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Authentic leadership and resilience as perceived by healthcare providers

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ABSTRACT

Background : Most American healthcare organizations are concerned about healthcare reform, poor patient care quality, and leadership shortages (Lee, 2010). Physicians who hold leadership positions often attend leadership seminars, meet with executive coaches, or pursue a master's degree in business administration. Authentic leaders provide a supportive environment that promotes employee autonomy and excitement for work. Employees that feel supported are more likely to engage in proactive behaviors .

Aim of the Study :The purpose of this study is to identify the authentic leadership and its relation healthcare provider's self-efficacy.

Method: A descriptive correlational research design was utilized to attain the purpose of this study.

Setting: This study was conducted at the King Abdul-Aziz University Hospital. The study was carried out in all hospital departments, including critical care units (Adult ICU, CCU, pediatric ICU, neonatal ICU, cardiac catheterization unit, hemodialysis unit, and surgical operating unit), outpatient clinics, and inpatient departments (obstetrics, medical, surgical, pediatric, reception, and emergency departments).

Sampling : Convenience sampling was conducted to assigned the participants, the studied subject consist of two groups;seventy -five physicians who work in critical care units and inpatient units/ departments.Group 2 staff nurses outof 335 nurses 200 nurses were assigned Measurement:Two tools were utilized to conduct this research. Authentic Leadership Questionnaire (ALQ) It is aimed to assess authentic leadership levels from the prospectives of healthcare providers The questionnaire includes 16 itemswhich were classified into four dimensions (subscales). General Self-Efficacy Scale (GSES) to assess general self-efficacy levels. It consists of 10 items.

Results:the highest total score (72.67 ± 12.32) was observed in the internalized moral perspective dimension that was stated in the first rank among AL dimensions. While the lowest total score (64.67 ± 12.65) was found in the relational transparency that was observed at the last rank among authentic leadership dimensions. that there was a highly statistically significant positive correlation between all dimensions of authentic leadership and healthcare providers' self-efficacy ($r_s = 0.594$, $p<0.001$) from the studied subject.

Conclusion: The participants perceived their leaders as effective authentic leaders, and they perceived themselves to have a better GSE. there was correlation between authentic leadership and GSE. These results contribute to fostering true leadership skills in nurse managers.

Keywords: leadership, obstetrics, medical, surgical, pediatric, reception.

INTRODUCTION

According to Hughes (1999), healthcare is no longer recession-proof because to technological advancements such as new pharmaceuticals, tests, gadgets, and methods of application. The complexity of these tools necessitates specialized training for personnel. Patients with complex medical problems, such as cancer, may see multiple physicians from different institutions. Medical staff may experience confusion due to fragmented and disorganized knowledge and communication within a system.

Effective cross-disciplinary coordination, communication, information sharing, and teamwork are essential for improving value and outcomes (Lee, 2010). Healthcare organizations must strike a delicate balance between providing patient-centered care and reducing unnecessary costs and errors that compromise quality.

Improving efficiency and effectiveness is insufficient to address the issues faced by healthcare organizations today. To achieve success, firms must constantly evaluate their business models and procedures (Skerlavaj et al., 2007). The literature on business process change is substantial (Burlton, 2001; Davenport, 1993; Hammer

&Champy, 1993; Harmon, 2003; McCormack & Johnson, 2001).According to Hammer (2002), creating an organizational culture that encourages innovation and outstanding performance does not necessarily improve overall performance.

Most American healthcare organizations are concerned about healthcare reform, poor patient care quality, and leadership shortages (Lee, 2010). To overcome these difficulties, American healthcare organizations are focusing on recruiting and training leadership (Gawande, 2010). Physicians who hold leadership positions often attend leadership seminars, meet with executive coaches, or pursue a master's degree in business administration (Guthrie, 1999).

Authentic leaders provide a supportive environment that promotes employee autonomy and excitement for work. Employees that feel supported are more likely to engage in proactive behaviors (Huet al., 2018). Sincere leaders can improve staff members' working conditions and self-esteem, allowing them to bear job demands without burnout or poor mental health (Laschinger et al., 2013). Real leadership is thought to be an effective method for dealing with difficult issues within an organization. Authentic leaders promote autonomy, competence, and job satisfaction by offering opportunity to learn new skills.This helps individuals develop self-awareness and genuineness (Wong and Cummings, 2009). Using true leadership theory enhances knowledge of the relationship between leadership attributes and burnout experiences (McPherson et al., 2022).Authentic leaders may improve working conditions, boost employee self-esteem, increase job performance, minimize burnout, and promote mental wellness. Alshammari et al. (2020) found that genuine leadership and empowering behaviors lead to increased engagement and productivity.

Cramm et al. (2013) found that general self-efficacy can predict health behaviours and quality of life. Higher levels of self-efficacy have been associated to improved personal achievement and wellbeing, as well as less weariness in healthcare staff (Milam et al., 2019). Fathi et al. (2019) claimed that self-efficacy is a better predictor of quality of life. In the nursing environment, healthcare providers with persistently poor self-efficacy (SE) scores can have a negative impact on both their personality traits and work-related features (Roh et al., 2013). Low self-efficacy stops healthcare providers from working to their full potential, which can have a detrimental impact on how they perceive themselves and their profession. It may also lead healthcare providers to become both less interested in and less satisfied with their work (Dadipoor et al., 2021).

A person is said to exhibit self-efficacy when they feel in control of their decisions, have an internal locus of control, and are dedicated to making them. It is important to think about how faith in internal self-directed activities can influence one's decision-making if an internal locus of control is the basis for connecting decisions to self-directed activities (Gibbs, 2022). Real leaders may influence such a premise because they possess the ability to change and maintain an organization's success.

Providing reinforcement to healthcare providers is essential. In this case, it may result in proactive measures by medical personnel to speed up reaction times. The primary contribution of this study is the framework it provides for examining the relationship between authentic leadership and general self-efficacy. Especially during the hot era of the world, this framework will allow health authorities create an educational program to help healthcare providers work safely and enhance their quality of life.

Significance of the Study

Many positive outcomes for leaders, followers, and organizations have been associated with authentic leadership, indicating that it has great potential to assist leaders, followers, and their organizations in better addressing the myriad ethical and performance issues that arise in the workplace of the twenty-first century (Gardner et al., 2022). It seems reasonable that managers' genuine leadership practices could have a good impact on healthcare professionals' self-efficacy, based on the investigator's clinical experience. There is now empirical evidence that a healthy work environment, trust-building, and positive patient and healthcare provider outcomes are all associated with authentic leadership. These could therefore have a favorable impact on healthcare providers' self-efficacy. Hence this study aims to assess the relationship between authentic leadership and general self efficacy from the prospective of healthcare providers.

Aim of the Study

The purpose of this study is to identify the authentic leadership and its relation healthcare provider’s self-efficacy.

Research Questions

1) What are the levels of authentic leadership style?
2) What are the levels of healthcare providers’ self-efficacy?
3) What is the relationship between authentic leadership and healthcare providers’ self-efficacy?

METHOD

Research Design

A descriptive correlational research design was utilized to attain the purpose of this study.

Setting

This study was conducted at the**King Abdul-Aziz University Hospital**. It is the first teaching hospital in Saudi Arabia which combines distinct clinical disciplines of ophthalmology and ENT, provided by consultants, physicians and technicians with the best-in-class training &expertise utilizing the finest technological and infrastructural resources in the kingdom.Besides providing primary, secondary care & tertiary care in Ophthalmology and ENT.The campus has four parts: the hospital and its annexed buildings, families and nurses housing, singles housing, and public services. The hospital is a 300-beds capacity and provides primary and secondary care to National Guard personnel, their dependents, and the citizens of the Eastern Region. It consists of 3 levels of 35,000 sq. meters, including Basement, Ground Floor , and First Floor.

The Ground Floor includes Outpatient Clinics, Pharmacy, four Operating Rooms, and Day Surgery Operation Room. It also contains beds for Hemodialysis Services, Physical Therapy Department, Radiology Department, Endoscopy, ER, ICU, and Obstetrics & Gynecology Department with L & D rooms, Administration section, and a Mosque. King Abdulaziz National Guard Hospital is dedicated to delivering services of the highest international standard. This constantly expanding facility, equipped with state-of-art technology, is staffed by professionals from Saudi Arabia and 52 other world nations.

The study was carried out in all hospital departments, including critical care units (Adult ICU, CCU, pediatric ICU, neonatal ICU, cardiac catheterization unit, hemodialysis unit, and surgical operating unit), outpatient clinics, and inpatient departments (obstetrics, medical, surgical, pediatric, reception, and emergency departments).

Sampling

Convenience sampling was conducted to assigned the participants, the studied subject consist of two groups; **Group 1** included seventy -five physicians who work in critical care units and inpatient units/ departments.**Group 2** staff nurses outof 335 nurses 200 nurses were assigned Staff nurses' total number was 335 staff nurses.

Measurement

Two tools were utilized to conduct this research .

Authentic Leadership Questionnaire (ALQ)

It was developed by Walumbwa et al. (2008). It is aimed to assess authentic leadership levels from the prospectives of healthcare providers The questionnaire includes 16 itemswhich were classified into four dimensions (subscales): self-awareness (4items), internalized moral perspective (4items), balanced information processing (4items), and relational transparency (4 items). The studied healthcare providers responses were rated in 5-points Likert scale: strongly agree (5), agree (4), neutral (3), disagree (2), and strongly disagree (1). The total score will be (16- 80). the score (16-36) was considered a low level of authentic leadership, the score (37 -58) was considered a moderate level of authentic leadership, and the score (59-80) was considered a high level of authentic leadership.

General Self-Efficacy Scale (GSES)

It consisted of two parts as the followings:

Part one: Personal characteristics of the studied healthcare providers

It is a structured questionnaire designed by the investigator to obtain personal and work data of the staff nurses including age, gender, marital status, years of clinical experience, area of work, level of education, and whether a studied healthcare providershad attended a training workshop regarding' self-efficacy.

Part two: **Generalized Self-efficacy Scale (GSES)**

It is a structured questionnaire that is the general belief in oneself to solve problems and reach goals and developed by Schwarzer & Jerusalem (1995) to assess general self-efficacy levels. It consists of 10 items. Responses were measured at 4-points Likert scale, which were: not at all true (1), hardly true (2), moderately true (3), and exactly true (4). The total score is calculated by finding the sum of all the10 items. For the generalized self-efficacy scale, the total score ranges between (10- 40), with a higher score indicating more self-efficacy. Levels of staff nurses' self-efficacy were represented statistically into < 60% as low levels, 60-75% as moderate levels and > 75% as high levels.

Reliability and validity
Five experts evaluated the instruments after they were translated into Arabic in order to determine their face and content validity. Based on the jury's feedback, a few statements in the authentic leadership questionnaire were slightly changed and reworded. From the standpoint of the specialists, the instruments were deemed legitimate.
The Cronbach's Alpha test was used to evaluate the two instruments' reliability after they were translated into Arabic and underwent a few minor adjustments. The authentic leadership questionnaire's reliability score was $\alpha = 0.856$, indicating high reliability. The general self-efficacy scale's dependability was $\alpha = 0.960$, which is regarded as extremely trustworthy, and all aspects of the authentic leadership questionnaire likewise had strong internal consistency.

Ethical Consideration
An ethicalapproval was obtained , and an official permission was obtained from the director of gADDAHA General Hospital to carry out the study and an oral informed consent was gained from the study sample. The studied healthcare providers were informed that participation in the study is voluntary. The respondents were assured that their data will be treated as strictly confidential and their anonymity were maintained. Additionally, each participant was notified about the right to accept or refuse to participate in the study.

Pilot study
Before utilizing the final questionnaire, the researcher carried out a pilot study following the experts' examination of the instruments. The pilot study's objectives were to evaluate the study instrument's applicability, relevance, and clarity as well as identify potential roadblocks to data collection. Estimating the amount of time required to complete the study tool was also beneficial. Eight physicians and twenty staff nurses, or 10% of the sample total, participated in the pilot study. Since no changes were made, the study included a sample from the pilot study. According to their viewpoint and overall experience, healthcare providers needed at least 30 to 40 minutes to complete the authentic leadership self-assessment questionnaire.

Data collection
The director of the study setting received an official letter outlining the title and the goals and procedures of the data collecting. A list of every healthcare providers employed by King AbdAlaziz was then created. Every healthcare provider was assigned a unique number, ranging from 1 to 335. Using the ideal bowl approach, the researcher wrote the numbers on different pieces of paper and sequentially allocated a number to participants. These pieces were combined in the container after being folded in the same manner. Last but not least, samples were drawn at random from the box by choosing folded pieces of paper at random with replacement, giving every staff nurse an equal chance of being included in the study (200 staff nurses).
In order to secure the respondents' agreement to participate in the study, a briefing was also given to them to familiarize them with its goals, potential dangers, and advantages. Healthcare professionals who met the inclusion criteria were invited to take part in the study after being informed of its goals and design. Following that, all questionnaires were given, filled out, and gathered from the hospital's departments and units in order to gather data.
Data was gathered over the course of two and a half months, from early August 2024 to mid-September 2024, working morning, afternoon, and night shifts four to five days a week onaverage. Answers to the questionnaires were entered into a password-protected electronic database.

Statistical analysis
Version 20.0 of the IBM SPSS (statistics Package for Social Science) statistics software program was used to input and analyze the data. Frequency distribution charts were used to present the qualitative data, which were expressed using numbers and percentages. Range (minimum and maximum), mean, and standard deviation were used to characterise quantitative data.At the 5% level, the results' significance was assessed. Nevertheless, if any table cell's predicted value was less than 5. For all significant tests, the P value <0.05 was established as the level of significance. ANOVA was used to compare groups, Cronbach's Alpha was used to evaluate reliability statistics, and the Pearson correlation (r) was used to associate two distributed abnormally quantitative variables.

RESULTS
Table 1 shows how the examined physician ranked the overall score of authentic leadership dimensions. According to this table, the internalised moral perspective dimension, which was included in the first rank among AL dimensions, had the highest overall score (**73. 76 ± 11. 23**). But among the authentic leadership dimensions, relational transparency, which was ranked last, had the lowest overall score (61.57 ± 12.65).

Table 1: Ranking of the Total Score of Authentic Leadership Dimensions as Perceived by the Studied physicians (n = 75)

Authentic Leadership **(AL) Dimensions**	**Mean ± SD.**	**Total Score**
Self-awareness	14.27 ± 1.93	71.42 ± 11.08
Internalized moral perspective	16.63 ± 1.97	73. 76 ± 11. 23
Balanced information processing	16.45 ± 2.42	72.58 ± 14.15
Relational transparency	13.35 ± 2.02	61.67 ± 11.65
Total authentic leadership		

The ranking of the overall score of authentic leadership qualities from the viewpoint of the staff nurses under study is shown in Table (2). According to this table, the internalized moral perspective dimension had the greatest overall score (63.19 ± 14.92) and was ranked first among the AL dimensions. The relational transparency component had the lowest overall score (52.95 ± 19.89) and was ranked last among the authentic leadership aspects.

Table 2: the Total Score of Authentic Leadership Dimensions from the Studied Staff

Nurses' Perspective (n =200) Authentic Leadership (AL) Dimensions	Mean ± SD.	Total Score
Self-awareness	13.29 ± 2.82	57.07 ± 16.63
Internalized moral perspective	14.11 ± 2.55	63.19 ± 14.92
Balanced information processing	12.76 ± 3.46	53.74 ± 11.62
Relational transparency	12.47 ± 3.18	52.95 ± 19.89

The relationship between authentic leadership and overall self-efficacy as judged by healthcare professionals is explained in Table (3). This table showed that all aspects of authentic leadership and the self-efficacy of healthcare practitioners from the study group had a very statistically significant positive association (rs = 0.594, p<0.001).

Table 3: Correlation between Authentic Leadership and general Self-Efficacy as Perceived by the healthcare providers

	Self-efficacy	
	r	p
Self-awareness	r =0.544**	<0.001**
Internalized moral perspective	r =0.454**	<0.001**
Balanced information processing	r =0.528**	<0.001**
Relational transparency	r =0.510**	<0.001**
Total Authentic leadership	r =0.543**	<0.001**

Table (4) It represents the relation between the studied nurse physicians' personal characteristics and authentic leadership levels from the studied physicians perspective. This table showed that there was a statistically significant relation between the studied physicians personal characteristics and authentic leadership from the studied physicians' perspective regarding age (p =0.001), marital status (p =0.012), educational level (p <0.001), area of their work (p =0.018), and previous attendance of a training workshop about authentic leadership (p =0.002).

Table 4: Relation between the Studied physicians Personal Characteristics and Authentic Leadership Levels from their Perspective (n = 75)

Age								
< 30 years old	0	0.0	4	16.0	11	22.0	14.784*	p = 0.001**
30 < 40 years	0	0.0	10	40.0	36	72.0		
40 < 50 years	0	0.0	6	24.0	2	4.0		
≥50 years	0	0.0	5	20.0	1	2.0		
Gender								
Male	0	0.0	3	12.0	4	8.0	0.315	p= 0.680
Female	0	0.0	22	88.0	46	92.0		
Marital status								

Married	0	0.0	13	52.0	40	80.0	6.304*	0.012*
Unmarried	0	0.0	12	48.0	10	20.0		
Educational level								
Bachelor's degree in Nursing	0	0.0	3	12.0	1	2.0	18.815*	p = <0.001**
Post grade diploma	0	0.0	14	56.0	8	16.0		
Master degree	0	0.0	6	24.0	36	72.0		
Doctorate degree	0	0.0	2	8.0	5	10.0		
Position Level								
Years of administrative experience								
1 < 5 years	0	0.0	8	32.0	20	40.0	0.874	0.646
5 < 10 years	0	0.0	8	32.0	17	34.0		
≥ 10 years	0	0.0	9	36.0	13	26.0		
Area of work								
Department	0	0.0	14	56.0	14	28.0	5.585*	0.018*
Critical care unit	0	0.0	11	44.0	36	72.0		
Previously attended a training workshop about authentic leadership								
Yes	0	0.0	8	32.0	35	70.0	9.838*	0.002*
No	0	0.0	17	68.0	15	30.0		

Table (5): illustrates the relation between the studied staff nurses' personal characteristics and authentic leadership levels from the studied staff nurses' perspective. This table demonstrated that there was a statistically significant relation between the studied staff nurses' personal characteristics and authentic leadership levels from the studied staff nurses' perspective regarding only the studied staff nurses' level of education (p =0.011), area of their work (p =0.047), and previous attendance of a training workshop about nurses' self-efficacy (p= 0.012).

Table 5: Relation between the Studied Staff Nurses' Personal Characteristics and Authentic Leadership Levels from the Studied Staff Nurses' Perspective (n = 200)

Age								
< 25 years old	3	30.0	47	37.9	18	37.5	10.671	p = 0.165
25 < 35 years	4	40.0	54	43.5	20	41.6		
35 < 45 years	2	20.0	16	12.9	6	12.5		
45 < 55 years	0	0.0	7	5.7	1	2.1		
≥55 years	1	10.0	0	0.0	3	6.3		
Gender								
Male	1	10.0	33	26.6	7	14.6	3.821	0.148
Female	9	90.0	91	73.4	41	85.4		
Marital status								
Married	6	60.0	85	68.5	33	68.8	0.323	0.851
Unmarried	4	40.0	39	31.5	15	31.2		
Educational level								
Nursing school diploma	4	40.0	12	9.7	5	10.4	15.032*	p = 0.011*
Associate degree in Nursing	4	40.0	90	72.6	26	54.2		
Bachelor's degree in Nursing	2	20.0	21	16.9	14	29.1		
Post –graduate studies	0	0.0	1	0.8	3	6.3		
Years of experience								
1 < 5 years	3	30.0	55	44.4	19	39.6	4.569	p = 0.326
5 < 10 years	2	20.0	45	36.2	18	37.5		
≥10 years	5	50.0	24	19.4	11	22.9		
Area of work								
Department	8	80.0	59	47.6	18	37.5	6.126*	0.047*
Critical care unit	2	20.0	65	52.4	30	62.5		
Previously attended a training workshop about nurses' self-efficacy								

Yes	0	0.0	42	33.9	23	47.9	8.852*	0.012*
No	10	100.0	82	66.1	25	52.1		

Table (6): reflects the relation between the studied healthcare providers ' personal characteristics and their self-efficacy levels. This table stated that there was no a statistically significant relation between the studied healthcare providers personal characteristics and total score of their self-efficacy except both the healthcare providers ' educational level (p =0.022), and previous attendance of a training workshop about healthcare providers ' self-efficacy (p= 0.006).

Table 6: Relation between the Studied healthcare providers Personal Characteristics and their Self-Efficacy Levels (n = 300).

Age								
< 25 years old	6	42.9	39	39.4	23	33.3	4.479	p = 0.809
25 < 35 years	5	35.7	45	43.4	30	43.5		
35 < 45 years	2	14.3	14	12.2	10	14.5		
45 < 55 years	0	0.0	4	4.0	6	5.8		
≥55 years	1	7.1	3	1.0	2	2.9		
Gender								
Male	1	7.1	25	23.2	19	24.6	2.103	0.349
Female	13	92.9	78	76.8	54	75.4		
Marital status								
Married	9	64.3	66	66.7	49	71.0	0.457	0.796
Unmarried	5	35.7	33	33.3	20	29.0		
Educational level								
Nursing school diploma	4	28.6	9	9.1	8	11.6	13.296*	p = 0.022*
Associate degree in Nursing	6	42.8	75	75.8	39	56.5		
Bachelor's degree in Nursing	4	28.6	13	13.1	20	29.0		
Post –graduate studies	0	0.0	2	2.0	2	2.9		
Years of experience								
1 < 5 years	6	42.9	43	43.4	28	40.6	2.558	0.634
5 < 10 years	3	21.4	37	37.4	25	36.2		
≥10 years	5	35.7	19	19.2	16	23.2		
Area of work								
Department	10	71.4	43	43.4	32	46.4	3.866	0.145
Critical care unit	4	28.6	56	56.6	37	53.6		
Previously attended a training workshop about nurses' self-efficacy								
Yes	1	7.1	31	31.3	33	47.8	10.222*	0.006*
No	13	92.9	68	68.7	36	52.2		

DISCUSSION

Examining the relationship between genuine leadership and healthcare personnel' overall levels of self-efficacy was the main goal of the current study. The group of healthcare professionals in question often rated their managers as having the qualities of effective and genuine leaders. According to Gill and Caza (2018), this assessment is based on the leaders' shown moral rectitude, self-awareness, openness and honesty in social situations, and tendency to make fair decisions.

The results showed that administrators and doctors alike must have empathy or a shift in perspective. The results are also significant since they show that doctors are highly likely to have self-doubt. Physicians may be prone to self-doubt, which would then have a negative affect on self-efficacy, because the high expectations people have of them for their performance in leadership roles may not match their confidence in their ability to carry out the task. Furthermore, it seems that being a doctor might be a lonely job at times, with people expecting you to always provide your best effort. Self-efficacy may also suffer if doctors believe that no one can relate to them or that they have no one with whom to share their uncertainties. In conclusion, the participants stated,

Similar findings were anticipated from further research conducted in Saudi Arabia and globally (Alilyyani, 2022). According to Hirst et al. (2016), genuine leaders may motivate followers to take constructive action by sharing their knowledge and modelling honesty. According to Wei et al. (2020), those who possess these qualities are more likely to build relationships based on cooperation and trust, two essential elements of high-performing teams. One may argue that COVID-19 brought about a revolutionary change in the way services were provided since nurses witnessed personally how quickly new rules, guidelines, and even laws could be put into place. The culture, politics, and structure of an organisation are examples of contextual factors that may either promote or impede the development of healthy work environments (Shirey, 2017).

The ability to establish healthy working environments is dependent on these aspects. Conversely, participants perceived themselves to have a better GSE, which indicates that the nurses had a strong belief in their own abilities and a firm conviction that external factors, rather than their own actions, determined the outcomes of their lives (Liang et al., 2019). Despite this fact, the healthcare providers were capable of achieving the desired outcome and completing the task at hand, which is an illustration of a point that self-efficacy is postulated to emerge when an individual believes in the validity of their own choices and is willing to stick by them (Gibbs, 2022).

In the context of the current investigation, the results showed a statistically significant relationship between authentic leadership and the personal characteristics of the physicians under study, including age, marital status, educational attainment, field of practice, and prior participation in an authentic leadership training workshop. According to the investigator, people who were older gave themselves better ratings for true leadership. Additionally, doctors with more education may be more aware of the traits and styles of leadership and have a stronger sense of self. In relation to the doctors' marital status, this could be because married doctors may feel more powerful and face more obstacles in their lives with greater success. Furthermore, studied physicians' in critical care units showed to be more authentic than those of departments.

This may have to do with the more demanding work environment and workload in intensive care units (ICUs), where a leader must be more genuine with their employees to prevent staff turnover and burnout and guarantee higher-quality care. Additionally, it might be because the majority of the ICU's doctors had more schooling. Additionally, since doctors are supposed to be more self-aware and knowledgeable about effective leadership techniques, it is anticipated that attending a training program on authentic leadership will improve leadership style.

According to Stone (2021), age was a key predictor of authentic leadership, and the current findings support that conclusion. Age was specifically linked to self-awareness, balanced processing, transparency, and an internal moral attitude. Similarly, Ramirez (2022) provided evidence that age, educational attainment, and real leadership were significantly correlated, supporting the current finding.

Söderlund&Wennerholm (2021), on the other hand, claimed that there was a substantial correlation between leaders' gender and their real leadership, which contradicts the results of the current study. Furthermore, the results of this study contradict those of Mrayyan et al. (2023), who found that while gender had a significant relationship with authentic leadership—with female gender increasing perceptions of authentic leadership—age did not significantly correlate with authentic leadership.

Moreover, the finding of the current study illustrated that there was a statistically significant relation between the studied staff nurses' personal characteristics and authentic leadership levels from the studied staff nurses' perspective regarding only studied staff nurses' level of education, area of their work, and previous attendance of a training workshop about nurses' self-efficacy. From the investigator's point of view, staff nurses with higher degree of education may be more oriented about leadership styles and characteristics of each type and so they have more sense of their leaders. Also, most of the studied staffnurses had technical degree that may affect their perception of their leaders.

Additionally, compared to staff nurses in departments with more familiar conditions, critical care unit staff nurses said that their nurse supervisors demonstrated true leadership. Because they dealt with more difficult situations, staff nurses in critical units developed their problem-solving skills and were socially sophisticated. This could be related to overwork and a more demanding work environment in crucial units that need more capable leaders with appropriate leadership philosophies. Attending a training course on nurses' self-efficacy may also assist nursing staff members become more self-aware and aware of their strengths and flaws. It may also provide suggestions for ways to improve their social competences. This could therefore influence how staff nurses view various approaches to problem-solving.

In the light of the current study's findings, it can be concluded that there was a highly statistically significant positive correlation between all dimensions of authentic leadership and nurses' self-efficacy from the studied staff nurses' perspective. From the investigator's point of view, this may regard to increasing nurse managers' authentic practices that create an environment in which staff nurses become able to perform well, manage problem they faced and affect their productivity positively.So. it is in turn leading to greater levels of staff nurses' self-efficacy and reflected on the quality of patient care provided, and success of the overall of any health care organization.

This result is in agreement with Bryan & Vitello-Cicciu (2022) who found that authentic leadership was positively and significantly related to self-efficacy. As well, the current study is supported by Maya et al. (2022) who illustrated that authentic leadership had a statistically significant effect on psychological capital and self-efficacy. Additionally, Gelaidan et al. (2023) reported a positive significant relation between Servant and authentic leadership and creative self-efficacy.

In contrary with the finding of present study, a study by Pradipto et al. (2018) showed several interesting findings in the study, one of which is the finding of authentic leadership. It illustrated that authentic leadership is negatively correlated with self-efficacy, and there was no correlation among authentic leadership and self-efficacy or other study variables. This finding means that in Binus University the higher the superior authentic leadership, the lower the self-efficacy of the staff. . this finding is similar to the findings of earlier studies (Jaworski et al., 2022). The authors demonstrated that self-efficacy was positively correlated with authentic leadership, and they additionally illuminated that having a high level of self-efficacy makes it possible for individuals to build authentic leadership skills more efficiently. This disparity may be because the authors relied on a broad definition of authentic leadership, according to which self-awareness of one's own capabilities as well as one's strengths and limitations is an essential component of authentic leadership. it runs counter to those of the study by Fallatah et al. (2017)

CONCLUSION

The participants perceived their leaders as effective authentic leaders, and they perceived themselves to have a better GSE. There was a significant difference between nationality authentic leadership and GSE. The hospital experience was found to have no significant differences with authentic leadership, and GSE. Authentic leadership had a moderate positive relationship with the GSE. These results contribute to fostering true leadership skills in nurse managers. However, leadership development programs may provide a useful strategy for generating productive workplaces that encourage self-efficacy and thereby help to retain newcomers to the profession.

Study implications

Implications for present-day education can be drawn from the findings, particularly regarding the development and strengthening of leadership abilities and the creation of hands-on workshops focusing on this area. Mentors need to be more adaptable in terms of the approaches they use to coach their mentees. Indeed, a mentoring-based strategy may be essential in this setting. The current study findings accentuate the value of authentic leadership in medical and nursing profession , particularly in its ability to foster relationships of trust between nurses on the frontlines. The current study findings indicate that developing real leadership qualities through leadership training could be an effective technique for creating productive workplaces that foster self-efficacy, and subsequently help to keep newcomers in the field. Health leaders and policymakers need to create initiatives to educate the public on the importance of internal locus of control for nurses. Moreover, it is additionally suggested that extensive research be formulated and conducted regarding nurses' internal locus of control.

REFERENCES

1. Alshammari SA, Alruwaili AS, Aljarboa BE, Mina E, Cajigal J, Alreshedi MS, Mostoles R, Alrashidi N, Maestrado R, and Buta J (2022). Mapping out competencies of emergency department healthcare providers: Its influencing factors and barriers. Hail Journal of Health Sciences, 4(2): 47-51. https://doi.org/10.4103/hjhs.hjhs_23_22
2. Abo-Ali EA, Al-Rubaki S, Lubbad S, Nchoukati M, Alqahtani R, Albraim S, Ghareeb WA, Al-Haffashi B, Alghamdi F, and Zaytoun S (2021). Mental well-being and self-efficacy of healthcare workers in Saudi Arabia during the COVID-19 pandemic. Risk Management and Healthcare Policy, 14: 3167-3177.
3. Aboshaiqah AE (2015). Nursing work environment in Saudi Arabia. Journal of Nursing Management, 23(4): 510-520. https://doi.org/10.1111/jonm.12164 PMid:24112380
4. Alilyyani B (2022). The effect of authentic leadership on nurses' trust in managers and job performance: A cross-sectional study. Nursing Reports, 12(4): 993-1003. https://doi.org/10.3390/nursrep12040095
5. Ali HM and Abood SA (2020). Relation between leadership styles and behaviors of nurse managers' and organizational commitment of staff nurses. Minia Scientific Nursing Journal, 7(1): 54-62. https://doi.org/10.21608/msnj.2020.188021
6. Alshammari SA, Alruwaili AS, Aljarboa BE, Mina E, Cajigal J, Alreshedi MS, Mostoles R, Alrashidi N, Maestrado R, and Buta J (2022). Mapping out competencies of emergency department nurses: Its influencing factors and barriers. Hail Journal of Health Sciences, 4(2): 47-51. https://doi.org/10.4103/hjhs.hjhs_23_22
7. Basaran R and Kiral E (2020). The relationship between authentic leadership and work engagement. International Journal of Contemporary Educational Research, 7(2): 351-363. https://doi.org/10.33200/ijcer.767560

8. Burlton, R. T. (2001). Business Process Management. Carmel, IN: Sams Publishing.
9. Cramm JM, Strating MM, Roebroeck ME, and Nieboer AP (2013). The importance of general self-efficacy for the quality of life of adolescents with chronic conditions. Social Indicators Research, 113: 551-561. https://doi.org/10.1007/s11205-012-0110-0
10. Davenport, T. H. (1993). Process Innovation: Re-engineering Work Through Information
11. Technology. Cambridge, MA: Harvard Business School Press.
12. Dadipoor S, Alavi A, Ghaffari M, and Safari-Moradabadi A (2021). Association between self-efficacy and general health: A cross-sectional study of the nursing population. BMC Nursing, 20(1): 1-6.
13. Demir H and Zincirli M (2021). The relationship between teachers' perceptions of organizational justice and authentic leadership and their levels of organizational happiness. OPUS International Journal of Society Researches, 17(37): 3976-3998. https://doi.org/10.26466/opus.877220
14. Fathi J and Derakhshan A (2019). Teacher self-efficacy and emotional regulation as predictors of teaching stress: An investigation of Iranian English language teachers. Teaching English Language, 13(2): 117-143.
15. Gill C and Caza A (2018). An investigation of authentic leadership's individual and group influences on follower responses. Journal of Management, 44(2): 530-554. https://doi.org/10.1177/0149206314566461
16. Gibbs Z (2022). Linking nurses' job embeddedness and self-efficacy to locus of control. OJIN: The Online Journal of Issues in Nursing, 27(3). https://doi.org/10.3912/OJIN.Vol27No03PPT14
17. Gawande, A. (2010). Health care needs a new kind of hero. Interview by Gardiner Morse.
18. Harvard Business Review, 88(4), 60-61.
19. Gibbs Z (2022). Linking healthcare providers' job embeddedness and self-efficacy to locus of control. OJIN: The Online Journal of Issues in Nursing, 27(3). https://doi.org/10.3912/OJIN.Vol27No03PPT14
20. Guthrie, M. B. (1999). Challenges in developing physician leadership and management.
21. Frontiers of Health Services Management, 15(4), 3-27Hirst G, Walumbwa F, Aryee S, Butarbutar I, and Chen CJH (2016). A multi-level investigation of authentic leadership as an antecedent of helping behavior. Journal of Business Ethics, 139: 485-499. https://doi.org/10.1007/s10551-015-2580-x
22. Koçak K and Ohsan GENÇ (2022). The mediating role of organizational commitment in the effect of school administrators' servant leadership behavior on teacher motivation. Research on Education and Psychology, 6(2): 118-131. https://doi.org/10.54535/rep.1124226
23. Hammer, M. (2002). Process Management and the future of six sigma. MIT Sloan Management
24. Review, Winter, 26-32.
25. Hammer, M., &Champy, C. (1993). Reengineering the Corporation: A manifesto for business
26. revolution. New York, NY: Harper Business.
27. Harmon, P. (2003). Business process change: A manager's guide to improving, redesigning and
28. automating processes. San Francisco: Morgan Kaufmann.
29. Haug, M. R. (1988). A re-examination of the hypothesis of physician deprofessionalization. The
30. Milbank Quarterly, 66(2), 48-56.
31. Hu Y, Wu X, Zong Z, Xiao Y, Maguire P, Qu F, Wei J, and Wang D (2018). Authentic leadership and proactive behavior: The role of psychological capital and compassion at work. Frontiers in Psychology, 9: 2470. https://doi.org/10.3389/fpsyg.2018.02470 PMid:30618919 PMCid:PMC6304388
32. Hussain M, Akhtar S, Inayatullah MA, and Gillani SA (2017). Impact of leadership styles on work related stress among nurses. Saudi Journal of Medical and Pharmaceutical Sciences, 3(8): 907-916.
33. Liang S, Chang Y, Dong X, and Wang J (2019). Perceived uniqueness: Locus of control, social exclusion, and choice. Social Behavior and Personality: An International Journal, 47(11): 1-7. https://doi.org/10.2224/sbp.8066
34. Laschinger HKS, Wong CA, and Grau AL (2013). Authentic leadership, empowerment and burnout: a comparison in new graduates and experienced healthcare providers. Journal of Nursing Management, 21(3): 541-552. https://doi.org/10.1111/j.1365-2834.2012.01375.x
35. Lee, T. H. (2010). Turning doctors into leaders. Harvard Business Review, 88(4), 50-58.
36. Milam LA, Cohen GL, Mueller C, and Salles A (2019). The relationship between self-efficacy and well-being among surgical residents. Journal of Surgical Education, 76(2): 321-328. https://doi.org/10.1016/j.jsurg.2018.07.028
37. McCormack, K., & Johnson, W. (2001). Business process orientation: Gaining the e-business
38. competitive advantage. Delray Beach, FL: St. Lucie Press.
39. McPherson K, Barnard JG, Tenney M, Holliman BD, Morrison K, Kneeland P, Lin CT, and Moss M (2022). Burnout and the role of authentic leadership in academic medicine. BMC Health Services Research, 22(1): 1-9.
40. Pasay-an E and Alsrour HH (2022). Prioritizing training needs for nurses in the government hospitals of the Ha'il region, Saudi Arabia: Future directions for educational developers. Makara Journal Health Research, 26(2): 104-110. https://doi.org/10.7454/msk.v26i2.1365

41. Roh YS, Lee WS, Chung HS, and Park YM (2013). The effects of simulation-based resuscitation training on healthcare providers' self-efficacy and satisfaction. Nurse Education Today, 33(2): 123-128. https://doi.org/10.1016/j.nedt.2011.11.008 PMid:22153054
42. Saleh U, O'Connor T, Al-Subhi H, Alkattan R, Al-Harbi S, and Patton D (2018). The impact of nurse managers' leadership styles on ward staff. British Journal of Nursing, 27(4): 197-203. https://doi.org/10.12968/bjon.2018.27.4.197 PMid:29457941

43. Shirey MR (2017). Leadership practices for healthy work environments. Nursing Management, 48(5): 42-50. https://doi.org/10.1097/01.NUMA.0000515796.79720.e6 PMid:28448288
44. Shorey S and Lopez V (2021). Self-efficacy in a nursing context. In: Shorey S and Lopez V (Eds.), Health promotion in health care-Vital theories and research: 145–158. Springer, Berlin, Germany. https://doi.org/10.1007/978-3-030-63135-2_12
45. Snowden A, Stenhouse R, Duers L, Marshall S, Carver F, Brown N, and Young J (2018). The relationship between emotional intelligence, previous caring experience and successful completion of a pre-registration nursing/midwifery degree. Journal of Advanced Nursing, 74(2): 433-442. https://doi.org/10.1111/jan.13455 PMid:28910494 Tibbs S, Green MT, Gergen E, and Montoya JA (2016). If you are like me, I think you are more authentic: An analysis of the interaction of follower and leader gender. Administrative Issues Journal: Connecting Education, Practice, and Research, 6(1): 118-133. https://doi.org/10.5929/2016.6.1.8
46. Wei H, King A, Jiang Y, Sewell KA, and Lake DM (2020). The impact of nurse leadership styles on nurse burnout: A systematic literature review. Nurse Leader, 18(5): 439-450. https://doi.org/10.1016/j.mnl.2020.04.002
47. Wong CA and Cummings GG (2009). The influence of authentic leadership behaviors on trust and work outcomes of health care staff. Journal of Leadership Studies, 3(2): 6-23. https://doi.org/10.1002/jls.20104