INFLUENCE OF AUTHENTIC LEADERSHIP AND ORGANIZATIONAL IDENTIFICATION ON NURSES' ATTITUDES TOWARD ERROR REPORTING

Hanan Mansour Mohammed El Said[1*], Sahar Hamdy El-Sayed[2], Maha Abdeen Abdeen[3], Aisha El-Sayed El-Araby Abdel Wahid[4]

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Abstract

Background: Authentic leadership creates a positive work environment where nurses feel a strong personal identification with the organization and are more willing to report errors.

Aim of the study: This study aimed to assess the relationship between authentic leadership, organizational identification, and error reporting among staff nurses.

Subjects and Methods: Research design: Descriptive correlational design**.**

Setting: The study was conducted in all departments and units of Abo Hammad Central Hospital, that is a part of health care sector in Sharqiyah Governorate.

Subject: Convenience sample of 203 staff nurses.

The tool of data collection; three tools as Authentic leadership Questionnaire, Organizational identification Scale, Error Orientation Questionnaire.

Results: Revealed that 28.6% of the studied nurses perceived high authentic leadership, 56.1% of them reported moderate level of organizational identification. In addition, 57% of them had negative attitude toward reporting errors.

Conclusion: authentic leadership had statistically significant positive correlations with perceived organizational identification, personal identification, and attitude toward error reporting. Moreover, personal identification had statistically significant positive correlations with organizational identification and attitude toward error reporting.

Recommendation: Provide organizational development interventions aimed at enhancing the authentic leadership of nurse managers; Provide educational programs about the legal aspects of documenting errors; Managers can strengthen nurses' personal identification with the leader by being accessible, defining roles and expectations, exhibiting openness and transparency, and using mistakes as learning opportunities.

Keywords: authentic leadership, nurses, Organizational identification, report errors

[1*]BSc. Nursing- Faculty of Nursing at Zagazig University, Egypt.
[2]Professor of Nursing Administration of Nursing in Faculty of Nursing at Zagazig University, Egypt.
[3,4]Assistant Professor of Nursing Administration of Nursing in Faculty of Nursing at Zagazig University, Egypt.

[*]**Corresponding Author:** Hanan Mansour Mohammed El Said
[*]BSc. Nursing- Faculty of Nursing at Zagazig University, Egypt, Email: h.mansour021@nursing.zu.edu.eg

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Introduction:

In the ever-evolving landscape of healthcare, effective leadership and the ability to foster a culture of open communication play pivotal roles in ensuring the safety and quality of patient care **(Long, 2023).** Error reporting is an essential component of healthcare organizations striving to enhance patient safety and reduce adverse events. Staff nurses, often at the frontlines of patient care, are not only crucial for the delivery of quality healthcare but also serve as valuable sources of information regarding errors and near misses. However, the willingness of nurses to report errors is influenced by various factors, including the leadership they experience within their organizations **(Jun et al., 2023).**

One emerging leadership concept that has garnered increasing attention in recent years is authentic leadership. Authentic leadership is a leadership style that emphasizes genuine and transparent interactions, where leaders are true to themselves, their values, and their principles while leading with integrity and a focus on building authentic relationships with their team members. This leadership approach encourages leaders to be self-aware, open, and ethical, fostering an environment of trust and collaboration within the organization **(Algeri et al., 2022).**

The impact of authentic leadership on organization identification is a subject of growing significance within the healthcare organization, particularly among nurses. As healthcare organizations continually strive to provide high-quality patient care, the role of nursing staff becomes increasingly pivotal **(Lv et al., 2022).** Authentic leadership, characterized by genuine and transparent leadership behaviors, has gained prominence as a potential driver of nurses' identification with their respective organizations. The relationship between authentic leadership and organization identification among nurses not only influences job satisfaction and commitment but also has implications for patient outcomes and overall organizational performance **(Flores et al., 2022).**

Organization identification, in the context of nursing, refers to the process by which nurses align themselves with the values, goals, and culture of their healthcare organization **(Zhai et al., 2023).** This identification goes beyond a simple affiliation; it reflects a deep commitment to the institution and its mission. Understanding and fostering organization identification among nurses is crucial for enhancing job satisfaction, reducing turnover rates, and, most importantly, improving patient outcomes **(Mao et al., 2023).**

Patient safety is paramount in healthcare, and the timely reporting of errors is a crucial component of maintaining and enhancing that safety. The attitudes of healthcare professionals, particularly nurses, toward error reporting can significantly impact the overall quality of care **(Aydemir & Koç, 2023).** Authentic leadership, characterized by qualities such as transparency, ethical behavior, open communication, and empowerment, has the potential to create a work environment in which nurses feel safe and encouraged to report errors. This leadership style fosters trust, mitigates fear of retribution, and promotes a culture of continuous learning and improvement **(Fathallah Mostafa et al., 2023).**

Error reporting among nurses is a critical aspect of healthcare quality and patient safety. Nurses often find themselves in situations where they witness or are involved in errors that can impact patient outcomes **(Lv et al., 2022)**. These errors can range from medication administration mistakes to miscommunication with other healthcare team members. It is crucial for nurses to feel comfortable reporting these errors without fear of punitive actions. Authentic leadership plays a significant role in creating an environment where nurses feel safe to report errors **(Wang et al., 2023).**

In addition, the effect of organizational identification on error reporting has significant implications for patient safety. When nurses feel a strong bond with their organization, they are more likely to report errors promptly, allowing for quick intervention and correction of processes that might have contributed to the error **(Mao et al., 2023).**

The interplay between authentic leadership and organizational identification in the context of error reporting among staff nurses is a multifaceted and dynamic area of research. Understanding how authentic leadership practices influence nurses' identification with their organizations and subsequently impact error reporting behaviors is critical for healthcare organizations aiming to enhance patient safety and quality of care **(Mbata et al., 2023).**

Aim: The aim of this study is to assess the relationship between authentic leadership, organizational identification and error reporting among staff nurses.

Research question:

-What is the perception of authentic leadership behaviors from nurses' perspectives?

-What are the attitudes of nurses toward error reporting behavior?
-What is the level of organizational identification as perceived by nurses?

Research design: a descriptive correlational design was utilized to conduct the present study.

Setting: The study was conducted at all departments and units of Abo Hammad Central Hospital, that is a part of health care sector in Sharqiyah Governorate.

Subject: the study population composed of convenience sample of all available staff nurses employed in the above-mentioned setting and agreed to participate in the study and their total number was 203. All participants met the following inclusion criteria: Had at least one year of experience working in the current unit, provide direct patient care.

Tools for data collection: to fulfill the purpose of this study, three tools were used for data collection as follows:

Tool 1: Authentic leadership

This tool contained two parts.

Part one: Personal and job characteristics of nurses such as age, years of experience, marital status, educational qualification, department and gender.

Part two: Authentic Leadership Questionnaire: developed by Walumbwa et al., (2008) to measure authentic leadership as perceived by staff nurses. It consists of 16 items that grouped under four domains.

Scoring system:

The responses of staff nurses to the scale were measured on a five-point Likert scale ranged from (1) not at all to (5) very much. The total score of the scale was ranged from (16-80), high ≥70%, moderate 60% -70 <% and low <60%

Tool II: Organizational identification Scale: developed by **Edwards & Peccei (2007)** to measure both cognitive and affective components of organizational identification as perceived by nurses. The instrument includes three subscales as described in table 2. responses are rated on a 5-point Likert scale (1 = strongly disagree and 5 = strongly agree).

Tool III: Error Orientation Questionnaire

Developed by (Rybowiak et al., 1999). To assess attitudes of nurses toward reporting errors. It consists of 15 items grouped into 3 subscales; error communication (4 items), error strain (5 items), and covering up error (6 items). Responses are rated on a 5-point Likert scale ranging between 1 (not at all) and 5 (completely).

Scoring system:

The response of staff nurse to the scale was on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). The items number from 2-3 domains were reversed questions. Score >75% considered positive attitude toward error reporting. Score <75 % considered negative attitude toward error reporting.

Validity:

The tools of data collection were translated into Arabic, and then content and face validity were established by a jury of "five" experts specialized in nursing administration. The content and face validity sheet involved two parts: the first part included the opinions of the experts for each item that were recording on a two-point scale: relevant and not relevant, and the second part covered general or overall opinions about the form which express their comments on the tools for clarity, applicability, comprehensiveness, understanding, any suggestions for any additional or omissions of items and ease for implementation.

According to their opinions, all recommended modifications were performed by the researcher.

Reliability:

The reliability of the questionnaire was measured through Cronbach's Alpha coefficient for assessing its internal consistency, and it was as the following:

Scale	Score	Interpretation
Authentic Leadership	0.817	Good
Organizational Identification	0.920	Excellent
Error Orientation	0.843	Good

Fieldwork:

After securing all official permissions, the researcher started the actual field work. The field work of the study was executed in 3 months from the beginning of January2023 and completed at the end of March2023. The researcher introduced herself to nurses then explained the aim of the study to nurses and invited them to participate. Those who gave their verbal consent to participate were handed the tool form. The researcher was present during the data collection period to explain how to fill the questionnaires, clarify any ambiguity and answer any questions then the researcher checked each filled questionnaire sheet scale to ensure its completion. Participants were instructed to keep in mind first-line nurse managers when filling out the questionnaires. The first-line nurse managers were chosen to be

evaluated as they considered the immediate supervisors of nurses which had direct authority on nurses and handle day-to-day unit managerial issues in the studied hospitals.

Pilot study:

A pilot study was carried out on 10 % of study subjects (23 staff nurses) to test applicability, feasibility, practicability of the tools. In addition, to estimate the time required for filling in the questionnaire sheets. The pilot study was conducted one week before collection of data and staff nurses were selected randomly and they were excluded from the main study sample.

Administrative and Ethical considerations:

After obtaining of agreement of the Research Ethics Committee (REC) at faculty of nursing, Zagazig University, the agreement for participation of the participants will be taken after full explanation of the aim of the study.

Oral consent will be obtained from nurses that will be included in the study sample after verbal explanation with each subject of the nature and the aim of the study. They will be given an opportunity to refuse or to participate; the study couldn't pursue any negative consequences for the subjects. They will be reassured that any information collected will be used exclusively for research purpose only and will be confidentially treated.

Statistical Analysis:

Data collected from the studied sample was revised, coded and entered using Personal Computer (PC). Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of frequencies, percentages and Mean SD. A correlation coefficient "Pearson correlation" is a numerical measure of some type of correlation, meaning a statistical relationship between two variables. Chi-square is a statistical test that examines the differences between categorical variables from a random sample in order to determine whether the expected and observed results are well-fitting.

Significance of the results:

Highly significant at p-value < 0.01.

Statistically significant was considered at p-value < 0.05.

Non-significant at p-value ≥ 0.05

Result

Table1, reveals that 36.4% of nurses aged from 31≤40 years and mean age was 39.78±9.5 years, 77.3 % of them were female and 74.4% of them were married. Regarding qualifications, 43.8% of them had diploma degree while 40.9% of them graduated from nursing institute. Concerning their working department, 21.2% of them worked t ICUs and 15.3% worked at renal dialysis department respectively. Additionally, as regard work experience, 55.2% of them had 3 to 5 years of experience. Also 68.5% of them met the unit manger daily.

Figure (1) portrays that 28.6% of the studied nurses perceived high authentic leadership while, 56.1% of them reported moderate perception and 15.3% of them reported low perception respectively.

Figure (2) portrays that 35.3% of the studied nurses had high perception of organizational identification while, 50.5% of them had moderate perception and 14.2% of them had low perception respectively.

Figure (3) shows that 57% of the studied nurses had negative attitude toward reporting errors while, 43% of them had positive attitude respectively.

Table (2) represents statistically significant positive correlation between total perceived authentic leadership of the studied nurses and their total perception total perceived organizational identification with (r=0.763, p=0.041*), total perceived personal identification with attitudes toward reporting errors with (r=0.853, p=0.03*) respectively.

Table (3) figures that there is a statistically significant association between the studied nurses total perceived authentic leadership and their age with (P = .015), qualifications with (P = .011) and work experience. on the other hand, there is no statistically significant association between the studied nurses total perceived authentic leadership and their gender, marital status, working department and frequency of meeting the manager with (p>0 .05).

Table (4) figures that there is a statistically significant association between the studied nurses total perceived organizational identification and their age with (P = .025), qualifications with (P = .034), work experience with (P = .020) and frequency of meeting the manager with (P = .041). on the other hand there is no statistically significant association between the studied nurses total perceived organizational identification and their gender, marital status and working department with (p>0 .05) .

Discussion

Error reporting has been identified as an important approach to improve delivery of both safe and quality care. However, existing evidence suggests that nurses are reluctant to report errors they make or fail to speak up about mistakes committed by others. Authentic leadership has been linked to improved work environments for nurses and enhanced quality of care but the question of how authentic leaders influence new graduate nurses' willingness to report errors has received minimal attention **(Farnese et al., 2019).**

The present study demonstrated that more than one third of the studied nurses aged from 31 ≤ 40 years old with mean 39.78 ± 9.5 years, more than three quarters of them were female and almost three quarters of them were married. Regarding qualifications, more than two fifth of them had diploma degree and graduated from nursing institute, respectively. Concerning their working department, slightly more than one fifth of them worked at ICUs and more than one tenth of them worked at renal dialysis department respectively. Additionally, more than half of them had 3 to 5 years of work experience. Also more than two thirds of them met the unit manger monthly.

Regarding level of authentic leadership as reported by the studied nurses, the current study revealed that, more than one quarter of the studied nurses perceived high authentic leadership while, more than half of them reported moderate perception and more than one tenth of them reported low perception respectively. From the research investigator point of view, this might be attributed to when the managers display openness and clarity in sharing information and disclosing their true thoughts, motives, and feelings, they enable followers to identify managers' authentic leadership behaviors.

This result was supported by **Teo et al., (2023)** whose study aimed to investigate how authentic leadership influences the psychological well-being of Australian nurses, and nurses and nurses reported their immediate supervisor's leadership behavior to be moderately authentic.

On the other hand, these findings were contradicted with a study performed by **Qureshi & Aleemi, (2018)** entitled "Authentic Leadership and Turnover Intention: Mediating role of Work Engagement and Job Satisfaction in the Healthcare Sector of Pakistan" and declared that more the highest percentage of the studied participants perceived low authentic leadership.

Concerning Mean score related studied staff nurses` perception of authentic leadership domains, the present study clarified that Relational transparency domain had the highest mean score, while balanced processing domain had the lowest mean score. This may be due to nurses' managers say exactly what they mean, admit mistakes when they are made, encourage the staff nurses to speak their mind, tell them the hard truth and display emotions exactly in line with feelings. As well, the truthfulness and straightforwardness of authentic leaders in dealing with others explain their relational transparency because they do not have hidden motives and are honest.

Also, this result was congruent with **Mbata et al., (2023)** who carried out a study to investigate the effect of organizational identification in the relationship between authentic leadership and ethical behavior of employees in Kenya and reported that the mean score of relational transparency domain was the highest, while balanced processing domain was the lowest. On contrary, a study conducted by **Alilyyani, (2022)** in Saudi Arabia, who conducted a study to analyze the effect of authentic leadership on nurses' trust in managers and job performance, and noticed that mean score of self-awareness dimension of authentic leadership was the highest followed by internalized moral perspective domain.

In contrast, a study performed by **Puni et al., (2020)** to investigate the causal relationships between the dimensions of authentic leadership and patient care quality in the nursing profession of Ghana, and stated that internalized moral perspective is the most exhibited authentic leadership dimension among nursing managers and supervisors, followed by balanced processing and relational transparency, while self-awareness was the least exhibited authentic leadership dimension. These findings imply that managers or supervising nurses use more of their internal moral standards and values to guide behaviors instead of allowing outsiders behaviors to influence their behaviors.

Related to level of organizational identification as reported by studied nurses, the current study declared that more than one third of the studied nurses had high perception of organizational identification while, about half of them had moderate perception and more than one tenth of them had low perception respectively. This may be because nurses need support and guidance to learn workplace competencies and require a work culture that enables them to practice effectively**.** Nurses view their managers as a representative of the organization and through their social interactions with their managers, they learn,

respect, and identify with the organization's values and goals. Besides, understanding the ways authentic leaders influence nurses' organizational identification and may provide new knowledge about strategies to enhance nurses' participation and compliance with patient-safety initiatives **(Mao et al., 2023).**

Similarly, this result was in harmony with a study carried out by **Tuna et al., (2018)** in Turkey to examine the effects of organizational identification and organizational cynicism on employee performance among nurses and stated that level of the nurses' perceived organizational identification was moderate. Likewise, a study done by **Tsukamoto et al., (2019)** in Japan aimed to examine organizational identity and the state of organizational identification in nursing organizations and declared that most of the studied respondents reported moderate level of organizational identification.

In the opposite line, these findings were against a study done by **Islam et al., (2018)** in Pakistan, who conducted a study to determine effects of ethical leadership on bullying and voice behavior among nurses and mediating role of organizational identification, it was noticed that that level of organizational identification was low as reported by most of the studied nurses. On the other hand, **Maué et al., (2023)** who conducted a study in Germany entitled "Development, predictors, and effects of trainees' organizational identification during their first year of vocational education and training" and stated that the largest proportion of the studied participants reported a high level of organizational identification.

Regarding mean score related studied staff nurses` perception of organizational identification scale, the current study result reflected that sharing of organizational goals and values dimension had the highest mean score followed by self-categorization and labeling and sense of organizational belonging and membership. This can be attributed to nurses assess the organization's values, beliefs, and goals and find whether what the organization stands for is similar to those of their own. The process of identifying the shared organizational goals and values contributed to nurses' organizational identification. Nurses learn about the organization and adapt to their new role and workplace culture, they engage cognitively in identifying similarities between their own goals and values and those of the organization, which stimulates their organizational identification **(Krywalski Santiago, 2020).**

This result coincided with a study conducted by **Mahdy & Elsayed, (2021)** in Egypt about relationships among organizational identification, cynicism, job demands-resources and nurses' job crafting, stated that the highest mean score of organizational identification dimensions was in sharing goals and values. They added that nurses interested in assessing the organization's values, beliefs, and goals and find whether what the organization stands for is similar to those of their own. The process of identifying the shared organizational goals and values contributed to nurses' organizational identification.

Similar results reported by **Fallatah et al., (2020)** who assessed the effects of authentic leadership, organizational identification, and occupational coping self-efficacy on new graduate nurses' job turnover intentions in Canada and mentioned that the highest score of organizational identification related to the respondents' sharing of organizational goals and values. Also, **Tuna et al., (2018)** conducted a study entitled effects of organizational identification and organizational cynicism on employee performance among nurses and found that the highest scores of organizational identifications related to the respondents' sharing of organizational goals and values, while they gave low ratings regarding their sense of attachment, belonging, and membership with the organization.

Concerning total attitudes toward reporting errors of the studied staff nurses, the present study displayed that more than half of the studied nurses had negative attitude toward reporting errors while, more than two fifths of them had positive attitude. This can be attributed to error reporting may bring substantial loss, such as the loss of employment, damage to one's personal reputation, loss of time and economic costs. As well, when errors are associated with negative emotions such as shame, anger, fear and anxiety, individuals tend to avoid reporting them. Individuals without negative emotions tend to think more positively and consider error reporting to be akin to learning and correction opportunity rather than a risky behavior.

In this concern, **Farnese et al., (2022)** who studied error orientation at work: dimensionality and relationships with errors and organizational cultural factors, in Italy, argued that the largest proportion of the studied employees had positive attitude regarding error reporting. This result agreed with **Dyab et al., (2018)** whose study entitled "Exploration of nurses' knowledge, attitudes, and perceived barriers towards medication error reporting in a tertiary health care facility" in Malaysia, reported that most of the studied subjects had positive attitude towards medication error reporting, they added that this

might be attributed to the frequent talk sessions and training courses such as the continuing nursing education program, in addition to the encouragement from the nurse leaders (head nurses, supervisors and directors).

On contrary, a study conducted by **Jember et al., (2018)** in Jordan about proportion of medication error reporting and associated factors among nurses, whose results showed negative attitude towards medication error reporting in Jordan and results suggested that nurses prefer not to report medication error incidents, despite acknowledging the importance of such reporting. One of the reasons for this reluctance is the shame attached to these errors. The other respondents averred that Jordanian professional culture discourages medication error reporting, and the rest explained the tendency to blame nurses for a very minor shortcoming.

As regard mean score related studied staff nurses` perception of error orientation, the current study demonstrated that the highest mean score of error orientation was related to covering up error dimension followed by error communication and error strain. It seems that nurses who engage in open communication about errors, seek help to rectify an error, and rely on others to help mitigate the consequences of errors are more likely to have positive attitudes toward error reporting.

This result was compatible with a study conducted by **Yousef et al., (2021)** in Jordan about medication administration errors, causes and reporting behaviours from nurses' perspectives, they reported that covering up dimension of error orientation had the highest mean score. On the other hand, this result was contradicted with **Alsulami et al., (2019)** who studied knowledge, attitude and practice on medication error reporting among health practitioners in a tertiary care setting in Saudi Arabia, and mentioned the highest mean percentage of error orientation was related to error communication.

Pertaining correlation between the studied variables, the present study indicated that statistically significant positive correlation between total perceived authentic leadership of the studied nurses and their total perceived organizational identification, total perceived personal identification and total attitudes toward reporting errors. Also, there was statistically significant positive correlation between total perceived organizational identification and total perceived personal identification. In addition, there was statistically significant positive correlation between total perceived personal identification and total attitudes toward reporting errors, while there was no statistically significant correlation between total perceived organizational identification and total attitudes toward reporting errors.

This can be interpreted as authentic leadership can positively influence nurses' personal identification with the leader, organizational identification and attitudes toward reporting errors. Besides, nurses who have high level of perception regarding organizational identification seem to have high level of perceived personal identification, but nurses' perceived organizational identification have no impact on their attitude toward reporting error. This result matched with a study carried out by **Tijani & Okunbanjo, (2020)** affirmed that leader possesses the ability to build social relationships with followers that are based on integrity, fairness, and respect, encourage followers to recognize the similarities between their beliefs, values, and goals and those of the leader and then further serving as a role model, thereby eliciting personal identification among his or her followers.

As well, this result was consistent with **Baek et al., (2019)** whose study declared that authentic leaders can foster the development of organizational identification among their followers. Leader-follower relationship is significant in facilitating the development oforganizational identification among employees. On the other hand, a study carried out by **Fallatah, (2020)** stated that authentic leadership was found to have an indirect effect on attitudes toward reporting errors and highlighted the importance of personal identification in strengthening the influence of authentic leadership on nurses' perceptions of reporting error.

As regard relationship between socio-demographic characteristics of studied staff nurses and their total perceived authentic leadership, the current study showed that there was a statistically significant association with their age, qualifications and work experience, while there was no statistically significant association with their gender, marital status, working department and frequency of meeting the manager. This can be interpreted as older nurses and who have high level of education and have more than 5 years of work experience are more likely to have high level of perceived authentic leadership.

Likewise, a study carried out by **Lee et al., (2019)** in Taiwan to evaluate the relationship between authentic leadership and nurses' intent to leave

and stated there was significant association between nurses' perceived authentic leadership and their age, educational level and years of work experience. Also, a study conducted by **Wong et al., (2020)** found that there was significant relation between nurses' education and work experience and their level of perceived authentic leadership.

Conclusion

In the light of the main study findings, it can be concluded that, more than half of studied nurses reported moderate levels of authentic leadership and organizational identification and negative attitude toward error reporting. Moreover, authentic leadership had statistically significant positive correlations with perceived organizational identification, and attitude toward error reporting.

Recommendations

1. Provide leadership training and education that focuses on authentic leadership principles and building strong relationships with nursing teams.
2. Emphasize the organization's mission, values, and the positive impact of nursing work to strengthen nurses' identification with the institution.
3. Initiate and invest in authentic leadership development programs for current and aspiring nurse leaders.
4. Encourage senior nurses and leaders to act as mentors and role models, passing on the values and behaviors associated with authentic leadership.
5. Continuously monitor and assess the impact of these initiatives on authentic leadership, organizational identification, and attitudes toward error reporting.

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Table (1): Number and percentage distribution of the studied nurses according to their personal and job characteristics (n=203)

personal and job characteristics	N	%
Age		
20≤30	56	27.6
31≤40	74	36.4
41≤50	53	26.1
≥50	20	9.9
$\bar{x}$ S.D 39.78±9.5		
Gender		
Male	46	22.7
Female	157	77.3
Marital status		
Married	151	74.4
Unmarried	45	22.2
Divorced	5	2.4
Widowed	2	1.0
Qualifications		
Diploma	89	43.8
Nursing institute	83	40.9
Bachelor	31	15.3

Working department		
ICU	43	21.2
Operation	13	6.4
Pediatric department	20	9.9
Emergency department	14	6.9
Obstetric	24	11.8
Orthopedic department	25	12.3
General surgery department	23	11.3
Renal dialysis department	31	15.3
Work experience		
1 years to 2 years	35	17.2
3 years to 5 years	56	27.6
More than 5 years	112	55.2
Frequency of seeing/meeting The Unit Manager		
Daily	139	68.5
Weekly	49	24.1
Monthly	15	7.4

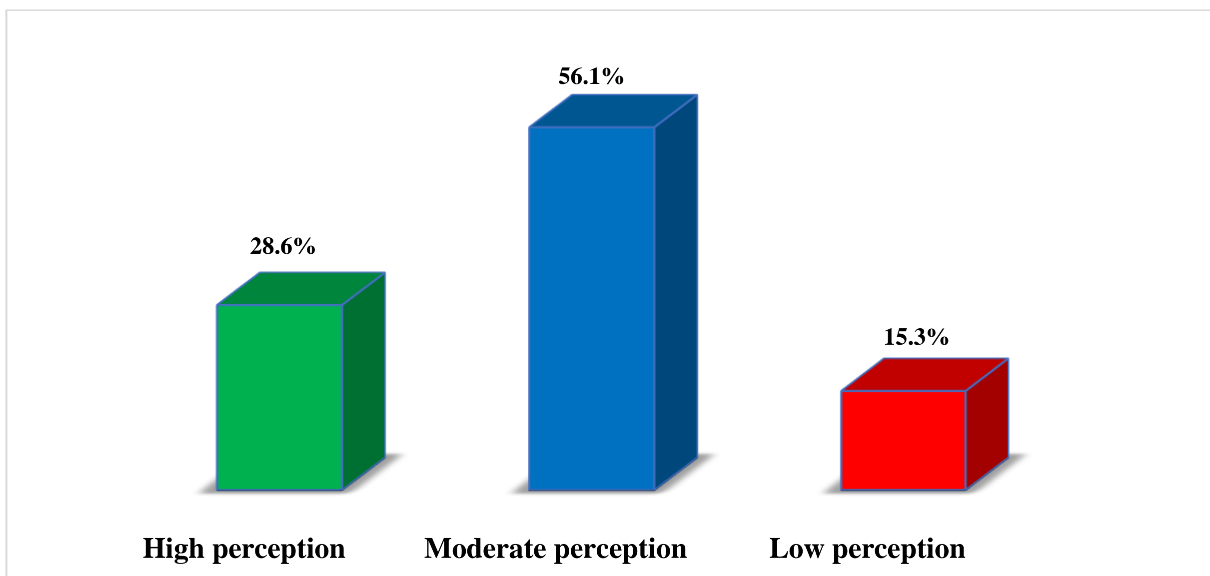

Figure (1): Level of authentic leadership as reported by studied nurses (n=203).

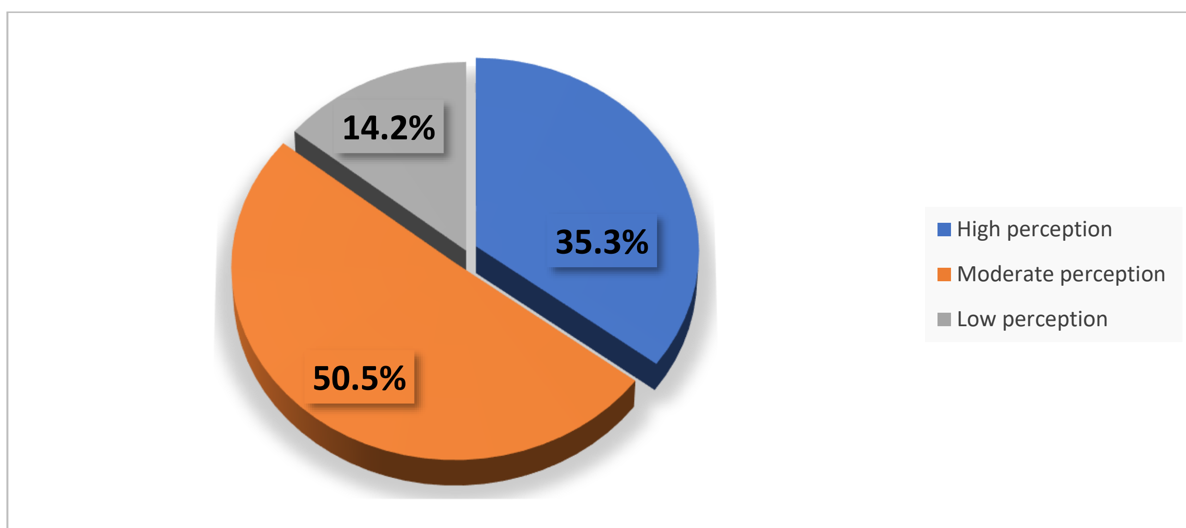

Figure (2): Level of organizational identification as reported by studied nurses (n=203).

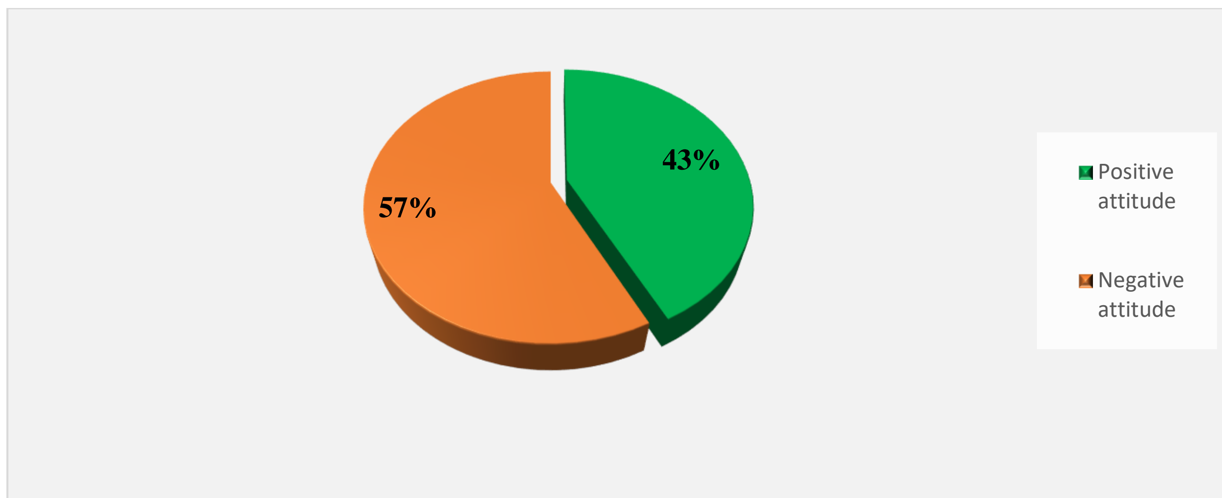

Figure (3): Total distribution of the studied staff nurses` attitudes toward reporting errors **(n=203).**

Table (2): Correlation between the Studied Variables.

		Total perceived organizational identification	Total attitudes toward reporting errors
Total perceived authentic leadership	r.	.763**	.853*
	p	.041*	.03

Table (3): Relationship between personal characteristics of studied staff nurses and their total perceived authentic leadership (n=203).

Items		Total perceived authentic leadership						X^2	P-Value
		High No = 58		Moderate No = 114		Low No= 31			
		N	%	N	%	N	%		
Age	20≤30	4	7.1	40	71.5	12	21.4	7.86	.015*
	31≤40	12	16.2	46	62.2	16	21.6		
	41≤50	29	54.7	21	39.6	3	5.7		
	≥50	13	65.0	7	35.0	0	0.0		
Gender	Male	14	30.4	25	54.4	7	15.2	1.78	0.12
	Female	44	28.0	89	56.7	24	15.3		
Marital status	Married	37	24.5	89	58.9	25	16.6	1.86	0.23
	Unmarried	18	40.0	22	48.9	5	11.1		
	Divorced	2	40.0	2	40.0	1	20.0		
	Widowed	1	50.0	1	50.0	0	0.0		
Qualifications	Diploma	2	2.2	63	70.8	24	27.0	7.98	.011*
	Nursing institute	28	33.7	48	57.8	7	8.4		
	Bachelor	28	90.3	3	9.7	0	0.0		
Working department	ICU	11	25.6	24	55.8	8	18.6	2.15	0.31
	Operation	3	23.1	8	61.5	2	15.4		
	Pediatric department	7	35.0	12	60.0	1	5.0		
	Emergency department	5	35.7	7	50.0	2	14.3		
	Obstetric	8	33.3	13	54.2	3	12.5		
	Orthopedic department	7	28.0	14	56.0	4	16.0		
	General surgery department	6	26.1	14	60.9	3	13.0		
	Renal dialysis department	8	25.8	16	51.6	7	22.6		

Work experience	1 years to 2 years	8	22.9	9	25.7	18	51.4	6.54	.025*
	3 years to 5 years	10	17.9	33	58.9	13	23.2		
	More than 5 years	40	35.7	72	64.3	0	0.0		
Frequency of /meeting The Unit Manager	Daily	5	33.3	8	53.3	2	13.3	2.45	0.26
	Weekly	16	32.7	31	63.3	2	4.1		
	Monthly	37	26.6	75	54.0	27	19.4		

Table (4): Relationship between personal and job characteristics of studied staff nurses and their total perceived organizational identification (n=203).

Items		**Total perceived organizational identification**						**X^2**	**P-Value**
		High No = 71		**Moderate No = 103**		**Low No= 29**			
		N	**%**	**N**	**%**	**N**	**%**		
Age	20≤30	4	7.2	40	71.4	12	21.4	6.54	.025*
	31≤40	14	18.9	44	59.5	16	21.6		
	41≤50	37	69.8	15	28.3	1	1.9		
	≥50	16	80.0	4	20.0	0	0.0		
Gender	Male	18	39.1	21	45.7	7	15.2	2.98	.234
	Female	52	33.2	82	52.2	23	14.6		
Marital status	Married	48	31.8	78	51.7	25	16.6	2.65	.079
	Unmarried	20	44.4	22	48.9	3	6.7		
	Divorced	2	40.0	2	40.0	1	20.0		
	Widowed	1	50.0	1	50.0	0	0.0		
Qualifications	Diploma	2	2.3	65	73.0	22	24.7	5.96	.034*
	Nursing institute	41	49.4	35	42.2	7	8.4		
	Bachelor	28	90.3	3	9.7	0	0.0		
Working department	ICU	11	25.6	24	55.8	8	18.6	1.96	.086
	Operation	3	23.1	8	61.5	2	15.4		
	Pediatric department	9	45.0	9	45.0	2	10.0		
	Emergency department	5	35.7	7	50.0	2	14.3		
	Obstetric	11	45.8	10	41.7	3	12.5		
	Orthopedic department	11	44.0	12	48.0	2	8.0		
	General surgery department	10	43.5	11	47.8	2	8.7		
	Renal dialysis department	8	25.8	16	51.6	7	22.6		
Work experience	1 years to 2 years	7	20.0	9	25.7	19	54.3	7.69	.020*
	3 years to 5 years	8	14.3	38	67.9	10	17.9		
	More than 5 years	56	50.0	56	50.0	0	0.0		
Frequency of /meeting The Unit Manager	Daily	11	73.3	4	26.7	0	0.0	4.56	.041*
	Weekly	31	63.3	16	32.7	2	4.1		
	Monthly	29	20.9	83	59.7	27	19.4		

***Significant at p ‹0.05. **Highly significant at p ‹0.01. Not significant at p>0.05**