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## The Effects of Authentic Leadership and Organizational Commitment on Job Turnover Intentions of Experienced Nurses

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A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in Nursing

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## **Abstract**

High levels of turnover continue to pose a challenge to the nursing workforce amidst growing patient acuity and budget constraints. The presence of strong nursing leadership may address the need for healthy work environments that contribute to retention outcomes. The purpose of this study was to examine the effect of authentic leadership of managers, on experienced nurses' affective, normative, and continuance organizational commitment, and ultimately job turnover intentions. This study used secondary analysis of data collected in a non-experimental survey of 478 registered nurses in Canada. Hayes' PROCESS version 3 SPSS macro for mediation analysis was used to test the hypothesized path model. Results showed authentic leadership was a significant predictor of job turnover intentions mediated by affective commitment, and all predictors accounted for 21% of the variance in job turnover intentions. Findings suggested that authentic leaders in nursing may contribute to improved organizational commitment, and decreased job turnover intentions.

*Keywords:* authentic leadership, organizational commitment, affective commitment, job turnover, retention, nursing

## **Dedication**

This thesis is dedicated with love to my grandparents, Roy and Margaret Slack, and Wallace and Ruth Smith.

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## **Chapter One**

### **Introduction**

The pressures of the aging population, increasing patient acuity and complexity, and growing emphasis on the social determinants of health, in addition to fiscal constraints, are challenging the Canadian healthcare system to meet higher demands with fewer resources (Martin et al., 2018). These pressures often lead to significant changes to healthcare organizational structures that may negatively impact the work environment for frontline staff, specifically nursing staff (Nelson-Brantley, Park, & Bergquist-Beringer, 2018). Tensions in the work environment have been linked with increased experiences of burnout, workplace bullying and incivility, and turnover for frontline nursing staff (Fida, Spence-Laschinger, & Leiter, 2018). Nurses continue to represent the largest group of providers in the health workforce, and are therefore a vital component of a strong health care system (Registered Nurses' Association of Ontario, 2017). Retaining a productive nursing workforce is a crucial component in sustaining the healthcare systems ability to provide quality care to meet the changing needs of the population (Hayes et al., 2012).

### **Background**

#### **Job Turnover Intentions**

Job turnover is defined as voluntary or involuntary movement of an employee from their current nursing position for another position either within their organization or at a different organization (Halter et al., 2017). With the job turnover rate of nursing positions in Canada approximately 20% annually, and costing approximately \$27,000 for the turnover of a single position, turnover not only poses a significant financial burden, but also threatens the quality of care (Rondeau & Wagar, 2016). The costs associated

with job turnover are comprised of the costs to terminate the employee, cover the workload in the interim, recruit and train a new hire, and decreased productivity of new employees (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014; O'Brien-Pallas, Murphy, Shamian, Li, & Hayes, 2010). In work environments where job turnover rates are high, there is a detrimental impact on the remaining staff as they experience heavy workloads, lack of work group cohesion, and decreased mental health and well-being (Duffield, Roche, O'Brien-Pallas, & Catling-Paull, 2009; Hayes et al., 2012).

Furthermore, job turnover has been associated with compromised patient care and safety, including decreased patient satisfaction related to lack of continuity of care, increased medication errors, and higher frequency of adverse events including patient falls, and development of new pressure sores (Duffield et al., 2009; Halter et al., 2017; O'Brien-Pallas et al., 2010).

Despite the importance of understanding the prevalence of job turnover, it can be time and resource intensive to measure actualized job turnover for the purposes of research (Cohen, Blake, & Goodman, 2016). Job turnover intentions has been used as an proxy measure in the nursing literature as it is assumed that an employee who exhibits job turnover intentions has a higher likelihood of actual job turnover (Cohen et al., 2016; Takase, 2010; Tourangeau & Cranley, 2006). Job turnover intentions has be defined as one's willingness, or desire to leave their current position voluntarily, that is "psychological, cognitive, and behavioural in nature" (Takase, 2010, p. 4). While job turnover intentions may act as a proxy variable for actualized job turnover, job turnover intentions can also have a detrimental impact on the nursing workgroup. There is evidence that job turnover intentions are associated with withdrawal behaviours, such as

decreased productivity, effort and job performance as the employee psychologically distances themselves from their current position (Hayes et al., 2012; Meyer, Stanley, Herscovitch, & Topolnytsky, 2002).

Job turnover intentions may be preceded by any number of personal, organizational, work-related, and external variables (Takase, 2010). The nursing research examining job turnover intentions aims to identify organizational, and work-related variables that have a significant influence on the prevalence of job turnover intentions. These variables include leadership, organizational identification (Fallatah, Laschinger, & Read, 2017), work engagement, burnout (Laschinger, 2012), workload, and group cohesion (Halter et al., 2017). This literature may guide organizations and nursing leaders to identify opportunities for change in the nursing work environment that may lead to more positive work experiences, and thereby, decreased manifestation of job turnover intentions.

### **Authentic Leadership**

Leadership in nursing has been defined by the Canadian Nurses Association (CNA) (2009) to include “innovative and visionary...leaders who understand and hold themselves accountable for creating vibrant, exciting practice settings in which nurses can deliver safe, accessible, timely and high-quality care for the Canadians they serve” (p.1). Formal nurse leaders who work closely with front-line healthcare staff have a central role in shaping practice environments to influence job performance, quality, and safety outcomes (CNA, 2009; Laschinger, Finegan, & Piotr, 2009). Strong leadership is crucially important in guiding teams through times of challenge and change (Anonson et al., 2014). Within the current healthcare climate, there are countless pressures and

transformations that may be influencing the work of nurses across the system (Registered Nurses Association of Ontario (RNAO), 2013). Effective leaders are able to balance these pressures, with the core values and priorities of the profession and their unique staff team, in a way that sustains change to improve outcomes for both staff and patients (RNAO, 2013).

Research has shown that leadership of nurse managers' has been associated with nurses' job satisfaction, work engagement, structural empowerment, and mental health well-being, and quality patient care outcomes (Laschinger, 2012; Wagner & Gregory, 2015; Wong, Cummings, & Ducharme, 2013). Furthermore, leadership is a critical component of healthy workplaces that can address the prevalence of job turnover in nursing (Brewer et al., 2016). In fact, the perceived support from formal leaders is one of the most well confirmed determinants of retention in the nursing literature (Halter et al., 2017). Nursing leadership plays a pivotal role in shaping the healthy nursing work environments that support front-line nursing staff in the provision of quality care while sustaining their well-being and satisfaction in their role (RNAO, 2013).

Positive leadership can be displayed through many different leader behaviours, strategies, and styles. One such style of leadership that has been associated with many positive outcomes in nursing is authentic leadership (Alilyyani, Wong, & Cummings, 2018; Avolio, Gardner, Walumbwa, Luthans, & May, 2004). Authentic leadership is defined as a relational leadership style in which leaders exhibit "self-awareness, self-acceptance, and authentic actions and relationships... characterized by transparency, openness, and trust; guidance toward worthy objectives; and an emphasis on follower development" (Gardner, Avolio, Luthans, May, & Walumbwa, 2005, p. 345). The

authentic leader aligns behaviours with one's own moral and ethical values, while balancing feedback from all sources to evaluate actions, thereby exhibiting authenticity to followers (Avolio et al., 2004). This form of leadership cultivates personal identification, whereby the follower identifies closely with their leader, as well as social identification within the work-group, both of which may lead to higher motivation and commitment amongst followers (Avolio et al., 2004; Wong & Cummings, 2009). Lastly, the authentic leader may cultivate trust, optimism, hope, and positive emotions in their followers, through their relationships and attentiveness to the followers' unique needs and values (Avolio et al., 2004).

### **Organizational Commitment**

Organizational commitment is a personal variable that has been linked to decreased job turnover intentions (Halter et al., 2017; Meyer et al., 2002). In seeking to create work conditions and experiences within organizations that generate organizational commitment in employees, leadership is understood to be an important factor. The seminal works on organizational commitment defined the concept in two distinct ways, *behavioural commitment* and *attitudinal commitment*. Behavioural commitment is the manifestation of commitment which describes employees as committed when they choose to remain linked to their organization despite the presence of alternative options (Mowday, Steers, & Porter, 1979; Salancik, 1977). In the attitudinal approach, commitment is understood as a mindset in which employees think about their organization, and perceive congruency amongst their own values and those of the organization (Meyer & Allen, 1997; Mowday et al., 1979). Despite the presence of many definitions of commitment, there are two most widely accepted theories. Mowday, Steers,

and Porter (1979) established the first theory of organizational commitment, which defined commitment using the attitudinal approach. These authors define organizational commitment as a unidimensional construct that captures the “relative strength of an individual’s identification with and involvement in a particular organization” (Mowday, Porter, & Steers, 1982, p. 27). This theory has been applied widely in the literature, including studies within nursing. Meyer and Allen (1987) challenged that this conceptualization of organizational commitment limits our understanding and measurement of the other manifestations of commitment in the workplace.

The theory of organizational commitment as defined by Meyer and Allen (1997), conceptualizes organizational commitment as a psychological state comprised of three distinct components. This theory defines *affective commitment*, the emotional attachment to one’s organization; *normative commitment*, the obligation to remain with one’s organization; and *continuance commitment*, the perception that the costs to leave are too high, or the lack of available employment alternatives (Meyer & Allen, 1997). An employee may exhibit all three components of organizational commitment in varying degrees simultaneously, making up the employee’s commitment profile (Meyer & Allen, 1991; Meyer & Herscovitch, 2001).

While affective, normative, and continuance commitment are distinctive concepts, all three components influence one’s job turnover intentions, regardless of which component is the strongest (Meyer et al., 2002). Theoretically, an employee who feels committed to their organizational in any way, whether it be emotional, obligatory, or cost related, will demonstrate decreased job turnover intentions, and actualized job turnover outcomes (Meyer & Allen, 1997; Meyer & Herscovitch, 2001). Research consistently

demonstrates a significant negative correlation between job turnover and any of the three components of commitment (Meyer et al., 2002). Wagner (2007) suggested that in the nursing literature, organizational commitment proved to be a stronger, more reliable, predictor of turnover outcomes than job satisfaction. This relationship between organizational commitment and job turnover intentions has been evidenced in a variety of nursing samples including staff nurses (Brunetto et al., 2013; Rodwell, Ellershaw, & Io, 2016; Trybou, Malfait, Gemmel, & Clays, 2015), new graduate nurses (Fernet, Trepanier, Demers, & Austin, 2017), and nurse managers (Wong & Laschinger, 2015).

Other outcomes associated with organizational commitment may vary based on the component exhibited by the employee (Meyer et al., 2002). Strong affective commitment has been associated with strong job performance, extra role behaviours, and decreased absenteeism (Meyer et al., 2002). These positive outcomes associated with affective commitment are similarly associated with normative commitment, though to a lesser degree (Meyer & Allen, 1997). In contrast to the positive outcomes of affective and normative commitment, continuance commitment is associated with withdrawal behaviours, poor job performance, and decreased productivity (Meyer & Herscovitch, 2001; Meyer et al., 2002). Therefore, employees whose commitment profiles are dominant in affective, or normative commitment, are most desirable in their association with favourable outcomes for the organization (Meyer & Herscovitch, 2001).

While any manifestation of organizational commitment may contribute to retention, cultivating affective and normative commitment in the workplace may prove beneficial to an organization's productivity, work environment, and quality of work outcomes (Meyer & Allen, 1997). One's experience of commitment may be influenced

by individual characteristics, as well as conditions of the work environment, including self-efficacy, perceived organizational support, structural empowerment, role clarity, work engagement, and effective leadership (Chang, 2015; Cho, Spence-Laschinger, & Wong, 2006; Meyer et al., 2002). Effective leaders hold the capacity to motivate their followers to work collectively towards a shared vision, in a way that drives followers to see their role in achieving the greater organizational goals (Jackson, Meyer, & Wang, 2013). Leaders who exhibit this type of influence on their followers may cultivate employee's emotional attachment to, and feelings of obligation towards the objectives of the work-group and organization as a whole (Jackson et al., 2013).

### **Purpose and Significance**

The purpose of this study is to examine the relationships amongst authentic leadership, organizational commitment, and job turnover intentions of experienced registered nurses in Canada. Although previous research has linked authentic leadership to improved job satisfaction, work engagement, areas of worklife, collaboration, and decreased burnout, bullying and incivility, there remains opportunity for continued research (Alilyyani et al., 2018). As far as it is known, there are no studies in nursing that examine the influence of authentic leadership on affective, normative, and continuance commitment, the individual components of organizational commitment, and their relationship with job turnover intentions in nursing. Although authentic leadership may overlap with some of the components of other relational leadership styles that have been studied in nursing including transformational leadership (Bass & Avolio, 1993), resonant leadership (Boyatzis & McKee, 2005), and leader-member exchange (Graen & Uhl-bien, 1995), authentic leadership's focus on leader and follower development provide a new



perspective on the role of leaders in healthcare (Wong & Cummings, 2009). An understanding of how authentic leaders may influence critical outcomes, such as job turnover, may be used by organizations to support the use of authentic leadership as a framework for leadership development and evaluation. This may increase the presence of authentic leaders in healthcare, leading to the cultivation of positive work environments in which staff are productive and satisfied, and patient outcomes are improved (Wong & Giallonardo, 2013; Wong & Laschinger, 2013). The current study contributes to knowledge on the mechanisms by which authentic leaders may contribute to the cultivation of organizational commitment and job turnover intentions, which may address some of the challenges currently facing the nursing profession and the healthcare system as a whole.

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## **Chapter Two**

### **Background and Significance**

Job turnover among nurses has been estimated at 20% annually across all sectors of healthcare (Rondeau & Wagar, 2016). With a growing number of nurses nearing retirement, increasing demands on healthcare due to the aging population, and growing budget constraints, improving retention of the nursing workforce is critical to sustaining the healthcare system (Halter et al., 2017). Job turnover is defined as the proportion of direct care registered nurses who leave their current position voluntarily, or involuntarily, for a position in another unit, or hospital (Nelson-Brantley et al., 2018). The cost of job turnover of a single nursing position can total upwards of \$27,000, accounting for expenses associated with temporarily covering workload, hiring, and the orientation of new staff (Rondeau & Wagar, 2016). Furthermore, nursing care quality may be compromised in the presence of higher levels of turnover, including increased likelihood of medication errors (O'Brien-Pallas et al., 2010), and adverse patient safety events (Halter et al., 2017; Park, Gass, & Boyle, 2016). Job turnover is costly to healthcare organizations, both in fiscal burden and the detrimental impact on the nursing work team, as turnover may lead to changes in staffing mix or shortages (Hayes et al., 2012). These changes may contribute to increased workload for remaining staff, and lack of role clarity, resulting in stress and burnout that further perpetuate rising job turnover intentions (Hayes et al., 2012). As the healthcare system continues to grapple with growing patient acuity, changes in skill mix, and increasing financial pressures, understanding and addressing job turnover remains an important challenge that impedes the provision of high quality patient care across the country (Halter et al., 2017; O'Brien-

Pallas et al., 2010).

Job turnover in nursing has been attributed to factors in the work environment that elicit negative psychological responses towards one's position. These factors may include; organizational factors, such as poor moral, lack of support, or lack of congruence of employee and organizational values, work-related factors such as increased workload, or role conflict, employee factors such as educational background or organizational tenure, and external factors including lack of work-life balance, and perceptions of the job market in one's preferred field (Alexander, Liechtenstein, Oh, & Hellmann, 1998; Carmeli & Weisberg, 2006; Chiu, Chien, Lin, & Yun Hsiao, 2005; Takase, 2010). These factors can contribute to employee's decreased job satisfaction, or increased burnout, which may lead to job turnover intentions (Hayes et al., 2012).

In addressing job turnover, research suggests that a positive work environment can have a significant impact on improving retention outcomes (Nelson-Brantley et al., 2018). In a review of job turnover in nursing by Halter, et al. (2017), it was found that effective nurse managers have been shown to contribute to a positive work environment in many studies within the nursing discipline. Nurse managers who are perceived as having strong leadership skills and develop positive relations with followers are noted to markedly improve job satisfaction and retention outcomes (Nei, Snyder, & Litwiller, 2015). Authentic leadership is a relational leadership style in which leaders exhibit strong self-awareness, and cultivate relationships with their followers, as well as within their work group (Walumbwa, Wang, Wang, Schaubroeck, & Avolio, 2010). This leadership style has been shown to elicit positive responses from followers, that may lead to favorable work related outcomes including improved job satisfaction, perceptions of

empowerment, and decreased burnout (Laschinger, Wong, & Grau, 2012; Regan, Laschinger, & Wong, 2016). Researchers have supported that the relationship between authentic leadership and job turnover is mediated by these favourable outcomes (Fallatah et al., 2017; Laschinger, Wong, & Grau, 2013). One such positive outcomes that may result from authentic leaders, and influence job turnover intentions, is organizational commitment, although this relationship has received little attention in the nursing literature (Gatling, Hee Jung, & Jungsun, 2015).

Meyer and Allen (1991) proposed a theory of organizational commitment, which defines three distinct components of one's commitment. Affective commitment reflects one's emotional attachment to an organization, normative commitment reflects an obligation to remain with the organization, and continuance commitment reflects remaining with the organization as a result of the known costs associated with leaving, or perceived lack of alternative employment options (Meyer & Allen, 1991). All three components have been shown to have the ability to decrease one's turnover intentions (Meyer et al., 2002).

Affective and normative commitment are fostered in work environments in which communication is open and honest, trusting relationships are built, and employees feel a sense of belonging, all of which may be outcomes achieved in the presence of authentic leaders (Walumbwa et al., 2010; Zangaro, 2001). Authentic leadership may shift one's commitment away from continuance commitment by way of various positive responses to one's work, which may transform an employee's commitment from being attributable to cost or alternatives, to being attributable to the desire to contribute to one's organization (Meyer et al., 2002). There are very few studies in nursing that include the

three components of organizational commitment as separate constructs, thus limiting our understanding of how leadership interacts with affective, normative, and continuance individually. Furthermore, as far as it is known the effect of authentic leadership and organizational commitment on job turnover intentions has not been studied in an experienced nurse sample, thus creating a gap in the literature. The aim of this study is to examine the effects of authentic leadership of managers, on nurses' affective, continuance, and normative organizational commitment as well as the job turnover intentions of experienced nurses.

### **Theoretical Framework**

Concepts from the theory of Authentic Leadership developed by Avolio, Gardner, Walumbwa, Luthans, and May (2004), and the theory of Organizational Commitment as conceptualized by Meyer and Allen (1997) were integrated in this study.

#### **Authentic Leadership**

Authentic leadership is defined as “a pattern of leader behavior that...promotes both positive psychological capacities and a positive ethical climate, to foster greater self-awareness, an internalized moral perspective, balanced processing of information, and relational transparency on the part of leaders” (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008, p. 94). This theory of leadership is based on the core essence of authenticity, “to know, accept, and remain true to one’s self” (Avolio et al., 2004, p. 802).

Authentic leaders exhibit four core components: self-awareness, relational transparency, internalized moral perspective, and balanced processing (Avolio et al., 2004). *Self-awareness* is the process of understanding one’s strengths and weaknesses, to gain insight into their impact on those around them (Walumbwa et al., 2008). *Relational*

*transparency* refers to the leader presenting their true self to others, through self-disclosure, honesty and transparency (Gardner et al., 2005). *Internalized moral perspective* refers to the leader's actions aligning with their internal moral values, as opposed to acting according to group, or organizational pressures (Walumbwa et al., 2008). *Balanced processing* is the leader's ability to evaluate self related feedback in an unbiased manner, and consider all information and perspectives in decision making processes (Gardner et al., 2005; Walumbwa et al., 2008). Together, these four components depict an innate desire to "understand their own leadership, to serve others more effectively" (Walumbwa et al., 2008, p. 96).

Avolio, Gardner, Walumbwa, Luthans, and May (2004) proposed that authentic leaders influence their followers' through the "psychological processes of identification, hope, positive emotions, optimism, and trust" (p. 815). Authentic leaders cultivate both *personal identification*, the recognition of alignment between the follower's values and those of their leader, as well as *social identification*, a follower's sense of belonging within the work-group or organization (Avolio et al., 2004). *Hope* is generated by authentic leaders who exhibit a consistent positive outlook in work-related efforts towards achieving shared goals (Avolio et al., 2004). Followers may experience an array of *positive emotions* that result from the fostering of self-development and relationships in the workplace (Avolio et al., 2004). As a result of these positive emotional responses, and the modeling of a positive outlook exhibited by authentic leaders, followers are likely to experience *optimism*, a state of positive outcome expectancies (Avolio et al., 2004). Lastly, authentic leaders build *trust*, the belief that their leader is genuine in their intentions and behaviours (Avolio et al., 2004). This trust is cultivated through

transparent communication, engagement with individual followers, and respecting follower's viewpoints and values (Avolio et al., 2004). In the presence of authentic leaders, followers may experience positive responses to their work and work group that cultivate favourable outcomes. These outcomes may include work engagement, well-being, organizational citizenship behaviours, and retention (Gardner et al., 2005; Walumbwa et al., 2010).

### **Organizational Commitment**

The concept of organizational commitment in the workplace originated as a term to describe an employee relationship with the organization for which they work (Mowday et al., 1979). Meyer and Allen' (1987) theory frames organizational commitment as a *psychological state*, that recognizes both behavioural actions and attitudinal perceptions, to describe a multidimensional understanding of commitment (Meyer & Allen, 1997). According to Meyer and Allen (1991) organizational commitment is a summation of: *affective commitment*, defined as their emotional attachment to the organization; *continuance commitment*, determined by the costs associated with leaving and perception of known alternatives; and *normative commitment*, referring to their feelings of obligation to remain with their organization. An employee's relationship with their organization may display all three components at varying degrees at any given time (Meyer & Allen, 1997). This conceptualization can be measured using the *Organizational Commitment Scale*, which is comprised of three subscales to measure each of the three components of commitment (Meyer & Allen, 1997).

While all three of the components of organizational commitment are understood as having a positive influence on decreasing turnover in employees, Meyer and Allen

(1991) state that the components have distinctive influence on other work-related outcomes. Employees exhibiting strong affective commitment are likely to be highly motivated to exhibit strong job performance, and engage in organizational citizenship behaviours, in which they go above and beyond their role (Meyer & Allen, 1997). Similarly, employees with strong normative commitment may demonstrate similar positive work-related behaviours but these relationships are expected to be more modest than those associated with affective commitment (Meyer & Allen, 1997). In contrast, high levels of continuance commitment may lead employees to feelings of resentment and dissatisfaction towards the organization (Meyer & Allen, 1997). These responses may in fact manifest in poor job performance, withdrawal behaviours, lack of engagement and increased absenteeism (Meyer & Allen, 1997).

The development of organizational commitment has been shown to be related to situational characteristics of the organization, work-group, and work environment (Meyer & Allen, 1997). Meyer and Allen (1997) suggested that the relationship between an employee and their leader may have an impact on organizational commitment responses. Particularly, leaders who involve their followers in decision making, and treat them with respect, fairness, and support, are noted to contribute to increased affective and normative commitment, all of which are core qualities of authentic leaders (Meyer & Allen, 1997). Furthermore, the identification with the leader and the work-group that occur in the presence of authentic leaders may increase follower's commitment to collective goals of the group (Avolio et al., 2004). This study examined whether the presence of authentic leaders influenced improved organizational commitment in the workplace, together leading to decreased job turnover intentions in nurses.



## **Literature Review**

In this literature review, an overview of the current state of knowledge on the relationships amongst authentic leadership, organizational commitment, and job turnover intentions are described. The use of these concepts in both the nursing literature, as well as literature originating from other disciplines is reported. The purpose of this review is to summarize findings from the literature that support the propositions in this study, as well as accentuate the gap in the literature that will be addressed by this research.

### **Authentic Leadership**

Authentic leadership was developed as a positive relational leadership style that aims to restore hope, optimism, confidence, and resiliency in organizations (Avolio et al., 2004). The study of authentic leaders has been conducted across many disciplines, including education (Elrehail, Emeagwali, Alsaad, & Alzghoul, 2017), hospitality (Ling, Liu, & Wu, 2017), public service (Hirst, Walumbwa, Aryee, Butarbutar, & Chen, 2016), and healthcare (Coxen, Van der Vaart, & Stander, 2016; Wong & Giallonardo, 2013). The application of authentic leadership in healthcare, specifically in the nursing literature, remains limited (Alilyyani et al., 2018). Authentic leadership has been studied in staff nurses (Nelson et al., 2014; Regan et al., 2016; Spence-Laschinger & Fida, 2015), new graduate nurses (Giallonardo, Wong, & Iwasiw, 2010; Laschinger et al., 2012; Spence-Laschinger & Fida, 2014b), and nurse managers (Huddleston & Gray, 2016; Shirey, 2009), in Canada (Bamford & Wong, 2012; Wong & Laschinger, 2013), and internationally (Coxen et al., 2016; Malik, Dhar, & Handa, 2016; Mortier, Vlerick, & Clays, 2016).

Research on authentic leadership in nursing has identified positive work-related outcomes that are cultivated in the presence of authentic leaders. Followers led by authentic leaders may experience positive outcomes related to psychological state, including improved psychological capital, a protective factor in which employee's use their strengths to cope with stressors in the workplace (Spence-Laschinger & Fida, 2014b), organizational identification, in which the employee self-identifies with organizational goals and successes (Fallatah et al., 2017), and enhanced trust in one's manager, organization, and co-workers (Coxen et al., 2016). Authentic leaders also may contribute to improved job satisfaction (Spence-Laschinger & Fida, 2015; Wong & Laschinger, 2013), and work engagement (Bamford & Wong, 2012) among followers, while protecting them from burnout (Spence-Laschinger & Fida, 2014a, 2014b), bullying, and incivility (Read & Laschinger, 2013) in the workplace.

Authentic leaders may positively impact the work environment and work experiences of their followers, which in turn may reduce their intent to turnover in their role (Spence-Laschinger et al., 2016). The effect of authentic leadership on turnover intentions has been supported in the literature as an indirect relationship through other work-related variables. In a study of Spanish employees in various health, education, and administrative sectors ( $N=623$ ), Azanza, Moriano, Molero, and Levy Mangin (2015) found turnover intentions to be indirectly affected by authentic leadership, through an positive association with work engagement ( $\beta=-0.57, p<0.01$ ). In new graduate nurse samples ( $N=342$ , and 998, respectively), the relationship was found to be mediated by the authentic leaders' influence on bullying, emotional exhaustion, and job satisfaction ( $\beta=-0.246, p<0.05$ , Laschinger et al., 2012), and personal and organizational identification,

and occupational coping self-efficacy ( $\beta=-0.031$ ,  $p<0.001$ ; Fallatah et al., 2017).

Research examining a direct relationship between authentic leadership and job turnover intentions is limited. Spence-Laschinger et al. (2016) found a correlation between authentic leaders and decreased job turnover intentions ( $r=-0.18$ ,  $p<0.05$ ) although this relationship was non-significant in the final model, while Yemi-Sofumade (2012) did find a significant direct relationship in their study in American staff nurses ( $\beta=-0.36$ ,  $p<0.05$ ). These findings do not provide substantial support for a direct relationship amongst authentic leadership and job turnover intentions, thus the current study examined this relationship in order to contribute to our understanding of these variables.

Organizational commitment has been shown to be an important predictor of job turnover intentions in nursing, though as far as it is known the relationship amongst authentic leadership and the three individual components of organizational commitment have not been tested together in the nursing literature (Wagner, 2007). To provide foundational evidence for these relationships, literature in other sectors was reviewed. Walumbwa et al. (2008) studied American employees across several disciplines ( $N=236$ ), finding authentic leadership of managers had a direct effect on organizational commitment ( $\beta=0.34$ ,  $p<0.01$ ). This study used the commitment scale by Mowday et al. (1979), thus although this scale is similar to Meyer and Allen's conceptualization of affective commitment, this finding may have limited applicability to the current study. Rego, Lopes, and Nascimento (2016) found authentic leadership was related to overall organizational commitment ( $r=0.202$ ,  $p<0.01$ ) as per Meyer and Allen, in a sample of public and private sector employees ( $N=309$ ) in Portugal. Gatling, Hee Jung, and Jungsun (2015) found supervisor authentic leadership to have a direct effect on affective

commitment ( $\beta=0.26, p<0.05$ ), and an indirect effect on job turnover intentions ( $\beta=-0.09, p<0.05$ ) mediated by affective commitment, in a sample of American hospitality students ( $N=236$ ). These findings study provide ground for the hypotheses of this current research, although most existed outside of the nursing context. As evidenced by this review, there is a gap in the literature in that relationships amongst authentic leadership and the three components of commitment have rarely been tested.

### **Organizational Commitment**

The concept of organizational commitment has limited application in the nursing literature. There are several measurement concerns identified in this review. Some of the research on organizational commitment of nursing groups uses Meyer and Allen's (1997) conceptualization of organizational commitment, while other studies have applied Mowday, et al.'s (1979) theory as an alternative. We can use findings from studies which applied the Mowday, et al. (1979) OCQ measure to inform our understanding of affective commitment, as the OCQ has been shown to relate closely to the affective commitment scale ( $r=0.88, p<0.05$ ) (Meyer et al., 2002). Further, many of those who have studied organizational commitment as per Meyer and Allen have used affective commitment as the sole measure of commitment (Rodwell et al., 2016; Wong & Laschinger, 2015; Young-Ritchie, Laschinger, & Wong, 2009). This limits findings to only the affective domain of commitment, while the theory supports that all three components are important in understandings one's commitment (Meyer & Allen, 1997).

Much of the literature on organizational commitment has sought to identify antecedents that influence organizational commitment outcomes. The results of meta-analytical studies of antecedents of organizational commitment found the relationship

between affective commitment and organizational tenure to be consistently supported, while the relationship with age, gender, marital status, positional tenure, or educational status have not been consistently, nor strongly related to commitment (Meyer & Allen, 1997; Meyer et al., 2002; Vagharseyyedin, 2016). According to Meyer and Allen (1997) work related experiences and work environment factors tend to consistently influence commitment outcomes. In nursing, structural empowerment (Laschinger, Finegan, & Piotr, 2009), and organizational trust (Laschinger, Finegan, & Shamian, 2002) were found to be positively associated with affective commitment, while workplace incivility was found to be negatively associated with affective commitment outcomes (Smith, Andrusyszyn, & Laschinger, 2010). Nurses' perception of organization trust was also found to decrease continuance commitment (Laschinger, Finegan, & Shamian, 2002).

Meyer and Allen (1991) state that employee-supervisor relationships may have a direct effect on organizational commitment. As noted previously, the literature on the relationships amongst authentic leadership and the components of organizational commitment is very limited. In the business sector, Xiong, Lin, Li, and Wang (2016) found a correlation between authentic leadership and Meyer and Allen's affective commitment ( $r=0.31, p<0.01$ ) and that authentic leadership moderated the relationship between one's trust in their manager, and their organizational commitment in China ( $N=154$ ). Walumbwa, et al. (2008) studied perceived authentic leadership of the direct managers in the USA ( $N=178$ ), finding Mowday et al.'s (1979) organizational commitment to be correlated to all four of the components of authentic leadership. To further explore the role of leadership as an antecedent, literature was identified that examined other relational leadership styles and commitment. Transformational leadership

(Bass & Avolio, 1993) has been shown to positively associated with affective and normative commitment, but negatively associated with continuance commitment literature (Jackson et al., 2013; Meyer et al., 2002). Lin, MacLennan, Hunt, and Cox (2015) sampled Chinese nurses ( $N=651$ ) and found a positive association between transformational leadership (Bass & Avolio, 1993) of nurse managers, and staff nurse's measures of Mowday, et al.'s (1979) organizational commitment ( $r=0.32, p<0.01$ ). Moneke and Umeh (2013) found Mowday, et al. (1979), organizational commitment to be correlated with transformational leadership as per Posner and Kouzes (1988), in American critical care nurses ( $N=112$ ). Further, leader-member exchange (Graen & Uhl-bien, 1995, Laschinger, et al., 2009), and resonant leadership (Cummings, 2004) (Wagner, Warren, Cummings, Smith, Olson, et al., 2013) were found to positively predict affective commitment in Canadian nurses.

There are several limitations to the application of this evidence to the current study, such that there are cross cultural, and cross disciplinary differences in samples, as well as lack of congruency in measurement tools, and leadership theories applied in the above studies. Furthermore, there is a lack of substantive evidence exploring the influence of leadership on each of the three components of organizational commitment individually. Based on the findings of this review, there is a gap in the literature on authentic leadership's relationship with organizational commitment in nursing samples (Alilyyani et al., 2018). Including the three components individually will further our understanding of their unique nature in nursing.

### **Job Turnover Intentions**

Turnover and turnover intentions have been studied extensively in the nursing

literature. Turnover is a widespread human resource issue in the nursing discipline, such that turnover rates for nurses are pervasively high across the healthcare system, estimated at 20% per annum (Rondeau & Wagar, 2016). It is important to note that measures of turnover intentions are frequently used in place of measuring actual turnover in the literature. Job turnover intentions are defined as considering leaving one's current position, characterized by withdrawal behaviours, such as decreased productivity and absenteeism (Gatling et al., 2015). It is understood that job turnover intentions may be a precursor to actual turnover of an employee, although there is a possibility that one who conveys turnover intentions may not follow through with leaving their position (Cohen et al., 2016; Takase, 2010). Turnover intentions is used as a proxy measure for actual turnover, as there is evidence that this may be a reliable predictor variable, as well as for practical reasons as it is both time consuming, and resource intensive to measure actual turnover in nursing (Cohen et al., 2016). Reducing job turnover intentions themselves may also prove valuable, in that minimizing withdrawal behaviours may result in increased productivity and well-being of the work group (Takase, 2010).

In studies of Canadian nurses, job turnover intentions were linked to structural empowerment, work engagement (Laschinger, 2012), job satisfaction (Laschinger et al., 2012), incivility, and burnout (Spence-Laschinger, Leiter, Day, & Gilin, 2009). In Meyer et al.'s (2002) meta-analysis, affective ( $\rho=-0.51, p<0.05$ ), normative ( $\rho=-0.39, p<0.05$ ), and continuance commitment ( $\rho=-0.28, p<0.05$ ) were correlated with job turnover intentions in the literature across many disciplines. Many of the current studies on organizational commitment and job turnover in nursing have limitations consistent with that of other literature on commitment: the use of measurement tools that differ from

Meyer and Allen (1997) and an emphasis on affective commitment individually. Trybou, Malfait, Gemmel, and Clays (2015) found affective commitment mediated the relationship between Team Member Exchange (Seers, 1989), a measurement of the quality of interpersonal relationships amongst co-workers, and job turnover intentions ( $\beta=-0.44, p<0.01$ ) in nurses in Belgium ( $N=217$ ). Though this study builds evidence for this relationship in nursing, it is limited by the potential for cross-cultural differences, and a sample that includes registered nurses and nurse assistants. Lum, Kervin, Clark, Reid, and Sirola (1998) used Mowday et al.'s (1979) measure and found a relationship between commitment and job turnover intentions ( $\beta=-0.28, p<0.05$ ) in a sample of Canadian nurses ( $N=361$ ). Cowden and Cummings (2015) found a significant relationship between resonant leadership (Boyatzis & McKee, 2005) and intent to stay ( $\beta=0.30, p<0.05$ ) mediated by work-group cohesion ( $\beta=0.37, p<0.05$ ), and organizational commitment ( $\beta=0.26, p<0.05$ ) in a sample of Canadian nurses ( $N=415$ ). Fernet, Trepanier, Demers, and Austin (2017) found Meyer, Allen, and Smith's (1993) affective ( $\beta=-0.41, p<0.05$ ) and continuance commitment ( $\beta=-0.36, p<0.05$ ) to be significant predictors of organizational job turnover intentions in a sample of new graduate nurses ( $N=572$ ) in Canada. These researchers stated that as a result of the similarities amongst affective and normative commitment, the study of only affective and continuance commitment was warranted as these were the most distinguishable concepts in Meyer and Allen's theory. These findings provide conceptual support for the current study, suggesting that the relationship between organizational commitment and job turnover may exist, although the nature of this relationship is not fully understood, and previous research has failed to



include the influence of normative, and continuance commitment. The current study addresses these gaps in the nursing literature.

### **Summary**

Results of this review have demonstrated the link between relational leadership styles of managers, including transformational, leader-member exchange, resonant leadership styles, and organizational commitment outcomes (Laschinger, Finegan, & Wilk, 2009; Meyer et al., 2002; Wagner et al., 2013). There is however, limited research that applies authentic leadership and the three components of organizational commitment, and no studies of this nature were identified in the nursing discipline (Gatling et al., 2015). The influence of organizational commitment on decreased job turnover intentions has been more consistently supported by the evidence, with some of this evidence existing within the nursing discipline (Fernet et al., 2017; Meyer et al., 2002; Trybou et al., 2015). A gap in the nursing literature was identified such that the influence of the three components of organizational commitment individually on the relationship between authentic leadership and job turnover intentions has not been fully examined. The current study may contribute to our understanding of how authentic leadership interacts with affective, normative, and continuance commitment as distinct concepts, and how these relationships influence job turnover intentions in nursing. This may further our knowledge on the role of authentic leaders in cultivating positive work-related outcomes in healthcare.

### **Hypotheses**

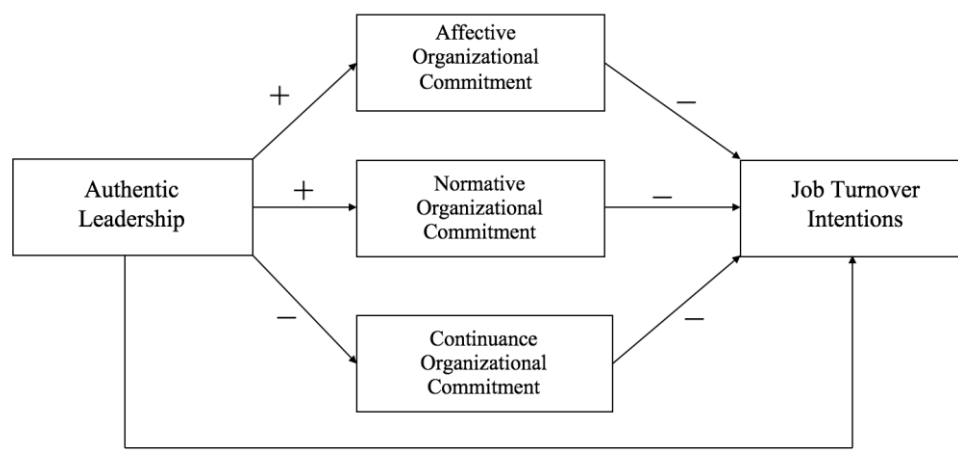
- i.* Managers' authentic leadership is positively associated with experienced nurses' affective and normative organizational commitment, and negatively associated

with continuance commitment.

- ii. Affective, continuance, and normative organizational commitment are negatively associated with job turnover intentions among experienced nurses.
- iii. Managers' authentic leadership is directly and indirectly negatively associated with job turnover intentions among experienced nurses.
- iv. Affective, normative, and continuance commitment mediate the relationship between authentic leadership and job turnover intentions.

Figure 1

*Hypothesized Model*



**Rationale for Hypothesis**

The authentic leaders ability to generate hope, trust, optimism, and positive emotions in their followers, as well as personal and social identification with the leader and organization, may contribute to the development of affective and normative commitment in the workplace (Gatling et al., 2015; Meyer et al., 2002). Furthermore, the positive outcomes associated with positive relational leadership styles, such as authentic leadership, may reduce continuance commitment (Meyer et al., 2002). Under the leadership of an authentic leader, one's attachment and identification with the leader and

workgroup may cultivate stronger emotional attachment, thereby shifting one's focus from seeking perceived alternatives or weighing costs of leaving as is seen with continuance commitment (Meyer et al., 2002). In turn, it is reasoned that any level of manifested affective, normative or continuance commitment will negatively influence turnover intentions (Fernet et al., 2017; Meyer et al., 2002; Wagner, 2007).

Literature supports the importance of leadership as a crucial factor influencing an employee's intent to stay, thus a direct negative relationship between authentic leadership and turnover intentions is proposed (Gatling et al., 2015). The relationship between leadership style, and turnover intentions has been frequently shown in nursing to be indirect in nature (Cowden, Cummings, & Profetto-Mcgrath, 2011; Demirtas & Akdogan, 2015). This relationship may be mediated by work-related variables, including organizational commitment, as proposed in this study (Cowden & Cummings, 2015). The current evidence on the direct relationship between authentic leadership and turnover intentions in nursing suggests these relationships have not been consistently reported, thus supporting the need for further research (Laschinger, 2012; Yemi-Soufmade, 2012).

## **Methods**

### **Design and Sample**

This study was a secondary analysis of data collected in 2015 for the *Authentic Leadership for New Graduate Nurse Success* (ALGN) study (Laschinger, Wong, Finegan & Fida, 2015). The ALGN study used a longitudinal design, gathering data at three separate time points between 2015 to 2017 (Polit & Beck, 2017). In this analysis, only the baseline data from the original study was used, therefore this is a cross-sectional study. Laschinger et al. (2015) used random sampling from the College of Nurses of Ontario,

College and Association of Registered Nurses of Alberta, and College of Registered Nurses of Nova Scotia registries to gather participants for the study. Although the original study obtained samples of both new graduate and experienced nurses, the experienced nurse sample data collected at time one was used for this analysis. Random samples of 400 registered nurses in each of Ontario, Alberta, and Nova Scotia were requested. Participants met the inclusion criteria for the experienced nurse sample if they were registered nurses with greater than three years of experience in nursing and currently employed in a registered nurse role. Nurses employed in advanced practice, educator, or management roles, and nurses not currently employed in a nursing role were excluded from the study. A final sample of 478 experienced nurses supported a response rate of 39.8%.

A power analysis using G\*Power 3.1 was utilized to determine the appropriate sample size for this study (Faul, Erdfelder, Buchner, & Lang, 2009). For regression analysis and based on an alpha of 0.05, power level of 0.80, a moderate effect size (0.15) and four predictors, a sample size of 85 was required (Faul et al., 2009). Therefore, our final sample size of 478 was more than adequate for this study.

The demographics are presented in Table 1. In this sample, the nurses averaged 45.6 ( $SD=11.1$ ) years of age, and the majority were female (91.5%). The nurses held primarily full-time positions (54.2%), and were graduates of BScN nursing programs (50.4%). Nurses had an average of 20.3 ( $SD=11.8$ ) years of experience as registered nurses, with 14.8 ( $SD=10.3$ ) years of experience within their current organization and 9.8 ( $SD=8.3$ ) years of experience in their current unit or department. The majority of the nurses in this sample worked in medical-surgical units (41.8%), followed by critical care

(28.9%) and maternal child (13.0%). This sample was similar to the most current demographic reports on nurses in the sample provinces (College and Association of Registered Nurses of Alberta, 2017; College of Nurses of Ontario, 2017).

Table 1

*Demographic Characteristics of Sample (N=478)*

Demographics		Frequency( <i>n</i> )	Percent (%)
<b>Sex</b>	Male	40	8.4
	Female	438	91.6
<b>Employment Status</b>	Full Time	259	54.2
	Part Time	170	35.6
	Casual	43	9.0
<b>Education</b>	College Diploma	197	41.2
	BScN	241	50.4
	Graduate	39	8.2
<b>Compressed Time Frame</b>	Yes	100	20.9
	No	371	77.6
<b>Specialty</b>	Med-Surg	200	41.8
	Critical Care	138	28.9
	Mat-Child	62	13.0
	Mental Health	27	5.6
	Community	45	9.4
	Other	4	0.8
Demographics	<i>N</i>	Mean	SD
<b>Age</b>	475	45.6	11.1
<b>Experience as RN</b>	467	20.3	11.8
<b>Experience in Organization</b>	437	14.8	10.3
<b>Experience in Unit</b>	422	9.8	8.3

**Measures**

In this study three standardized self-report instruments were used to measure each of the five study variables (see appendix A). The *Authentic Leadership Questionnaire* (ALQ) was used to measure the nurses' perceptions of the authentic leadership of managers (Avolio, Gardner, & Walumbwa, 2007). The *Organizational Commitment Scale* (OCS) comprised of three sub-scales was used to measure affective, normative, and continuance commitment (Meyer & Allen, 1997). Lastly, the *Turnover Intentions Tool* originally developed by Kelloway, Gottlieb, and Barham (1999), but later revised by

Laschinger, Leiter, Day, and Gilin (2009) was used to measure job turnover intentions.

**Authentic Leadership.** The ALQ was developed by Avolio, Gardner, and Walumbwa (2007). The ALQ has 16 items total, across four subscales to measure the four key components of authentic leadership theory; “self-awareness” (four items), “relational transparency” (five items), “internalized moral perspective” (four items), and “balanced processing” (three items; Avolio et al., 2007). Respondents are required to rate how frequently their immediate manager displays each leadership behaviour using a five point Likert scale, from zero (not at all), to four (frequently). The ALQ score is an averaged total for each subscale, and all items are averaged to calculate an overall score (Avolio et al., 2007). The final score reflects an average between zero and four, such that a higher score reflects a higher degree of authentic leadership (Avolio et al., 2007).

The psychometric data for the ALQ instrument supported the tool as an adequate measure of the construct of authentic leadership. Reported Cronbach’s alphas, or internal consistency measures, are adequate; self-awareness 0.92, relational transparency 0.87, internalized moral perspective 0.76, balanced processing 0.81 (Walumbwa et al., 2008). Content validity of the items was determined by an assessment in which participants assigned items to the distinct sub-scales, and items were retained if assigned correctly 80% of the time (Walumbwa et al., 2008). Walumbwa, et al. (2008) also confirmed discriminant validity, such that the measure was distinct from other measures of resonant leadership, including transformational and ethical. Walumbwa, et al. (2008) determined construct validity by conducting confirmatory factor analyses in three distinct populations. These confirmatory factor analyses supported the four dimensional structure of authentic leadership, with overall factor loadings between 0.66-0.93, indicating a

strong fit (Walumbwa et al., 2008).

**Organizational Commitment.** The *Organizational Commitment Scale* (OCS) developed by Allen and Meyer (1990) and revised by Meyer, Allen and Smith (1993) was used to measure organizational commitment. The original affective (ACS), normative (NCS), and continuance commitment scales (CCS) were developed by collecting a combination of items written by the authors, and those used in other organizational commitment scales, such as Mowday et al.'s (1979) *Organizational Commitment Questionnaire* (OCQ), in a process described in detail in Allen and Meyer (1990). The revision of the scales by Meyer et al. (1993) aimed to address some concerns about unreliable items, and focused primarily on the revision of the normative commitment scale to more accurately capture the essence of this component. The complete tool has 18 items, comprising three subscales to measure Affective (ACS), Continuance (CCS) and Normative (NCS) organizational commitment, with six items each. The OCS is measured on a seven point Likert Scale, from one (Strongly Disagree) to seven (Strongly Agree). A score is calculated for each individual subscale by finding the average of the scores for each item, with a higher score indicating a higher degree of organizational commitment in that component. The scores from each scale are averaged to identify an overall organizational commitment score.

Internal consistency for the revised tool was identified in Meyer et al. (1993), finding Cronbach's alpha coefficients for the ACS, CCS, and NCS to be 0.82, 0.74, 0.83, respectively. The test-retest reliability measures were within acceptable ranges, as per Allen and Meyer (1996), and were consistent with comparable organizational commitment measures. Meyer, et al. (1993) confirmed that the three-factor structure,

using the six-item revised scales, demonstrated the best fit for the data through factor analysis. Other factor analytical studies have supported discriminant validity between the three subscales of commitment, and other job related constructs including job satisfaction, career commitment, occupational commitment, and perceived organizational support (Meyer & Allen, 1997). Further construct validity has been supported by evidence of correlations amongst each of the commitment subscales, and variables that are presumed to be associated with organizational commitment such as role clarity, organizational support, and job challenge (Allen & Meyer, 1996; Meyer & Allen, 1997).

**Job Turnover Intentions.** To measure job turnover intentions, the revised tool by Laschinger, Leiter, Day, and Gilin (2009), derived from the *Turnover Intentions Tool* in Kelloway et al. (1999) was used. The original tool was comprised of four items developed for the use in a study of work-family conflict in a sample of healthcare and grocery retail employees (Kelloway et al., 1999). The original *Turnover Intentions Tool* was tested for its validity by Kelloway et al. (1999), with Cronbach's alpha values of 0.92 at time one, and 0.93 at time two. This scale is rated on a five point Likert scale, from one (strongly disagree) to five (strongly agree), whereas a higher score reflects a great intention to leave one's position (Kelloway et al., 1999). Laschinger, Leiter, Day and Gilin (2009) revised the tool to capture the construct using three items by rewriting the items. Reliability scores for the revised scale were measured at two time points, with Cronbach's alpha scores estimated at 0.92-0.93 (Laschinger, Leiter, Day, & Gilin, 2009). The reliability was additionally tested using item-total correlations, ranging from 0.57-0.63 (Laschinger, Leiter, et al., 2009). Validity of this tool has measured construct validity through the empirical findings support for hypothesized relationships between



turnover intentions, empowerment, and burnout, in the study (Laschinger, Leiter, et al., 2009).

In addition, a demographic questionnaire (Appendix B) was also included in the study package. This questionnaire gathered information from the participants on their sex, age, education, completion of a compressed time frame nursing program, employment status, years of experience, organizational tenure, unit tenure, and speciality area of practice.

### **Data Collection**

Ethics approval for the primary study was obtained from the University of Western Ontario Ethics Review Board for Health Sciences Research (see Appendix C). A modified Dillman approach was used to improve the response rate to the initial survey (Dillman, 2007). Each potential participant was mailed a copy of the questionnaire, a letter of information, a stamped return envelope, a two-dollar gift certificate, and a ballot for entry into a draw for an iPad (see Appendix D). Three weeks after the initial mailing, a reminder postcard was sent to each potential participant. After an additional three weeks, a second copy of the entire survey package was mailed to each outstanding potential participant. Consent was implied for each participant who returned a completed questionnaire package. The participant's confidentiality was maintained through coding of questionnaires with numbers identifiable only to the research team.

### **Data Analysis**

This analysis used IBM SPSS version 25.0 for windows (SPSS, Inc., Chicago, IL, USA). An assessment of amount and pattern of missing data was conducted using Little's Missing Cases at Random test. Internal consistencies were calculated using Cronbach's

alpha, for each instrument and subscales. A mediation analysis was used to test the hypothesized model. Following the assumptions of this test outlined in Hayes (2018), the data were normally distributed and linear relationships existed between study variables.

The data were analyzed using descriptive statistics for each study variable, and demographic variables, including means, standard deviations and frequencies. To assess for relationships amongst demographic variables and the three study variables the following tests were used: Pearson's correlation were calculated for the three study variables, with years of experience in nursing/employment in the organization/unit; T-test was used to assess for differences in main study variables by sex; and ANOVA was used with education, employment status and specialty area. A mediation analysis was used to establish whether the association between authentic leadership and job turnover intentions was mediated by affective, normative, and continuance commitment using Hayes (2018) PROCESS macro version 3 for mediation analysis in SPSS. In PROCESS, to conduct the parallel multiple mediation analysis, in which affective, normative, and continuance commitment were analyzed as independent mediators of the relationship between authentic leadership and job turnover intentions, model four was used (Hayes, 2018). Model four analyzes both the indirect effects of the mediators, and the direct relationship between the independent variable, authentic leadership, and the outcome variable, job turnover intentions (Hayes, 2018). The significance for all analyses was set at  $p < 0.05$ .

## **Results**

### **Descriptive Results**

The means, standard deviations, and reliability coefficients for each of the main

study variables are presented in Table 2. The reliability for the ALQ measure was acceptable ( $\alpha=0.96$ ; Tavakol & Dennick, 2011). The results show that the nurses in this sample perceived their manager to display moderate levels of authentic leadership ( $M=2.32$ ,  $SD=1.04$ ). Spence-Laschinger and Fida (2015) found similar results for the measure of authentic leadership ( $M=2.29$ ,  $SD=1.05$ ) in a sample with a similar demographic profile to that of the current study. The reliability for the affective, normative, and commitment scales were 0.79, 0.81, and 0.74, respectively. Nurses' organizational commitment was strongest in the affective ( $M=4.0$ ,  $SD=1.29$ ), and continuance commitment ( $M=3.99$ ,  $SD=1.29$ ) domains, with a moderate degree of normative commitment ( $M=3.33$ ,  $SD=1.33$ ) displayed. These findings are similar to those of Laschinger, Finegan, and Wilk (2009) and Meyer, Allen, and Smith (1993) in samples of registered nurses. The job turnover intentions instrument's reliability was also acceptable for this study ( $\alpha=0.81$ ; Tavakol & Dennick, 2011). Nurses exhibited low-moderate job turnover intentions ( $M=2.14$ ,  $SD=1.06$ ). These results were similar to the findings by Spence-Laschinger, Leiter, Day, and Gilin, (2009) ( $M=2.36$ ,  $SD=0.98$ ), and Fida, Laschinger, & Leiter (2018) ( $M=2.32$ ,  $SD=1.18$ ) in a similar nursing population using the same measure of job turnover intentions. There was less than 0.2% missing data for each of the main study variables, which was validated to be missing at random by Little's MCAR test ( $\chi^2=60.7(81)$ ,  $p=0.96$ ).

### **Relationship of Demographic Variables to Main Study Variables**

There were no significant relationships found between age, years of experience in the organization, and years of experience in the unit, to any of the main study variables (authentic leadership, affective commitment, normative commitment, continuance

commitment, and job turnover intentions). Years of experience as a registered nurse was significantly correlated with authentic leadership ( $r = -0.12, p < 0.05$ ). Nurses' affective commitment ( $t_{(475)} = -2.60, p < 0.05$ ) and job turnover intentions ( $t_{(43.9)} = 2.40, p < 0.05$ ) varied significantly by sex. Males showed lower affective commitment ( $M = 3.51, SD = 1.31$ ) and higher job turnover intentions ( $M = 2.59, SD = 1.27$ ), than women ( $M = 4.05, SD = 1.28$ ) and job turnover intentions ( $M = 2.10, SD = 1.04$ ), although the sample in these groups were not at all equal, as the male sample was significantly smaller. Authentic leadership varied by education ( $F_{(2, 474)} = 4.00, p < 0.05$ ), such that those with a BScN ( $M = 2.50, SD = 0.99$ ) rated their managers to be more authentic than those with a college diploma ( $M = 2.17, SD = 1.05$ ). Affective commitment varied significantly by specialty area ( $F_{(5, 469)} = 2.68, p < 0.05$ ), although both Tukey and Bonferroni post hoc testing did not reveal the groups by which the means differed significantly. Affective commitment ( $F_{(2, 468)} = 3.45, p < 0.05$ ), normative commitment ( $F_{(2, 468)} = 5.74, p < 0.05$ ), and continuance commitment ( $F_{(2, 468)} = 3.40, p < 0.05$ ) varied significantly by employment status. The post hoc tests for affective commitment did not reveal groups with significant differences, yet normative commitment was higher in full time ( $M = 3.50, SD = 1.32$ ) compared to casual ( $M = 2.78, SD = 1.32$ ), and continuance was higher in part time ( $M = 4.13, SD = 1.23$ ) compared to casual ( $M = 3.57, SD = 1.24$ ).

### **Correlation Analysis**

The relationships among the main study variables are reported in Table 2. Authentic leadership was significantly correlated with affective ( $r = 0.40$ ), normative ( $r = 0.34$ ), and continuance commitment ( $r = -0.13$ ), all of which are consistent with previous research on leadership and commitment. Authentic leadership was also

negatively correlated with job turnover intentions ( $r=-0.25$ ). Affective and normative commitment were significantly negatively correlated with a decrease in job turnover intentions ( $r=-0.45$ ,  $r=-0.28$ , respectively), though continuance commitment was not correlated with job turnover intentions in this sample.

### **Test of Hypotheses**

The study hypothesized that the relationship between authentic leadership and job turnover intentions would be both direct, and indirect through affective, normative, and continuance commitment. To test these hypotheses a mediation analysis using PROCESS version 3 macro for SPSS by Hayes (2018) was used. A parallel mediation model was conducted, whereby the hypothesized path model shows affective, normative, and continuance commitment mediated the relationship between authentic leadership and job turnover intentions (Figure 1). No demographic variables were included as control variables in this analysis, as none were significantly related to the dependent variable, job turnover intentions, with the exception of sex, for which the relationship was modest and not of particular interest to this study, and thus was excluded as a control variable.

The results of this analysis are shown in Table 3. Of note, the beta coefficients produced using the PROCESS macro are unstandardized. Together, authentic leadership, affective, normative, and continuance commitment accounted for 21% of the variance in job turnover intentions ( $R^2=.21$ ,  $F_{(4, 472)}=31.4$ ,  $p<.001$ ). Authentic leadership was found to be a significantly positive predictor of affective ( $B=0.499$ ,  $t_{(1, 475)}=9.50$ ,  $p<.001$ ), and normative commitment ( $B=0.437$ ,  $t_{(1, 475)}=7.89$ ,  $p<.001$ ), and a negative predictor of continuance commitment ( $B= -0.160$ ,  $t_{(1, 475)}= -2.81$ ,  $p<.01$ ). These findings support hypothesis one. The final mediation model as seen in Figure 2, showed that affective

Table 2  
*Means, Standard Deviations, Reliability Analysis and Correlation Matrix*

Variable	Mean	SD	$\alpha$	1	2	3	4	5	6	7	8	9
1. Authentic Leadership	2.32	1.04	0.96									
2. Relational Transparency	2.43	1.02	0.91	0.93*								
3. Moral/Ethical Behaviour	2.53	1.04	0.91	0.95*	0.87*							
4. Balanced Processing	2.24	1.14	0.89	0.94*	0.81*	0.87*						
5. Self-Awareness	2.10	1.19	0.95	0.95*	0.84*	0.85*	0.87*					
6. Affective Commitment	4.0	1.29	0.79	0.40*	0.38*	0.39*	0.39*	0.37*				
7. Normative Commitment	3.33	1.33	0.81	0.34*	0.30*	0.33*	0.35*	0.31*	-0.72*			
8. Continuance Commitment	3.99	1.29	0.74	-0.13*	-0.12*	-0.13*	-0.12*	-0.12*	-0.25*	0.01		
9. Job Turnover Intentions	2.14	1.06	0.81	-0.25*	-0.22*	-0.24*	-0.24*	-0.23*	-0.45*	-0.28*	0.08	

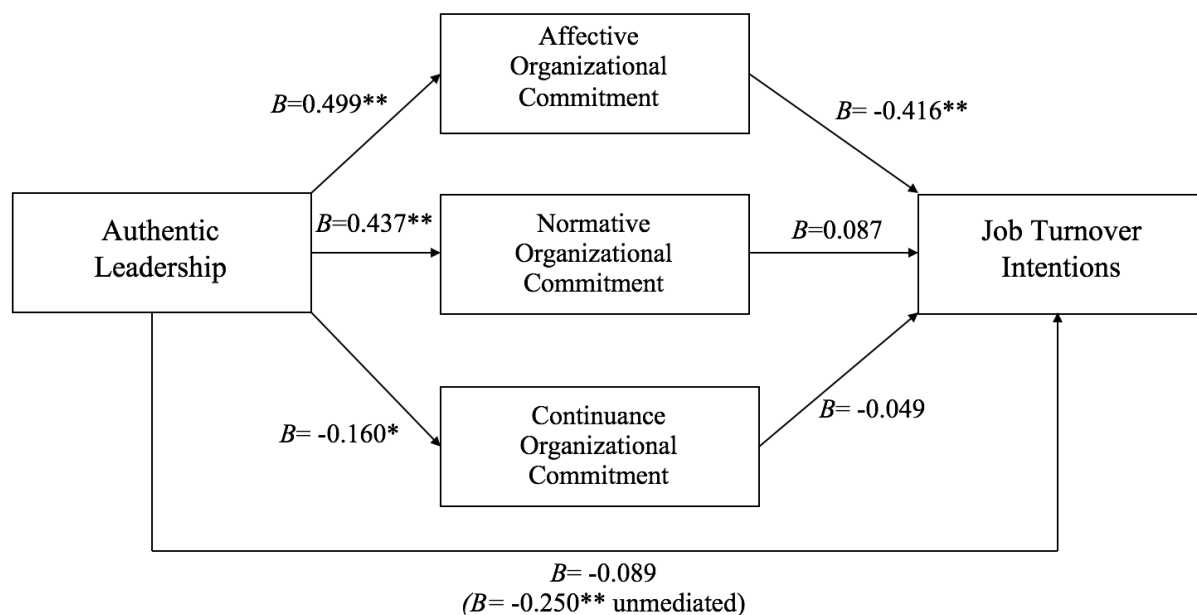
Note: \*correlation is significant at  $p < 0.01$  (2-tailed).  $\alpha$  represents Cronbach's alpha values.

commitment was a subsequent significant predictor of job turnover intentions ( $B = -0.416$ ,  $t_{(4, 472)} = -7.81$ ,  $p < .001$ ), while normative and continuance commitment were not. This finding supports hypothesis two for affective commitment only.

Authentic leadership was found to be a significant predictor of job turnover intentions ( $B = -0.250$ ,  $t_{(1, 475)} = -5.46$ ,  $p < .001$ ), only before affective, normative, and continuance commitment were added as mediators to the model, at which point the relationship became insignificant ( $B = -0.089$ ,  $t_{(4, 472)} = -1.92$ ,  $p = 0.055$ ). Thus, hypothesis three is partially supported. The indirect effects of authentic leadership on job turnover intentions through affective, normative, and continuance commitment showed mediation through affective commitment alone. There was a significant indirect effect of authentic

Figure 2

*Final Mediation Model*



All coefficients reported are unstandardized.

\* $p < 0.01$ , \*\* $p < 0.001$

Table 3  
 Mediation Analysis (N=478)

Antecedent	Consequent											
	M <sub>1</sub> Affective Commitment		M <sub>2</sub> Normative Commitment		M <sub>3</sub> Continuance Commitment		Y Job Turnover Intentions					
	Coeff.	SE	p	Coeff.	SE	p	Coeff.	SE	p			
X (AL)	0.499	0.05	<.001	0.437	0.06	<.001	-0.160	0.06	<.01	-0.089	0.05	0.055
M <sub>1</sub> (AC)	-----	-----	-----	-----	-----	-----	-----	-----	-----	-0.416	0.05	<.001
M <sub>2</sub> (NC)	-----	-----	-----	-----	-----	-----	-----	-----	-----	0.087	0.05	0.080
M <sub>3</sub> (CC)	-----	-----	-----	-----	-----	-----	-----	-----	-----	-0.049	0.36	0.180
Constant	2.849	0.13	<.001	2.317	0.14	<.001	4.360	0.14	<.001	3.917	0.23	<.001
	$R^2=0.16$ $F(1, 475)=90.3, p<.001$			$R^2=0.12$ $F(1, 475)=62.2, p<.001$			$R^2=0.02$ $F(1, 475)=7.91, p<.01$			$R^2=0.21$ $F(4, 472)=31.4, p<.001$		

All coefficients reported are unstandardized.



leadership on job turnover intentions through affective commitment ( $B = -0.207$ , CI [-0.281, -0.141]). Affective commitment is the only significant mediator in this model, as the indirect effects of normative ( $B = 0.038$ , CI [-0.006, 0.090]) and continuance commitment ( $B = -0.008$ , CI [-0.004, 0.024]) were not significant. These results provide partial support for hypothesis four, such that the relationship between authentic leadership and job turnover intentions was mediated by affective commitment only.

### **Discussion**

The purpose of this study was to test the relationships among authentic leadership, affective commitment, normative commitment, continuance commitment, and job turnover intentions. Authentic leadership, affective, normative, and continuance commitment accounted for 21% of the variance in job turnover intentions in this sample. Authentic leadership of managers was positively associated with affective and normative commitment, and negatively associated with continuance commitment. The relationship between authentic leadership and decreased job turnover intentions was mediated by affective organizational commitment.

Hypothesis one predicted the relationship between authentic leadership and the three components of organizational commitment, and was fully supported (Figure 2). Perceived authentic leadership of managers was associated with an increase in reported affective and normative commitment, and a decrease in staff nurses' continuance commitment. This is consistent with findings of the meta-analysis by Meyer et al. (2002) on the relationship between transformational leadership and the domains of organizational commitment. This finding also aligns with the findings by Walumbwa et al. (2008), Rego et al. (2016), and Gatling et al. (2015), in which authentic leadership was

related to increased overall organizational commitment, or affective commitment individually. This finding addresses a gap in the literature and expands our understanding of how authentic leadership influences the three components of commitment individually in nursing. The role authentic leaders play in increasing affective and normative commitment is important, as these commitment components are associated with other positive outcomes related to work performance and productivity (Meyer & Allen, 1997). This finding suggests that when managers exhibit the characteristics of authentic leadership such as self-awareness, open communication, and relationship building, they may contribute to employees' feelings of attachment, obligation, and desire to remain with their organization, as well as their commitment to the achievement organizational goals. Furthermore, authentic leadership is found to decrease continuance commitment, which is an additional favourable finding for healthcare administrators as this form of commitment is associated with poor job performance and withdrawal behaviours (Meyer & Allen, 1997). The authentic leader is known to cultivate increased identification with both the leader and the work-group through positive relationships, which may consequently be instrumental in minimizing one's emphasis on continuance commitment, such that rather than feeling they have to stay as a result of lack of alternatives, they have the desire to stay (Walumbwa et al., 2010). As far as is known this is the first study that explores the relationship amongst authentic leadership and the three domains of organizational commitment individually in a nursing sample, thus broadening our understanding of the role of authentic leaders in nursing.

Hypothesis two was supported in the domain of affective commitment only.

Affective commitment was shown to be the only significant independent predictor of job

turnover intentions (Table 3). Normative commitment was significantly negatively correlated with job turnover intentions, yet continuance commitment was neither correlated with nor a predictor of job turnover intentions in this sample (Table 2). Interestingly, this finding does not align with Meyer and Allen's theory of organizational commitment, which states that all three domains of organizational commitment are associated with a decrease in turnover intentions. Furthermore, this does not align with the findings of a study by Fernet et al. (2017) which demonstrated affective and continuance commitment to be significant predictors of organizational turnover intentions in a sample of new graduate nurses in Canada. This finding may support that the outcomes of organizational commitment manifestation are different in new graduate nurse samples as compared to the experienced nurse sample used in this study.

Furthermore, the significant indirect effect identified as a part of the mediation analysis, supported that affective commitment is a mediator of the relationship between authentic leadership and job turnover intentions (Hayes, 2017). This finding provides partial support for hypothesis four, in the affective domain only. This mediated relationship furthers our understanding of the mechanisms by which positive relational leadership styles influence job turnover in nursing. Our understanding of affective commitment as the only significant predictor expands our knowledge on the role of the organizational commitment domains in healthcare. Authentic leaders' ability to cultivate personal and social identification within their followers may explain this finding, such that this identification thereby manifests affective attachment to the organization (Meyer & Allen, 1997; Walumbwa et al., 2010). Further, the authentic behaviours of the leader, alongside the openness and transparency, cultivate shared goals and visions for the

workgroup which may further one's commitment to contributing to such goals (Meyer & Allen, 1997; Walumbwa et al., 2010).

Lastly, the direct relationship between authentic leadership and job turnover intentions was not significant when the components of organizational commitment were added into the model, thus hypothesis three was only partly supported. Authentic leadership was negatively associated with job turnover intentions through the indirect effects of affective commitment only. Prior to their addition, authentic leadership was found to be a significant predictor of job turnover intentions. This finding, along with the indirect effects found in this analysis, suggests that there is a mediation effect occurring in this model, such that the indirect mediating relationship between authentic leadership, affective commitment, and job turnover intentions is significant in the final model, while authentic leadership to job turnover intentions became non-significant. This suggests that while the actions of authentic leaders may be influencing the job turnover intentions of nurses, they do so indirectly through their ability to cultivate other favourable work-related outcomes that may be more strongly directly associated with retention (Alilyyani et al., 2018; Takase, 2010).

The nurses in this sample rated their managers to have displayed moderate levels of authentic leadership in their role ( $M=2.32$ ,  $SD=1.04$ ). These findings were similar to those of other studies that have examined the perceived authentic leadership of managers of experienced nurses using the ALQ (Laschinger et al., 2013; Spence-Laschinger & Fida, 2015; Wong & Giallonardo, 2013). Scores on the ALQ tend to be higher in new graduate nurse samples ( $M=2.64$ ,  $SD=0.88$ ) (Spence-Laschinger et al., 2016), and in samples outside of the healthcare context ( $M=3.16$ ,  $SD=0.90$ ) (Azanza et al., 2015). The

nurses rated their managers to have exhibited highest levels of moral and ethical behaviour ( $M=2.53$ ,  $SD=1.04$ ), followed by transparency ( $M=2.43$ ,  $SD=1.02$ ), balanced processing ( $M=2.24$ ,  $SD=1.15$ ), and self-awareness ( $M=2.10$ ,  $SD=1.19$ ). The low rating for the self-awareness of the managers may suggest that while the nurses may perceive the managers to be authentic in their actions and behaviours, their leadership may not be marked by a strong sense of knowing of one's own values and beliefs (Avolio et al., 2004). The nurses' affective, normative and continuance, organizational commitment scores, along with their job turnover intentions, were moderate, and consistent with the findings from other studies in similar nursing samples (Laschinger, Finegan, & Wilk, 2009; Meyer et al., 1993; Spence-Laschinger et al., 2009). This suggests that while the nurses feel moderately committed to their organizations in all three domains, the job turnover intentions persist to a mild-moderate degree. The nurses rated their organizational commitment highest in the affective domain, a favourable finding such that those with commitment profiles strongest in affective commitment are more likely to display the associated positive work-related outcomes such as extra effort, strong job performance, and organizational citizenship behaviours (Meyer & Allen, 1997).

There were no significant relationships found between the main study variables and the age, years of experience in the organization or unit. Most surprisingly is the lack of correlation between one's commitment outcomes and their organizational or unit tenure, as these concepts have been consistently linked in previous research (Meyer & Allen, 1997; Meyer et al., 2002). In prior research, it has been understood that the longer an individual has worked for an organization, the more committed they will feel, however in this sample that was not significant (Meyer & Allen, 1997). While organizational or

department tenure was found to be significant in influencing organizational commitment in samples outside of nursing, this finding may support that this is not an important factor in nursing populations. Years of experience as a registered nurse was significantly correlated with lower perceptions of authentic leadership in nurse managers, consistent with findings that new graduate nurses tend to rate their managers higher on the ALQ than experienced nurse samples (Spence-Laschinger et al., 2016). More experienced nurses may have developed higher degrees of cynicism towards their work and management, which may influence their perceptions of leadership (Laschinger et al., 2013). Further, the employment status of the nurses was related to their normative and continuance commitment outcomes. Full time employees showed the highest levels of normative commitment, whereas casual employees showed the lowest continuance commitment in this sample. Full time employees may perceive themselves as a more integral part of the work-group, thereby perceiving a sense of obligation to fulfill this role. Casual employees however are presumably working and contributing less to the workgroup, which may explain why they may perceive it less costly to find an alternative position that will fulfill the same proportion of work (Meyer & Allen, 1997).

### **Limitations**

The sampling method of 400 nurses per each of the three provinces may have influenced representativeness in that provinces may have been under- or over-sampled given each respective population of experienced registered nurses. The findings of this study are limited in their generalizability such that this study sampled only nurses with three or more years of experience. Due to the nature of the self-reported measures used, there is a possibility of response bias (Polit & Beck, 2017). This study was conducted as a

secondary analysis, such that the data was not collected to answer this study's research question, and the cross-sectional design of this study limits the ability to interpret causality from these findings (Polit & Beck, 2017); however, the use of authentic leadership and organizational commitment theory as a guide for this study's propositions builds a strong theoretical basis of this study, which may address some of the limitations.

### **Conclusions**

This study provides support for the outcomes of authentic leaders in nursing management as posited in Avolio et al. (2004). The findings established that affective commitment mediated the relationship between authentic leadership of managers, and the job turnover intentions of experienced registered nurses in Canada. This relationship may suggest that leaders who exhibit the four core components of authentic leadership, self-awareness, balanced processing, moral and ethical behaviour, and relational transparency, may contribute to increases in nurses' affective commitment, which thereby decreased their job turnover intentions. Further, as predicted authentic leadership was found to significantly increase nurses' normative commitment, while decreasing continuance commitment, although these components were not found to be predictive factors in the job turnover intentions of the nurses in this sample. In the context of the other findings of this study, this suggests that nurses' affective commitment, their emotional attachment to their organization, may be the most prominent in influencing job turnover intentions of the three components of commitment tested in this study. Avolio et al.'s (2004) theory of authentic leadership may be used by organizations to choose, develop, and evaluate leadership in nursing in order to cultivate affective commitment amongst staff nurses, which may in turn decrease job turnover intentions and improve retention in nursing.

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## **Chapter Three**

### **Discussion**

The aim of this study was to test the relationships amongst perceived authentic leadership of managers, affective, normative, and continuance organizational commitment, and job turnover intentions in a sample of experienced registered nurses in Canada. Findings demonstrated that affective organizational commitment mediated the relationship between authentic leadership and job turnover intentions in this sample. Further, authentic leadership was positively associated with reported normative commitment, while negatively associated with continuance commitment. Although neither normative or continuance commitment led to a significant decrease in job turnover intentions, there may be other favourable outcomes that come with the cultivation of normative commitment and decrease in continuance commitment. These findings support authentic leadership in nursing, suggesting that the presence of authentic leaders may be central to developing work environments in which employees are committed, productive, and retained.

Effective leadership in nursing is essential to supporting the future of the profession, as these leaders have the ability to influence the nursing work environment through their actions and behaviours (Scully, 2015). In the midst of the high rates of

nursing turnover, effective leaders may influence many work-related factors that will increase nurses' intent to stay (Cowden et al., 2011). The implications of these findings for theory, nursing practice, and education are explored in this chapter. Lastly, recommendations for future research on authentic leadership and organizational commitment are outlined.

### **Implications for Theory**

This is believed to be first study that examined Avolio, Gardner, Walumbwa, Luthans, and May's (2004) theory of authentic leadership with affective commitment, normative commitment, continuance commitment and job turnover intentions together in the field of nursing. As proposed in the theory of authentic leadership, self-awareness, relational transparency, balanced processing, and moral/ethical behaviour of the leader may lead to positive work-related outcomes including job satisfaction, work-group cohesion, and commitment to the organization (Avolio et al., 2004; Walumbwa et al., 2010). Findings of this study support this proposition, in that authentic leadership was found to be positively associated with affective and normative commitment, the two components of organizational commitment as per Meyer and Allen (1997) that are associated with positive work-related outcomes. Authentic leadership was also found to be negatively associated with the continuance commitment of the staff nurses in this sample, which is a favourable outcome for organizations such that high levels of this type of organizational commitment are linked to withdrawal behaviour, poor job performance, and lack of work engagement (Meyer & Allen, 1997). As per Meyer and Allen's theory of organizational commitment, it is suggested that effective leaders who exhibit relational

leadership qualities may positively influence affective, and normative commitment, while detracting from continuance commitment in the same manner found in the current study.

Secondly, affective commitment was shown to mediate the relationship between perceived authentic leadership of frontline managers' and staff nurses' job turnover intentions. This finding may suggest that in nursing, affective commitment may be the more important component of organizational commitment in influencing job turnover intentions, even though Meyer and Allen (1991) proposed that all three components are theoretically posited to decrease turnover intentions amongst employees. As a result of this finding, it is demonstrated that the interplay between authentic leadership and the resultant affective commitment may play a unique role on decreasing job turnover intentions in nursing work-groups.

These findings contribute to the limited body of knowledge that exists on the role of authentic leaders in nursing and healthcare (Alilyyani et al., 2018). Further, this study contributes to the existing studies that have examined organizational commitment in nursing (Asiri, Rohrer, Al-surimi, Da, & Ahmed, 2016; Fernet et al., 2017; Laschinger, Finegan, & Wilk, 2009; Wagner, Warren, Cummings, Smith, & Olson, 2013), and is the first study known to integrate authentic leadership (Avolio et al., 2004) with the full three component theory of organizational commitment (Meyer & Allen, 1991).

### **Implications for Practice**

As these findings have demonstrated, authentic leaders may influence job turnover intentions through affective commitment, but may also influence other outcomes by its effect on organizational commitment outcomes directly. The theory of authentic leadership as per Avolio et al. (2004) may be used a guide for organizations in selecting,



developing, and evaluating frontline nurse managers in order to positively influence the work experience and outcomes of their nursing workforce. Organizational leaders who exhibit the self-awareness, relational transparency, balanced processing, and moral/ethical behaviour that is integral to authentic leaders may hold the ability to influence performance and productivity (Avolio et al., 2004; Walumbwa et al., 2010). Study findings have also shown that authentic leaders cultivate favourite organizational commitment outcomes. The manner in which affective and normative commitment are linked closely to job performance, engagement in the workplace, and extra-effort behaviours in the workplace, suggests that authentic leaders who are able to influence increased manifestation of commitment in these domains may contribute to the overall productivity of the organization (Meyer & Allen, 1997). Further, the relationship between authentic leadership and affective commitment outcomes is linked to a decrease in job turnover intentions. In the current state of the healthcare system, the prevalence of turnover in nursing and its associated cost burden are concerning (Rondeau & Wagar, 2016). With increasing patient acuity and complexity, healthcare organizations are challenged to do more, with reduced financial resources making opportunities for cost-saving a high priority (Duffield et al., 2014; O'Brien-Pallas et al., 2010). When employees are not only performing better at work, but are also less likely to considering leaving their position, healthcare organizations may see improvements in quality, patient outcomes, and fiscal management. When organizations develop their leaders using the authentic leadership framework, this may increase their potential to retain a strong, committed nursing workforce.

The results of this research emphasize the potential benefits to healthcare organizations when the core tenets of authentic leadership theory are integrated into their leadership planning, development, and evaluation. Authentic leaders exhibit many qualities and characteristics that cannot simply be taught and reproduced, rather the development of authentic leaders is a process that may be guided through reflection and internalization (Baron & Parent, 2015; Shamir & Eilam, 2005). Healthcare organizations may implement activities for leaders, and future leaders, that may provide opportunities for this reflective learning that may contribute to the development of attitudes and behaviours associated with authentic leadership. Reflection is central to “promoting better self-awareness and the discovery of one’s authenticity” (Baron & Parent, 2015, p. 39).

Self-awareness is central to authentic leadership, such that leaders have an understanding of their own strengths and weaknesses, and their impact on those they work with (Walumbwa et al., 2010). Additionally, authentic leaders have an awareness of their personal values and beliefs that guide their behaviours in a way that aligns with their moral and ethical principles (Walumbwa et al., 2010). The use of reflection on one’s own life stories may allow individuals an opportunity to identify strengths, weaknesses, values and vision (Murphy, 2012; Shamir & Eilam, 2005). Leaders may narrate an experience, or many experiences in their lives which explores their actions, the actions and responses of others, and the outcomes which may be reflected upon to enhance self-awareness (Shamir & Eilam, 2005). Reflection on these life stories may allow leaders to identify how their values were shaped, how they demonstrate these values to others through their behaviours, and also the impact their actions had on those involved in the experience

(Murphy, 2012). These stories may be shared with one's followers to engage in shared learning and reflection that may deepen followers' trust and connection with their leader (Shamir & Eilam, 2005).

Additionally, the use of feedback is essential in the development of authentic leadership (Gardner et al., 2005). Further, the ability to gather and evaluate feedback from many external sources is central to the authentic leadership quality of balanced processing (Walumbwa et al., 2010). The 360 Feedback model has been suggested in the literature as a performance management strategy that facilitates consistent multisource feedback that provides the opportunity for growth and development (Bracken & Church, 2013). Organizations may implement 360 Feedback as a component of performance appraisal, such that feedback is collected from colleagues, subordinates, managers, and one's self at designated times (ie. monthly, quarterly) and reviewed with one's leader (Bracken & Church, 2013). This may be implemented at all levels of an organization, including amongst front-line managers and their upper management, as well as between front-line managers and their staff nurses. Reflection on gathered feedback can shape one's self-awareness through the emphasis of strengths, and identified areas of improvement (Baron & Parent, 2015; Bracken & Church, 2013). Further, the 360 Feedback model can be used to identify the alignment amongst one's actions, behaviours, and values with those of the organization and work-group to clarify expectations and better accountability (Bracken & Church, 2013). This particular component of feedback can be important in influencing one's organizational commitment outcomes as well. This may provide leaders an opportunity to develop goals for the unit or department that reflect the priorities and values of the staff group, thereby increasing the likelihood of

improved affective and normative organizational commitment (Meyer & Allen, 1997).

There is opportunity to use 360 Degree Feedback at all levels of the organization for both the development and identification of leadership and organizational commitment, which as seen in this study may contribute to improved retention.

Baron and Parent (2015) suggest that through reflective activities such as those listed above, leaders may identify possible behaviours to adopt to improve their leadership capabilities. Through reflection and deepened self-awareness, leaders may identify behaviours and actions that may have detract from their authenticity in the past, and develop strategies to improve for the future (Baron & Parent, 2015). Leaders can then implement these goals and strategies in both simulated activities during leader development programs, as well as in the context of their work in order to internalize their learning (Baron & Parent, 2015). This process of exploration of past actions and integration of new strategies can contribute to observable changes in one's authentic leadership capacity (Baron & Parent, 2015).

For authentic leadership development to be successful in making changes in leader behaviours and attitudes within organizations, these reflective activities must be implemented with consistency in order to provide ongoing opportunities for development (Baron & Parent, 2015; Bracken & Church, 2013). Engaging both formal leaders and staff nurses in reflective dialogue and feedback, organizations may develop not only the authentic leadership of current leaders, but also leadership informally and for the future. These actions may also both directly influence the organizational commitment of leaders and staff, while also influencing these outcomes indirectly through the cultivation of authentic leadership qualities. Authentic leaders across healthcare organizations can

enhance the work environment for nurses, which may lead to observable changes in organizational commitment and job turnover intentions.

### **Implications for Education**

Leadership in nursing is a priority at all levels of the profession, including not only formal leadership roles, but also the informal leadership of nurses at the bedside (Canadian Nurses Association, 2009). Developing strong nursing leaders of the future begins in how nurses are educated. The concept of nursing leadership should be integrated into undergraduate nursing curricula in order to facilitate an increased understanding of leadership theory, leader behaviours, and the role of leaders in nursing (Middleton, 2013). Nursing educators may implement active learning activities that facilitate dialogue and reflection on leadership (Middleton, 2013). These activities may focus on leader behaviours and actions, identification of personal and professional values, and relationship building skills to facilitate early development of leadership qualities (Middleton, 2013). Foli, Braswell, Kirkpatrick and Lim (2014) also suggested the use of feedback on leadership behaviours may be implemented in nursing education by having peers evaluate and reflect upon the leadership of peers following small group projects and clinical simulations. Integration of self-assessment of leadership characteristics may also be used to enhance the nursing students' self-awareness, and self-identification as leaders (Foli, Braswell, Kirkpatrick, & Lim, 2014).

Additionally, nursing educators in both graduate and undergraduate education may influence the leadership development of students through role modeling of leadership behaviours and attitudes (Avolio & Gardner, 2005; Giallonardo et al., 2010). Lecturers, professors, preceptors and clinical educators alike, may be encouraged to

engage in authentic leadership development activities, such as narrative reflection and 360 feedback in order to develop their leadership skills and enhance their self-awareness. Nursing schools that use these leadership development activities may facilitate the learning and internalization of authentic leadership qualities through the role modeling of these traits from their clinical educators and preceptors in practice (Avolio & Gardner, 2005; Lockwood-Rayermann, 2003). When students develop leadership qualities during nursing education, they may be more likely to exhibit these qualities in their practice, along with an increased awareness of their manager's leadership qualities. With this cultivation of leadership, nurse educators may contribute to the quality of leadership in the workplace, which as suggested by this study, may contribute to commitment and retention outcomes in the long term. At the graduate level, dialogue around leadership, and leadership development is of increased importance, as graduate students may be pursuing graduate studies as a means to enhance or facilitate their career as a formal nurse leader. Graduate programs that integrate leadership development as a core value of their education will contribute to the presence of strong leaders in academia and in practice, which may thereby enhance work environments, work experience of their followers. Nursing education must integrate leadership education and development into curriculum and program planning as a key priority to strengthen the future of nursing leadership.

### **Recommendations for Future Research**

This study was the first known to link the Avolio et. al. (2004) construct of authentic leadership with the three unique components of organizational commitment as per Meyer and Allen (1991) in nursing. The results of this study have identified

relationships amongst authentic leadership, affective, normative, and continuance commitment, and also the mediating effect of affective commitment on the relationship between authentic leadership and job turnover intentions in a representative experienced Canadian nurse sample. Longitudinal studies, or those that apply measures of actualized turnover may help to further illuminate the role of authentic leaders, as well as the causal relationships amongst affective, normative, and continuance commitment, with job turnover (intended or actualized) in nursing.

While this finding contributes to the body of knowledge on nursing retention, there is a need for research to examine other variables of interest in this area. Research examining the relationships amongst authentic leadership and organizational commitment with variables such as absenteeism, withdrawal behaviours, job performance, and organizational citizenship behaviours may further our understanding of how organizations can build productive nursing workforces, that may also have significant cost-saving outcomes. In the face of high nursing turnover rates, further research is also warranted exploring factors influencing turnover intentions including the role of workload, staff mix, and patient ratios, as the healthcare system evolves to meet the changing needs of patients (O'Brien-Pallas et al., 2010). Furthermore, as there is limited research implementing the three components of organizational commitment individually in nursing, there is opportunity to explore how these components interact with other important work-related variables in nursing, including work engagement, job satisfaction, empowerment, and burnout. These variables may have implications for the practice setting, patient care outcomes, and quality of care measures, thereby making them

priority areas of interest for healthcare workforce optimization (Nei et al., 2015; Spence-Laschinger et al., 2016; Squires, Tourangeau, Spence-Laschinger, & Doran, 2010).

While the findings of this study illuminate the nature of the relationships amongst authentic leadership, organizational commitment, and job turnover, there is opportunity for future research to explore these concepts in different settings, cultures, and samples. While organizational commitment has been shown here to influence turnover, research to explore the components of commitment with other outcomes, including job satisfaction, job performance, and organizational citizenship behaviours is warranted. Further research on the role of authentic leaders and patient outcomes including patient safety, the prevalence of adverse effects, patient satisfaction, and the implementation of patient-centered approaches is also warranted to extend our understanding of the role of authentic leaders in nursing (Boamah, Spence Laschinger, Wong, & Clarke, 2017; Squires et al., 2010; Wong & Giallonardo, 2013). Lastly, the development of authentic leaders, both in practice and in nursing education, is an important area for future study. Currently, there is limited research that explores programs and frameworks that facilitate and support the development of authentic leadership qualities, skills, and behaviours. This knowledge may facilitate the development of improved leadership across healthcare organizations.

### **Conclusion**

Study findings demonstrate the influence of authentic leadership of managers, on affective, normative, and continuance commitment in nursing. Authentic leadership was shown to be positively associated with affective and normative commitment, while being negatively associated with continuance commitment, in the commitment profiles of nurses. Results support that affective commitment mediates the relationship between



authentic leadership and job turnover intentions of experienced nurses in Canada. These findings contribute to the limited body of knowledge on the role of affective, normative, and continuance organizational commitment in nursing work-groups. Leaders who exhibit authenticity through self-awareness, alignment with values and beliefs, and open relationships with followers, can successfully influence those whom they lead. The development of authentic leaders within nursing, and healthcare as a whole, may have a positive influence on the work environment and work experiences of their followers, contributing to the retention of the nursing workforce of the future.

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## Appendix A

### Study Instruments

#### Authentic Leadership Questionnaire (Walumbwa et al., 2008)

0 = Not at all 1 = Once in a while 2 = Sometimes 3 = Fairly often 4 = Frequently, if not always

Please rate how OFTEN your leader (immediate supervisor):

1. Says exactly what he or she means.
2. Demonstrates beliefs that are consistent with actions.
3. Solicits views that challenge his or her deeply held positions.
4. Analyzes relevant data before coming to a decision.
5. Seeks feedback to improve interactions with others.

Legend:

Self-Awareness: 5

Balanced Processing: 3, 4

Moral/Ethical Behaviour: 2

Relational Transparency: 1

Note: Due to copyright restrictions only five items of the Authentic Leadership Questionnaire can be published in this thesis.

#### Organizational Commitment Scale (Meyer & Allen, 1997)

1= Strongly Disagree 2= Disagree 3= Somewhat Disagree 4= Hard to Decide  
5= Somewhat Agree 6= Agree 7=Strongly Agree

Please rate the extent to which you agree with the following statements:

1. I would be very happy to spend the rest of my career at this organization.
2. Right now, staying with my organization is a matter of necessity as much as desire.
3. I do not feel any obligation to remain with my current employer.  
(REVERSE)
4. I really feel as if this organization's problems are my own.
5. It would be very hard for me to leave my organization right now, even if I wanted to.
6. Even if it were to my advantage, I do not feel it would be right to leave my organization right now.

7. I do not feel a strong sense of “belonging” to my organization.  
(REVERSE)
8. Too much of my life would be disrupted if I decided I wanted to leave my organization right now.
9. I would feel guilty if I left my organization now.
10. I do not feel “emotionally attached” to this organization.  
(REVERSE)
11. I feel that I have too few options to consider leaving this organization.
12. The organization definitely deserves my loyalty.
13. I do not feel like “part of the family” at my organization.  
(REVERSE)
14. If I had not already put so much of myself into this organization, I might consider working elsewhere.
15. I would not leave my organization right now because I have a sense of obligation to the people in it.
16. This organization has a great deal of personal meaning for me.
17. One of the few negative consequences of leaving this organization would be the scarcity of available alternatives.
18. I owe a great deal to my organization.

Legend:

Affective Commitment Scale: 1, 4, 7, 10, 13, 16

Continuance Commitment Scale: 2, 5, 8, 11, 14, 17

Normative Commitment Scale: 3, 6, 9, 12, 15, 18

Job Turnover Intentions

(Kelloway et al., 1999, Revised by Spence-Laschinger et al., 2009)

1=Strongly Disagree    2=Disagree    3=Hard to Decide    4=Agree    5=Strongly agree

Please rate the extent to which you agree with the following:

1. I plan on leaving my job within the next year
2. I have been actively looking for other jobs
3. I want to remain in my job (REVERSE)



## Appendix B

## Demographic Questionnaire

1. SEX:  Female  Male
2. AGE (in years): \_\_\_\_\_
3. Highest degree in Nursing:
  - College Nursing Diploma
  - BScN
  - Graduate Degree
4. Current employment status:
  - Full time
  - Part time
  - Casual
- 5.
6. How long have you worked:
 

As an RN:	Years	Months
As an RN at your current organization	Years	Months
As an RN on your current unit	Years	Months
7. Specialty area of your current place of work / unit:
  - Medical-Surgical
  - Critical Care
  - Maternal-Child
  - Mental Health
  - Community Health
  - Other, please specify: \_\_\_\_\_

## Appendix C

## Ethics Approval



**Western  
Research**

Research Ethics

**Western University Health Science Research Ethics Board  
HSREB Delegated Initial Approval Notice**

**Principal Investigator:** Dr. Heather Laschinger  
**Department & Institution:** Health Sciences/Nursing, Western University

**HSREB File Number:** 105448  
**Study Title:** The Protective Role of Authentic Leadership against Workplace Bullying, Early Career Burnout and Premature Turnover of New Graduate Nurses: A Longitudinal Study  
**Sponsor:** Social Sciences and Humanities Research Council

**HSREB Initial Approval Date:** August 07, 2014  
**HSREB Expiry Date:** July 31, 2017

**Documents Approved and/or Received for Information:**

Document Name	Comments	Version Date
Instruments	Quantitative Survey	2014/06/06
Instruments	Qualitative instrument	2014/06/06
Recruitment Items	Recruitment poster for qualitative interviews	2014/06/06
Letter of Information & Consent	LOI and Consent forms - Qualitative Interview	2014/06/06
Letter of Information & Consent	Appendix D - LOI and CONSENT THE PROTECTIVE ROLE OF AUTHENTIC LEADERSHIP -Survey - 15.07.2014 Revised LOI - Clean copy	2014/07/15
Western University Protocol		2014/07/31

The Western University Health Science Research Ethics Board (HSREB) has reviewed and approved the above named study, as of the HSREB Initial Approval Date noted above.

HSREB approval for this study remains valid until the HSREB Expiry Date noted above, conditional to timely submission and acceptance of HSREB Continuing Ethics Review. If an Updated Approval Notice is required prior to the HSREB Expiry Date, the Principal Investigator is responsible for completing and submitting an HSREB Updated Approval Form in a timely fashion.

The Western University HSREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use Guideline for Good Clinical Practice Practices (ICH E6 R1), the Ontario Personal Health Information Protection Act (PHIPA, 2004), Part 4 of the Natural Health Product Regulations, Health Canada Medical Device Regulations and Part C, Division 5, of the Food and Drug Regulations of Health Canada.

Members of the HSREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The HSREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000940.

Ethics Officer, on behalf of Dr. Joseph Gilbert, HSREB Chair

**Ethics Officer to Contact for Further Information**

<input type="checkbox"/> Erika Basile	<input type="checkbox"/> Grace Kelly	<input checked="" type="checkbox"/> Mina Mekhail	<input type="checkbox"/> Vikki Tran
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*This is an official document. Please retain the original in your files.*

Western University, Research, Support Services Bldg., Rm. 5150  
London, ON, Canada N6A 3K7

## Appendix D

## Letter of Information and Consent



**Project Title:** The Protective Role of Authentic Leadership against Workplace Bullying, Early Career Burnout and Premature Turnover of New Graduate Nurses: A Longitudinal Study

**Principal Investigator:**

Heather K. Laschinger, RN, PhD, FAAN, FCAHS - The University of Western Ontario

**SURVEY LETTER OF INFORMATION FOR EXPERIENCED NURSES****Invitation to Participate**

You are being invited to participate in a research study examining newly graduated registered nurse experiences in the workplace. Although we recognize that you are no longer a new graduate we would like to hear your feedback in order to help us more accurately understand the current nursing work environment through the lens of an experienced nurse.

**Purpose of the Letter**

The purpose of this letter is to provide you with information required for you to make an informed decision regarding participation in this research.

**Purpose of the Study**

The purpose of this study is to describe new graduate nurses' worklife experiences in Canadian health care settings during the first three years of practice. This study will examine the role of leadership behaviours in preventing burnout and bullying and resulting job and career satisfaction and turnover intentions. We would also like to gain a better understanding of the current nursing work environment through the lens of new graduate nurses across the country.

### **Inclusion Criteria**

In order to participate in this research project you must be a practicing registered nurse who has graduated sometime before January 1st, 2012.

### **Study Procedures**

If you agree to participate, you will be asked to complete the included survey consisting of questions examining the influence of leadership on your experiences at work. It is anticipated that the entire task will take approximately 20 minutes of your time. This survey has been sent to 400 newly graduated nurses and 400 experienced nurses in Alberta, Ontario and Nova Scotia. Once you have completed your survey, please place it in the self-addressed envelope provided and put it in the mail. If you choose to participate you will receive a follow-up survey 8 months and 16 months later to track your experience over time.

### **Possible Risks and Harms**

There are no known or anticipated risks associated with participating in this study. There is a chance that you may feel uncomfortable answering questions about your work environment on the survey. Care will be taken to ensure confidentiality of survey data and we will respect your privacy. Also, you will not have to answer any questions if you feel uncomfortable. You may refer to your Employee Assistance Plan representative if you need to talk to someone further about these issues.

### **Possible Benefits**

We cannot guarantee you any direct benefits as a result of your participation in this study. However, this study will show how leadership influences new graduate and nurses' experiences of bullying and burnout, and how these factors affect new graduate nurse satisfaction and intentions to remain in their jobs and the profession within the first three years of practice. This information can be used to retain a satisfied and engaged workforce.

In addition, further knowledge of the value and benefits of authentic leadership development across Canada will be discussed. As a result, this information can be used to inform policy and organizational initiatives that will attract and retain new graduate nurses. A summary of findings from the final report will be made available to participants on the HKL research website.

**Compensation**

You have received a \$2 Tim Hortons card as a token of appreciation for your time to complete the questionnaire. You may keep the enclosed \$2 Tim Hortons card whether or not you choose to complete the survey. In addition, you have the opportunity to participate in a draw to win one of three iPad Minis. Please respond to the ballot provided in the survey package.

**Voluntary Participation**

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your future employment or study compensation.

**Confidentiality and Privacy**

As a participant you will be given a personal identification number (PIN) that will be used to link your data from each year. The researchers at The University of Western Ontario will link study PINs to your name only for the purposes of distributing information letters and surveys to you for this particular study. Data will be sent directly to Western with only the PIN as the identifier. All participant names and assigned PINs will be destroyed as soon as the data collection is complete. The survey distribution will consist of the survey included here, a reminder letter in four weeks to non-respondents, and finally a second distribution of the survey asking non-respondents to complete the survey if they haven't yet done so.

All data collected will remain confidential and accessible only to the investigators of this study. If the results are published, your name will not be used. If you choose to withdraw from this study, your data will be removed and destroyed from our database. Representatives of The University of Western Ontario Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

**Contacts for Study Questions or Problems**

If you require any further information regarding this research project or your participation in the study you may contact Dr. Heather Laschinger.

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Research Ethics.

**Consent**

Completion of the survey is indication of your consent to participate.

Sincerely,

Heather K. Spence Laschinger, RN, PhD, FAAN, FCAHS

*This letter is yours to keep for future reference.*

## Appendix E

## Permission to Use Authentic Leadership Questionnaire



[www.mindgarden.com](http://www.mindgarden.com)

To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material:

Instrument: Authentic Leadership Questionnaire (ALQ)

Authors: Bruce J. Avolio, William L. Gardner, and Fred O. Walumbwa

Copyright: "Copyright © 2007 Authentic Leadership Questionnaire (ALQ) by Bruce J. Avolio, William L. Gardner, and Fred O. Walumbwa. All rights reserved in all medium."

for his/her thesis research.

**Five sample items** from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any other published material.

Sincerely,

Robert Most  
Mind Garden, Inc.  
[www.mindgarden.com](http://www.mindgarden.com)

## Curriculum Vitae

Name: Alexis Smith

Post-Secondary Education  
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Honours and Awards: Nancy White Memorial Fellowship Award, St.  
Joseph's Healthcare Foundation (2018)

Dr. David and Zivia Anne Meltzer Nursing  
Professional Development Fund, St. Joseph's  
Healthcare Foundation (2018)

Dorothy Monteith Scholarship, Registered Nurses  
Foundation of Ontario (2017)

Ontario Graduate Scholarship (2016, 2017)

Related Work Experience: University of Western Ontario, London, ON  
Part-Time Lecturer, 2017-2018

University of Western Ontario, London, ON  
Teaching Assistant, 2017

St. Joseph's Healthcare London, London, ON  
Staff Nurse, 2016-present

Victorian Order of Nurses, London, ON  
Staff Nurse, 2016

Professional Memberships: Canadian Nurses Association  
College of Nurses of Ontario  
Registered Nurses Association of Ontario