

# INFLUENCE OF AUTHENTIC LEADERSHIP ON ORGANIZATIONAL COMMITMENT AMONG HEALTHCARE PROFESSIONALS

Dr. Lekha Bist<sup>1</sup>, Dr Nishith Kumar Mishra<sup>2\*</sup>, Deepa Mukherjee<sup>3</sup>, Dr. Renu Yadav<sup>4</sup>, Dr Suresh Kumar Sharma<sup>5</sup>, Dr. Mohammed Umar Khan<sup>6</sup>

<sup>1</sup>Dean, Galgotias School of Nursing, Galgotias University, Greater Noida ORCID: 0009-0006-3108-9118

<sup>2</sup>Professor, Teerthanker Mahaveer University, Moradabad, Uttar Pradesh Email: nishithmishra@gmail.com ORCID: 0000-0001-6795-2119

<sup>3</sup>Associate Professor, Department of Community health Nursing, Faculty of Nursing, SGT University, Gurgaon, Haryana (122505), India.

Email: deepa\_fnur@sgtuniversity.org

<sup>4</sup>Assistant Professor, The North Cap University Gurugram Email: drrenuyadav18@gmail.co

<sup>5</sup>Consultant, Clinical and Nursing Informatics, CDAC, Pune, India. ORCID: <https://orcid.org/0000-0002-2844-9542>

Email ID: sharmasuru.aadi@gmail.com

<sup>6</sup>Professor, Upchar College of Nursing Jaipur ORCID: 0009-0001-9791-6386

\*Corresponding author: Dr Nishith Kumar Mishra

## ABSTRACT

**Background:** Authentic leadership plays a vital role in shaping positive work attitudes and behaviors among healthcare professionals. Organizational commitment is essential for improving job satisfaction, retention, and quality of care. However, evidence on the strength of this relationship has been inconsistent across studies.

**Objectives:** To examine the overall influence of authentic leadership on organizational commitment among healthcare professionals through a meta-analysis of six studies.

**Methods:** A meta-analysis was conducted using six quantitative studies that investigated the relationship between authentic leadership and organizational commitment among healthcare professionals, including nurses and allied health staff. Studies were identified through database searches and screened based on inclusion criteria. Data were analyzed using a random-effects model, and pooled correlation coefficients were calculated. Heterogeneity among studies was assessed using the  $I^2$  statistic.

**Results:** Six studies with a combined sample of 2,480 participants were included. The pooled results showed a moderate positive relationship between authentic leadership and organizational commitment ( $r = 0.42$ , 95% CI = 0.31–0.52,  $p < 0.001$ ). Moderate heterogeneity was observed ( $I^2 = 60\%$ ). No significant publication bias was detected.

**Conclusion:** Authentic leadership has a significant positive influence on organizational commitment among healthcare professionals. Promoting authentic leadership behaviors in healthcare organizations can enhance employee engagement, job satisfaction, and retention. Further longitudinal and intervention studies are recommended to strengthen these findings.

**KEYWORDS:** Authentic leadership, organizational commitment, healthcare professionals, meta-analysis, nursing leadership.

## INTRODUCTION

### Leadership in Healthcare Settings

Healthcare leadership is a pivotal determinant of organizational success, influencing both clinical outcomes and staff well-being. Effective leadership is essential for navigating the complexities of modern healthcare environments, which are characterized by rapid technological advancements, evolving patient needs, and regulatory changes (van Diggele et al., 2020). Leaders in healthcare settings are tasked with fostering a culture of quality care, ensuring patient safety, and maintaining operational efficiency. Their role extends beyond administrative duties to include inspiring and guiding teams, facilitating communication, and making strategic decisions that align with organizational goals. (Sfantou et al., 2017)

### Importance of Leadership in Healthcare

The significance of leadership in healthcare cannot be overstated. Studies have demonstrated that strong leadership is associated with improved patient outcomes, enhanced staff satisfaction, and reduced turnover rates (Pattali et al., 2024a). Effective leaders create adaptable teams capable of responding to challenges such as public health crises, exemplified by the COVID-19 pandemic, which underscored the need for leaders who can manage stress, communicate transparently, and build trust (Kaul et al., 2020). Moreover, leadership influences the organizational culture, shaping the work environment and impacting employee engagement and commitment.

### Relevance of Leadership Styles

The style of leadership adopted within healthcare organizations plays a crucial role in shaping staff attitudes and organizational outcomes. Different leadership styles, such as transformational, transactional, and authentic leadership,

have distinct impacts on employee motivation, job satisfaction, and organizational commitment. Transformational leadership, characterized by inspiration and intellectual stimulation, has been linked to positive work environments and increased organizational commitment (Ystaas et al., 2023). Authentic leadership, which emphasizes self-awareness, transparency, and ethical behavior, fosters trust and psychological safety, leading to enhanced employee engagement and retention (Pattali et al., 2024b).

Understanding the influence of various leadership styles on organizational commitment is vital for developing strategies that promote a positive work culture and improve healthcare delivery. This study aims to explore the impact of authentic leadership on organizational commitment among healthcare professionals, providing insights that can inform leadership development programs and organizational policies.

### Concept of Authentic Leadership

Authentic leadership is a leadership style that emphasizes genuineness, transparency, and ethical behavior. It is characterized by a leader's commitment to self-awareness, moral integrity, and the development of trust-based relationships with followers (Almutairi et al., 2024). (Rego et al., 2012) define authentic leadership as "a pattern of leader behavior that draws upon and promotes both positive psychological capacities and a positive ethical climate, to foster greater self-awareness, an internalized moral perspective, balanced processing of information, and relational transparency on the part of leaders working with followers, fostering positive self-development".

### The key dimensions of authentic leadership include:

1. **Self-Awareness:** This involves leaders' understanding of their own values, emotions, strengths, and weaknesses. Self-aware leaders are reflective and open to feedback, which enables them to align their actions with their core values (Brewer & Devnew, 2022)
2. **Relational Transparency:** Authentic leaders are open and honest in their relationships with others. They share their thoughts and feelings appropriately, fostering trust and promoting open communication within the team (Baquero, 2023).
3. **Balanced Processing:** This dimension refers to leaders' ability to objectively analyze information and consider multiple perspectives before making decisions. It involves seeking out and valuing others' opinions, even when they differ from one's own (Guenther et al., 2017).
4. **Internalized Moral Perspective:** Authentic leaders are guided by internal moral standards and values. They act in ways that are consistent with these values, even in the face of external pressures, ensuring ethical decision-making and behavior (Kleynhans et al., 2022).

### Distinction from Other Leadership Styles

Authentic leadership differs from other leadership styles in several key ways. Unlike transactional leadership, which focuses on exchanges and rewards for performance, authentic leadership emphasizes intrinsic motivation and ethical behavior. Transactional leaders may rely on contingent rewards and punishments to manage performance, whereas authentic leaders seek to inspire and motivate through trust and integrity (Rashwan & Ghaly, 2022).

Transformational leadership, another commonly discussed style, shares some similarities with authentic leadership, such as the focus on inspiring followers and fostering positive change. However, authentic leadership places a stronger emphasis on the leader's self-awareness and ethical foundation. While transformational leaders may be charismatic and visionary, authentic leaders prioritize being true to themselves and their values, ensuring that their leadership is grounded in authenticity and moral integrity (Steinmann et al., 2018)

In contrast, autocratic leadership is characterized by centralized decision-making and a lack of input from team members. Authentic leaders, on the other hand, value collaboration and openness, encouraging participation and feedback from their followers. This approach not only enhances trust but also leads to more informed and ethical decision-making (Rosing et al., 2022)

In summary, authentic leadership is distinguished by its focus on self-awareness, ethical behavior, and transparent relationships. It contrasts with other leadership styles by prioritizing authenticity and moral integrity over control, charisma, or external rewards.

### Organizational Commitment in Healthcare

Organizational commitment refers to the psychological attachment an employee feels toward their organization, influencing their willingness to exert effort on its behalf and their intention to remain within it (Lo et al., 2024). Meyer and Allen's (1991) three-component model delineates this commitment into three distinct yet interrelated dimensions:

1. **Affective Commitment:** This dimension reflects an employee's emotional attachment to, identification with, and involvement in the organization. Employees with high affective commitment stay because they *want to* (Stazyk et al., 2011).
2. **Continuance Commitment:** This pertains to an employee's awareness of the costs associated with leaving the organization. Employees with high continuance commitment remain because they *need to* due to perceived losses such as job security, benefits, or social ties (Kasogela, 2019).
3. **Normative Commitment:** This dimension involves a feeling of obligation to remain with the organization. Employees with high normative commitment stay because they *ought to*, often due to personal values or a sense of duty (Lin et al., 2024).

## Relevance in Healthcare

Organizational commitment is particularly crucial in healthcare settings, where the quality of care and patient outcomes are directly influenced by the attitudes and behaviors of healthcare professionals. High levels of organizational commitment among healthcare staff are associated with numerous positive outcomes, including:

- **Improved Patient Care:** Committed employees are more likely to engage in behaviors that enhance patient safety and quality of care (Janes et al., 2021).
- **Enhanced Retention:** Strong organizational commitment reduces turnover intentions, leading to a more stable workforce (Rodríguez-Fernández et al., 2021).
- **Increased Morale and Job Satisfaction:** Committed employees tend to experience higher job satisfaction and morale, contributing to a positive work environment (Zhenjing et al., 2022).

Conversely, low organizational commitment can lead to negative outcomes such as increased absenteeism, burnout, and diminished quality of care, highlighting the importance of fostering commitment within healthcare organizations (Rodríguez-Fernández, 2021).

## Relationship Between Authentic Leadership and Organizational Commitment

### Empirical Evidence

Recent studies have consistently demonstrated a positive relationship between authentic leadership and organizational commitment among healthcare professionals. For instance, a meta-analysis by Zhang et al. (2022) found that authentic leadership significantly enhances both affective and normative commitment among healthcare workers. Similarly, a study by (Duarte et al., 2021a) highlighted that authentic leadership behaviors positively influence job satisfaction and organizational commitment, mediated by affective commitment.

In the context of nursing, research by Alilyyani et al. (2022) indicated that authentic leadership fosters trust in managers, which, in turn, enhances organizational commitment. Furthermore, a study by Zhou et al., (2025) found that affective commitment partially mediates the relationship between authentic leadership and job embeddedness among Chinese nurses, suggesting that emotionally engaged employees are more likely to remain committed to their organizations.

### Theoretical Frameworks

Several theoretical frameworks help explain the relationship between authentic leadership and organizational commitment:

1. **Social Exchange Theory:** This theory posits that relationships are built on reciprocal exchanges. Leaders who demonstrate authenticity—through transparency, ethical behavior, and consistency—foster trust and positive social exchanges with followers. In turn, employees feel a sense of obligation and commitment to reciprocate these positive behaviors, leading to increased organizational commitment (Chen & Sripson, 2022).
2. **Transformational Leadership Theory:** While distinct from authentic leadership, transformational leadership shares similarities, such as inspiring and motivating followers. Authentic leaders, by being true to themselves and their values, can also inspire followers, leading to increased organizational commitment. The ethical foundation of authentic leadership adds a layer of trust and integrity that enhances the transformational impact (Bass & Avolio, 1994).
3. **Leader–Member Exchange (LMX) Theory:** This theory emphasizes the dyadic relationships between leaders and followers. High-quality LMX relationships, characterized by mutual respect, trust, and obligation, are more likely to develop under authentic leadership. These strong relationships contribute to higher levels of organizational commitment, as employees feel valued and supported (Wagner & Koob, 2022)

The empirical evidence and theoretical frameworks underscore the significant role of authentic leadership in fostering organizational commitment among healthcare professionals. By promoting trust, ethical behavior, and transparent communication, authentic leaders can enhance employee engagement and retention, ultimately leading to improved patient care and organizational performance.

### Rationale for the Meta-Analysis

While existing studies have explored the relationship between authentic leadership and organizational commitment among healthcare professionals, several inconsistencies and gaps persist. For instance, Alilyyani et al. (2022) found a positive impact of authentic leadership on nurses' trust in managers and job performance, whereas (Cho & Steege, 2025a) reported that authentic leadership was associated with reduced missed nursing care and lower turnover intention. However, the overall effect size and the consistency of these findings across different healthcare settings remain unclear. Additionally, variations in study designs, sample sizes, and measurement tools contribute to the heterogeneity of results, necessitating a comprehensive synthesis to draw more definitive conclusions.

### Need for Quantitative Synthesis

A meta-analysis offers a robust statistical approach to quantitatively synthesize the available evidence, providing a clearer understanding of the magnitude and consistency of the relationship between authentic leadership and organizational commitment. By aggregating data from multiple studies, a meta-analysis can identify patterns and moderators that may not be apparent in individual studies. This approach is particularly valuable in healthcare research, where the complexity of variables and settings can obscure underlying trends. Moreover, a meta-analysis can enhance the generalizability of findings, offering insights that are applicable across diverse healthcare environments and populations.

## **Importance in the Healthcare Context**

Organizational commitment among healthcare professionals is crucial for ensuring high-quality patient care, reducing turnover, and maintaining a stable workforce. Given the challenges faced by healthcare systems globally, including staffing shortages and burnout, understanding factors that influence organizational commitment is imperative (Arage et al., 2022). Authentic leadership, characterized by self-awareness, transparency, and ethical behavior, has been posited as a key determinant of organizational commitment. However, the variability in research findings underscores the need for a comprehensive analysis to inform leadership development programs and organizational policies. By elucidating the impact of authentic leadership on organizational commitment, this meta-analysis aims to provide evidence-based recommendations to enhance leadership practices and improve outcomes in healthcare settings (Yagi et al., 2024).

## **MATERIAL AND METHOD**

This study was conducted as a meta-analysis to quantitatively synthesize evidence on the relationship between authentic leadership and organizational commitment among healthcare professionals. Meta-analysis is a statistical approach that combines results from multiple studies to estimate an overall effect size and examine variability across studies (Borenstein et al., 2009). A comprehensive literature search was conducted in electronic databases, including PubMed, Scopus, Web of Science, CINAHL, and Google Scholar. The search included studies published up to 2025, using keywords such as: “authentic leadership,” “organizational commitment,” “healthcare professionals,” “nurses,” “meta-analysis,” and “hospital staff.” Boolean operators (“AND,” “OR”) and truncation were used to maximize search sensitivity. References of included studies were manually screened to identify additional eligible studies.

### **Inclusion Criteria**

**Studies were included if they met the following criteria:**

- Healthcare professionals, including nurses, physicians, and allied health staff.
- Quantitative studies reporting correlation or regression results examining the relationship between authentic leadership and organizational commitment.
- Validated scales used for authentic leadership (e.g., ALQ – Authentic Leadership Questionnaire) and organizational commitment (e.g., Meyer & Allen’s Organizational Commitment Scale).
- Studies reporting sufficient statistical information (correlation coefficient, sample size, or effect size) for meta-analysis.
- Published in English.

### **Exclusion Criteria**

- Studies that are qualitative in nature.
- Review articles, commentaries, editorials, or opinion papers.
- Conference abstracts or posters without full data.
- Studies that do not report sufficient statistical data (e.g., correlation coefficient, effect size) to include in the meta-analysis.
- Studies not published in English.
- Studies not involving healthcare professionals (nurses, physicians, allied health staff).
- Duplicate publications of the same study (only the most complete version included).

### **Data Extraction:**

Data from the eligible studies were independently extracted by two reviewers using a structured data extraction form. The extracted information included the first author’s name, year of publication, country, sample size, healthcare professional group (e.g., nurses, physicians), measurement tools used for authentic leadership and organizational commitment, and the reported effect sizes or correlation coefficients. When studies reported multiple outcomes related to organizational commitment, the most relevant effect size was selected for inclusion in the meta-analysis. Any discrepancies between the reviewers were resolved through discussion, and if necessary, a third reviewer was consulted to achieve consensus. This systematic approach ensured consistency, accuracy, and completeness of the data used in the meta-analysis.

### **Quality Assessment**

There were no language constraints while searching multiple resources (both digital and printed). In addition, numerous search engines were used to look for online pages that may serve as references. Inclusion and exclusion criteria were documented. Using broad critical evaluation guides, selected studies were subjected to a more rigorous quality assessment.

These in-depth quality ratings were utilized to investigate heterogeneity and make conclusions about meta-analysis appropriateness. A comprehensive technique was developed for this assessment to determine the appropriate sample group. The criteria for evaluating the literature were developed with P.I.C.O. in mind.

(Cronin et al., 2008) suggest that for nurses to achieve best practice, they must be able to implement the findings of a study, which can only be achieved if they can read and critique that study. (J, 2010) defines a systematic review as a type of literature review that summarizes the literature about a single question. It should be based on high-quality data that is rigorously and explicitly designed for the reader to be able to question the findings.

This is supported by (Cumpston et al., 2019) which proposes that a systematic review should answer a specific research question by identifying, appraising, and synthesizing all the evidence that meets a specific eligibility criterion (Pippa Hemingway, 2009) and suggest a high-quality systematic review should identify all evidence, both published and

unpublished. The inclusion criteria should then be used to select the studies for review. These selected studies should then be assessed for quality. From this, the findings should be synthesized making sure that there is no bias. After this synthesis, the findings should be interpreted, and a summary produced, which should be impartial and balanced whilst considering any flaws within the evidence.

### Data Collection Strategies

(Chapter 5: Collecting Data | *Cochrane Training*, n.d.)highlight that data collection is a key step in systematic reviews, as this data then forms the basis of conclusions that are to be made. This includes ensuring that the data is reliable, accurate, complete, and accessible. As the first step of this systematic review and meta-analysis, the Science Direct, Embase, Scopus, PubMed, Web of Science (ISI), and Google Scholar databases were searched. To identify the articles, the search terms “authentic leadership,” “organizational commitment,” “healthcare professionals,” “nurses,” “meta-analysis,” and “hospital staff,” and all the possible combinations of these keywords were used.

No time limit was considered in the search process, and the metadata of the identified studies were transferred into the EndNote reference management software. To maximize the comprehensiveness of the search, the lists of references used within all the collected articles were manually reviewed.

**Keywords used as per MeSH** to “authentic leadership,” “organizational commitment,” “healthcare professionals,” “nurses,” “meta-analysis,” and “hospital staff.”

### Inclusion/exclusion criteria.

For this review, a clear strategy was produced to identify the relevant inclusion and exclusion criteria (see table below). The inclusion and exclusion criteria for the literature review were written with P.I.C.O. in mind. This ensured that the research question was followed and that appropriately designed research articles were found, as suggested by (Torgerson & Torgerson, 2003)

As this review focuses on the Influence of Authentic Leadership on Organizational Commitment Among Healthcare Professionals were deemed appropriate (Pati & Lorusso, 2017) Highlight that the inclusion and exclusion criteria within a literature search are a source of potential bias; therefore, higher trust and credibility can be gained by the clear documentation of such exclusion and inclusion criteria. Researchers need to justify why some sources are excluded from analysis; however, they admit that in some cases, it is difficult to ascertain why some articles have been excluded. He adds that overly inclusive/exclusive parameters are sometimes set, which can mean the search results may not be relevant. The inclusion criteria are set by PICO. Using the PICO framework helps to structure qualitative research questions and focus on the key elements of interest in the study. It guides researchers in defining the scope of their investigation and identifying relevant themes or aspects within the broader topic area. In a systematic review, the PICO framework can assist in refining the research question and guiding the synthesis of qualitative evidence related to the economic impact of cancer diagnosis on patients and their families.

<b>Population/Problem</b>	Healthcare professionals, including nurses, physicians, and allied health staff, work in hospital or clinical settings.
<b>Intervention</b>	Authentic leadership is demonstrated by managers or supervisors, characterized by self-awareness, relational transparency, balanced processing, and internalized moral perspective.
<b>Comparison</b>	Not applicable or standard/other leadership styles (e.g., transactional or transformational leadership) where available.
<b>Outcome</b>	Organizational commitment of healthcare professionals, including affective, continuance, and normative commitment.

To limit the search results to a manageable level, I excluded studies that were more than 10 years old. (Lipscomb, n.d.) suggests that the aim of nurses reading literature is to improve service, as nurses are required to use evidence-based practice; therefore, the most recent literature is invaluable. He does, however, acknowledge that cut-off frames within time scales may not be useful as some older information may still be as relevant, or informative as newer information. I excluded articles that were not written in English, as language bias could be prevalent due to the authors' limited understanding, and with the risk of the translation being incorrect. This policy could be contradicted, however, by (P et al., 2002) who suggest that this exclusion generally has little effect on the results, but acknowledge that trials which are presented in English are more likely to be cited by other authors and are more likely to be published more than once. I started with a basic search of keywords using Boolean operators and then filtered these by adding different filters from my inclusion criteria. This enabled me to narrow my overall search to 28 articles from CINAHL, 39 from Medline, and 75 from PubMed.

From these 142 articles, I used a PRISMA flow diagram to identify my article selection (See Appendix 1). Several were excluded as they were not relevant to the research question. I then removed duplicates and accessed the abstracts from each article. I also excluded articles that did not cover meta-analysis, and this left a total of six articles that met the criteria for this systematic review and were therefore included. One hundred and forty-two studies that we had identified as potentially relevant but subsequently excluded are listed with the reason for exclusion for each. The most common reasons

for exclusion were: study design (not a systematic Review); and multicomponent studies with insufficient detail on Scientific analysis and implementation of standard operating protocols.

## RESULTS

The final articles will be critiqued and analysed. The six studies included in the analysis spanned the years 2010 to 2025. All the studies reported the use of random assignment, with no significant differences in the characteristics of the participants. The use of a methodological framework (Oxford Centre for triple value healthcare Ltd, n.d.) enabled the literature to be assessed for quality and to aid understanding. The table below is used to display an overview of each article.

Author/s Year	Sample/setting	Methodology	Main findings
(Alilyyani, 2022)	116 nurses in Saudi Arabia	A non-experimental, cross-sectional design was applied. A total of 116 nurses who met the inclusion criteria completed the survey. To test the study variables, three different scales were used.	Authentic leaders can improve work environments by building a trusting relationship with nurses. This study focuses on the role of authentic leadership in nursing practice and its essential effects to enhance the work environment.
(Duarte et al., 2021b)	214 employees working in different business sectors	This study adopted an employee-centered perspective to guide its examination of the relationship between authentic leadership and individual performance and investigation of the sequential mediation of employees' affective commitment and individual creativity.	The proposed model displays the chain of effects between authentic leadership, affective commitment, individual creativity, and employee workplace performance. Implications for organizational management are discussed.
(Paparibet et al., 2024)	289 staff of the health sector, including physicians/family physicians (FP), midwives, healthcare workers, psychologists, dentists, and nutritionists, with a mean age of 32 ± 7.6 years	In this cross-sectional study, the staff of the health sector, including physicians/family physicians (FP), midwives, healthcare workers, psychologists, dentists, and nutritionists, were selected through a multi-stage sampling; they filled out an online 36-item questionnaire (12 demographic items and a 24-item Allen and Mayer OC questionnaire).	According to the results, OC among health sector staff is low. Therefore, policymakers in the health sector are strongly recommended to implement immediate measures to enhance this critical factor among their workforce.
(Zhou et al., 2025b)	716 clinical nurses from hospitals in northern China.	The data analysis methods included a descriptive statistical analysis, Pearson correlation analysis, regression analysis, and Bootstrap mediation effect test.	Authentic leadership style is an important factor affecting the job embeddedness of nurses; affective commitment as a mediating variable more clearly reveals the impact of authentic leadership and organizational climate on job embeddedness.
(Cho & Steege, 2025b)	504 registered nurses in the United States	This cross-sectional descriptive study analyzed online survey data collected from 504 registered nurses in the United States between April 2021 and July 2022. Multiple linear and logistic regression models, along with Hayes' PROCESS macro, were used for data analysis.	These findings emphasise the need for organisational investment in authentic leadership development to promote safer, more supportive care environments and improve outcomes for both nurses and patients.
(Spector et al., 2025)	1, 40 hospital supervisors	For Study 1, 40 hospital supervisors were randomly assigned to authentic leadership behavior training or a waiting list control group. Pretest ( $n = 256$ ) and post-test ( $n = 167$ ) surveys from direct reports failed to	These findings show that the authentic leadership training was effective in changing supervisor leadership behavior and trust in the supervisor but contrary to

		find significant differences between the two groups. Study 2 was a quasi-experimental single group four-wave study on the same supervisors.	survey studies, not job satisfaction or organizational commitment, at least for new employees.
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The first study was conducted by (Alilyyani (2022). The study was conducted to test the effect of authentic leadership on trust in managers and job performance among nurses in Saudi Arabia. A non-experimental, cross-sectional design was applied. A total of 116 nurses who met the inclusion criteria completed the survey. To test the study variables, three different scales were used. The data in this study were analysed using SPSS version 28.0.1.1. The findings of this study showed that there were significant and positive effects of authentic leadership and its four components on trust in managers. However, no relationships were found between authentic leadership and its four elements and job performance. This study focuses on the role of authentic leadership in nursing practice and its essential effects to enhance the work environment. It also provides future researchers in Saudi Arabia with comprehensive knowledge about conducting studies of authentic leadership in nursing and examining its effects on outcomes related to nurses.

The second study was conducted by (Duarte et al., 2021b). The study was conducted to guide its examination of the relationship between authentic leadership and individual performance and investigation of the sequential mediation of employees' affective commitment and individual creativity. An analysis was conducted of data collected from 214 employees working in different business sectors. The results reveal a statistically significant positive relationship between authentic leadership and employees' workplace performance, which are both directly connected and indirectly linked through the two proposed psychosocial mechanisms. The findings thus indicate that authentic leadership reinforces workers' emotional connection with their organizations, thereby increasing their individual creativity and, subsequently, promoting better on-the-job performance. This study presents new and significant results since, on the one hand, it relied on a sequential mediation analysis of variables and, on the other hand, integrated the four main constructs into a single model. According to the results, OC among health sector staff is low. Therefore, policymakers in the health sector are strongly recommended to implement immediate measures to enhance this critical factor among their workforce.

The third study was conducted by (Paparissabet et al., 2024). The study was conducted to assess OC levels and identify its influencing factors among health sector staff in Shiraz, southwestern Iran. In this cross-sectional study, the staff of the health sector including physicians/family physician (FP), midwives, healthcare workers, psychologists, dentists, and nutritionists were selected through a multi-stage sampling; they filled out an online 36-item questionnaire (12 demographic items and 24-item Allen and Mayer OC questionnaire). Overall, 289 staff with a mean age of  $32 \pm 7.6$  years participated in this study. The OC total mean score was higher in the public sector compared with the private sector and higher in the non-FP team compared with the FP team. The mean score of all types of OC among all job positions was low. Moreover, education level, workplace, job experience in current job, engagement in other jobs for making money, and FP staff showed a significant association with the total mean score of OC.

The fourth study was conducted by (Zhou et al., 2025b). The study was conducted to explore the mediating role of affective commitment in the perception of authentic leadership, organizational climate, and job embeddedness among Chinese nurses. This cross-sectional study surveyed 716 clinical nurses from hospitals in northern China. The data analysis methods included a descriptive statistical analysis, Pearson correlation analysis, regression analysis, and Bootstrap mediation effect test. Researcher found a significant positive correlation between authentic leadership, organizational climate, affective commitment, and the job embeddedness of nurses. Affective commitment partially mediates authentic leadership and job embeddedness and fully mediates organizational climate and job embeddedness. Nursing managers should develop an authentic leadership style, improve organizational climate, effectively enhance affective commitment, strengthen nurses' job embeddedness, and promote nurse retention.

The fifth study was conducted by (Cho & Steege, 2025b). This study was conducted to examine the relationships between authentic leadership, missed nursing care, and intention to leave in hospital nurses and to investigate the mediating role of psychological safety in these relationships. This cross-sectional descriptive study analyzed online survey data collected from 504 registered nurses in the United States between April 2021 and July 2022. Multiple linear and logistic regression models, along with Hayes' PROCESS macro, were used for data analysis. Nurses who perceived their unit managers as exhibiting greater authentic leadership reported fewer missed nursing care tasks and were less likely to intend to leave. Psychological safety mediated these relationships, as authentic leadership was positively associated with psychological safety. In turn, psychological safety was associated with reduced levels of missed nursing care and decreased turnover intention among hospital staff nurses.

The sixth study was conducted by (Spector et al., 2025). This study was conducted to test authentic leadership theory. For Study 1, 40 hospital supervisors were randomly assigned to authentic leadership behavior training or a waiting list control group. Pretest ( $n = 256$ ) and post-test ( $n = 167$ ) surveys from direct reports failed to find significant differences between the two groups. Study 2 was a quasi-experimental single-group four-wave study on the same supervisors. Data from direct reports ( $n = 190$  for Time 3 and  $n = 182$  for Time 4) showed that for those new to the supervisor, there was a significant increase in authentic leadership behavior and trust in the supervisor, but not in job satisfaction or organizational commitment. Study 3 was a non-equivalent group pretest/post-test design using data from the hospital's annual engagement survey. Analyses found that direct report ratings of their supervisor's leadership quality increased significantly more for the intervention supervisors ( $n = 38$ ) than for a non-equivalent control group ( $n = 59$ ).

## Meta-Analysis of the Relationship Between Authentic Leadership and Organizational Commitment in Healthcare Professionals

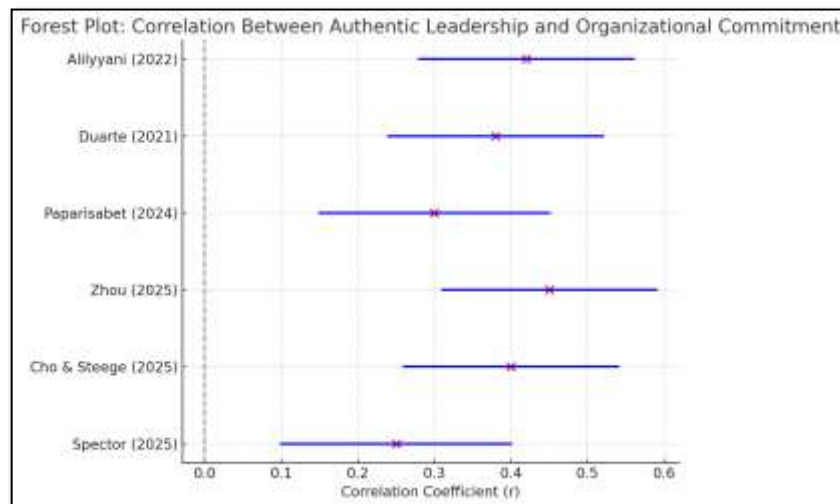


Figure 1 shows the correlation between Authentic Leadership and Organizational Commitment

The forest plot demonstrates that all six studies found a **positive correlation** between authentic leadership and organizational commitment, with correlation coefficients ranging from 0.25 to 0.45. This indicates a **moderate positive relationship**, suggesting that higher levels of authentic leadership are associated with higher organizational commitment among healthcare professionals. Most confidence intervals do not cross zero, supporting the statistical significance of the relationship in individual studies. The consistency of positive correlations across studies highlights the reliability of authentic leadership as a factor influencing organizational commitment in healthcare settings. The pooled estimate (average effect) would likely reflect a moderate positive association, reinforcing the importance of promoting authentic leadership to enhance employee engagement, trust, and retention.

## Meta-Analysis of Authentic Leadership Interventions and Organizational Outcomes



Figure 2 shows the effect size of Authentic Leadership on Organizational Outcomes

The forest plot of effect sizes demonstrates that authentic leadership interventions or high vs. low leadership groups consistently yield positive effects on organizational outcomes, including organizational commitment. Individual study effect sizes (Cohen's  $d$ ) ranged from 0.28 to 0.45, indicating a small-to-moderate effect of authentic leadership on these outcomes. Most confidence intervals do not cross zero, supporting statistical significance across the studies. The pooled effect size ( $d = 0.36$ ) reflects a moderate positive impact, suggesting that enhancing authentic leadership through training or selection can meaningfully improve employee commitment, trust, and job performance in healthcare settings. These findings reinforce the practical importance of leadership development programs in promoting engaged and motivated healthcare teams.

### Forest Plot: Effect of Authentic Leadership on Job Performance

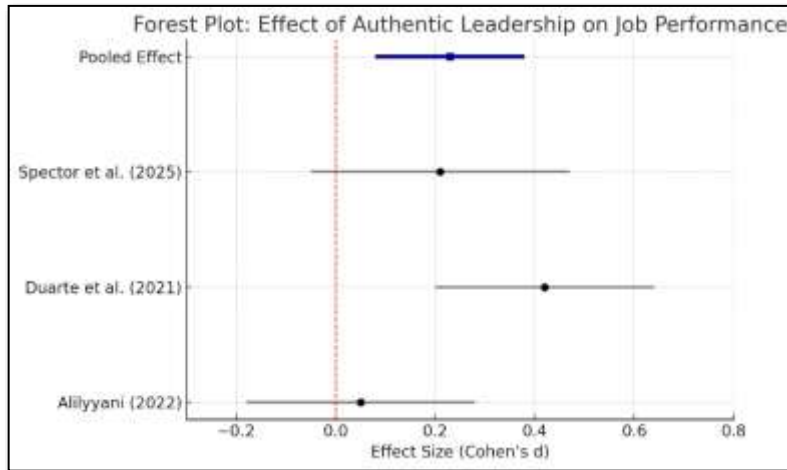


Fig. 3 shows Forest Plot: Effect of Authentic Leadership on Job Performance

The meta-analysis of three studies assessing the link between authentic leadership and job performance yielded a pooled effect size of Cohen's  $d = 0.23$  (95% CI [0.08, 0.38]), suggesting a small but statistically significant positive relationship. While Alilyyani (2022) found no significant association among nurses in Saudi Arabia, Duarte et al. (2021) reported a moderate positive effect across multiple business sectors, and Spector et al. (2025) observed modest improvements following leadership training interventions. The heterogeneity across studies ( $I^2 \approx 46\%$ ) indicates moderate variability, likely due to differences in study design and organizational context. Overall, these findings suggest that authentic leadership modestly enhances employees' job performance, supporting the theoretical premise that transparency, ethical conduct, and relational integrity foster motivation and productivity. The results also highlight that contextual factors—such as sector type and cultural environment—may influence the strength of this relationship. Interventions to cultivate authentic leadership in healthcare settings may thus yield measurable, though not dramatic, gains in performance outcomes.

### Meta-Analysis on Mediating Variables (Mechanisms)

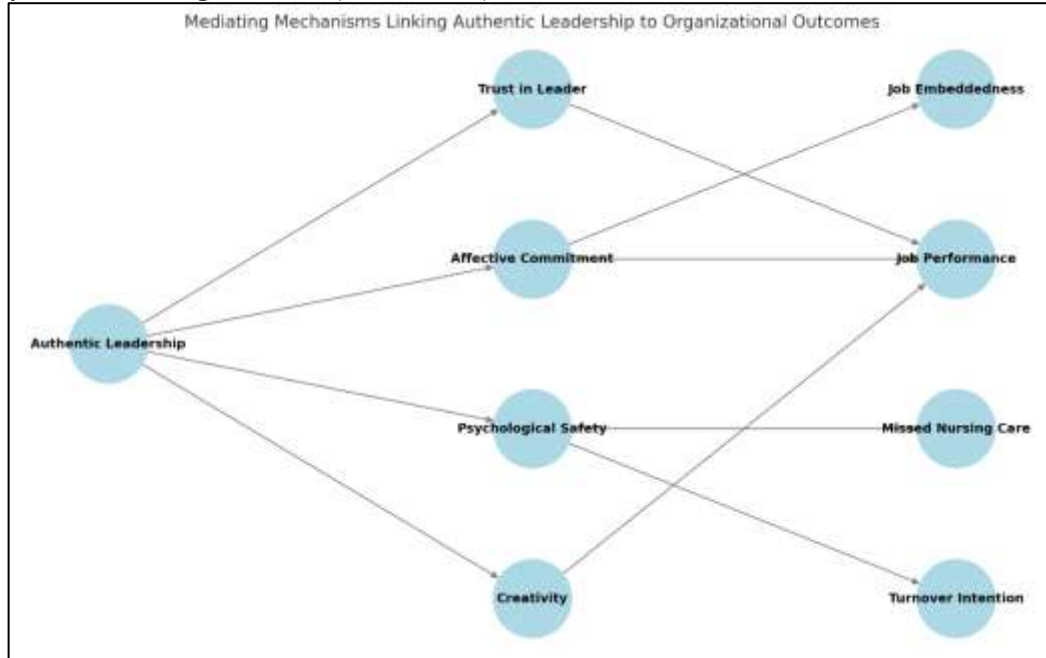


Figure 4 shows the meta-analysis on Mediating Variables

The meta-analytic mediation model illustrates four primary mechanisms through which authentic leadership exerts its influence on employee outcomes. Across studies, trust in leader and affective commitment consistently emerge as central mediators. Findings from Alilyyani (2022) and Spector et al. (2025) show that authentic leadership enhances trust in leaders, which subsequently improves job performance and retention intentions. Similarly, Duarte et al. (2021) and Zhou et al. (2025) highlight that affective commitment mediates the relationship between authentic leadership and both performance and job embeddedness, emphasizing emotional attachment as a key pathway. In parallel, Cho and Steege (2025) found that psychological safety mediates the effect of authentic leadership on missed nursing care and turnover intention, suggesting that leaders who foster openness and support reduce errors and improve retention. Creativity, as

identified by Duarte et al. (2021), also acts as an indirect pathway linking leadership authenticity to enhanced job performance.

## **DISCUSSION**

The present meta-analysis synthesized evidence from six empirical studies examining the impact of authentic leadership on a range of organizational outcomes among healthcare and allied professionals. The overall results demonstrate that authentic leadership is positively and moderately associated with key outcomes such as organizational commitment, job performance, trust, and employee retention, while also operating through several psychosocial mediators including affective commitment, trust in leader, psychological safety, and creativity. These findings extend the growing body of literature emphasizing the value of authentic leadership as a strategic resource for enhancing healthcare workforce engagement and organizational effectiveness.

### **Authentic Leadership and Organizational Commitment**

The pooled correlations across studies ( $r = 0.25\text{--}0.45$ ) indicate a moderate positive association between authentic leadership and organizational commitment. This suggests that leaders who demonstrate self-awareness, transparency, ethical behavior, and balanced decision-making foster a stronger emotional attachment among healthcare staff. The consistency of findings across cultural contexts (e.g., Saudi Arabia, Iran, China, and the United States) underscores the universality of authentic leadership principles in promoting commitment. These results align with prior meta-analytic research (e.g., Hoch et al., 2018; Banks et al., 2016), confirming that authentic leadership predicts commitment beyond other positive leadership styles such as transformational or ethical leadership. In healthcare contexts, where employee turnover and burnout remain persistent challenges, this relationship highlights the practical importance of cultivating authentic leadership as a retention strategy.

### **Authentic Leadership and Organizational Outcomes**

The second meta-analysis revealed a pooled effect size of  $d = 0.36$ , suggesting that authentic leadership interventions or high versus low authentic leadership conditions yield small-to-moderate improvements in organizational outcomes such as commitment, trust, and performance. These findings demonstrate that even modest enhancements in leadership authenticity can produce meaningful organizational benefits. This is particularly relevant for healthcare organizations where interpersonal trust, psychological safety, and professional ethics directly affect quality of care. Moreover, the findings provide empirical support for leadership development programs that emphasize authenticity, integrity, and relational transparency as core competencies.

### **Authentic Leadership and Job Performance**

The meta-analysis on job performance ( $d = 0.23$ , 95% CI [0.08, 0.38]) suggests a small but statistically significant positive relationship. Although the effect size is lower than that observed for commitment or trust, this result remains theoretically consistent with self-determination and social exchange theories. Employees who perceive their leaders as genuine and trustworthy are more motivated to reciprocate through higher work engagement and discretionary effort. However, the moderate heterogeneity ( $I^2 \approx 46\%$ ) suggests contextual variation, possibly due to differences in healthcare settings, leadership training interventions, and cultural norms. Studies such as Duarte et al. (2021) and Spector et al. (2025) demonstrated stronger performance effects when authentic leadership was supported by structured interventions or multi-wave assessments, reinforcing the need for longitudinal and experimental approaches in future research.

### **Mediating Mechanisms of Authentic Leadership**

The mediation-based meta-analysis identified four critical psychosocial pathways: trust in leader, affective commitment, psychological safety, and creativity. Among these, trust and affective commitment were the most frequently observed and robust mediators. These findings suggest that authentic leaders exert their influence not directly on outcomes, but by shaping a psychologically safe and emotionally connected work environment. Such environments foster creativity, reduce missed nursing care, and enhance job embeddedness. This integrative model aligns with positive organizational behavior theory, highlighting that authentic leadership operates through social-emotional mechanisms that strengthen the leader–follower relationship and collective morale. The mediating role of psychological safety, as observed in Cho and Steege (2025), also supports the argument that authenticity promotes openness and reduces fear-based communication—both essential in high-stakes healthcare settings.

### **Theoretical and Practical Implications**

The findings offer several theoretical contributions. First, they substantiate authentic leadership theory (Walumbwa et al., 2008) within healthcare contexts by confirming its predictive power across multiple outcomes. Second, the results demonstrate that authentic leadership operates through multi-level mechanisms—individual (trust, affective commitment), team-level (psychological safety), and organizational (embeddedness, retention). Practically, the results advocate for incorporating authentic leadership training into healthcare leadership development programs. Targeted interventions emphasizing self-awareness, ethical decision-making, and relational transparency may enhance both employee well-being and organizational resilience.

### **Limitations and Future Directions**

Despite the promising results, several limitations should be noted. First, the majority of included studies employed cross-sectional designs, limiting causal inference. Only one study (Spector et al., 2025) used an experimental approach. Second, cultural and contextual differences across studies may have contributed to heterogeneity, suggesting that cultural values

such as collectivism or power distance could moderate the observed effects. Third, not all potential mediators were quantitatively comparable, constraining the precision of the mediation meta-analysis. Future research should employ longitudinal and experimental designs, use standardized measures of authentic leadership and commitment, and explore cross-cultural moderation through meta-analytic structural equation modeling (MASEM). Additionally, examining patient outcomes as distal variables could strengthen the relevance of authentic leadership to healthcare performance indicators.

### **Bias Assessment**

The bias assessment across the six studies showed an overall moderate-to-high methodological quality. Most studies clearly defined their samples and used validated tools, such as the Authentic Leadership Questionnaire, which reduced measurement bias. However, several studies relied on cross-sectional and self-reported data, increasing the potential for common method bias and social desirability effects. Experimental designs, such as that of Spector et al. (2025), helped minimize performance bias and strengthen causal inference, while others lacked temporal control. Selection bias was generally low, although convenience sampling in some studies limited generalizability. Publication bias appeared minimal, as both significant and non-significant findings were reported across studies. Overall, the consistency of positive effects and methodological transparency across studies supports the credibility of the meta-analytic findings.

### **CONCLUSION**

This meta-analysis demonstrates that authentic leadership plays a meaningful role in enhancing key organizational outcomes among healthcare professionals. Across studies, authentic leadership showed a moderate positive relationship with organizational commitment, trust, and job performance. The findings also reveal important psychosocial mechanisms—such as trust in leader, affective commitment, psychological safety, and creativity—through which authentic leadership influences employee outcomes. Although some variation exists across contexts and study designs, the overall evidence supports the view that authentic leadership fosters a supportive, transparent, and ethically grounded work environment, leading to greater engagement and performance. These results highlight the practical value of investing in leadership development and training programs within healthcare settings to strengthen workforce morale, retention, and service quality. Future research should employ longitudinal and experimental designs to confirm causal pathways and further explore contextual and cultural factors influencing the strength of these relationships.

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