



## Research Article

# Authentic leadership and psychological well-being at work of nurses: The mediating role of work climate at the individual level of analysis



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## ARTICLE INFO

## Article history:

Received 17 January 2014

Received in revised form 31 July 2014

Accepted 1 August 2014

## Keywords:

Authentic leadership

Work climate

Psychological health

Psychological well-being

Well-being

Mediation

## ABSTRACT

Authentic leadership has been purported to influence psychological well-being through its impact on work climate. Using a sample of 406 nurses, a time-lagged study design was employed to determine the mediational role of work climate in explaining the impact of authentic leadership. Two self-reported questionnaires were completed to ascertain: (1) authentic leadership; and (2) work climate at baseline. In addition, nurses completed a measure to determine their level of psychological well-being at work at the 6 month time period. A mediation analysis with the use of a bootstrapping technique reveals that work climate mediates the relationship between authentic leadership and psychological well-being at work. These findings indicate that authentic leadership impacts the work climate in a positive manner; thereby, increasing levels of psychological well-being at work. We discuss theoretical and practical implications of the findings for future research as well as outline some limitations.

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## 1. Introduction

Over the last decade, changes in the Canadian population demographics have induced transformations in the healthcare system (Beaulieu, 1999; Colin, 2004; Hamelin Brabant et al., 2007). Even though the intent behind these transformations was commendable, including greater access to services, reducing costs, as well as improving efficiency and quality of care and services, the strategies applied to obtain these results have translated into staff reduction, relocation of human resources, and changes in work schedules (CNAC, 2002). Hence, detrimental consequences on healthcare workers and patients alike are noticeable indicators of a system in dire straits (CNAC, 2002). Among the different groups of workers within the healthcare system, nurses are impacted the most (Langlois, 1999).

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The nursing work context is rippled with many critical issues stemming from divergent causes. Among these are labour shortages and strained working conditions. First, with regard to labour shortage, the nursing population is ageing and many are retiring (Gershon et al., 2007). Here, in Quebec Canada, the Order of Nurses (Ordre des infirmières et infirmiers du Québec) indicated in its 2011 report that half of its population of workers are 45 years of age and older (Direction affaires externes, 2011). Second, the strained working conditions negatively impact nurses' health and morale (Gershon et al., 2007; Gregory et al., 2007; Santé Canada, 2007), putting them at greater risk of mental illness compared to the general working population (Santé Canada, 2007; Shields & Wilkins, 2006), and other healthcare professionals (Vltmer et al., 2013). With poor mental health affecting patient safety, quality of care and performance (Sexton, Thomas, & Helmreich, 2000), and profitability of organizations (Cooper & Cartwright, 1994), it is of paramount importance to explore and fully understand the potential determinants of psychological well-being in nurses. The less than optimal mental health status of nurses arises from a number of factors; most notably, a high demand for their services, coupled with a lack of support from colleagues and administrative leaders (Brun et al., 2002), reduced autonomy, strained work relationships between nurses and doctors, lack of respect from their managers

(Brun et al., 2002), shifts in organizational structure, and poor work climate (Mrayyan, 2008).

Among the factors that underscore the importance of supportive relationships, managers are identified as playing a critical role in fostering a positive environment (Cummings & McLennan, 2005) that nurtures a sense of psychological well-being among employees (Nielsen et al., 2008a). Research has revealed the impact of adopting positive forms of leadership (e.g. Arnold et al., 2007; Cummings, Hayduk, & Estabrooks, 2005; Kuoppala et al., 2008; Nielsen et al., 2008b; Skakon et al., 2010; van Dierendonck et al., 2004) as in being authentic in improving the well-being of workers. More specifically, authentic leadership is postulated (e.g. Dhiman, 2011; Gardner et al., 2005; Ilies, Morgeson, & Nahrgang, 2005; Macik-Frey, Campbell Quick, & Cooper, 2009) and has been reported (Nelson et al., submitted for publication) to improve psychological well-being. In addition to the impact that managers can have on their employees, work climate is also posited to influence well-being (Carr et al., 2003; Brunet & Savoie, 1999). Some authors have also postulated that authentic leadership may positively influence work climate (Mrayyan, 2008; Gardner et al., 2005; Caza et al., 2010). Therefore, authentic leadership and climate appear as potential determinants of well-being at work.

Authentic leadership is aligned with humanistic and patient-care values that are at the core of the nursing profession (Wong & Cummings, 2009). Relatedly, authentic leadership can constitute an antidote to offsetting the “cold” bureaucracies, restructuring and organizational pressures by instilling a positive climate (Blake et al., 2012) wherein everyone feels respected, trusted and appreciated for their contribution. Finally, improvement of patient care may result from this endeavour, in light of the finding that authentic leadership builds trust and confidence in followers and contributes to positive psychological well-being which in turn, will be experienced by patients.

The present research aims to deepen our understanding of psychological well-being among nurses by assessing the role of both authentic leadership and work climate. More specifically, we examine the possible link between authentic leadership and psychological well-being by considering the mediational effect of climate. Our understanding of how the authentic leader impacts the well-being of followers is enhanced by testing this mediational process.

Our study expands current research in two ways: First, while the effects of authentic leadership in a nursing setting have been verified in cross-sectional studies (e.g. Bamford, Wong, & Laschinger, 2012; Giallonardo, Wong, & Iwasiw, 2010; Laschinger, Wong, & Grau, 2012a, 2012b; Wong & Giallonardo, 2013) we are not aware of any study that used a time-lagged design to formally test the mediation model proposed. A thorough analysis of the scientific literature reveals that common method variance represents a methodological problem that researchers must better control when developing a research design. The primary mean of controlling the common method variance is based on a careful planning of the research design. The temporal separation between measures i.e. independent, mediating and dependent variables is an appropriate approach to reducing the negative impact of common method variance on the validity of the empirical results (Brannick et al., 2010; Conway & Lance, 2010; Podsakoff et al., 2003; Podsakoff & Organ, 1986). The independent variable and the mediating variable were measured during the first wave of data collection. After a 6-month time-lag, the dependent variable was measured during the second wave of the survey. Second, our study carefully specifies and adequately covers the psychological well-being construct as well as work climate relevant to the nursing context, creating an added-value to broadening our understanding of determinants in nursing well-being compared to previous research efforts that used distress to extrapolate nurses' degree of psychological well-being.

Our article is organized as follows: First, we provide a conceptual framework of psychological well-being at work. Next, we present research supporting authentic leadership and work climate as being two determinants of well-being at work among nurses. We conclude with a general discussion of our findings and limitations as well as highlight practical implications and future vistas.

## 2. Theoretical framework

Originally, researchers saw health as the absence of disease (Bruchon-Schweitzer, 2002; Keyes, 2005). However, in 1946, the World Health Organization (OMS, 1946) adopted an innovative and multidimensional definition of mental health, where it was now seen as “a state of complete well-being [...] and not merely the absence of disease. . .” Since then, many researchers have adopted the multidimensional conceptualization of health based on the absence of negative indices and the presence of positive ones (e.g. Achille, 2003; Keyes, 2005). In the literature, psychological well-being and psychological distress are the main references when postulating positive and negative indices of psychological health (Massé et al., 1998a, 1998b, 1998c). They constitute two distinct axes rather than opposite poles of a continuum (Karademias, 2007; Massé et al., 1998b). Stated differently, they represent distinct constructs, albeit related. When optimal psychological health is the focus of research, the aim is to determine the absence of, or a low level of psychological distress and a high level of psychological well-being. Interestingly, research shows that positive psychology interventions aimed at improving psychological well-being can also reduce psychological distress (Mazzucchelli, Kane, & Rees, 2010; Sin & Lyubomirsky, 2009).

Historically, however, psychological distress and analogous constructs – e.g. stress, depression, and burnout – have received attention from the scientific community, far more than its positive counterpart. It is also the case in the nursing domain. We can find numerous articles addressing stress (e.g. McGrath, Reid, & Boore, 2003; Stordeur, D'Hoore, & Vandenberghe, 2001; Wu et al., 2010), depression (e.g. Mark & Smith, 2012; Ohler, Kerr, & Forbes, 2010), and burnout (e.g. Van Bogaert et al., 2013; Voltmer et al., 2013), but few investigating psychological well-being at work.

Psychological well-being at work corresponds to intrinsic states of happiness experienced by an individual that lead to life satisfaction, confidence, and cheerfulness (Diener, Oishi, & Lucas, 2003; Massé et al., 1998a). It stresses pleasant emotional and cognitive experiences (Diener et al., 2003; Massé et al., 1998a). In our study, psychological well-being at work depicts the person in relation to three perspectives: (1) Self; (2) Involvement towards work; and (3) Involvement in his/her social context. The first investigates the individual's personal equilibrium that is his/her emotional balance. The second examines the person's involvement as in where he/she shows ambition in his/her work. The third explores social harmony in terms of how a person maintains good relationships with his/her surroundings and how he/she is open to what is happening around him/her (Gilbert, Dagenais-Desmarais, & Savoie, 2011).

Research shows that deployment of targeted interventions to improve psychological well-being at work engenders personal and organizational benefits (Harter, Schmidt, & Hayes, 2002; Judge et al., 2001; Lyubomirsky, Sheldon, & Schkade, 2005). At a personal level, individuals who report high levels of psychological well-being seem to have larger social networks, more energy, and better immune systems (Lyubomirsky et al., 2005). At an organizational level, creativity, cooperation, quality of work (Lyubomirsky et al., 2005), individual performance (Judge et al., 2001) and organizational productivity (Harter et al., 2002) are enhanced. When we consider the potential impact of such benefits in the nursing context, nurses themselves, along with the organizations they are part

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