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.,
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 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


