Authentic Nursing Leadership: A Concept Analysis

Muna Aabid Abdullah Alharbi[*1], Regidor III Poblete Dioso[2]

[1]Faculty of Nursing, Lincolin University College, Petaling Jaya, Selangor Darul Ehsan, Malaysia, Fmmf2007@hotmail.com

[2]School of Nursing & Applied Science, Lincoln University College, Malaysia, duke@lincoln.edu.my

[*]Corresponding Author's E-mail: Fmmf2007@hotmail.com

Abstract: *Authentic nursing leadership has become increasingly important in contemporary healthcare because nursing teams work in conditions shaped by workforce shortages, ethical pressure, emotional exhaustion, and expectations for safe, person-centered care. Although the concept is widely used in nursing leadership literature, it is sometimes applied broadly to describe positive, supportive, ethical, or transformational leadership behavior, which can obscure its distinctive meaning. This concept analysis clarifies authentic nursing leadership by identifying its defining attributes, antecedents, consequences, empirical referents, and conceptual boundaries. Walker and Avant's concept analysis approach guided the analysis, supported by a structured synthesis of literature on authentic leadership in nursing and healthcare. Thirty studies and methodological sources were selected and synthesized to preserve the structure and scope of the selected article template. The analysis identified five defining attributes of authentic nursing leadership: self-awareness, relational transparency, internalized moral perspective, balanced processing, and genuine caring alignment with professional nursing values. Key antecedents included ethical organizational culture, psychological empowerment, leadership education, reflective practice, role clarity, feedback systems, and supportive work environments. Consequences were evident at individual, team, patient-care, and organizational levels, including increased trust in managers, stronger work engagement, higher job satisfaction, improved caring behavior, enhanced psychological safety, reduced burnout, lower turnover intention, and better safety climate. Empirical referents included the Authentic Leadership Questionnaire, Authentic Nurse Leadership Questionnaire, Authentic Leadership Inventory, nurse work environment scales, trust measures, safety climate tools, burnout instruments, work engagement scales, and performance measures. Overall, authentic nursing leadership emerged as a multidimensional and measurable leadership construct grounded in ethical self-regulation, transparent relationships, balanced decision-making, and value-congruent professional action. The findings provide a foundation for nursing education, leadership development, workforce retention strategies, unit-level assessment, and future empirical research on leadership practices that strengthen nurses and improve care quality.*

Keywords: Authentic nursing leadership, concept analysis, nurse managers, ethical leadership, psychological safety, work engagement.

1. Introduction

Nursing leadership has increasingly shifted from command-based supervision toward relational and ethically grounded approaches that influence staff trust, professional commitment, and the safety of care. Within this movement, authentic nursing leadership has become an important concept because it connects the inner character of the leader with visible behavior in the clinical environment. Nurses work in settings shaped by staffing shortages, emotional exhaustion, high patient acuity, ethical tension, and constant pressure to maintain quality despite limited resources. The 2025 State of the world's nursing report emphasizes that nursing workforce investment, leadership, education, and service delivery remain central to strengthening health systems (World Health Organization, 2025). Burnout evidence also shows that workload, staffing pressure, and insufficient organizational resources are closely related to nurses' emotional exhaustion and work-related strain (Dall'Ora et al., 2020). Pandemic-era synthesis also found high burnout prevalence among nurses, reinforcing the relevance of leadership approaches that address emotional strain (Galanis et al., 2021). Under these conditions, leadership cannot be judged only by authority, efficiency, or policy compliance. Nurses need leaders who communicate honestly, acknowledge uncertainty, process information fairly, and act in ways that are consistent with professional values. Authentic nursing leadership is therefore commonly described through self-awareness, relational transparency, internalized moral perspective, and balanced processing, but in nursing it also carries a caring and advocacy dimension because leadership decisions affect patient dignity, staff well-being, and the moral climate of practice. Evidence from nursing literature links authentic leadership with trust in managers, job satisfaction, empowerment, work engagement, healthier work environments, and reduced intention to leave, which makes the concept highly relevant for current workforce challenges (Alilyyani et al., 2018). The immediate nurse manager is especially important because staff nurses experience organizational priorities through daily interactions about assignments, escalation, conflict, incident review, and professional support. When those interactions are inconsistent or opaque, nurses may interpret organizational commitments to safety and respect as rhetorical rather than real. When they are transparent and morally consistent, leadership becomes a stabilizing resource during uncertainty. This relevance became more visible after the pandemic period, when nurses in many systems became more sensitive to whether leaders acknowledged workload realities, protected staff voice, and responded fairly to emotional and ethical strain. Authentic nursing leadership therefore provides a way to examine not only what leaders intend, but how those intentions are translated into visible practices that staff can trust.

Despite its growing use, authentic nursing leadership remains vulnerable to conceptual broadening. In some nursing and management discussions, the term is used as a general label for positive, supportive, ethical, or transformational leadership, even though these constructs are not identical. Transformational leadership emphasizes inspiration and change, ethical leadership emphasizes normatively appropriate conduct, and supportive leadership emphasizes assistance and concern, whereas authentic nursing leadership requires congruence between self-knowledge, transparent relationships, moral self-regulation, balanced decision-making, and nursing values. Recent concept analysis work on authentic leadership reinforces the need to separate authenticity from generic positivity and to specify its attributes, antecedents, consequences, and empirical referents (Almutairi et al., 2025). Without such clarification, leadership-development programs may train communication skills or motivational behavior while overlooking the deeper reflective and ethical processes that make leadership authentic. This concept analysis therefore aims to clarify authentic nursing leadership as a distinct construct within nursing science and practice. The contribution of this paper lies in sharpening the nursing-specific boundary of authentic leadership by integrating the established authentic leadership attributes with caring alignment, advocacy, and professional accountability. This

clarification is important not only for academic precision but also for practical application: nurse managers translate organizational policy into everyday staff experience, and nurses judge the credibility of organizational values through the behavior of their immediate leaders. A clear definition can guide leadership education, measurement, staff-development programs, unit assessment, and future research on leadership practices that strengthen nurses, protect patient safety, and support sustainable healthcare organizations. It can also prevent the concept from being reduced either to personality or to a checklist of communication behaviors. The central issue is not whether a leader appears pleasant, but whether nurses can observe congruence between declared values, decision processes, interpersonal conduct, and advocacy for safe professional practice. For this reason, concept analysis is useful because it separates the essential attributes of the concept from general assumptions about good management and offers a structured basis for future empirical work. This clarification also supports consistent academic writing because the reader can see exactly which attributes are being analyzed and which outcomes are being interpreted. It further helps reviewers and readers understand why the present paper treats authentic nursing leadership as a nursing-specific construct rather than a generic leadership slogan or a simple synonym for supportive management in complex clinical organizations (Raso et al., 2022).

2. Methodology

2.1 Selection of the Concept

The methodology for this concept analysis followed Walker and Avant's framework for clarifying concepts that are important to nursing knowledge development. Authentic nursing leadership was selected as the focal concept because it is widely used in contemporary nursing leadership literature, yet it is often applied broadly to describe supportive supervision, ethical conduct, positive management, or transformational influence. This broad usage can weaken conceptual precision and make the concept difficult to teach, measure, and evaluate consistently. The concept is especially important in healthcare systems where nurses experience workforce shortages, moral distress, burnout, and safety concerns, because under these pressures leadership behavior becomes a visible test of whether organizational values are actually practiced. Recent scoping evidence indicates that authentic nursing leadership is associated with professional satisfaction, motivation to lead, and perceived quality of care, but also shows that the concept continues to require clearer nursing-specific operationalization (Santos et al., 2025). Authentic nursing leadership was therefore chosen because it offers a meaningful lens for examining how nurse leaders influence practice environments through self-awareness, transparent communication, moral consistency, balanced judgment, and visible alignment with nursing values. The concept was also suitable for analysis because it can be observed at several levels: in leader self-reflection, in staff perceptions of credibility, and in unit outcomes such as safety climate and intention to leave (Walker & Avant, 2019).

2.2 Determination of the Aim of Analysis

The aim of this analysis was to clarify the meaning, structure, and practice relevance of authentic nursing leadership. More specifically, the analysis sought to identify the concept's defining attributes, describe the antecedents that enable it, examine the consequences that follow from its presence, distinguish it from related leadership concepts, and identify empirical referents that can support measurement. This aim is important because authentic leadership is often praised as desirable, but leadership development can become vague when the concept is not operationally defined. A clearer concept can support valid assessment, focused training, and stronger links between leadership behavior and outcomes such as trust, engagement, psychological safety, retention, and care quality.

It also helps researchers avoid attributing outcomes to authentic leadership when the measured intervention actually reflects general support, charisma, or transactional managerial effectiveness (Alilyyani, 2022).

2.3 Identification of All Uses of the Concept

Authentic nursing leadership is used across clinical management, nursing research, education, and organizational policy. In clinical management, it describes nurse leaders who communicate honestly, invite staff perspectives, acknowledge limitations, and act consistently with professional standards. In research, it is used to explain relationships between leadership behavior and outcomes such as work engagement, burnout, job satisfaction, safety climate, caring behavior, and turnover intention. Systematic review evidence indicates that positive nurse manager leadership styles are associated with registered nurses' work engagement and should inform leadership training and workplace-improvement strategies (Alluhaybi et al., 2023). In education, authentic nursing leadership guides preparation of future nurse managers through reflective practice, ethical reasoning, feedback, and transparent communication. In policy and quality improvement, it supports healthy work environment initiatives and leadership competency frameworks designed to increase staff voice, trust, and professional accountability (Raso et al., 2022).

2.4 Determination of Defining Attributes

The defining attributes are the characteristics that must be present for authentic nursing leadership to exist. The synthesis identified five central attributes. Self-awareness refers to the leader's understanding of personal values, emotions, strengths, limits, and effects on staff. Relational transparency refers to honest and respectful communication that allows staff to understand the leader's intentions and decisions. Internalized moral perspective means that action is guided by ethical and professional standards rather than convenience or popularity. Balanced processing refers to fair consideration of evidence, staff input, and alternative views before deciding. Genuine caring alignment with nursing values anchors the concept in compassion, dignity, advocacy, accountability, and patient safety. These attributes operate together as an integrated leadership pattern rather than as independent traits. A leader who is transparent but not morally grounded may simply disclose information without ethical direction, while a leader who is morally serious but not transparent may still be perceived as distant or controlling. The nursing-specific emphasis on caring alignment is important because authentic nurse leadership instruments have been developed to capture values that generic leadership measures may not fully represent (Giordano-Mulligan et al., 2023).

2.5 Identification of a Model Case

A model case contains all defining attributes of the concept. A nurse manager leading a busy medical-surgical unit during staffing pressure provides a clear example. The manager acknowledges the strain on the team, explains the constraints affecting assignments, invites nurses to identify safety concerns, and uses their input to revise workloads as fairly as possible. When a medication incident occurs, she avoids blame, reviews the facts, supports the staff member involved, and leads a learning-focused debriefing. She also reflects on her own communication, apologizes for confusion, and reinforces shared commitment to safe care. This case demonstrates self-awareness, relational transparency, moral perspective, balanced processing, and caring alignment with nursing values. Authentic leadership training evidence supports the practical relevance of these behaviors for empowerment and patient-safety climate in nursing management (Dirik & Seren Intepeler, 2024).

2.6 Identification of Borderline, Related, and Contrary Cases

A borderline case includes some but not all attributes. For example, a nurse manager may be kind and approachable but avoid difficult conversations about unsafe staffing, error disclosure, or unfair workload distribution. This leader demonstrates interpersonal warmth but lacks moral transparency and balanced processing. Related cases include transformational, ethical, servant, and supportive leadership. These approaches overlap with authentic nursing leadership but do not require the same simultaneous presence of self-awareness, transparency, balanced processing, moral self-regulation, and nursing-value alignment. A systematic review of nurse leadership styles supports the need to distinguish specific leadership constructs when interpreting their effects on nurses' work-related well-being (Niinihuhta & Häggman-Laitila, 2022). A contrary case is a manager who withholds information, dismisses staff concerns, blames individuals for system failures, and presents a public image that differs from private behavior. Such behavior lacks authenticity and may contribute to distrust, silence, burnout, and turnover intention. These cases clarify that authentic nursing leadership is not equivalent to popularity, friendliness, seniority, or technical competence; it requires the combined presence of the defining attributes in observable practice (Lee et al., 2019).

2.7 Identification of Antecedents and Consequences

Antecedents are conditions that precede the emergence of authentic nursing leadership. Important antecedents include ethical organizational culture, psychological empowerment, leadership education, reflective practice, role clarity, feedback systems, and supportive work environments. These conditions allow nurse leaders to examine values, receive reliable feedback, communicate transparently, and make decisions consistent with professional standards. Psychological safety evidence in healthcare indicates that leadership, team context, and local working conditions shape whether staff feel able to speak up, learn, and report concerns (Grailey et al., 2021). Consequences occur after authentic nursing leadership is present and include stronger trust in managers, higher job satisfaction, greater work engagement, psychological safety, improved resilience, lower burnout, reduced turnover intention, stronger safety climate, and improved caring behavior. These outcomes show that authentic nursing leadership operates through relational and organizational pathways that affect both nurses and care environments. They also justify studying the concept as a potential mechanism through which ethical culture and empowerment are translated into daily staff experience (Assi et al., 2024).

2.8 Definition of Empirical Referents

Empirical referents are observable indicators that allow the concept to be identified or measured in practice. Direct referents include the Authentic Leadership Questionnaire, which assesses self-awareness, relational transparency, internalized moral perspective, and balanced processing. Nursing-specific referents include the Authentic Nurse Leadership Questionnaire and related measures that reflect caring, professional values, and ethical practice. The Authentic Nurse Leadership Questionnaire for Nurse Leaders provides additional nurse-leader-focused measurement evidence and supports the use of nursing-specific instruments in leadership development (Giordano-Mulligan et al., 2023). Indirect referents include trust in manager scales, work engagement tools, burnout inventories, psychological safety measures, safety climate instruments, nursing work environment scales, job satisfaction measures, and turnover intention scales. These instruments help validate whether authentic nursing leadership is present and whether it produces expected outcomes. Because authenticity is experienced relationally, staff ratings, leader self-ratings, and unit-level indicators

should be interpreted together rather than relying on a single source of evidence. This multi-source approach is especially important because leaders may overestimate their transparency or moral consistency when staff experience the same behavior differently. For that reason, empirical assessment should examine both the leader's intended behavior and the staff's interpretation of that behavior within the real unit climate, including how decisions are experienced during conflict, risk, resource pressure, and ethical uncertainty. This protects the analysis from relying on self-report alone and improves the credibility and practical usefulness of concept validation in nursing leadership research and practice. The literature search and selection process is summarized in Figure 1, which provides methodological transparency and shows 536 identified records, 87 duplicates removed, 449 records screened, 267 records excluded, 182 full-text articles assessed, 152 full-text articles excluded, and 30 studies included in the final qualitative synthesis. The flow diagram follows a PRISMA-style reporting logic, although the present paper should describe database names, keywords, and eligibility criteria in greater detail if submitted as a formal systematic review (Page et al., 2021).

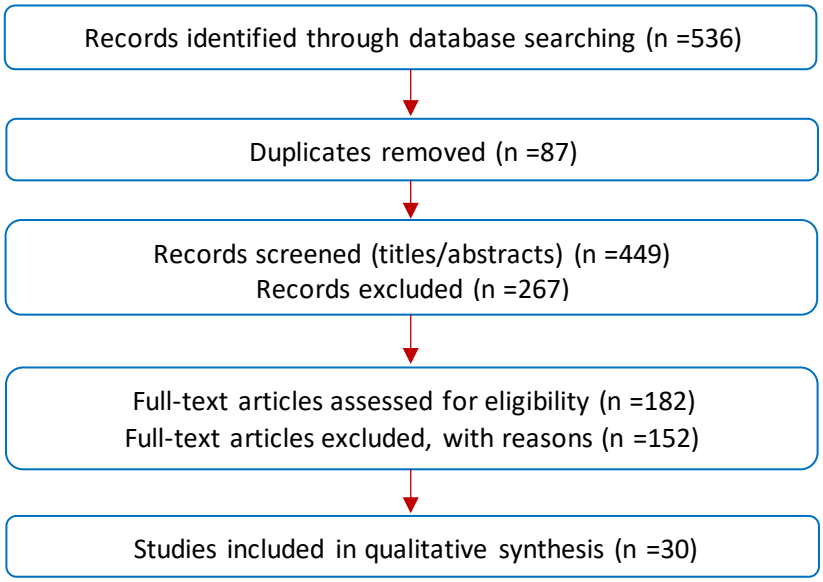

Figure 1. PRISMA-style flow diagram of article search, screening, and selection process

3. Results of Concept Analysis

3.1 Defining Attributes

The results of this concept analysis identified five defining attributes that clarify authentic nursing leadership and distinguish it from adjacent leadership concepts. The first attribute is self-awareness, which requires nurse leaders to understand their values, emotions, strengths, limitations, and influence on staff. In clinical units, self-awareness is not only private reflection; it affects how leaders respond to errors, conflict, staffing pressure, and feedback. A self-aware nurse manager recognizes that managerial tone, timing, silence, and inconsistency may shape staff trust because leadership power influences schedules, evaluations, assignments, and opportunities. The second attribute is relational transparency, meaning truthful, respectful, and situation-appropriate communication. Transparent nurse leaders explain decisions, acknowledge uncertainty, and communicate constraints without violating confidentiality. This attribute is especially important during organizational change, safety investigations, and staffing decisions because nurses are more likely to accept difficult decisions when they understand the rationale behind them. Transparency also prevents rumor, reduces uncertainty,

and strengthens the perception that staff are respected as professional contributors rather than passive recipients of managerial orders (Batista et al., 2021). The third attribute is an internalized moral perspective. Authentic nursing leaders act according to ethical standards and professional nursing values rather than convenience, fear, popularity, or image management. This attribute is closely connected with advocacy because nurse leaders must evaluate whether decisions protect patient safety and staff dignity. The fourth attribute is balanced processing, which involves fair consideration of evidence, staff input, contextual demands, and opposing views before a decision is made. Balanced processing does not mean indecision; rather, it means that timely action is grounded in information and fairness. The fifth attribute is genuine caring alignment with nursing values, which gives the concept its distinctive nursing identity. Nursing adds a professional caring dimension to generic authentic leadership theory because leadership credibility depends on visible commitment to compassion, dignity, accountability, advocacy, and safe care. Recent hospital-focused scoping evidence similarly identifies authentic leadership as relevant to nursing care quality, professional satisfaction, and trust in healthcare teams (Santos et al., 2025). Together, these attributes define authentic nursing leadership as a value-congruent, transparent, ethically disciplined, and clinically grounded process. None of the attributes alone is sufficient. Self-awareness must be expressed relationally, transparency must be guided by judgment, moral perspective must remain open to evidence, and caring values must be visible in decisions that affect staff and patients. Table 1 summarizes the thirty studies and methodological sources used to support the analysis. The table also demonstrates that the literature supporting authentic nursing leadership includes conceptual work, cross-sectional studies, intervention studies, and measurement sources. This variety strengthens the analysis because the concept is examined not only as an abstract leadership ideal but also as a measurable pattern associated with nurse and organizational outcomes. It also shows that authentic nursing leadership can be studied through both theoretical clarification and applied evaluation, making the concept useful for scholarship, leadership training, and practice improvement in nursing services and healthcare leadership policy, especially in organizations facing retention pressure.

Table 1 : Descriptive Data of the Research Studies

No.	Citation	Setting (Domain)	Key Attributes (Conceptual / Methodological)
1	Abousoliman & Hamed (2024)	Egypt; hospital nursing	Cross-sectional study of psychological distress and turnover intention; authentic leadership was inversely associated with distress and turnover.
2	Al Sabei et al. (2023)	Oman; emergency nursing	Cross-sectional study of emergency nurses; authentic leadership and work environment characteristics were associated with lower burnout.
3	Alhalal et al. (2024)	Acute care settings	Study of nurses' well-being and quality of care; authentic leadership was linked with staff well-being and perceived care quality.
4	Alilyyani (2022)	Saudi Arabia; hospital nursing	Cross-sectional study of 116 nurses; authentic leadership was positively associated with trust in managers.
5	Alilyyani et al. (2018)	Healthcare systems	Systematic review of antecedents, mediators, and outcomes of authentic leadership in healthcare.
6	Allan & Rayan (2023)	Jordan; registered nurses	Cross-sectional correlational study; authentic leadership related to better performance and lower intention to leave.
7	Assi et al. (2024)	Jordan; public hospital	Cross-sectional correlational study of 238 nurses; nurse managers' authentic leadership correlated with work engagement.

No.	Citation	Setting (Domain)	Key Attributes (Conceptual / Methodological)
8	Avolio & Gardner (2005)	Leadership theory	Foundational theoretical paper establishing authentic leadership development and positive leadership roots.
9	Avolio et al. (2004)	Leadership theory	Conceptual model explaining how authentic leaders influence follower attitudes and behaviors.
10	Baek et al. (2019)	South Korea; hospitals	Cross-sectional study of 1118 nurses; authentic leadership related to job satisfaction and organizational commitment.
11	Batista et al. (2021)	Brazil; private hospitals	Cross-sectional study comparing leaders and subordinates; authentic leadership associated with nurse satisfaction.
12	Cho & Steege (2025)	Hospital nurses	Study of psychological safety, missed nursing care, and intention to leave; psychological safety mediated leadership outcomes.
13	Dirik & Seren Intepeler (2024)	Turkey; nurse managers	Quasi-experimental authentic leadership training program; improved empowerment and patient safety climate.
14	Doherty & Hunter Revell (2020)	Nursing leadership theory	Theory development paper connecting authentic leadership with empowerment in nurse leader development.
15	El-Fattah Mohamed Aly et al. (2023)	Egypt; medical-surgical units	Quasi-experimental training study; improved first-line nurse managers' knowledge and authentic leadership behavior.
16	Giordano-Mulligan & Eckardt (2019)	United States; nursing leadership	Conceptual framework and measurement work for authentic nurse leadership attributes.
17	Labrague et al. (2021)	Oman; intensive care units	Cross-sectional study of 1534 nurses; authentic leadership linked to motivation to engage in leadership roles.
18	Laschinger et al. (2013)	Canada; nurses	Comparative study of new graduate and experienced nurses; authentic leadership and empowerment related to burnout.
19	Lee et al. (2019)	Hospital nursing	Study of intent to leave; work environment and burnout mediated the authentic leadership relationship.
20	Malila et al. (2018)	Healthcare	Scoping review of authentic leadership in healthcare; identified well-being, care quality, and work environment themes.
21	Marques-Quinteiro et al. (2021)	Portugal; healthcare teams	Job Demands-Resources perspective; authentic leadership related to performance under favorable work conditions.
22	Mohammad et al. (2023)	Nursing workforce	Study of authentic leadership and nurses' resilience; self-efficacy functioned as a mediator.
23	Mondini et al. (2020)	Brazil; nursing professionals	Cross-sectional study of authentic leadership knowledge and profile among nursing professionals.
24	Mrayyan et al. (2023)	Nursing safety climate	Study examining how authentic leadership influences nursing safety climate.
25	Özer et al. (2019)	Turkey; hospital nurses	Cross-sectional study relating authentic leadership to performance and intention to quit.
26	Raso et al. (2022)	United States; pandemic context	Cross-sectional study of nurses and leaders; authentic leadership linked with healthy work environment and well-being.
27	Walker & Avant (2019)	Nursing theory methodology	Methodological source guiding concept analysis steps, attributes, antecedents, consequences, and empirical referents.
28	Walumbwa et al. (2008)	Leadership measurement	Development and validation of a theory-based authentic leadership measure.

No.	Citation	Setting (Domain)	Key Attributes (Conceptual / Methodological)
29	Wong & Laschinger (2013)	Hospital nursing	Study of performance and job satisfaction; empowerment mediated effects of authentic leadership.
30	Zhang et al. (2023)	China; hospital nurses	Cross-sectional study of 3662 nurses; psychological capital mediated the relationship with caring behavior.

3.2 Antecedents

The analysis identified several antecedents that must exist before authentic nursing leadership can develop or be recognized. Ethical organizational culture is a major antecedent because authenticity is difficult to sustain in systems that punish error disclosure, discourage staff voice, or reward impression management. Leaders are more likely to act authentically when organizations support truthfulness, accountability, fairness, and non-punitive learning (Avolio & Gardner, 2005). Psychological empowerment is another important antecedent because nurse managers need access to information, authority, resources, and senior support to act according to professional values. A manager may understand what is ethically appropriate but may be unable to lead authentically if structural constraints remove all discretion. Leadership education and reflective practice also precede authentic leadership because self-awareness, moral reasoning, transparent communication, and balanced processing require deliberate development. Supportive work environments, role clarity, feedback systems, and opportunities for shared governance strengthen these antecedents by helping leaders compare intended behavior with staff experience. Psychological safety and social support are especially relevant for nurse managers because they influence commitment and help leaders sustain difficult relational work (Hirvikallio et al., 2024). The antecedents also show that authentic nursing leadership should not be treated only as an individual virtue. Organizations influence whether leaders have enough authority, psychological safety, and reliable information to act authentically when priorities conflict. In this sense, authentic leadership is both personally enacted and structurally enabled; the leader must develop reflective and moral capacity, but the organization must create conditions that make truthful and fair leadership possible.

3.3 Consequences

The consequences of authentic nursing leadership occur at individual, team, organizational, and patient-care levels. At the individual level, nurses who perceive their managers as authentic are more likely to trust leadership decisions, report higher job satisfaction, experience stronger engagement, and show greater resilience. Authentic leadership can reduce emotional distance between staff and management because nurses believe their voices matter and their concerns will be handled fairly (Allan & Rayan, 2023). At the team level, authentic nursing leadership supports psychological safety, open communication, and a stronger safety climate. When leaders respond transparently to problems, nurses become more willing to raise questions about staffing risk, missed care, errors, and ethical concerns. Recent evidence suggests that psychological safety can mediate links between authentic leadership, missed nursing care, and intention to leave, although causality still requires stronger longitudinal testing (Cho & Steege, 2025). At the organizational level, consequences include lower turnover intention, stronger commitment, healthier practice environments, and workforce stability. At the patient-care level, authentic leadership may support caring behavior and care quality indirectly by creating conditions in which nurses feel empowered, respected, and ethically supported. These pathways are important because leadership does not usually change patient outcomes directly; it shapes the climate in which nurses decide whether to speak up, report risk, ask for help, and sustain compassionate attention during demanding work (Zhang et al., 2023).

3.4 Empirical Referents

Empirical referents make the concept observable and measurable. The most direct referent is the Authentic Leadership Questionnaire, which measures self-awareness, relational transparency, internalized moral perspective, and balanced processing. Because these dimensions match the core attributes identified in this analysis, the instrument remains a strong empirical referent for authentic nursing leadership (Walumbwa et al., 2008). Nursing-specific empirical referents are also needed because generic tools may not fully capture caring alignment, advocacy, patient dignity, and professional nursing accountability. The Authentic Nurse Leadership Questionnaire and related nursing frameworks help address this limitation by interpreting authenticity through the ethical and relational commitments of nursing (Giordano-Mulligan & Eckardt, 2019). More recent validation work on the Authentic Nurse Leadership Questionnaire for Nurse Leaders further supports the importance of measuring authentic nurse leadership from both staff and leader perspectives (Giordano-Mulligan et al., 2023). Indirect empirical referents include trust in manager scales, the Utrecht Work Engagement Scale, the Maslach Burnout Inventory, the Practice Environment Scale of the Nursing Work Index, psychological safety tools, safety climate instruments, job satisfaction measures, performance tools, and turnover intention scales. Qualitative referents include staff narratives of fairness, transparent communication, ethical consistency, non-punitive debriefing, and consistent follow-through on stated values. Observation of staff meetings, handover discussions, incident debriefings, and feedback conversations can also reveal whether the leader's authenticity is enacted consistently. These qualitative indicators are useful because a numerical score may not fully capture whether nurses experience the leader as credible, accessible, and morally consistent. Combining survey instruments with qualitative evidence can therefore provide a more complete assessment of authentic nursing leadership in complex clinical environments. Psychological safety measures should be interpreted carefully because recent healthcare evidence shows that the relationship between psychological safety and objective patient-safety outcomes is promising but methodologically mixed (Montgomery et al., 2025).

3.5 Summary of Findings

The findings show that authentic nursing leadership is a multidimensional construct integrating personal authenticity, ethical self-regulation, transparent relationships, fair judgment, and nursing-value alignment. The concept is distinct from transformational, ethical, servant, and supportive leadership because it requires the combined presence of self-awareness, relational transparency, internalized moral perspective, balanced processing, and caring alignment with nursing values. Antecedents include ethical organizational culture, empowerment, reflective practice, leadership education, feedback systems, role clarity, and supportive work environments. Consequences include trust in managers, engagement, satisfaction, psychological safety, resilience, lower burnout, lower turnover intention, caring behavior, quality of care, and stronger safety climate. Empirical referents include direct authentic leadership instruments, nursing-specific leadership measures, outcome-based tools, and qualitative indicators of transparent and ethical practice. Overall, authentic nursing leadership should be understood as dynamic rather than fixed. The findings suggest that the concept has explanatory value for leadership development, workforce retention, patient-safety culture, and nursing governance. Broader healthcare reviews also indicate that authentic leadership is associated with well-being, work environment, performance, and patient-care outcomes, although method designs remain uneven across the literature (Malila et al., 2018). A leader may demonstrate authenticity in one context and struggle in another when staffing shortages, conflicting policies, or pressure intensify. This does not weaken the concept; it shows that authenticity must be continuously

practiced, supported, and evaluated over time rather than assumed from a title, personality, or single training event. The findings are also relevant for diagnosing unit culture because persistent staff perceptions of inconsistency or defensiveness may indicate weakness in one of the core attributes. The findings therefore support a practice-oriented definition: authentic nursing leadership is a relational and value-congruent leadership process in which nurse leaders demonstrate self-awareness, transparent communication, moral consistency, balanced processing, and caring alignment with nursing values to support nurses, patients, and healthcare organizations.

4. Discussion

4.1 Theoretical Implications

The findings strengthen the theoretical position of authentic nursing leadership as a distinct construct within nursing leadership science. Authenticity in this context should not be reduced to sincerity, friendliness, or personal genuineness. Instead, it represents a disciplined leadership process in which self-knowledge becomes visible through transparent communication, moral consistency, and balanced decision-making. This distinction is theoretically important because a leader may describe themselves as authentic while still ignoring staff perspectives or acting inconsistently under pressure. By identifying the concept's defining attributes, the analysis supports a clearer mid-range understanding of how leadership behavior connects ethical climate, empowerment, staff well-being, and care quality. It also separates authentic leadership from unrestricted self-expression, since professional authenticity must be disciplined by nursing ethics, confidentiality, and responsibility for patient safety. Theoretically, this means that authenticity should be interpreted as value-congruent professional action, not as simple emotional openness. This distinction is important for nursing because leadership authenticity becomes meaningful only when it protects both relational trust and clinical accountability (Avolio et al., 2004).

4.2 Management and Policy Implications

For healthcare managers, authentic nursing leadership provides a practical framework for workforce stability and healthy work environments. Retention strategies often focus on staffing numbers, incentives, and workload redesign, but nurses' daily experience is also shaped by whether immediate leaders are fair, transparent, and ethically consistent. Organizations should therefore integrate authentic leadership competencies into nurse manager selection, appraisal, mentoring, and succession planning. These competencies should include reflective capacity, responsible disclosure of uncertainty, openness to feedback, ethical decision-making, and fair consideration of staff perspectives. Policy support is also essential because nurse managers cannot lead authentically in systems that punish error reporting, silence staff voice, or ignore unsafe conditions. Therefore, authentic leadership development should be connected with shared governance, non-punitive reporting, leadership supervision, and formal mechanisms for staff feedback. This makes authenticity a visible organizational competency rather than an abstract personal preference. Such policy alignment is also important for succession planning, because many nurses are promoted for clinical expertise without structured preparation for reflective and ethically transparent leadership. Global nursing policy also emphasizes leadership investment as part of strengthening education, jobs, and service delivery, making authentic leadership development relevant beyond individual units (World Health Organization, 2025). Embedding authenticity into leadership pathways can help organizations prepare future managers before they enter high-pressure roles (Raso et al., 2022).

4.3 Practical Applications

In practice, authentic nursing leadership can be applied through routine behaviors that make values visible. Nurse managers can use safety huddles, debriefings, shared governance meetings, and incident reviews to explain decisions, invite dissenting views, and report back on actions taken. These practices demonstrate relational transparency and balanced processing while also strengthening psychological safety. Psychological safety scholarship emphasizes that leaders create conditions for interpersonal risk taking when they respond constructively to concerns, questions, and errors (Edmondson & Bransby, 2023). Reflective leadership tools can help managers examine whether their responses to staffing pressure, patient-safety events, or interpersonal conflict remained consistent with professional values. Authentic leadership can also be included in performance appraisal, not as a punitive standard, but as a developmental measure of trust-building behavior, ethical consistency, communication quality, and staff perceptions of fairness. This approach encourages leaders to compare their self-perception with staff experience and to correct gaps before they become morale, turnover, or safety problems. At the unit level, authentic leadership can also serve as a diagnostic lens: repeated staff reports of defensiveness, inconsistency, or lack of clarity may indicate deeper weaknesses in self-awareness, balanced processing, or moral perspective (Mrayyan et al., 2023).

4.4 Future Research Directions

Future research should refine the measurement of authentic nursing leadership across cultures and care settings. Many studies use the Authentic Leadership Questionnaire, but nursing-specific instruments may better capture caring alignment, advocacy, and professional accountability. Longitudinal and intervention studies are also needed because much existing evidence is cross-sectional and cannot fully explain causality. Multilevel evidence is also emerging, indicating that authentic leadership can be examined at both individual and team levels rather than only as an individual perception (Metwally et al., 2025). Future work should test whether changes in authentic leadership predict later changes in burnout, psychological safety, missed care, safety climate, and intention to leave. Current burnout evidence remains important because updated systematic review findings continue to show a substantial burden of burnout symptoms among nurses during and after the COVID-19 pandemic (Fekih-Romdhane et al., 2025). Researchers should also examine possible limits of authenticity, such as excessive transparency without emotional containment or moral certainty without balanced processing. This would help leadership programs teach authenticity as context-sensitive professional judgment rather than unrestricted self-expression. Future studies should also explore how authentic nursing leadership functions in interprofessional settings, since nurse managers must advocate transparently while negotiating with physicians, administrators, allied health professionals, patients, and families. Research that combines staff surveys, patient-safety indicators, and qualitative accounts of leadership behavior would provide stronger and more practice-relevant evidence about how authenticity operates in real clinical systems. Such designs would also help identify which aspects of authentic leadership are most responsive to training and organizational support, and which require deeper cultural change within the organization. This would move the evidence base beyond association and toward practical guidance for nursing leaders, educators, and healthcare decision-makers planning leadership development programs in complex care settings (Cho & Steege, 2025).

5. Conclusion

Authentic nursing leadership is a vital concept for contemporary nursing because it links leadership behavior with ethical practice, transparent relationships, staff well-being, and care quality. This concept analysis clarified authentic nursing leadership as a multidimensional construct defined by self-awareness, relational transparency, internalized moral perspective, balanced processing, and genuine caring alignment with professional nursing values. These attributes distinguish it from related leadership styles and provide a foundation for measurement, education, and practice. The analysis also showed that authentic leadership depends on antecedents such as ethical culture, empowerment, reflective practice, leadership education, role clarity, feedback systems, and supportive work environments. Its consequences include trust in managers, engagement, satisfaction, psychological safety, lower burnout, reduced turnover intention, caring behavior, and stronger safety climate. Overall, authentic nursing leadership should be treated as a continuing professional practice rather than a fixed personal trait, because leaders must repeatedly align values, communication, and decisions as conditions change. By developing leaders who are self-aware, transparent, morally grounded, balanced in judgment, and visibly committed to nursing values, healthcare organizations can support nurses more effectively and promote safer, more compassionate patient care. The concept therefore offers a practical foundation for leadership training, unit evaluation, succession planning, and future research on nursing work environments. It also reminds organizations that leadership credibility is built through repeated actions, not slogans, and that nurses judge authenticity by the consistency between what leaders say, decide, and defend in daily practice, especially when pressure makes ethical leadership difficult, consequential, and highly visible in everyday clinical management work and accountability.

References

Abousoliman, A. D., & Mahmoud Hamed, H. (2024). Effect of authentic leadership on nurses' psychological distress and turnover intention. International Journal of Africa Nursing Sciences, 20, 100722.

Al Sabei, S., AbuAlRub, R., Al Yahyaei, A., Al-Rawajfah, O. M., Labrague, L. J., Burney, I. A., & Al-Maqbali, M. (2023). The influence of nurse managers' authentic leadership style and work environment characteristics on job burnout among emergency nurses. International Emergency Nursing, 70, 101321.

Alhalal, E., Alharbi, J. F., Alharbi, S. T., Alotaibi, S. S., Albagami, N. S., Alruwaili, S. M., & Alshammari, S. A. (2024). Impact of authentic leadership on nurses' well-being and quality of care in the acute care settings. Journal of Nursing Scholarship, 56, 718–728.

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.

Alilyyani, B., Wong, C. A., & Cummings, G. (2018). Antecedents, mediators, and outcomes of authentic leadership in healthcare: A systematic review. International Journal of Nursing Studies, 83, 34–64.

Almutairi, M., Timmins, F., Yoder-Wise, P. S., Stokes, D., & Alharbi, T. A. F. (2025). Authentic leadership—A concept analysis. Journal of Advanced Nursing, 81, 1775–1793. https://doi.org/10.1111/jan.16496

Allan, S. A., & Rayan, A. H. (2023). Association between authentic leadership in nurse managers and performance and intention to leave among registered nurses. Journal of Nursing Research, 31, e293.

Alluhaybi, A., Wilson, A., Usher, K., & Durkin, J. (2023). Impact of nurse manager leadership styles on work engagement: A systematic literature review. Journal of Nursing Management, 2023, 5090276. https://doi.org/10.1155/2023/5090276

Assi, H., Rayan, A., Eshah, N. F., Albashtawy, M., & Al-Ghabeesh, S. H. (2024). Nurse managers' authentic leadership and their relationship with work engagement among registered nurses. Nursing Forum, 2024, 7523906.

Avolio, B. J., & Gardner, W. L. (2005). Authentic leadership development: Getting to the root of positive forms of leadership. Leadership Quarterly, 16, 315–338.

Avolio, B. J., Gardner, W. L., Walumbwa, F. O., Luthans, F., & May, D. R. (2004). Unlocking the mask: A look at the process by which authentic leaders impact follower attitudes and behaviors. Leadership Quarterly, 15, 801–823.

Baek, H., Han, K., & Ryu, E. (2019). Authentic leadership, job satisfaction and organizational commitment: The moderating effect of nurse tenure. Journal of Nursing Management, 27, 1655–1663.

Batista, S. A., Miclos, P. V., Amendola, F., Bernardes, A., & Mohallem, A. G. C. (2021). Authentic leadership, nurse satisfaction at work and hospital accreditation: Study in a private hospital network. Revista Brasileira de Enfermagem, 74, e20200227.

Cho, H., & Steege, L. M. (2025). Authentic leadership, psychological safety, missed nursing care, and intention to leave among hospital nurses. International Nursing Review, 72(3), e70065.

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: A theoretical review. Human Resources for Health, 18, 41. https://doi.org/10.1186/s12960-020-00469-9

Dirik, H. F., & Seren Intepeler, S. (2024). An authentic leadership training programme to increase nurse empowerment and patient safety: A quasi-experimental study. Journal of Advanced Nursing, 80(4), 1417–1428.

Doherty, D. P., & Hunter Revell, S. M. (2020). Developing nurse leaders: Toward a theory of authentic leadership empowerment. Nursing Forum, 55, 416–424.

Edmondson, A. C., & Bransby, D. P. (2023). Psychological safety comes of age: Observed themes in an established literature. Annual Review of Organizational Psychology and Organizational Behavior, 10, 55–78. https://doi.org/10.1146/annurev-orgpsych-120920-055217

El-Fattah Mohamed Aly, N. A., El-Shanawany, S. M., Ghanem, M., Mohamed, H. A. A., & Lotfy, W. M. (2023). Effectiveness of first-line nurse manager authentic leadership training program on nurses' attitudes in medical and surgical care units. Egyptian Nursing Journal, 20, 204–212.

Fekih-Romdhane, F., Harb, F., Al Banna, S., Obeid, S., & Hallit, S. (2025). Prevalence and risk factors of burnout symptoms among nurses during the COVID-19 pandemic: An updated systematic review and meta-analysis. Human Resources for Health, 23, 48. https://doi.org/10.1186/s12960-025-01012-4

Galanis, P., Vraka, I., Fragkou, D., Bilali, A., & Kaitelidou, D. (2021). Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. Journal of Advanced Nursing, 77(8), 3286–3302. https://doi.org/10.1111/jan.14839

Giordano-Mulligan, M., & Eckardt, S. (2019). Authentic nurse leadership conceptual framework. Nursing Administration Quarterly, 43, 164–174.

Giordano-Mulligan, M., Moran-Peters, J. A., & Eckardt, S. (2023). Perceptions of authentic nurse leader attributes among clinical nurses and nurse leaders. JONA: The Journal of Nursing Administration, 53(2), 74–80. https://doi.org/10.1097/NNA.0000000000001247

Grailey, K. E., Murray, E., Reader, T., & Brett, S. J. (2021). The presence and potential impact of psychological safety in the healthcare setting: An evidence synthesis. BMC Health Services Research, 21, 773. https://doi.org/10.1186/s12913-021-06740-6

Hirvikallio, J., Haaranen, A., & Hult, M. (2024). Psychological safety, social support, and commitment among nurse managers: A cross-sectional study. Nordic Journal of Nursing Research, 44(1), 1–7. https://doi.org/10.1177/20571585241238844

Labrague, L. J., Al Sabei, S., Al Rawajfah, O., AbuAlRub, R., & Burney, I. (2021). Authentic leadership and nurses' motivation to engage in leadership roles: The mediating effects of nurse work environment and leadership self-efficacy. Journal of Nursing Management, 29, 2444–2452.

Laschinger, H. K. S., Wong, C. A., & Grau, A. L. (2013). Authentic leadership, empowerment and burnout: A comparison in new graduates and experienced nurses. Journal of Nursing Management, 21(3), 541–552.

Lee, H. F., Chiang, H. Y., & Kuo, H. T. (2019). Relationship between authentic leadership and nurses' intent to leave: The mediating role of work environment and burnout. Journal of Nursing Management, 27, 52–65.

Malila, N., Lunkka, N., & Suhonen, M. (2018). Authentic leadership in healthcare: A scoping review. Leadership in Health Services, 31, 129–146.

Marques-Quinteiro, P., Graça, A. M., Coelho, F. A., & Martins, D. (2021). On the relationship between authentic leadership, flourishing, and performance in healthcare teams: A Job Demands-Resources perspective. Frontiers in Psychology, 12, 692433.

Metwally, D., Bakari, H., & Metwally, M. (2025). Impact of authentic leadership on nurses' ethically oriented practices and patient-oriented outcomes: A multilevel analysis. Journal of Nursing Management, 2025, 5336957. https://doi.org/10.1155/jonm/5336957

Mohammad, H. F., Abou Hashish, E. A., & Elliethey, N. S. (2023). The relationship between authentic leadership and nurses' resilience: A mediating role of self-efficacy. SAGE Open Nursing, 9, 23779608231214213.

Mondini, C. C. S. D., Cunha, I. C. K. O., Trettene, A. S., Fontes, C. M. B., Bachega, M. I., & Cintra, F. M. R. (2020). Authentic leadership among nursing professionals: Knowledge and profile. Revista Brasileira de Enfermagem, 73, e20180888.

Montgomery, A., Chalili, V., Lainidi, O., Mouratidis, C., Maliousis, I., Paitaridou, K., & Leary, A. (2025). Psychological safety and patient safety: A systematic and narrative review. PLOS ONE, 20(4), e0322215. https://doi.org/10.1371/journal.pone.0322215

Mrayyan, M. T., Al-Atiyyat, N., Al-Rawashdeh, S., Algunmeeyn, A., Abunab, H. Y., Obeidat, W. W., & Sayaheen, M. N. (2023). How does authentic leadership influence the safety climate in nursing? BMJ Leader, 7(3), 189–195.

Niinihuhta, M., & Häggman-Laitila, A. (2022). A systematic review of the relationships between nurse leaders' leadership styles and nurses' work-related well-being. International Journal of Nursing Practice, 28(5), e13040. https://doi.org/10.1111/ijn.13040

Özer, Ö., Uğurluoğlu, Ö., Sungur, C., & Çirakli, Ü. (2019). The relationship between authentic leadership, performance and intention to quit the job of nurses. Hospital Topics, 97, 73–79.

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., et al. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. BMJ, 372, n71. https://doi.org/10.1136/bmj.n71

Raso, R., Fitzpatrick, J. J., & Masick, K. (2022). Perceptions of US nurses and nurse leaders on authentic nurse leadership, healthy work environment, intent to leave and nurse well-being during a second pandemic year: A cross sectional study. Journal of Nursing Management, 30, 2699–2706.

Santos, A. R., Costa, P., Figueiredo, A. R., Nunes, E., Cruchinho, P., Santos, M., & Lucas, P. (2025). Authentic nursing leadership in hospital contexts: A scoping review. Healthcare, 13(21), 2713. https://doi.org/10.3390/healthcare13212713

Walker, L. O., & Avant, K. C. (2019). Strategies for theory construction in nursing (6th ed.). Pearson.

Walumbwa, F. O., Avolio, B. J., Gardner, W. L., Wernsing, T. S., & Peterson, S. J. (2008). Authentic leadership: Development and validation of a theory-based measure. Journal of Management, 34(1), 89–126.

Wong, C. A., & Laschinger, H. K. S. (2013). Authentic leadership, performance, and job satisfaction: The mediating role of empowerment. Journal of Advanced Nursing, 69, 947–959.

World Health Organization. (2025). State of the world's nursing report 2025: Investing in education, jobs, leadership and service delivery. World Health Organization.

Zhang, G., Tian, W., Zhang, Y., Chen, J., Zhang, X., Lin, W., Li, H., Sun, L., Cheng, B., Ding, H., & Song, G. (2023). The mediating role of psychological capital on the relationship between authentic leadership and nurses' caring behavior: A cross-sectional study. BMC Nursing, 22, 441. https://doi.org/10.1186/s12912-023-01610-4