

Authentic leadership in healthcare: a scoping review

Abstract

Purpose – The purpose of this study was to review peer-reviewed original research articles on authentic leadership (AL) in healthcare in order to identify potential research gaps and present recommendations for future research. The objectives were to examine and map evidence of the main characteristics, research themes and methodologies in the studies. AL is a leader's non-authoritarian, ethical and transparent behaviour pattern.

Design/methodology/approach – A scoping review with thematic analysis was conducted. A three-step search strategy was utilised with database and manual searches. The included studies were composed of English-language peer-reviewed original research articles referring to both AL and healthcare.

Findings – A total of 29 studies were included. The studies favoured Canadian nurses in acute care hospitals. AL was understood as its original definition. The review identified four research themes: wellbeing at work, patient care quality, work environment and AL promotion. Quantitative research methodology with the ALQ and cross-sectional design were prevalent.

Research limitations/implications – Future research needs more variation in research themes, study populations, settings, organisations, work sectors, geographical origins, and theory perspectives. Different research methodologies, such as qualitative and mixed methods research and longitudinal designs, should be utilised more.

Originality/value – This is presumably the first literature review to map the research on AL in healthcare.

Keywords Authentic leadership, Healthcare, Scoping review

Paper type Literature review

1. Background

Authentic leadership (i.e. AL) is a leader's non-authoritarian (Costas and Taheri, 2012), ethical and transparent behaviour pattern (Avolio *et al.*, 2009), which can be seen as the basis and core of all positive leadership forms. The grounds of AL are based on positive and humanistic psychology. (Avolio and Gardner, 2005.) AL strives for trusting, symmetrical and close leader-follower relationships (Costas and Taheri, 2012) and promotes the open sharing of information and consideration of employees' viewpoints (Avolio *et al.*, 2009). AL consists of four dimensions: self-awareness, balanced processing, an internalised moral perspective and relational transparency (Walumbwa *et al.*, 2008). AL offers help for organisational problems, such as leader's selfishness and short-sightedness. It provides a new normative ideal that emphasises values, ethics, the common good and consistency between words and actions. (Costas and Taheri, 2012.)

Healthcare organisations with modern challenges, such as economic and technological changes, call for high-quality leadership (Dickson, 2009). The challenges create a need for the leader's transparency and value awareness as well as the moral and ethical viewpoints of leadership (Clapp-Smith *et al.*, 2009). AL can have a positive influence on healthcare organisation staff and the whole healthcare system (Shirey, 2006), including high-quality patient care (Johansson *et al.*, 2011), and it may influence positively even on society as a whole (Shirey, 2006). Regardless of the increased interest towards AL (Costas and Taheri, 2012), the theory has also been criticised (e.g. Gardiner, 2011; Algera and Lips-Wiersma, 2012). **Some of the critiques are concerned with certain shortcomings, such as overlooking social and historical circumstances that may affect the ability to act as a leader (Gardiner, 2011) and focusing on the individual leader instead of examining the entire organisation (Algera and Lips-Wiersma, 2012).** This review does

not take a stand on the critique, but maintains an objective stance towards AL theory. In addition, the definition of AL is fairly ambiguous and has many levels (Vakkala and Syväjärvi, 2012). Besides the popular humanistic-positive perspective, another way of seeing AL is existential-experiential perspective. These perspectives have different ontological preconditions, but do not contradict each other. (Koskiniemi *et al.*, 2015.) For the sake of coherence, this article uses the prevailing definition of AL (Luthans and Avolio, 2003).

AL has been studied internationally in healthcare context and it has been discovered to cause many positive effects (Stander *et al.*, 2015). Yet, there is still little empirical research on AL in healthcare. Since this is still a relatively new study subject in the healthcare setting (Spence Laschinger *et al.*, 2013), the scoping review method is useful for reviewing this kind of discipline with emerging evidence, as the review has a broad approach to the subject (Peters *et al.*, 2015). Therefore, the purpose of this study is to review peer-reviewed original research articles on AL in healthcare in order to identify potential research gaps and present recommendations for future research. The objectives are to examine and map evidence of main characteristics, research themes and methodological choices in the studies.

2. Methods

This review is based on the scoping review methodology (Arksey and O'Malley, 2005; Levac *et al.*, 2010). The objectives, inclusion criteria and methods were documented in a protocol in advance. The review had a three-step search strategy. The first step was to use two relevant online databases to conduct an initial limited search. (Peters *et al.*, 2015.) The databases used for the initial search were CINAHL and

Medline. After the initial papers were retrieved, the keywords from their titles, abstracts and index terms were analysed (Peters *et al.*, 2015).

The second step was to utilise all the included databases using the identified keywords and index terms (Peters *et al.*, 2015). The databases included were: CINAHL, Medline, PubMed, Scopus, ABI/INFORM Complete, Business Source Complete, Web of Science, Academic Search Premier, PsycARTICLES, Medic, Arto and Melinda. The search phrases were combinations of “authentic leadership”, “healthcare”, “medicine” and “nursing”. The searches were limited to peer-reviewed English-language and Finnish-language articles. A manual search was conducted using key journals involving leadership in healthcare. Leadership in Health Services, the Journal of Nursing Management, and the Journal of Nursing Administration were searched manually for additional articles. ResearchGate was also utilised.

The third step was to search for additional studies in the reference lists of all the identified articles (Peters *et al.*, 2015). The searches were conducted in December 2016. The search process was carried through with the close collaboration of the researchers. The a-priori protocol was developed together by all three researchers. However, the searches were conducted by the main researcher, after which two researchers selected the articles on grounds of the criteria. An information specialist was consulted about the search strategy (Arksey and O’Malley, 2005). The RefWorks reference system was used for managing the citations.

After the searches, the relevant studies were identified by first removing duplicates, then screening the articles and finally assessing the full-text articles for eligibility (Moher *et al.*, 2009). In this review, the

inclusion criteria consisted of English-language and Finnish-language peer-reviewed original research articles referring to both AL and healthcare. Restrictions on languages were imposed because of limited resources for translation. Although the collected data could have been comprised of different types of evidence (Arksey and O'Malley, 2005), in this review the information sources were limited to peer-reviewed original research articles since the purpose was to identify possible research gaps. There were no limitations to research methodologies of the original research studies (Arksey and O'Malley, 2005), nor timeframe limitations.

The searches identified 615 records, of which 314 remained after removing duplicates. A total of 135 full-text articles were screened for eligibility (Figure 1). The methodological quality of the studies that were included was not formally assessed, which allowed the review to gain a more complete overview of the topic (Arksey and O'Malley, 2005). The review resulted in 29 English-language peer-reviewed original research studies. **There were no Finnish-language studies found that met the inclusion criteria.** The data was analysed using a descriptive numerical summary analysis and a thematic analysis. Research gaps were identified as well. (Levac *et al.*, 2010.)

Figure 1 about here, please

3. Results

3.1 Study characteristics

The included studies had a year range of 2009 to 2016 (Tables 1-4 summarise the main characteristics of the included studies). Of all the included studies, the majority originated from Canada, while others

were from the USA, South Africa, Australia, Belgium, India, Iran and Israel. Nurses, especially new graduate nurses (i.e. NGNs), were the most common study population. Other studied occupational groups were experienced nurses, nurses' supervisors, nurse managers, hospital CNEs, physicians, surgeons, pharmacists, RMOs, interns, dentists, dental assistants and other employees (e.g. administration, management, specialists, support staff, research staff). The nurses had different specialities depending on the study. Most of the studies were conducted in hospitals, but clinics, dental clinics, HMOs and a cancer care agency were studied as well. Acute care (i.e. AC) was the most researched setting. Other settings were community and long-term care. Only a few studies specified the studied work sector, however, the public and private healthcare sectors were mentioned in some cases. Educational and religious sectors were mentioned as well. All the included studies understood AL according to its original definition (Luthans and Avolio, 2003). The results of the included studies underlined the positive effects of AL in healthcare (Tables 1-3).

3.2 Research themes

The review identified four research themes amongst the included studies. The themes were named as follows: wellbeing at work, patient care quality, work environment and AL promotion (Figure 2).

3.2.1 Wellbeing at work

The largest research theme was wellbeing at work (Table 1). This research theme included research on many psychological and rather personal issues involving working life. To be precise, the studies in this category included research on AL's relationship with psychological wellbeing at work (Nelson *et al.*, 2014), work engagement (Bamford *et al.*, 2013; Stander *et al.*, 2015), job satisfaction (Giallonardo *et al.*,

2010; Wong and Spence Laschinger, 2013; Spence Laschinger and Fida, 2014b; Rahimnia and Sharifirad, 2015; Read and Spence Laschinger, 2015; Spence Laschinger and Fida, 2015; Fallatah and Spence Laschinger, 2016), creativity (Malik *et al.*, 2016), two dimensions of thriving (learning and vitality) (Mortier *et al.*, 2016), voice behaviour (Wong and Cummings, 2009; Wong *et al.*, 2010), performance (Wong and Cummings, 2009; Wong and Spence Laschinger, 2013), mental health symptoms (Spence Laschinger and Fida, 2014b; Read and Spence Laschinger, 2015; Spence Laschinger *et al.*, 2015), perceived work stress, stress symptoms (Rahimnia and Sharifirad, 2015), emotional exhaustion (Spence Laschinger *et al.*, 2013; Spence Laschinger and Read, 2016), cynicism (Spence Laschinger *et al.*, 2013), burnout (Wong and Cummings, 2009), job turnover intentions (Spence Laschinger *et al.*, 2012; Spence Laschinger and Fida, 2014a; Fallatah *et al.*, 2016), and career turnover intentions (Spence Laschinger and Fida, 2014a). The studies included a variety of study populations, settings, organisations and work sectors.

Part of the mediating factors in these studies were individual issues, such as personal and social identification (Wong *et al.*, 2010; Fallatah *et al.*, 2016), occupational coping self-efficacy (Spence Laschinger *et al.*, 2015; Fallatah *et al.*, 2016), psychological capital (Spence Laschinger and Fida, 2014b), trust in organisation (Stander *et al.*, 2015), trust in manager (Wong and Cummings, 2009; Wong *et al.*, 2010), person-job match (Bamford *et al.*, 2013; Spence Laschinger *et al.*, 2015; Spence Laschinger and Read, 2016), optimism (Stander *et al.*, 2015), empathy (Mortier *et al.*, 2016), job satisfaction (Spence Laschinger *et al.*, 2012), work engagement (Giallonardo *et al.*, 2010; Wong *et al.*, 2010), attachment insecurity (Rahimnia and Sharifirad, 2015), emotional exhaustion (Spence Laschinger *et al.*, 2012; Spence Laschinger and Fida, 2014a; Spence Laschinger and Fida, 2014b), cynicism (Spence Laschinger and Fida,

2014a; Spence Laschinger and Fida, 2014b), and burnout (Spence Laschinger *et al.*, 2015). Other mediating factors, such as work climate (Nelson *et al.*, 2014), civility norms (Spence Laschinger and Read, 2016), patient care quality (Spence Laschinger and Fida, 2015), use of information technology (Malik *et al.*, 2016), relational social capital (Read and Spence Laschinger, 2015), supportive professional practice environments (Spence Laschinger and Fida, 2015; Fallatah and Spence Laschinger, 2016), supportive groups (Wong and Cummings, 2009), structural empowerment (Spence Laschinger *et al.*, 2013; Wong and Spence Laschinger, 2013; Read and Spence Laschinger, 2015; Spence Laschinger and Fida, 2015), knowledge sharing behaviour (Malik *et al.*, 2016), short-staffing (Spence Laschinger and Fida, 2015), co-worker incivility (Spence Laschinger and Read, 2016) and workplace bullying (Spence Laschinger *et al.*, 2012; Spence Laschinger and Fida, 2014a), were more connected to the work community and environment.

Table 1 about here, please

3.2.2 Patient care quality

The second research theme was patient care quality (Table 2). The studies in this category included research on AL's relationship with patient care quality (Wong *et al.*, 2010; Boamah *et al.*, 2016), patient safety performance (Stevens *et al.*, 2014), and adverse patient outcomes (Wong and Giallonardo, 2013). The mediating factors were individual issues, such as job satisfaction (Boamah *et al.*, 2016), work engagement (Wong *et al.*, 2010), trust in manager (Wong *et al.*, 2010; Wong and Giallonardo, 2013), personal and social identification (Wong *et al.*, 2010), work-life interference and burnout and, on the

other hand, communal, such as structural empowerment (Boamah *et al.*, 2016), areas of worklife (Wong and Giallonardo, 2013) and short-staffing (Boamah *et al.*, 2016).

Table 2 about here, please

3.2.3 Work environment

The third research theme was work environment (Table 3). This theme included research on AL's relationship with organisational citizenship behaviour (Coxen *et al.*, 2016), interprofessional collaboration (Spence Laschinger and Smith, 2013; Regan *et al.*, 2016), organisational culture, and healthy work environment (Shirey, 2009). The only mediating factor mentioned was workplace trust (Coxen *et al.*, 2016).

Table 3 about here, please

3.2.4 AL promotion

The fourth research theme was AL promotion (Table 4). This theme included research on how AL can be advanced in organisations. The studies included research on identifying the benefits of team simulations for AL (Shapira-Lishchinsky, 2014) and becoming and remaining authentic nurse leaders (Murphy, 2012).

Table 4 about here, please

Figure 2 about here, please

3.3 Research methods

The analysis mapped the research methodology of the included studies (Tables 1-4). Of the 29 studies, 24 had cross-sectional design (i.e. CSD), two had time-lagged design and three had longitudinal design. The majority of the 29 included studies were conducted using quantitative research methodology (n = 25). In the quantitative studies, the data collection was performed with single or two-wave surveys using original or secondary data. The surveys included the Authentic Leadership Questionnaire (ALQ) (n = 20), the Authentic Leadership Inventory (ALI) (n = 4), and The Leadership Practices Inventory (LPI) (n = 1). Authentic Leadership Questionnaire (ALQ) was developed by leading AL researchers (Walumbwa *et al.*, 2008). The Authentic Leadership Inventory (ALI) measures the same matters as the ALQ (Neider and Schriesheim, 2011). The Leadership Practices Inventory (LPI) (Kouzes and Posner, 2012) can be used to measure AL behaviour (Wong and Cummings, 2009), but it is not developed especially for AL theory. The quantitative studies used a variety of statistical analyses. Qualitative research methodology was utilised in few studies (n = 3). In these studies, the data was collected with team simulations and interviews. The qualitative studies used qualitative data analysis based on Grounded Theory, narrative inquiry and thematic analysis methods in analysing the data. There was also a mixed methods study. The data in the mixed methods study was collected with surveys and/or interviews. The study used thematic and comparative analysis.

4. Discussion

This scoping review was conducted to map relevant research of AL in healthcare in order to identify potential research gaps and present recommendations for future research. Although AL has been studied internationally in the healthcare context (Stander *et al.*, 2015), the research has not been comprehensive

(Spence Laschinger *et al.*, 2013). This review has potential to guide the future research on this subject as it identified several research gaps related to study characteristics, research themes and research methodologies. *The included studies emphasized the many positive effects AL has in healthcare organisations. The key findings can be seen in tables 1-4.*

This review analysed the main characteristics of the included studies. More versatile research characteristics might increase the generalisation of the results (Bamford *et al.*, 2013) and bring more comprehensive view of AL in healthcare. Nurses were the most common study population in the included studies. *While studying nurses' perspectives is highly advisable, other occupational groups in healthcare should be studied as well*, since different professions have their own special characteristics. The studies examined mostly subordinates and so it would be fruitful to study AL more on the leaders' perspectives as well. Hospitals and acute care settings appeared frequently in the studies. Most of the included articles did not include information of the work sectors in question. More research is needed on AL in many different organisations, settings and work sectors, such as small clinics and large chain organisations in the public, private and third sectors. The majority of the included studies were conducted in Canada, and consequently more research would be justified to perform in other geographical regions, such as Europe. In addition, the existential-experiential perspective on AL (Koskiniemi *et al.*, 2015) might bring different and more critical views in future research. *Furthermore, the critique of AL (e.g. Gardiner, 2011; Algera and Lips-Wiersma, 2012) might be reasonable to address in the future research since it might help to develop the theory or at least expand the understanding of AL.*

The review presented four research themes composed of studies with a variety of research purposes. Wellbeing at work, patient care quality and work environment are important research themes as leadership can influence all of them (e.g. Shirey, 2006; Wong and Giallonardo, 2013; Nelson et al., 2014). It is also very likely that AL promotion influences these other themes since AL has been found to have many positive effects on organisations (Tables 1-3).

Wellbeing at work was the most common research theme among the included studies. Working in healthcare organisations can be psychologically challenging (Boamah *et al.*, 2016). *If staff's wellbeing is not looked after, it might lead to severe problems, such as burnout (Spence Laschinger and Read, 2016) and turnover intentions (Fallatah et al., 2016). However, if healthcare staff experiences wellbeing at work, it might lead to positive outcomes, such as creativity (Malik et al., 2016), optimism and trust (Stander et al., 2015).* AL is found to influence healthcare staff in many positive ways (e.g. Malik *et al.*, 2016; Mortier *et al.*, 2016). This is probably why this research theme has been so studied. Wellbeing at work is a popular and important research theme and these included studies may have valid implications for future research (Table 1).

Patient care quality and work environment were medium-sized research themes. Studying AL's influence on patient outcomes is reasonable (Bamford *et al.*, 2013) since AL can have an influence on patient outcomes (Wong and Giallonardo, 2013). *Patient care quality might be one of the most central themes for AL research because patient care can be seen as the centre of the entire healthcare system. Patient care is so crucially important that nowadays it is usually strictly regulated in legislation.*

AL has also been discovered to enhance healthy work environments (Shirey, 2006), which is why the third research theme is important as well. The previous studies have shown that AL may enhance interprofessional collaboration (Spence Laschinger and Smith, 2013; Regan *et al.*, 2016) which is one of the central ways AL influences work environment. We think interprofessional collaboration in healthcare is a very topical and popular study subject that could be studied even more in the AL context. Besides, work environment itself is a wide concept that might bring a lot more perspectives to study AL in healthcare context.

AL promotion was the smallest research theme. There is a need for more studies concerning AL development in the healthcare context. The positive outcomes that AL fosters, cannot be gained without first promoting and developing AL in the organisation. Thus, healthcare organisations need more information and advice on how to promote AL. Studying this research theme may develop ideas of leadership training programs. (Bamford *et al.*, 2013.)

Another interesting theme for research in healthcare might be AL's distinction between other leadership theories. The future research should put a lot more emphasis on the reasons why AL is often seen as a superior leadership theory especially in healthcare. There is a need for more profundity and justification on this topic. AL's relationship with organisational profitability and customer-orientation might be relevant research themes as well.

Almost all the included studies utilised quantitative research methodology. The Authentic Leadership Questionnaire (ALQ) (Walumbwa *et al.*, 2008) is clearly a generally accepted instrument since it has been

utilised in numerous studies (Tables 1-3). The Authentic Leadership Inventory (ALI) could be utilised more in the future because it was developed more recently and has even considered criticism towards the ALQ (Neider and Schriesheim, 2011). The Leadership Practices Inventory (LPI) (Kouzes and Posner, 2012) was not developed for AL theory, so it is debatable whether this instrument should be used. AL is still a relatively new study subject and consequently many different research designs should be utilised (Avolio *et al.*, 2004). Qualitative research on healthcare organisations may bring understanding which quantitative research cannot produce (Caronna, 2010). Mixed methods studies on the other hand may have great synergy advantages (Padgett, 2012). Thus, more qualitative and mixed methods studies might bring new angles and research themes to the subject area. In addition, longitudinal designs could be utilised more to investigate changes over time (Padgett, 2012).

This scoping review has limitations. The review included only peer-reviewed original research articles, thus excluding all other information sources which could have possibly contained potential information about this subject. The review included only English-language articles and so more relevant studies could have been found in other languages.

5. Conclusions

This is presumably the first literature review to examine and map evidence on AL in a healthcare setting with a broad approach. The review analyses the main characteristics of the included studies, presents four research themes and examines the methodologies of the studies. The results of this review are available for designing future research on this subject. Researchers from various countries interested in

healthcare leadership may find these results usable in their work. In addition, researchers interested in AL may find it useful to perceive the AL research in a healthcare context.

The review identified several research gaps. Firstly, there is a need for more variation in study populations, settings, organisations, work sectors, geographical origins and theory perspectives. **Nurses were notably the most common study population in the included studies. Other occupational groups in healthcare should be studied as well.** Secondly, more research is needed on different research themes, especially AL promotion, patient care quality and work environment. The distinction between AL and other leadership theories, and its relationship with organisational profitability and customer-orientation might also be interesting themes. **The future research should put a lot more emphasis on the reasons why AL is often seen as a superior leadership theory especially in healthcare.** Thirdly, different research methodologies, such as qualitative and mixed methods research and longitudinal designs, should be utilised more.

References

Algera, P.M. and Lips-Wiersma, M. (2012), "Radical Authentic Leadership: Co-creating the conditions under which all members of the organization can be authentic", *The Leadership Quarterly*, Vol. 23 No. 1, pp. 118-131.

Arksey, H. and O'Malley, L. (2005), "Scoping studies: towards a methodological framework", *International Journal of Social Research Methodology*, Vol. 8 No. 1, pp. 19-32.

Avolio, B.J. and Gardner, W.L. (2005), "Authentic leadership development: Getting to the root of positive forms of leadership", *The Leadership Quarterly*, Vol. 16 No. 3, pp. 315-338.

Avolio, B.J., Gardner, W.L., Walumbwa, F.O., Luthans, F. and May, D.R. (2004), "Unlocking the mask: A look at the process by which authentic leaders impact follower attitudes and behaviors", *The Leadership Quarterly*, Vol. 15 No. 6, pp. 801-823.

Avolio, B.J., Walumbwa, F.O. and Weber, T.J. (2009), "Leadership: Current Theories, Research, and Future Directions", *The Annual Review of Psychology*, Vol. 60, pp. 421-449.

Bamford, M, Wong, C.A and Laschinger H. (2013), "The influence of authentic leadership and areas of worklife on work engagement of registered nurses", *Journal of Nursing Management*, Vol. 21 No. 3, pp. 529-540.

Boamah, S.A., Read, E.A. and Spence Laschinger, H.K. (2016), "Factors influencing new graduate nurse burnout development, job satisfaction, and patient care quality: a time-lagged study", *Journal of Advanced Nursing*, Published online: December 21, 2016, DOI: 10.1111/jan.13215.

Caronna, C.A. (2010), "Why Use Qualitative Methods to Study Health Care Organizations? Insights from Multi-Level Case Studies" in Bourgeault, I., Dingwall, R. and De Vries, R. (Ed.), *The SAGE Handbook of Qualitative Methods in Health Research*, SAGE Publications Ltd, London, pp. 71-87.

Clapp-Smith, R., Vogelgesang, G. and Avey, J. (2009), "Authentic Leadership and Positive Psychological Capital: The Mediating Role of Trust at the Group Level of Analysis", *Organizational Studies*, Vol. 15 No. 3, pp. 227-240.

Costas, J. and Taheri, A. (2012), "'The Return of the Primal Father' in Postmodernity? A Lacanian Analysis of Authentic Leadership", *Organization Studies*, Vol. 33 No. 9, pp. 1195-1216.

Coxen, L., van der Vaart, L. and Stander, M.W. (2016), "Authentic leadership and organisational citizenship behaviour in the public health care sector: The role of workplace trust", *SA Journal of Industrial Psychology*, Vol. 42 No. 1, pp. 1-13.

Dickson, G. (2009), "Transformations in Canadian health systems leadership: an analytical perspective", *Leadership in Health Services*, Vol. 22 No. 4, pp. 292-305.

Fallatah, F. and Spence Laschinger, H.K. (2016), "The influence of authentic leadership and supportive professional practice environments on new graduate nurses' job satisfaction", *Journal of Research in Nursing*, Vol. 21 No. 2, pp. 125-136.

Fallatah, F., Spence Laschinger, H.K. and Read, E.A. (2016), "The Effects of Authentic Leadership, Organizational Identification, and Occupational Coping Self-efficacy on New Graduate Nurses' Job Turnover Intentions in Canada", *Nursing Outlook*, Published online: December 07, 2016, DOI: <http://dx.doi.org/10.1016/j.outlook.2016.11.020>.

Gardiner, R.A. (2011), "A Critique of the Discourse of Authentic Leadership", *International Journal of Business and Social Science*, Vol. 2 No. 15, pp. 99-104.

Giallonardo, L.M., Wong, C.A. and Iwasiw C.L. (2010), "Authentic leadership of preceptors: predictor of new graduate nurses' work engagement and job satisfaction", *Journal of Nursing Management*, Vol. 18 No. 8, pp. 993-1003.

Johansson, G., Sandahl, C. and Andershed, B. (2011), "Authentic and congruent leadership providing excellent work environment in palliative care", *Leadership in Health Services*, Vol. 24 No. 2, pp. 135-149.

Koskiniemi, A., Perttula, J. and Syväjärvi, A. (2015), "Existential-Experiential View of Self-Sourced (In)Authentic Healthcare Identity", *Journal of Leadership Studies*, Vol. 9 No. 2, pp. 6-18.

Kouzes, J.M. and Posner, B.Z. (2012), *The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations*, Jossey-Bass, San Francisco, CA.

Levac, D., Colquhoun, H. and O'Brien, K. (2010), "Scoping studies: advancing the methodology", *Implementation Science*, Vol. 5 No. 69, pp. 1-9.

Luthans, F. and Avolio, B. (2003), "Authentic Leadership Development" in Cameron, K.S., Dutton, J.E. and Quinn, R.E. (Ed.), *Positive organizational scholarship: Foundations of a New Discipline*, Berrett-Koehler Publishers, Inc., San Francisco, CA, pp. 241-258.

Malik, N., Dhar, R.L. and Handa, S.C. (2016), "Authentic leadership and its impact on creativity of nursing staff: A cross sectional questionnaire survey of Indian nurses and their supervisors", *International Journal of Nursing Studies*, Vol. 63, pp. 28-36.

Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G. and the PRISMA Group (2009), "Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement", *Annals of Internal Medicine*, Vol. 151 No. 4, pp. 264-269.

Mortier, A.V., Vlerick, P. and Clays, E. (2016), "Authentic leadership and thriving among nurses: the mediating role of empathy", *Journal of Nursing Management*, Vol. 24 No. 3, pp. 357-365.

Murphy, L.G. (2012), "Authentic Leadership: Becoming and Remaining an Authentic Nurse Leader", *Journal of Nursing Administration*, Vol. 42 No. 11, pp. 507-512.

Neider, L.L. and Schriesheim, C.A. (2011), "The Authentic Leadership Inventory (ALI): Development and empirical tests", *The Leadership Quarterly*, Vol. 22 No. 6, pp. 1146-1164.

Nelson, K., Boudrias, J-S., Brunet, L., Morin, D., De Civita, M., Savoie, A. and Alderson, M. (2014), "Authentic leadership and psychological well-being at work of nurses: The mediating role of work climate at the individual level of analysis", *Burnout Research*, Vol. 1 No. 2, pp. 90-101.

Padgett, D.K. (2012), *Qualitative and mixed methods in public health*, SAGE Publications Ltd, Thousand Oaks, CA.

Peters, M.D.J., Godfrey, C.M., Khalil, H., McInerney, P., Parker, D. and Baldini Soares, C. (2015), "Guidance for conducting systematic scoping reviews", *International Journal of Evidence-Based Healthcare*, Vol. 13 No. 3, pp. 141-146.

Rahimnia, F. and Sharifirad, M.S. (2015), "Authentic Leadership and Employee Well-Being: The Mediating Role of Attachment Insecurity", *Journal of Business Ethics*, Vol. 132 No. 2, pp. 363-377.

Read, E.A. and Spence Laschinger, H.K. (2015), "The influence of authentic leadership and empowerment on nurses' relational social capital, mental health and job satisfaction over the first year of practice", *Journal of Advanced Nursing*, Vol. 71 No. 7, pp. 1611-1623.

Regan, S., Spence Laschinger, H.K. and Wong, C.A. (2016), "The influence of empowerment, authentic leadership, and professional practice environments on nurses' perceived interprofessional collaboration", *Journal of Nursing Management*, Vol. 24 No. 1, pp. E54-E61.

Shapira-Lishchinsky, O. (2014), "Simulations in nursing practice: toward authentic leadership", *Journal of Nursing Management*, Vol. 22 No. 1, pp. 60-69.

Shirey, M.R. (2009), "Authentic Leadership, Organizational Culture, and Healthy Work Environments", *Critical Care Nursing Quarterly*, Vol. 32 No. 3, pp. 189-198.

Shirey, M.R. (2006), "Authentic Leaders Creating Healthy Work Environments for Nursing Practice", *American Journal of Critical Care*, Vol. 15 No. 3, pp. 256-268.

Spence Laschinger, H.K., Borgogni, L., Consiglio, C. and Read, E. (2015), "The effects of authentic leadership, six areas of worklife, and occupational coping self-efficacy on new graduate nurses' burnout and mental health: A cross-sectional study", *International Journal of Nursing Studies*, Vol. 52 No. 6, pp. 1080-1089.

Spence Laschinger, H.K. and Fida, R. (2015), "Linking Nurses' Perceptions of Patient Care Quality to Job Satisfaction: The Role of Authentic Leadership and Empowering Professional Practice Environments.", *Journal of Nursing Administration*, Vol. 45 No. 5, pp. 276-283.

Spence Laschinger, H.K. and Fida, R. (2014a), "A time-lagged analysis of the effect of authentic leadership on workplace bullying, burnout, and occupational turnover intentions", *European Journal of Work and Organizational Psychology*, Vol. 23 No. 5, pp. 739-753.

Spence Laschinger, H.K. and Fida, R. (2014b), "New nurses burnout and workplace wellbeing: The influence of authentic leadership and psychological capital", *Burnout Research*, Vol. 1 No. 1, pp. 19-28.

Spence Laschinger, H.K. and Read, E.A. (2016), "The Effect of Authentic Leadership, Person-Job Fit, and Civility Norms on New Graduate Nurses' Experiences of Coworker Incivility and Burnout", *Journal of Nursing Administration*, Vol. 46 No. 11, pp. 574-580.

Spence Laschinger, H.K. and Smith, L.M. (2013), "The Influence of Authentic Leadership and Empowerment on New-Graduate Nurses' Perceptions of Interprofessional Collaboration", *Journal of Nursing Administration*, Vol. 43 No. 1, pp. 24-29.

Spence Laschinger, H.K., Wong, C.A. and Grau, A.L. (2013), "Authentic leadership, empowerment and burnout: a comparison in new graduates and experienced nurses", *Journal of Nursing Management*, Vol. 21 No. 3, pp. 541-552.

Spence Laschinger, H.K., Wong, C.A. and Grau, A.L. (2012), "The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study", *International Journal of Nursing Studies*, Vol. 49 No. 10, pp. 1266-1276.

Stander, F.W., de Beer, L.T. and Stander, M.W. (2015), "Authentic leadership as a source of optimism, trust in the organisation and work engagement in the public health care sector", *SA Journal of Human Resource Management*, Vol. 13 No. 1, pp. 1-12.

Stevens, S.C., Hemmings, L., Scott, C., Lawler, A. and White, C. (2014), "Clinical leadership style and hand hygiene compliance", *Leadership in Health Services*, Vol. 27 No. 1, pp. 20-30.

Vakkala, H. and Syväjärvi, A. (2012), "Henkilöstöjohtamista kuntien muutostilanteissa: Autenttisuus ja ihmisläheinen johtamisote", *Kunnallistieteellinen aikakauskirja*, Vol. 40 No. 4, pp. 346-363.

Walumbwa, F.O., Avolio, B.J., Gardner, W.L., Wernsing, T.S. and Peterson, S.J. (2008), "Authentic Leadership: Development and Validation of a Theory-Based Measure", *Journal of Management*, Vol. 34 No. 1, pp. 89-126.

Wong, C.A. and Cummings, G.G. (2009), "The influence of authentic leadership behaviors on trust and work outcomes of health care staff", *Journal of Leadership Studies*, Vol. 3 No. 2, pp. 6-23.

Wong, C.A. and Giallonardo, L.M. (2013), "Authentic leadership and nurse-assessed adverse patient outcomes", *Journal of Nursing Management*, Vol. 21 No. 5, pp. 740-752.

Wong, C.A. and Spence Laschinger, H.K. (2013), "Authentic leadership, performance, and job satisfaction: the mediating role of empowerment", *Journal of Advanced Nursing*, Vol. 69 No. 4, pp. 947-959.

Wong, C.A., Spence Laschinger, H.K. and Cummings, G.G. (2010), "Authentic leadership and nurses' voice behaviour and perceptions of care quality", *Journal of Nursing Management*, Vol. 18 No. 8, pp. 889-900.