RELATION BETWEEN AUTHENTIC LEADERSHIP AND WORK-LIFE BALANCE AMONG NURSES

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Abstract:

Background: Authentic leadership is a relational leadership style that functions as a resource to promote employees' work-life balance in the healthcare setting.

Aim: to assess the relation between authentic leadership and work-life balance among nurses.

Subjects and Method: A descriptive correlational design was utilized in this study.

Setting: The study was conducted at Al Mabara Hospital for Health Insurance - El Zagazig.

Subjects: Convenience sample (410) staff nurses.

Tools: Data were collected using two tools: The Authentic Leadership Questionnaire and the Work-life Balance Survey.

Results: 85.4% of studied nursing staff had a low perception level of authentic leadership, and 90.2% of them had a moderate level of work-life balance.

Conclusion: There was no statistically significant correlation between work-life balance and authentic leadership.

Recommendations: Implement an authentic leadership educational program and workshops for all head nurses and those in a management position in the nursing field to increase their knowledge, skills, awareness, and competencies about authentic leadership practice.

Keywords: Authentic Leadership, Work-Life Balance, Nurses.

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Introduction:

Nurses are the cornerstone of any healthcare organization. Effective nurse leadership is critical for strengthening the integration of safe, effective, and high-quality care this, in turn, creates a positive work environment and promotes positive patient outcomes and experiences, for patients and staff alike. In nursing, a nursing practice environment supported by leaders improves the quality of care and patient safety outcomes **(Rumsey et al, 2022).**

Effective leadership styles, such as those that are centered on relations and people rather than the task itself, are instrumental in creating work conditions to support professional practice in employees. Authentic leadership is used as a type of relational leadership style that confirms the legitimacy of the leaders by fostering self-awareness, internalized moral perspective, balanced information processing, and relational transparency through honest leadership that emphasizes building relationships with followers and enhances positive psychological capacities and ethical climate **(Aboelenein & Mostafa, 2023).**

Previous authors have suggested that authentic leadership makes a difference in organizations by encouraging transparent relationships that build trust and promote inclusive and positive ethical climates. Authentic leadership is likely to influence outcomes beyond work, as "authenticity has a substantial influence on how one lives one's life" **(Ilies et al, 2005, p. 374; Chevalier et al, 2021**).

Authentic leadership is associated with enhanced nurse effectiveness and desirable patient outcomes. This style of leadership has been associated with increased followers' job engagement, organizational commitment, and work performance **(Cummings et al, 2021).**

Added to that, authentic leaders can provide healthy work environments by building optimism and commitment among staff. They also are able to build trustful and ethical environments for staff. Supportive leadership behavior and transparent communication equip the staff to manage the various demands of the job and enrich their personal life. When leaders truthfully communicate the reality of organizational subjects, incidents, events, and financial situations, employees will be less frustrated and more engaged **(Alsalmi & Alilyyani, 2023).**

Authentic leaders are optimistic, confident, ethical, and true to themselves. They prioritize the development of followers into future leaders. When leaders become authentic, they develop the ability to establish credibility in their relationships with others through candid/transparent communication and empowering those around them to become involved in the decision-making process from a moral vantage point **(Reiber, 2023).**

Authentic leadership is a calling to use one's position of privilege to assist and serve others. An individual is highly aware of their principles and ideas, as well as in what manner they perform and are viewed by others, which is what an authentic leader means. Since they cannot make choices for the nurses, they are more concerned with enhancing their skills and giving them more freedom to do their duties. Nurse leaders with the authentic leadership style are consistent between their actions and their internal values, encourage open and honest conversations and care about their employees **(Abd-Elrhaman et al, 2022).**

An employee needs a balance in completing work responsibilities but has quality time for personal and family. Work-life balance is primarily concerned with maintaining a balance between personal life and professional life. Studies show that individuals must be able to manage time, and find priorities by balancing time for work, family, vacation, and health. Authentic leaders who know themselves and are transparent about their needs, expectations, and values will accept responsibility for their own and others' well-being and promote a positive work-life balance **(Irfan et al, 2021; Gopalan, 2022).**

Work-life balance is an individual's ability to meet the commitments of work, family, and non-work domains. It refers to the degree to which nurses are able to engage themselves equally and fairly to satisfy his/her job and family position. Therefore, work-life balance would allow nurses to properly control the areas of life and work and would help the organization to produce more engaged and more satisfied nurses. In addition, nurses should develop appropriate working environments that encourage nurses' emotional connection to their organizations, thereby impacting job satisfaction. While unbalanced jobs and lives of nurses lead to less organizational involvement. Nurses also need to be aware of policies that maintain work-life balance and workflow **(Abo Habieb & El-Wkeel, 2020).**

A work-life balance policy is one of the many policy tools used to encourage employees' engagement in work. It is formal and systemic support that helps employees balance their work and personal life and is considered a critical managerial tool for improving employees' well-being. When the followers perceive their leaders as authentic, that will improve their job satisfaction, productivity, and work-life balance **(Johnson, 2019).**

Therefore, work-life policies should permit nurses to balance their work life by giving more time to different activities such as leisure, family care duties, training courses, resting, or social life. Such practices when adopted can reduce work-related stresses, and increase satisfaction and performance **(Abdallah & Mostafa, 2021).**

This work-life balance requires both real job and family demands which must be effectively fulfilled with appropriate resources. This satisfactory balance results in employee job satisfaction, commitment to the organization, retention, and family functioning. Whereas, the perception of work-life imbalance causes tension escalation within the person as either work or family demands become unsatisfied. This negative imbalance results in nurses' stress, lower commitment to the organization, job dissatisfaction, turnover, domestic violence, and lower productivity **(Abdallah &Mostafa, 2021).**

Nurses' perceptions of authentic leadership have a direct relationship with employee empowerment at work, which in turn improves staffing and work–life balance and reduces nurse burnout. More specifically, this leadership style can improve nurses' satisfaction with work–family balance through processes such as self-reflection and self-regulation, the leaders' value-based behavior, and the open and trusting relationships they build with followers. Moreover, compared to other positive forms of leadership, Authentic leadership involves "a more diffuse focus beyond performance**" (Banks et al, 2016, p. 643)**. It is likely to influence outcomes beyond work, as "authenticity has a substantial influence on how one lives one's life" **(Lee et al, 2019).**

The theoretical framework of the study:
Authentic leadership theory is an emerging theory of leadership. The identification of the theory of authentic leadership has been submitted and tested as a leadership approach with core competencies that address not only the internal characteristics of morality and awareness, but it speaks to how leaders make decisions and form relationships that empower and nurture those who follow to become authentic leaders themselves **(Whiteside & Dixon, 2022).**

Significance of the study:
Leadership has been found to be crucial for a successful work-family interface for nurses. Individuals who cannot balance the demands of work and personal life are less committed, less productive, and less satisfied with their work and eventually leave the organization **(Maszura & Novliadi, 2020).**

Up to our knowledge, there are no previous studies that examine the relationship between authentic leadership, and work-life balance among nurses at Al Mabara Hospital for Health Insurance - El Zagazig. To deal with this gap this work is contributing to the body of research by assessing the relation between authentic leadership and work-life balance among nurses.

Aim of the study: to assess Relation between Authentic Leadership and Work-Life Balance among Nurses at Al Mabara Hospital for Health Insurance - El Zagazig.

Research Question:
- What is the level of nurses' perception toward authentic leadership practice?
- What is the level of work life balance among nurses?
- Is there a relation between nurses' perception toward authentic leadership practice and work-life balance among nurses?

Subjects and methods:
Research design:
A descriptive correlational study design was used to achieve the aim of this study.

Study Setting:
This study was conducted at Al Mabara Hospital for Health Insurance - El Zagazig, Alsharaqia Governorate.

Subjects:
The total number of staff nurses at Al Mabara Hospital (450). Convenience sample at the time of data collection (410).

Tools of data collection:
Two tools were used to collect the necessary data.
Tool I: Authentic Leadership Questionnaire (ALQ)
It was developed by **Walumbwa et al, (2008)**, to assess the level of nurses' perception toward the authentic leadership practice of nurse managers. It is a 16-item scale that measures the four constructs of authentic leadership: self-awareness (4 items), relational transparency (5 items), internalized moral perspective (4 items) and balanced processing (3 items).

Scoring System
The questionnaire was measured using a five-point Likert scale (1= strongly disagree, 2= disagree, 3=neutral, 4= agree and 5= strongly agree).
A lower score indicated a lower level of perceived AL of one's supervisor.

Tool II: Work-life balance survey:

It was developed by **Sogo (2019)** to assess how nurses seek to balance their professional lives with their personal lives. It includes 26 items categorized under nine dimensions namely: happiness (3 items), work satisfaction (3 items), work environment satisfaction (2items), personal life satisfaction (3 items), balance (3 items), stress (3 items), work brought home (3 items), time to de-stress (3 items) and loyalty (3 items).

Scoring system:

Response to items was measured on a five-point Likert scale as (1= strongly disagree, 2= disagree, 3=neutral, 4= agree and 5= strongly agree). The total score was categorized by cutoff point factor into three levels as follows;

Low <50% (26-64)

Moderate 50 - 75% (65-97)

High >75% (98-130)   **(Abo-Habieb & El-Wkeel., 2020).**

Validity and Reliability:

The questionnaire was translated into Arabic, and then content and face validity were established by a panel of five experts from the nursing administration department at The Faculty of Nursing, Zagazig University. Experts were requested to express their opinions and comments on the tool and provide any suggestions for any additions or omissions of items. According to their opinions, all recommended modifications were performed by the researcher. The authentic leadership questionnaire has been widely tested in healthcare and nursing and was found to have outstanding criterion and predictive validity, and reliability of this tool was tested by the developed author, with values that ranged from 0.81 to 0.92 indicating high reliability of the scale (**Labrague et al, 2021**). The reliability of the work-life balance questionnaire was tested by the Cronbach alpha test; it was (0.862) for work-life balance scale.

Fieldwork

Data collection was carried out from September to December 2022. The researcher met both the medical and nursing directors of each hospital to explain the purpose of the study and obtained official permission. The questionnaire was distributed to participants and instructed about how to fill it out. The participants were asked to fill up the tools during the morning and afternoon shifts. The questionnaire took from 15 to 20 minutes to be filled. Before distributing the questionnaire the purpose of the study and components of the tools were explained to the participants in the study setting. The researcher was available at the time of collection for any clarification and checked each tool after completed by staff nurses to ensure the completion of all information. The researcher visited the selected setting four days per week and collected data by herself.

Pilot study:

A pilot study was carried out one week before starting actual data collection. The results of the pilot sample were excluded from the results and the necessary modifications were done. The purpose of the pilot study was to ensure the clarity and applicability of the tool and to identify the obstacles and problems that may encountered during data collection. It also helped to estimate the time needed to fill the forms. It was carried out on 10% of the study subjects (41 staff nurses).

Administrative and ethical considerations:

The study proposal was approved by the ethical committee in the faculty of nursing at Zagazig University. The researcher met the hospital directors (medical and nursing) to clarify the aim of the study and seek their support and approval. The researcher met the study subjects to explain the purpose of the study and obtain their approval to participate in it They are assured about the anonymity and confidentiality of the data collected, and used only for the purpose of scientific research. The subject's right to withdraw from the study at any time was assured.

Before any attempts to collect data, an official approval to conduct the study was submitted to the medical and nursing director of Al Mabara Hospital for Health Insurance - El Zagazig to collect data from study subjects. Letters were issued from the faculty of nursing at Zagazig University. The letters contained the study title, the aim of the study, and photocopy from data collection tools in order to get permission and help for the collection of data.

Statistical analysis:

The data were organized, categorized, tabulated, and statistically analyzed by using SPSS, (Statistical Package for Social Sciences), software program version 17. Data were presented using descriptive statistics in the form of frequency, percentage, mean, and standard deviation; correlation coefficient, and chi-square were also used to examine the relation between the study variables. A significant level value was considered when $p< 0.05$ and a highly significant level value was considered when $p < 0.001$.

Results:

The demographic characteristics of the nurses in the study sample

Table 1: Illustrates that more than half of the studied nursing staff aged from 20 to less than 30 years (52.9%), the majority of them have a nursing diploma (86.6%), and almost all of them are females (99.8%). In addition, (68.3%) of them had five to ten years of experience.

Table 2: With regard to the mean and standard deviation of the authentic leadership practice dimensions as perceived by nurses, the table illustrates that the mean score of overall staff nurses' perception toward authentic leadership practice of nurse mangers was (5.6954±1.04580) and the highest mean score of authentic leadership practice was related to balanced processing domain (13.00 ± 0.33878), while the lowest mean score was related to the self-awareness domain (1.20 ± 0.32241).

Table 3: Concerning the mean and standard deviation of work-life balance dimensions among studied nursing staff, the table shows that the highest mean score of work-life balance was related to the work brought home dimension (6.83845 ± 0.82). While the lowest mean score was related to time to de-stress dimension (1.20 ± 0.65).

Table 4: Concerning the relationship between nurses perception of authentic leadership practice and work-life balance of studied nursing staff, the table presents that there is no statistically significant correlation between total scores of work-life balance and nurses perception authentic leadership practice score (r=0.28 & p=0.615).

Table 5: Regarding the relation between the authentic leadership practice as perceived by the studied nurses and their personal characteristics the table reports that there was a positive statistically significant relation between the total mean score of authentic leadership practice and the age and educational qualification of nurses (p=<0.001).

Table 6: Regarding the relation between the work-life balance level of studied nursing staff and their personal characteristics the table portrays that there was no statistically significant relation between the total mean score of balanced work-life and personal characteristics of nurses (P= >0.05).

Discussion:

Nursing is a profession vital to the health and well-being of all nations and is a strategic asset and the backbone of any healthcare system. Nursing and authentic leadership are a big match since they depend largely on human values that are the core of nursing. Authentic leadership has been proposed as the root component of a healthy work environment in healthcare facilities. Monitoring nurses' working conditions and improving the organizational climate of hospitals are likely to improve the work-life balance and the productivity of the hospitals (**Al-Hassan et al, 2023**).

Regarding the nurses' perception of authentic leadership practice of nurse managers, the findings of the present study indicated that the highest percentage of nurses had low perception levels of authentic leadership practice. This might be due to that nurses may not find supportive leadership behavior since they have not been asked by their leaders to take positions that support their core values and do not encourage them to speak their minds. Also, it seems that from the results of this study, nurses do not havetrust in their leaders and do not have confidence in their actions as the nurses see that their leaders do not demonstrate beliefs that are consistent with their actions. Moreover, the nurses feel that their leaders are not fair in their relations with them.

This result goes in the same line with a study by **Abd Elhamed and Hessuin, (2022)** in Egypt that concluded that nurses had a low mean score of authentic leadership. Also, a study by **Mondini et al, (2020)** in Brazil that showed both nurses and nursing technicians were unaware of the authentic leadership model, and was contradicted by **Al-Hassan et al, (2023)** in Jordan who found that more than half of the study subjects showed highest score of perceived authentic leadership. And disagree also with **Abd-Elrhaman et al, (2022)** in Egypt who showed that the majority of staff nurses have high perceived authenticity levels.

As regards the dimensions of authentic leadership, the findings of this study revealed that the highest mean score of authentic leadership practice was related to the balanced processing domain. This could be due to the leaders do not analyze relevant data before coming to a decision and not soliciting views that challenge their deeply held positions. Since leaders with a balanced self-process are considered authentic leaders because they are open to their perspectives and objective in how they treat the views of others.

This result was supported by **Alsalmi and Alilyyani, (2023)** in Saudi Arabia who reported that the highest mean score was related to the balanced processing domain and was contradicted by **Shakira et al, (2023)** in Egypt who reported that the lowest mean score was related to balanced processing.

While the lowest mean score was related to the self-awareness domain. This could be due to that leaders do not seek feedback to improve interactions with other nurses. Also, the leaders do not explain to the nurses how specific actions impact others. Moreover, the leaders don't know when it is time to reevaluate their positions on important issues. This result was supported by **Mrayyan et al,(2023)** who reported that the lowest mean score was related to the self-awareness domain and was contradicted by **Bryan and Vitello-Cicciu,(2022)** in the USA who concluded that self-awareness was rated higher than balanced processing and the lowest mean score was for the balanced processing domain.

Regarding the nurses' work-life balance level, the finding of the current study stated that the highest percentage of nurses had a moderate level of balanced work-life. This might be due to that the organization provides nurses with too many duties in a short time to do them which results in the nurses sacrificing sleep for work so they feel overwhelmed. They sacrifice to make up time with their families. Moreover, the leaders and the supervisors do not positively contribute to the work environment.

This result was consistent with those studies carried out by **Delmo and Dequito,** (2023) who confirmed the moderate level of work-life balance among the studied sample, and **Abo Habieb and El-Wkeel, (2020)** study to explore the influence of perceived organizational support, and work-life balance on staff nurses' workflow which showed that nurses are at a moderate level of work-life balance.

These results were incongruent with **Tanaka et al, (2021)** who described the current situation of the work-life balance gap among acute care ward nurses and assessed its association with quality of life confirmed that most nurses perceived the presence of lower work-life balance was among nurses living with family than among nurses living alone because nurses living with family played a relatively important role in their family.

As regards the dimensions of work-life balance, the findings of this study revealed that the higher mean score of work-life balance was related to work brought home, while the lowest mean score was related to time to de-stress. This might be due to the nurses always leave some of their duties and work tasks without completing and leave the work. Thus they sometimes bring this uncompleted work to home and complete it beyond work hours. It may be also because nurses often go to work on weekends or during irregular work hours Inconsistent with this result, the study conducted by **Abo Habieb and El-Wkeel, (2020)**

reported that the highest mean score for work-life balance related to stress.

Concerning the relationship between authentic leadership and work-life balance, the present study proved that there is no statistically significant relation between the total score of work-life balance and authentic leadership practice score. This result goes in the same line with a study by **Aichele, (2022)** that proved that there was no statistically significant relationship between authentic leadership and work-life balance. Contradictory with this, a study conducted by **Maya et al, (2022)** found that there was a significant effect of authentic leadership on work-life balance.

Concerning the relation between the personal characteristics of nurses and the total mean score of authentic leadership practice, the present study revealed that there was a positive statistically significant relation between the total mean score of authentic leadership practice and the age and educational qualification of nurses. This could be attributed to the high experience gained from working at an early age after obtaining a nursing diploma; the nurses contact their leaders more often in different situations, so they perceive more authentic leadership.

This was supported by the study of **Mohamed et al, (2023)** which illustrated that age and years of experience have statistically significant relationships with authentic leadership. Along the same line, another study by **Silén et al, (2019)** stated that authentic leadership was significantly related to the educational degree of managers.

Concerning the relation between the personal characteristics of nurses and the total mean score of work life balance, the present study revealed that there was no statistically significant relation between the total mean score of work life balance and personal characteristics of nurses.

This result is supported by **Karunagaran et al, (2020)** who studied the work-life balance of nurses during the pandemic and indicated that there was not a significant relationship between age, marital status and the experience of the nurses.

Conclusion:

In light of the main study results; it can be concluded that the most of studied nursing staff had low perception level of authentic leadership practice. Also, most of the studied nursing staff had a moderate level of work life balance. Moreover, there is no statistically significant correlation between total scores of work-life balance and authentic leadership practice score.

Recommendations:

In view of the main results of the study, the following recommendations were derived and suggested:

- Training program for leaders is recommended to thoroughly consider their human resource approaches to make a constructive contribution to shaping an inspiring workplace and building an authentic mindset.
- Implement an authentic leadership educational program and workshops for all head nurses and those in a management position in the nursing field to increase their knowledge, skills, awareness, and competencies about authentic leadership practice and their dimensions.
- Reforming the hospital's policies to emphasize using authentic leadership coaching behaviors as

an effective approach to support head nurses in a variety of positions.

- Meetings between nurses and nurse managers must be maintained and scheduled to discuss work problems and find actionable solutions and ideas.
- Nursing managers provide nurses with constructive feedback to increase their capabilities and job satisfaction.
- Nursing managers listen to nurses' suggestions to promote positive teamwork and enhance feelings of appreciation.
- An equitable distribution of assignment among staff nurses according to their abilities and needs to reduce workload, and to ensure adequate nursing services for patients and families.

Table (1): Distribution of personal characteristics of the studied nurses (n=410).

Personal Characteristics	Nurse students (N = 410)	
	N	%
1) Age per years:		
• < 20	104	25.4
• 20-<30	217	**52.9**
• ≥30	89	21.7
Mean ±SD	20.56±1.314	
2) Marital status:		.
• Married	380	**89.2**
• Single	30	10.8
3) Gender:		
• Males	1	0.2
• Females	409	**99.8**
4) Educational Qualification:		
• Bachelor of nursing degree	42	10.3
• Diploma of technical institute of nursing	10	2.4
• Diploma of technical institute of health	3	0.7
• Nursing diploma	355	**86.6**
5) Years of experience:		
• less than 5	50	12.2
• -5 - 10	280	**68.3**
• More than 10	80	19.5

Table (2): Mean scores of authentic leadership practice dimensions as perceived by studied nurses (n=410).

Authentic leadership behavior domains	Mean	Std. Deviation
Self-Awareness	1.20	.32241
Relational Transparency	4.83	.69188
Internalized moral perspective	5.143	.44999
Balanced processing	13.00	.33878
Total Score	5.6954	1.04580

Table (3): Mean scores of work-life balance dimensions as reported by studied nurses (n=410)

Sub dimension	Mean	Std. Deviation
Happiness	5.96	±1.20
Work Satisfaction	3.77	±4.83
Work Environment Satisfaction	4.45	±5.143
Personal Life Satisfaction	5.90133	±0.80
Balance	6.63450	±0.75
Stress	4.15782	±0.77
Work Brought Home	6.83845	±0.82
Time to De-stress	1.20	±0.65
Loyalty	4.83	±0.62
Total	7.143	±0.68

Table (4): Correlation between total score of work-life balance and nurses perception of authentic leadership practice (n=410).

Variables	Total work-life balance score	
	r	P - value
Total score of authentic leadership practice	0.028	0.615

Table (5): Relation between personal characteristics of nurses and the total mean score of authentic leadership practice (n=410)

Personal Characteristics	Mean ±SD	F/Independent t-test	P value
1) Age per years:			
• < 20	75.45 ± 17.42		
• 20-<30	69.92 ± 17.68	9.06	<0.001
• ≥30	78.51 ± 18.4		
2) Marital status:		.	
• Married	73.34 ± 18.38		
• Single	73.54 ± 16.25	6.50	<0.001
3) Educational Qualification:			
• Bachelor of nursing degree	74.55 ± 18.04		
• Diploma of technical institute of nursing	72.80 ± 15.66		
• Diploma of technical institute of health	68.37 ± 18.85	0.918	>0.05
• Nursing diploma	78.50 ± 18.10		
4) Years of experience:			
• less than 5	72.69 ± 18.62		
• -5 - 10	75.79 ± 16.19	0.077	>0.05
• More than 10	73.34 ± 18.38		

Table (6): Relation between personal characteristics of nurses and the total mean score of work life balance (n=410).

Personal Characteristics	Mean ±SD	F/Independent t-test	P value
5) Age per years:			
• < 20	73.05 ± 17.42		
• 20-<30	73.51 ± 18.87	0.918	>0.05
• ≥30	71.51 ± 15.4		
6) Marital status:		.	

• Married	76.24 ± 15.36	0.818	>0.05
• Single	75.54 ± 14.15		
7) Educational Qualification:			
• Bachelor of nursing degree	70.45 ± 17.03		
• Diploma of technical institute of nursing	71.66 ± 14.56	1.57	>0.05
• Diploma of technical institute of health	69.26 ± 12.75		
• Nursing diploma	78.40 ± 19.10		
8) Years of experience:			
• less than 5	73.57 ± 15.62		
• -5 - 10	72.49 ± 12.19	0.069	>0.05
• More than 10	70.32 ± 13.38		

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