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Driving Health Care Results with Authenticity, Kindness, and Vulnerability: A New Model of Authentic Leadership

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Driving Health Care Results with Authenticity, Kindness, and Vulnerability: A New Model of
Authentic Leadership

by

John D. Couris

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Business Administration
Muma College of Business
University of South Florida

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DEDICATION

This dissertation, as is everything in my life, is dedicated to my amazing family. My wife, Dianne, has always been in my corner and is truly my best friend. Her love is unconditional, and her support is unwavering. I am the person I am today because of her, and I was only able to complete this journey and this project because she was at my side, cheering me on every step of the way. In addition, my two incredible kids—my son Ben and my daughter Izzy—have shown me tremendous love and support and have served as my primary motivation over the last three and a half years. They are successful, kind, and tremendous human beings, and I am so lucky to be their father. Finally, I would like to recognize Doug Brown, my dear friend and mentor and one of the chief architects of Enterprise Rental Car (a.k.a., employee 13). For over a decade, Doug has challenged me and supported me, and because of him, I have become a better leader for my organization and community.

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ABSTRACT

Current management scholars have defined authentic leadership as consisting of four dimensions: relational transparency, self-awareness, balanced processing, and internalized moral perspective. This research extends the concept of authentic leadership to include kindness and vulnerability. I created two scales to measure kindness and vulnerability within the context of leadership and used them to examine perceptions of authentic leadership and its impact on three organizational outcomes: trust in one's leader, work engagement, and psychological safety. Using a two-group, pretest-posttest experimental design, 44 Tampa General Hospital managers were either selected to participate in a four-hour authentic leadership training that included instruction on kindness and vulnerability or were placed in the control group. Three-hundred ninety-two of those managers' direct reports were invited to participate in an online survey pre- and posttraining that measured ratings of the leader's authenticity, trust in their leader, work engagement, and psychological safety. I used the Kirkpatrick Model to evaluate the training, and I found the managers to have had positive reactions to the training and to have increased their knowledge of leadership concepts. There were no statistically significant differences in the two groups from pretest to posttest on the outcome measures; however, the data were trending in the hypothesized direction. Additionally, the psychometric properties of the kindness and vulnerability in leadership scales were excellent, and the significant correlations of kindness and vulnerability with the outcome measures provided preliminary validity evidence.

CHAPTER ONE: INTRODUCTION

In my more than twenty-year career as a health care leader and practitioner, I have developed an approach to leadership that, at its core, is rooted in the practice of authenticity. The concept of authenticity has been widely theorized, from Aristotle—who developed the idea of leading by being “true to one’s true self” (Shamir & Eilam, 2005, p. 397)—to contemporary business journals in which “authenticity has become the gold standard for leadership” (Ibarra, 2015, p. 54). As I have evolved in my career and experienced firsthand which leadership behaviors have driven organizational results, I have come to define and deploy the concept of authenticity as being comfortable with who you are and not being who others want and expect you to be. Using my previous experiences, ongoing observation, and literature reviews as a starting point, this project evaluated whether an intervention designed to increase authentic leadership positively affected the participating leaders and those they manage. Specifically, I sought to understand if engaging in the practice of authentic leadership built a sense of trust between leaders and team members while also increasing psychological safety and engagement among team members. Through survey instruments and questionnaires given to both intervention and control groups, I measured changes in leaders and their leadership, as well as their effect on followers, to understand if these authentic leadership behaviors resulted in changes in the followers in the areas of trust, psychological safety, and engagement.

Taking an authentic, kind, and vulnerable approach has allowed me to support and grow my team's capacity and build human connections to drive my organization's mission and achieve strategic goals (e.g., financial performance). Anecdotally, organizations that I have led experienced increased collaboration, innovation, and organizational performance from a financial and quality perspective due to my employing an authentic leadership style. For example, Tampa General Hospital (TGH), the organization at which I presently serve as the president and chief executive officer (CEO), has experienced a dramatic improvement in the organization's quality rating. Vizient—one of the nation's leading health care performance improvement companies—independently evaluates TGH against the country's 100 largest academic medical centers. Vizient measures the quality of each medical center along six performance indicators—overall ranking among academic medical centers, risk-adjusted mortality, length of stay and direct costs, hospital-acquired infection and patient safety indicators, readmission and excessive days in acute care, and care equity regardless of race, gender, or socioeconomic status. During my tenure, which began in 2017, TGH has improved its rankings, rising from 81st to 18th in an overall composite score for quality. In addition, team member engagement at TGH (measured via Press Ganey) increased to the 89th percentile for national academic medical centers after being in the 40th percentile in 2017.

I am not alone in seeing the value of authentic leadership. Gary S. Kaplan, MD, chairman and CEO of Virginia Mason Health System in Seattle, Washington, has made the following point: "If we create an environment in which managers and care team members are afraid of failing, we are not doing our jobs as leaders. We need to provide a supportive environment so that team members can feel safe when discussing their mistakes and lessons learned" (Kaplan, 2020, p. 15). He further explained, "A lack of transparency and, worse, a lack of accountability

in leadership weaken an organization. As senior leaders, we must hold ourselves to the same or higher standards of accountability than we set for our management teams” (Kaplan, 2020, p. 15).

In fact, for nearly two decades, there has been a dramatic rise in calls for authentic leadership from both researchers and practitioners (Gardner et al., 2011). The pressure for authenticity has likely increased exponentially in the last few years in the wake of revelations of ethical and moral misconduct inside organizations and across systems of power (Alvesson & Einola, 2019). In response to constant scandals and a perceived devaluation of morality, the popularity of authentic leadership has increased (Wilson, 2013).

From an academic and research perspective, a range of traits can be attributed to an authentic leader. Authentic leaders strive to lead by being self-aware, transparent, and humble while operating within an ethical framework. In addition, they are dedicated to driving organizational success through socially accepted values and connections (Avolio & Gardner, 2005). In this research, authentic leadership has its roots in the authentic leadership model traditionally conceptualized in the extant leadership literature, in which authentic leadership derives from a foundation of equal parts of self-awareness, relational transparency, balanced processing, and an internalized moral perspective, and in which authentic leaders act in accordance with their inner thoughts and feelings (Avolio & Gardner, 2005). Additionally, I have found two authentic leadership behaviors—vulnerability and kindness—to be critical to driving results.

From my experience as a practitioner, the act of being fully authentic is only realized when you also take on kindness as an integral behavior. I define kindness in leadership as leaders meeting people where they are—both emotionally and intellectually—while also meeting the needs of their employees and organization. The hallmark of an operationally healthy and

effective organization is that team members feel supported and cared for, and when that happens, they can do their best work. The other key behavior—vulnerability—takes root when leaders allow their followers to see them for who they are—warts and all. They come to recognize their leader, and thus, the organization, as taking a “what you see is what you get” approach. To lead with authenticity, therefore, is to also lead with kindness and to practice vulnerability. When considering the impact of authenticity on team member engagement, one needs to consider the presence of kindness and vulnerability as intentional behaviors. Thus, I added kindness and vulnerability to the four traditional dimensions of authentic leadership (i.e., self-awareness, balanced processing, internalized moral perspective, and relational transparency) in the measurement of leadership in this study.

Does authentic leadership pay off, and if so, how? Are employees more engaged, and/or more productive under authentic leadership? Do organizations thrive under authentic leaders? Is there a more generous spirit of trust, innovation, and creativity? As part of this project and as the key to my research, I hypothesized that the practice of authentic leadership leads to three key outcomes: an increase in engagement, a deepening of trust, and a greater sense of psychological safety. I proposed an increase in these key outcomes could lead to a positive change in the organization’s climate in the short-term and, hopefully, lead to more long-term changes of organizational culture.

Although multiple scholars have evaluated the link between authentic leadership and team member engagement behaviors, an exploration of teaching authenticity as a leadership practice across an organization—specifically, health care—remains incomplete. Additionally, as we look at a practice of authentic leadership, including leading with kindness and vulnerability, we need to understand the influence this behavior has on the set of employee behaviors, as

previously described. The impact of leading with kindness and vulnerability and its influence has largely been addressed in popular literature, rather than scholarly practice.

In my capacity as CEO, I collaborated with a leading organizational behavior scholar to develop, design, and launch a series of interventions designed around authentic leadership as part of TGH's People Development Institute (PDI). The intervention used in this research is the initial version of what will ultimately lead to a series of TGH leadership model classes offered to team members. As part of the organizational development efforts within TGH, the long-term plan is for the organization's leaders to participate in a series of leadership-focused interventions, including the TGH authentic leadership model training. This training aims to continue to make positive changes and increase team member engagement within the organization.

For the purposes of my research and as part of an organizational effort to increase authentic leadership and drive the desired organizational outcomes, I used the Kirkpatrick Model (2016) as a framework to design the authentic leadership intervention. Participants completed a leaders' survey at the end of their intervention leadership training that was comprised of content-based questions that captured leaders' reactions to the training. The model employed four levels of evaluation:

1. *Reaction* captured how participants reacted to the training and whether they were satisfied with what they learned.
2. *Learning* analyzed whether participants comprehended the material put forth in the training.
3. *Behavior* examined whether the participants deployed what they learned during the training.

4. *Results* determined if the content of the training had a positive impact on the organization (Kirkpatrick & Kirkpatrick, 2016).

Working with Press Ganey, a nationally renowned health care impact measurement firm, we developed a pre- and posttraining questionnaire. Using key scales, the pre- and posttraining questionnaire measured followers' awareness of their leader's authenticity, the trust they had in their leader, their feelings of safety in interpersonal risk-taking, and their overall work engagement. Informed by the literature review that follows, the goal of this research was to examine the managers' reactions to the authentic leadership training and their posttraining knowledge of the delivered content. I also wanted to examine if there were differences in the outcomes (i.e., trust, engagement, and psychological safety) between the direct reports of the managers in the control group and those in the experimental group.

CHAPTER TWO: LITERATURE REVIEW

*“There may be much more to authentic leadership than just being true to oneself”
(Walumbwa et al., 2008, p. 90).*

Authentic Leadership

As the foundation of this project, it is critical to understand the context and range of characteristics that define authentic leadership and its characteristic behaviors. But what do each of these behaviors signify, and how do they work together to define authentic leadership? Can we coalesce around an all-encompassing definition of the term? Over time and in academic literature, authentic leadership has been theorized as a pattern of behaviors, rather than a single overarching trait:

Authentic leadership is 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. (Walumbwa et al., 2008, p. 94)

Reviewing studies on authentic leadership, one can characterize authentic leadership as exhibiting more personal and inherently self-aware behaviors than what ethical and transformational leadership have traditionally offered. In Gardner et al.’s (2011) review of the extant literature on authentic leadership, they sought to reach consensus on the definition of authentic leadership and provided a functional evolution of the traits and definitions that have

come to characterize the authentic leader. Their journey to define authentic leadership began with Rome and Rome (1967):

[We] equate the organization and the person as authentic to the extent that, throughout its leadership, it accepts finitude, uncertainty, and contingency; realizes its capacity for responsibility and choice; acknowledges guilt and errors; fulfills its creative, managerial potential for flexible planning, growth, and charter or policy formation; and responsibly participates in the wider community. (Rome & Rome, 1967, p. 185)

The researchers also cited Begley (2001) on the topic of authenticity in relation to competence; he theorized that “authentic leadership may be thought of as a metaphor for professionally effective, ethically sound, and consciously reflective practices in educational administration. This is knowledge-based leadership, values informed, and skillfully executed” (Begley, 2001, p. 383). But where then do relational transparency and self-awareness come into play?

In the mid-2000s, as Gardner et al. (2011) chronicled, the definition of authentic leadership began to be more emotionally driven and fell in line with present-day conceptions. “Authentic leaders are deeply aware of their values and beliefs, they are self-confident, genuine, reliable, and trustworthy, and they focus on building followers’ strengths, broadening their thinking and creating a positive and engaging organizational context” (Ilies et al., 2005, p. 34). Authentic leadership definitions also began to encompass how authentic leadership impacts others. Authentic leaders are:

Genuine people who are true to themselves and to what they believe in. They engender trust and develop genuine connections with others. Because people trust them, they can motivate others to high levels of performance. Rather than letting the expectations of

other people guide them, they are prepared to be their own person and go their own way.

As they develop as authentic leaders, they are more concerned about serving others than they are about their own success or recognition. (George & Sims, 2007, p. 31)

Key to the current definition of authentic leadership, Walumbwa et al. (2008) developed a multidimensional model of the authentic leadership construct (the Authentic Leadership Questionnaire [ALQ]) that positioned authentic leaders as those who exhibited four behaviors: (1) self-awareness, an understanding of their strengths and weaknesses and mindfulness of their impact on others; (2) relational transparency, in that they present their authentic self to others while minimizing the display of inappropriate emotions; (3) balanced processing, as they objectively analyze data before coming to a decision and solicit opposing views on matters of importance; and (4) an internalized moral perspective, meaning that they are guided and regulated by an internal moral compass. Over the past decade and a half, these four dimensions became the accepted conceptualization of authentic leadership among academic researchers.

In further explorations of authentic leadership, scholars have aimed to add further qualities to this core definition. For example, Avolio and Gardner (2005) analyzed 36 focal components of leadership to help define authentic leadership and compare authentic leadership to transformational, charismatic, servant, and spiritual leadership styles. The primary focal components associated with authentic leadership included positive psychological capital, positive moral perspective, leader self-awareness, leader self-regulation, leader processes/behaviors, follower self-awareness/regulation, follower development, organizational context, and veritable and sustained performance beyond expectations.

Multiple scholars have demonstrated that authenticity builds trust between leaders and team members (Engelbrecht et al., 2014; Hassan & Ahmed, 2011; Wang & Hsieh, 2013).

Authenticity has also been shown to predict the development of trust between leaders and their team members over time (Onorato & Zhu, 2014). This is especially important because trust has been measured as a catalyst for positive results on an individual, team, and organizational basis, including employee engagement, productivity, creativity, and innovation (Beddoes-Jones, 2012; Černe et al., 2013; Rego et al., 2012). Authenticity in leaders has also been shown to drive employee engagement, motivating employees to work harder and increase productivity (Khalil & Siddiqui, 2019). Finally, researchers have indicated that authentic leadership is a significant predictor of psychological safety, an environment in which employees feel comfortable taking risks, making mistakes, and expressing their opinions and ideas (Hirak et al., 2012; Maximo et al., 2019).

Directly related to my hypotheses, scholars have begun to examine the outcomes of authentic leadership as predictors of trust, engagement, and psychological safety. For example, in “A Meta-Analytic Review of Authentic and Transformational Leadership: A Test for Redundancy,” Banks et al. (2016) found that authentic leadership prevailed over transformational leadership when predicting group or organization performance and organizational citizenship behaviors. In addition, Maximo et al. (2019) found that in a sample of 244 mining workers, authentic leadership was a significant predictor of trust in supervisors and psychological safety. The researchers further found that authentic leadership had a statistically significant indirect effect on work engagement through trust in supervisors.

Hypothesis 1

Direct reports of managers who attend the authentic leadership training will report increased levels of authentic leadership from before to after training, whereas direct reports of managers who did not attend the training will show no differences.

Kindness

I am personally committed to the belief that kindness is a critical authentic leadership behavior. As my working definition, kindness is compassion and meeting people where they are, emotionally and intellectually. According to Caldwell (2017), kindness performs a specific function, in that it is viewed as the moral obligation of human resource professionals, and understanding the importance of kindness is critical to their job function. Furthermore, this practice of kindness is effective when aligned with organizational values, as effective leaders align organizational culture with systems, processes, practices, and programs that reinforce the organization's espoused values in achieving its mission (Schein, 2010).

Kindness, however, is not merely an act that must be practiced, but a fundamental leadership virtue with six components: authenticity, humanity, respect, perspective, integrity, and competence (Caldwell, 2017). Baker and O'Malley (2008) explored the concept of kindness in real-world applications in their book, *Leading with Kindness*, and classified the concept of kindness as having six fundamental features: compassion, gratitude, integrity, authenticity, humility, and humor. Mezan et al. (2019) had an alternate view of kindness; rather than viewing it as a behavior that was part of the practice of authentic leadership, they argued "that authentic leadership is the outcome of integrating the features" (p. 127). Through the literature review for their case study, Mezan et al. (2019) found kindness impacted managers' behavior and their abilities in the following ways: managers combining kindness with respect were honest while deferential (Caldwell et al., 2010), kind leaders could develop a refined perspective about people and situations (Caruso & Bhardwaj, 2012), and managers combining kindness with integrity generated systems reflecting their commitment to both employee and organizational capacity

(Beer, 2009; Senge, 2006). The integration of kindness and competence creates an additive effect on organizational performance (Casciaro & Lobo, 2008).

Finally, the impact of kindness can be far-reaching. For example, in their mixed-methods study involving quantitative and qualitative data collection in North Shewa Zone health care facilities, Jemal et al. (2021) showed that compassionate and respectful care among the health care workforce requires an actual demonstration of humanity and kindness to promote person-centered practice for clients. Dutton et al. (2010) found that productivity increases when employees meet kindness with kindness. They also provide better customer service and develop more positive relationships.

Vulnerability

As with kindness, I did not separate the direct impact of vulnerability on employee trust, psychological safety, and employee engagement. Instead, I saw the practice of vulnerability as a behavior inherent in authentic leadership and one that produces positive results, and I subsequently included vulnerability in the measurement of authentic leadership. Although the definition of vulnerability varies from economics to popular literature—think Brené Brown, who defined vulnerability as “uncertainty, risk, and emotional exposure” (Brown, 2012, p. 44)—for the purpose of my work, I have honed in on a particular definition of vulnerability, which is to expose to others who we are—warts and all.

Several authors have highlighted vulnerability as a necessary characteristic of leadership (Brown, 2012; Deb & Chavali, 2010; Khazanchi & Masterson, 2011) and argued that vulnerability is a foundational component for building trust between leaders and their followers (Mayer et al., 1995; Nienaber et al., 2015; Rousseau et al., 1998). As Ito and Bligh (2016) have reminded us, sharing vulnerability is defined as communicating an experience to followers in

which the leader was hurt emotionally, physically, or spiritually. Ito and Bligh (2016) viewed this practice of vulnerability as a subset of charismatic leadership theory, which “posits that a leader’s perceived similarity with followers increases charisma attributions, in part because such leaders appear more trustworthy (Conger & Kanungo, 1987; Shamir, House, & Arthur, 1993). Leaders can emphasize common values, backgrounds, or experiences to increase this similarity” (Bligh & Robinson, 2010; p. 67). For Ito and Bligh (2016), sharing vulnerability had the potential to be quite powerful, as it builds relationships and enhances a leader’s charismatic traits. Sharing vulnerability also allowed employees to connect to leaders when leaders disclosed emotions; in addition, sharing vulnerability involved several preconditions, including “humility, self-awareness and the courage to acknowledge imperfections” (Ito & Bligh, 2016, p. 66).

Psychological Safety

In her foundational study, Edmondson (1999) introduced the concept of psychological safety, the “shared belief held by members of a team that the team is safe for risk-taking in workplace environments.” She analyzed the behavior of 51 work teams and showed that psychological safety was associated with team learning behavior and performance (but not team efficacy). Furthermore, psychological safety served as a mechanism that helped explain how previously studied structural factors, such as contextual support and team leader coaching, influenced behavioral and performance outcomes.

By tracing the history of psychological safety research, Edmondson and Lei (2014) showed that psychological safety helps employees knowingly contribute alternative actions and ideas to a shared organizational purpose. As they demonstrated, psychological safety is key to understanding voice, teamwork, team learning, and organizational learning:

For example, psychological safety helps to explain why employees share information and knowledge (Collins & Smith, 2006; Siemsen, Roth, Balasubramanian, & Anand, 2009), speak up with suggestions for organizational improvements (Detert & Burris 2007; Liang, Farh, & Farh, 2012), and take the initiative to develop new products and services (Baer & Frese 2003) . . .extensive research suggests that psychological safety enables teams and organizations to learn (Bunderson & Boumgarden 2010; Carmeli 2007; Carmeli & Gittell 2009; Edmondson 1999; Tucker, 2007) and perform (Carmeli, Tishler, & Edmondson, 2012; Collins & Smith, 2006; Schaubroeck, Lam, & Peng, 2011). (Edmondson & Lei, 2014, p. 24)

Scholars have also begun to theorize how to engineer psychological safety within teams. One important contribution to this discussion was a 2017 piece in the Harvard Business Review in which Laura Delizonna argued that “the highest-performing teams have one thing in common: psychological safety.” Delizonna (2017) offered six concrete tactics derived from the work of Paul Santagata, the head of industry at Google, to develop psychological safety among team members. These directives included: approaching conflict as a collaborator, speaking to others as if they are “just like me,” anticipating employee reactions to difficult conversations, adopting a learning mindset (instead of blaming), asking for feedback, and measuring psychological safety.

Other researchers have taken a more quantitative review approach (i.e., meta-analysis) to evaluate the impact of psychological safety and possible antecedents of psychological safety in the workplace. Frazier et al. (2017) aggregated 136 separate samples of empirical work to conclude that psychological safety impacts important organizational outcomes and discovered that there are several antecedents of psychological safety, including leadership behaviors. Although the meta-analysis did not directly estimate the relationship between authentic

leadership and psychological safety, the estimated mean correlation of positive leadership behaviors with psychological safety was $r = 0.37$ averaged over 30 studies. Thus, I hypothesized that the managers who attend the authentic leadership training would have direct reports who rated them higher on psychological safety after they attend the training.

Hypothesis 2

Direct reports of managers who attend the authentic leadership training will report increased levels of psychological safety from before to after training, whereas direct reports of managers who did not attend the training will show no differences.

Trust

There is no shortage of studies in which scholars have examined how authentic leadership positively impacts employee trust, particularly when it comes to how trust, in turn, drives employee engagement. For example, Hassan and Ahmed (2011) detailed the findings of their study involving a sample of 395 employees in local banks in Malaysia, revealing that authentic leadership generated team members' trust in their leader and that this level of affinity and trust improved engagement. Furthermore, in an article by Wang and Hsieh (2013), "Authentic Leadership Promoting Employees' Psychological Capital and Creativity," the researchers examined the effect of authentic leadership on employee engagement through employee trust. Analyzing data collected from 386 employees in the top manufacturing and service companies in Taiwan, the researchers demonstrated that consistency between supervisors' words and actions promoted employee trust. Employee trust, in turn, was shown to impact employee engagement positively. Finally, high levels of trust can correlate to long-term engagement. In "What Drives Organizational Engagement? A Case Study on Trust, Justice

Perceptions and Withdrawal Attitudes,” Malinen et al. (2013) demonstrated that perceptions of fairness and trustworthiness were predictors of organizational engagement one year later.

Trust has also been shown to positively impact teams as well as individual team members. In “How Organizational Practices Predict Teamwork Engagement: The Role of Organizational Trust,” Acosta et al. (2014) examined the relationship between organizational trust and teamwork engagement. The study was based on 18 employees in 55 teams from 13 small- and medium-sized enterprises, and the authors concluded that teamwork engagement increases when team members perceive that organizations engage in healthy organizational practices. Furthermore, cultivating trust vertically—between team members and top managers—helps to foster this perception.

The literature reflects the impact of trust on employees and how trust is cultivated among employees and teams. In “Trust in Leadership for Sustaining Innovations: How Leaders Enact on Showing Trustworthiness,” Savolainen and López-Fresno (2014) demonstrated how leaders cultivate trust by modeling the behavior (i.e., by showing trustworthiness to team members). Through a series of case studies, the authors examined the difference between trustworthy and untrustworthy behavior and highlighted the consequences on employees and their organizations. The authors claimed that workplace atmospheres can be positively influenced by trustworthiness, competence, and integrity and went on to highlight that leadership influenced by trust also builds innovation.

The relationship between authentic leadership and trust in leaders is well established in the extant literature as well. Banks et al. (2016) found a strong correlation between authentic leadership and trust in one’s leader in their meta-analysis of authentic leadership and its outcomes. Across 12 studies, the sample-size weighted mean observed correlation was $r = 0.57$.

Thus, I hypothesized that there would be a significant effect of the authentic leadership training on the direct reports' trust in their leaders.

Hypothesis 3

Direct reports of managers who attend the authentic leadership training will report increased levels of trust in their leader from before to after training, whereas direct reports of managers who did not attend the training will show no differences.

Engagement

Work engagement is most often defined as “a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption” (Schaufeli & Bakker, 2010, p. 13). In addition, “work engagement captures how workers experience their work: as stimulating and energetic and something to which they really want to devote time and effort (the vigor component); as a significant and meaningful pursuit (dedication); and as engrossing and something on which they are fully concentrated” (i.e., absorption; Bakker et al., 2011, p. 5).

There is a significant amount of literature on the nature of work engagement as well as what factors drive employee engagement and maintain employees' level of dedication to their positions. Prior research shows resources can help facilitate work engagement (Bakker et al., 2011). Burke et al., (2013) surveyed two groups of frontline service workers and showed that job satisfaction had the highest impact on workforce engagement. While not delving into the impact of leadership models, the researchers surmised that an emphasis on work engagement from leadership is likely to impact frontline employees. As Bakker et al. (2011) also rightfully pointed out, “the role of the leader in fostering work engagement has received limited research attention” (p. 13), and apart from a discussion of trust, a thorough exploration of this issue is largely missing from the literature. Babcock-Roberson and Strickland (2010) sought to test a model

linking leader charisma to organizational citizenship behaviors via work engagement. Based on the Multifactor Leadership Questionnaire (MLQ), the researchers concluded that when a leader demonstrates charismatic behavior, employees are more engaged in their work and promote organizational citizenship behavior. Although the MLQ focuses on the measurement of transformational leadership, there is also a relationship between authentic leadership and work engagement, as evidenced by Banks et al.'s (2016) meta-analytic findings. The authors found a sample-size weighted mean observed correlation of $r = 0.33$ across a total of 11 empirical studies. Thus, I hypothesized that there would be a significant effect of authentic leadership on work engagement.

Hypothesis 4

Direct reports of managers who attend the authentic leadership training will report increased levels of work engagement from before to after training, whereas direct reports of managers who did not attend the training will show no differences.

My overall goal for this research was that the authentic leadership training would positively impact the managers, and that positive impact and knowledge gained from the training would translate into their direct reports having better organizational outcomes, in the form of higher levels of trust in their leader, an increase in psychological safety, and a greater sense of engagement in their work.

CHAPTER THREE:

METHOD

I chose a two-group pretest-posttest experimental design for this study because this design is considered the “gold standard” for evaluating the effectiveness of training when there is only sufficient time to collect data at two time points. I was interested in analyzing quantitative data, as opposed to open-ended or other qualitative responses, to conduct statistical analyses on the responses without resorting to subjective interpretation. I used the Kirkpatrick Model as the framework for the study so I could assess all four aspects of training evaluation: reactions, learning, behavior, and results.

Measures

Authentic Leadership

I measured authentic leadership with the Authentic Leadership Inventory (ALI; Neider & Schriesheim, 2011; Appendix A). The ALI is a 14-item Likert-type scale (1 = Strongly Disagree to 7 = Strongly Agree) that measures authentic leadership by surveying items from the four dimensions of authentic leadership: balanced processing, relational transparency, internalized moral perspective, and self-awareness. A sample balanced processing item is “My leader carefully listens to alternative perspectives before reaching a conclusion.” A sample relational transparency item is “My leader openly shares information with others.” A sample internalized moral perspective item is “My leader resists pressures on him/her to do things contrary to his/her

beliefs.” A sample self-awareness item is “My leader shows that he/she understands his/her strengths and weaknesses.” The internal consistency reliability of the ALI in this study was $\alpha = 0.96$.

Kindness in Leadership

I measured kindness with a scale (Kindness in Leadership Scale; Appendix B) created specifically for use in this study because a kindness in leadership instrument did not exist in the extant academic literature. I created the 8-item Likert-type scale in collaboration with two researchers (Paul Spector and David Howard) after reviewing the literature on kindness in leadership. This research could be considered the pilot study of the survey instrument to evaluate whether the scale had adequate internal consistency reliability and the extent to which it correlated with the ALI. A sample item is “My leader demonstrates concern for others.” The internal consistency reliability for the Kindness in Leadership Scale was $\alpha = 0.96$. When examining Table 1. Item Reliability Statistics for Kindness Scale, there is no item that would improve Cronbach’s alpha if it were removed. It should be noted when examining items that employees at TGH are referred to as “team members,” and thus, the items reflect that terminology.

Table 1. Item Reliability Statistics for Kindness Scale

Item	If item dropped Cronbach’s α
My leader is concerned with my well-being	0.954
My leader does what is in the best interest of his/her team members	0.955
My leader is courteous to others	0.957
My leader understands my point of view	0.955
My leader understands the demands of my job	0.959
My leader demonstrates concern for others	0.952
My leader shows empathy toward others who are having problems	0.954
My leader is kind to other team members	0.957

Vulnerability in Leadership

Like the Kindness scale, a vulnerability in leaders scale did not exist in the articles reviewed for this research. I also created the Vulnerability in Leadership Scale (Appendix C) in collaboration with Paul Spector and David Howard. Since there was a dearth of academic literature on vulnerability in leadership, the content of the four-item scale was based on an interview between myself and David Howard regarding my conception of what constituted vulnerability in leaders. Again, this research could be considered the pilot study of the survey instrument to evaluate whether the scale had adequate internal consistency reliability and the extent to which it correlated with the ALI and the Kindness scale. The internal consistency reliability of the Vulnerability in Leadership scale was $\alpha = 0.96$. When examining Table 2. Item Reliability Statistics for Vulnerability in Leaders Scale, the Cronbach's alpha would increase slightly (from 0.960 to 0.966) if the item "My leader acknowledges his/her limitations" were removed from the scale.

Table 2. Item Reliability Statistics for Vulnerability in Leaders Scale

Item	If item dropped Cronbach's α
My leader admits mistakes when he/she makes them	0.943
My leader apologizes to team members when he/she is wrong	0.944
My leader acknowledges his/her limitations	0.966
My leader takes responsibility when making mistakes	0.938

Trust

I measured trust using the Podsakoff et al. (1990) Trust In/Loyalty to the Leader Scale (Appendix D). The scale is a 6-item Likert-type scale, with an example item being "My manager

would never try to gain an advantage by deceiving workers.” The internal consistency reliability of the scale in this study was $\alpha = 0.82$.

Engagement

I measured engagement using Schaufeli and Bakker’s (2004) Utrecht Work Engagement Scale (UWES; Appendix E). The UWES is a 17-item scale that measures engagement as a three-factor construct that includes vigor, dedication, and absorption. Unlike the other scales used in this study, the UWES measures engagement using a frequency-based response (i.e., “never” to “every day”). A sample item measuring vigor is “At my work, I feel bursting with energy.” A sample item measuring dedication is “I find the work that I do full of meaning and purpose.” A sample item measuring absorption is “When I am working, I forget everything else around me.” The internal consistency reliability of the UWES in this study was $\alpha = 0.89$. For main analyses, the total engagement score was used.

Psychological Safety

I measured psychological safety using Edmondson’s (1999) Psychological Safety and Learning in Work Teams Scale (Appendix F). The scale is a 7-item Likert-type scale with three reverse-coded items. An example item is “Members of this team are able to bring up problems and tough issues.” The internal consistency reliability of the scale in this study was $\alpha = 0.79$.

Participants and Procedure

Forty-four managers at TGH were randomly sampled by a third-party from the total population of 204 front-line managers to participate in this research; thus, no directors, vice-presidents, or executive vice-presidents were considered for this study. Half of the managers were randomly assigned to attend an authentic/TGH leadership training session that occurred on

May 21, 2021, at the Heart Institute in downtown Tampa. The training session was created by an experienced leadership intervention specialist and consisted of a four-hour training session. The session included an overview of authentic leadership and how kindness and vulnerability were added to create the new TGH leadership model, an interview with the CEO and President of TGH (the author of this research), a didactic portion on leadership and its effect on trust, engagement, and psychological safety, and breakouts for the managers to discuss good and bad experiences with each of the leadership components. The remaining twenty-two managers acted as a control group for this research. Like the managers selected for the intervention, these managers were also randomly selected by a third-party solely from the 204 front-line managers at TGH.

After the 44 managers who comprised the intervention group and control group were chosen, we selected the direct reports who would be invited to participate in the study. For those managers who had 12 or fewer direct reports, all their followers were invited to participate in the survey that was administered by the third-party health care organization, Press Ganey. For those managers who had more than 12 direct reports, a random sample of 10 of their direct reports were invited to participate in the study. Press Ganey invited a total of 411 direct reports to participate in an online survey consisting of Likert-type survey items, which was available to them from May 7, 2021, through noon on May 21, 2021 (the authentic leadership training started at 1 p.m. on the same day). After the survey ended, I determined that 10 invitees were no longer with the organization as of May 21 (i.e., terminated), and there were nine who were on leave during the survey administration period. This left a total of 392 likely potential participants. Of the 392 valid invitees, 241 participated in the initial deployment of the survey and produced 237 usable responses. Four were eliminated from analysis because of careless responding (e.g., the

participant selected “7 – strongly agree” to all questions, including reverse-coded survey items). This calculates to a 60.46% response rate for the pretraining survey administration.

The sample consisted of 152 (64.14%) female participants and 85 (35.86%) male participants, with 128 (54.01%) direct reports of managers in the control group and 109 (45.99%) direct reports of managers in the experimental group. The participants’ ethnicity was as follows: 145 White (not of Hispanic origin; 61.18%), 48 Hispanic or Latino (20.25%), 17 Black or African American (7.17%), 14 Asian (5.91%), nine (3.80%) who chose two or more races, three (1.27%) who chose “other,” and one American Indian or Alaska Native (0.42%).

Between the administration of the pretraining survey and posttraining survey, six more team members terminated their employment with TGH. Thus, the posttraining survey invitation was sent on July 6, 2021, to 395 team members. The same nine team members who were on leave during the administration of the pretraining survey were still on leave during the posttraining survey administration. Since there was no way to tell whether any of those on leave responded to the initial survey, they were left in the posttraining survey invitation. A total of 197 team members responded to the posttraining survey (response rate = 49.87%). This sample consisted of 125 (63.45%) females and 72 males (36.55%), with 86 (43.65%) direct reports of managers in the control group and 111 (56.35%) direct reports of managers in the training group. The participants’ ethnicity was as follows: 120 White (not of Hispanic origin; 60.91%), 42 Hispanic or Latino (21.32%), 14 Black or African American (7.11%), 10 Asian (5.08%), eight (4.06%) who chose two or more races, one (0.51%) who chose “other,” and one American Indian or Alaska Native (0.51%).

CHAPTER FOUR:

RESULTS

The results of this dissertation are presented within the Kirkpatrick Model framework, which is frequently used to assess the effectiveness of organizational training programs. The training evaluation design included managers completing a survey to measure their reactions to the training and their subsequent knowledge of the training content following their participation. The managers were also given a five-question, multiple-choice exam to further assess their learning. Furthermore, the managers' direct reports were surveyed with a quantitative survey both pre- and posttraining to examine whether differences existed between their ratings of the outcome measures at the two time points.

Kirkpatrick Model Level 1: Reactions

The first level of the Kirkpatrick Model to assess training effectiveness involves measuring the trainees' reactions to the training. Thus, directly after the training, each of the 22 managers who were selected to participate were asked to fill out a quantitative Likert-type survey administered through Microsoft Forms that measured their reactions to the authentic leadership training. The Microsoft Forms survey was a standard survey that is administered to all students of TGH's organizational development classes. Fifteen of the managers filled out the survey, and their reactions were very positive. The managers' evaluation of the course content included the following items: "The activities, visual aids, discussion, and/or materials supported my learning"

and “I will recommend this course to others.” The managers rated the course content 4.53 out of 5 on a scale of 1 (strongly disagree) to 5 (strongly agree).

The managers were also asked to evaluate the learning environment. The training took place in person and was the first in-person, face-to-face meeting for many—if not all—of the managers in several months due to the COVID-19 pandemic. The training took place on May 19th, 2021, during a period in which there was a low point in new COVID cases and hospitalizations, and the Centers for Disease Control guidance had changed to allow in-person, unmasked activities for those who were vaccinated. Participants rated the in-person delivery method 4.67 out of 5 by answering the survey item, “The delivery method (in-person) was conducive to learning” on a scale of 1 (strongly disagree) to 5 (strongly agree).

The managers also rated the facilitators of the training (i.e., Joann Quinn, Ph.D., John Couris, and David Howard) using the following three survey items: “The facilitator demonstrated knowledge of the content,” “The facilitator provided practical application and examples of course objectives,” and “The facilitator promoted a positive, inclusive, and respectful learning environment.” The managers rated the facilitators of the course an average of 4.73 out of 5, using the scale of 1 (strongly disagree) to 5 (strongly agree) on the three items.

Kirkpatrick Model Level 2: Learning

I measured the managers’ knowledge of the material taught in the authentic leadership training in two ways. First, the participants were asked to take a five-question, multiple-choice test to measure their knowledge of the course content. This test was administered through Mindlab, and 16 of the 22 managers completed the examination. The average score was 96.25 (SD = 8.63) out of 100.

All organization development course evaluations administered at TGH also ask the team members who participate to evaluate their self-rated perceptions of their knowledge of course content before the training and again after the training. The managers were asked about their knowledge of three content areas: (a) ability to recognize the four pillars of the TGH leadership model (i.e., authenticity, transparency, kindness, and vulnerability); (b) employing the pillars of the TGH leadership model to facilitate positive outcomes from team members, including trust, engagement, and psychological safety; and (c) the positive effects of psychological safety in the workplace. The self-rated pre- and posttraining scores are in Table 3. Pre-/Post- Measures of Training Content Knowledge

Table 3. Pre-/Post- Measures of Training Content Knowledge

Item	Pretraining Mean (SD)	Posttraining Mean (SD)
Recognize 4 pillars of TGH Leadership	3.04 (1.06)	4.47 (0.52)
Recognize positive outcomes	3.53 (0.52)	4.40 (0.51)
Recognize positive effects of psychological safety	3.73 (0.59)	4.53 (0.52)

A paired-samples t-test was conducted on the 15 managers who completed the Mindlab assessment. For recognizing the four pillars of authentic leadership, there was a significant difference in means from pretraining to posttraining: $t(14) = 4.30, p < 0.01$. For recognizing the positive outcomes associated with using the TGH leadership model to facilitate the outcomes (i.e., trust, engagement, psychological safety), there was a significant difference in the means from pretraining to posttraining: $t(14) = 6.50, p < 0.01$. For recognizing the positive workplace outcomes associated with psychological safety in the workplace, there was a significant difference in means from pretraining to posttraining: $t(14) = 4.58, p < 0.01$.

Kirkpatrick Model Level 3: Behavior

Although the outcomes associated with measuring the first two levels of the Kirkpatrick Model focused on assessing the managers who attended the authentic leadership training, the assessment of level three “behavior” focused on the managers’ direct reports in both the experimental and control groups. There were 237 team members who participated in the pretraining survey and 197 team members who participated in the posttraining survey. I considered using a repeated-measures analysis of variance (ANOVA) for the statistical analysis of the perceived behavioral change of authentic leadership and the change in the outcome variables associated with the hypotheses and of this research; however, there would have been a substantial number of participants who were not included in the results because they took part in only one timepoint of the data collection (i.e., either the pretraining or posttraining survey). Because of this, I conducted a factorial 2x2 ANOVA to answer the hypotheses. Thus, I have presented the results with the time grouped (pre- and posttraining) and the condition grouped (control and experimental).

The descriptive statistics of the main variables of interest in the study are presented in Table 4. Descriptive Statistics of the Study Variables below (these include the variables associated with both Level 3 and 4 in the Kirkpatrick Model). The table also presents the skewness of the variables because, for the most part, participants rated the variables quite highly. The variables are presented in their “totaled” form (e.g., authentic leadership) and also in their “facet” form (e.g., relational transparency, balanced processing, internal moral perspective, balanced processing, and self-awareness).

Table 4. Descriptive Statistics of the Study Variables

Variable	N	Min	Max	Mean	SD	Skew
Authentic Leadership (ALI)	427	14	98	80.45	17.16	-1.35
Relational Transparency	434	3	21	17.78	3.76	-1.48
Moral Perspective	432	4	28	23.14	4.77	-1.29
Balanced Processing	429	4	28	22.60	5.73	-1.41
Self-Awareness	432	3	21	16.93	4.09	-1.34
Kindness	428	8	56	48.64	9.65	-1.86
Vulnerability	432	4	28	23.50	5.41	-1.61
Engagement	417	17	119	100.89	14.35	-1.64
Vigor	427	6	42	36.33	5.74	-1.50
Dedication	432	5	35	31.85	4.91	-2.54
Absorption	422	6	42	32.66	6.51	-0.84
Trust	425	10	42	34.87	6.57	-1.38
Psychological Safety	429	10	49	37.72	7.64	-0.77

The variables in the study were also highly correlated with one another. Below in Table 5. Correlation Matrix for the Study Variables is the correlation matrix of the study's variables, with only the totaled variable scores for authentic leadership and engagement shown.

Authentic Leadership

My first hypothesis stated I was interested in whether the authentic leadership training would lead to higher ratings of authentic leadership by the direct reports of those managers who attended the training versus those who did not. I assessed Level 3 of the Kirkpatrick Model (behavior) in this research by examining whether there was a significant difference in the two groups on the authentic leadership measure. I conducted a 2x2 factorial ANOVA to assess whether there was a significant difference in authentic leadership ratings between the control group and the experimental group from before and after the training.

Table 5. Correlation Matrix for the Study Variables

Variables		Gender	Job Tenure	Authentic Leadership (ALI)	Kindness	Vulnerability	Engagement	Trust	Psychological Safety
Gender	Pearson Correlation		-.037	.076	.141	.053	.099	.093	.090
	N		197	194	195	196	191	193	196
Job Tenure	Pearson Correlation	-.103		.037	.071	.051	.141	.100	.097
	N	237		194	195	196	191	193	196
Authentic Leadership (ALI)	Pearson Correlation	.031	.177**		.869**	.885**	.539**	.790**	.615**
	N	233	233		192	193	189	191	193
Kindness	Pearson Correlation	.062	.125	.870**		.908**	.523**	.887**	.633**
	N	233	233	230		194	189	191	194
Vulnerability	Pearson Correlation	.043	.121	.862**	.848**		.482**	.827**	.612**
	N	236	236	230	233		190	192	195
Engagement	Pearson Correlation	0.042	.133*	.397**	.323**	.304**		.448	.362**
	N	226	226	223	223	226		195	191
Trust	Pearson Correlation	-.027	.137*	.803**	.861**	.755**	.332**		.622**
	N	232	232	229	230	232	223		192
Psychological Safety	Pearson Correlation	-.024	.142*	.514**	.458**	.416**	.337**	.509**	
	N	233	233	230	231	233	224	230	

Lower half = Pretest; Upper half = Posttest

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Gender coded 1 = Female, 2 = Male

There was not a significant effect for either the time, condition, or interaction; thus, Hypothesis 1 was not supported. Although there was not a statistically significant difference, an examination of the plot of the two lines (experimental group and control group) showed that the experimental group increased a small amount, while the control group dropped from pretraining to posttraining.

Table 6. ANOVA – Authentic Leadership

Cases	Sum of Squares	df	Mean Square	F	p
Condition	3269.72	1	3269.72	3.40	0.07
Time	411.43	1	411.43	0.43	0.51
Condition * Time	1527.48	1	1527.48	1.59	0.21
Residuals	401258.03	417	962.25		

Note. Type III Sum of Squares

Table 7. Descriptive Statistics – Authentic Leadership

Condition	Time	Mean	SD	N
Control	Post	146.59	37.36	85
	Pre	152.43	31.20	124
Experimental	Post	156.06	28.59	106
	Pre	154.21	27.34	106

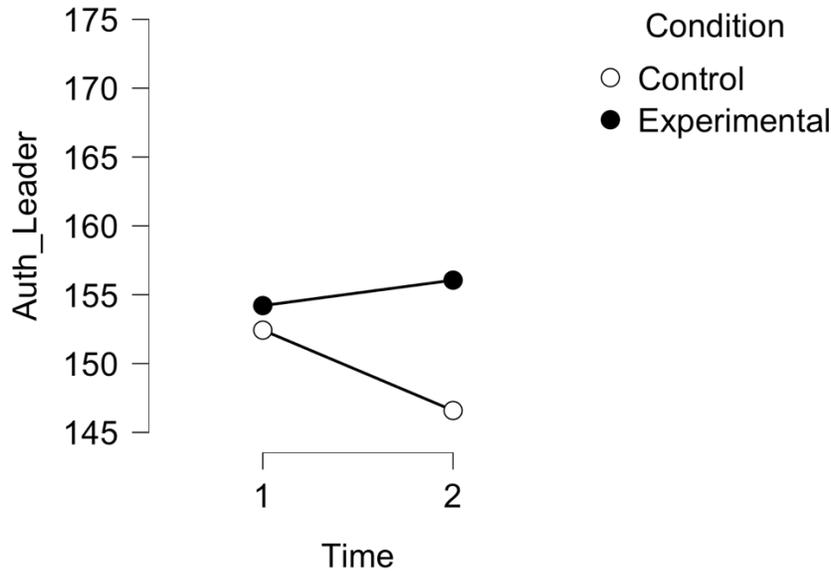


Figure 1. Descriptive Plot for Authentic Leadership

Note: Auth_Leader = Authentic Leadership

Kirkpatrick Model Level 4: Results

The fourth and final level of the Kirkpatrick Model is associated with the organizational results that occurred because of the training. For this study, the organizational results are related to the outcome variables that were measured both pretraining and posttraining in the Press Ganey quantitative survey. I hypothesized the managers' authentic leadership training would lead to an increase in their followers' work engagement, feelings of psychological safety, and trust in their manager.

Psychological Safety

In Hypothesis 2, I stated that I expected there to be a statistically significant increase in ratings of psychological safety by the direct reports of the managers who attended the authentic leadership training. There was not a significant effect for either the time, condition, or the time * condition interaction in ratings of psychological safety. Thus, the results did not support

Hypothesis 2. This time, though, the control group had a slightly higher mean than the experimental group in ratings of psychological safety before the training, and the experimental group increased slightly, with the control group having slightly lower scores in the posttraining survey. Thus, the results did not support Hypothesis 2.

Table 8. ANOVA – Psychological Safety

Cases	Sum of Squares	df	Mean Square	F	p
Condition	66.80	1	66.80	1.15	0.29
Time	19.99	1	19.99	0.34	0.56
Condition * Time	115.50	1	115.50	1.98	0.16
Residuals	24774.88	425	58.29		

Note. Type III Sum of Squares

Table 9. Descriptive Statistics – Psychological Safety

Condition	Time	Mean	SD	N
Control	Post	36.50	8.72	86
	Pre	37.98	7.33	128
Experimental	Post	38.35	7.43	110
	Pre	37.73	7.25	105

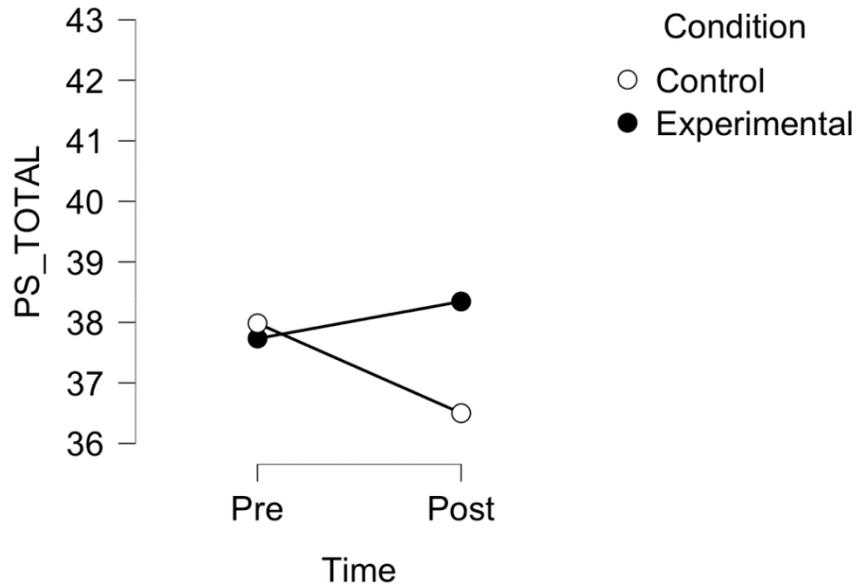


Figure 2. Descriptive Plot for Psychological Safety

Trust

In Hypothesis 3, I stated that I expected there to be a statistically significant increase in ratings of trust by the direct reports of the managers who attended the authentic leadership training. There was not a significant effect for either the time or interaction in ratings of trust; however, there was a significant effect for the condition (experimental vs. control): $F(1, 121) = 4.17, p = 0.042$. Although there was not a statistically significant difference for the intervention, an examination in the plot of the two lines (experimental group and control group) showed that the experimental group again increased a small amount while the control group dropped from pretraining to posttraining. Thus, the results did not support Hypothesis 3.

Table 10. ANOVA –Trust

Cases	Sum of Squares	df	Mean Square	F	p
Condition	178.86	1	178.86	4.17	0.04
Time	14.66	1	14.66	0.34	0.56
Condition * Time	60.00	1	60.00	1.40	0.24
Residuals	18059.26	421	42.896		

Note. Type III Sum of Squares

Table 11. Descriptive Statistics – Trust

Condition	Time	Mean	SD	N
Control	Post	33.59	8.11	85
	Pre	34.72	6.10	126
Experimental	Post	35.66	6.18	108
	Pre	35.27	6.02	106

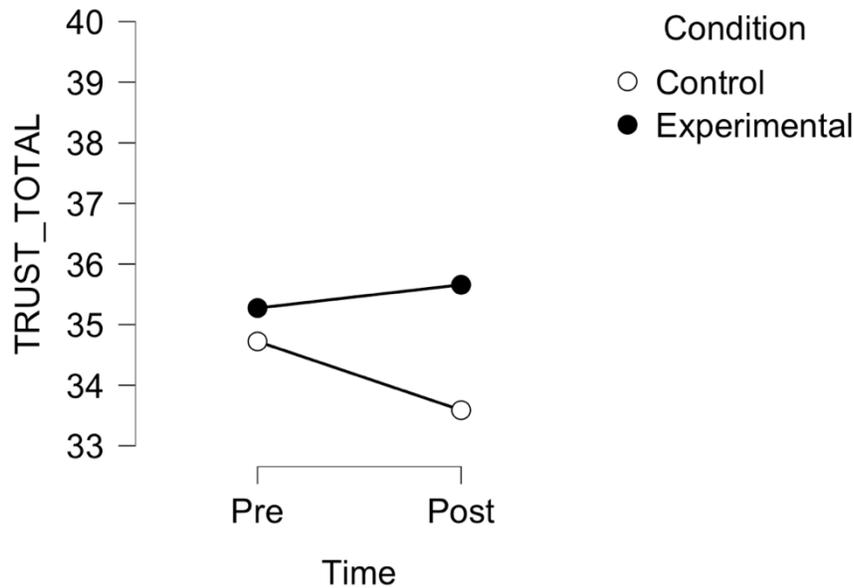


Figure 3. Descriptive Plot for Trust

Engagement

In Hypothesis 4, I stated that I expected there to be a statistically significant increase in ratings of engagement by the direct reports of the managers who attended the authentic

leadership training. There was not a significant effect for either the time, condition, or the time * condition interaction in ratings of engagement. Thus, the results did not support Hypothesis 4.

Table 12. ANOVA – Engagement

Cases	Sum of Squares	df	Mean Square	F	p
Condition	199.01	1	199.01	0.96	0.33
Time	24.92	1	24.92	0.12	0.73
Condition * Time	151.38	1	151.38	0.73	0.39
Residuals	85323.14	413	206.59		

Note. Type III Sum of Squares

Table 13. Descriptives – Engagement

Condition	Time	Mean	SD	N
Control	Post	99.26	14.81	85
	Pre	100.97	12.68	123
Experimental	Post	101.87	16.08	106
	Pre	101.15	14.05	103

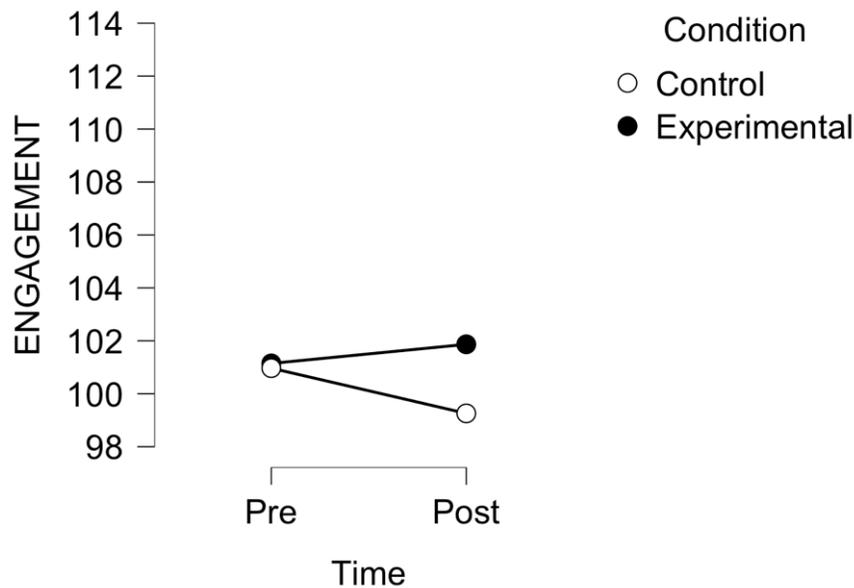


Figure 4. Descriptive Plot for Engagement

Although the four formal hypotheses of this study were not supported, the managers rated the content and facilitation of the authentic leadership highly. Furthermore, their scores on the objective multiple-choice content exam and differences in self-ratings on the content posttraining supported the idea that the managers were able to learn the content of the authentic leadership training as intended. Though there were not statistically significant differences between the control group and experimental group on ratings of authentic leadership, trust, engagement, and psychological safety, the data trended in the hypothesized direction. A discussion of why there were statistically non-significant results on the Level 3 and 4 Kirkpatrick Model variables follows in the next chapter.

CHAPTER FIVE: DISCUSSION

Key Findings

The first level of the Kirkpatrick Model measured the managers' reactions to the training through a quantitative Likert-like survey. The reactions to the intervention were excellent and serve as evidence that the managers liked the content, delivery, and facilitation of the authentic leadership training. As part of my research, the manager participants were asked to rate aspects of the course on a scale of 1 (strongly disagree) to 5 (strongly agree). The reactions from the 15 managers who completed the survey were quite positive. Specifically, their reaction to course content was excellent, with an average rating of 4.53 out of 5. I believe this rating reflects the managers' feeling that the quality of the material was significant, content-rich, and relevant; they also stated that they were likely to recommend this course to others. Their positive reaction also pertained to course delivery—that the in-person delivery was appropriate and conducive to learning—as they rated this aspect a 4.67. The managers also perceived the course facilitators as presenting the course material clearly, using pertinent and relevant examples, and facilitating a positive and inclusive learning environment; they rated these elements as outstanding, with an average of 4.7 out of 5.

The one aspect of the training that a few managers mentioned could use improvement was the amount of time allotted for the training. The training was originally intended as a four-hour course but ran over by almost 30 minutes. I will use the recommendations from the

qualitative open-ended responses to streamline the content of the course, and I hope this will improve the already strong, positive reactions from the managers who participated in the revised training sessions.

The second level of the Kirkpatrick Model measured the managers' knowledge gained through the course experience. Here, the managers demonstrated that they learned new ideas and mastered the material presented, as is evident from their scores on the 5-item, multiple-choice assessment designed to measure their knowledge of the course content. Sixteen of the 22 managers completed the assessment and the average score was 96.25 out of 100, which is quite high. In addition to this assessment, we asked the managers to self-evaluate their knowledge of three course content areas both pre- and posttraining participation: the recognition of the four pillars of the TGH leadership model; their ability to facilitate positive outcomes from team members, including trust, engagement, and psychological safety through the deployment of the pillars and the recognition of positive outcomes associated with TGH leadership; and the positive effects of psychological safety on their work environment. The results in this self-assessment showed a significant increase after they completed the course, whereby their knowledge upon completion was incredibly high—4.47, 4.40 and 4.53, respectively. Their self-reported increase in knowledge, combined with their scores on the objective multiple-choice exam, demonstrated their understanding of the material and further showed the success of the training.

While the first two levels of the Kirkpatrick Model directly focused on the managers' perceptions, the third level of the Kirkpatrick Model provided the framework in which direct reports evaluated their manager's behavior in relation to authentic leadership. This evaluation was completed in both the experimental and control group. Specifically, through a survey administered to team members before and after their manager participated in the training, we

evaluated their perception of their manager's change in authentic leadership and the outcome of the variables associated with the hypothesis of authentic leadership. We then measured these against the same survey completed by those team members in the control group. We aimed to examine whether the leadership training would lead to higher ratings of authentic leadership from those in the group whose managers attended the training versus those that did not. Although we did see a slight increase in positive perception of authentic leadership from the experimental group and a slight decrease in the control group, the differences were not statistically significant.

Support of Hypotheses

The question then becomes, did the outcome of the intervention support the hypotheses that participation in authentic leadership training positively impacts team member trust, engagement, and psychological safety? If you look at the outcomes from a strictly statistical significance standpoint, you will conclude that all four hypotheses were not supported. That is, the data collected from this sample simply do not back up the claims. However, from an organizational and practitioner perspective, we observed trends in a positive direction. Although the data do not yet demonstrate a statistically significant change, based on the managers' reactions to the training, their perception of the knowledge they gained, and my observation and anecdotal experience, I believe that over time, the organization will see a clear and positive impact on trust, engagement, and psychological safety because of the TGH authentic leadership training.

It is important to address why I believe that the hypotheses were not supported in this initial research. Four primary reasons contributed to this outcome. The first is the time in which the intervention took place. We only measured posttraining behavior once after the training, and that was two months after the training was completed. The truth is that human behavior can often

take a substantial amount of time to change. It often takes multiple trainings and ongoing follow-ups to change behavior and then even more time to accurately measure and analyze that change. Thus, this work is an ongoing and long-term process. We were forced to measure the results after two months to stay within the time frame of the DBA program and dissertation deadline and balance that requirement against what was needed to conduct the research.

Second, one cannot underestimate the impact that the COVID-19 pandemic had on the data and the results of this research. The time of this project represents the most stressful period in the careers of both team members and managers. That we saw incredibly high authentic leadership ratings, not to mention high ratings in psychological safety, engagement, and trust during a global pandemic—the likes of which we have never seen—is quite astounding. It is also worth noting that the posttraining evaluations were administered during the fourth—and deadliest—wave. Even then, we did not see significant decreases in either group. It is difficult to estimate the impact of any intervention during this period.

The third reason the hypotheses might not be clearly supported by the data is that authentic leadership and the concepts of transparency, vulnerability, and kindness (and its impact on trust, psychological safety, and engagement) should be familiar to the TGH team of managers. Through my communications with them over almost four years, my own modeling of this type of behavior, and the work we have done as an organization, they should have been already exposed to these ideas. So, simply put, this is something they already know. We are just making it more salient through this training. Thus, this training could be seen as an ongoing reinforcement of knowledge, and we are not as likely to see dramatic changes in behavior or its associated outcomes immediately.

The final factor that might have affected the lack of support for my hypotheses in the data was the annual Press Ganey engagement survey that we conduct at TGH. The Press Ganey survey is an extensive engagement survey that each team member is asked to complete each year. The median time it took the team members to fill out the most recently administered Press Ganey engagement survey was roughly 24 minutes, making it a fairly long survey and requiring a significant time investment from the TGH team members. This year, the Press Ganey survey was administered during the same period as when participating team members were also asked to complete the pretraining assessment, and the posttraining survey was distributed following the Press Ganey survey. Thus, participants could have been experiencing survey fatigue, with respondents being more careless with their answers and giving less thought to their responses. I knew this might be a factor when beginning this project, but the timing of this study's administration was beyond my control.

Research in Context

In the existing literature, the traditional authentic leadership model has been comprised of four facets: balanced processing, internalized moral perspective, relational transparency, and self-awareness. However, kindness and vulnerability have not been considered as part of the authentic leadership model. In fact, there has been very little empirical research conducted on the impact of leadership that intentionally includes the practice of vulnerability. There has been much more work on the impact of kindness in leadership, but still relatively little compared to other facets of leadership in management academic journals. I believe that kindness and vulnerability are critical to authentic leadership and should be considered distinct model components.

Therefore, I aimed to include kindness and vulnerability as components of the leadership model in this project and to measure their impact, making this research unique in comparison to studies that have come before it. I measured kindness and vulnerability by creating two scales—which could be adopted by other practitioners—that had excellent initial psychometric properties. In so doing, I found considerably high correlations between the authentic leadership variable as measured by the ALI with kindness and vulnerability.

Contribution to the Field

The heart of my contribution to the field of inquiry centers around my work with kindness and vulnerability. Although traditionally, scholars have theorized kindness as a key ingredient in servant leadership, kindness and vulnerability have not been thought of as playing a critical role in authentic leadership. And although I might not have empirically supported the effects of the training on leading authentically and leading with vulnerability and kindness, I believe that we, as an organization, are seeing its impact trend in the right direction. And we are noticing this positive movement for both the experimental and the control groups. We are witnessing kindness drive improvements in trust, engagement, and psychological safety. This project is adding to the exploration and understanding of kindness and vulnerability on a more significant level. We have achieved this by building specific Likert-type scales for both kindness and vulnerability and deploying them in our research, as well as showing that both kindness and vulnerability relate to important organizational outcomes. These relationships provide preliminary evidence for the two scales that were created for this research, and that in turn, could be used in the research of other academics and practitioners.

Another significant contribution of my project is that it has demonstrated the need for further exploration of the impact of authentic leadership on trust, engagement, and psychological

safety. Given the positive trends we are seeing, particularly during COVID-19—the most difficult time in the history of American health care—our inability to produce statistically significant data in the short amount of time in which we conducted this research ultimately demonstrates that further work is needed. We have just scratched the surface on this topic, as is evident from the changes I continue to observe and the results from the Kirkpatrick Model, which supported the positive impact on the training participants' learning. A longitudinal study over two or three years would, I believe, lead to the statistically significant data required to support an academically framed study.

Finally, I think it is important to consider this research in the context of it being novel and making a significant contribution to the field. This work was not done within the theoretical or artificial construct of an academic setting (e.g., student or online-panel sample), but in real-time and in an active and vibrant workplace—with real managers and real team members—within one of the most complex industries in the world. The fact that we were able to dive into that environment while randomly selecting both managers and direct reports is uncommon in this type of research.

Future Research

In discussing future research, we have several opportunities to build on work specific to this study. First, I think we can incorporate the feedback we obtained from participating managers into the content of future training iterations. We will also want to conduct follow-up interviews with managers that participated in this research and consider action plans or additional training. At the same time, we want to take the refined version of the leadership training and target additional randomly selected managers here at TGH.

Moving forward, I would like to incorporate the results from the annual Press Ganey survey into our research, where teams are broken down into Team Index 1, Team Index 2 and Team Index 3, with Team Index 3 representing the poorest performers at a group level. I would then randomly select both a control group and an experimental group of participants from the team three leaders. This method could provide more room for positive outcomes associated with putting their leaders through this training.

Additionally, we need subsequent validation of the kindness and vulnerability scales that were created for this study. While the early results gained from examining the two scales' psychometric properties are excellent, we can continue further validation of the scales in subsequent research. Finally, we need the time to conduct a more significant longitudinal study containing more data points and measurements over time.

Limitations

The most significant limitation of this research is the amount of time we had to complete the project. As a result, we were only able to include two data points—pretraining and posttraining. However, the real limitation is that behaviors like the ones we considered do not change overnight or in two months. Instead, they take a significant period to change, and so we need the time to allow that to happen. Although the study was well designed, used the appropriately chosen scales, and our procedures worked well and were quite efficient, we simply need more time to measure true changes in behavior.

Key Takeaway

In doing this kind of work, the questions that need to be addressed are, did the research study work and did it deliver the desired results? Were the hypotheses supported in terms of the research conducted? In terms of this project and at this moment in time, the answer is technically

no. The hypotheses were not supported because even though we saw improvement and trends moving in the direction that would support our claims, the data were not statistically significant. Even though the experimental group that participated in the intervention saw improvement, it was not enough. And so, some might argue that we have just shown that authentic leadership does not positively impact trust, engagement, and psychological safety and that leading with kindness and vulnerability do not drive results. However, these results show the expected correlation between kindness and vulnerability with the three outcomes: trust, engagement, and psychological safety.

As a practitioner in the field for nearly thirty years, I would argue the opposite. I have seen enough through this project to reinforce my belief that the practice of authentic leadership makes a positive and transformative difference. Through this work, I am more certain than ever that it is worth investing more time, energy, and money to scale up the new TGH leadership model rooted in leading authentically with kindness and vulnerability. I believe our model will represent a new way of leading, not only for the health care industry, but also for organizations across size and sector.

Over the last 19 months, the practice of authentic leadership at TGH has been “pressure tested” in every way imaginable. Seeing workplace behaviors trend in a positive direction during the greatest global health crisis our world has ever faced has made me more convinced than ever that this approach is going to transform the way we lead, perform, and sustain our performance. It will also transform those who adopt this model of leadership and the organizations they lead. The work I began with this project is not over. It is just beginning. I am on a journey that will empower and drive organizational transformation in health care and across sectors. It will be

accomplished and validated through activities, research studies, and further work in the coming years. That is what is next.

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APPENDIX A:
AUTHENTIC LEADERSHIP INVENTORY

1. My leader clearly states what he/she means. (R)
2. My leader shows consistency between his/her beliefs and actions. (M)
3. My leader asks for ideas that challenge his/her core beliefs. (B)
4. My leader describes accurately the way that others view his/her abilities. (S)
5. My leader uses his/her core beliefs to make decisions. (M)
6. My leader carefully listens to alternative perspectives before reaching a conclusion. (B)
7. My leader shows that he/she understands his/her strengths and weaknesses. (S)
8. My leader openly shares information with others. (R)
9. My leader resists pressures on him/her to do things contrary to his/her beliefs. (M)
10. My leader objectively analyzes relevant data before making a decision. (B)
11. My leader is clearly aware of the impact he/she has on others. (S)
12. My leader expresses his/her ideas and thoughts clearly to others. (R)
13. My leader is guided in his/her actions by internal moral standards. (M)
14. My leader encourages others to voice opposing points of view. (B)

Abbreviations used are: (S)=Self-Awareness, (R)=Relational Transparency, (M)=Internalized Moral Perspective, and (B) = Balanced Processing. Instructions given to

respondents in organizations usually include the definitional statement, “Please note that the term ‘leader’ means your immediate or direct supervisor.”

APPENDIX B:
KINDNESS IN LEADERSHIP SCALE

1. My leader is concerned with my well-being.
2. My leader does what is in the best interest of his/her team members.
3. My leader is courteous to others.
4. My leader understands my point of view.
5. My leader understands the demands of my job.
6. My leader demonstrates concern for others.
7. My leader shows empathy toward others who are having problems.
8. My leader is kind to other team members.

APPENDIX C:

VULNERABILITY IN LEADERSHIP SCALE

1. My leader admits mistakes when he/she makes them.
2. My leader apologizes to team members when he/she is wrong.
3. My leader acknowledges his/her limitations.
4. My leader takes responsibility when making mistakes.

APPENDIX D:

TRUST IN/LOYALTY TO THE LEADER SCALE

1. I feel quite confident that my leader will always try to treat me fairly.
2. My manager would never try to gain an advantage by deceiving workers.
3. I have complete faith in the integrity of my manager/supervisor.
4. I feel a strong loyalty to my leader.
5. I would support my leader in almost any emergency.
6. I have a divided sense of loyalty toward my leader. (Reverse-coded)

APPENDIX E:
UTRECHT WORK ENGAGEMENT SCALE

Vigor

1. At my work, I feel bursting with energy.
2. At my job, I feel strong and vigorous.
3. When I get up in the morning, I feel like going to work.
4. I can continue working for very long periods at a time.
5. At my job, I am very resilient, mentally.
6. At my work I always persevere, even when things do not go well.

Dedication

1. I find the work that I do full of meaning and purpose.
2. I am enthusiastic about my job.
3. My job inspires me.
4. I am proud on the work that I do.
5. To me, my job is challenging.

Absorption

1. Time flies when I'm working.
2. When I am working, I forget everything else around me.

3. I feel happy when I am working intensely.
4. I am immersed in my work.
5. I get carried away when I'm working.
6. It is difficult to detach myself from my job.

APPENDIX F:
PSYCHOLOGICAL SAFETY AND LEARNING IN WORK TEAMS

1. If I make a mistake in this team, it is held against me. (Reverse-coded)
2. Members of this team are able to bring up problems and tough issues.
3. People on this team sometimes reject others for being different. (Reverse-coded)
4. It is safe to take a risk in this team.
5. It is difficult to ask other members of this team for help. (Reverse-coded)
6. No one on this team would deliberately act in a way that undermines my efforts.
7. Working with members of this team, my unique skills and talents are valued and utilized.

ABOUT THE AUTHOR

John D. Couris is the President and CEO of Tampa General Hospital (TGH), a nationally recognized, not-for-profit, academic and research health system partnered with the University of South Florida. Since taking the helm of TGH in 2017, Couris has championed innovation. Under his leadership, TGH was first in the state of Florida to partner with GE Healthcare to launch CareComm, a care coordination center using artificial intelligence, predictive analytics, and industrial engineering to improve safety, quality, and cost. Additionally, Couris has launched TGH InnoVentures, a venture capital fund dedicated to driving a culture of innovation within the organization, supporting early-stage startups and direct investments. These initiatives combine Couris' passion for operational excellence with his focus on achieving the organization's vision to become the safest and most innovative academic health system in America.

Before joining TGH, Couris served as President and CEO of Jupiter Medical Center in Jupiter, Florida, for eight years. Couris served in various executive leadership roles at BayCare Health System for ten years prior to his move to Jupiter. His career began at Massachusetts General Hospital, one of the nation's premier academic medical centers. He currently serves on the board of the Florida Hospital Association, Safety Net Hospital Alliance of Florida, Valspar PGA Championship, and the Florida Aquarium. He is also a member of the Young Presidents' Organization (YPO), along with many national health care associations. Couris resides in Tampa, Florida, with his wife, two children, and several beloved pets.