

Authentic Leadership and its Influence on Job Embeddedness among Staff Nurses

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Received October 14, 2023, accepted November 18, 2023, Published January 1, 2024.

ABSTRACT

Context: A novel style of leadership known as "authentic leadership" involves leaders presenting how effectively a person is socially integrated inside their organization, fostering sincere relationships, and operating from an ethical base. Additionally affect the employee's embeddings at work. Job embeddedness is the joint force that keeps an individual from leaving.

Aim: The study aimed to assess authentic leadership and its influence on job embeddedness among staff nurses.

Methods: A correlational descriptive design was employed to carry out this study at Ain Shams University Hospital on a random sample of 185 staff nurses out of 310 eligible to participate in this study. Two tools were utilized in this study: The Authentic Leadership Inventory and the Job Embeddedness Scale.

Results: reveal that 61% of studied nurses had a low total perception level of authentic leadership, and 50% had a high total level of job embeddedness.

Conclusion: A highly statistically significant negative correlation was shown between total staff nurses' perception level of authentic leadership and job embeddedness. Managers should provide flexibility to staff nurses to keep them motivated and more productive. Nurse managers should meet with nurses frequently to hear about and address their concerns and to communicate their feelings.

Keywords: Authentic leadership, job embeddedness, and staff nurses

Citation: El Sayed, S. M., & Khaled, A. El. M (2023). Authentic Leadership and its Influence on Job Embeddedness among Staff Nurses. *Evidence-Based Nursing Research*, 6(1), 53-60. <http://doi.org/10.47104/ebnrojs3.v5i4.309>.

1. Introduction

Healthcare organizations attempt to be as successful as possible in today's competitive market. A critical variable in establishing and sustaining a healthful work environment is leadership. It is the key to the nursing profession, which requires knowledgeable, consistent, and strong leaders who are inspiring others, perceptible, and support professional nursing practice (Alilyyani, 2022).

Leadership is the course of the intuitive impact that happens when, in every specific circumstance, certain individuals acknowledge somebody as their leader to accomplish shared objectives. Thus, positive leadership involves persuading and convincing people to go the extra mile to achieve the organization's goals. (Shaheen, 2018).

The literature indicates that the advantage of a leader in an organization is that they help set the direction the employees should follow to achieve the vision of the organization and positively influence the work environment through authentic leadership, transparent communication, and sincere partnership with subordinates (Elbers et al., 2023).

Authentic leadership is a novel approach in which leaders work on an ethical base, are genuine, and establish honest relationships (Alshammari et al., 2020). Research has claimed that authentic leadership is influenced by the actions of both the leader and the follower. The exchange of information

between leaders and followers fosters well-being, self-awareness, self-efficacy, and individual development (Larsson et al., 2021).

Authentic leadership is a pattern of leader behavior classified into four dimensions: Firstly, self-awareness is a continuing process of leaders' reflection and re-examination of their values, strengths, and weaknesses (Lofts, 2022). Secondly, an internalized moral perspective involves the process of self-regulation directed by moral principles and values (Puni & Hilton, 2020). Thirdly, relational transparency involves openly communicating with followers and revealing information, opinions, and emotions. Finally, balanced processing means refraining from showing favoritism towards specific issues and maintaining impartiality when making decisions (Crawford et al., 2020; McPherson et al., 2022).

Ultimately, with its emphasis on clinical outcomes and staff retention, authentic leadership has been associated with a positive workplace environment in healthcare institutions and is now part of the standard model of care (King et al., 2022). Therefore, it is important to study embeddedness, which examines the factors contributing to employee retention and turnover intention to decrease (Rahimnia et al., 2021).

A new metric for measuring how well an individual is socially integrated inside their organization is called job

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embeddedness (JE). By reflecting on employees' choices to participate widely and directly, JE shifts the focus of scholarly research away from leaving due to discontent. Better described, job embeddedness is a retaining or "ant withdrawal" construct (Teng *et al.*, 2021). The construct of JE is abstracted as a combination of psychosocial and economic factors that influence an individual's choice to remain within an organization rather than focusing on the reasons for their departure (Yoon *et al.*, 2022).

Interestingly, the research indicates that JE influences an individual's decision to stay by considering their degree of social connections, how much their work and community align with their other interests, and the sacrifices they would have to make if they were to leave their job (Stewart & Wiener, 2021).

The three dimensions of job embeddedness are fit, sacrifice, and linkages. Fit refers to the alignment between an employee's objectives and values and those of the organization. Sacrifice relates to the perceived expenses of leaving the organization, including financial and social aspects. Lastly, associations with other entities in the workplace, whether formal or informal, are regarded as connections. The greater an individual's immersion in their work, the stronger the alignment, the extent of connections, and the level of sacrifice (Hassan *et al.*, 2021).

2. Significance of the study

Nurses are crucial in delivering high-quality patient care within healthcare settings, fostering a productive and healthy work environment, and enhancing patient outcomes (Ciftci, 2020; Warden *et al.*, 2021). However, they might experience a lot of workplace stress, work overload, low salaries compared to their effort, rigid work schedules, and unbending leader relations. These perceived problems lead to increased work pressures, decreased patient quality care and safety, and low job satisfaction, and are highly predictive of turnover (Labrague *et al.*, 2021; Rahimnia *et al.*, 2021). Therefore, the researchers are eager to shed light on the influence of authentic leadership in embedding staff nurses at work.

3. Aim of the study

This study aimed to assess authentic leadership and its influence on job embeddedness among staff nurses through:

- Assessing staff nurses' perception of authentic leadership.
- Identifying job embeddedness levels among staff nurses.
- Finding out the influence of authentic leadership on job embeddedness among staff nurses.

3.1. Research question

Does authentic leadership have an influence on job embeddedness among staff nurses?

4. Subjects & Methods

4.1. Research Design

The study's aim is attained through a descriptive correlational design. The study's aim is attained through a descriptive correlational design. Descriptive studies are research intended to supply a picture of the current situation. Correlational studies are research designed to find out relations among variables

and to allow the prediction of future events from present knowledge (Walinga, 2019).

4.2. Study setting

The research was conducted at the Ain Shams University Hospital. It is one of eight hospitals affiliated to Ain Shams University. It has one main structure with six floors that house its emergency ICU, intensive care units, dialysis units, cardiac catheterization lab, and inpatient units. It offers both general and medical services. It has a total of 618 beds available for use.

4.3. Subjects

The participants in this study comprised staff nurses employed in the specified study setting. Determining the sample size involved selecting 185 participants from a total pool of 310 staff nurses. The sample size calculation employed the formula:

$$n = N / \{1 + N(e)^2\}$$

where n is the sample size, N is the population size, and e is the coefficient factor. Assuming a 95% confidence level and $p=0.5$, as per Badawy (2022), the sample size was derived. The sampling method employed was a simple random sampling approach, guaranteeing an equitable and impartial selection of staff nurses to be included in the study.

4.4. Tools of data collection

Two instruments were used to gather the study's data: Authentic leadership Inventory and Job embeddedness scale.

4.4.1. Authentic Leadership Inventory

Avolio *et al.* (2007) developed the authentic leadership inventory. It aimed to assess staff nurses' perception of authentic leadership in their workplace. The inventory encompasses two main parts:

Part I concerns the staff nurses' characteristics, including age, gender, marital status, educational qualifications, and years of experience.

Part II: The instrument was made up of sixteen items that were subdivided into four dimensions: Self-awareness (four statements) such as "My head nurse can list his/her core values," "My head nurse can list his/her point of strength," and "my head nurse accepts his/her feelings about his/herself." Moral ethical (four statements) such as "My head nurse's actions reflect his/her core values," "My head nurse does not allow group pressure to control his/her," and "My head nurse's morals guide his/her what do as a leader." Rational transparency (five statements) such as "My head nurse openly shares his/her feelings with others," "My head nurse lets others know who truly as a person," and "My head nurse rarely presents a "false" front to others," and balanced processing (three statements) such as "My head nurse seek other's opinions before making up his/her own decision," "My head nurses do not emphasize his/her point of view at the expense of others," and "My head nurse balance the ideas of others before making decisions."

Scoring system

The study sample's responses were evaluated using a five-point Likert scale. The options for each item ranged from strongly agree (5) to strongly disagree (1). These scores

were aggregated and transformed into a percentage score for each dimension and the overall score. A percentage score above 75% was classified as high, between 60% and 75% as moderate, and below 60% as low (Walumbwa et al., 2008).

4.4.2. Job Embeddedness Scale

The job embeddedness scale was used to measure job embeddedness levels among staff nurses. *Reitz (2014)* developed it. The scale was contained 19 statements that classified into two dimensions: Organizational embeddedness (nine statements), such as "I can reach my professional goals working for this hospital, I feel like I am a good match for this hospital, and I fit with the hospital culture." Furthermore, job embeddedness (ten statements), such as "My promotional opportunities are excellent here, I like the members of my work group, and my job utilizes my skills and talents well."

Scoring system

A five-point Likert scale was employed, ranging from strongly disagree (1) to strongly agree (5), to evaluate the subjects' responses. Negative statements were reverse-scored. For each dimension and the overall score, a high level was indicated if the percentage score surpassed 60%, a moderate level if the percentage score ranged between 40% and 60%, and a low level if the percentage score was below 40% (*Reitz, 2014*).

4.5. Procedures

A group of five experts in nursing administration evaluated the tools' content and face validity. The expert panel consisted of three Assistant professors of nursing administration and two Assistant professors from psychiatric mental health nursing at Ain Shams University. The panel asked to review the tool's language clarity, relevance, comprehensiveness, consistency, accuracy, and layout regarding the format. Minimal modification was done according to their suggestions by rephrasing some items. Tools' internal consistency was evaluated using Cronbach's alpha test, which yielded results for authentic leadership of 0.90 and job embeddedness of 0.80.

Ethical consideration: The research proposal received approval from the Scientific Research and Ethical Committee of the Faculty of Nursing at Ain Shams University. An official letter, endorsed by the Dean of the Faculty of Nursing, Ain Shams University, to seek permission from the nursing and medical directors of the assigned hospital setting for conducting the study. The directors were provided information about the study's objectives, and their approval was obtained for data collection. Additionally, their support for the study was sought and secured. Written informed consent was provided by each nurse individually. They were briefed on the study's objectives and informed of their option to decline or cease participation at any point. It was determined that the information obtained was confidential. There is no risk to participants from the study procedures.

A pilot study assessed the study tools' clarity, feasibility, and applicability before initiating the main data collection. This phase, spanning August 2023, involved nineteen staff

nurses, constituting ten percent of the total sample. Another aim of the pilot study is to determine the duration participants require to complete the research instruments. The completion time for the research instruments varied between 25 and 35 minutes.

Fieldwork: The data collection for the study spanned two months, starting in early September and concluding at the end of October 2023. In order to obtain consent and cooperation from the staff nurses for participation in the study, the researcher visited the study setting, consulted with the head nurse of each unit, and explained the study's objectives.

The researcher met with the study nurses to discuss the study's objectives, the components of the instruments, and the process of completing the forms. The study tools were then distributed to the respondents individually at their workplace during break time, with the researchers present to provide any necessary clarification during the completion process. Subsequently, the researcher reviewed the completed instruments to ensure their comprehensiveness.

Data was collected during morning shifts based on a predetermined timetable three days a week. Approximately 12-15 instruments were collected daily between 9 am and 2 pm.

4.6. Data analysis

The data collected from the studied sample underwent a process of review, coding, and input into a personal computer (PC). Computerized data entry and subsequent statistical analysis were performed using Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics such as frequencies, percentages, mean, and standard deviation (SD) were used to present the data. The reliability of the tools was assessed through internal consistency using Cronbach's alpha coefficient. Pearson correlation, a numerical correlation measure, was utilized to evaluate the relationship between the two study variables. Statistical significance was determined at a p-value of ≤ 0.05 , with high significance acknowledged at a p-value of ≤ 0.001 .

5. Results

With a mean age of 31.36 ± 0.65 , table 1 reveals that 73% of the participating nurses were between 20 and under 30. 53% were females, and 56% had nursing school diplomas. Also, 47% were unmarried, and 58.4% had under five years of experience, with a mean of 10.58 ± 0.86 .

Table 2 clarifies that 70.3% and 64.9% of studied nurses reported low self-awareness and moral-ethical dimensions. 21.6% reported a moderate level regarding the balanced processing dimension, and 23.2% reported a high level regarding the transparency dimension.

According to Figure 1, just 18% of the participant nurses had high total perception levels of authentic leadership, compared to 21% who had moderate levels, and 61% of the participants had low total levels of authentic leadership perception.

Table 3 shows that 52.4% of the participants had a high organizational embeddedness dimension, while 33.5% had a moderate job embeddedness dimension.

Figure 2 displays that 50% of the participants had a high total job embeddedness level, 30.4% had a moderate total job embeddedness level, and only 18.6% had a low total job embeddedness level.

Table 4 indicates a highly statistically significant negative correlation between total authentic leadership and job embeddedness at ($P < 0.001$).

Table (1): Frequency and percentage distribution of studied staff nurses' characteristics (N = 185).

Variables	No.	%
Age		
20-<30 Y	135	73
30-<40 Y	37	20
40-<50 Y	11	6
>50	2	1
Mean \pm SD	31.36 \pm 0.65	
Range	22-53	
Gender		
Male	87	47
Female	98	53
Marital status		
Married	100	54
Un Married	85	47
Educational Qualification		
Nursing School Diploma	109	56
Technical institute of nursing	43	23.2
Bachelor of Nursing	17	9.1
Master's degree	16	8.6
Years of Experience		
1-<5	108	58.4
5-<10	50	27.1
10-<15	15	8.1
15 or more	12	6.4
Mean \pm SD	10.58 \pm 0.86	

Table (2): Frequency and percentage distribution of studied staff nurses' perceptions of authentic leadership dimensions (n=185).

Authentic leadership dimensions	Perception level					
	High		Moderate		Low	
	No.	%	No.	%	No.	%
Self-awareness	22	11.9	33	17.8	130	70.3
Moral ethical	30	16.2	35	18.9	120	64.9
Transparency	43	23.2	43	23.2	99	53.6
Balanced processing	35	18.9	40	21.6	110	59.5

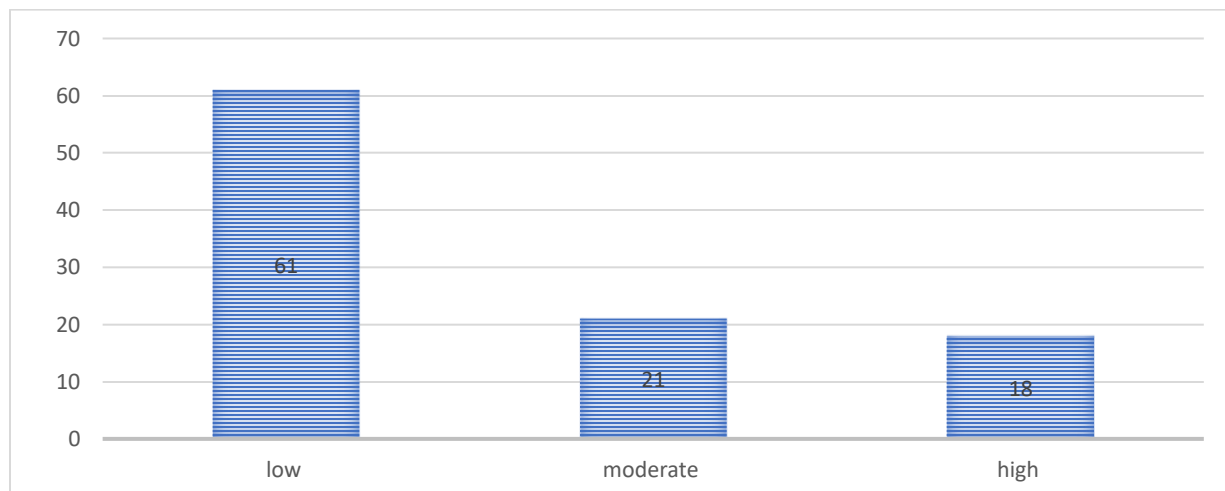
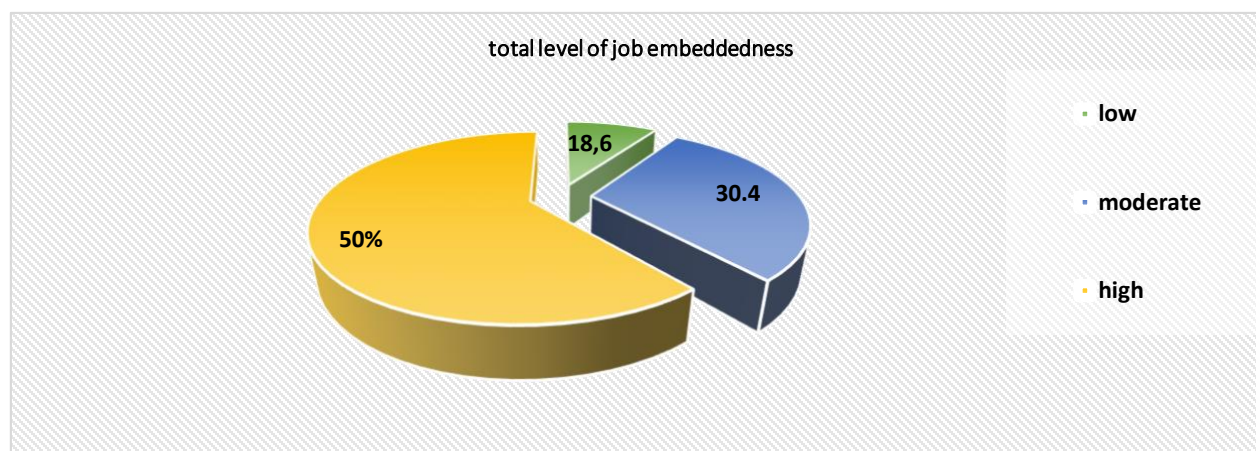


Figure (1): Percentage distribution of staff nurses' perception regarding the total level of authentic leadership (n=185).

Table (3): Frequency and percentage distribution of studied staff nurses' level of job embeddedness dimensions (n=185).

Job embeddedness dimensions	Level of job embeddedness					
	High		Moderate		Low	
	No.	%	No.	%	No.	%
Organizational embeddedness	97	52.4	54	29.2	34	18.4
Job embeddedness	88	47.6	62	33.5	35	18.9

**Figure (2): Percentage distribution of staff nurses' level of total job embeddedness (n=185).****Table (4): Correlation between total authentic leadership and total job embeddedness (n=185).**

Variables	Total Authentic leadership
Total job embeddedness	$r = -0.461$ $P < 0.001$

6. Discussion

Authentic leadership, a recent addition to established leadership theories like ethical and transformational leadership, entails a set of behaviors that leaders use to foster positive psychological qualities and an ethical environment. This approach strives to improve leaders' self-awareness, internalized moral viewpoint, unbiased information processing, and transparent relationships when interacting with followers, thereby promoting positive personal growth (Chafra, 2016). Authentic leaders possess integrity, openness, and good psychological traits like high morals, optimism, and trust. It is necessary for successful outcomes and efficient organizations (Wong *et al.*, 2020).

Job embeddedness is a term used to characterize situations where switching costs outweigh the benefits of staying. These switching costs include perceived congruence with the work/non-work environment, professional and social ties inside the organization or community, and sacrifices made when leaving the workplace. (Yoon *et al.*, 2022). This study assesses authentic leadership and its influence on job embeddedness among staff nurses.

Around two-thirds of the participating staff nurses reported low levels of self-awareness and moral-ethical components of authentic leadership, according to the current study's staff nurses' perceptions of these dimensions. As well

as near to one-quarter of them reported moderate levels regarding the balanced processing dimension. Also, nearly one-quarter of them reported high-level scores regarding the transparency dimension. In the investigators' opinion, this result might be reported by nurses facing many challenges and problems that affect their self-awareness.

This study result is contradicted by Albashiti *et al.* (2017), who studied the relationship between organizational commitment and authentic leadership. They found that self-awareness is high among the studied sample.

Also, this study's results disagree with Betü (2023), who studied the moderating roles of trust in the supervisor and the organization on job performance and authentic leadership and found that the most important domain in this study is self-awareness.

Regarding total staff nurses' perception levels of authentic leadership, the present study results show that nearly two thirds of the studied participants had low perception levels of authentic leadership. From the investigators' viewpoint, this is because of nurses' perception or experience of a lack of support from their managers, and most managers not encouraging them in career development, which affects their self-awareness.

These results are incongruent with Wong *et al.* (2020), who studied the relationship between authentic leadership and job satisfaction among long-term care nurses. They revealed that staff nurses experienced a high perception level regarding authentic leadership. These results are consistent with those of Cho *et al.* (2019), who examined the impact of authentic leadership and resilience on job embeddedness among clinical nurses in Korea. They discovered that the level of authentic leadership among the nurses was high.

According to the present study findings on staff nurses' job embeddedness dimensions, over half of the nurses who took part had a high level of organizational embeddedness, and less than half had a moderate level of job embeddedness. In the researchers' opinion, these could be referred to the studied staff nurses' satisfaction with their working conditions. Additionally, these staff nurses' perceived compatibility or comfort with the organization and their environment may influence this outcome.

Similarly, the findings align with the results of Halbesleben and Wheeler (2008), in their study aimed at assessing the respective contributions of embeddedness and engagement to the prediction of work performance and departure intention, where most of the participants demonstrated a high level of organizational embeddedness dimension.

The present finding is inconsistent with Ampofo *et al.* (2017), who studied the relationships between employees' life satisfaction and job embeddedness. They found that the lowest domain of job embeddedness was organizational embeddedness.

Regarding staff nurses' overall job embeddedness, the present study's findings show that half of the staff nurses under study had high levels of overall job embeddedness. From the investigators' point of view, this finding may be referred to trust, mutual respect, peer support, quality of work life, and honest communication between nurses, leading to a positive work environment that increased job embeddedness.

This result corresponds with Nomany *et al.*'s (2022) study, which revealed that most staff nurses demonstrated high job embeddedness. Similarly, it is consistent with the study by Yoo and Kim (2016), who studied a structural model of hospital nurses' intention to leave their jobs, emphasizing job satisfaction, organizational traits, and job embeddedness. The study showed that over one-third of the participants had moderate job embeddedness, and over half had high job embeddedness.

Furthermore, these findings are consistent with the results reported by Nafei (2015) in a study investigating the effects of job embeddedness on employee performance and organizational cynicism, wherein the nurses involved exhibited elevated levels of job embeddedness. Similarly, In their research on the influence of work engagement on job outcomes, Karatepe and Ngeche (2020) discovered that employees demonstrating a high degree of job embeddedness exhibited comparable patterns.

Additionally, this study's results support those of Chafra (2016), who indicated high levels of job embeddedness in the study about organizational job embeddedness and authentic

leadership in higher education. This study shows that staff members believe their personal and professional demands, objectives, and values align with those of their jobs and organizations. In addition, they understand the consequences of quitting the job and positively interact with both formal and informal relationships within the team or organization.

This result contrasted with that of Lee and Woo (2018), who studied the structural relationships between the turnover intention of nurses and job embeddedness, social support, and emotional intelligence and found that a small proportion of the sample under study reported high perceptions of job embeddedness, while the majority indicated low perceptions. Corresponding to this, a study by Khan *et al.* (2018) about the impact of work embeddedness on work engagement, job performance, and turnover intentions discovered that less than one-quarter of the sample had a low job embeddedness level.

The current results show a highly significant negative correlation between total authentic leadership and total job embeddedness regarding the linkage between the two. This outcome could result from nurses' perceptions of and contentment with the leadership style they encountered in their workplace and their involvement in decision-making, efficient communication, and suitable management. When nurses report that their jobs are demanding, they are eager to work for extended periods and joyfully immerse themselves in their work, making it difficult to separate them.

The current findings are at odds with the findings of the Cho *et al.* (2019) study. The results of this research also conflict with those of Chafra (2016), who demonstrated a significant positive correlation between the two.

7. Conclusion

From the findings above, it can be deduced that most of the observed staff nurses demonstrated a low perception level of authentic leadership. In contrast, a high level of job embeddedness was prevalent among them. A statistically significant negative correlation was also detected between the staff nurses' overall perception of authentic leadership and their total job embeddedness.

8. Recommendations

- Managers should provide flexibility to staff nurses to keep them motivated and more productive.
- Nurse managers must regularly meet with nurses to discuss and solve problems and express their feelings and needs.
- Nurse administrators should develop training programs about authentic leadership for nurse managers to improve nurses' job embeddedness.
- Conduction of a similar study with a prospective longitudinal follow-up design.

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