**Review Article**

**Undergraduate Nursing Faculty’s Lived Experience of Authentic Leadership in Nursing Education**

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**Abstract**

Current nursing practice is encountering challenges with retention, burnout, and staff satisfaction. Nurses are caring for patients who are more critically ill; expected to do more with less; and experiencing increased demands of their time due to nursing staff shortages. Research has shown how Authentic Leadership (AL) can positively impact nursing practice. However, there is a significant research gap of faculty lived experiences with or without the application of AL and its overall impact on nursing education. The purpose of this study was to explore the lived experiences of undergraduate nursing faculty and current use of AL in nursing education. The primary aim was to focus on the common experiences of undergraduate nursing faculty with Authentic Leadership.

Utilizing the phenomenology approach, this research sought to explore the essence of the lived experience of nursing faculty within or without AL. Six nursing faculty from Midwestern undergraduate nursing programs participated in qualitative interviews. Transcripts from the interviews were repeatedly reviewed and coded for identification of emerging themes. Through thematic analysis, eight emerging themes were initially identified and then refined into three main themes: 1) knew how I wanted to lead; 2) culture of support; and 3) faculty efficacy.

This study provided the significant positive impact of AL on nurse educators. The positive effects on nursing faculty has the potential to also positively impact their students, to be studied in the future. Increased AL in undergraduate nursing education could lead to healthy work environments, which would help to positively address the retention, burnout, and stressful work settings that nurses are facing across the nation. The researcher recommends future study of the lived experience of undergraduate nursing faculty with or without authentic leadership on a much larger scale.

**Keywords:** Authentic leadership; Higher education; Leadership; Nursing education; Nursing faculty

**Abbreviations**

AL : Authentic leadership

**Purpose of the Study**

This phenomenological study sought to explore the lived experience of undergraduate nursing faculty with or without authentic leadership in order to identify potential implications for the profession of nursing. Individual interviews utilizing structured questions were completed to collect the qualitative data for this research. By collecting data from several participants, this study was able to identify key themes to expand the knowledge base of how authentic leadership impacts undergraduate nursing faculty.

**Background and Rationale**

Authentic Leadership (AL) has roots dating back to Ancient Greece, with its recent unearthing it has gained growing attention in just the past few years. In today’s society where lack of morality, ethics, and authenticity regularly lead to scandals, failures, and major concerns for businesses and organizations of all types, authentic leaders are desperately needed [1]. There is urgency for morally effective leadership as has been demonstrated extensively by experts in the field [1]. Authentic leaders are recognized for promoting the wellbeing of their employees and creating a positive ethical climate [2]. Authentic leaders not only have the ability to make a positive impact in an unstable work environment, but they can also create sustainable performance outcomes [3].

Employee behavior and organizational effectiveness are largely dependent on the leadership of any organization [4-6]. The importance of good leadership should not be underestimated. When leadership is not promoting the wellbeing of employees, work quality and performance decrease [7]. In a profession, such as nursing, this quality is of utmost importance. The role of nurses directly impacts patient lives. The risk of not employing AL, in an extremely complex system, is to cause harm. The time is now to develop not only authentic leaders, but authentic followers [8].

Nurses directly impact quality patient care and the image of a healthcare organization [9]. Past and current research findings disseminate the effects of authentic leadership, such as nurses feeling engaged in their work under the guidance of authentic leaders, they are more motivated, more satisfied, and more committed to their role. These positive outcomes are associated with greater health and wellbeing for both nurses and patients, along with improved outcomes [10,11]. However, little is understood about undergraduate nursing faculty’s lived experiences within or without the applied practices of authentic leadership.

**Research Question and Interpretation**

Research has shown how AL can positively impact nursing practice, however, there is a significant research gap of faculty lived experiences in regards to AL and its overall impact on nursing education [11-13]. The lack of research in this area of nursing education demonstrates the importance and potential value of this study.

The research question this study sought to answer was as follows: What are undergraduate nursing faculty’s lived experiences within or without the applied practices of authentic leadership? Six undergraduate nursing faculty participated in this study by completing the demographic survey and individual interviews with the principal investigator. All six participants were nursing faculty currently teaching theory or clinical or both clinical and theory in an undergraduate nursing program located in the Midwest. These nursing faculty were either masters or doctorate prepared. Additionally, all six participants had served on a committee, workgroup, or taskforce at some point in their time as nursing faculty. This criteria was key to ensure participants had previous experiences in working directly with leaders or serving in a leadership role themselves.

Nine broad interview questions and eight probing questions related to the central research question were answered through a phenomenological research design. The questions used with each participant were:

**Q1.** Describe for me your experience with authentic leadership in your role as nursing faculty. Planned probing question: What example or examples might describe your experience?

**Q2.** In what ways or opportunities have you learned about authentic leadership? Planned probing question: What example would describe these learning opportunities?

**Q3.** Tell me about times when you did not experience AL in your workplace. Planned probing question: In what way did that impact you? Q4. Tell me about transparency in your workplace. Planned probing question: What does that look like?

**Q5.** How do leaders demonstrate self-awareness in your workplace? Planned probing question: Describe one specific example of a leader you observed who demonstrated self-awareness.

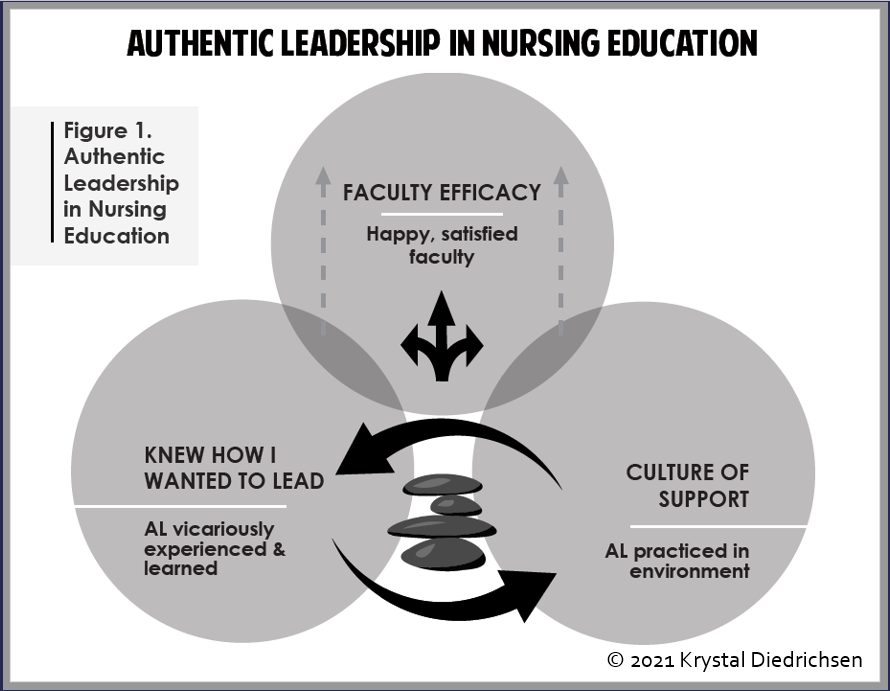
**Q6.** How do leaders demonstrate balanced processing in your workplace? Planned probing question: What does that look like?

**Q7.** How do leaders demonstrate moral perspective in decision making in your workplace? Planned probing question: Describe one example of a time when you witnessed moral perspective in decision making.

**Q8.** Please describe for me how your experiences with authentic leadership has impacted you and your work as nursing faculty. Planned probing question: What examples can you think of when you felt a leader was not being authentic?

**Q9.** Is there anything else you think may be important for me to understand about your lived experience with authentic leadership?

Answers to the interview questions are interconnected by the overall constructural themes. Three key themes were identified: 1) knew how I wanted to lead; 2) culture of support; and 3) faculty efficacy. (Figure 1) below demonstrates the connections of the three themes with authentic leadership.



**Figure 1:** The connections of the three themes with authentic leadership.

The two themes of ‘knew how I wanted to lead’ and ‘culture of support’ are in circles at the bottom of the diagram. This represents the foundation authentic leadership creates to positively influence faculty. The arrows circling in the center of these two themes show their connection to each other. When faculty experience and observe authentic leaders, they understand how they want to serve as leaders themselves and they feel supported. When faculty experience a culture of support, AL behaviors become more commonly experienced. Both of these themes, ‘knew how I wanted to lead’ and ‘culture of support’, lead to greater faculty efficacy. While each of these themes can independently increase faculty efficacy, having both is the best case scenario for a path toward self-efficacy. When faculty have an environment where AL is vicariously experienced and learned along with a culture of support, there is increased opportunity for faculty to feel satisfied, motivated, and be prepared to perform at their best.

The circle for the theme, faculty efficacy, is set at the top of the diagram, demonstrating that when authentic leadership is present, faculty efficacy can be achieved and furthered. Much like Maslow’s Hierarchy of Needs, meeting the lower levels of the pyramid-like structure, allows faculty to move higher in their efficacy. The arrows moving up from the bottom two themes in the top circle, demonstrate the opportunity to continue to increase faculty efficiency.

All participants indicated they knew how they wanted to lead through experiences with leaders in their careers. They learned about how they did and did not want to lead through the observation of other leaders they had encountered in their careers. The participants recognized authentic leadership as being supportive, transparent, and open to new ideas with an atmosphere of collaboration. Inauthentic leaders were described by participants as dictators who were dishonest, avoided questions, were self-interested, and not engaged. Experiences with these leaders left nursing faculty feeling unheard, frustrated, stressed, uncomfortable, and bullied. All participants stated they did not learn about authentic leadership in their undergraduate studies, but rather in their masters or doctoral education, along with personal experiences of observing leaders.

The participants described a culture of support that is present with authentic leadership. Transparency with great communication and clear expectations gave nursing faculty a sense of collaboration. A leader who is self-aware and willing to be vulnerable and admit to not knowing everything made participants feel heard and valued. Leaders who seek out input from others and openly listen to different perspectives gave participants the support they needed to do their jobs without feeling micromanaged. And by advocating for the best interest of others by considering the moral perspective of those involved, participants felt authentic leaders were ethical in their leadership approach.

Finally, an increase in faculty efficacy was identified by participants when authentic leadership was present. Faculty indicated an increase in productivity, job satisfaction, and overall happiness related to their role. They felt they clearly understood why decisions were made and felt included in those decisions. This led to feelings of empowerment, trust, value, and appreciation. Moreover, participants felt there was greater work-life balance and they felt authentic leaders helped to transform them into being better leaders themselves.

Overall, this study demonstrated the significant positive impact of authentic leadership on nurse educators. The positive effects on nursing faculty has the potential to also positively impact their students, to be studied in the future. This has the potential to have a major impact on the profession of nursing as a whole. Increased authentic leadership in undergraduate nursing education could lead to healthy work environments for nurses everywhere, which would help to positively address the retention, burnout, and stressful work settings that nurses are facing across the nation. When healthy work environments increase, staff satisfaction increases and turnover decreases [14,15].

This study also demonstrated the detriment that a lack of authentic leadership can have. When leadership is not promoting the wellbeing of employees, work quality and performance decrease [7]. The results of this study also helped to confirm when principles of AL are not practiced by leaders this negatively impacts faculty who feel frustrated, stressed, unheard, uncomfortable, and like they cannot speak up. These feelings lead to an unhealthy work environment where employees do not feel valued, appreciated, or motivated to do their best [14].

**Relationship to Theoretical Context**

Maslow’s hierarchy identified that humans are naturally motivated to strive for goals. This motivation, driven by the desire to meet basic human needs such as air, water, food, and shelter before progressing to higher level needs, directly connects to the practice of authentic leadership in nursing education. According to Maslow [16], as basic needs are met, individuals are able to progress to higher level needs, such as developing relationships, feelings of accomplishment, and finally the highest level, which is self-actualization or reaching one’s highest level of potential.

The results of this study demonstrated that when nursing faculty had authentic leaders, they felt supported, heard, valued, empowered, safe to speak their opinions and give input, and included in decisions. This led to faculty feelings of greater efficacy, a culture of support in their role, and they felt empowered to be authentic leaders themselves. They are best prepared and able to reach their greatest potential in their role as nursing faculty when they have authentic leadership present. Additionally, participants were able to clearly share what it was like not to be in an AL supportive environment. Without authentic leaders, nursing faculty did not feel included, felt a lack of cohesiveness among the team, and felt threatened to speak up. Without authentic leadership, they did not feel effective or supported in their role as nursing faculty. When nursing faculty do not have authentic leaders, they are not even able to meet the basic needs of Maslow’s hierarchy of safety and security in the role as faculty. This prevents them from being able to achieve higher levels of achievement when these more basic needs are unable to be met.

**Limitations of the Study**

This study has several limitations. First, the sample size of this study is small. While the anticipated sample size was three to ten participants for this phenomenological study, six was considered an adequate sample, however it is still too small to be transferable for all undergraduate nursing faculty. Additionally, the sample of participants in this study was fairly homogenous, with all being female, all within a fairly small age range, all identifying as White/non-Hispanic, and all teaching at Midwestern nursing programs. Also, only nursing faculty who were actively teaching were included, omitting experienced faculty who had retired or left nursing education for other opportunities. This also impacts the ability of the researcher to make generalizations about results.

Another limitation is that the principal investigator was dependent on the participants being honest in their identification of meeting the study’s inclusion criteria, answering the interview questions to the best of their ability, sharing their subjective viewpoints, and providing answers that fully explored their lived experiences. Finally, although the principal investigator was submerged in the data collection, it occurred over a short timeframe from August 2020 to September 2020.

**Implications/Recommendations for Education**

Authentic leadership is needed in nursing education. The results of this study demonstrated that nursing faculty experience a culture of support, feel more efficacious in their role, and know how to be effective leaders when authentic leadership is present. An educational environment or organization where both AL is practiced and faculty have either knowledge or have experienced an AL presence creates a foundation for thriving faculty who describe themselves as empowered, happy, satisfied, motivated, and productive. The findings from this study strongly indicate that a nursing educational environment will certainly benefit from the presence of AL practice and by providing nurse educators with AL development, so they also will be prepared to positively influence and enhance the profession of nursing [11]. An attention to developing nurse educators as authentic leaders, there is a great potential for them to empower and engage not only their peers, but nursing students, other committee members, and even in their community and voluntary civil appointments.

Nursing education is in a key position to address the concerns of nurse retention and healthy work environments through addressing it prior to nurses even entering the workforce. If nursing students have the opportunity to learn about authentic leadership from an undergraduate curriculum, and vicariously via the role-modeling of their nursing faculty, they will be better prepared to create a productive, highly motivated, happy, and satisfied work environment. Nursing education needs to take action by including AL in the undergraduate curriculum and through the presence of authentic leadership.

**Future Research**

This study consisted of a review of current literature and an exploration of the lived experience of undergraduate nursing faculty with or without authentic leadership in nursing education in the Midwest. While this study provided useful results, it was limited due to sample size, geographic location, and short timeframe of data collection.

The researcher recommends future study of the lived experience of undergraduate nursing faculty with or without authentic leadership on a much larger scale. Research in other geographic areas across the nation in undergraduate nursing programs over a longer period of time would increase the transferability of the results. A quantitative or mixed-method study may also extend the importance of AL in the educational environment. Additionally, another study that addresses newly licensed Registered Nurses in regard to their experiences with authentic leadership during the undergraduate studies may further reveal the potential positive and negative impacts of the presence of or lack of authentic leadership in undergraduate nursing programs. This could lead to more information to help guide nursing education on how to best incorporate authentic leadership in a way to prepare nurses for success in the profession.

**Summary**

The purpose of this study was to explore the lived experiences of undergraduate nursing faculty and current use of authentic leadership in nursing education. The primary aim was to focus on the common experiences of undergraduate nursing faculty with leadership. This analysis also examined the demographic data of participants including the following items: gender, age, ethnic background, highest level of education, years worked in nursing education, and whether or not they had served on a taskforce, committee, or workgroup.

Utilizing the phenomenology approach, this research sought to explore the essence of the lived experience of nursing faculty within or without authentic leadership.

Six nursing faculty from Midwestern undergraduate nursing programs participated in qualitative interviews with the principal investigator. Eligible participants were part-time or full-time faculty with a minimum of three years teaching experience in nursing education, currently teaching at an undergraduate nursing program in the Midwest. Each participant had to have participated in at least one committee during his/her time as nursing faculty.

Thematic analysis of the data revealed three main themes: knew how I wanted to lead, culture of support, and faculty efficacy. When authentic leadership was present, nursing faculty felt they were able to learn from leaders and role model the positive behavior themselves. Additionally, with authentic leadership faculty experienced a culture of support and felt more efficacious in their role as nursing faculty. When authentic leadership was lacking, nursing faculty were able to state how they did not want to be as leaders by witnessing negative behaviors, they did not feel supported or effective in their role, and overall felt stressed, frustrated, and disengaged.

While limitations have been identified, this study did reveal three key themes in regard to undergraduate nursing faculty’s lived experience with or without authentic leadership. When faculty had experienced or had learned about authentic leadership, they knew of its existence and could make determinations about leadership support or lack of support. The faculty interviewed all had some form of experience with the presence or lack of AL in their work environment. This certainly adds to the value of the findings of this study.

When principles of AL were in place, faculty felt they were well supported, and described being more motivated and able to be effective in their role. Faculty also knew how they wanted to lead from observing authentic leaders, but also clearly stated they knew how they did not want to lead from experiencing those leaders not versed in Authentic Leadership.

The results of this study offer important takeaways for nursing education. Undergraduate nursing faculty are positively impacted by the presence of authentic leadership and experience negative effects when authentic leadership is lacking. There is an opportunity to address some of the significant concerns that are negatively impacting the profession of nursing today. By utilizing authentic leadership practices in nursing education, nursing faculty will feel more supported, more effective, and be positive role models as leaders. This has the opportunity to develop nurses who are better prepared for success in the profession overall. Nurses who are prepared for greater success benefit not only those they work with, but those they care for. How better for nursing education to achieve success in their students than to address all opportunities for nurses to provide excellent care.

**References**

1. [Sfantou D, Laliotis A, Patelarou A, et al. (2017) Importance of leadership style towards quality of care measures in healthcare settings: A systematic review. Healthcare 5: 73.](https://www.mdpi.com/2227-9032/5/4/73)
2. [Shirey M (2015) Enhance your self-awareness to be an authentic leader. American Nurse Today.](https://www.myamericannurse.com/enhance-self-awareness-authentic-leader/)
3. [Leroy H, Anseel F, Gardner WL, et al. (2015) Authentic leadership, authentic followership, basic need satisfaction, and work role performance: A cross-level study. Journal of Management 41: 1677-1697.](https://journals.sagepub.com/doi/10.1177/0149206312457822)
4. [Malik N, Dhar RL (2017) Authentic leadership and its impact on extra role behaviour of nurses: The mediating role of psychological capital and the moderating role of autonomy. Personnel Review 46: 277-296.](https://www.researchgate.net/publication/307138112_Authentic_leadership_and_its_impact_on_extra_role_behaviour_of_nurses_The_mediating_role_of_psychological_capital_and_the_moderating_role_of_autonomy)
5. [Tonkin TT (2013) Authentic versus transformational leadership: Assessing their effectiveness on organizational citizenship behavior of followers. International Journal of Business and Public Administration 10: 40-61.](https://www.lindenwood.edu/files/resources/authentic-versus-transformational-leadership-asses.pdf)
6. [Zhao H, Li C (2019) A computerized approach to understanding leadership research. The Leadership Quarterly 30: 396-416.](https://www.sciencedirect.com/science/article/abs/pii/S104898431830208X?via%3Dihub)
7. [Zaghini F, Fiorini J, Piredda M, et al. (2019) The relationship between nurse managers’ leadership style and patients perception of the quality of the care provided by nurses: Cross sectional survey’. International Journal of Nursing Studies 101: 103446](https://pubmed.ncbi.nlm.nih.gov/31670220/)
8. [Avolio BJ, Gardner WL (2005) Authentic leadership development: Getting to the root of positive forms of leadership. The Leadership Quarterly 16: 315-338.](https://psycnet.apa.org/record/2005-07088-001)
9. [Malik N (2018) Authentic leadership - an antecedent for contextual performance of Indian nurses. Personnel Review 47: 1244-1260.](https://www.emerald.com/insight/content/doi/10.1108/PR-07-2016-0168/full/html)
10. [Alexander C, Lopez RP (2018) A thematic analysis of self-described authentic leadership behaviors among experienced nurse executives. JONA: The Journal of Nursing Administration 48: 38-43.](https://journals.lww.com/jonajournal/abstract/2018/01000/a_thematic_analysis_of_self_described_authentic.9.aspx)
11. [Alilyyani B, Wong CA, Cummings G (2018) Antecedents, mediators, and outcomes of authentic leadership in healthcare: A systematic review. International Journal of Nursing Studies 83: 34-64.](https://linkinghub.elsevier.com/retrieve/pii/S0020748918300804)
12. [Collard SS, Scammell J, Tee S (2019) Closing the gap on nurse retention: A scoping review of implications for undergraduate education. Nurse Education Today,](https://www.sciencedirect.com/science/article/pii/S0260691719306288?via%3Dihub)
13. [Shirey MR (2006) Authentic leaders creating healthy work environments for nursing practice. American Journal of Critical Care 15: 256-267.](https://pubmed.ncbi.nlm.nih.gov/16632768/)
14. [American Association of Critical Care Nurses (2005) AACN standards for establishing and sustaining healthy work environments: A journey to excellence. American Journal of Critical Care 14: 187-197.](https://pubmed.ncbi.nlm.nih.gov/15840893/)
15. [Fallatah F, Laschinger HK (2016) The influence of authentic leadership and supportive professional practice environments on new graduate nurses’ job satisfaction. Journal of Research in Nursing 21: 125-136.](https://journals.sagepub.com/doi/10.1177/1744987115624135)
16. [Maslow AH (1954) Motivation and personality. New York: Harper and Row.](https://www.scirp.org/reference/ReferencesPapers?ReferenceID=1983768)