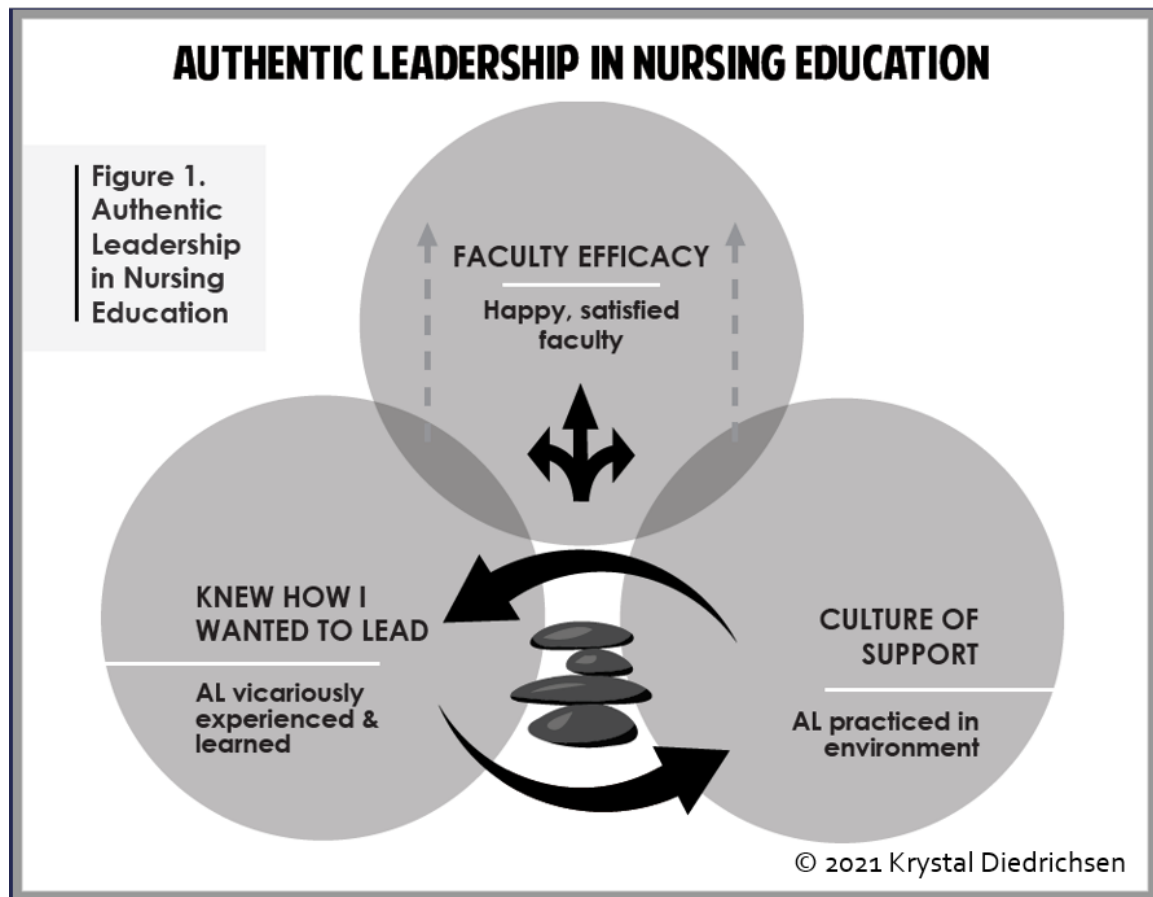
Q9. Is there anything else you think may be important for me to understand about your lived experience with authentic leadership?

Answers to the interview questions are interconnected by the overall constructural themes. Three key themes were identified: 1) knew how I wanted to lead; 2) culture of support; and 3) faculty efficacy. Figure 1 (below) demonstrates the connections of the three themes with authentic leadership.

The two themes of ‘knew how I wanted to lead’ and ‘culture of support’ are in circles at the bottom of the diagram. This represents the foundation authentic leadership creates to positively influence faculty. The arrows circling in the center of these two themes show their connection to each other. When faculty experience and observe authentic leaders, they understand how they want to serve as leaders themselves and they feel supported. When faculty experience a culture of support, AL behaviors become more commonly experienced. Both of these themes, ‘knew how I wanted to lead’ and ‘culture of support’, lead to greater faculty efficacy. While each of these themes can independently increase faculty efficacy, having both is the best case scenario for a path toward self-efficacy. When faculty have an environment where AL is vicariously experienced and learned along with a culture of support, there is increased opportunity for faculty to feel satisfied, motivated, and be prepared to perform at their best.

The circle for the theme, faculty efficacy, is set at the top of the diagram, demonstrating that when authentic leadership is present, faculty efficacy can be achieved and furthered. Much like Maslow’s Hierarchy of Needs, meeting the lower levels of the pyramid-like structure, allows faculty to move higher in their efficacy. The arrows

moving up from the bottom two themes in the top circle, demonstrate the opportunity to continue to increase faculty efficiency.



All participants indicated they knew how they wanted to lead through experiences with leaders in their careers. They learned about how they did and did not want to lead through the observation of other leaders they had encountered in their careers. The participants recognized authentic leadership as being supportive, transparent, and open to new ideas with an atmosphere of collaboration. Inauthentic leaders were described by participants as dictators who were dishonest, avoided questions, were self-interested, and not engaged. Experiences with these leaders left nursing faculty feeling unheard, frustrated, stressed, uncomfortable, and bullied. All participants stated they did not learn

about authentic leadership in their undergraduate studies, but rather in their masters or doctoral education, along with personal experiences of observing leaders.

The participants described a culture of support that is present with authentic leadership. Transparency with great communication and clear expectations gave nursing faculty a sense of collaboration. A leader who is self-aware and willing to be vulnerable and admit to not knowing everything made participants feel heard and valued. Leaders who seek out input from others and openly listen to different perspectives gave participants the support they needed to do their jobs without feeling micromanaged. And by advocating for the best interest of others by considering the moral perspective of those involved, participants felt authentic leaders were ethical in their leadership approach.

Finally, an increase in faculty efficacy was identified by participants when authentic leadership was present. Faculty indicated an increase in productivity, job satisfaction, and overall happiness related to their role. They felt they clearly understood why decisions were made and felt included in those decisions. This led to feelings of empowerment, trust, value, and appreciation. Moreover, participants felt there was greater work-life balance and they felt authentic leaders helped to transform them into being better leaders themselves.

Overall, this study demonstrated the significant positive impact of authentic leadership on nurse educators. The positive effects on nursing faculty has the potential to also positively impact their students, to be studied in the future. This has the potential to have a major impact on the profession of nursing as a whole. Increased authentic leadership in undergraduate nursing education could lead to healthy work environments for nurses everywhere, which would help to positively address the retention, burnout, and stressful work settings that nurses are facing across the nation. When healthy work

environments increase, staff satisfaction increases and turnover decreases (American Association of Critical Care Nurses, 2005; Fallatah, & Laschinger, 2016).

This study also demonstrated the detriment that a lack of authentic leadership can have. When leadership is not promoting the wellbeing of employees, work quality and performance decrease (Zaghini et al., 2019). The results of this study also helped to confirm when principles of AL are not practiced by leaders this negatively impacts faculty who feel frustrated, stressed, unheard, uncomfortable, and like they cannot speak up. These feelings lead to an unhealthy work environment where employees do not feel valued, appreciated, or motivated to do their best (American Association of Critical Care Nurses, 2005).

### **Relationship to Theoretical Context**

Maslow's hierarchy identified that humans are naturally motivated to strive for goals. This motivation, driven by the desire to meet basic human needs such as air, water, food, and shelter before progressing to higher level needs, directly connects to the practice of authentic leadership in nursing education. According to Maslow (1954), as basic needs are met, individuals are able to progress to higher level needs, such as developing relationships, feelings of accomplishment, and finally the highest level, which is self-actualization or reaching one's highest level of potential.

The results of this study demonstrated that when nursing faculty had authentic leaders, they felt supported, heard, valued, empowered, safe to speak their opinions and give input, and included in decisions. This led to faculty feelings of greater efficacy, a culture of support in their role, and they felt empowered to be authentic leaders themselves. They are best prepared and able to reach their greatest potential in their role as nursing faculty when they have authentic leadership present. Additionally, participants

were able to clearly share what it was like not to be in an AL supportive environment. Without authentic leaders, nursing faculty did not feel included, felt a lack of cohesiveness among the team, and felt threatened to speak up. Without authentic leadership, they did not feel effective or supported in their role as nursing faculty. When nursing faculty do not have authentic leaders, they are not even able to meet the basic needs of Maslow's hierarchy of safety and security in the role as faculty. This prevents them from being able to achieve higher levels of achievement when these more basic needs are unable to be met.

### **Limitations of the Study**

This study has several limitations. First, the sample size of this study is small. While the anticipated sample size was three to ten participants for this phenomenological study, six was considered an adequate sample, however it is still too small to be transferable for all undergraduate nursing faculty. Additionally, the sample of participants in this study was fairly homogenous, with all being female, all within a fairly small age range, all identifying as White/non-Hispanic, and all teaching at Midwestern nursing programs. Also, only nursing faculty who were actively teaching were included, omitting experienced faculty who had retired or left nursing education for other opportunities. This also impacts the ability of the researcher to make generalizations about results.

Another limitation is that the principal investigator was dependent on the participants being honest in their identification of meeting the study's inclusion criteria, answering the interview questions to the best of their ability, sharing their subjective viewpoints, and providing answers that fully explored their lived experiences. Finally, although the PI was submerged in the data collection, it occurred over a short timeframe from August 2020 to September 2020.

## **Implications/Recommendations for Education**

Authentic leadership is needed in nursing education. The results of this study demonstrated that nursing faculty experience a culture of support, feel more efficacious in their role, and know how to be effective leaders when authentic leadership is present. An educational environment or organization where both AL is practiced and faculty have either knowledge or have experienced an AL presence creates a foundation for thriving faculty who describe themselves as empowered, happy, satisfied, motivated, and productive . The findings from this study strongly indicate that a nursing educational environment will certainly benefit from the presence of AL practice and by providing nurse educators with AL development, so they also will be prepared to positively influence and enhance the profession of nursing (Alilyyani et al., 2018). An attention to developing nurse educators as authentic leaders, there is a great potential for them to empower and engage not only their peers, but nursing students, other committee members, and even in their community and voluntary civil appointments.

Nursing education is in a key position to address the concerns of nurse retention and healthy work environments through addressing it prior to nurses even entering the workforce. If nursing students have the opportunity to learn about authentic leadership from an undergraduate curriculum, and vicariously via the role-modeling of their nursing faculty, they will be better prepared to create a productive, highly motivated, happy, and satisfied work environment. Nursing education needs to take action by including AL in the undergraduate curriculum and through the presence of authentic leadership.

## **Future Research**

This study consisted of a review of current literature and an exploration of the lived experience of undergraduate nursing faculty with or without authentic leadership in

nursing education in the Midwest. While this study provided useful results, it was limited due to sample size, geographic location, and short timeframe of data collection.

The researcher recommends future study of the lived experience of undergraduate nursing faculty with or without authentic leadership on a much larger scale. Research in other geographic areas across the nation in undergraduate nursing programs over a longer period of time would increase the transferability of the results. A quantitative or mixed-method study may also extend the importance of AL in the educational environment. Additionally, another study that addresses newly licensed Registered Nurses in regard to their experiences with authentic leadership during the undergraduate studies may further reveal the potential positive and negative impacts of the presence of or lack of authentic leadership in undergraduate nursing programs. This could lead to more information to help guide nursing education on how to best incorporate authentic leadership in a way to prepare nurses for success in the profession.

### **Summary**

The purpose of this study was to explore the lived experiences of undergraduate nursing faculty and current use of authentic leadership in nursing education. The primary aim was to focus on the common experiences of undergraduate nursing faculty with leadership. This analysis also examined the demographic data of participants including the following items: gender, age, ethnic background, highest level of education, years worked in nursing education, and whether or not they had served on a taskforce, committee, or workgroup.

Utilizing the phenomenology approach, this research sought to explore the essence of the lived experience of nursing faculty within or without authentic leadership.

Six nursing faculty from Midwestern undergraduate nursing programs participated in qualitative interviews with the principal investigator. Eligible participants were part-time or full-time faculty with a minimum of three years teaching experience in nursing education, currently teaching at an undergraduate nursing program in the Midwest. Each participant had to have participated in at least one committee during his/her time as nursing faculty.

Thematic analysis of the data revealed three main themes: knew how I wanted to lead, culture of support, and faculty efficacy. When authentic leadership was present, nursing faculty felt they were able to learn from leaders and role model the positive behavior themselves. Additionally, with authentic leadership faculty experienced a culture of support and felt more efficacious in their role as nursing faculty. When authentic leadership was lacking, nursing faculty were able to state how they did not want to be as leaders by witnessing negative behaviors, they did not feel supported or effective in their role, and overall felt stressed, frustrated, and disengaged.

While limitations have been identified, this study did reveal three key themes in regard to undergraduate nursing faculty's lived experience with or without authentic leadership. When faculty had experienced or had learned about authentic leadership, they knew of its existence and could make determinations about leadership support or lack of support. The faculty interviewed all had some form of experience with the presence or lack of AL in their work environment. This certainly adds to the value of the findings of this study.

When principles of AL were in place, faculty felt they were well supported, and described being more motivated and able to be effective in their role. Faculty also knew how they wanted to lead from observing authentic leaders, but also clearly stated they



knew how they did not want to lead from experiencing those leaders not versed in Authentic Leadership.

The results of this study offer important takeaways for nursing education. Undergraduate nursing faculty are positively impacted by the presence of authentic leadership and experience negative effects when authentic leadership is lacking. There is an opportunity to address some of the significant concerns that are negatively impacting the profession of nursing today. By utilizing authentic leadership practices in nursing education, nursing faculty will feel more supported, more effective, and be positive role models as leaders. This has the opportunity to develop nurses who are better prepared for success in the profession overall. Nurses who are prepared for greater success benefit not only those they work with, but those they care for. How better for nursing education to achieve success in their students than to address all opportunities for nurses to provide excellent care.

## References

- Alexander, C., & Lopez, R. P. (2018). A thematic analysis of self-described authentic leadership behaviors among experienced nurse executives. *JONA: The Journal of Nursing Administration*, 48(1), 38–43.  
<https://doi.org/10.1097/NNA.0000000000000568>
- Alilyyani, B., Wong, C. A., & Cummings, G. (2018). Antecedents, mediators, and outcomes of authentic leadership in healthcare: A systematic review. *International Journal of Nursing Studies*, 83, 34–64.  
<https://doi.org/10.1016/j.ijnurstu.2018.04.001>
- Ambrose, S., Huston, T., & Norman, M. (2005). A qualitative method for assessing faculty satisfaction. *Research in Higher Education*, 46(7), 803–830.  
<https://doi.org/10.1007/s11162-004-6226-6>
- American Association of Colleges of Nursing. (2019). Nursing faculty shortage. Retrieved from <https://www.aacnnursing.org/news-information/factsheets/nursing-faculty-shortage>.
- American Association of Critical Care Nurses. (2005). AACN standards for establishing and sustaining healthy work environments: A journey to excellence. *American Journal of Critical Care*, 14(3), 187–197.
- American Association of Critical Care Nurses. (2016). AACN standards for establishing and sustaining healthy work environments: A journey to excellence. 2nd ed. Retrieved from <https://www.aacn.org/nursing-excellence/standards/aacn-standards-for-establishing-and-sustaining-healthy-work-environments>

- Atwijuka, S., & Caldwell, C. (2017). Authentic leadership and the ethic of care. *Journal of Management Development*, 36(8), 1040–1051. <https://doi.org/10.1108/JMD-12-2016-0331>
- Avolio, B. J., & Gardner, W. L. (2005). Authentic leadership development: Getting to the root of positive forms of leadership. *The Leadership Quarterly*, 16(3), 315–338. <https://doi.org/10.1016/j.leaqua.2005.03.001>
- Avolio, B. J., Gardner, W. L., Walumbwa, F. O., Luthans, F., & May, D. R. (2004). Unlocking the mask: A look at the process by which authentic leaders impact follower attitudes and behaviors. *The Leadership Quarterly*, 15(6), 801–823. <https://doi.org/10.1016/j.leaqua.2004.09.003>
- Banks, G. C., McCauley, K. D., Gardner, W. L., & Guler, C. E. (2016). A meta-analytic review of authentic and transformational leadership: A test for redundancy. *The Leadership Quarterly*, 27(4), 634–652. <https://doi.org/10.1016/j.leaqua.2016.02.006>
- Baron, L. (2016). Authentic leadership and mindfulness development through action learning. *Journal of Managerial Psychology*, 31(1), 296–311. <https://doi.org/10.1108/JMP-04-2014-0135>
- Braun, S., & Nieberle, K. W. A. M. (2017). Authentic leadership extends beyond work: A multilevel model of work-family conflict and enrichment. *The Leadership Quarterly*, 28(6), 780–797. <https://doi.org/10.1016/j.leaqua.2017.04.003>
- Bryman, A. (2007). Effective leadership in higher education: A literature review. *Studies in Higher Education*, 32(6), 693–710. <https://doi.org/10.1080/03075070701685114>

- Collard, S. S., Scammell, J., & Tee, S. (2019). Closing the gap on nurse retention: A scoping review of implications for undergraduate education. *Nurse Education Today*, <https://doi.org/10.1016/j.nedt.2019.104253>
- Creswell, J.W. & Poth, C.N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4<sup>th</sup> ed.). Los Angeles: Sage.
- Creswell, J.W. & Creswell, J.D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5<sup>th</sup> ed.). Los Angeles: Sage.
- Davidson, E. S. (2017). Presence of authentic leadership and bullying in the nursing workplace: A correlational study. Retrieved from <https://pqdtopen.proquest.com/doc/1927930869.html?FMT=ABS&pubnum=10271829>
- Dever, K. H., Roman, T. C., Smith, C. M., Bowllan, N. M., Dollinger, M. L., & Blaine, B. E. (2015). Comparing professional values and authentic leadership dimensions in baccalaureate nursing students: A longitudinal study. *Journal of Nursing Education*, 54(6), 339–342. <https://doi.org/10.3928/01484834-20150515-05>
- Dirik, H. F., & Seren Intepeler, S. (2017). The influence of authentic leadership on safety climate in nursing. *Journal of Nursing Management*, 25(5), 392–401. <https://doi.org/10.1111/jonm.12480>
- Donohue-Porter, P., Eckardt, P., Prottas, D., Rondello, K. C., & Silberstang, J. (2019). A bridge to leadership communication success. *Nurse Leader*, 17(6), 546-551. <https://doi.org/10.1016/j.mnl.2019.02.006>
- Fallatah, F., & Laschinger, H. K. (2016). The influence of authentic leadership and supportive professional practice environments on new graduate nurses' job

- satisfaction. *Journal of Research in Nursing*, 21(2), 125–136.  
<https://doi.org/10.1177/1744987115624135>
- Frederick, H. R., Wood, J. A., West, G. R., & Winston, B. E. (2016). The effect of the accountability variables of responsibility, openness, and answerability on authentic leadership. *Journal of Research on Christian Education*, 25(3), 302–316. <https://doi.org/10.1080/10656219.2016.1237907>
- Gardiner, R. A. (2017). Authentic leadership through an ethical prism. *Advances in Developing Human Resources*, 19(4), 467–477.  
<https://doi.org/10.1177/1523422317728941>
- Gardner, W. L., Avolio, B. J., Luthans, F., May, D. R., & Walumbwa, F. (2005). “Can you see the real me?” A self-based model of authentic leader and follower development. *The Leadership Quarterly*, 16(3), 343–372.  
<https://doi.org/10.1016/j.leaqua.2005.03.003>
- Gregory, G. (2013). The critical role of leaders. *Healthcare Registration*, 9.
- Guenter, H., Schreurs, B., van Emmerik, IJ. H., & Sun, S. (2017). What does it take to break the silence in teams: Authentic leadership and/or proactive followership? Authentic leadership and silence. *Applied Psychology*, 66(1), 49–77.  
<https://doi.org/10.1111/apps.12076>
- Gray, J.R., Grove, S.K., & Sutherland, S. (2017). *Burns and Grove's: The practice of nursing research appraisal, synthesis, and generation of evidence* (8<sup>th</sup> ed.). St. Louis, MO: Elsevier.
- Harris, J., & Mayo, P. (2018). Taking a case study approach to assessing alternative leadership models in health care. *British Journal of Nursing*, 27(11), 608-613.

- Iowa Center for Nursing Workforce. (2019). Nursing trends: Nurse licensees and nursing education in Iowa. Retrieved from [https://nursing.iowa.gov/sites/default/files/documents/2019/07/2019\\_07\\_22\\_trends\\_in\\_nursing\\_report\\_2018\\_final.pdf](https://nursing.iowa.gov/sites/default/files/documents/2019/07/2019_07_22_trends_in_nursing_report_2018_final.pdf).
- Jaworski, M., Panczyx, M., Lenszuk-Gruba, A., Nowacka, A., & Gotlib, J. (2020). New trend of authentic leadership skills in nursing education: The key role of perfectionism and self-efficacy. Manuscript submitted for publication.
- Jiang, H., & Luo, Y. (2018). Crafting employee trust: From authenticity, transparency to engagement. *Journal of Communication Management*, 22(2), 138–160.  
<https://doi.org/10.1108/JCOM-07-2016-0055>
- Jiang, H., & Men, R. L. (2017). Creating an engaged workforce: The impact of authentic leadership, transparent organizational communication, and work-life enrichment. *Communication Research*, 44(2), 225–243.  
<https://doi.org/10.1177/0093650215613137>
- Kalargyrou, V., Pescosolido, A. T., & Kalargiros, E. A. (2012). Leadership skills in management education. *Academy of Educational Leadership Journal*, 16(4), 39–63.
- Karlou, F., Afarinesh, A., & Zargar, T. (2019). The causal model of authentic leadership on psychological well-being and job satisfaction. *Journal of System Management*, (3), 217–232.
- Katsioloudes, V., & Cannonier, N. (2019). Investing in critical leadership development with undergraduate students: A qualitative examination of a semester-long internship. *Journal of Leadership Education*, 18(4).  
<https://doi.org/10.12806/V18/I4/R5>

- Kelly, L. A., Gee, P. M., & Butler, R. J. (2020). Impact of nurse burnout on organizational and position turnover. *Nursing Outlook*, 69(2021), 96-102.  
<https://doi.org/10.1016/j.outlook.2020.06.008>
- Laschinger, H. K., Wong, C. A., & Grau, A. L. (2012). The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout, and retention outcomes: A cross-sectional study. *International Journal of Nursing Studies*, 49(2012), 1266-1276.  
<https://doi.org/10.1016/j.ijnurstu.2012.05.012>
- Leroy, H., Anseel, F., Gardner, W. L., & Sels, L. (2015). Authentic leadership, authentic followership, basic need satisfaction, and work role performance: A cross-level study. *Journal of Management*, 41(6), 1677–1697.  
<https://doi.org/10.1177/0149206312457822>
- Luthans, F. & Avolio, B. J. (2003). Authentic leadership: A positive developmental approach. In K. S. Cameron, J.E. Dutton, & R. E. Quinn (Eds.), *Positive organizational scholarship* (pp. 241-261). San Francisco: Barrett-Koehler.
- Malik, N. (2018). Authentic leadership – an antecedent for contextual performance of Indian nurses. *Personnel Review*, 47(6), 1244–1260. <https://doi.org/10.1108/PR-07-2016-0168>
- Malik, N., & Dhar, R. L. (2017). Authentic leadership and its impact on extra role behaviour of nurses: The mediating role of psychological capital and the moderating role of autonomy. *Personnel Review*, 46(2), 277–296.  
<https://doi.org/10.1108/PR-05-2015-0140>
- Maslow, A. H. (1954). *Motivation and personality*. New York: Harper and Row.

- National League for Nursing (2015). Rank of full-time nurse educators by race-ethnicity. Retrieved from <http://www.nln.org/newsroom/nursing-education-statistics/nurse-educator-demographics>.
- Nebraska Department of Health and Human Services. (2017). Nebraska RN survey report 2016. Retrieved from <https://center4nursing.nebraska.gov/sites/center4nursing.nebraska.gov/files/doc/2016%20RN%20REPORT.pdf>.
- Nkongho Eyong, D., & Rathee, N. K. (2017). Exploring emotional intelligence and authentic leadership in relation to academic achievement among nursing students. *International Journal of Arts & Sciences*, 10(01), 49–56.
- Qu, Y. E., Dasborough, M. T., Zhou, M., & Todorova, G. (2019). Should authentic leaders value power? A study of leaders' values and perceived value congruence. *Journal of Business Ethics*, 156(4), 1027–1044. <https://doi.org/10.1007/s10551-017-3617-0>
- Raso, R. (2019). Be you! *Authentic leadership*. *Nursing Management*, 50(5), 18–25. <https://doi.org/10.1097/01.NUMA.0000557619.96942.50>
- Regan, S., Laschinger, H. K. S., & Wong, C. A. (2016). The influence of empowerment, authentic leadership, and professional practice environments on nurses' perceived interprofessional collaboration. *Journal of Nursing Management*, 24(1), E54–E61. <https://doi.org/10.1111/jonm.12288>
- Ribeiro, N., Duarte, A. P., & Filipe, R. (2018). How authentic leadership promotes individual performance: Mediating role of organizational citizenship behavior and creativity. *International Journal of Productivity and Performance Management*, 67(9), 1585–1607. <https://doi.org/10.1108/IJPPM-11-2017-0318>



- Riggio, R. E., Chaleff, I., & Lipman-Blumen, J. (Eds.). (2008). *The art of followership: How great followers create great leaders and organizations* (1st ed). San Francisco, CA: Jossey-Bass.
- Schuckert, M., Kim, T. T., Paek, S., & Lee, G. (2018). Motivate to innovate: How authentic and transformational leaders influence employees' psychological capital and service innovation behavior. *International Journal of Contemporary Hospitality Management*, 30(2), 776–796. <https://doi.org/10.1108/IJCHM-05-2016-0282>
- Sfantou, D., Laliotis, A., Patelarou, A., Sifaki- Pistolla, D., Matalliotakis, M., & Patelarou, E. (2017). Importance of leadership style towards quality of care measures in healthcare settings: A systematic review. *Healthcare*, 5(4), 73. <https://doi.org/10.3390/healthcare5040073>
- Shapira-Lishchinsky, O., & Levy-Gazenfrantz, T. (2015). Authentic leadership strategies in support of mentoring processes. *School Leadership & Management*, 35(2), 183–201. <https://doi.org/10.1080/13632434.2014.992777>
- Shapira-Lishchinsky, O., & Levy-Gazenfrantz, T. (2016). The multifaceted nature of mentors' authentic leadership and mentees' emotional intelligence: A critical perspective. *Educational Management Administration & Leadership*, 44(6), 951–969. <https://doi.org/10.1177/1741143215595413>
- Shirey, M. (2015). Enhance your self-awareness to be an authentic leader. *American Nurse Today*. Retrieved from <https://www.americannursetoday.com/enhance-self-awareness-authentic-leader/>
- Shirey, M. R. (2006). Authentic leaders creating healthy work environments for nursing practice. *American Journal of Critical Care*, 15(3), 256–267.

- Shirey, M. R. (2017). Leadership practices for healthy work environments. *Nursing Management (Springhouse)*, 48(5), 42–50.  
<https://doi.org/10.1097/01.NUMA.0000515796.79720.e6>
- Shrivastava, A. (2018). A small initiative in the journey of making leaders with the help of authentic leadership model. *Kybernetes*, 47(10), 1956–1972.
- Sidani, Y. M., & Rowe, W. G. (2018). A reconceptualization of authentic leadership: Leader legitimation via follower-centered assessment of the moral dimension. *The Leadership Quarterly*, 29(6), 623–636.  
<https://doi.org/10.1016/j.leaqua.2018.04.005>
- South Dakota Board of Nursing (2019). South Dakota nursing workforce: 2019 supply and employment characteristics. *South Dakota Center for Nursing Workforce*. Retrieved from <https://doh.sd.gov/boards/nursing/documents/2019WFReport.pdf>.
- Srivastava, A. P., & Dhar, R. L. (2016). Authentic leadership for teacher's academic optimism: Moderating effect of training comprehensiveness. *European Journal of Training and Development*, 40(5), 321–344. <https://doi.org/10.1108/EJTD-12-2015-0096>
- Tonkin, T. T. (2013). Authentic versus transformational leadership: Assessing their effectiveness on organizational citizenship behavior of followers. *International Journal of Business and Public Administration*, 10(1), 40–61.
- Van Bogaert, P. (2016). Authentic leadership influences work-life coping in new nurses. *Evidence Based Nursing*, 19(2), 54–54. <https://doi.org/10.1136/eb-2015-102127>
- Walumbwa, F. O., Avolio, B. J., Gardner, W. L., Wernsing, T. S., & Peterson, S. J. (2008). Authentic Leadership: Development and Validation of a Theory-Based

- Measure†. *Journal of Management*, 34(1), 89–126.  
<https://doi.org/10.1177/0149206307308913>
- Wei, F., Li, Y., Zhang, Y., & Liu, S. (2018). The interactive effect of authentic leadership and leader competency on followers' job performance: The mediating role of work engagement. *Journal of Business Ethics*, 153(3), 763–773.  
<https://doi.org/10.1007/s10551-016-3379-0>
- Winn, B. (2019). Developing nextgen leaders. *People and Strategy*, 42(3), 58–59.
- Zaghini, F., Fiorini, J., Piredda, M., Fida, R., & Sili, A. (2019). “‘The relationship between nurse managers' leadership style and patients' perception of the quality of the care provided by nurses: Cross sectional survey’. *International Journal of Nursing Studies*. <https://doi.org/10.1016/j.ijnurstu.2019.103446>
- Zhao, H., & Li, C. (2019). A computerized approach to understanding leadership research. *The Leadership Quarterly*, 30(4), 396–416.  
<https://doi.org/10.1016/j.leaqua.2019.06.001>

## **APPENDIX A--Invitation to Participate**

Dear Undergraduate Nursing Faculty,

You are invited to participate in a research study titled, “Undergraduate Nursing Faculty’s Lived Experience of Authentic Leadership in Nursing Education.” Research has shown how authentic leadership can positively impact nursing practice, however, there is a significant research gap on the impact of authentic leadership in nursing education. Therefore, the purpose of this study is to explore the lived experiences of undergraduate nursing faculty and leadership in nursing education.

You may qualify to take part in this research study if you are faculty teaching part-time or full-time in a Bachelor of Science in Nursing (BSN) program with three or more years of teaching experience in clinical and/or theory, and you have participated on at least one committee during your time as nursing faculty. If you agree to participate in this study, you will be asked to complete an informed consent form, a short demographic survey, and a virtual interview via Zoom® with me as the principal investigator (PI). For the virtual interview, you will need access to Zoom® web conferencing, including a reliable internet connection in a private space, a web camera, and a computer audio connection. The interview will take approximately 45 to 60 minutes of your time and will be held privately between only you and myself. Your responses and personal information will remain confidential. Each participant will be placed into a drawing for one 25-dollar Visa gift card. The drawing will take place once interviews have concluded.

Risks to participating may include some feelings of emotional distress while sharing stories that have or currently do cause stress and/or anxiety. Although reasonable steps have been made to protect the privacy of participants, there is potential risk for loss of privacy when storing data in the cloud-based system, Google® Drive. Additionally, there is a risk when using Zoom® web conferencing to be hacked, but appropriate steps have been taken to prevent this. The real names of participants will not be used or associated with this research.

Benefits to participating may include the opportunity to self-reflect on leadership you have experienced and possibly receiving a heightening understanding of leadership in nursing education. Taking part in this study is voluntary. You may choose to participate or you may choose to not take part. You may also choose to leave this study at any time without consequences or ill-feelings between you, the PI, and/or your institution.

To learn more about this study, contact the principal investigator Krystal Diedrichsen at [krystal.diedrichsen@bryanhealthcollege.edu](mailto:krystal.diedrichsen@bryanhealthcollege.edu) or 605-668-1583.

Thank you so much for your time in reviewing this request.

Best regards,

Krystal Diedrichsen, RN, EdD Doctoral Student  
Bryan College of Health Sciences

**APPENDIX B— Informed Consent Form****ADULT CONSENT FORM****Formal Study Title**

**Undergraduate Nursing Faculty's Lived Experience of Authentic Leadership in Nursing Education**

**Participant Study Title**

Exploring Authentic Leadership in Nursing Education

**Study Personnel**

Krystal M Diedrichsen, RN, BSN, MSN

605.668.1583

krystal.diedrichsen@bryanhealthcollege.edu

**Key Study Information**

- This study will explore nursing faculty's experiences with authentic leadership in nursing education.
- Faculty who teach in an undergraduate nursing program with at least 3-years of experience are eligible for this study.
- Participants will:
  - Provide written consent to participate.
  - Complete a short demographic survey that will take 1-2 minutes.
  - Participate in a private virtual interview via Zoom® video conferencing that will last approximately 45 to 60 minutes.
  - Provide permission for the principal investigator (PI) to email you to set up a time for a phone conversation (approximately 15-20 minutes) to seek feedback on the preliminary findings of your interview.
- The risks of this study include: 1) potential emotional distress and/or anxiety, 2) potential loss of privacy/confidentiality, 3) loss of time.
- The potential benefits of this study include: 1) increased awareness of authentic leadership and the benefits this type of leadership can bring to nursing education, 2) opportunity to reflect on your own leadership style/practice, 3) increased understanding of barriers to authentic leadership.
- You will be given a copy of this consent form.
- Your participation is voluntary. You may decide to stop participating at any time without negative consequence to you.
- This study will uphold all FERPA and HIPAA guidelines. Please refrain from disclosing any FERPA related student information.

**Invitation**

You are invited to participate in an interview to explore your experiences with authentic leadership in nursing education. The information in this form is to assist you with deciding whether or not to participate. Please ask if you have any questions or concerns.

### **Why are you being asked to be in this research study?**

You are being asked to be in this study because you are a part-time or full-time faculty member in an undergraduate baccalaureate nursing program, you have at least three years of teaching experience in clinical and/or theory, and you have participated on at least one committee during your time as nursing faculty.

### **What is the reason for doing this research study?**

Research has shown how authentic leadership can positively impact nursing practice, however, there is a significant research gap on the impact of authentic leadership in nursing education.

Therefore, the purpose of this study is to explore undergraduate nursing faculty's experiences with authentic leadership in nursing education.

### **What will be done during this research study?**

This study includes:

- First, after you agree to participate in this study, you will sign this form.
- You will email the signed copy of the Adult Consent Form to the PI, Krystal Diedrichsen at [krystal.diedrichsen@bryanhealthcollege.edu](mailto:krystal.diedrichsen@bryanhealthcollege.edu).
- You will complete a short one to two-minute demographic survey prior to the start of the interview.
- An interview will be conducted virtually via Zoom® video-conferencing in a quiet and private location of your choice, free from distractions. The day and time will be mutually agreed upon by the participant and the PI. Only the PI will be present during the interview.
- The interview will last approximately 45 to 60 minutes and will be audio recorded for later transcription.
- The audio recordings will be transcribed to written form and data will then be sorted into themes by the PI.
- The audio recordings will be destroyed after they are in written form.
- At the end of the study, the PI will email the preliminary findings to you. The PI will then call you to discuss these preliminary findings to review for accuracy. This process will take 15 to 20 minutes via a telephone conversation with the PI.

### **How will my data/samples/images be used?**

All your personal information will be de-identified which means information such as your name and any other personal names you use will be assigned a code name instead. The de-identified data will be analyzed and may be published in scientific journals or presented at scientific meetings, but your identity will be kept strictly confidential.

### **What commercial benefits will I get from research conducted on my data/samples/images?**

Your data will not be used for commercial profit.

### **What will happen to my data/samples/images once the study is completed?**

Your data will be kept on a private Google® Drive that uses two-step authentication and is only accessible by the PI. All data will be de-identified, which means personal information like your name and other names shared will be removed and will be replaced by a code name. Data such as age, sex, ethnic background, level of education, and years

of teaching will be reported only in aggregate form. Any identifying data will be destroyed at the completion of the study.

**Will I be notified of the findings from the research study?**

You will be asked to review the preliminary findings only.

**What are the possible risks of being in this research study?**

- There is a risk of participants in experiencing feelings of emotional distress and anxiety if negative experiences in the workplace are discussed. In the event that you need to speak to a professional, you can contact your healthcare provider, the Employee Assistance Program at your workplace, or you may speak anonymously to a helpline volunteer at the National Alliance on Mental Health at 800-950-6264 (<https://www.nami.org/help>).
- There is a potential risk of the loss of participants' privacy. There is always a risk to data housed in a cloud-based system and to the use of Zoom® video-conferencing to be hacked. Appropriate steps have been taken to protect your privacy. Additionally, FERPA and HIPAA guidelines will be upheld.
- There is a risk for loss of time. The initial interview will take approximately 45 to 60 minutes and the follow up phone call will last approximately 15 to 20 minutes.

**If appropriate, what is the approximate number of participants in this research study?**

An approximate number of participants in this research study is ten. The PI will meet individually with each participant via Zoom®.

**What are the possible benefits to you?**

You may benefit from an increased awareness of authentic leadership and the benefits this type of leadership can bring to nursing education. The opportunity for self-reflections on personal leadership style/practice, may bring you feelings of pride in promoting the profession of nursing. However, you may perceive no direct benefit from being in this research study.

**What are the possible benefits to other people?**

The potential benefits of this study include: 1) increased awareness of authentic leadership and the benefits this type of leadership can bring to nursing education, 2) increased understanding of barriers to authentic leadership.

**What are the alternatives to being in this research study?**

The alternative is to not participate in this research study.

**What will it cost you to be in this research study?**

There is no cost to you to be in this research study. You will not be reimbursed for your time.

**Will you be rewarded or compensated for being in this research study?**

Each participant will be placed into a drawing for one 25-dollar Visa gift card. The drawing will take place once interviews have concluded.

**What should you do if you have a problem during this research study?**

Your well-being is of utmost importance. If you have a concern as a direct result of participating in this study, you should immediately contact one of the people listed at the end of this consent form. There are no plans to provide payment of lost wages, disability, or discomfort. You do not give up any legal rights by agreeing to participate in this study. In the case you feel distressed and need to speak with a professional, contact your personal healthcare provider or the Employee Assistance Program at your place of work. Any professional help would be at your own financial cost.

**How will information about you be protected?**

Reasonable steps will be taken to protect your confidentiality. Personal identifiers will not be connected to documents. Your information will be assigned a code name so as to protect your privacy. The only persons who will have access to your research records are the research team listed below, the Institution Review Board (IRB), and any other person or agency required by law. The information in this study may be published in scientific journals or presented at scientific meetings but your identity will kept strictly confidential.

**What are your rights as a research participant?**

You have rights if you choose to participate in this research study. These rights have been explained within this consent form. You have also been given the “Rights of Research Participants” brochure. If you have any questions concerning your rights or complains about the research, contact the principal investigator listed below or the Institutional Review Board (IRB):

Bryan College of Health Sciences  
Institution Review Board Chair  
Telephone: 402-481-3801  
Email: IRB@bryanhealthcollege.edu

**What will happen if you decide not to be in this research study or decide to stop participating once you start?**

You can decide not to participate in this research study, or you can stop participating in this research study at any time before, during, or after the research begins. If the research team gets any new information during this research study that may affect whether you would want to continue being in the study you will be informed promptly. Deciding not to be in this study or deciding to withdraw will not affect your relationship with the investigator, your institution, or with Bryan College of Health Sciences.

**Documentation of Informed Consent**

You are freely deciding to participate in this research study. Signing this form means that:

1. You have read and understood this consent form.
2. You have had the consent form explained to you.
3. You have had your questions answered.
4. You have decided to be in this research study.



If you have any questions during the study, you should talk to one of the research team members listed below. You will be given a copy of this consent form to keep for your records.

**Participant's signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

My signature certifies that all the elements of informed consent described in this consent form have been explained fully to the participant. In my judgment, the participant possesses the legal capacity to give informed consent to participate in this research study and is voluntarily and knowingly providing informed consent to participate.

**Signature of Person Obtaining Consent:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Authorized Study Personnel**

**Principal Investigator:**

Krystal Diedrichsen, EdD(c), RN  
Bryan College of Health Sciences  
605-668-1583  
krystal.diedrichsen@bryancollegehealth.edu

**Dissertation Chair:**

Lina Bostwick, EdD, RN  
Bryan College of Health Sciences  
402-481-8717  
lina.bostwick@bryanhealth.org

**APPENDIX C-- Demographic Survey**

1. What is your sex?
  - a. Male
  - b. Female
  - c. Prefer not to answer
2. What is your age? \_\_\_\_\_ years old
3. What is your ethnic background?
  - a. White/Non-Hispanic
  - b. African American
  - c. Hispanic
  - d. Asian
  - e. Native American
  - f. Other \_\_\_\_\_
4. What is your highest level of education completed?
  - a. Bachelor's degree
  - b. Master's degree
  - c. Doctoral degree
5. How many years have you worked in nursing education?
  - a. 0-5 years
  - b. 6-10 years
  - c. 11-20 years
  - d. 20+ years
6. What area of nursing education do you teach?
  - a. Theory
  - b. Clinical
  - c. Both theory and clinical
7. Have you served as a leader on a taskforce, committee, workgroup, etc?
  - a. Yes
  - b. No

## **APPENDIX D— Interview Protocol**

Study title: Undergraduate Nursing Faculty’s Lived Experience of Authentic Leadership in Nursing Education

Principal Investigator: Krystal Diedrichsen, RN, EdD(c)

Expected schedule for interview:

7 minutes explaining informed consent/participant questions/signing of consent

2 minutes completion of demographics

5 minutes reviewing definitions of authentic leadership

5 minutes average with each of the 9 interview questions

Date:

Setting:

Participant:

Field notes:

Definitions for participants prior to interview in order to ensure information is fresh in their minds:

Authentic Leadership—“a process that draws from both positive psychological capacities and a highly developed organizational context, which results in both greater self-awareness and self-regulated positive behaviors on the part of leaders and associates, fostering positive self-development” (Luthans & Avolio, 2003, p. 243). Many scholars agree, there are four essential qualities of AL: self-awareness, relational transparency, balanced processing, and an internalized moral perspective (Alexander & Lopez, 2018; Avolio & Gardner, 2005; Banks, McCauley, Gardner, & Guler, 2016; Fallatah & Laschinger, 2016; Shirey, 2015).

Self-awareness—“an emerging process where one continually comes to understand his or her unique talents, strengths, sense of purpose, core values, beliefs, and desires” (Avolio & Gardner, 2005, p. 324).

Transparency—“the open and transparent manner whereby authentic leaders and followers are posited to share information with each other” (Avolio & Gardner, 2005, p. 317).

Balanced Processing—“inclined and able to consider multiple sides of an issue and multiple perspectives as they assess information in a relatively balanced manner” (Avolio & Gardner, 2005, p. 317).

Moral Perspective—“ethical and transparent decision making process whereby authentic leaders develop and draw upon reserves of moral capacity, efficacy, courage, and resiliency to address ethical issues and achieve authentic and sustained moral actions” (Avolio & Gardner, 2005, p. 324).

Purpose of Study: The purpose of this study is to explore the lived experiences of undergraduate nursing faculty and current use of authentic leadership in nursing education.

The following questions are intended to provide insight on how authentic leadership impacts nursing faculty. Please answer these with a focus on your experiences as a nurse faculty member. As nurse educators have different roles, should you begin to answer the questions from the point of the practicing nurse or nurse leader, I may remind you from time to time to speak to your experiences as a nurse faculty. If you have specific comparisons to experiences you have had as a nurse, please indicate which experiences are related to working as a nurse or nurse leader versus working as a nurse educator.

#### Interview Questions:

Q1. Describe for me your experience with authentic leadership in your role as nursing faculty.

Planned probing question: What example or examples might describe your experience?

Q2. In what ways or opportunities have you learned about authentic leadership?

Planned probing question: What example would describe these learning opportunities?

Q3. Tell me about times when you did not experience AL in your workplace.

Planned probing question: In what way did that impact you?

Q4. Tell me about transparency in your workplace.

Planned probing question: What does that look like?

Q5. How do leaders demonstrate self-awareness in your workplace?

Planned probing question: Describe one specific example of a leader you observed who demonstrated self-awareness.

Q6. How do leaders demonstrate balanced processing in your workplace?

Planned probing question: What does that look like?

Q7. How do leaders demonstrate moral perspective in decision making in your workplace?

Planned probing question: Describe one example of a time when you witnessed moral perspective in decision making.

Q8. Please describe for me how your experiences with authentic leadership has impacted you and your work as nursing faculty.

Planned probing question: What examples can you think of when you felt a leader was not being authentic?

Q9. Is there anything else you think may be important for me to understand about your lived experience with authentic leadership?

## APPENDIX E— Emerging Themes

<b>Experiences with Authentic Leadership</b>
<ul style="list-style-type: none"> <li>-consistency</li> <li>-multiple perspectives/points of view considered</li> <li>-role model</li> <li>-able to build rapport</li> <li>-transparent</li> <li>-show flexibility and openness</li> <li>-support academic freedom; trust</li> <li>-genuine approach</li> <li>-provide guidance</li> <li>-feeling valued, listened to</li> <li>-good mentors transform future leaders</li> <li>-empowered to do what is right</li> <li>-feel included in decision making</li> <li>-increased job satisfaction</li> <li>-increased happiness</li> <li>-increased desire to come to work</li> </ul>
<b>Authentic Leadership Learning Opportunities</b>
<ul style="list-style-type: none"> <li>-doctoral studies</li> <li>-observing other leaders, both good and bad</li> <li>-Higher Education</li> <li>-observing ALs is a great way to learn</li> </ul>
<b>Negative Experiences with leaders</b>
<ul style="list-style-type: none"> <li>-bad leaders show what you don't want to be</li> <li>-dictator approach</li> <li>-no cohesiveness, feel disconnected</li> <li>-not invested/not engaged</li> <li>-feel not heard</li> <li>-self-interested</li> <li>-dishonest</li> <li>-avoids questions</li> <li>-no respect</li> <li>-frustrated, stressed, uncomfortable---very uncomfortable situation #6 interview explained.</li> <li>-can't speak up</li> <li>-Bullied</li> <li>-demeaning—example of smiley faces in interview #6</li> <li>- Didn't even answer our question, like a politician trying to skate around the question rather than trying to address the issue.</li> <li>- They just don't get what we do.</li> <li>- approach the director she will kind of agree with you but then nothing comes of it and nothing changes and nothing happens</li> </ul>
<b>Transparency</b>
<ul style="list-style-type: none"> <li>-very clear</li> <li>-great communication</li> <li>-no surprises</li> <li>-asks for feedback</li> </ul>

<ul style="list-style-type: none"> <li>-clarifies</li> <li>-collaborative</li> <li>-clear expectations</li> <li>-involved at all levels</li> <li>-creates trust</li> <li>-increases job performance</li> </ul>
<b>Self-Awareness</b>
<ul style="list-style-type: none"> <li>-willing to be vulnerable</li> <li>-transparent</li> <li>-consider bigger picture</li> <li>-acknowledge they don't know everything</li> <li>-aware of impact on others</li> <li>-show accountability</li> <li>-aware of areas to improve in self</li> <li>-asks for feedback</li> </ul>
<b>Balanced Processing</b>
<ul style="list-style-type: none"> <li>-seeking out different people</li> <li>-listening to different perspectives</li> <li>-delegate</li> <li>-involved, but does not micromanage</li> <li>-includes stakeholders in decisions</li> <li>-non-threatening environment</li> <li>-very transparent</li> <li>-represent the majority</li> <li>-good communication</li> </ul>
<b>Moral Perspective</b>
<ul style="list-style-type: none"> <li>-consider vast array of perspectives, values, beliefs</li> <li>-advocate for best interest of those you serve</li> <li>-encourage conversations among all involved</li> <li>-consider ethical/moral responsibility</li> <li>-creates trust and appreciation</li> <li>-open and honest conversations</li> </ul>
<b>Lived Experience</b>
<ul style="list-style-type: none"> <li>-influence someone's story</li> <li>-role-modeling for students</li> <li>-develop culture that involves trust, transparency, and morals</li> <li>-work-life balance</li> <li>-supportive, transparent, open, willing to change, respect, listen—all encourage employees to be better people</li> <li>-More open to new ideas b/c others want to work with you ---brings about wisdom/more of an atmosphere to be collaborative from different points of view. More encouraging atmosphere.</li> <li>-It's getting better. It is getting better. It's taking time.</li> <li>- I was elected vice president and that started in August... but I feel like I have to use my voice more</li> </ul>

## APPENDIX F — Final Themes

Knew how I wanted to lead
<ul style="list-style-type: none"> <li>• Observation of others, good and bad</li> <li>• Influence someone else's story</li> <li>• Supportive, transparent, willing to change</li> <li>• Atmosphere of collaboration</li> <li>• Open to new ideas</li> <li>• Role-modeling for students</li> <li>• Rapport, trust</li> <li>• Bad: dictator, no cohesiveness, not heard, dishonest, avoids questions, can't speak up, frustrated, stressed, uncomfortable, self-interested, not invested or engaged, bullied</li> </ul>
Culture of support
<ul style="list-style-type: none"> <li>• Transparent, with great communication, clear expectations, trust, and collaboration</li> <li>• Self-aware: willing to be vulnerable, admit they don't know everything, consider the bigger picture, show accountability, ask for feedback, aware of impact on others</li> <li>• Balanced processing: seeking out others input, listening to different perspectives, non-threatening, involved but not micromanaging</li> <li>• Learned about AL through higher education, Masters and doctoral level</li> <li>• Moral perspective: advocate for best interest of others, consider ethical/moral responsibility</li> <li>• Transparent, with great communication, clear expectations, trust, and collaboration</li> <li>• Self-aware: willing to be vulnerable, admit they don't know everything, consider the bigger picture, show accountability, ask for feedback, aware of impact on others</li> <li>• Balanced processing: seeking out others input, listening to different perspectives, non-threatening, involved but not micromanaging</li> <li>• Learned about AL through higher education, Masters and doctoral level</li> <li>• Moral perspective: advocate for best interest of others, consider ethical/moral responsibility</li> </ul>
Faculty efficacy
<ul style="list-style-type: none"> <li>• Work-life balance</li> <li>• Increased productivity, job satisfaction, happiness</li> <li>• Feelings of inclusion, value, empowerment, trust, appreciation</li> <li>• Understand why decisions are made</li> <li>• Good mentors transform future leaders</li> </ul>