The Role of Authentic Leadership and Authentic Followership to Self-Efficacy, Work Engagement and Organizational Commitment among Nurses

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Abstract

This study aimed to examine the extent of relationship between authentic leadership and authentic followership and their role to self-efficacy, work engagement and organizational commitment of nurses. The study made used of descriptive correlational research design and purposive sampling technique with a sample of 106 nurse leaders and 397 nurse followers from different institutions in Tarlac Province. There were five (5) standardized instruments used. Data were examined using descriptive statistics, Pearson's r, Multiple Regression Analysis, and Partial Least Square Structural Equation Modelling. Results of the study indicated that authentic leadership and authentic followership were significantly related and are both significant predictors to self-efficacy, work engagement, and organizational commitment. The hypothesized model of authentic leadership and followership was significantly supported by the findings as predictors to self-efficacy, work engagement and organizational commitment. Promotion of authentic leadership is highly suggested. The statistically supported model may serve as a working model for leadership and staff development initiatives.

Keywords: *Authentic Leadership; Authentic Followership; Self-Efficacy; Work Engagement; Organizational Commitment*

Introduction

Professional nurses at all levels need to have motivating stewardship about their practice arenas - whether in the clinical area, education, administration or research, and be concerned with overall excellence in those areas [24]. Accordingly, recent reports have called for strong, positive nursing leadership to create and sustain cultures of safety found in an atmosphere of trust [13]. It has been contemplated that authentic leadership as the root component of effective leadership necessary in the construct of trust and healthier work environment for promotion of patient safety, excellence in services and retention of nurses [19,48].

In healthcare, authentic leadership is the core of small number of studies [44]. The study of Wong, Laschinger and Cummings (2010) indicated that nurses with higher levels of authentic leadership as reported in their managers were also reported with a greater level of trust, work engagement and perceptions of quality care [47] has cited that working life and patient outcomes is positively influenced by authentic leadership and managerial trust. Furthermore, nurses are empowered through the support provided by the authentic leader, in which job performance is enhanced by empowerment [44].

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Literature review showed scarcity on local nursing leadership studies particularly on authentic leadership and followership, these few studies implies significance of the development of authentic leadership among nurse managers or leaders which is found to be important for a healthy working environment [1,10]. Because of the focus on authenticity and high moral standards, authentic leadership is believed to be an important factor in developing an ethical climate of trust in nursing practice environment. Reports have highlighted the impact of demanding and unsupportive work environment on nurses' well-being, which results for a need for maintaining a strong nursing leadership and healthier work environment [10].

The focus on authentic leadership is an emerging ethical practice in making decision, allocating resources, sharing information and resolving clinical concerns that matter to clients and nurses. Nurse leaders effectuate conditions for nurses' work by configuring with distinguishing attribute of support and resources in work areas. When leaders are apprehended by their nurses as authentic, open and truthful and engage them in decision making, nurses respond confidently to work, reporting enhanced work diligently and entrusting in management [48].

In leadership research, authentic leadership is found to be the newest area of interest which is centered on the projection of the genuine or real self of the leader. It demonstrates self-awareness, an internalized moral perspective, balanced processing, and relational transparency. Through a lifelong process these characteristics of a leader were develop that often influenced by life events [34].

With similar construct, authentic followership introduced is characterized by a follower that shares with their leaders a genuine relationship. It was further argued by Gardner., *et al*. (2005) that the developmental authentic process and self-regulation of an authentic leader reflects an authentic followership. As generally agreed, authentic relationship with their leader, authentic followers are identified with their leaders and attained self-awareness and self-regulation to achieve goals [9,20]. Cognizant of the aforementioned call for research and to the current challenge of managing and sustaining health care system and nursing education in light of the heightened attention for the development of authentic leadership, this study was conducted to add to growing evidences regarding the performance implication of the leader and follower relationships that are deemed important and relevant in the current status of the nursing work environment in various areas. It seeks to address a gap in the extant authentic leadership literature that arises from a failure to consider the follower's influence on the assumed positive outcomes of authentic leadership [2]. This research intends to provide empirical evidence on the authenticity of leadership and followership among nurses or nurse leaders, to establish and examine extent of relationships between authentic leadership and authentic followership, the relationship between authentic leadership to follower's self-efficacy, work engagement and organizational commitment. The findings of the study consequently have implications for authentic leader - follower relationship development among nurses and it further aid understanding of the organizational conditions that enhance authentic leadership perceptions by followers in the organization specifically in the nursing practice.

Theoretical framework

The Leader - Member Exchange theory (LMX) and Authentic Leadership theory are the theories that provided the theoretical foundation of this study to explain the structural relationships among variables.

Leader - Member exchange theory

Leader - Member Exchange Theory dwells on relationships between the leader and follower. Its main concept and principle is that leaders develop varying reciprocates relationships with their followers, which look into the quality of the relationship that may alter its impact on important leader and member outcomes Therefore, developing effective relationship will result into leadership with mutual and incremental impact [25], reported that a higher quality LMX relationship predicts both higher levels of performance and organizational citizenship behaviours.

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In the current study, an authentic leader and authentic follower's characteristics was established to find out the variables that is important in establishing good leader - follower relationship. The leader was viewed as organizational support that influences followers to have obligations to the organization. The study further determined how the leader and follower's relationship is established where both feel the obligations and responsibility towards the organization, with demonstrated involved behaviours and positively changed attitudes.
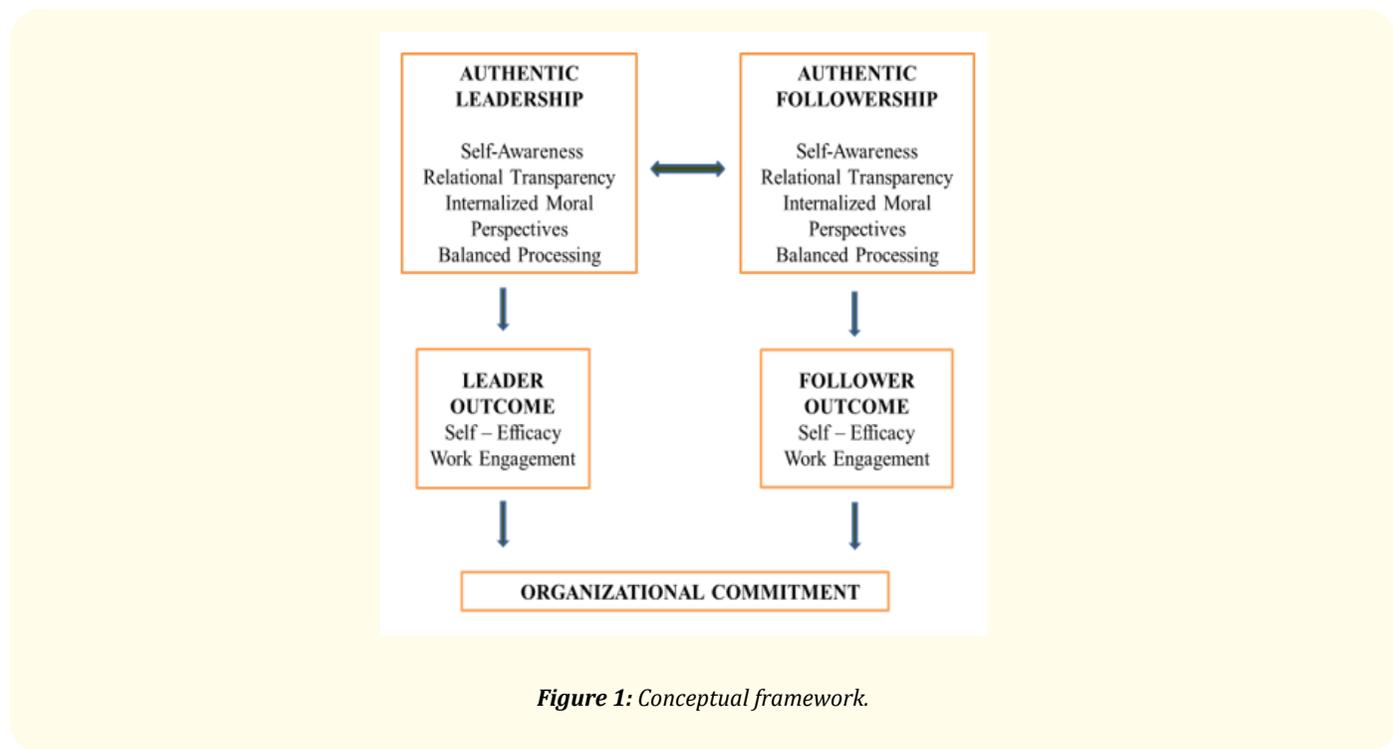
Authentic leadership theory

One of the various modern leadership theories is authentic leadership which is germane to positive psychology. It has been related to theories such as ethical leadership and transformational. With this frame, the focus of authentic leadership is on the formation of authentic followership focused on the development of authentic relationship characterized by trust and integrity [20]. Authentic leadership is a growing field and will continue to receive more attention as society continues to call for more ethical and inspirational leaders.

In this study, the process by which authentic leadership achieves its outcomes is examined from the follower's perspectives. This is in concordance with the recent calls for more research on the influence or impact of authentic leadership to followership, focusing on individual level's perspective and organizational level of analysis.

Conceptual framework

According to numerous scholars, leadership and followership are linked; one cannot be understood without the other [14]; argued that the same components of authenticity that are present in authentic leaders are also present in authentic followers: that is, they draw on the work of Kernis (2003) and Deci and Ryan (2000), in positing that authenticity among followers is characterized by self-awareness, internalized regulatory processes, balanced information processing, authentic behaviour and relational transparency.

Figure 1: *Conceptual framework.*

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This conceptual framework was also the hypothesized model of this study. This study was guided by authentic leadership theory and leader member exchange theory, whereby it determined the interrelatedness and the quality of the relationship between authentic leadership and authentic followership among nurse leaders and followers and determined the leader-follower authenticity described as self-awareness, moral perspectives, and relational transparency and balanced processing. Furthermore, it explored how the relationship has impact on leaders and follower's self-efficacy, work engagement as personal outcomes and how these personal outcomes influence organizational commitment as organizational outcomes.

Thus, this study aimed to further shed light on the relationship between authentic leadership and follower's self-efficacy, work engagement, and its influence to organizational commitment

Problem statement

The main purpose of the study was to establish the relationship between authentic leadership and authentic followership and to examine their role towards self-efficacy, work engagement, and organizational commitment among nurses.

Specifically, the study will seek answers to the following research questions:

1. To what extent do nurse leaders perceive their authentic leadership in terms of self-awareness, internalized moral perspective, balanced processing and relational transparency?

2. What is the extent of nurse leader's authentic behaviour as perceived by their followers?

3. What is the extent of the relationship between nursing leaders' authentic leadership and authentic followership?

4. Do the core components of authentic leadership contribute to follower's self-efficacy, work engagement and organizational commitment?

5. Do the core components of authentic followership contribute to leaders' self-efficacy, work engagement and organizational commitment?

Hypotheses

1. There is significant relationship between nursing leaders' self-awareness and followers' self-awareness.

2. There is significant relationship between nursing leaders' internalized moral perspective and followers' internalized moral perspective.

3. There is significant relationship between nursing leaders' balance processing and followers' balance processing.

4. There is significant relationship between nursing leaders' relational transparency and followers' relational transparency.

5. The nursing leaders' authentic leadership is significantly related to followers' self-efficacy, work engagement, and organizational commitment.

6. The nurses' authentic followership is related to nursing leaders' self-efficacy, work engagement, and organizational commitment.

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Method

Research design

This empirical research aimed to determine to what extent nurse leaders can be considered as authentic leaders and staff nurses, and RHU nurses as authentic followers. The study determined the actual state of using the authentic leadership and followership, so the "ex post fact "research was utilized. Descriptive correlational research design was also used in establishing the existence and extent of relationship or covariation between the variables. The design plays an important role in the study to establish relationship of variables and explain the nature of the relationship between the variables. At this instance, the method of structural equation modelling came into play [28].

Participants and setting

The participants from this study were deans, chief nurses, supervisors, public health nurses, who fall under the category of nurse leaders and staff nurses, clinical instructors and NDP nurses as followers. Purposive sampling technique was utilized in the selection of the participants based on informational considerations. The selection came from various settings of the nursing practice e.g. nursing schools, hospitals, RHU's, in Tarlac Province.

Instruments

Standardized tools were used in the analysis of all variables used in the study.

Previously validated instruments used in peer reviewed journals were utilized for this study. Authentic Leadership Questionnaire (ALQ) [9] as validated and modified by Walumbwa., *et al*. (2008) was utilized in conducting the survey with permission from mindgarden. com. The ALQ, operationalized and validated by Walumbwa., *et al*. (2008) and derived from Kernis and Goldman's (2006) multi-component conception of authenticity, was found to be the most frequently used measure of authentic leadership by Gardner., *et al*. (2011) in their review of AL literature from 1980 till 2010. ALQ has been used by many other researchers as a measure of AL after 2010 [30,35,43]. While the ALQ has been used and tested in several countries, the survey of literature revealed one study involving the use of ALQ has been carried out in the Philippines [38]. The internal consistency of the questionnaire is 0.966 (having in account the 16 items). Reliability was tested with Cronbach Alpha, yielding a value of 0.87 for Transparency, 0.82 for Moral, 0.80 for Balanced Processing and 0.85 for Self-Awareness [41] which indicated high reliability.

Self-Report Authenticity Inventory = Authentic followership was measured using 16 items from a self-report Authenticity Inventory developed by Kernis and Goldman (2006) that was adapted to reflect the dimensional structure identified by Walumbwa., *et al* (2008). An internal reliability estimate (coefficient alpha) for this scale of .85 was obtained.

Work Self-Efficacy Scale (WSES) developed by Avallone., *et al*. (2007) includes 10 items assessing perceptions regarding specific work domains. The Cronbach's Alpha coefficient is .85.

The Utrecht Work Engagement Scale-9 (UWES-9) developed by Schaufeli, Bakker, and Salanova (2006), was employed to measure work engagement, it includes 17 items assessing perceptions how one feels at work. Having a reliability test Cronbach's Alpha Coefficient of 85.

Organizational Commitment Questionnaire of Meyer and Allen (1997), which was validated by Steve Jaros (2007) was used to assess organizational commitment. Having a reliability test, Cronbach's alpha of .82.

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Data collection procedure

A quantitative survey was conducted for the purposes of this research study. A letter with an invitation to participate in the research was sent to nursing school, hospitals and rural health units in the province of Tarlac. Upon receipt of the consent from the head of the health facility, the date for the field work was set with each institution or health facility. The data was collected from different size of institutions using purposive sampling. Separate questionnaires were given to nurse administrators and followers and filled-in by the respondents in writing in the premises of the institutions. A cover letter heading the survey explained the purpose of the survey and guaranteed confidentiality and was presented to every nurse leader and nurse follower. The filled-in questionnaires were retrieved from the respondents. Data was collected by approximately 4 weeks.

Ethical consideration

The researcher ensured the following throughout study: 1) sought permission to authorities concerned and to the respondents for the conduct of the study, 2) explicated the aim and objectives of the study as well as the procedures to everybody who took part in the research; 3) respondents were not forced or compelled in participating in the study, 4) and that they can withdraw voluntarily anytime for some reason and 5) that their privacy was respected at all time and that everything they shared was treated as confidential.

Data analysis

Descriptive statistics, Pearson correlations and Multiple Regression Analysis was computed for all the study variables using the Statistical Program for Social Sciences (SPSS) version 20.

Structural Equation Modelling (SEM) was applied to examine a path model that posited relationships for both authentic followership and authentic leadership with self-efficacy, work engagement and organizational commitment [32,40]. SEM also tested the hypothesized model of the study by estimating a path model where authentic leadership/authentic followership influences follower/leader self-efficacy, work engagement and organizational. SEM was conceptually used to answer the research questions involving the extent of effect of the independent variables to the dependent variables. Therefore, SEM is a confirmatory technique [40].

Goodness of fit statistics was calculated to tell whether the model of the study is appropriate or needs further revision. It was also used to determine the reliability of each measured variables [32,40]. Warp-PLS Version 3.0 was utilized to process PLS-SEM.

Results

Nurse Leaders			Nurse Followers		
Age	**f**	**%**		**f**	**%**
24 - 31	26	24	21 - 24	168	42
32 - 39	41	39	25 - 28	126	32
40 - 47	19	18	29 - 32	56	14
48 - 54	15	14	33 - 36	27	7
55 - 62	3	3	37 - 40	20	5
63and above	2	2			
Total	106	100		397	100
Mean Age = 47			Mean Age = 32		
Gender					

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Male	27	25	Male	71	18
Female	79	75	Female	326	82
Total	106	100		397	100
Highest Educational Attainment					
BSN	32	30	BSN	390	98
Master Degree	73	68	Master Degree	7	.2
Doctorate Degree	1	2			
Total	106	100	Total	397	100
Length of Service in the Position (years)					
1 - 8	52	49	1 - 6	294	74
9 - 16	29	27.3	7 - 12	86	22
17 - 24	14	13.2	13 - 18	17	4
25 - 32	9	8.4			
33 - 40	2	2.1			
Total	106	100		397	100
Position					
Chief Nurse	11	10	Staff Nurse	293	74
Asst.Chief Nurse	3	3	LGU	34	8.5
Dean	1	1	NDP	64	16
Nurse Supervisor	27	45	Clinical Instructor	6	1.5
Senior Nurse	43	41			
PHN (Nurse III and IV)	21				
Total	106	100	Total	397	100

Table 1: Demographic profile of participants.

The average age for nurse leaders and nurse followers is 47.2 years and 31.8 years respectively. Almost eight out of ten nurse leaders and followers are female. In terms of education the majority of nurse leaders have graduate degrees while almost all nurse followers are baccalaureate prepared. About half of the nurse leaders have between one to eight years in their positions. The nurse followers on the other hand have one to six years of service.

Variables	Mean	SD	VD
1. **Leaders 'Self-awareness**			
1. I solicit feedback for improving my dealings with others	4.34	0.89	Agree
2. I describe accurately the way that others view my abilities	3.92	0.84	Agree
3. I understand my strengths and weaknesses	4.42	0.88	Agree
4. I am clearly aware of the impact I have on others	4.09	0.88	Agree
Average	4.19	0.78	Agree
2. **Leaders' Internalized Moral Perspective**			
1. I show consistency between my beliefs and actions	4.25	0.86	Agree
2. I use my core beliefs to make decisions	4.04	0.96	Agree

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3. I resist pressures on me to do things contrary to my beliefs	3.95	0.77	Agree
4. I am guided in my actions by internal moral standards	4.29	0.94	Agree
Average	4.13	0.70	Agree
3. **Leaders' Balance Processing**			
1. I asks for ideas that challenge my core beliefs	3.86	0.98	Agree
2. I carefully listen to alternative perspectives before reaching a conclusion	4.46	0.90	Agree
3. I objectively analyze relevant data before making a decision	4.47	0.88	Agree
4. I encourage others to voice opposing points of view	4.25	1.01	Agree
Average	4.26	0.82	Agree
4. **Leaders' Relational Transparency**			
1. I clearly state what I mean	4.30	0.89	Agree
2. I admit mistakes to others when they occur	4.42	0.88	Agree
3. I openly share information with others	4.32	0.97	Agree
4. I express my ideas and thoughts clearly to others	4.33	0.89	Agree
Average	4.34	0.80	Agree

Table 2: Extent of authenticity in leadership among nurses as perceived by leaders.

Nurse leaders got the highest mean for relational transparency (4.34) and the lowest mean for internalized moral perspective (4.13). The verbal description for the average mean responses is in the four components of authentic leadership was always (Table 2).

Variables	Mean	SD	VD
1. **Leaders' Self-awareness**			
1. Solicit feedback for improving their dealings with others	3.77	1.01	Agree
2. Describe accurately the way that others view their abilities	3.89	0.85	Agree
3. Show that they understand their strengths and weaknesses	3.95	0.81	Agree
4. Are clearly aware of the impact they have on others	3.98	0.85	Agree
Average	3.90	0.75	Agree
2. **Leaders' Internalized Moral Perspective**			
1. Show consistency between their beliefs and actions	4.01	0.83	Agree
2. Use their core beliefs to make decisions	4.02	0.78	Agree
3. Resist pressures on them to do things contrary to their beliefs	3.73	0.93	Agree
4. Are guided in their actions by internal moral standards	4.06	0.77	Agree
Average	3.96	0.66	Agree
3. **Leaders' Balance Processing**			
1. Asks for ideas that challenge their core beliefs	3.90	0.89	Agree
2. Carefully listen to alternative perspectives before reaching a conclusion	3.99	0.90	Agree
3. Objectively analyse relevant data before making a decision	4.13	0.78	Agree
4. Encourage others to voice opposing points of view	3.98	0.93	Agree
Average	4.00	0.75	Agree
4. **Leaders' Relational Transparency**			
1. Clearly state what they mean	4.04	0.89	Agree
2. Admit mistakes to others when they occur	3.87	1.05	Agree
3. Openly share information with others	3.99	0.94	Agree
4. Express their ideas and thoughts clearly to others	4.10	0.88	Agree
Average	4.00	0.82	Agree

Table 3: Extent of nurse leader's authentic behaviour as perceived by their followers.

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The nurse followers collectively agreed that their nurse leaders demonstrated authentic behavior. This was revealed with overall means ranging from 3.90 to 4.00 for all the components of authentic leadership (Table 3).

Relationship between authentic leadership and authentic followership

	1. Followers' Self-Awareness			2. Followers' Internalized Moral Perspective			3. Followers' Balance Processing			4. Followers' Transparency Relational		
	r	P-value	Inter-preta-tion	r	P-value	Interpretation	r	P-value	Interpreta-tion	r	P-value	Inter-preta-tion
1. Leaders' Self-Aware-ness	.311	.001	S	.252	.009	S	.147	.132	NS	.058	.556	NS
2. Leaders' Internal-ized Moral Perspective	.301	.002	S	.357	.000	S	.348	.000	S	.237	.014	S
3. Leaders' Balance Processing	.239	.013	S	.322	.001	S	.426	001	S	.321	.001	S
4. Leaders' Relational Transpar-ency	.277	.004	S	.366	.000	S	.337	.001	S	.177	.070	NS

Table 4: *Relationship between authentic leadership and authentic followership.*
S: Significant; NS: Non-Significant.

The table above shows that in the examination of the data using Pearson r correlation with an alpha level of .05, it was revealed that mostly of the components of authentic leadership and the components of authentic followership were significantly correlated. The relationships were not significant however for leaders' relational transparency and followers' relational transparency, and leaders' self-awareness and followers' balance processing and relational transparency (Table 4).
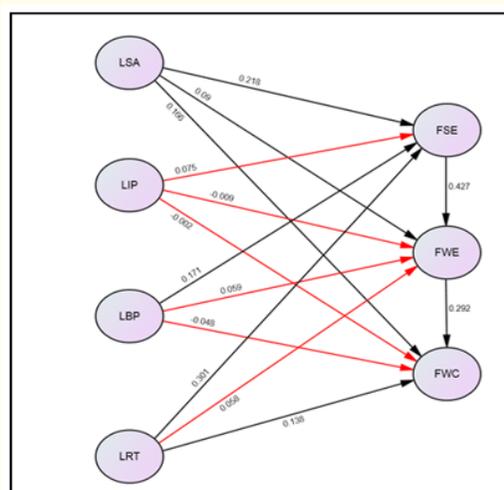
Figure 2: *Path coefficients of the predictors on the effect of authentic leadership to followers' self-efficacy, work engagement, and organizational commitment.*
Notes: 1. Red lines indicate that the path is statistically nonsignificant (p > .05).
2. LSA: Leader's Self-Awareness; LIP: Leader's Internalized Moral Perspective; LBP: Leader's Balance Processing; LRT: Leader's Relational Transparency; FSE: Follower's Self-Efficacy; FEW: Follower's Work Engagement; FWC: Follower's Work Commitment.

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Model fit and quality indices:

Average path coefficient (APC) = 0.147, P < 0.001

Average R-squared (ARS) = 0.198, P < 0.001

Average adjusted R-squared (AARS) = 0.189, P < 0.001

Average block VIF (AVIF) = 1.859, acceptable if < = 5, ideally < = 3.3

Average full collinearity VIF (AFVIF) = 2.018, acceptable if < = 5, ideally < = 3.3

Tenenhaus GoF (GoF) = 0.365, small > = 0.1, medium > = 0.25, large > = 0.36.

Figure 2 presents the path coefficients of the core components of authentic leadership to follower's self-efficacy, work engagement and work commitment. Path analysis through SEM, shows that Leader's self-awareness (LSA), Leader's balance processing (LBP), and Leader's relational transparency (LRT) are the three components which has direct contribution to nurse follower's self- efficacy, work engagement, and organizational commitment.

Model of fit and quality indices

The model was checked first for reliability using goodness of fit indices before the interpretation of the path coefficient. These include the average path coefficient (APC) = 0.147, P < 0.001, Average R-squared (ARS) = 0.198, P < 0.001, Average adjusted R-squared (AARS) = 0.189, P < 0.001, Average block VIF (AVIF) = 1.859, acceptable if < = 5, ideally < = 3.3. Average full collinearity VIF (AFVIF) = 2.018, acceptable if < = 5, ideally < = 3.3 and Tenenhaus GoF (GoF) = 0.365, small > = 0.1, medium > = 0.25, large > = 0.36. These indices connote that values of APC, ARS and AARS were statistically significant.
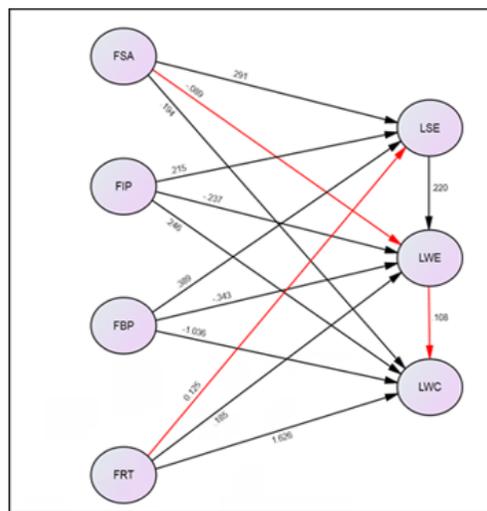
Figure 3: *Path coefficients of the predictors on the effect of authentic followership to leaders'*
self-efficacy, work engagement, and work commitment.

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The above data has four continuous predictor variables: follower's self-awareness, internalized perspective, balanced processing and relational transparency, and there are three continuous dependent variables, leader's self-efficacy, work engagement and organizational commitment.

Figure 3 presents the path coefficients of the core components of authentic followership to leader's self-efficacy, work engagement and work commitment. Path analysis through SEM, shows that all the core components of authentic followership has a direct contribution to nurse leader's self-efficacy, work engagement and organizational commitment.

Model fit and quality indices:

Average path coefficient (APC) = 0.379, P < 0.001
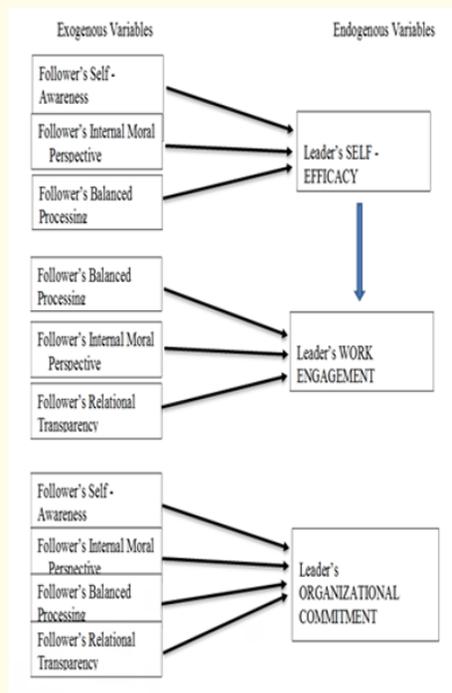
Average R-squared (ARS) = 0.502, P < 0.001

Average adjusted R-squared (AARS) = 0.479, P < 0.001

Average block VIF (AVIF) = 3.916, acceptable if < = 5, ideally < = 3.3

Average full collinearity VIF (AFVIF) = 2.310, acceptable if < = 5, ideally < = 3.3

Tenenhaus GoF (GoF) = 0.594, small > = 0.1, medium > = 0.25, large > = 0.36.

Emergent framework

Figure 4: Emergent framework on the effect of authentic followership to leader's self-efficacy, work engagement and organizational commitment.
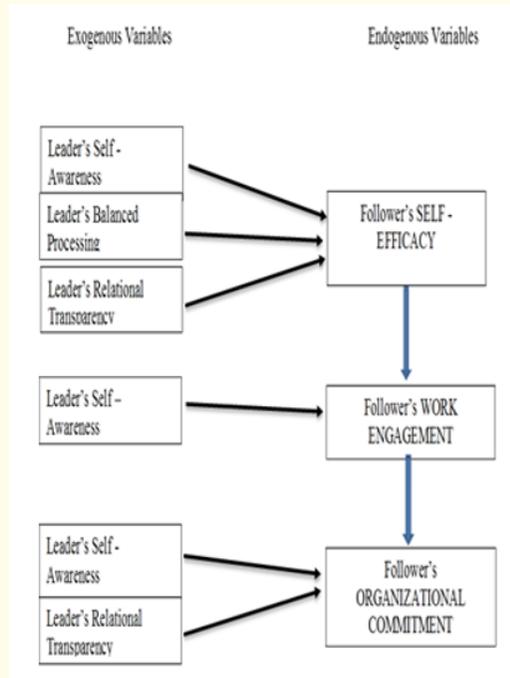
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Figure 5: *Emergent framework on the effect of authentic leadership to followers' self-efficacy, work engagement and organizational commitment.*

Discussion

Extent of authenticity on leadership

This study revealed that nurse followers collectively agreed that their nurse leaders have authentic behavior. Extent of authenticity in the behavior of the nurse leaders was high in relational transparency and low at internalized moral perspectives. Nurse follower's authentic leadership has a positive association with authentic followership. Most of the core components of both authentic leadership and authentic followership as self-awareness, balanced processing, relational transparency and internalized moral perspectives affects in varying degrees the extent of the followers and leaders' self-efficacy, work engagement and work commitment.

There is an average degree of authenticity on the awareness of the nurse leader towards his or her strengths and weaknesses, how others see him or her and how they impact others. Among the elements of self-awareness, it showed in this study that most of the nurse leaders have better understanding on their strengths and weaknesses and found the importance of eliciting feedback to improve leadership performance. The findings is supported by the concept of Gardner., *et al.* (2005) who reiterated however that self-awareness is not an end in itself, but a process whereby one comes to reflect on one's unique values, identity, emotion, goals, knowledge, talents and or capabilities and that increasing self-awareness is a core element of authentic leadership development process. Despite of some dissension, concerns appeared that leader self-awareness is an appropriate starting point for interpreting what constitutes leadership development [6].

The degree of authenticity was high in setting standards for moral and ethico conduct among nurse leaders. There was a high consistency between their beliefs and actions which their actions are also guided by internal moral standards. The consistency is supported by Avolio and Gardner., *et al.* (2005) as they viewed internalized moral perspective as a process through which authentic leaders align their

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values with their intentions and actions.

The nurse leaders set high standards before making decisions ensuring that there is sufficient opinion or viewpoint solicited from the members of the organization before coming up with important decisions. Among the elements of balanced processing, the nurse leaders strongly consider the relevance of listening to alternative perspectives and being objective in analyzing data before getting into a decision. Walumbwa., *et al*. (2008) state that such leaders solicit views that challenge their deeply held positions referring to the work of Gardner., *et al* (2005).

The findings further showed that nurse leaders have a high degree of authenticity towards relational transparency through reinforcing a level of openness with others. Nurse leaders demonstrate a high degree of ability to admit mistakes when they occur and expressed clearly their ideas or thoughts to the members of the organization. The findings is in conjunction with the study of Kernis (2003) as he identified this component as relational in nature, in as much as it involves valuing and achieving openness and truthfulness in one's close relationship. It involves a commitment of helping others see both positive and negative aspects of their true selves. Thus, relational transparency involves presenting one's genuine as opposed to a "fake" self through selective self-disclosure to create bonds based on intimacy and trust with close others and encouraging them to do the same [6].

Extent of authentic behavior as described by the nurse followers

Authentic behavior among nurse leaders was viewed among nurse followers as having a high degree of self-awareness on the impact of their leadership to others and through their Internalized Moral Perspective. It was also perceived that nurse leaders have a high degree of objectivity in analyzing relevant data before coming up with a decision. This is explained by Kernis (2003) all this time, behaving authentically means acting in accordance with one's own values, preferences, and needs as opposed to acting merely to please others or to attain rewards or avoid punishments through acting 'falsely'.

Nurse leaders were further viewed highly as reinforcing a high degree of openness with others and as one who can express their ideas clearly to others and clearly state what they mean. This is explained by Walumbwa., *et al*. (2008) that relational transparency which refers to "presenting one's authentic self (as opposed to fake or distorted self) to others, disclosed by promotion of trust that involve openly sharing information or views and expressions of one's true ideas and feelings while minimizing displays of inappropriate emotions" [41]. A notion while trying to minimize inappropriate emotions like anger, jealousy and sadness, is difficult to understand as part of the construct of authentic leadership.

Relationship between authentic leadership and authentic followership

Nurse leader's self-awareness has significant influence to nurse follower's self-awareness. This means that nurse leader's knowledge of self and behavior towards dealing with the nurse followers like soliciting feedback and awareness of one's strength and weaknesses as a leader, plays an important role on how followers portray their role. The findings reveal that both for the nurse leader and nurse follower, being true to oneself is deemed very important in establishing genuine relationship. This is supported by Kernis (2003) and George (2003), who indicated that self-awareness regarding one's value is a prerequisite for authenticity and authentic leadership.

Nurse followers' Internal Moral Perspective and leader's Internal Moral Perspective are significantly correlated. It implies that true intention and motives of both the nurse leader and nurse follower must be congruent since each influences one another. Nurse leaders who have insight into their core values, have no fear on portraying them openly and demonstrate how their ethical standards underpin the decisions they make, communicate integrity and transparency. Avolio and Gardner (2005) explained that this process includes making one's motives, goals and values completely transparent to followers, leading by example and demonstrating consistency between espoused theories and theories in use.

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Leader's Balanced Processing has a significant relationship with all the four components of authentic followership, but closely related with follower's balanced processing, which may indicate that when nurse leaders go out of their way to solicit the opinions of nurse followers, both positive and negative and use that information in their decision-making, nurse followers are more likely to experience their work environment as empowering. Building the relationship between the nurse leader and nurse follower is relative to the extent of objectivity of the nurse leader. Thus, the results of the study is supported by Walumbwa., *et al*. (2008) which revealed a relatively high convergent validity among the four factors, which thereby convey less unique information as they form a higher order construct [41].

Nurse Leader's Relational Transparency is significantly correlated with follower's Self-Awareness, Internal Moral Perspective and Balanced Processing. This means that the manner how the nurse leaders express her/himself in terms of being decisive and true to his or her words, and the ability to admit mistakes, and how the nurse leader establish his or her relationship will have a counter effect to the nurse follower's behavior. According to Walumbwa., *et al*. (2010), fundamental ways to convey authenticity and facilitate empowerment are course through soliciting views from nurse followers that may challenge or disagree with the leader's personal positions, exploring others 'opinions before making decisions, and objectively considering the full range of data or viewpoints in decision-making [42].

The findings further indicates the congruency between the leader and follower's action, that followers come to know and accepted themselves and self-regulate their behaviour to achieve goals. It is expected that authentic relationship between the leader and follower emerged which is characterized by open and positive exchanges as they pursue shared and complimentary goals that reflect deeply held and overlapping values. Howell and Shamir (2005) theorized that one decision to follow is a much more active process; largely based on the perceived level of congruence between the leader's and follower's values and identity.

Core components of authentic leadership contribution to follower's self-efficacy and work engagement

There are three core components of authentic leadership found to have significant relationship with follower's self-efficacy, these are leader's self-awareness, balanced processing and relational transparency. Using structural equation modelling (SEM), the results of the study indicated that authentic leadership has a positive effect on nurse follower's self-efficacy' directly and indirectly. The results of the study signify that authentic leadership has a positive influence on both nurse follower's self-efficacy and work engagement.

The study also disclosed a positive path coefficient on follower's work engagement and was supported by previous studies which indicates that the high level of disengaged employees in organisations has negative organisational consequences such as absenteeism, high turnover and decreased productivity, while those engaged employees have been shown to be more productive, demonstrated less physical absenteeism [11,36]. Other studies have confirmed the impact of the level of work engagement among staff turnover [12,31] it was noted that highly engaged staff plan to stay with the organisation. The problem of high staff turnover is further exacerbated as global nursing shortages exist. Furthermore, disengaged staff negatively affect the quality of care provided, which has resulted on patient satisfaction and the reputation of the organization.

Among the core component of authentic leadership, path analysis reveals that leader's self-awareness and leader's relational transparency has a small effect or contribution on follower's organizational commitment. It means that nurse leader's being true to themselves and their objectivity in relating with their followers at a little extent will have an impact to follower's organizational commitment. As Kanning and Hill (2012) cited that the extent to which followers feel attached to their organization correlates significantly with important variables of performance and related behaviour. In general, from the organization's point of view, the intent therefore is to foster a high commitment on the part of the employees [26].

Overall, the findings of this study provided strong evidence on the role or impact of authentic leadership of nurse leaders among the nurse followers. Nurse leaders who demonstrate a sense of genuine caring about their staff and what is important to them in terms of ethi-

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cal and moral standards in their working relationships contribute to nurse follower's self- efficacy, work engagement and organizational commitment. In addition, when nurse leaders takes the time to have a two-way conversation about a nurse's strengths and how these can make a difference at work, this is likely to create a greater sense of responsibility and identification with the nurse leader and feelings of empowerment and improved organizational commitment and outcomes.

Core components of authentic followership contribution to leader's self-efficacy and work engagement

All the core components of authentic followership were found to have significant contribution or effect to leader's work commitment. It follows that in order to elicit positive follower outcomes, nurse leaders should provide work climates that give full access to information, resources, and support and that provide opportunities to learn and develop procedures that are structurally creating such an organizational climate that takes considerable time and energy on the part of both leaders and followers, which makes an organization sustainable, competitive advantage [35]. Research confirms that when followers are treated in a fair and positive manner, they are more committed and likely to display positive attitudes, resulting in greater trust in the leader and the system.

The results of SEM analysis provided the direction of parameter estimates indicating the effects of the core components of authentic followership to authentic leadership. Data revealed that there are three core components of authentic followership that has significant contribution on the leader's self -efficacy: follower's self-awareness, follower's internal moral perspective and follower's balanced processing. Further examination of the results showed that follower's balanced processing has provided the highest significant contribution with large effect on leader's self-efficacy. West., *et al.* (2015) showed from their studies a strong linked between nurse managerial style and staff job satisfaction, turnover and retention. Nurses preferred managers who were participative, facilitative and emotionally intelligent and such styles were in turn linked to team cohesion, lower stress and higher empowerment and self-efficacy.

Conclusion

The results of the study highlighted the importance of authentic leadership in the nursing practice. It further indicated that nurse leaders are perceived by their followers for having authentic behavior. Authentic leadership builds positive relationship with authentic followership in varying degrees. Relational Transparency was most highly considered as authentic behavior among the nurse leaders the centrality of these relationship influence both nurse leader and nurse follower's self-efficacy, work engagement and organizational commitment. The result provides a clear direction towards the relationship between a leader and a follower.

Since there are more core components of authentic followership that has direct effect on the leader's self-efficacy, work engagement and organizational commitment, therefore, nurse followers play a very significant role in the development of a nurse leader.

Findings provided further support for the application of authentic leadership theory in nursing. The hypothesized model was partially supported by the findings of the study through the use of Partial Least Structural Equation Modelling.

Implications

This study contributes to the integration of interrelated emerging topics in nursing leadership. Findings of this study supports the previous proposition of researchers on the positive link between authentic leadership and followership [6,16,21], in terms of follower's behavior. The results provide meaning or explanation for how authentic leadership can come up with favorable outcomes in the organization through examining the interrelatedness of authentic leadership and authentic followership with other variables like self-efficacy, work engagement and organizational commitment. In particular, this study draws together self-efficacy, work engagement and organizational commitment literatures to jointly help explain how authentic leadership among nurse leaders influence nurse follower's outcome. Results

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of the study are important on the following reasons: First, a direct relationship between authentic leadership and authentic followership, self-efficacy, work engagement and work commitment was empirically proven in this study. Second, the emerging model was tested using structural equation modeling. Results were consistent with theoretical predictions.

The results of the study highlight the importance of authentic leadership in the health care system and educational organization. Results indicated that authentic leadership builds positive relationship with followers to perform their best. Having authentic leadership in the nursing practice has a promising effect wherein the organizations can be able to overcome whatever challenges the organization may encounter. Thus, the results of the study shed light on the various assumptions about the effect of authentic leadership in the nursing practice. Hence, this study serves as an impetus for further studies that can explore authentic leadership and authentic followership, in which in turn will contribute to the betterment of the nursing practice and higher learning. It contributes in shedding light to the importance of the role of the nurse followers in developing the nurse leaders and the beginning of empirical assessment of the development of authentic followership within the theory of authentic leadership. Authenticity of leaders influenced the extent of self-efficacy, work engagement and organizational commitment among followers.

This study have identified two approaches towards authentic followership, first, authentic followership may be seen as an outcome of authentic leadership process, second, the approach takes a position that followers are equally important in influencing authentic relationship; they complement each other, which can be authentic itself and can contribute to the process of leadership. The evidence provided by this study is a reminder of the importance of authentic leadership in the involvement of followers and in the promotion of work engagement, organizational commitment and self-efficacy. Self - efficacy, work engagement and organizational commitment among followers have direct and indirect effect on organizational performance. Structural Equation Modelling allowed to prove the path demonstrating authentic leadership impact on authentic followership, follower's self-efficacy, work engagement and organizational commitment. The direct relationship between these variables were empirically proven. Authentic leadership seemed to promote follower's self-efficacy, work engagement and organizational commitment that leads to increase self-development of followers.

Recommendations

Results of the study shed light on various assumptions about the effect of authentic leadership and authentic followership in the nursing practice. Hence, this study serves as an impetus for further studies that can explore other aspects authentic leadership and authentic followership, which in turn will contribute to the betterment of nursing practice and higher learning.

Thus, this study suggested that nurse leaders should adopt this kind of leadership style with the followers that motivates them and perform well in the organization. The proven significant relationship between authentic leadership and authentic followership, and its significant effect towards self-efficacy, work engagement and organizational commitment, promotion of authentic leadership is highly suggested. It is suggested that further research may be considered to examine the mediation effect of self-efficacy, work engagement and organizational commitment on authentic leadership and authentic followership. Partial replication of this study is suggested with consideration on alteration of the sample, additional variables, and methodology.

Acknowledgment

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