ORIGINAL RESEARCH ORİJİNAL ARAŞTIRMA

Nurses' Authentic Leadership Perceptions and Organizational Trust Levels: A Correlation and Cross-Sectional Study

Hemşirelerin Otantik Liderlik Algıları ve Örgütsel Güven Düzeyleri: Bir İlişki Arayıcı ve Kesitsel Araştırma

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ABSTRACT Objective: In this study aimed to determine nurses' authentic leadership perceptions and organizational trust levels towards their managers and the correlation between them. **Material and Methods:** The study is a cross-sectional descriptive design. The sample of this study included 321 nurses in a training and research hospital. As a data collection tool; introductory information form, Authentic Leadership Scale, and Organizational Trust Inventory were used. **Results:** It was found in this study that nurses' had high authentic leadership perceptions towards managers and organizational trust levels, with a positive relationship existing between authentic leadership and organizational trust ($p<0.01$), and authentic leadership explaining 32.1% of organizational trust ($R^2=0.321$; F=145.9; $p<0.01$). **Conclusion:** In this research, we determined that nurses' trust levels in managers are low and that authentic leadership has a positive relationship with organizational trust. With the global coronavirus disease-2019 pandemic, the need for nursing services and the importance of leadership in nursing care stood out more than ever before. The use of appropriate leadership styles by manager nurses allows nurses to improve their performance, leading to increased quality of health care by achieving ideal patient outcomes. In addition, the authentic leadership style demonstrated by nurse managers has an indirect effect on reducing nurses' intention to quit and increasing their performance by increasing organizational trust. There are very few studies in Türkiye to determine nurses' perceptions of authentic leadership. It is expected that this study will fill a gap in the literature and be a foundation for future studies.

Keywords: Nurse manager; leadership; authentic leadership; organizational trust

ÖZET Amaç: Bu araştırmada, hemşirelerin yöneticilerine yönelik otantik liderlik algıları ile örgütsel güven düzeyleri ve aralarındaki ilişkinin belirlenmesi amaçlanmıştır. **Gereç ve Yöntemler:** Araştırma kesitsel tanımlayıcı bir tasarımdır. Araştırmanın örneklemini bir Eğitim ve Araştırma Hastanesinde görev yapan 321 hemşire oluşturmuştur. Veri toplama aracı olarak; tanıtıcı bilgi formu, Otantik Liderlik Ölçeği ve Örgütsel Güven Ölçeği kullanılmıştır. **Bulgular:** Bu araştırmada, hemşirelerin yöneticilerine yönelik otantik liderlik algılarının ve örgütsel güven düzeylerinin yüksek olduğu, otantik liderlik ile örgütsel güven arasında pozitif bir ilişkinin olduğu ($p<0,01$) ve otantik liderliğin örgütsel güvenin %32,1'ini açıkladığı belirlenmiştir ($R^2=0,321$; F=145,9; $p<0,01$). **Sonuç:** Bu araştırmada, hemşirelerin yöneticiye olan güven düzeylerinin düşük olduğunu ve otantik liderliğin örgütsel güven ile olumlu bir ilişkisi olduğunu belirledik. Küresel koronavirüs hastalığı-2019 salgınıyla birlikte hemşirelik hizmetlerine olan ihtiyaç ve hemşirelik bakımında liderliğin önemi her zamankinden daha fazla öne çıkmıştır. Yönetici hemşirelerin uygun liderlik tarzlarını kullanması, hemşirelerin performanslarını artırmalarına olanak sağlar ve ideal hasta sonuçlarına ulaşarak sağlık bakımının kalitesinin artmasını sağlar. Ayrıca yönetici hemşirelerin gösterdikleri otantik liderlik tarzının örgütsel güvenini artırarak hemşirelerin işten ayrılma niyetini azaltması ve performanslarını artırmasına dolaylı bir etkisi vardır. Türkiye'de hemşirelerin otantik liderlik algılarını belirlemeye yönelik çok az çalışma bulunmaktadır. Bu araştırmanın literatürdeki bir boşluğu doldurması ve gelecek çalışmalara temel oluşturması beklenmektedir.

Anahtar Kelimeler: Yönetici hemşire; liderlik; otantik liderlik; örgütsel güven

Nurses, who define, plan, implement, evaluate and supervise the care needs of patients and their relatives in health institutions, constitute approximately 60% of the health workforce worldwide.[1] With the global coronavirus disease-2019 pandemic, the need for nursing services and the importance of leadership

in nursing care stood out more than ever before. The use of appropriate leadership styles by manager nurses allows nurses to improve their performance, leading to increased quality of health care by achieving ideal patient outcomes. With the appropriate leadership style and positive relations of managers with their employees, nurses will have better satisfaction with their work and stronger trust in their organization, and less intention to leave their job.[2-6]

Authentic leadership is the style necessary to strengthen the current and future roles of nurses in education, research and practice. It is defined as "a leadership that reinforces the positive self-development of the leader and followers by using their positive psychological abilities and positive ethical environment to gain self-awareness, internalized moral perspectives, relational transparency and decision-making based on data".[7-9] Nurses' will trust more in their colleagues, managers and institution in organizations where there are manager nurses that adopt the authentic leadership style. Stronger organizational trust will reduce nurses' intentions to leave the institution, increase their motivation and performance, decrease workforce turnover, and improve the quality of nursing care.[10]

There are very few studies on authentic leadership in Türkiye. In the international literature, there are studies examining the relationships between authentic leadership and organizational behaviour variables such as organizational commitment and organizational citizenship, but there are few studies examining the relationship between organizational trust and organizational trust.[26-29] This study predicts that authentic leadership is an important determinant of organizational trust.

In line with the above considerations, the research was conducted to determine nurses' authentic leadership perceptions of their manager nurses and their organizational trust levels, and to evaluate the relationship between authentic leadership and organizational trust.

Research Questions

The research sought answers to the following questions:

1. What are nurses' authentic leadership perceptions towards their manager nurses?

2. What are nurses' organizational trust levels towards their manager nurses?

3. Do nurses' descriptive characteristics affect their authentic leadership perceptions and organizational trust levels?

4. Is there a relationship between nurses' authentic leadership perceptions towards their manager nurses and their organizational trust levels?

MATERIAL AND METHODS

STUDY DESIGN

The research was conducted between September 2016 and November 2016 and between October 2017 and January 2018 in a descriptive and correlational design.

STUDY POPULATION AND SAMPLE

The population of the research consisted of 1,940 nurses working in 11 hospitals affiliated with the Beyoğlu Public Hospitals Association, located on the European side of İstanbul. The sample was determined as 321 nurses using the sample size calculation method with a known population [(n=N.t^2.p.q/(d^2.(N-11)+t^2.p.q)].[22] Stratified sampling was performed by dividing the population number of each hospital by the sample number. Then, data were collected from each hospital separately by simple random method.

DATA COLLECTION TOOLS

The data of the study were collected using the descriptive characteristics form, Authentic Leadership (AL) Scale and Organizational Trust Inventory (OTI).

Descriptive characteristics form: It was prepared by the researchers based on the literature.[14,26,30-32] It includes 16 questions on the descriptive details of the nurses.

AL Questionnaire: It was developed by Walumbwa et al. (2008) to determine the authentic leadership perceptions of individuals and was adapted into Turkish by Tabak et al. (2010). It includes 16

items and four subdimensions (relational transparency, internalized moral perspectives, balanced processing and self-awareness) and is a 5-point Likert scale (1=never, 2=very rarely, 3=sometimes, 4=often, 5=always). Each question in the scale is scored between 0 and 4, the sum of which gives the authentic leadership score. The highest score that can be obtained is 64. Higher scores indicate high authentic leadership perceptions. In our study, the Cronbach's alpha value of the scale was determined as 0.952.

OTI: It was developed by Yücel (2006) to determine the level of trust of employees in the organization and was adapted to the field of nursing by Altuntaş (2008). It consists of 43 items and three subdimensions (trust in the manager, trust in the institution, trust in colleagues) and is a 6-point Likert scale (1=strongly disagree, 2=disagree, 3=somewhat disagree, 4=somewhat agree, 5=agree, 6=strongly agree). Higher mean scores (4 and above) from each of the subdimensions indicate higher confidence levels and lower scores (3 and below) lower confidence levels. The Cronbach's alpha value of the scale was determined as 0.984 in our study.

DATA COLLECTION

Data were collected through printed documents. Surveys were distributed to nurses during working hours between September-November 2016 and October 2016-January 2017. There is no time restriction. It took approximately 10-15 minutes to fill out the forms. After reaching the target sample number, the data were transferred to the SPSS program (IBM, USA) by the researchers. After the data were transferred to the SPSS program, they were archived in sealed envelopes.

DATA EVALUATION

The data obtained was transferred to the computer by the researchers, and analyzed using the SPSS Statistics program. In evaluating the data obtained, Mann-Whitney U test was used for descriptive statistical analyzes (mean, standard deviation, median, frequency, ratio, minimum, maximum) as well as for the comparison of the variables without normal distribution in the comparison of quantitative data. Kruskal-Wallis test was used to compare three or more groups without normal distribution, and Mann-Whitney U test with Bonferroni correction was used to determine the group causing the difference. Spearman correlation analysis was used to evaluate the relations between variables. Significance was evaluated at $p < 0.05$.

STUDY ETHICS

Ethics committee approval was obtained from Marmara University Health Sciences Institute Ethics Committee (date: June 21, 2016; no: 60) and institutional approvals were obtained from the Ministry of Health, Public Hospitals Institution of Türkiye (date: August 16, 2016; no: 16110545-300-1600217351) in order to implement the study. Permissions to use the AL and OTI in this study were obtained from the respective authors via e-mail. Written informed consents were received from the nurses who voluntarily agreed to participate in the study. The principles stated in the Declaration of Helsinki were followed in the study.

RESULTS

When the descriptive characteristics of the nurses participating in the research were examined, it was seen that 38.9% of them were between the ages of 26 and 33, 76% were female, 53% were single, 45% had bachelor's degree and 41.7% had 5 years or less professional experience (Table 1).

Of the nurses, 47.7% were working in inpatient clinics. 68.5% had not participated in leadership training, 65.4% were doing their job willingly and 60.7% were satisfied with their job (Table 1).

The nurses' mean score from the AL was 3.82±0.80 and their highest score was 3.95±1.02 from the self-awareness subdimension (Table 2).

Their mean OTI score was 4.49±1.04 and their highest mean score was 4.77±1.02 from the trust in colleagues subdimension (Table 2).

No statistically significant difference ($p > 0.05$) was found between nurses' age, gender, marital status, educational level, nursing experience and authentic leadership perception total mean scores (Table 3).

TABLE 1:	Personal and professional characteristics of nurses (n=321).		
		n	**%**
Age	18-25	97	30.2
	26-33	125	38.9
	34-41	67	20.9
	42 and above	32	10
Gender	Female	244	76
	Male	77	24
Marital status	Married	152	47
	Single	169	53
Educational level	Bachelor's degree	145	45
	Associate degree	58	18
	Health high school	118	37
Nursing experience	≤5	134	41.7
	6-10	84	26.2
	11-15	47	14.6
	16 years and above	56	17.5
Department	Policlinic	35	10.9
	Emergency services	82	25.5
	Inpatient clinic	153	47.7
	Intensive care unit	33	10.3
	Operating room	18	5.6
Leadership training status	Yes	101	31.5
	No	220	68.5
Job willingly	Yes	210	65.4
	No	111	34.6
Job satisfaction	High satisfied	33	10.3
	Satisfied	195	60.7
	Not satisfied	93	29

TABLE 2:	Nurses' authentic leadership and Organizational Trust Inventory score averages (n=321).	
Scales	**Minimum-maximum**	**$\overline{X} \pm SD$**
The relational transparency subdimension	1-5	3.88±0.86
Internalized moral perspective subdimension	1-5	3.68±0.80
Balanced processing subdimension	1-5	3.74±0.88
Self-awareness subdimension	1-5	3.95±1.02
Authentic leadership scale total score	1-5	3.82±0.80
Scales	**Minimum-maximum**	**$\overline{X} \pm SD$**
Trust in manager subdimension	1-6	4.65±1.03
Trust in institution subdimension	1-6	3.93±1.48
Trust in coworkers subdimension	1-6	4.77±1.02
Organizational trust scale total score	1-6	4.49±1.04

SD: Standard deviation.

There was also no statistically significant difference (p>0.05) between nurses' age, gender, marital status, educational level, department, nursing experi-

ence and organizational trust levels total mean scores (Table 3).

There was a statistically significant difference (p<0.01) between the unit nurses worked in and their authentic leadership perceptions. The nurses working in the intensive care units had a higher mean score than the nurses working in inpatient clinics, emergency, outpatient, and operating room (Table 3).

There was a statistically significant difference (p<0.01) between the nurses' job satisfaction and organizational trust levels. The nurses who were satisfied and very satisfied with their job had higher mean scores than the nurses who were not satisfied with their job (Table 3).

There was also a statistically significant difference (p<0.01) between the nurses' intention to leave the institution and their organizational trust levels. The nurses with no intention to leave the job had a higher mean score than the nurses who had and sometimes had the intention to leave the job (Table 3).

There was a positive correlation between nurses' OTI total score and their scores from the subdimensions of trust in the manager, trust in the institution, and trust in colleagues, and between their AL total score and their scores from the relational transparency, internalized moral perspectives, balanced processing and self-awareness subdimensions (r=0.578; p<0.001). This relationship was found to be statistically significant (Table 4).

When the effect of the nurses' AL total score on the OTI total score was examined, the latter model was found to be highly significant (F=145.9; p<0.01). There appears to be a positive and weak significant effect of nurses' authentic leadership perceptions on their organizational trust levels (r=0.578; r^2=0.321; p<0.01). The total score of the authentic leadership explains 32.1% of the total score of the OTI (Table 5).

DISCUSSION

Of the participating nurses, 38.9% of them were between the ages of 26 and 33, 76% were female, 53% were single, 45% had bachelor's degree and 41.7% had 5 years or less professional experience, 47.7%

TABLE 3: Comparison of nurses' personal and professional characteristics, authentic leadership perceptions and organizational trust scores (n=321).

Personal and professional characteristics		AL total $\overline{X}\pm SD$	OTI total $\overline{X}\pm SD$
Age	18-25[a]	3.6±0.95	4.26±1.21
	26-33[b]	3.9±0.74	4.62±0.92
	34-41[c]	3.95±0.68	4.64±0.88
	42 and above[d]	3.92±0.67	4.41±1.18
		χ^2: 5.722 p=0.126	χ^2: 4.751 p=0.191
		c>d>b>a	c>b>d>a
Gender	Female[a]	3.8±0.82	4.45±1.07
	Male[b]	3.88±0.74	4.62±0.96
		Z: -0.788 p=0.431	Z: -1.062 p=0.288
		b>a	b>a
Marital status	Married[a]	3.86±0.73	4.46±1.01
	Single[b]	3.79±0.86	4.52±1.08
		Z: -0.294 p=0.769	Z: -0.664 p=0.507
		a>b	b>a
Educational level	Health high school[a]	3.69±0.79	4.31±1.11
	Associate degree[b]	3.92±0.76	4.56±1.01
	Bachelor's degree[c]	3.88±0.82	4.61±0.98
		χ^2: 4.832 p=0.089	χ^2: 4.508 p=0.105
		b>c>a	c>b>a
Department	Policlinic[a]	3.72±0.84	4.4±1.07
	Emergency services[b]	3.78±0.84	4.38±1.14
	Inpatient clinic[c]	3.88±0.62	4.52±1.01
	Intensive care unit[d]	4.44±0.6	4.54±0.81
	Operating room[e]	3.72±0.84	4.79±1.19
		χ^2: **13.706 p=0.008****	χ^2: 3.114 p=0.539
		d>c>b>a=e	e>d>c>a>b
Nursing experience	≤5[a]	3.8±0.89	4.52±1.12
	6-10[b]	3.78±0.78	4.43±1
	11-15[c]	3.84±0.73	4.59±0.95
	≥16[c]	3.9±0.66	4.45±0.99
		χ^2: 1.191 p=0.755	χ^2: 1.925 p=0.588
		d>c>a>b	c>a>d>b
Job satisfaction	High satisfied[a]		4.96±0.72
	Satisfied[b]		4.63±0.96
	Not satisfied[c]		4.05±1.16
			χ^2: **20.681 p=0.001****
			a>b>c
Intention to leave the institution	No intention to leave the job[a]		4.77±0.91
	Sometimes intention to leave the job[b]		4.27±1.04
	Intention to leave the job[c]		4.06±1.28
			χ^2: **22.240 p=0.001****
			a>b>c

*p<0.05; **p<0.01; OTI: Organizational Trust Inventory; SD: Standard deviation.

were working in inpatient clinics, 68.5% had not participated in leadership training, 65.4% were doing their job willingly and 60.7% were satisfied with their job.

The nurses in our study thought of their nurse managers as highly authentic leaders with a score of 3.82 (out of 5). Their scores from the relational transparency, internalized moral perspectives, balanced

TABLE 4: Comparison of the correlation between authentic leadership and OTI subdimensions and total scores (n=321).

Authentic leadership		Organizational Trust Inventory			
		Trust in manager	Trust in institution	Trust in coworkers	OTI total score
Relational transparency	r value	0.518	0.465	0.437	0.514
	p value	0.001**	0.001**	0.001**	0.001**
Internalized moral perspectives	r value	0.381	0.439	0.285	0.394
	p value	0.001**	0.001**	0.001**	0.001**
Balanced processing	r value	0.492	0.514	0.383	0.503
	p value	0.001**	0.001**	0.001**	0.001**
Self-awareness	r value	0.65	0.601	0.534	0.662
	p value	0.001**	0.001**	0.001**	0.001**
Authentic leadership scale total score	r value	0.569	0.561	0.459	0.578
	p value	0.001**	0.001**	0.001**	0.001**

r=Spearman's correlation coefficient; **p<0.01; OTI: Organizational Trust Inventory.

TABLE 5: Regression analysis of nurses' authentic leadership perceptions to predict organizational trust levels.

Independent variable	Dependant variable	B	SE	β	t value	P	R	R²	F	p value
Authentic leadership	Organizational trust	2.409	0.179	0.567	13.44	0.00	0.578	0.321	145.9	0.001

p<0.01; SE: Standard error.

processing and self-awareness subdimensions of the AL questionnaire were 3.88, 3.68, 3.74 and 3.95, respectively (Table 2). In the literature, Laschinger et al. reported experienced nurses' authentic leadership perception as 2.37, and their scores from the subdimensions as 2.50 for relational transparency, 2.53 for internalized moral perspectives, 2.32 for balanced processing, and 2.07 for self-awareness compared to newly graduated nurses' scores of 2.37, 2.47, 2.57, 2.54, 2.44 and 2.27, respectively.[14] According to Dirik and Seren Intepeler, nurses' authentic leadership perception score was 2.92, and their scores from the subdimensions were 2.95 for relational transparency, 2.94 for internalized moral perspectives, 2.9 for balanced processing, and 2.86 for self-awareness.[15] Labrague et al. reported the corresponding values as 3.74, 3.74, 3.76, 3.49 and 3.91, respectively.[16] Nurse managers are expected to have positive leadership qualities. Authentic leadership is one of the recommended leadership approaches because it establishes trust-based relationships between managers and employees and increases nurses' job satisfaction and trust in the manager.[23-25] These data suggest that nurses' have moderate to high perception of authentic leadership towards managers and that their strongest perception was internalized moral perspec-

tives and the weakest was for self-awareness towards their manager nurses. This result indicates that, according to the nurses, there is harmony between the emotions, beliefs, thoughts and behaviors of nurse managers, but nurse managers have the least awareness of their personal characteristics such as weaknesses/strengths, goals, knowledge and abilities; It can be interpreted that the harmony between the values, beliefs, choices and behaviors of nurse managers is the highest.

Nurses who trust their colleagues, institution and managers are less likely to leave the job. In our study, nurses had a high level of organizational trust with a score of 4.49 (out of 6) from the scale total and 4.65 from trust in the manager, 3.93 from trust in the institution and from 4.77 from trust in colleagues subdimensions (Table 2). In the literature, Ko et al. determined the organizational trust levels of nurses as 3.22 (out of 5).[17] Atiyeh and AbuAlRub found that nurses' intention to stay at work increased as their trust increased.[18] Accordingly, nurses with high organizational trust will have better job satisfaction and less intention to leave the institution. It can be concluded that high organizational trust has a positive effect on reducing the nurse shortage worldwide.

In our study, there was a positive and high level (p<0.01) relationship between nurses' authentic leadership perceptions of their managers and their organizational trust levels. Authentic leadership and organizational trust are two important concepts that affect organizational success. It is expected that manager nurses with authentic leadership style have followers with high organizational trust. Similar results have been reported in the literature. Hsieh and Wang suggested that authentic leadership had a mediating effect on personnel's work relations.[19] Stander et al. found out that organizational trust mediated the relationship between authentic leadership and job engagement, and Agote et al. determined a direct positive relationship between authentic leadership and followers' trust and experience of positive emotions.[20,21] This result can be interpreted as nurses who work with managers whose emotions, thoughts, beliefs, values and behaviors are compatible and transparent, who are aware of their own personal characteristics, that is, who show authentic leadership, have increased trust in the manager, increased trust in the institution and colleagues, increased job satisfaction, and decreased intention to leave the job, organizational commitment increases and performance level increases.

LIMITATIONS

This study is limited to nurses working in 11 hospitals affiliated to İstanbul Public Hospitals Association. Nurses working in private hospitals are not included. It is limited to the authentic perceptions of nurses towards executive nurses. Authentic leadership perceptions of manager nurses about themselves were not determined.

CONCLUSION

It was found in this study that nurses had high authentic leadership perceptions and organizational trust levels, with a positive relationship existing between authentic leadership and organizational trust, and authentic leadership explaining 32.1% of organizational trust.

It can be said that nurses with high authentic leadership perceptions towards their managers have higher trust in their managers, institutions and colleagues. As a result of this study, it can be said that the leadership styles of nurse managers have a significant impact on providing organizational trust.

IMPLICATIONS FOR NURSING MANAGEMENT

There are several studies on authentic leadership and organizational trust in the literature, but only a few studies examining the relationship between authentic leadership and organizational trust. There are also very few studies in Türkiye to determine nurses' perceptions of authentic leadership. It is expected that this study will fill a gap in the literature and be a foundation for future studies. Based on the results of this study, manager nurses may be recommended to:

■ Rearrange the nursing policies in their institutions and ensure that nurses participate in this process,

■ Pay attention to the sense of justice within the organization and fulfil their promises to gain the trust of nurses on an institutional basis,

■ Empower nurses in their work by enabling them to participate in organizational decision-making processes.

Additionally,

■ In-service trainings and certification programs that will develop authentic leadership qualities for all managers and nurses at upper and lower levels may be organized.

■ And experimental studies involving varied authentic leadership teams to better understand the effects of authentic leadership components and authentic leadership on organizational trust may be performed.

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