

2009

# AUTHENTIC LEADERSHIP OF PRECEPTORS: PREDICTOR OF WORK ENGAGEMENT AND JOB SATISFACTION OF NEW GRADUATE NURSES

Lisa Giallonardo

Follow this and additional works at: <https://ir.lib.uwo.ca/digitizedtheses>

---

## Recommended Citation

Giallonardo, Lisa, "AUTHENTIC LEADERSHIP OF PRECEPTORS: PREDICTOR OF WORK ENGAGEMENT AND JOB SATISFACTION OF NEW GRADUATE NURSES" (2009). *Digitized Theses*. 3826.  
<https://ir.lib.uwo.ca/digitizedtheses/3826>

This Thesis is brought to you for free and open access by the Digitized Special Collections at Scholarship@Western. It has been accepted for inclusion in Digitized Theses by an authorized administrator of Scholarship@Western. For more information, please contact [wlsadmin@uwo.ca](mailto:wlsadmin@uwo.ca).

**AUTHENTIC LEADERSHIP OF PRECEPTORS: PREDICTOR OF WORK ENGAGEMENT  
AND JOB SATISFACTION OF NEW GRADUATE NURSES**

**(Spine title: New Graduate Nurses' Perceptions of AL, WE & JS)**

**(Thesis format: Integrated-Article)**

by

**Lisa Giallonardo**

**Graduate Program in Nursing**

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

**The School of Graduate and Postdoctoral Studies  
The University of Western Ontario  
London, Ontario, Canada**

**© Lisa Giallonardo 2009**

## Abstract

The purpose of this study was to examine the relationships between new graduate nurses' perceptions of preceptor authentic leadership (Avolio, Gardner, Walumbwa, Luthans, & May, 2004) and their work engagement and job satisfaction. A predictive non-experimental survey design was used to test these relationships in a population of Ontario new graduate nurses working in acute care hospitals. The final sample consisted of 170 new graduate nurses (response rate= 39%). Consistent with Avolio et al.'s (2004) assertions: authentic leadership was positively related to work engagement and job satisfaction; authentic leadership and work engagement explained 20% of the variance in job satisfaction; and work engagement was found to partially mediate the relationship between authentic leadership and job satisfaction. These results offer nurse educators and administrators a theoretical basis for creating preceptors preparatory programs that facilitate the development of preceptors' authentic leadership; thus improving the work engagement and job satisfaction of new graduate nurses.

**Keywords:** new graduate nurses, preceptors, authentic leadership, work engagement, job satisfaction

### **Co-Authorship**

Lisa Giallonardo performed the following work under the supervision of Dr. Carol Wong and Dr. Carroll Iwasiw who will be co-authors on the publication resulting from Chapter 2 of the manuscript.

## Acknowledgments

First and foremost I offer my sincerest gratitude to my supervisor, Dr. Carol Wong, who has supported me throughout my research and during my years as a graduate student. Her patience and knowledge, whilst allowing me the room to work in my own way, enabled me to develop an understanding of authentic leadership. Without her this thesis could not have been completed. One simply could not wish for a better supervisor.

I would also like to thank my advisor, Dr. Carroll Iwasiw for her support during my research and throughout the Master's program. She offered invaluable feedback and words of encouragement that inspired me during the rough periods of my journey.

My appreciation for my colleagues and the faculty in the Master's program must also be mentioned. I have had the pleasure of working with so many inspiring individuals. I will forever cherish the dear friends I have made at UWO.

I cannot end without thanking my family on whose constant encouragement and love I have relied. I thank my parents for supporting me throughout my studies at University, moving my vast collections of "stuff" to and from London on countless occasions. Their unflinching courage and conviction will always inspire me.

## Table of Contents

Certificate of Examination	ii
Abstract and Keywords	iii
Co-authorship	iv
Acknowledgements	v
Table of Contents	vi
List of Tables	viii
List of Figures	ix
List of Appendices	x
Chapter 1 Introduction	1
References	8
Chapter 2 Manuscript	12
Background and Significance	12
Theoretical Framework	14
Related Research	17
Preceptors and Leadership	17
Work Engagement	18
Job Satisfaction	21
Summary of Literature	22
Hypotheses and Rationale	23
Methods	25
Design and Sample	25
Instrumentation	26
Data Collection	29
Data Analysis	30
Results	30
Descriptive Results	30
Tests of Hypotheses	32
Relationship of Demographic Variables to Major Study Variables	36
Discussion	36

Limitations	42
Conclusion	43
References	44
 Chapter 3 Discussion	 50
Implications for Nurse Educators	50
Implications for Hospital Administrators	53
Recommendations for Future Research	54
Summary and Conclusion	55
References	56
 Appendices	 57
 Curriculum Vitae	 79

## List of Tables

Table	Descriptions	Page
1	Demographic Characteristics of the Sample	26
2	Reliability Analysis, Means and Standard Deviations for Instrument Scales and Subscales	31
3	Correlations Between Authentic Leadership and Work Engagement	33
4	Correlations Between Authentic Leadership and Work Engagement With Job Satisfaction	34



## List of Figures

Figure	Description	Page
1	Authentic Leadership Model	15
2	Hypothesized Model	23
3	Final Model	36

## List of Appendices

Appendix	Description	Page
A	Study Instruments	
	A. 01 Authentic Leadership Questionnaire	58
	A. 02 Utrecht Work Engagement Scale	59
	A. 03 Index of Jobs Satisfaction	60
	A. 04 Demographic Questionnaire	64
B	Letters of Information	
	B. 01 Letter of Information	67
	B. 02 Follow-up Letter of Information	69
	B. 03 Second Follow-up Letter of Information	70
C	Approval Letters	
	C. 01 The University of Western Ontario Review Board of Health Sciences Research Involving Human Subjects Certification of Approval	73
	C. 02 Permission for use of the Authentic Leadership Model	74
	C. 03 Permission for use of the Authentic Leadership Questionnaire	75
	C.04 Permission for use of the Index of Work Satisfaction	76
	C.05 Request for List/Labs from College of Nurses of Ontario	78

## Chapter One

### Introduction

The shortage of nurses in Canada is pervasive. Although there was a 5.3% increase in Registered Nurse employment in Canada between 2000 and 2005 (Canada Institute for Health Information [CIHI], 2006), supply has not kept pace with demand. The Canadian Nurses Association (2006) predicts hospitals in Canada will be short 60,000 Registered Nurse full-time equivalents by the year 2022.

Most recently, the turnover of new graduate nurses represents the single most serious human resource issue in the health care industry (Beecroft, Dorey, & Wenten, 2008). It has been estimated that the resignation of a nurse with one year of tenure represents the loss of approximately \$40,000 in employer hiring and orientation expenses (Halfer & Graf, 2006). A nursing workforce characterized by high rates of turnover has been associated with poorer patient outcomes and decreased staff morale (Berliner & Ginzberg, 2002). Furthermore, increased job dissatisfaction within the first year of employment has been linked with a greater intent to leave the profession of nursing (Fooks, Duvalko, Baranek, Lamothe, & Rondeau, 2002; Scott, Keehner Engelke, & Swanson, 2006).

Work engagement and job satisfaction have been identified as strong contributing factors to new graduate nurse retention. Research results from North American and the United Kingdom have confirmed job satisfaction to be a statistically significant predictor of nursing absenteeism, burnout, turnover, and intent to quit (Shields & Ward, 2001; Lu, While, & Barriball, 2005). Significant relationships have also been found between work engagement, job satisfaction, job performance, and retention (Harter, Schmidt, & Hayes,

2002; Laschinger & Leiter, 2006; Schaufeli & Bakker, 2004; Simpson, 2009).

Consequently, nurse educators and administrators have been challenged to transition new graduate nurses in a way that develops engagement and fosters satisfaction, thus improve retention.

The term *transition* is used to refer to the period of time when a new graduate nurse undergoes a process of learning and adjustment in order to acquire the skills, knowledge, and values required to become a functioning member of the health care team (Delaney, 2003). It is widely recognized that this transitional process is a difficult and stressful experience, often described as a "right of passage" (Tradwell, 1996, p. 184) in which new graduates undergo a process of socialization and adopt the culture of a new organization. In Kramer's (1974) classic study, she described the initial work experience of graduate nurses to be a reality shock. This reality shock occurs with transition from the educational to service setting where there are different priorities and pressures. The graduate nurse must learn to balance the needs of the individual patient and the needs of the hospital setting. Within the nursing profession, the formal transition from student to nurse begins with the orientation of a new graduate to their place of work (Godinez, Schweiger, Gruver, & Ryan, 1999).

Almost all health care systems use orientation programs to transition new graduate nurses. Orientation is a critical learning period during which new graduate nurses enter as novices, receive ongoing education, experience, and support to socialize them into the role of a competent professional nurse (Benner, 1984). However, orientation programs are often site-specific, vary in intensity, and range from informal brief programs to extended formal programs (Newhouse, Hoffman, & Hairston, 2007).

The resulting inconsistency and incongruence among orientation programs have lead to the unique needs of new graduate nurses remaining unmet. High rates of new graduate turnover and difficult transition processes have spurred initiatives to develop standardized nursing orientation programs.

Recently, the Ontario government developed a standardized and funded preceptor-model of orientation for new graduate nurses. This model, conceptualized as the *New Graduate Initiative*, is characterized by an experienced Registered Nurse providing one-on-one supervision, support, and teaching to a new graduate nurse, for a minimum of 12 weeks (Government of Ontario, 2006). Dilbert and Goldenberg (1995) first suggested the adoption of the preceptorship model by health care organizations as a means to facilitate the acclimatization of new graduate nurses to the workplace.

### *Preceptorship*

Preceptorship is a model of clinical teaching, supervision, and evaluation found within the health science professions of medicine, nursing, social work, and pharmacy (Billay & Myrick, 2007). Within nursing literature, the term *preceptorship* is often, but incorrectly, used interchangeably with the term mentorship. This practice has lead to confusion when conceptually defining the two terms (Young, Billay, Myrick, & Luhanga, 2007) and a tendency to overlook the essential differences in their meanings (Wieland, Altmiller, Dorr, & Robinson Wolf, 2007). The main differences between preceptorship and mentorship stem from nature and purpose of the characterizing relationships.

The preceptorship relationship involves a one-to-one pairing of a practitioner with a less experienced learner who is striving to achieve a set of mutually defined learning objectives (Bourbonnais & Kerr, 2007). It is comprised of a teaching, supervisory, and

evaluator role, is short term with a specified end date, and takes place in programs that are planned, monitored, and task orientated (Young et al., 2007). Conversely the mentorship relationship is focused on supporting, inspiring, and nurturing (Sword, Byrne, Drummond-Young, Harmer, & Rush, 2002), rather than on the transfer of clinical skills. It often involves a more senior individual acting in a more personal function, over a longer period of time (Smith, McAllister, & Crawford, 2001).

Preceptorship is most commonly found within an academic framework; consequently, there is a propensity for researchers to focus predominantly on student nurse preceptees (Billay & Myrick, 2007; Bourbonnais & Kerr, 2007; Ohrling & Hallberg, 2000a; 2001; Myrick & Young, 2005; Young et al., 2007). Recently however, preceptorship has been widely recognized as an effective and efficient means for orienting new graduate nurses (Almada, Carafoli, Flattery, French, & McNamara, 2004; Chesnutt & Everhart, 2007; Hayes & Sexton Scott, 2007; Newhouse et al., 2007; Tanna 2006). This has resulted in researchers shifting their focus to examine the implications of preceptorship for new graduate nurses.

Preceptorship has been found to facilitate the transition of new graduate nurses from the role of student nurse to practicing nurse. Numerous authors report that preceptorship helps new graduate nurses identify with the positive professional attitudes and behaviours needed for professional socialization (Hayes & Sexton Scott, 2007; Speers, Strzyewski, & Ziolkowshi, 2004) and bridge the gap between practice and education (Myrick & Young, 2005). Preceptorship has also been found to nurture the development of new graduate nurses' confidence and competence in their nursing practice (Ohrling & Hallberg, 2000b; 2000c; Newhouse et al., 2007; Wieland et al., 2007;

Young et al., 2007). Furthermore, there is an overwhelming body of literature that reports improved retention of new graduate nurses resulting from preceptorship work experience (Almada et al., 2004; Halfer & Graf, 2006; Janiszewski Goodin, 2003; Newhouse et al.; Tanna, 2006).

It is important to note, however, that preceptorship itself is not sufficient to ensure the successful transition of new graduate nurses. Lockwood-Rayermann (2003) highlighted the importance of considering preceptor leadership style when pairing preceptors and preceptees. She stated that although preceptorship has the potential to facilitate the transition of new graduate nurses, preceptor leadership style and preceptee personality must be appropriately matched to achieve maximum positive preceptee outcomes. Lockwood-Rayermann's research, although seminal in the field, classifies leadership in terms of autocratic, democratic, laissez-faire, and bureaucratic styles. This has resulted in a narrow presentation of preceptor leadership. Applying the concept of authentic leadership to preceptors has the potential to expand understanding of how preceptor leadership impacts new graduate nurses.

### *Authentic Leadership*

The essence of authenticity is to know, accept, and remain true to one's core values, identities, preferences, and emotions (Harter, 2002). Authentic leaders are those who have achieved high levels of authenticity. The concept of *authentic leadership* has recently emerged in both the popular (George, 2003) and scholarly literature (Avolio & Gardner, 2005; Avolio, Gardner, Walumbwa, Luthans, & May 2004; Gardner, Avolio, Luthans, May, & Walumbwa, 2005; Luthans & Avolio, 2003) as a solution to the renewal of genuine leadership.

Avolio and Gardner (2005) proposed that authentic leaders help people find meaning at work, build optimism and commitment, encourage transparent relationships that build trust, and promote inclusive positive work climates. In their theory of authentic leadership, Avolio et al. (2004) suggest that authentic leaders are able to enhance the engagement, motivation, commitment, and satisfaction required from followers to constantly improve their work performance outcomes through the processes of personal identification with followers, social identification with the organization, and the intervening variables of hope, trust, positive emotions, and optimism.

There is a distinct lack of published literature that relates authentic leadership to preceptors. The appropriateness of conceptualizing preceptors as authentic leaders is evident in the parallels between the authentic leader-follower relationship and the preceptor-preceptee relationship. As discussed by Myrick and Young (2005), the cornerstone of effective preceptorship is the "authentic connection" which characterizes the preceptor-preceptee relationship. In order to achieve authenticity, a preceptor embarks on an open and transparent relationship in which he/she is "a positive role model even during adverse, critical or frustrating situations" and "demonstrates leadership skills in terms of setting priorities, making sound decisions, and being a role model" (Spears et al., 2004, p. 129). These interactions allow for free-flowing communication that assists the preceptee to ask questions, resulting in provision of better patient care, a richer understanding of the nursing culture (Schumacher, 2007), and a smoother transition for new graduates from student to practicing nurse.

Avolio et al.'s model (2004) offers a logical theoretical framework for understanding how the authentic leadership of preceptors can lead to higher levels of



work engagement and job satisfaction in new graduate nurses. No studies could be found testing elements of Avolio et al.'s theory in a sample of new graduate nurses. Given the significance of preceptors in facilitating the transition and development of new graduate nurses, and the importance of retaining new graduate nurses, it is necessary to identify new graduate nurse perceptions of authentic leadership and its relationships to perceived job satisfaction and work engagement. Therefore, the purpose of this study was to test the concept of authentic leadership in a population of new graduate nurses working in Ontario acute care hospitals.

## References

- Almada, P., Carafoli, K., Flattery, J.B., French, D. A., & McNamaro, M. (2004). Improving the retention of newly graduated nurses. *Journal for Nurses in Staff Development*, 20, 268-273.
- Avolio, B.J., & Gardner, W.L. (2005). Authentic leadership development: getting to the root of positive forms of leadership. *Leadership Quarterly*, 16, 315-338.
- Avolio, B.J., Gardner, W.L., Walumbwa, F.O., Luthans, F., & May, D.R. (2004). Unlocking the mask: A look at the process by which authentic leaders impact follower attitudes and behaviours. *Leadership Quarterly*, 15, 801-823.
- Beecroft, P.C., Dorey, F., & Wenten, M. (2008). Turnover intention in new graduate nurses: a multivariate analysis. *Journal of Advanced Nursing*, 62, 41-52.
- Benner, P. (1984). *From novice to expert: excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley Publishing Company.
- Berliner, H., & Ginzberg, E. (2002). Why this hospital nursing shortage is different. *The Journal of the American Medical Association*, 228, 2742-2744.
- Billay, D., & Myrick, F. (2007). Preceptorship: An integrative review of the literature. *Nurse Education in Practice*, 8, 258-266.
- Bourbonnais, F.F., & Kerr, E. (2007). Preceptoring a student in the final clinical placement: reflections from nurses in a Canadian Hospital. *Journal of Clinical Nursing*, 18, 1543-1549.
- Canadian Institute for Health Information. (2006). *Workforce trends of registered nurses in Canada, 2005*. Ottawa, ON: Author.
- Canadian Nurses Associate. (2006). *Tested solutions for eliminating Canada's registered nurse shortage*. Ottawa, ON: Author.
- Chestnutt, B.M., & Everhart, B. (2007). Meeting the Needs of Graduate Nurses in Critical Care Orientation. *Critical Care Nurse*, 27(3), 36-51.
- Delaney, C. (2003). Walking a fine line: graduate nurses' transition experience during orientation. *Journal of Nursing Education*, 42, 437-443.
- Dilbert, C., & Goldernberg, D. (1995). Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role. *Journal of Advanced Nursing*, 21, 1144-1151.
- Fooks, C., Duvalko, K., Baranek, P., Lamothe, L., & Rondeau, K. (2002). *Health human resource planning in Canada: Physician and nursing work force issues*. Ottawa, Ontario, Canada: Canadian Policy Research Networks.

- Gardner, W.L., Avolio, B.J., Luthans, F., May, D.R., & Walumbwa, F.O. (2005). "Can you see the real me?" A self-based model of authentic leader and follower development. *Leadership Quarterly*, 16, 343-372.
- George, B. (2003). *Authentic Leadership: rediscovering the secrets to creating lasting value*. San Francisco: Jossey-Bass.
- Godinez, G., Schweiger, J., Gruver, J., & Ryan, P. (1999). Role transition from graduate to staff nurse: a qualitative analysis. *Journal for Nurses in Staff Development*, 15, 97-110.
- Government of Ontario. (2006). *New Graduate Guarantee*. Retrieved April 1, 2008 from <http://www.healthforceontario.ca/WhatIsHFO/FAQs/NursingGradGuarantee.aspx>
- Harter, S. (2002). Authenticity. In C.R. Snyder, & S. Lopez (Eds), *Handbook of positive psychology* (pp. 382-394). Oxford, UK: Oxford University Press.
- Harter, J.K., Schmidt, F.L., & Hayes, T.L. (2002). Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes; a meta-analysis. *Journal of Applied Psychology*, 87, 268-279.
- Halfer, D., & Graf, E. (2006). Graduate nurse perceptions of the work experience. *Nursing Economics*, 28, 1-8.
- Hayes, J.M., & Sexton Scott, A.S. (2007). Mentoring partnership as the wave of the future for new graduates. *Nursing Education Perspectives*, 28, 27-30.
- Janiszewski Goodwin, H.J. (2003). The nursing shortage in the United States of America: an integrative review of the literature. *Journal of Advanced Nursing*, 43, 335-350.
- Kramer, M. (1974). *Reality Shock: Why Nurses Leave Nursing*. St. Louis, MO: Mosby.
- Laschinger, H.K., & Leiter, M.P. (2006). The impact of nursing work environments on patient safety outcomes: the mediating role of burnout engagement. *Journal of Nursing Administration*, 36, 259-267.
- Lockwood-Rayermann, S. (2003). Preceptor leadership style and the nursing practicum. *Journal of Professional Nursing*, 19, 32-37.
- Lu, H., While, A.E., & Barriball, K.L. (2005). Job satisfaction among nurses: a literature review. *International Journal of Nursing Study*, 42, 211-227.
- Luthans, F., & Avolio, B.J. (2003). Authentic leadership: A positive developmental approach. In K.S. Cameron, J.E. Dutton, & R.E. Quinn (Eds.), *Positive organizational scholarship*. (pp. 241- 261). San Francisco: Barrett- Koehler.
- Myrick, F., & Young, O. (2005). *Nursing Preceptorship: Connecting Practice & Education*. Philadelphia, PA: Lippincott Williams & Wilkins.

- Newhouse, R.P., Hoffman, J.J., & Hairston, D.P. (2007). Evaluating an innovative program to improve new nurse graduate socialization into the acute healthcare setting. *Nursing Administration Quarterly*, 31, 50-60.
- Ohrling, K., & Hallberg, I.R. (2000a). Nurses' lived experience of being a preceptor. *Journal of Professional Nursing*, 16, 228-239.
- Ohrling, K., & Hallberg, I.R. (2000b). Students nurses' lived experience of preceptorship. Part 1- in relation to learning. *International Journal of Nursing Studies*, 37, 13-23.
- Ohrling, K., & Hallberg, I.R. (2000c). Students nurses lived experience of preceptorship. Part 2- the preceptor-preceptee relationship. *International Journal of Nursing Studies*, 37, 25-36.
- Ohrling, K., & Hallberg, I.R. (2001). The meaning of preceptorship: nurses' lived experience of being a preceptor. *Journal of Advanced Nursing*, 33, 530-540.
- Schumacher, D.L. (2007). Caring behaviours of preceptors and perceived by new graduate orientees. *Journal for Nurses in Staff Development*, 23, 186-192.
- Schaufeli, W.B., & Bakker, A.B. (2004). Job demands, job resources, and their relationship with burnout and engagement: a multi-sample study. *Journal of Organizational Behaviour*, 25, 293-315.
- Scott, E.S., Keehner Engleke, M., & Swanson, M. (2006). New graduate nurse transitioning: necessary or nice? *Applied Nursing Research*, 21, 75-83.
- Shields, M.A., & Ward, M. (2001). Improving nurse retention in the National Health Services in England: the impact of job satisfaction on intentions to quit. *Journal of Health Economics*, 20 667-701.
- Simpson, M.R. (2009). Predictors of work engagement among medical surgical registered nurse. *Western Journal of Nursing Research*, 31, 44-65.
- Smith, L.S., McAllister, L.E., & Crawford, C.S. (2001). Mentoring benefits and issues for public health nurses. *Public Health Nursing*, 18, 101-107.
- Speers, A.T., Strzyewski, N., & Ziolkowski, L.D. (2004). Preceptor Preparation. *Journal for Nurses in Staff Development*, 20, 127-133.
- Sword, W., Bryne, C., Drummond-Young, M., Harmer, M., & Rush, J. (2002). Nursing alumni as student mentors: Nurturing professional growth. *Nursing Education Today*, 22, 427-432.
- Tanna, T. (2006). ICU Orientation and Postorientation Practices: A National Survey. *Critical Care Nurse Quarterly*, 29, 237-245.

- Tradewell, G. (1996). Rites of passage: adaptation of nursing gradates to a hospital setting. *Journal of Nursing Staff Development*, 12, 183-189.
- Young, O., Billay, D., Myrick, F., & Luhanga, F. (2007). Preceptorship and mentorship: not merely a matter of semantics. *International Journal of Nursing Education Scholarship*, 4(1), 1-13.
- Wieland, D.M., Altmiller, G.M., Dorr, M.T., & Robinson Wolf, Z.R. (2007). Clinical transitions of baccalaureate nursing students during preceptored, pregraduation practicum. *Nursing Education Perspectives*, 28, 315-321.

## Chapter Two

### Manuscript

The retention of new graduate nurses in the workplace is fundamental for ensuring healthcare systems have the continued capacity to deliver quality patient care. Today's new graduates enter a chaotic workplace characterized by nursing shortages, advanced medical technology, high patient acuity, and scarce resources (Scott, Keehner Engelke, & Swanson, 2008). The inability to handle intense working environments has resulted in new graduate nurse turnover rates of 35-65% within the first year of employment (Beecroft, Dorey, & Wenten, 2008). This high turnover of new graduates has spurred the development and implementation of numerous retention strategies.

A preceptor model of orientation has been implemented in Ontario hospitals as a means of improving the retention of new graduate nurses. This program, termed the *New Graduate Initiative*, pairs new graduate nurses with a preceptor for a minimum 12 weeks of funded full-time orientation to a nursing role (Government of Ontario, 2006). The significance of preceptored work experience is highlighted by research studies which have identified preceptorship as pivotal to the job satisfaction (Chesnutt & Everhart, 2007) and organizational commitment of new graduate nurses (Hyrkas & Shoemaker, 2007); both of which have been shown to improve their retention rates (Beecroft et al., 2008; Cowin & Hengstberger-Sims, 2006).

Despite the positive new graduate nurse outcomes that have been attributed to preceptorship, there is limited data regarding the relationship between the leadership behaviours of preceptors and the professional attitudes and behaviours of new graduate nurses. Of the limited body of research that has focused on preceptor leadership (Lockwood-Rayermann, 2003), leadership is often restricted to autocratic, democratic,

laissez-faire or bureaucratic leadership styles. Applying the concept of authentic leadership to preceptors may provide insight into the ways in which preceptor leadership influences the professional attitudes and behaviours of new graduate nurses.

*Authentic leadership* is a process that “draws from both positive psychological capacities and a highly developed organization context, which results in both greater self-awareness and self-regulated positive behaviours on the part of leaders and associates, fostering positive self-development” (Luthans & Avolio, 2003, p. 243). The authentic leader-follower relationship is characterized by follower trust, workplace well-being, and sustainable follower performance (Gardner, Avolio, Luthans, May, & Walumbwa, 2005). It involves the ongoing processes whereby leaders and followers gain self-awareness and establish open, transparent, trusting, and genuine relationships (Luthans & Avolio, 2003). The core components of authentic leadership are self awareness, relational transparency, internalized moral perspective, and balanced processing (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008a).

*Self-awareness* is the process of “having awareness of, and trust in, one’s motives, feelings, desires, and self-relevant cognitions” (Kernis, 2003, p. 13). It is not a destination point but rather an emerging process whereby authentic leaders come to understand their unique talents, strengths, values, and purpose (Avolio et al., 2004). Gardner et al. (2005) assert that authentic leaders will be *relationally transparent* in expressing their true emotions and feelings to followers. Such behaviour promotes trust through disclosures that involve openly sharing information while trying to minimize displays of inappropriate emotions and expressions (Kernis). The inherent ethical/moral competent of authentic leaders, termed *internalized moral perspective* (Avolio &

Gardner, 2005), is a form of self-regulation that is guided by internal moral standards and values versus group, organization, and societal pressures (Walumbwa et al., 2008a).

*Balanced processing* refers to the process of objectively analyzing all relevant data and soliciting other's views before coming to a decision (Luthans & Avolio, 2003).

While the concept of authentic leadership has received significant attention, few studies have empirically tested the propositions within Avolio, Gardner, Walumbwa, Luthans, and May's (2004) theoretical framework. The purpose of this study was to partially fill this gap by examining the relationships between new graduate nurses' perceptions of preceptor authentic leadership and their work engagement and job satisfaction.

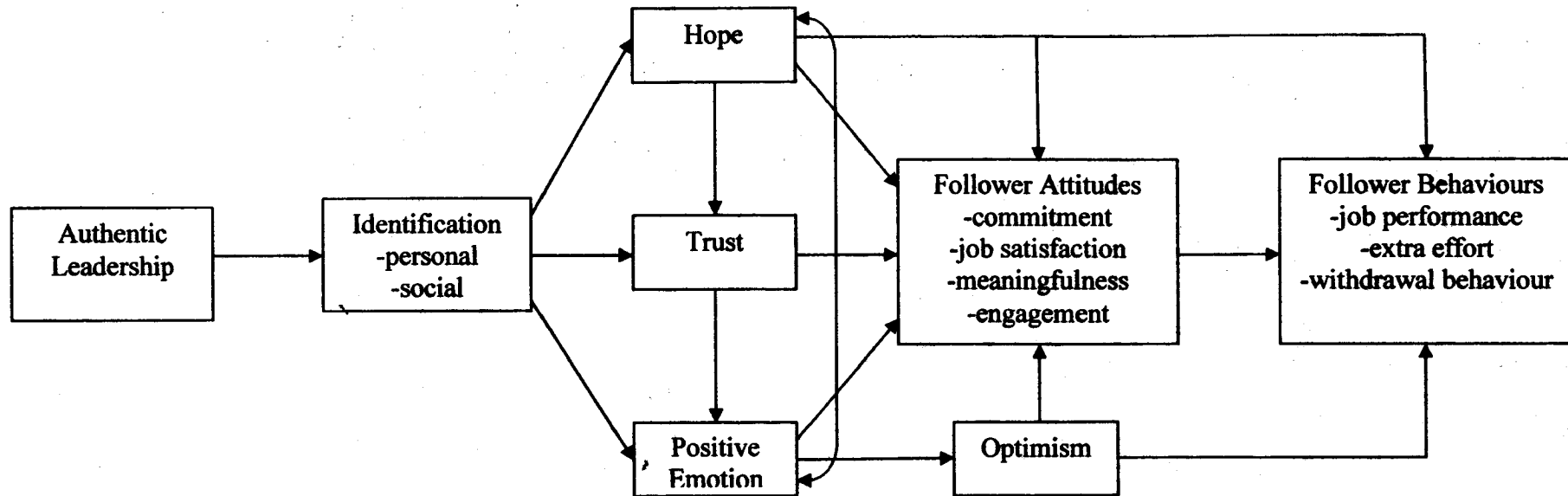
### Theoretical Framework

Avolio et al. (2004) proposed a model (Fig 1) linking authentic leadership to followers' attitudes and behaviours. Within this model, it is suggested that authentic leaders are able to enhance follower work attitudes (e.g., engagement, meaningfulness, commitment, satisfaction) and behaviour (e.g., performance, extra effort, withdrawal) through personal identification, social identification, and the intervening variables of hope, trust, positive emotions and optimism.

*Personal identification* refers to the process whereby a follower's belief about a leader becomes self-defining (Avolio & Gardner, 2005). Authentic leaders facilitate personal identification by connecting with the self-concept of followers (Avolio et al., 2004). By setting a personal example of high standards of integrity, authentic leaders



# Authentic Leadership Model



*Figure 1.* Proposed framework linking authentic leadership to followers' attitudes and behaviours (Avolio et al., 2004).

*Note.* From "Unlocking the mask: A look at the process by which authentic leaders impact follower attitudes and behaviours" by B.J. Avolio, W.L., Gardner, W.L., F.O. Walumbwa, F. Luthans, F., and D.R. May, 2004, *The Leadership Quarterly*, 15, p 803. Copyright 2004 by Elsevier, Inc. Adapted with permission.

evoke a deeper sense of personal commitment among followers and greater clarity about personal identity and emotions (Walumbwa et al., 2008a). This increased self-awareness moves followers toward the process of social identification.

*Social identification* refers to the process by which individuals identify they belong to a group, feel pride in belonging, and see group membership as an important aspect of their identity (Hogg, 2001). Authentic leaders facilitate social identification by creating a deeper sense of high moral values and expressing high levels of honesty and integrity in their dealings with followers (Avolio et al., 2004). Such leaders realize their behaviour sends a strong message to followers affecting how they think and behave, thus they are better able to grasp the implications of a given situation and keep their followers engaged over time for the benefit of the collective organization.

In conjunction with the identification processes, authentic leaders draw from positive psychological states of hope, trust, positive emotions, and optimism to model and promote the development of these in others (Gardner et al., 2005). *Hope* is defined as a positive motivational state that is based on an interactivity of goal directed energy and planning to meet goals (Synder, 2003). Authentic leaders facilitate the development of hope by nurturing follower motivation and determination, while including positive comments which reinforce the belief that successful plans can be formulated to attain goals (Avolio et al., 2004). *Trust* is defined as a "psychological state comprising the intention to accept vulnerability based upon positive expectations" (Rousseau, Sitkin, Burt, & Camerer, 1998, p. 395). The presence of trust encourages people to be positive, build on their strengths, act ethically and morally, and be committed to continuous improvement in organizational performance (Helland & Winston, 2005). *Positive*

*emotion* is defined as a positive response or reaction to an event or person (Weiss & Cropanzano, 1996). Avolio and Gardner (2005) explain that authentic leaders are able to interpret information, exchanges, and interactions with followers from a positive perspective, thus evoke positive emotions. *Optimism* is defined as "a cognitive process involving positive outcomes expectancies and causal attributions that are external, temporary, and specific in interpreting bad or negative events and internal, stable, and global for good or positive events" (Seligman, 1998, p. 813). It is through modeling of desired positive emotions, that realistic optimism is created, resulting in positive attitudes and high performance among followers (Avolio et al.).

Although Avolio et al.'s (2004) model identified several factors which mediate the relationship between authentic leadership and follower outcomes; the purpose of this study was to specifically focus on testing the relationship among the concepts of authentic leadership, work engagement, and job satisfaction.

### Related Research

#### *Preceptors and Leadership*

Preceptors are widely accepted as clinical leaders (Billay & Myrick, 2007). Although preceptors are expected to be role models, nurturing, compassionate, and experts in clinical knowledge (Speers et al., 2004), there are no explicit expectations of leadership abilities. Consequently, very few authors have explored the leadership of preceptors.

Lockwood-Rayermann (2003) discussed the leadership style of preceptors, however, only in relation to autocratic, democratic, laissez-faire or bureaucratic styles. She suggested that a preceptors' leadership style must be identified, and then

appropriately matched with a preceptees' learning needs. Only then can optimal preceptee outcomes be achieved.

Although there has been a distinct lack of research focused on preceptor leadership, there is a relatively large body of research that has explored the experience of new graduate nurse preceptees in relation to the professional attributes of preceptors. In a recent phenomenological study, Delaney (2003) found "graduates who worked with preceptors who displayed professional qualities such as seasoned experience, critical judgment, and clinical expertise, combined with a caring, supportive attitude, facilitated healthy transitions" (p. 442). Conversely, when preceptors did not possess these characteristics, graduates' were less positive and their progress was delayed. Similarly, in a qualitative longitudinal study of new Australian nurses ( $n=28$ ), Fox et al. (2005) found that "being allocated a preceptor, particularly one who demonstrates the characteristics of positive mentorship, was indentified as a very influential variable in determining the success of integration" (p. 7). Insight into the experience of new graduate nurse preceptees, although descriptive in nature, allude to the importance of considering preceptor leadership behaviours.

The importance of considering preceptors' leadership behaviour is evident in the consistently demonstrated relationship between leadership style of managers and job satisfaction of nurses (Loke, 2001; McNeese-Smith, 1995), and the fact that preceptors often enact a similar supervisory role (Newhouse et al., 2007). Applying the concept of authentic leadership to preceptors may expand our understanding of how preceptor leadership influences the professional attitudes and behaviours of new graduate nurses.

#### *Work Engagement*

Work engagement refers to a persistent and pervasive positive work-related state of mind (Schaufeli & Bakker, 2004). It is characterized by feelings of vigor, dedication, and absorption (Schaufeli, Bakker & Salanova, 2006). *Vigor* is characterized by high levels of energy and mental resilience while working, the willingness to invest effort in one's work, and persistence even in the face of difficulties. *Dedication* refers to being strongly involved in one's work and experiencing a sense of significance, enthusiasm, inspiration, pride, and challenge. *Absorption* is characterized by being fully concentrated and happily engrossed in one's work, whereby time passes quickly and one has difficulties with detaching oneself from work.

The study of engagement in nursing has taken two different but related paths: engagement as the opposite of burnout or as an independent state. Within nursing literature, work engagement is often considered to be the positive antipode of burnout (Cho, Laschinger, & Wong, 2006; Laschinger & Finegan, 2005; Laschinger & Leiter, 2006; Laschinger, Wong, & Greco, 2006). This perspective is based on Maslach and Leiter's (1997) conceptualization that work engagement and burnout exist on opposite ends of a continuum; thus burnout is viewed as the erosion of engagement (Maslach, Schaufeli, & Leiter, 2001).

For the purpose of this study, and congruent with the positive psychological underpinnings of authentic leadership, work engagement is viewed as an independent state rather than the opposite of burnout. This perspective is supported by Russell and Carroll (1999) who showed positive and negative affect to be independent states rather than two opposite poles of the same bipolar dimension. Furthermore, Schaufeli,

Salanova, Gonzalez-Roma, and Bakker (2002) found that burnout and engagement are negatively related, sharing only 10-20% of their variance.

The study of work engagement, as conceptualized by Schaufeli and Bakker (2004), is minimally noted within the nursing literature. In their study of new graduate ( $n=282$ ) and experienced ( $n=311$ ) nurses, Laschinger, Wilk, Cho, and Greco (2009), found work engagement to be a significant mediator between empowerment and perceived effectiveness ( $z = 1.86, p = 0.03$  for the non-experienced group and  $z = 4.62, p = 0.00$  for the experienced group). In a study of medical surgical nurses ( $n=167$ ), Simpson (2009) found positive correlations between employee engagement and turnover intentions ( $r=-.439, p<0.001$ ) and job satisfaction ( $r=.533, p<0.001$ ). Within this study, hierarchical multiple regression revealed 46% of the variability in work engagement was accounted for by registered nurses' satisfaction with their professional status, interaction at work, and intention to quit.

Although there is limited nursing research utilizing Schaufeli and Bakker's (2004) conceptualization of work engagement, its focus of study continues to evolve within psychology and business literature. Walumbwa, Fo, Wang, Wang, Schawbroeck, and Avolio (2008b), found a positive relationship between authentic leadership and work engagement ( $r=.35, p<.01$ ). Schaufeli and Bakker (2004) found a particularly strong and consistent relationship between availability of job resources and work engagement ( $r=.51; p<0.001$ ). There was also a somewhat weaker, but still significant relationship between engagement and turnover intentions ( $r=-.17; p<0.001$ ). Similarly, Harter, Schmidt, and Hayes (2002), demonstrated that employee engagement is associated with turnover ( $r= -.36; p<0.01$ ), and job satisfaction ( $r=.36, p<0.01$ ).

The growing body of research supporting the link between higher levels of work engagement and increased productivity, and higher levels of job satisfaction and decreased turnover, attends to the issues receiving attention in light of the current nursing shortage. Administrators and educators alike should recognize the positive impact an engaged new graduate nursing workforce will have on organizational and patient outcomes.

### *Job Satisfaction*

Job satisfaction is conceptually defined as "the extent to which employees like their jobs" (Stamps, 1997, p. 13). The concept of job satisfaction has been consistently present in nursing research for decades; however, emphasis on job satisfaction of new graduate nurses has recently increased in response to the current and anticipated nursing shortage (Craft Morgan & Lynn, 2008).

What makes a job satisfying or dissatisfying depends not only on the nature of the job, but also on the expectations that individuals have of what their job should provide (Lu et al., 2005). It is often identified in terms of extrinsic rewards such as salary, and intrinsic values such as sense of achievement, self-esteem, and self-worth (Cowin, Johnson, Craven, & Marsh, 2008). Although researchers have attempted to identify the various components of job satisfaction, measure the relative importance of each component, and examine what effect the components have on work-related outcomes, no consistent picture emerges. Not only are these findings contradictory, the ways in which job satisfaction is conceptualized and measured are diverse.

The positive relationship between authentic leadership and job satisfaction ( $r = .19; p < .05$ ), controlling for organizational climate, has been outlined by Walumbwa et al.

(2008a). Although there is no published nursing research which reports the effect of authentic leadership on the job satisfaction of new graduate nurse, several studies identified leadership as a strong contributing factor to the level of job satisfaction new graduate nurses experience. McNeese-Smith (1995) found significant relationships between leadership behaviours of managers and job satisfaction of nurses ( $R^2=.11$ ,  $p<.05$ ,  $n=471$ ;  $R^2=0.27$ ,  $p<.05$ ,  $n=221$ ) in two correlational studies. Utilizing the Leadership Practices Inventory, Loke (2001) found 29% of Singaporean staff nurses' ( $n=100$ ) job satisfaction was explained by their managers' leadership behaviour. Furthermore, in a study involving over 2,000 nurses from 19 Canadian teaching hospitals, hierarchical linear modeling determined that nurse managers' leadership had significant positive influence on nurses' perceptions of job satisfaction ( $t=4.488$ ,  $p<0.0001$ ) (Doran, 2003).

Job satisfaction as a predictor of new graduate turnover has been reported in several studies. Fang's (2001) study of Singaporean nurses demonstrated that job satisfaction was significantly negatively related to turnover intention ( $r=-.41$ ,  $p<.01$ ) and intention to quit ( $r=-.28$ ,  $p<.01$ ) with approximately 41% of the variance in turnover cognition explained by job satisfaction. Lu et al., (2007) found there was a negative relationship between new graduate nurses' job satisfaction and intention to leave their place of employment ( $r=-.17$ ,  $p<.05$ ,  $n=222$ ). Finally, Roberts, Jones, and Lynn (2004) found nurses who intended to stay in their current position were significantly more satisfied than those that did not intent to stay, but did not disclose the statistical measures of their findings.

### *Summary of Literature*

Work engagement and job satisfaction have been identified as contributing factors in the retention of new graduate nurses. Furthermore, the appropriate pairing of

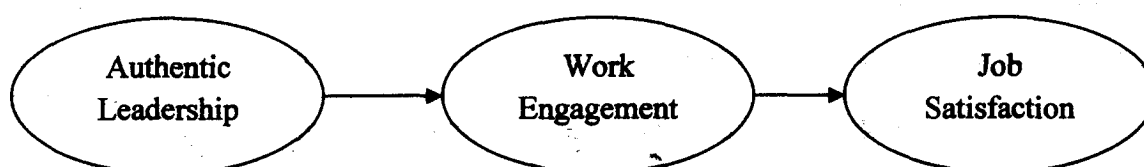


preceptor and preceptee is widely recognized an effective means of transitioning new graduate nurses to the workplace. Although preceptors are recognized as clinical leaders, very little research has examined how their leadership behaviours influence the workplace attitudes and behaviours of new graduate nurses. Applying the concept of authentic leadership to preceptors may expand our understanding of how preceptor leadership influences the professional attitudes and behaviours of new graduate nurses.

### Hypotheses and Rationale

Based on Avolio et al.'s (2004) theory of authentic leadership and a review of the literature the following hypotheses were formulated and the relationships depicted in Figure 2 were tested:

*Figure 2. Hypothesized Model*



1. New graduate nurses' perceptions of preceptor authentic leadership are positively related to work engagement.

Leadership is one of the single greatest contributing factors to employee work engagement (Harter et al. 2002). Avolio et al. (2004) proposed that authentic leaders elicit positive emotions from followers, build trust, ultimately improving engagement throughout the workforce. It is assumed that preceptors who demonstrate high levels of authentic leadership will demonstrate true concern for new graduates' wellbeing, provide

constructive feedback, and encourage open communication. Such positive attempts by preceptors should augment feelings of trust and promote the work engagement of new graduate nurses.

2. New graduate nurses' perceptions of preceptor authentic leadership and work engagement positively predict job satisfaction.

Gardner et al. (2005) argued that positive modeling by authentic leaders contributes to elevated levels of job satisfaction. It is expected that preceptors who demonstrate increased authentic leadership will help new graduate nurses identify their strengths and limitations and formulate appropriate short- and long-term goals, leading to increased levels of job satisfaction. Furthermore, the open supportive interactions which characterize effective preceptorship relationships (Myrick & Young, 2005) and contribute to work engagement (Simpson, 2009) will provide the context for an authentic connection and greater job satisfaction among new graduate nurses.

3. New graduate nurses' work engagement mediates the relationship between their perceptions of preceptor authentic leadership and job satisfaction.

It is asserted that demonstrated integrity of authentic preceptors, coupled with developmental experiences of preceptorship, will produce increased engagement among new graduate nurses. Authentic preceptors facilitate the experience of engagement by helping new graduate nurses discover their true talents, facilitating the use of those talents, and assisting them to create a better fit between work roles and personal goals. As Harter et al.'s (2002) meta-analysis of the relationship between employee engagement and work outcomes demonstrated, employee engagement is positively and strongly associated with satisfaction. Thus, it is expected that authentic leadership of

preceptors contributes to job satisfaction of new graduate nurses by increasing new graduate nurses' work engagement.

## Methods

### *Design and Sample*

A predictive non-experimental survey design was used to examine the relationships between new graduate nurses' perceptions of preceptor authentic leadership, work engagement and job satisfaction. The College of Nurses of Ontario (CNO) does not have a new graduate nurse classification within its membership categories; therefore, permission was sought to obtain a registry list of Registered Nurses who had less than two years of work experience and were employed in an acute care facility. However, the timing of sample collection coincided with the timing of annual membership renewal, which resulted in the majority of the sample having more than two years working experience. Therefore, the inclusion criteria were later modified to include new graduate nurses with less than or equal to three years of nursing experience.

In order to determine the appropriate sample size for this study, a power analysis was conducted. Based on an alpha of 0.05 and a power level of 0.80 (Faul, Erdfelder, Lang, & Buchner, 2007), the calculation revealed that 68 participants were required to detect a moderate effect size (0.15). However, 500 participants were sought to participate in this study to account for lower response rates typically found with mailed surveys (Polit & Beck, 2008), movement of new graduate nurses from employers, and the potential loss of participants from errors on the registry list.

A list of 499 eligible participants was received from the CNO. Of the 499 mailed questionnaires, 29 were returned because of incorrect addresses, four were returned blank

indicating these participants did not wish to participate, and five were deemed ineligible *because the participants declined to answer the Authentic Leadership Questionnaire. An additional 29 completed questionnaires were excluded because: 12 participants indicated more than three years had passed since they graduated from a BScN program; 16 participants were no longer working on the unit in which they were preceptored; and one participant graduated from a post RN program. The final sample consisted of 170 questionnaires (response rate= 39%).*

Complete demographic characteristics are presented in Table 1. Consistent with the demographic profile of new nurses in Ontario (CNO, 2008), the majority of nurses in the sample were female (91.8%), attended a 4 year BScN program (92.4%) and were employed full-time (75.3%). New graduate nurses averaged 28 years of age, 22 months experience in nursing, and 2.45 years since graduation. Medical-surgical was the most common area of practice (45.8%), followed by critical care (15.3%), and emergency (14.7%).

### *Instrumentation*

Four standardized self-report instruments were used to collect data and measure the major study variables (Appendix A). Due to copyright restrictions (Appendix C) only five items of the Authentic Leadership Questionnaire can be published in this thesis. The Authentic Leadership Questionnaire (ALQ) (Avolio, Gardner, & Walumbwa, 2007) was used to measure new graduate nurses' perception of preceptor authentic leadership. The ALQ is a theory-driven survey consisting of 16 items, divided into four subscales, based on the components of authentic leadership: relational transparency (five items), balanced processing (three items), self awareness (four items), and internalized moral perspective

Table 1

*Demographic Characteristics of the Sample (n=170)*

Demographic		Frequency (n)	Percent %	
Gender	Female	156	91.8	
	Male	14	8.2	
Employment Status	Full-time	128	75.3	
	Part-time	36	21.2	
	Casual	6	3.5	
Type of Program	4 year BScN	157	92.4	
	Accelerated BScN	13	7.6	
Specialty Area	Medicine-Surgery	78	45.9	
	Critical Care	26	15.3	
	Emergency	25	14.7	
	Maternal-Child	15	8.8	
	Paediatrics	14	8.2	
	Mental Health	5	2.9	
	Peri-operative	4	2.3	
	Undefined	3	1.0	
Participation in NGI	Yes	107	62.9	
	No	56	32.9	
	Unknown	7	4.1	
		N	Mean	SD
Age		169	27.81	5.94
Months of Experience in Work Setting		165	21.83	7.35
Years Since Graduation		169	2.45	0.50

(four items). Confirmatory factor analysis has supported the appropriateness of constructing the ALQ around the dimensions of authentic leadership (Walumbwa et al., 2008a). Items are rated on a 5-point Likert scale ranging from 0= *not at all* to 4= *frequently, if not always*. Each subscale was averaged to produce a total scale score between 0 and 4 with higher scores representative of higher levels of authenticity. Discriminant validity has been established (variance extracted .52 to .67) supporting the notion that authentic leadership is significantly distinguishable from ethical and transformational leadership (Walumbwa et al.). Acceptable internal consistency has been consistently reported, as evident by Cronbach's alphas ranging from .70 to .90 (Walumbwa et al.). In this study Cronbach's reliability coefficient for the ALQ was .91, with subscales ranging from .69 to .88.

The Utrecht Work Engagement Scale (UWES) (Schaufeli & Bakker, 2003) is a self-report questionnaire and was used to measure the work engagement of new graduate nurses in this study. The instrument consists of 17 items based on the components of work engagement: vigor (six items), dedication (five items), and absorption (six items). Confirmatory factor analyses have supported the three-dimensional structure of the instrument (Schaufeli & Bakker, 2006). Items are rated on a 7-point Likert scale ranging from 0= *never* to 6= *always, everyday*. Each subscale was averaged to produce a total scale score between 0 and 6 with higher scores representative of greater work engagement. The internal consistency of the UWES has been consistently reported be .70 or greater (Schaufeli et al., 2006). In this study, internal consistency of the total scale was supported by a Cronbach's alpha of .86. The Cronbach's alphas for the individual subscales ranged from .83 to .60, with the absorption subscale resulting in an alpha < .70.

Job satisfaction among study participants was assessed using Part B of the Index of Work Satisfaction scale (IWS) (Stamps, 1997). This instrument consists of 44 items based on 6 subscales: pay (6 items), autonomy (8 items), task requirements (6 items), organizational policies (7 items), interaction (10 items), and professional status (7 items). Items are rated on a 7-point Likert scale ranging from 1 = *strongly agree* to 7 = *strongly disagree*. The responses to each item were summed to obtain the Total Scale Score (TSS), which represented the participants' current level of job satisfaction. Possible scores range from 44-308, with higher scores indicating higher job satisfaction. Evaluation of construct validity has been in six studies by analysing correlations between IWS and organizational commitment, job stress, and turnover intention (Zangaro & Soeken, 2005). Importantly, the test for heterogeneity of variance in effect size for the six studies was significant ( $Q = 1043.43$ ,  $df = 5$ ,  $p < .05$ ) (Zangaro & Soeken), indicating variation in the study outcomes was not likely due to chance. Acceptable internal consistencies of .77 to .91 have been consistently reported (Stamps; Zangaro & Soeken). In this study, Cronbach's reliability coefficient for the IWS was .89; subscales ranged from .60 to .89, with the subscale of professional status resulting in an alpha of <.70.

A researcher-developed demographic questionnaire was included to elicit descriptive information about participants' age, gender, year of graduation, type of nursing program attended, academic institution attended, length of employment in current work setting, employment status, speciality area, and preceptorship experience.

#### *Data Collection*

Following approval from the University of Western Ontario Research Ethics Board (UWOREB), each participant was mailed a package that included the

questionnaire (Appendix A), letter of information (Appendix B), a self-addressed stamped envelope, and a two dollar Tim Horton's gift certificate. Consistent with the Dillman method (1978), the two weeks following the initial mailing, a reminder letter was sent to all non-respondents. Three weeks following the second mailing, a final package consisting of a follow-up letter, replacement questionnaire, and a self-addressed stamped envelope were sent to all non-respondents.

Participation was entirely voluntary and new graduate nurses who did not wish to participate in this study were asked to mail back their blank questionnaires. Consent to participate was indicated by completion and return of the questionnaire (Polit & Beck, 2008). In order to maintain confidentiality and facilitate follow up for each mailing, participants were identified with a code number accessible only to the researcher.

### *Data Analysis*

Statistical analyses were conducted using the Statistical Package for Social Sciences (SPSS), version 16.0 (SPSS Inc., 2007). Descriptive statistics were computed on all study variables. Pearson correlations, hierarchical multiple regression, and mediation analysis were used to test the study hypotheses. Consistent with the assumptions outlined by Polit and Beck (2008), data were normally distributed and a linear relationship existed between the independent variable (authentic leadership) and dependent variables (work engagement and job satisfaction).

## **Results**

### *Descriptive Results*

The means and standard deviations for the major study variables are summarized in Table 2. New graduate nurses perceived their preceptors to have a moderate level of



Table 2

*Reliability Analysis, Means and Standard Deviations for Instrument Scales and Subscales*

Instrument		Alpha Coefficient	Mean	SD
<b>Authentic Leadership Questionnaire</b>		.914	3.051	.615
<b>Subscales:</b>	Relational Transparency	.713	3.183	.599
	Balanced Processing	.689	2.895	.769
	Self Awareness	.882	2.791	.858
	Internalized Moral Perspective	.834	3.263	.640
<b>Utrecht Work Engagement Scale</b>		.857	3.975	.607
<b>Subscales:</b>	Vigor	.718	3.774	.695
	Absorption	.601	3.845	.709
	Dedication	.817	4.530	.790
<b>Index of Work Satisfaction</b>		.896	192.223	27.117
<b>Subscales:</b>	Pay	.841	23.359	6.622
	Autonomy	.718	37.765	6.368
	Task Requirements	.742	19.759	5.580
	Organizational Policies	.776	23.006	7.287
	Professional Status	.608	38.377	4.995
	Nurse-Nurse Interactions	.831	25.718	6.019
	Nurse-Physician Interactions	.892	24.241	6.035

authentic leadership ( $M=3.051$ ,  $SD=.615$ ). As these groups have not been studied in authentic leadership research, no direct comparisons could be made with other like groups.

New graduate nurses in this study were found to be moderately engaged ( $M=3.975$ ,  $SD=.607$ ). Of the three subscales contributing to work engagement, new

graduate nurses in this study reported dedication ( $M=4.530$ ,  $SD=.790$ ) the highest engagement factor, followed by absorption ( $M=3.845$ ,  $SD=.709$ ) and vigor ( $M=3.774$ ,  $SD=.695$ ). These findings are supported by Lashinger et al., (2009) and Simpson (2009) who reported similar findings in their study of new graduate nurses.

Similar to findings from related research (Ea, Griffin, L'Eplattenier, & Fitzpatrick, 2008; Simpson, 2009), the level of job satisfaction, or TSS for this sample was in the third quartile (between the 50<sup>th</sup> and 75<sup>th</sup> percentile) ( $M=192.223$ ,  $SD=27.117$ ) of the highest possible score of 308, indicating a moderate level of job satisfaction (Stamps, 1997). New graduate nurses in this study reported professional status ( $M=38.377$ ,  $SD=4.995$ ) to be the most satisfying aspect of their work, followed by autonomy ( $M=37.765$ ,  $SD=6.368$ ), nurse-nurse interaction ( $M=25.718$ ,  $SD=6.019$ ), and nurse-physician interaction ( $M=24.241$ ,  $SD=6.035$ ). Conversely, new graduate nurse in this study found task requirements ( $M=19.759$ ,  $SD=5.580$ ), organizational policies ( $M=23.006$ ,  $SD=7.287$ ), and pay ( $M=23.359$ ,  $SD=6.622$ ) to be the most dissatisfying.

### *Tests of Hypotheses*

In the first hypothesis, it was predicted that new graduate nurses' perception of preceptor authentic leadership would be positively related to work engagement. This hypothesis was supported by the finding that new graduate nurses' perceptions of preceptor authenticity were positively related to new graduate nurses' work engagement ( $r=.213$ ,  $p<.01$ ) (see Table 3). Authentic leadership was most strongly related to dedication ( $r=.293$ ,  $p<.01$ ) followed by vigor ( $r=.187$ ,  $p<.05$ ). However, no significant relationship was found between authentic leadership and the absorption component of work engagement. Overall, small yet significant positive relationships were found

Table 3

*Correlations Between Authentic Leadership and Work Engagement*

	Work Engagement	Vigor	Absorption	Dedication
<b>Authentic Leadership</b>	.213**	.187**	.092	.293**
Relational Transparency	.192**	.130*	.116	.242**
Balanced Processing	.184**	.152*	.096	.254**
Self Awareness	.139**	.156*	.007	.223**
Internalized Moral Perspective	.239**	.211**	.120	.312**

\*  $p < 0.05$ , one-tailed. \*\*  $p < 0.01$ , one-tailed.

between work engagement and the authentic leadership variables of relational transparency, balanced processing, self-awareness, and internalized moral perspective ( $r=.192, p<.01$ ;  $r=.184, p<.01$ ;  $r=.139, p<.01$ ;  $r=.239, p<.01$  respectively).

In the second hypothesis, preceptor authentic leadership and work engagement were posited to be positively predict job satisfaction in new graduate nurses. Hierarchical multiple regression revealed 15% of the variance in job satisfaction was explained by work engagement ( $R^2=.147, F=29.012, p<.0001$ ). When authentic leadership was entered into the regression, work engagement and authentic leadership accounted for 20% of the explained variance in job satisfaction ( $R^2=.195, F=20.239, p<.0001$ ). Furthermore, work engagement and preceptor authentic leadership were both significant independent predictors of job satisfaction ( $\beta=.341, t=4.799, p<.0001$  and  $\beta=.215, t=3.023, p=.003$ ).

Relationships between authentic leadership and job satisfaction and work engagement and job satisfaction were also examined (see Table 4). The highest positive correlations were found between work engagement and professional status of new

Table 4

*Correlations Between Authentic Leadership and Work Engagement With Job Satisfaction*

	<b>Job Satisfaction</b>	<b>Pay</b>	<b>Autonomy</b>	<b>Task Requirements</b>	<b>Organizational Policies</b>	<b>Professional Status</b>	<b>Nurse-Nurse Interaction</b>	<b>Nurse-Physician Interaction</b>
<b>Authentic Leadership</b>	.288**	.059	.252**	.153*	.097	.273**	.408**	.069
Relational Transparency	.257**	.077	.225**	.132	.124	.209**	.312**	.075
Balanced Processing	.173**	.067	.128	.059	.037	.175*	.314**	.013
Self Awareness	.251**	.006	.212**	.155*	.108	.241**	.385**	.115
Internalized Moral Perspective	.310**	.066	.308**	.172*	.046	.321**	.401**	.115
<b>Work Engagement</b>	.387**	.088	.409**	.238**	.127	.472**	.234**	.212**
Vigor	.420**	.067	.415**	.291**	.191*	.241**	.257**	.265**
Dedication	.485**	.097	.443**	.330**	.169*	.619**	.324**	.260**
Absorption	.162**	.085	.237**	.078	.028	.181*	.067	.062

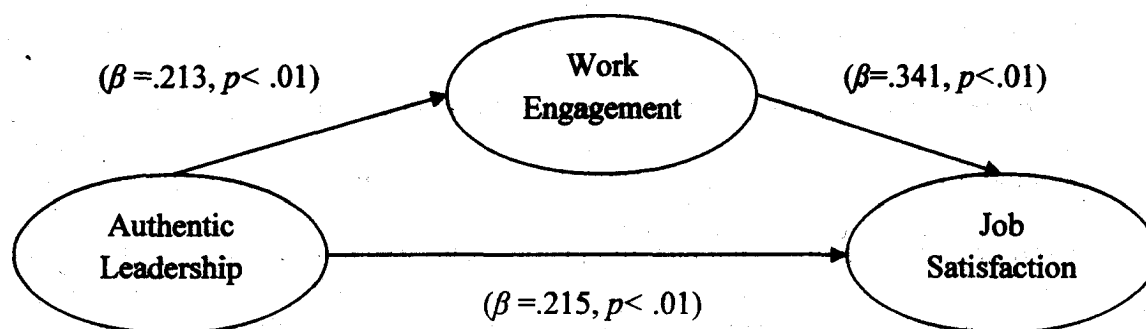
\*  $p < 0.05$ , one-tailed. \*\*  $p < 0.01$ , one-tailed.

graduate nurses ( $r=.472$ ,  $p<.01$ ) and authentic leadership and nurse-nurse interaction ( $r=.408$ ,  $p<.01$ ). Not surprisingly, no significant relationships were found between authentic leadership and pay, authentic leadership and organizational policies, work engagement and pay, and work engagement and organizational policies ( $p>.05$ ).

In the third hypothesis, it was proposed that work engagement mediates the relationship between authentic leadership and job satisfaction. According to Baron and Kenny (1986), four conditions are necessary to establish mediation: (a) the independent and mediating variables must be significantly related; (b) the independent and dependent variables must be significantly related; (c) the mediator and dependent variable must be significantly related; and (d) the relationship between the independent variable and dependent variable should be nonsignificant or weaker when the mediator is added.

Authentic leadership was positively related to work engagement ( $\beta=.213$ ,  $p<.01$ ), thus, condition (a) was supported. Authentic leadership was positively and significantly related to job satisfaction ( $\beta=.288$ ,  $p<.01$ ) and, thus, supported condition (b) for mediation. Work engagement was positively related to job satisfaction ( $\beta=.341$ ,  $p<.01$ ) and, thus, supported condition (c). Further, results show that, after work engagement was taken into account, the effects of authentic leadership ( $\beta=.215$ ,  $p<.01$ ) became weaker, albeit still significant, which suggests partial mediation (Fig 3). To further assess the significance of the mediation, Sobel's (1982) test for indirect effects was applied (MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002). Results show that the mediating effect of work engagement for authentic leadership and job satisfaction ( $p<.05$ ), was significant. Thus, Hypothesis 3 was partially supported.

Figure 3. Final Model



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

No significant relationships were found between the demographic variables (age, gender, type of nursing program attended, employment status, speciality area, number of preceptors, and participation in the New Graduate Initiative) and the major study variables (authentic leadership, work engagement, and job satisfaction). These findings must be viewed with caution however, because of the relative homogeneity of this sample.

#### **Discussion**

The purpose of this study was to examine the relationships between new graduate nurses' perceptions of preceptor authentic leadership and their work engagement and job satisfaction. Empirical support was gained for Avolio et al.'s (2004) contention that authentic leadership impacts the work attitudes and behaviours of employees.

Specifically, new graduate nurses who reported higher preceptor authentic leadership reported greater work engagement. Increased work engagement resulted in greater job satisfaction. The findings also support the argument that work engagement mediates the relationship between authentic leadership and job satisfaction.

During a time when the retention of new graduate nurses is of the utmost importance to nurse educators and administrators, the reliance on preceptors to facilitate the transition of new graduate nurses is paramount. The findings of this study will be of interest to nurse educators who endeavour to create preceptor preparatory programs that nurture the development of preceptor authenticity and nurse administrators who strive to create authentic working environments for new graduate nurses and preceptors. Preceptors' readiness to learn, leadership potential, and organizational supports are factors that must be considered.

New graduate nurses in this study reported a moderate level of preceptor authentic leadership. As these groups have not been studied in authentic leadership research, no direct comparisons could be made with other like groups. However, new graduate nurses in this study rated their perceptions of preceptor authenticity substantially higher than a group of Kenyan working adults rated their direct supervisor (Walumbwa et al., 2008a).

As predicted in the first hypothesis, new graduate nurses' perceptions of preceptor authentic leadership were positively related to their perceptions of work engagement. Of the authentic leadership dimensions, internalized moral perspective had the highest correlation with work engagement. It is expected that preceptors who acted consistently with their moral principles, honesty, and integrity, were able to identify with new graduate nurses and keep them engaged over time. Additionally, the relative importance of internalized moral perspective may speak to the behavioural integrity of effective preceptors (Billay, & Myrick, 2007) and the heightened level of personal morality that resides within all nurses (Trailer, 2004).

When compared to other dimensions of authentic leadership, new graduate nurses' perceptions of preceptor self-awareness had the weakest correlation with work engagement. Furthermore, the relatively low rating of preceptor self-awareness is problematic. As discussed by Avolio and Gardner, (2005) perceptions of self-awareness results from open positive exchanges between leaders and followers. This suggests that although new graduate nurses rated their preceptors to be moderately authentic, their relationship may not be marked by the authentic connection which characterizes effective preceptorship experiences (Myrick and Young, 2005). Consequently, preceptor preparatory programs which focus on self reflection and appraisal may help preceptors develop their self awareness and more effectively communicate in the preceptorship relationship.

No significant relationships were found between authentic leadership and the absorption dimension of work engagement. Absorption items on the UWES related to the ability of new graduate nurses to detach from their work. For nurses in this study to achieve a high level of absorption, they would be so immersed that they "forget everything else around" (Schaufeli & Bakker, 2003, p. 6) and have difficulty detaching themselves from their work. Traditionally, nurses tend to score low on the absorption dimension of the UWES (Schaufeli & Bakker, 2003). This finding likely stems from the fact that absorption behaviours are not encouraged, but rather, new graduate nurses are encouraged to separate their personal feelings and professional duties (Chestnutt & Everhart, 2007). Furthermore, there was a low alpha coefficient for the absorption subscale reflecting lower reliability for this subscale.



As predicted in the second hypothesis, new graduate nurses' perceptions of preceptor authentic leadership and work engagement positively predicted job satisfaction. In particular, when new graduate nurses in this study perceived higher preceptor authentic leadership and work engagement, they reported increased job satisfaction. It is important to note that there was no significant difference in the work engagement and job satisfaction of new nurses who took part in the *New Graduate Initiative* and those who did not. This suggests that the quality of the preceptorship relationship, as opposed to the length of time, may play a greater role in predicting work related attitudes of new graduate nurses.

Dedication was the work engagement dimension most strongly related to job satisfaction, supporting Schaufeli and Bakker's (2003) assertion that those who identify with their work are able to find meaning, are inspired, and are challenged. However, the high level of dedication among new nurses in this study is particularly interesting given the high turnover rate of new graduate nurses. This suggests that although new graduates feel dedicated to their role, there is a discrepancy between their desired experience and the actuality of practice, resulting in turnover. Preceptors who demonstrate authentic leadership, will assist new graduate nurses identify their strengths and limitations and formulate appropriate short- and long-term goals, potentially mitigating this effect.

Interestingly, absorption was weakly but positively correlated to job satisfaction in this study. A possible explanation for this may be related to the uncertainty new graduate nurses' feel as novices in the profession (Benner, 1984) and the limited experience which may render them ill prepared to handle the rapid paced, highly acute hospital setting. The open supportive interactions which characterize effective

preceptorship relationships (Myrick & Young, 2005) and contribute to work engagement (Simpson, 2009) may provide the context for an authentic connection and high levels of job satisfaction among new graduate nurses.

The importance of job satisfaction has been explored in relation to numerous variables. New graduate nurses in this study were most satisfied with their professional status, autonomy, nurse-nurse interaction, and nurse-physician interaction. Professional status (Simpson, 2009) and autonomy (Craft & Lynn, 2008; Lu et al., 2004) have consistently been ranked by new nurses as important components of job satisfaction. New graduate nurses satisfaction with nurse and physician interactions is supported by Adams and Bond (2000) who found the most important contributors to nurses' satisfaction were the degree of cohesion existing among ward nurses and the degree of collaboration with medical staff. Shifts in education preparation to include interprofessional education programs will likely increase new graduate nurses' satisfaction with nurse and physician relationships in the workplace. Students in such programs are encouraged to communicate openly with all members of the healthcare team while valuing each member's unique contribution to developing the most effective plan of care for patients. One can deduce that an authentic preceptorship experience which reinforces transparent interactions will continue to lead to the dissolution of traditional hierarchical structures within healthcare.

Although new graduate nurses in this study were most dissatisfied with task requirements, organizational policies, and pay; these findings must be considered with caution as insignificant ( $p \geq .05$ ) relationships were found between authentic leadership and pay and authentic leadership and organizational policies. This is likely due to the fact

that the leadership of preceptors has little to do with the organizational constraints of pay and organizational policies. Research aimed at understanding the experience of new graduate nurses has brought to light the stress new nurses feel when caring for high acuity patients. In order to fulfill these task requirements, new graduate nurses require experienced preceptors who are able to collaboratively create learning goals in which new graduates can master the skills required to practice in today's healthcare system. Dissatisfaction with organizational policies may speak to non-nursing tasks which many nurses find themselves doing. New graduate nurses dissatisfaction with pay is an issue that has continually been the focus of satisfaction reports and is a contextual issue that must be addressed at the organizational level. It is important to note that although new graduate nurses in this study ranked pay the third most dissatisfying component of job satisfaction, numerous researchers (Almada, Carafoli, Flattery, French, & McNamara, 2004; Cowin, 2002; Murrells, Robinson, & Griffiths, 2008; Simpson 2009) have found pay to be the most dissatisfying component of job satisfaction for new graduate nurses. A particularly interesting anomaly is reported by Chu, Hsu, Price, and Lee (2003) who found pay ( $p>0.05$ ) insignificantly related to job satisfaction among Chinese nurses. This discrepancy may be related to a cultural difference in value placed on the extrinsic variable of pay. Taken together, these factors may contribute to why new graduate nurses were experiencing only moderate levels of job satisfaction.

The third hypothesis in this study was partially supported. Higher levels of authentic leadership resulted in higher levels of work engagement. In turn, this led to higher levels of job satisfaction for new graduate nurses. However, the effect of authentic leadership on job satisfaction was partially mediated through work engagement.

The results of the model tested in Figure 2 lend support to previous knowledge about the positive effects of authentic leadership on work engagement and job satisfaction. The indirect effect of authentic leadership on job satisfaction through work engagement supports Avolio et al.'s (2004) theoretical model. It furthers our understanding of different ways through which new graduate nurse job satisfaction is influenced. Given the direct and indirect influences of authentic leadership on job satisfaction, strategies aimed at increasing the authentic leadership of preceptors can be an effective strategy for improving the job satisfaction, and ultimately retention, of new graduate nurses.

Overall, the results of this study provide support for Avolio et al.'s (2004) theory in the new graduate nurse population. Consistent with theoretical expectations, authentic leadership had a positive direct effect on work engagement, as well as an indirect effect on job satisfaction through the mediating variable of work engagement.

### Limitations

The limitations of this study are related to the methodology used to gather data and select the sample. While the use of self-report questionnaires is cost effective and less time-consuming than other methods, there is the potential for response bias (Polit & Beck, 2008).

Another limitation of this study is related to process used to acquire the sample. The sample of new graduate nurses was obtained from the CNO registration list. The ability of the College to provide accurate data is dependent on how the registrants complete their registration form. This data is only as current as the previous year's registration, leading to the possibility that some new graduate nurses may have been

missed. There is also the possibility that there are new graduates who were not listed because they indicated on their registration form that they did not want to participate in any research. Given the relative homogeneity of the sample, the findings can be cautiously generalized to new graduate nurses working in acute care setting in the province of Ontario. It is necessary to survey a national sample of new graduate nurses to generalize the findings further.

### Conclusion

The results of this study provide support for Avolio et al.'s (2004) theory of authentic leadership in the new graduate nurse population. In addition, this study helps advance the theoretical link between authentic leadership, work engagement, and job satisfaction. The findings suggest that when new graduate nurses are paired with preceptors who demonstrate high levels of authenticity, they feel more engaged and are more satisfied. Given the importance of preceptorship in facilitating a smooth transition of new graduate nurses to the workplace, it is necessary to invest in the development of preceptor authenticity. Avolio et al.'s theory can be used by health care administrators and educators alike to create preceptor preparatory programs which focus of the development of authentic preceptors. Supporting the development of authentic preceptor-preceptee relationship is essential to increasing work engagement, job satisfaction, and retention of new graduate nurses.

## References

- Adams, A., & Bond, S. (2000). Hospital nurses' job satisfaction, individual, and organizational characteristics. *Journal of Advanced Nursing*, 32, 536-543.
- Avolio, B.J., & Gardner, W.L. (2005). Authentic leadership development: Getting to the root of positive forms of leadership. *Leadership Quarterly*, 16, 315-338.
- Avolio, B.J., Gardner, W.L., & Walumbwa, F.O. (2007). *Authentic Leadership Questionnaire*. Retrieved April 5, 2009 from [www.mindgarden.com](http://www.mindgarden.com).
- Avolio, B.J., Gardner, W.L., Walumbwa, F.O., Luthans, F., & May, D.R. (2004). Unlocking the mask: A look at the process by which authentic leaders impact follower attitudes and behaviours. *Leadership Quarterly*, 15, 801-823.
- Almada, P., Carafoli, K., Flattery, J.B., French, D. A., & McNamara, M. (2004). Improving the Retention Rate of Newly Graduated Nurses. *Journal for nurses in staff development*, 20(6), 268-273.
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173-1182.
- Beecroft, P.C., Dorey, F., & Wenten, M. (2008). Turnover intention in new graduate nurses: a multivariate analysis. *Journal of Advanced Nursing*, 62, 41-52.
- Benner, P. (1984). *From novice to expert: excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley Publishing Company.
- Billay, D., & Myrick, F. (2007). Preceptorship: An integrative review of the literature. *Nurse Education in Practice*, 8, 258-266.
- Chestnutt, B.M., & Everhart, B. (2007). Meeting the Needs of Graduate Nurses in Critical Care Orientation. *Critical Care Nurse*, 27(3), 36-51.
- Cho, J., Laschinger, H.K., & Wong, C. (2006). Workplace empowerment, work engagement and organizational commitment of new graduate nurses. *Nursing Research*, 19(3), 43-60.
- Chu, C.I., Hsu, H.M., Price, J.L. & Lee, J.Y. (2003). Job satisfaction of hospital nurses: an empirical test of causal model in Taiwan. *International Nursing Review*, 50(3), 176-182.
- College of Nurses of Ontario. (2008). *CNO membership statistics report 2008*. Retrieved April 5, 2009, from <http://www.cno.org/about/stats.html>
- Cowin, L. (2002). The effects of nurses' job satisfaction on retention: an Australian perspective. *Journal of Nursing Administration*, 32, 283-291.

- Cowin, L.S., & Hengstberger-Sims, C. (2006). Newly graduated nurse self-concept and retention: a longitudinal survey. *International Journal of Nursing Studies*, 43, 59-70.
- Cowin, L.S., Johnson, M., Craven, R.G., & Marsh, H.W. (2008). Causal modeling of self-concept, job satisfaction, and retention of nurses. *International Journal of Nursing Studies*, 43, 59-70.
- Craft Morgan, J., & Lynn, M.R. (2008). Satisfaction in nursing in the context of the shortage. *Journal of Nursing Management*, article in press.
- Delaney, C. (2003). Walking a fine line: graduate nurses' transition experience during orientation. *Journal of Nursing Education*, 42, 437-443.
- Doran, D. (2003). *Nursing Sensitive Outcomes: State of the Science*. Boston, MA: Jones and Barrett Publishers
- Dillman, D. (1978). *Mail and telephone surveys: The total design method*. New York: John Wiley & Sons.
- Ea, E.E., Griffin, M.Q., L'Eplattenier, N., & Fitzpatrick, J.J. (2008). Job satisfaction and acculturation among Filipino registered nurses. *Journal of Nursing Scholarship*, 41, 46-51.
- Fang, Y. (2001). Turnover propensity and its causes among Singapore nurses: an empirical study. *International Journal of Human Resource Management*, 12, 859-871.
- Faul, F., Erdfelder, E., Lang, A.G., & Buchner, A. (2007). G\*Power 3: A flexible statistical power analysis for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39, 175-191..
- Fox, R., Henderson, A., & Malko-Nyhan, K. (2005). 'They survive despite the organizational culture, not because of it': a longitudinal study of new staff perception of what constitutes support during the transition to an acute tertiary facility. *International Journal of Nursing Practice*, 11, 193-199
- Gardner, W.L., Avolio, B.J., Luthans, F., May, D.R., & Walumbwa, F.O. (2005). "Can you see the real me?" A self-based model of authentic leader and follower development. *Leadership Quarterly*, 16, 343-372.
- Godinez, G., Schweiger, J., Gruver, J., & Ryan, P. (1999). Role transition from graduate to staff nurse: a qualitative analysis. *Journal for Nurses in Staff Development*, 15, 97-110.
- Government of Ontario. (2006). *New Graduate Guarantee*. Retrieved April 1, 2008 from <http://www.healthforceontario.ca/WhatIsHFO/FAQs/NursingGradGuarantee.aspx>

- Harter, S. (2002). Authenticity. In C.R. Snyder, & S. Lopez (Eds), *Handbook of positive psychology* (pp. 382-394). Oxford, UK: Oxford University Press.
- Harter, J.K., Schmidt, F.L., & Hayes, T.L. (2002). Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes; a meta-analysis. *Journal of Applied Psychology*, 87, 268-279.
- Helland, M.R., & Winston, B.E. (2005). Toward a deeper understanding of hope and leadership. *Journal of Leadership and Organizational Studies*, 12, 42-54.
- Hogg, M.A. (2001). A social identify theory of leadership. *Personality and Social Psychology Review*, 5, 184-200.
- Hyrkas, K., & Shoemaker, M. (2007). Changes in the preceptor role: re-visiting preceptors' perceptions of benefits, rewards, support and commitment to the role. *Journal of Advanced Nursing*, 60, 513-524.
- Kernis, M.H. (2003). Toward a conceptualization of optimal self-esteem. *Psychological Inquiry*, 14, 1-26.
- Laschinger, H.K., & Finegan, J. (2005). Empowering nurses for work engagement and health in hospital settings. *Journal of Nursing Administration*, 35, 439-449.
- Laschinger, H.K., & Leiter, M.P. (2006). The impact of nursing work environments on patient safety outcomes: the mediating role of burnout engagement. *Journal of Nursing Administration*, 36, 259-267.
- Laschinger, H.K., Wilk, P., Cho J., Greco, P. (2009). Empowerment, engagement and perceived effectiveness in nursing work environments: does experience matter? *Journal of Nursing Management*, 17, 636-646.
- Laschinger, H.K., Wong, C.A., & Greco, P. (2006). The impact of staff nurse empowerment on person-job fit and work engagement/burnout. *Organizational Culture*, 30, 358-367.
- Lockwood-Rayermann, S. (2003). Preceptor leadership style and the nursing practicum. *Journal of Professional Nursing*, 19, 32-37.
- Loke, J.C. (2001). Leadership behaviours: effects on job satisfaction, productivity and organizational commitment. *Journal of Nursing Management*, 9, 191-204.
- Luthans, F., & Avolio, B.J. (2003). Authentic leadership: A positive developmental approach. In K.S. Cameron, J.E. Dutton, & R.E. Quinn (Eds.), *Positive organizational scholarship*. (pp. 241- 261). San Francisco: Barrett- Koehler.
- Lu, L., While, A., & Barriball, L. (2005). Job satisfaction among nurses: a literature review. *International Journal of Nursing Studies*, 42, 211-227.



- MacKinnon, D. P., Lockwood, C. M., Hoffman, J. M., West, S. G., & Sheets, V. (2002). A comparison of methods to test mediation and other intervening variable effects. *Psychological Methods*, 7, 83-104.
- Murrells, T., Robinson, S., & Griffiths, P. (2008). Job satisfaction trends during nurses' early career. *BMC Nursing*, 7(7), 1-13.
- Newhouse, R.P., Hoffman, J.J., & Hairston, D.P. (2007). Evaluating an innovative program to improve new nurse graduate socialization into the acute healthcare setting. *Nursing Administration Quarterly*, 31, 50-60.
- McNeese-Smith, D.K. (1995). Job satisfaction, productively, and organizational commitment: the result of leadership. *Journal of Nursing Administration*, 25, 17-26.
- Maslach, C., & Leiter, M.P. (1997). *The truth about burnout*. San Francisco: Jossey-Bass.
- Maslach, C., Schaufeli, W.B., & Leiter, M.P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397-422.
- Myrick, F., & Young, O. (2005). *Nursing Preceptorship: Connecting Practice & Education*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Newhouse, R.P., Hoffman, J.J., & Hairston, D.P. (2007). Evaluating an innovative program to improve new nurse graduate socialization into the acute healthcare setting. *Nursing Administration Quarterly*, 31, 50-60.
- Polit, D.F., & Beck, C.T. (2008). *Nursing Research Generating and Assessing Evidence for Nursing Practice*. (8<sup>th</sup> ed.). Philadelphia: Lippincott William & Wilkins.
- Roberts, B.J., Jones, C., & Lynn, M. (2004). Job satisfaction of new baccalaureate nurses. *Journal of Nursing Administration*, 34, 428-435.
- Rosseau, D.M., Sitkin, S.B., Burt, R.S., & Camerer, C. (1998). Not so different after all: a cross discipline view of trust. *Academy of Management*, 23, 393-404.
- Russel, J.A., & Carroll, J.M. (1999). On the bipolarity of positive and negative affect. *Psychological Bulletin*, 125, 2-10.
- Schaufeli, W.B., & Bakker, A.B. (2003). *Utrecht Work Engagement Scale (UWES) Preliminary Manual*, ND: Occupational Health Psychology Unit, Utrecht University
- Schaufeli, W.B., & Bakker, A.B. (2004). Job demands, job resources, and their relationship with burnout and engagement: a multi-sample study. *Journal of Organizational Behaviour*, 25, 293-315.

- Schaufeli, W.B., & Bakker, A.B. (2006). The measurement of work engagement with a short questionnaire. *Educational and Psychological Measurement*, 66, 701-716.
- Schaufeli, W.B., Bakker A.B., & Salanova, M. (2006). The measurement of work engagement with a short questionnaire: a cross sectional study. *Educational and Psychological Measurement*, 66, 701-716
- Schaufeli, W.B., Salanova, M., Gonzalez-Roma, V., & Bakker A.B. (2002). The measurement of engagement and burnout: a confirmative analytic approach. *Journal of Happiness Studies*, 3, 71-92.
- Scott, E.S., Keehner Engleke, M., & Swanson, M. (2008). New graduate nurse transitioning: necessary or nice? *Applied Nursing Research*, 21, 75-83.
- Seligman, M.E.P. (1998). *Learned Optimism*. New York: Pocket Books.
- Simpson, M.R. (2009). Predictors of work engagement among medical surgical registered nurse. *Western Journal of Nursing Research*, 31, 44-65.
- Sobel, M. E. (1982). Asymptotic confidence intervals for indirect effects in structural equation models. In S. Leinhardt (Ed.), *Sociological Methodology 1982* (pp. 290-312). Washington DC: American Sociological Association.
- Speers, A.T., Strzyewski, N., & Ziolkowshi, L.D. (2004). Preceptor Preparation. *Journal for Nurses in Staff Development*, 20, 127-133.
- Stamps, P.L. (1997). *Nurses and Work Satisfaction: An Index for Measurement*. (2<sup>nd</sup> ed.). Chicago, IL: Health Administration Press.
- Storm, K., & Rothmann, S. (2003). A psychometric analysis of the utrecht work engagement scale in the south African police service. *Journal of Industrial Psychology*, 29(4), 62-70.
- SPSS Incorporated. (2007). SPSS for Windows Standard Version 16.0. Chicago, IL: SPSS Inc.
- Snyder, C.R. (2002). Hope theory: rainbows in the mind. *Psychological Inquiry*, 13, 249-275.
- Trailer, D.S. (2004). Beyond caring: the moral and ethical bases of responsive nurse-patient relationships. *Nursing Philosophy*, 5, 230-241,
- Walumbwa, F.O., Avolio, B.J., Gardner, W.L., Wernsing, T.S., & Peterson, S.J. (2008a). Authentic leadership: development and validation of a theory- based measure. *Journal of Management*, 34, 89-126.

- Walumbwa, F.O., Wang, H., Schawbroeck, J., & Avolio, B.J. (2008b). *Psychological processes linking authentic leadership to follower behaviours*. Paper presented at 2006 Academy of Management Meeting, Atlanta, GA.
- Zangaro, G.A., & Soeken, K.L. (2005). Meta-analysis of the reliability and validity of part B of the index of work satisfaction across studies. *Journal of Nursing Measurement, 13*, 7-22.

## Chapter Three

### Discussion

The purpose of this study was to examine the relationships between new graduate nurses' perceptions of preceptor authentic leadership (Avolio, Gardner, Walumbwa, Luthans, & May, 2004) and their work engagement and job satisfaction. In this study, authentic leadership had both a direct and indirect effect on job satisfaction through work engagement. The results of this study suggest that Avolio et al.'s theory can be used as a framework by nurse educators and hospital administrators to facilitate the development of preceptor authenticity which will promote the work engagement and job satisfaction of new graduate nurses; thus, increase retention.

### Implications for Nurse Educators

Given the support attained for some tenets of Avolio et al.'s (2004) theory, it is necessary to invest in development of preceptor authenticity in order to improve the work related attitudes of new graduate nurses. Work engagement and job satisfaction of new graduate nurses was influenced by their perceptions of preceptor self-awareness, transparency, ethical/moral conduct, and balanced processing. Initiatives which focus on developing these dimensions of authentic leadership are likely to increase their perceptions of preceptor authenticity.

### *Self-awareness Development*

Preceptors' true hallmark of success is the ability to process insight into one's own action or performance (Myrick & Young, 2005). However, new graduate nurses in this study reported perceptions of preceptor self-awareness to be the lowest when compared to the four dimensions of authentic leadership. Self-awareness refers to the degree to which a leader is aware of his or her strengths, limitations, and perceptions of

others (Avolio et al. 2004). To achieve self-awareness, preceptors must identify their strengths and recognize those areas of performance where they can improve. Therefore, nurse educators must employ formative evaluation strategies in which preceptors are given the opportunity to develop their self-assessment skills and assess their performance on an ongoing basis. For this process to be constructive, preceptors must transparently communicate with nurse educators and seek regular feedback for continuing improvement in their preceptor role. Such a process will likely circumvent the frequently reported miscommunication and misunderstanding that arise between new graduate nurses and preceptors.

#### *Relational Transparency Development*

Relational transparency involves valuing and achieving openness and truthfulness in one's relationships (Kernis, 2003). Nurse educators can facilitate the development of preceptors' relational transparency by encouraging open, honest communication and collaboration between themselves, preceptors, and preceptees. Furthermore, ongoing education-practice collaboration fosters greater appreciation of the unique and complementary skills each bring to the partnership (Beclack, Morjikian, Barger, Strachota, Fitzmaurice, Lee et al., 2001). The presentation of preceptors' genuine self through self-disclosure is likely to result in explicitly sharing of ideas, clarity of expectations, and a focus on areas of strength, as well as those areas requiring improvement. Such actions will create trust with preceptees and increase their perceptions of transparency.

#### *Balanced Processing Development*

The dimension of balanced processing, or the degree to which preceptors solicit sufficient opinion prior to making important decisions (Gardner, Avolio, Luthans, May, & Walumbwa, 2005), can be developed by nurse educators providing preceptors with a working environment in which they are able to voice their concerns. Encouraging preceptors to network with superiors, peers, and subordinates both within and outside of the organization can help develop balanced processing. A safe working environment, coupled with ongoing support, and preparatory programs which emphasized the relational nature of nursing, are likely to give preceptors the confidence needed to seek input from all stakeholders; thus improve new graduate nurses' perceptions of preceptors' balanced processing.

#### *Internalized Moral Perspective Development*

New graduate nurses in this study reported their perceptions of preceptor internalized moral perspective to be the highest when compared to the four dimensions of authentic leadership. Internalized moral perspective refers the degree to which a leader sets high standards for moral and ethical conduct (Avolio & Gardner, 2005). In order to be truly authentic, preceptors must align their core and espoused values and actions. Nurse educators can enhance the internalized moral perspective of preceptors by reinforcing the importance of acting in accordance with their personal moral and ethical values rather than external pressures.

#### *Summary*

Overall, new graduate nurses in this study perceived their preceptors to be moderately authentic. In light of the current nursing shortage and high turnover rates of new graduate nurses, nurse educators must do more than merely pair an experienced

nurse with a novice nurse. The implementation of strategies based on Avolio et al.'s (2004) theory of authentic leadership, combined with careful selection of preceptors, preceptor training, ongoing education, and support in their role, is likely to nurture the development of authentic preceptors.

### Implications for Hospital Administrators

Hospital administrators have a pivotal role to play in developing the authentic leadership of preceptors. Administrators are charged with removing the barriers that prohibit preceptors from developing their leadership potential. Nurse administrators must allocate the necessary human and financial resources necessary to implement preceptor preparatory programs.

At the unit level, hospital administrators must ensure adequate staffing. In addition to the association between staffing shortage and job dissatisfaction in new graduate nurses (Scott, Keehner Engelke, & Swanson, 2008), preceptors often feel overwhelmed by carrying a full patient assignment while having the added responsibility of precepting new graduate nurses (Hykes & Shoemaker, 2007). Furthermore, new graduate nurses in this study were most dissatisfied with the task requirements of their jobs. As previously noted, this is likely to stem from the non-nursing tasks nurses often find themselves doing. Hiring adequate support staff, such as housekeepers and clerks, is necessary to decrease the amount of time spent on non-nursing related work and increases the amount of time preceptors can devote to establishing an authentic preceptor-preceptee relationship.

Economic constraints often lead to reduced orientation for new graduate nurses and insufficient preceptor preparation. Therefore, administrators at the organizational

level must mobilize financial resources to ensure the continuation of preceptor-preceptee pairings and support preceptor development. Continuous and active investment in preceptor preparation is necessary to ensure successful transitions of new graduate nurses and for sustainable, long-term development of preceptors.

### Recommendations for Future Research

This study was the first to test Avolio et al.'s (2004) theory in a sample of new graduate nurses working in acute care setting in Ontario. This study only focused on the authentic leadership and follower attitude components of Avolio et al.'s theory. Future research should examine the relationships between new graduate nurses' perceptions of preceptor authentic leadership, personal identification, social identification, work attitudes, and work behaviours. Understanding the moderating effects of identification processes may shed light on the dynamic interactions which occur in preceptor-preceptee relationships.

Another critical issue that deserves research attention is leadership development. Understanding how authentic leadership of preceptors develops may lead to the implementation of preceptor preparatory programs based on Avolio et al.'s (2004) theory. Therefore, experimental studies that examine the effectiveness of preceptor leadership development and preparatory programs are suggested.

Replication of this study should be done using larger samples of new graduates working in other specialty areas and provinces and in other nurse populations to explore the differences in their perceptions of authentic leadership, work engagement, and job satisfaction. Replicating this study using a sample of nurse managers and experienced nurses would provide a broader view of the applicability of Avolio et al.'s (2004) theory.



### Summary and Conclusion

The successful transition of new graduate nurses' to the workplace hinges on the ability of orientation programs to meet their unique learning needs. A preceptored model of orientation, such as *The New Graduate Imitative*, has the potential to enhance the learning experiences of new graduate nurses and prepare them for their role as practicing nurse.

In order to enhance the retention of new graduate nurses, educators and administrators must make investments to develop the authenticity of preceptors. Although very little nursing research focused on authentic leadership, its significant impact on new graduate nurses' work engagement and job satisfaction should be recognized. Findings from this study suggest that new nurses paired with preceptors who possess high levels of authentic leadership are not only more engaged in work, they are also more satisfied.

The results of this study support the application of Avolio et al.'s (2004) concept of authentic leadership to the nursing population. In this study, authentic leadership had a positive direct effect on work engagement and an indirect effect on job satisfaction through work engagement. These findings suggest that implementing strategies that promote the development of preceptor authentic leadership can play an influential role in improving the work related attitudes of new graduate nurses.

## References

- Avolio, B.J., Gardner, W.L., Walumbwa, F.O., Luthans, F., & May, D.R. (2004). Unlocking the mask: A look at the process by which authentic leaders impact follower attitudes and behaviours. *Leadership Quarterly*, 15, 801-823.
- Beelack, J.P., Morjikian, R., Barger, S., Strachota, E., Fitzmaurice, J., Lee, A. et al. (2001). Developing BSN leaders for the future: the Fuld leadership initiative for nursing education (LINE). *Journal of Professional Nursing*, 17, 23-32.
- Gardner, W.L., Avolio, B.J., Luthans, F., May, D.R., & Walumbwa, F.O. (2005). "Can you see the real me?" A self-based model of authentic leader and follower development. *Leadership Quarterly*, 16, 343-372.
- Hyrkas, K., & Shoemaker, M. (2007). Changes in the preceptor role: re-visiting preceptors' perceptions of benefits, rewards, support and commitment to the role. *Journal of Advanced Nursing*, 60, 513-524.
- Kernis, M.H. (2003). Toward a conceptualization of optimal self-esteem. *Psychological Inquiry*, 14, 1-26.
- Scott, E.S., Keehner Engleke, M., & Swanson, M. (2008). New graduate nurse transitioning: necessary or nice? *Applied Nursing Research*, 21, 75-83.
- Myrick, F., & Young, O. (2005). *Nursing Preceptorship: Connecting Practice & Education*. Philadelphia, PA: Lippincott Williams & Wilkins.

## APPENDIX A

### Study Instruments

- |       |                                    |
|-------|------------------------------------|
| A. 01 | Authentic Leadership Questionnaire |
| A. 02 | Utrecht Work Engagement Scale      |
| A. 03 | Index of Jobs Satisfaction         |
| A. 04 | Demographic Questionnaire          |

### Authentic Leadership Questionnaire Sample Items

(Avolio, Gardner, & Walumbwa, 2007)

The following survey items refer to your preceptor's leader style, as you perceive it. Think about your experiences with this individual over the previous 4 months. *Judge how frequently each statement fits her or his leadership style using the following scale*

<b>Your Preceptor:</b>	<b>Not at all</b>	<b>Once in a while</b>	<b>Sometimes</b>	<b>Fairly often</b>	<b>Frequently, if not always</b>
1. Says exactly what she or he means	0	1	2	3	4
2. Demonstrates beliefs that are consistent with actions	0	1	2	3	4
3. Admits when she or he is wrong	0	1	2	3	4
4. Seeks feedback to improve interactions with others	0	1	2	3	4
5. Tells you the hard truth.	0	1	2	3	4

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

#### Legend

Self-awareness: 4  
 Balanced Processing: 3  
 Relational Transparency: 1, 5  
 Internalized Moral Perspective: 2

# Utrecht Work Engagement Scale

(Schaufeli & Bakker, 2003)

The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, circle "0" (zero) in the space after the statement. If you have had this feeling, indicate how often you feel it by circling the number (from 1 to 6) that best describes how frequently you feel that way.

	Never	Almost Never	Rarely	Some-times	Often	Very often	Always
1. I have a lot of energy at work	0	1	2	3	4	5	6
2. I find the work that I do full of meaning and purpose	0	1	2	3	4	5	6
3. I am proud of the work that I do	0	1	2	3	4	5	6
4. At my job, I feel strong and vigorous	0	1	2	3	4	5	6
5. When I'm working, I forget everything else around me	0	1	2	3	4	5	6
6. When I get up in the morning, I feel like going to work	0	1	2	3	4	5	6
7. I am proud of the work that I do	0	1	2	3	4	5	6
8. I am proud of the work that I do	0	1	2	3	4	5	6
9. I am proud of the work that I do	0	1	2	3	4	5	6
10. I am proud of the work that I do	0	1	2	3	4	5	6
11. I can continue working for very long periods at a time	0	1	2	3	4	5	6
12. I can continue working for very long periods at a time	0	1	2	3	4	5	6
13. I can continue working for very long periods at a time	0	1	2	3	4	5	6
14. I get carried away when I'm working	0	1	2	3	4	5	6
15. I get carried away when I'm working	0	1	2	3	4	5	6
16. It is difficult to detach myself from my job	0	1	2	3	4	5	6
17. It is difficult to detach myself from my job	0	1	2	3	4	5	6

## Legend

Vigor: 1, 4, 8, 12, 15, 17

Dedication: 2, 5, 7, 10, 13

Absorption: 3, 6, 9, 11, 14, 16

# Index of Work Satisfaction

(Stamps, 1997)

The following items represent statements about how satisfied you are with your current nursing job. Please respond to each item by circling the number that most closely indicates how you feel about each statement.

	Strongly Disagree	Disagree	Moderately Disagree	Undecided	Moderately Agree	Agree	Strongly Agree
1. Nursing is not widely recognized as being an important profession	1	2	3	4	5	6	7
2. There is too much clerical paperwork required of nursing personnel at my place of employment	1	2	3	4	5	6	7
3. Physicians in general cooperate with nursing staff on my unit	1	2	3	4	5	6	7
4. It is my impression that a lot of nursing personnel at my place of employment are dissatisfied with their pay	1	2	3	4	5	6	7
5. It is hard for new nurses to feel "at home" at my place of employment	1	2	3	4	5	6	7
6. There is a gap between the administration at my place of employment and the daily problems of the nursing service	1	2	3	4	5	6	7

13. I feel I have sufficient input into the program of care for my patients	1	2	3	4	5	6	7
14. I have sufficient input into the program of care for my patients	1	2	3	4	5	6	7
15. I think I could do a better job if I did not have so much to do all the time	1	2	3	4	5	6	7
16. There is a great deal of teamwork between nurses and doctors on my unit	1	2	3	4	5	6	7
17. I have too much responsibility and not enough authority	1	2	3	4	5	6	7
18. There is a lot of teamwork between nurses and doctors on my unit	1	2	3	4	5	6	7
19. There is a lot of teamwork between nurses and doctors on my unit	1	2	3	4	5	6	7
20. The present rate of increase in pay for nursing personnel at my place of employment is not satisfactory	1	2	3	4	5	6	7
21. The present rate of increase in pay for nursing personnel at my place of employment is not satisfactory	1	2	3	4	5	6	7
22. The nursing personnel I work with are not as friendly and outgoing as I would like	1	2	3	4	5	6	7
23. The nursing personnel I work with are not as friendly and outgoing as I would like	1	2	3	4	5	6	7
24. There is ample opportunity for nursing staff to participate in administrative decision-making process	1	2	3	4	5	6	7
25. There is ample opportunity for nursing staff to participate in administrative decision-making process	1	2	3	4	5	6	7

26. A great deal of independence is permitted, if not required of me	1	2	3	4	5	6	7
27. When I do my job, I am not paid as much as I deserve	1	2	3	4	5	6	7
28. There is a lot of "rank consciousness" where I work: nurses seldom mingle with those with less experience or different types of educational preparation	1	2	3	4	5	6	7
29. I have no direct say in the direction of my work	1	2	3	4	5	6	7
30. I am sometimes frustrated because all of my activities seem programmed for me	1	2	3	4	5	6	7
31. I am sometimes disappointed in the kind of patients that are assigned my specialty	1	2	3	4	5	6	7
32. From I hear about nursing service personnel at other hospitals, we my place of employment are being paid fairly	1	2	3	4	5	6	7
33. I am not free to discuss my place of employment with other people	1	2	3	4	5	6	7
34. It makes me proud to talk to other people about what I do on my job	1	2	3	4	5	6	7
35. I wish the population at my place of employment were more representative of the nursing staff	1	2	3	4	5	6	7
36. I could deliver much better care if I had more time with each patient	1	2	3	4	5	6	7
37. Physicians my place of employment generally understand and appreciate what the nursing staff does	1	2	3	4	5	6	7
38. If I had the decision to make all over again, I would still go into nursing	1	2	3	4	5	6	7



	1	2	3	4	5	6	7
39. The physicians at my place of employment look down too much on the nursing staff							
	1	2	3	4	5	6	7
41. My particular job really doesn't require much skill or "know-how"							
	1	2	3	4	5	6	7
43. I have the freedom in my work to make important decision as I see fit, and can count on my preceptors to back me up							
	1	2	3	4	5	6	7

### Legend

Pay: 1, 8, 14, 21, 32, 44

Autonomy: 7, 13, 17, 20, 26, 30, 31, 43

Task Requirements: 4, 11, 22, 24, 29, 36

Organizational Policies: 5, 12, 18, 25, 33, 40, 42

Professional Status: 2, 9, 15, 27, 34, 38, 41

Interaction: 3, 6, 10, 16, 19, 23, 28, 35, 37, 39

### Demographic Questionnaire

Please tell me something about yourself and the characteristics of your work setting.

1. Gender: ☐ Male ☐ Female
2. Age: \_\_\_\_\_ years old
3. Year of Graduation: \_\_\_\_\_.
4. Type of Nursing Program Attended: ☐ 4 year BScN  
☐ Accelerated BScN  
☐ Post RN Degree
5. Academic Institution Attended: \_\_\_\_\_.
6. Length of employment in current work setting: \_\_\_\_\_ Months
7. Employment Status: ☐ Full-time ☐ Part-time ☐ Casual
8. Speciality area: ☐ Critical Care ☐ Emergency ☐ Geriatrics  
☐ Maternal/Child ☐ Medicine ☐ Mental Health  
☐ Palliative Care ☐ Paediatrics ☐ Peri-operative  
☐ Surgery ☐ Other
9. Do you have a preceptor in your current position: ☐ Yes ☐ No
  - a. Do you have more than ONE preceptor: ☐ Yes ☐ No
  - b. Are you taking part in the *New Graduate Initiative*:  
☐ Yes ☐ No

If you answered NO to number 9...

10. Have you ever had a preceptor in your current position: ☐ Yes ☐ No
  - a. Did you have more than ONE preceptor: \_\_\_\_\_ ☐ Yes ☐ No
  - b. When did you and your preceptor(s) terminate your relationship:  
 \_\_\_\_\_ Month \_\_\_\_\_ Year
  - c. Did you take part in the *New Graduate Initiative*: ☐ Yes ☐ No
11. Would you like to receive a copy of the results of this study: ☐ Yes ☐ No

**Please share any other thoughts about your preceptor(s), preceptorship experience, or place of employment you feel are important:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**APPENDIX B****Letters of Information**

- B. 01 Letter of Information**
- B. 02 Follow-up Letter of Information**
- B. 03 Second Follow-up Letter of Information**

## Letter of Information and Consent Form

### Authentic Leadership: Its Effect on Work Engagement and Job Satisfaction of New Graduate Nurses

November, 2008

Dear Nursing Colleague,

I would like to invite you to participate in a research project I am conducting as part of the program requirements to complete my Master of Science in Nursing Degree at the University of Western Ontario.

*Why are the researchers doing this study?*

As part of the *New Graduate Initiative*, most new nursing graduates in Ontario are entitled to 12 weeks of preceptored work experience. This new initiative has been implemented province wide; therefore it is important to understand how preceptorship impacts the work experience of newly graduated nurses. Specifically, the purpose of this study is to examine the relationships between the level of authenticity in preceptors, and the job satisfaction and work engagement of new graduated nurses.

*How will the researchers do the study?*

In order to examine this topic, I have enclosed a questionnaire that asks some general demographic questions and for your opinion about your preceptor(s) and workplace. Your name was randomly selected, from those who indicated they have less than two years experience, from a registry list of the College of Nurses of Ontario.

*What will I be asked to do?*

Your participation in this research is entirely voluntary. The enclosed questionnaire should take about 20 minutes to complete. Completion and return of the enclosed questionnaires indicates your consent to participate in the study. If you do choose to participate, please use the pre-addressed stamped envelope enclosed to return the questionnaire to the research office.

*Can I withdraw from the study?*

You may refuse to participate, refuse to answer any of the questions, or withdraw from the study at any time without penalty. If at any time you would like to withdraw from the study, please contact the study investigator and your data will be removed from the files. If you do not wish to participate, please return the blank questionnaire, after which you will not be contacted further.

*How will my privacy be protected?*

If you do choose to participate, your responses are will be kept strictly confidential. Questionnaire forms will contain no identifiers that link you to any specific response. A code is assigned to each questionnaire package to monitor response rates and send

reminders to participants who have not returned the questionnaire package. Information you provide will be maintained in a locked cabinet through the duration of the study and will be accessible only to the study investigator. Once the study is completed, the questionnaires will be destroyed using confidential shredding devices. Questionnaire results will be reported in summary only and data compiled will only be used for research purposes. If the results of the study are published, your name will not be used and no information that discloses your identity will be released or published without your explicit consent to the disclosure. However, representatives of the University of Western Ontario Health Science Research Ethics Board may contact you or require access to your study- records to monitor conduct of the research.

*What are the burdens and benefits of the study?*

There are no known or expected risks associated with participation in this study. However if you do choose to partake in this research study, you will be helping advance knowledge related to job satisfaction and work engagement of newly graduated nurses, and leadership qualities of preceptors. I would very much appreciate your participation in this research project.

*Will the study cost me anything and, if so, how will I be reimbursed?*

As a small token of my appreciation, I have included a coupon redeemable at Tim Horton's which is yours to keep whether or not you choose to participate.

*How will I be informed of study results?*

If you are interested in receiving the results of this study, please indicate so in the space provided on the cover of your questionnaire package. I would be happy to send you a copy of the results.

*What if I have study questions or problems?*

If you have any questions, please feel free to contact me at \_\_\_\_\_ My research supervisor Dr. Carol Wong is also available at the University of Western Ontario at \_\_\_\_\_ for \_\_\_\_\_. Should you have any questions about the conduct of this study or your rights as a research subject, you can contact the Office of Research Ethics, University of Western Ontario at (519) 661-3036 or [ethics@uwo.ca](mailto:ethics@uwo.ca).

Thank you very much for considering my request.

Sincerest Regards,

Lisa Giallonardo RN, BScN, MScN Student  
Arthur Labatt Family School of Nursing  
University of Western Ontario

Dr. Carol Wong RN, PhD  
Arthur Labatt Family School of Nursing  
Assistant Professor, School of Nursing,  
University of Western Ontario

## Follow-up Letter of Information and Consent Form

### Authentic Leadership: Its Effect on Work Engagement and Job Satisfaction of New Graduate Nurses

Dear Nursing Colleague,

Three weeks ago I sent you a package containing a questionnaire and letter of information related to a research study being conducted to examine the relationship between the level of authenticity in preceptors and the job satisfaction and work engagement of new graduate nurses. Since it has been sent to only a small, but representative sample of new graduate nurses, it is important that your responses be included in the study if the results are to accurately represent the opinions of all new graduate nurses in Ontario.

If you have already responded, *thank you* very much for your time and support. If you have not, I would appreciate you doing so as soon as possible. Your participation in this research is entirely voluntary. Completion and return of the questionnaire indicates your consent to participate in the study. If you do not wish to participate, please return the blank questionnaire in the pre-addressed, stamped envelope. In doing so you will not be contacted further.

If you are interested in receiving the results of this study, please indicate so in the space provided on the cover of your questionnaire package. I would be happy to send you a copy of the results. If by some chance you did not receive the questionnaire, or it was misplaced, please contact me by email and I will mail another questionnaire to you today.

If you have any questions, please feel free to contact me at \_\_\_\_\_. My research supervisor Dr. Carol Wong is also available at the University of Western Ontario at \_\_\_\_\_ or \_\_\_\_\_. Should you have any questions about the conduct of this study or your rights as a research subject, you can contact the Office of Research Ethics, University of Western Ontario at (519) 661-3036 or [ethics@uwo.ca](mailto:ethics@uwo.ca).

Thank you very much for considering my request.

Sincerest regards,

Lisa Giallonardo RN, BScN, MScN Student  
Arthur Labatt Family School of Nursing  
University of Western Ontario

Dr. Carol Wong RN, PhD  
Arthur Labatt Family School of Nursing  
Assistant Professor, School of Nursing,  
University of Western Ontario

## **Second Follow-up Letter of Information and Consent Form**

### **Authentic Leadership: Its Effect on Work Engagement and Job Satisfaction of New Graduate Nurses**

Dear Nursing Colleague,

Five weeks ago I sent you a package containing a questionnaire and information letter related to a study I am conducting as part of the program requirements to complete my Master's of Science in Nursing Degree at the University of Western Ontario. As of today, I have yet to receive your questionnaire.

#### *Why is the researcher doing this study?*

As part of the *New Graduate Initiative*, most new nursing graduates in Ontario are entitled to 12 weeks of preceptored work experience. This new initiative has been implemented province wide; therefore it is important to understand how preceptorship impacts the work experience of newly graduated nurses. Specifically, the purpose of this study is to examine the relationships between the level of authenticity in preceptors, and the job satisfaction and work engagement of new graduated nurses.

#### *How will the researcher do the study?*

In the event that you did not receive your questionnaire, or it has been misplaced, I have enclosed a replacement. This questionnaire asks some general demographic questions and for your opinion about your preceptor(s) and workplace. Your name was randomly selected, from those who indicated they have less than two years experience, from a registry list of the College of Nurses of Ontario.

#### *What will I be asked to do?*

Your participation in this research is entirely voluntary. The enclosed questionnaire should take about 20 minutes to complete. Completion and return of the enclosed questionnaire indicates your consent to participate in the study. If you do choose to participate, please use the pre-addressed stamped envelope enclosed to return the questionnaire to the research office.

#### *Can I withdraw from the study?*

You may refuse to participate, refuse to answer any of the questions, or withdraw from the study at any time without penalty. If at any time you would like to withdraw from the study, please contact the study investigator and your data will be removed from the files.

#### *How will my privacy be protected?*

If you do choose to participate, your responses are will be kept strictly confidential. Questionnaire forms will contain no identifiers that link you to any specific response. A code is assigned to each questionnaire package to monitor response rates and send



reminders to participants who have not returned the questionnaire package. Information you provide will be maintained in a locked cabinet through the duration of the study and will be accessible only to the study investigator. Once the study is completed, the questionnaires will be destroyed using confidential shredding devices. Questionnaire results will be reported in summary only and data compiled will only be used for research purposes. If the results of the study are published, your name will not be used and no information that discloses your identity will be released or published without your explicit consent to the disclosure. However, representatives of the University of Western Ontario Health Science Research Ethics Board may contact you or require access to your study- records to monitor conduct of the research.

*What are the burdens and benefits of the study?*

There are no known or expected risks associated with participation in this study. However if you do choose to partake in this research study, you will be helping advance knowledge related to job satisfaction and work engagement of newly graduated nurses, and leadership qualities of preceptors.

*How will I be informed of study results?*

If you are interested in receiving the results of this study, please indicate so in the space provided on the cover of your questionnaire package. I would be happy to send you a copy of the results.

*What if I have study questions or problems?*

If you have any questions, please feel free to contact me at \_\_\_\_\_ . My research supervisor Dr. Carol Wong is also available at the University of Western Ontario at \_\_\_\_\_ or \_\_\_\_\_. Should you have any questions about the conduct of this study or your rights as a research subject, you can contact the Office of Research Ethics, University of Western Ontario at (519) 661-3036 or [ethics@uwo.ca](mailto:ethics@uwo.ca).

Thank you very much for considering my request.

Sincerest regards,

Lisa Giallonardo RN, BScN, MScN Student  
Arthur Labatt Family School of Nursing  
University of Western Ontario

Dr. Carol Wong RN, PhD  
Arthur Labatt Family School of Nursing  
Assistant Professor, School of Nursing,  
University of Western Ontario

## APPENDIX C

### Letter of Approval

- C. 01      **The University of Western Ontario Review Board of Health Sciences Research Involving Human Subjects Certificate of Approval**
- C. 02      **Permission for use of the Authentic Leadership Model**
- C. 03      **Permission for use of the Authentic Leadership Questionnaire**
- C. 04      **Permission for use of the Index of Work Satisfaction**
- C. 05      **Request for List/Labs from College of Nurses of Ontario**



## Office of Research Ethics

The University of Western Ontario  
Room 4180 Support Services Building, London, ON, Canada N6A 5C1  
Telephone: (519) 861-3036 Fax: (519) 850-2466 Email: [ethics@uwo.ca](mailto:ethics@uwo.ca)  
Website: [www.uwo.ca/research/ethics](http://www.uwo.ca/research/ethics)

73

### Use of Human Subjects - Ethics Approval Notice

Principal Investigator: Dr. C.A. Wong

Review Number: 18888E

Review Level: Expedited

Review Date: October 16, 2008

Protocol Title: Authentic Leadership: Its effect on work engagement and job satisfaction of new graduate nurses

Department and Institution: Nursing, University of Western Ontario

Sponsor:

Ethics Approval Date: October 31, 2008

Expiry Date: August 31, 2009

Documents Reviewed and Approved: UWO Protocol, Letter of Information, Reminder Letters (2)

Documents Received for Information:

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted approval to the above referenced study on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

The ethics approval for this study shall remain valid until the expiry date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the UWO Updated Approval Request Form.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the HSREB except when necessary to eliminate immediate hazards to the subject or when the change(s) involve only logistical or administrative aspects of the study (e.g. change of monitor, telephone number). Expedited review of minor change(s) in ongoing studies will be considered. Subjects must receive a copy of the signed information/consent documentation.

Investigators must promptly also report to the HSREB:

- a) changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
- b) all adverse and unexpected experiences or events that are both serious and unexpected;
- c) new information that may adversely affect the safety of the subjects or the conduct of the study.

If these changes/adverse events require a change to the information/consent documentation, and/or recruitment advertisement, the newly revised information/consent documentation, and/or advertisement, must be submitted to this office for approval.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

Chair of HSREB: Dr. Joseph Gilbert

Ethics Officer to Contact for Further Information			
<input type="checkbox"/> Janice Sutherland	<input checked="" type="checkbox"/> Elizabeth Wambolt	<input type="checkbox"/> Grace Kelly	<input checked="" type="checkbox"/> Denise Grafton

This is an official document. Please retain the original in your files.

cc: ORE File

This is a License Agreement between Lisa M Giallonardo ("You") and Elsevier ("Elsevier") provided by Copyright Clearance Center ("CCC"). The license consists of your order details, the terms and conditions provided by Elsevier, and the payment terms and conditions.

All payments must be made in full to CCC. For payment instructions, please see information listed at the bottom of this form.

Elsevier Limited  
The Boulevard, Langford Lane  
Kidlington, Oxford, OX5 1GB, UK

1982084

Lisa M Giallonardo

2258230763005

Aug 29, 2009

Elsevier

The Leadership Quarterly

Unlocking the mask: a look at the  
process by which authentic  
leaders impact follower attitudes  
and behaviors

Bruce J. Avolio, William L.  
Gardner, Fred O. Walumbwa, Fred  
Luthans and Douglas R. May

December 2004

0

Thesis / Dissertation

Figures/table/illustration/abstracts

1

Print

No

No

Sep 2010

GB 494 6272 12



[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,

  
Vicki Jaimez  
Mind Garden, Inc.  
[www.mindgarden.com](http://www.mindgarden.com)



UNIVERSITY of  
MASSACHUSETTS  
Arnold House  
Box 30430  
Amherst, MA 01003-0430

School of Public Health 76  
and Health Sciences

Department of  
Community Health Studies

voice: 413.545.1312  
fax: 413.545.6536

August 23, 2008

Lisa Giallonardo

CANADA

Dear Ms. Giallonardo:

I appreciate receiving your request for permission to use the Index of Work Satisfaction (IWS) in the very interesting research project described in your recent letter.. The second edition of my book *Nurses and Work Satisfaction: An Index of Measurement, 2<sup>nd</sup>. Edition* (1997) gives the most recent version of the IWS, along with the statistical description of the scale itself. Also included in this volume are results from over 80 studies that have used the IWS. Several investigators write about their experiences using this measurement tool. The book may be ordered by you or your school's library from Health Administration Press (US \$43.00) by mail, telephone or fax:

Health Administration Press  
P.O. Box 401  
Annapolis Junction, MD 20701-0401

Phone orders: 301-362-6905  
FAX # 301-206-9789  
ISBN #1-56793-061-1

The IWS questionnaire is a copyrighted measurement tool, with the copyright held by myself and Market Street Research, Inc., a full-service marketing research and evaluation firm located in Northampton, Massachusetts. If you wish to use the IWS questionnaire, a fee of \$30.00 payable to Market Street Research covers permission to use the questionnaire, a print-ready hard copy formatted for use in your study, and an IBM-compatible floppy diskette which you can use in the event you wish to add questions of

interest to your particular area of research. Other services available from Market Street Research include:

- A step-by step instruction manual so you can score the IWS yourself
- Data entry services; scoring assistance and basic data analysis
- Technical assistance in modifying or expanding the questionnaire

I have enclosed a complete description of these services as well as a price list. Please send any checks directly to Market Street Research, using the order form I have included. If you do decide to use the IWS in your study, you will need the scoring manual unless you would like for Market Street Research to do the scoring for you. This scoring service comes with a basic analysis and results are available quickly. If you have any questions about the IWS or any of the support services available for users of the IWS, please call either myself or Market Street Research. Market Street Research does not need a separate letter from you.

I would very much appreciate hearing about your results, as I am keeping a file of the types of research for which people are using the IWS. Good luck with your study and feel free to contact me for any additional information.

Sincerely,

Paula Stamps, Ph.D.  
University of Massachusetts  
Phone:  
Fax: |  
Email:



**COLLEGE OF NURSES  
OF ONTARIO**  
**ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO**

**THE STANDARD OF CARE.  
L'EXCELLENCE EN SOINS**

101 Davenport Road, Toronto, Ontario  
Canada M5R 3P1 [www.cno.org](http://www.cno.org)  
Telephone 416 928-0900  
Toll Free (Ontario) 1 800 387-5526  
Facsimile 416 928-6507

101, chemin Davenport, Toronto, Ontario  
Canada M5R 3P1 [www.cno.org](http://www.cno.org)  
Téléphone 416 928-0900  
Sans frais (Ontario) 1 800 387-5526  
Télécopieur 416 928-6507

November 26, 2008

Lisa Giallonardo

Dear Lisa Giallonardo,

Re: Mailing List Request #08-035

Enclosed is a CD containing the information of members currently registered with the College of Nurses of Ontario, according to your selection criteria. Please note that only members who have given us consent to release their information for the purpose of research in nursing have been included in the list provided to you.

This list of names and home addresses is provided with the understanding and your agreement that you will maintain the confidentiality of the list, that it is not to be shared with any third party and will be used solely for the purpose stated for the request.

An invoice for the material is also enclosed. Please attach your cheque to a copy of the invoice and address your payment to the attention of Ravi Prathivathi, Manager, Registration and Finance.

Please do not hesitate to email [stats@cnomail.org](mailto:stats@cnomail.org) if you have any questions or need additional information.

Sincerely,

**Brent Knowles**  
Manager, Information Management

BK/chc  
Enclosures: 1 CD containing members list