

The Authentic Leadership Impact on the Locus of control of nurses among nurse managers at certain Primary Healthcare Centers

Amr A. Mariee *¹, Maram Almulafeekh ², Mohsen Ali Almahaid ³,
Walaa Mohsen Mahmoud Esmail ⁴, Asmaa Alfrajat ⁵,
Mona Rabea Mohammed Ahmed ⁶, Fatimah Nasser Abdullah Alnfeeli ⁷,
Shaman Matar Awad Al-Hazmi ⁸, Ahmed Fazaa Ahmed Mohamed ⁹,
Akram N. Salah ¹⁰, Heba Dakrory Ali El-Said ¹¹, Eman Ali Mohd Sann ¹²,
Salwa Mohammed Ali Majrashi ¹³, Enas Ashraf Mohamed ¹⁴, Amal Alomari ¹⁵,
Islam Sameh Abdelhay ¹⁶

^{1*} Researcher and Biostatistician at Public Health, Faculty of Nursing, Minia University, Minia,

²Registered Specialist Nurse in King Saud University Medical City, KSA

³Nursing Supervisor in King Khalid Hospital in Najran, Najran, KSA

⁴Nursing Teacher in El Fekria Nursing School, Minia, Egypt

⁵Nurse Specialist, Prince Hamze Hospital. Amman, Jordan

⁶Clinical Preceptor in Faculty of Nursing, Minia University, Minia, Egypt

⁷Nursing supervisor at directorate of primary health - Alahsa health cluster, Alahsa , KSA

⁸Nursing Technician in Turaif Al-Awsat, Turaif, KSA

⁹MD nursing student, Minya, Egypt

¹⁰Faculty of Pharmacy, Ain Shams University, Cairo, Egypt

¹¹Lecturer Of Nursing Administration, Faculty of Nursing, Minia University. Minia, Egypt

¹²Nursing Supervisor, King Khalid Hospital, Najran, KSA

¹³Nursing Specialist. KKHN Najran, Najran, KSA

¹⁴Assitant Lecturer in Nursing Administration, Faculty of Nursing, Minia University. Minia, Egypt

¹⁵Nurse Specialist, Riyadh, KSA

¹⁶Lecturer, Department of Nursing Administration, Faculty of Nursing, Mansoura University, Egypt

DOI: <https://doi.org/10.5281/zenodo.10896676>

Published Date: 30-March-2024

Abstract: Background: Employee autonomy and passion are fostered by authentic leaders, and those who feel encouraged are more likely to take the initiative.

Aim: This study aimed to investigate how authentic leadership impacts the locus of control of nurses.

Methods: The correlational design was employed for this study, with the 232 participating nurses from Turaif City, Saudi Arabia, being asked to fill out a structured questionnaire showed the study aim.

Results: The participants had a better external locus of control (8.30 ± 1.487) over a lower internal locus of control (8.01 ± 1.364) and perceived their leaders to have high (56.66 ± 9.01) authentic leadership. On gender, no significant difference was noted in authentic leadership, external and internal locus ($P > 0.05$). At the same time, age was found

International Journal of Novel Research in Healthcare and NursingVol. 11, Issue 1, pp: (307-315), Month: January - April 2024, Available at: www.noveltyjournals.com

to have a significant difference in authentic leadership ($P= 0.03$) but not significant to the internal and external locus ($P>0.05$). Finally, there was no significant relationship between authentic leadership and external and internal locus of control among the participants.

Conclusion: Nurses who see their superiors as concerned about their well-being are more likely to want to reciprocate by going above and beyond the call of duty as a sign of gratitude without feeling obligated to do so.

Keywords: Authentic, leadership, primary healthcare, managers, locus of control.

1. INTRODUCTION

Managers should develop and demonstrate their ethical standards and beliefs instead of relying on extraneous pressures. Innovation, however, reflects a manager's ability to foster cooperation within and outside the organization and harmony among the administration and their broader followers. As a result, managers' values ought to align with what is deemed appropriate in their environment. As a result, self-regulation requires abiding by accepted moral principles, which is a crucial element in this study. Numerous empirical research has looked at the important contribution that authentic leadership makes to the efficient operation of organizations and the results of followers' employment over the past ten years [1]. According to the most popular authentic leadership models, an authentic leader reveals his true self to his followers, which promotes teamwork, cooperation, and trust among them [2]. Farid *et al.* (2020) [3], in line with the past researchers, urged topics of further interrogation to consider the locus of control and other dimensions, such as affect-based and cognition-based trust, and "attempt to distinguish between the processes involved." Still, only a few studies have heeded this call [4-5]. Additionally, it is thought that authentic leadership may have different effects on the locus of control and followers' employment outcomes because they are of different natures. The researcher expanded this limited line of research by studying the authentic leadership in the Primary Healthcare Centre managers on the locus of control of nurses [2].

Authentic leaders may significantly impact improving the working conditions and raising the self-esteem of their employees to help them manage the demands of the job, avoid burnout, and maintain excellent mental health. Also, previous researchers have looked into the robust connection between authentic leadership and employees' job results via trust as a result of the fact that they believe it to be one of the essential factors impacting the relationship between the leadership and the followers' job outcomes [3], they create conditions that promote employee autonomy and enthusiasm, and those who feel supported are more likely to display proactive actions [6]. These authentic leaders may significantly impact the employees' working conditions and boost their self-esteem so they can handle the job demands and avoid burnout and poor mental health [7]. It is assumed that true leadership might be acknowledged as a helpful organizational leadership strategy to address difficult problems. Giving others a chance to learn new skills supports their autonomy, competence, and job satisfaction while also assisting in the growth of their self-awareness and authenticity [8]. Furthermore, using legitimate leadership theory enhanced comprehension of the relationship between leadership characteristics and burnout experiences [9].

This consequence might arise because a leader puts their ideals and ideas into action. True leadership entails broadening one's viewpoint, enhancing the abilities of one's subordinates, and fostering a positive work environment [7]. Nurses can be distinguished based on their broad expectations of internal and external control of life events and outcomes. The extent to which a nurse believes that events are in their control or are controlled by outside forces is referred to as internal locus or external locus (external locus). Individuals' perceptions of their ability to influence their health, whether internally or externally, are based on past experiences with health concerns [10].

The locus of control is the perception of control over the factors determining success and failure. Typically, the categories of external and internal locus of control are used. People who have an external locus of control think that rather than whatever they do, their environment determines what happens in their lives [11]. While someone with internal control feels that life events are under his control and that he is responsible for them, someone with external control thinks that life events are dictated by external forces or the power of others [12]. Since an individual's perspective on their position and surroundings, as well as their role, rate, and impact in both successful events and failures in life, are revealed by their locus of control, it is possible to state that locus of control is a diagnostic variable [13]. To achieve this, managers can create an environment where each employee can progress personally and professionally by prioritizing employee locus of control and tailoring staff assessments and ongoing education programs to match the requirements of their employees [14].

International Journal of Novel Research in Healthcare and Nursing

Vol. 11, Issue 1, pp: (307-315), Month: January - April 2024, Available at: www.noveltyjournals.com

Self-efficacy is anticipating decisions. Such a premise can be affected by genuine leaders who have the power to transform and maintain an organization's success[4]. However, little research has been done on how authentic leadership affects nurses' sense of control. Although the day-to-day work presents a unique set of challenges for healthcare professionals, particularly regarding their health, offering them support is imperative. In this case, it might prompt medical personnel to take proactive measures to speed up response times. During this present time, this framework will assist health authorities in creating an educational program that will assist nurses in working safely and improving their quality of life [7].

By giving healthcare leaders the knowledge to create plans to boost staff engagement and leadership effectiveness, the study's findings may aid in improving work procedures. The healthcare leaders will learn whether there is a connection between leaders who exhibit authentic leadership attributes and staff member engagement. According to Bamford *et al.* (2013), applying particular leadership styles improves the correlation between genuine leadership and nurse engagement. Some solutions include implementing 360-degree feedback systems, creating clear leadership role standards, and establishing open and honest relationships with staff members [15]. It is said that leaders in the healthcare industry lack the knowledge necessary to create plans to enhance the work environment and support patients and employees. The study's findings may result in positive social change by giving healthcare leaders knowledge to develop strategies to enhance leadership effectiveness, raising nurse engagement levels that result in healthier patients, improved nurse retention, and increased referrals to healthcare services. These advancements may benefit society by lowering medical errors, accelerating patient healing, and ultimately lowering healthcare costs. In the following ways, the current study aimed to add to the existing literature on authentic leadership and its impact on locus of control. First, previous research [1-2] indicates more empirical studies to examine authentic leadership internationally across various businesses and disciplines.

2. METHODOLOGY

The study design

A cross-sectional study was conducted using a structured questionnaire meeting the study aim as reported by Fassinger and Morrow (2013), who determined how closely related the predictor and dependent variables are [16].

Study population

Participants in the study were the 232 primary healthcare nurses employed in the Hail region of the Kingdom of Saudi Arabia. The sample size was determined using a 95% confidence interval and the Raosoft online calculator (http://www.raosoft.com/sample_size.html). The researcher employed a simple random sampling technique. Each participant was given a unique sequential number. The allocated number was selected randomly from a list of numbers generated by an automatic random number generator program for each eligible participant. English-speaking nurses who have worked as direct patient care providers in the Kingdom of Saudi Arabia for at least a year.

Plan and implementation process

The Study tool

WhatsApp was used to provide a link to a Google Form survey questionnaire to the invited staff nurses. The researcher's contact aided in getting the link to the participants. Participants were given access to information about the study via the link (e.g., the study objectives, extent of participation, and rights of participants). In addition, if they choose to participate, users will get a notice telling them how to access the link and finish these two questionnaires which were modified by the researcher as follows:

1. Authentic Leadership. The 16 elements of Northouse's self-assessment questionnaire (2010) measure self-awareness, internal moral perspective, balance processing, and relational transparency. On a 5-point scale, 1 represents strongly disagree, 2 disagreement, 3 neutrality, 4 agreement, and 5 strongly agreement.

This self-assessment questionnaire is designed to measure your authentic leadership by assessing four components of the process: self-awareness, internalized moral perspective, balanced processing, and relational transparency. By comparing your scores on these components, you can determine your stronger and weaker components regarding your authentic

International Journal of Novel Research in Healthcare and Nursing

Vol. 11, Issue 1, pp: (307-315), Month: January - April 2024, Available at: www.noveltyjournals.com

leadership score. You can interpret your authentic leadership score (the total score) using the following guidelines: very high = 64-80, high = 48-64, low = 32-48, and very low = 16-32. Scores in the upper ranges indicate stronger authentic leadership, whereas scores in the lower ranges indicate weaker authentic leadership.

2. The Locus of Control Scale (LCS), a 29-item questionnaire, measures a person's internal-external control, or how much they believe that events result from their own decisions or outside influences. The researcher will adhere to the original author's grading scheme. 2. a, 3. b, 4. b, 5. b, 6. a, 7. a, 9. a, 10. b, 11. b, 12. b, 13. b, 15. b, 16. a, 17. a, 18. a, 20. a, and 21 a, 22 b, 23 a, 25 a, 26 b, 28 b, and 29 a. Each of the following should receive one point. More points denote an external locus of control. Lower Internal Locus of Control

3. DATA ANALYSIS

The researcher used the program SPSS version 26 to analyze the data. The participant's demographic characteristics were determined using frequency and percentage. The relationship between the three variables, such as authentic leadership and locus of control, was examined using Pearson's correlation coefficient.

Ethical considerations

Approval from the health authorities of the primary health centres was sought. This is to ensure that the research protocol will follow ethical standards. Privacy and confidentiality were guaranteed during the data-gathering process by ensuring no respondents could be identified from any paperwork. The researcher made sure that all study participants had given their informed consent.

4. RESULTS

Characteristics of participants

The following figure shows the gender distribution among this study participants, which shows that females are the most predominant (69.4%) in this study than males.

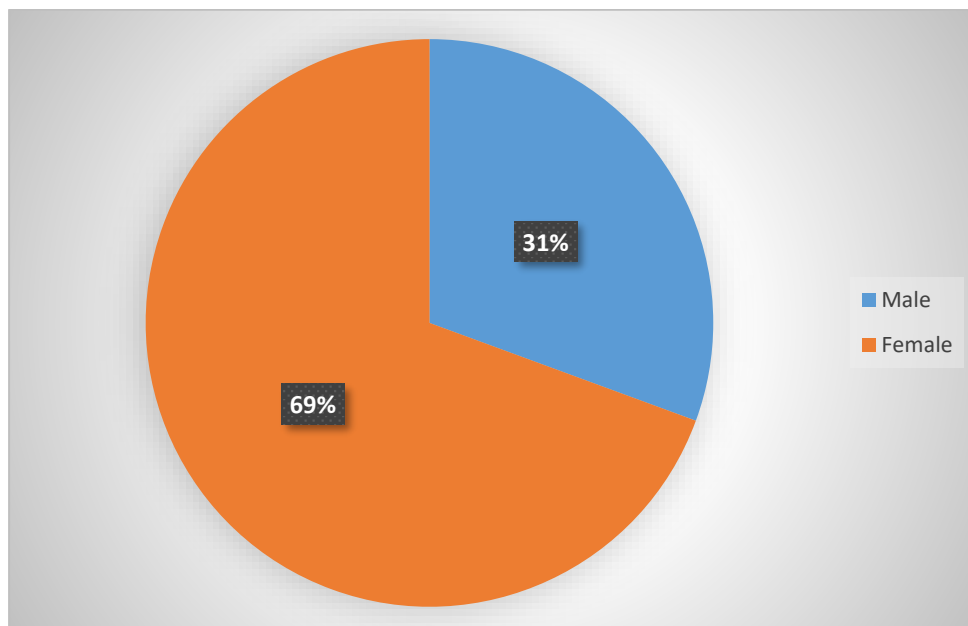


Figure 1. The Gender distribution among this study's participants

Table 1 presents the demographic characteristics of the participants. Of the 232 participants, most of them belonged to 20-34 years old (77.2%), female (69.4%) and had 1-5 years of experience as primary healthcare nurse (50.4%).

International Journal of Novel Research in Healthcare and Nursing

Vol. 11, Issue 1, pp: (307-315), Month: January - April 2024, Available at: www.noveltyjournals.com

Table 1. Demographic characteristics of the participants (n=232)

Age	Frequency	Percentage (%)
20-34 years old	179	77.2
35-50 years old	53	22.8
Years of PHC Experience		
1-5 years of experience	117	50.4
6-10 years of experience	54	23.3
10 years of experience	61	26.3

Table 2 illustrates the descriptive statistics of the examined variables. Of note, the participants had a better external locus of control (8.30±1.487) over a lower internal locus of control (8.01±1.364) and perceived their leaders to have high (56.66±9.01) authentic leadership.

Table 2. Descriptive statistics on the examined variables (n=232)

	Mean± S.D
External Locus	8.3±1.49
Internal Locus	8.017±1.36
Authentic leadership	56.66±9.01

Table 3 presents the differences between demographic characteristics, authentic leadership, external locus, and internal locus. On gender, there was no significant difference noted in authentic leadership, external and internal locus (P>0.05), while age was found to have a significant difference in authentic leadership (F= 0.238; P= 0.03) but not significant to internal and external locus (P>0.05). Concerning the experience in primary health care, only authentic leadership was found significant (F= .072; P=0.004), while external and internal locus of control was found not significant (P>0.05).

Table 3. Differences between demographic characteristics, authentic leadership, external locus, and internal locus

Gender		Mean	SD	t	df	Sig. (2-tailed)
Authentic leadership	Male	56.25	10.234	-.460	230	.646
	Female	56.84	8.448	-.427	1	
External Locus	Male	8.04	1.477	.312	230	.755
	Female	7.98	1.320	.299	1	
Internal	Male	8.04	1.553	-1.776	230	.077
	Female	8.41	1.441	-1.726	1	
Age		Mean	SD	F	df	Sig.
Authentic_learadership	20-34 years old	56.82	7.748	.238	1	0.03
	35-50 years old	56.13	12.451		230	
External Locus	20-34 years old	8.06	1.294	1.586	1	.209
	35-50 years old	7.79	1.585		230	
Internal	20-34 years old	8.35	1.395	.897	1	.345
	35-50 years old	8.13	1.754		230	
Experience in PHC						
Authentic leadership	1-5 years of experience	56.81	7.958	.072	2	.004
	6-10 years of experience	56.25	9.568		229	
	10 years of experience	56.73	10.452			
External Locus	1-5 years of experience	8.02	1.342	1.259	2	.286
	6-10 years of experience	8.12	1.182		229	
	10 years of experience	7.78	1.550			
Internal	1-5 years of experience	8.39	1.370	1.365	2	.258
	6-10 years of experience	8.40	1.324		229	
	10 years of experience	8.03	1.788			

Table 4 presents the correlations among the demographic characteristics, authentic leadership, and internal and external locus of control. It can be noted that years of experience have a high correlation with age (r=0.863; p<0.01) and authentic leadership and age (r=0.732; p<0.01).

International Journal of Novel Research in Healthcare and Nursing

Vol. 11, Issue 1, pp: (307-315), Month: January - April 2024, Available at: www.noveltyjournals.com

Table 4. Correlations among the demographic characteristics, authentic leadership, internal and external locus of control

		1	2	3	4	5	6
1. Age	Pearson Correlation	1					
2. Gender	Pearson Correlation	-.106	1				
3. Years of PHC experience	Pearson Correlation	.863**	.021	1			
4. Authentic_leadership	Pearson Correlation	.732**	.030	-.007	1		
5. Internal	Pearson Correlation	-.062	.116	-.094	-.015	1	
6. External Locus	Pearson Correlation	-.083	-.021	-.060	.097	.414**	1

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

Table 5 presents the relationship between authentic leadership and external and internal locus of control. Of note, there was no significant relationship between authentic leadership and external and internal locus of control among the participants.

Table 5. Relationship of authentic leadership and external and internal locus of control

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	8.442	.623		13.553	.000
	Authentic_leadership	-.002	.011	-.015	-.228	.820

a. Dependent Variable: Internal

5. DISCUSSION

This study aimed to investigate how authentic leadership impacts the locus of control of the staff nurses. An atmosphere of trust and empowerment can be created in large part by leaders. According to Lewis and Cunningham (2016) [17], leaders are expert manipulators of the workplace. According to Wong and Laschinger (2013) [18], leaders that exhibit authenticity foster an organizational culture that encourages increased self-awareness and healthy self-regulated behaviours. They draw on their life experiences, psychological ability, and moral perspective. In this current study, nurses perceived their leaders to have highly authentic leadership, which implies these good leaders can raise employee confidence in their nurse managers and other leaders and improve the quality of work. In turn, employee motivation, satisfaction, and performance are increased and thereby help to reduce organizational expenditures.

Conversely, nurses had a better external locus of control over a lower internal locus of control in this study. This present result aligns with Alfuqaa *et al.* (2021) [19], who discovered that nurses' outward locus of control is more relevant than their internal locus of control. The main cause of psychological burnout in nurses is this type of personality, which depends on external factors, destiny, and luck. The nursing leaders should consider such results as it implies that nurses had low autonomy and decision-making control because they trusted external influences like managers and directors to handle issues.

Authentic leadership and locus of control did not differ significantly based on participant gender, indicating that these three variables do not change based on a person's gender. This result supports earlier studies (McPherson and Martin, 2017; Tibbs *et al.*, 2016) [20-21]. Regarding age, it was revealed that authentic leadership, highly regarded by individuals between the ages of 35 and 50, differed significantly from the other age groups. This indicates that as people age, they have a larger propensity to have improved self-awareness, self-management, social awareness, and social abilities. These findings concur with other studies' findings (Başaran and Kiral, 2020; Alshammari *et al.*, 2020) [22-23]. According to Snowden *et al.* 2019) [24], older nurses should be given precedence when hiring since they have a better-developed set of intellectual skills [23]. The study's findings indicate that executives trained to recognize extraordinary talent in the nursing profession can use this strategy. This approach can aid a nurse's career progress in addition to supporting and furthering the objectives of their organization.

Concerning the experience in primary health care, only authentic leadership was found significant, while external and internal locus of control was found not significant. The fact that there were no discernible differences between the experience and authentic leadership, external/internal locus of control suggests that the nurses' capacity to recover and

International Journal of Novel Research in Healthcare and Nursing

Vol. 11, Issue 1, pp: (307-315), Month: January - April 2024, Available at: www.noveltyjournals.com

remain committed to achieving their goals is independent of the length of time they spent working in hospitals. This further demonstrates that these nurses are more resistant to the effects of a disease, and they may approach the circumstance with faith in their capacity to contain it [23].

It should be highlighted that authentic leadership and external locus of control have a moderately positive association, indicating that authentic leadership results from variables outside the nurses' control. This result is somewhat consistent with Maine's (2020) study, which discovered a link between having an external locus of control and authoritarian parenting. It is important to highlight that internal locus of control and authentic leadership has a strong positive link, suggesting that nurses who accept personal responsibility for their career advancement usually excel in authentic leadership jobs. These findings support previous research showing a link between genuine leadership and an internal locus of control. Previous research has demonstrated a positive correlation between internal locus of control and authentic leadership [25]. Therefore, while hiring nurses to join their workforce, human resource professionals may search for a particular trait set and competencies. By doing this, hospitals can benefit from upcoming creative initiatives.

It can be noted that years of experience have a high correlation with age and authentic leadership. Age, which was highly regarded by older individuals, differed significantly from the other age groups. This indicates that as people age, they have a larger propensity to have improved self-awareness, self-management, social awareness, and social abilities. These findings concur with other studies' findings (Başaran and Kiral, 2020). Older nurses should be given precedence when hiring since they have a better-developed set of intellectual skills, according to Snowden et al. (2019) [24]. The study's findings indicate that executives trained to recognize extraordinary talent in the nursing profession can use this strategy. This approach can aid a primary healthcare nurse's career progress in addition to supporting and furthering the objectives of their organization [24].

Of note, there was no significant relationship between authentic leadership and external and internal locus of control among the participants. This means that the locus of control indicates whether a leader is a team member actively participating in team tasks (internal locus of control) or whether the leader is not a team member not involved in the regular operations of the team (external locus of control). According to Zaccaro *et al.* (2019), leadership formality indicates whether there is formal authority (delegated responsibility) for team leadership and performance within the company or whether there is none at all (informal authority). The official delegated leaders who are team members, such as the team leaders or project managers, are related to the internal locus of control and the formal authority in leadership. The term "external locus of control" and "formal authority" in leadership refers to formally delegated leaders who do not carry out regular team tasks, such as team sponsors, coaches, or advisers. When people, sometimes called team mentors or executive coordinators, attempt to support team leading while being external to the team, this creates an external locus of control and informal authority [26-27].

6. CONCLUSION AND RECOMMENDATIONS

The primary healthcare nurses had a better external locus of control over a lower internal locus of control and perceived their leaders to have highly authentic leadership. The age and experience were found to differ in authentic leadership experience significantly. There was no significant relationship between authentic leadership and external and internal locus of control among the participants. Therefore, nurses who see their superiors as concerned about their well-being are more likely to want to reciprocate by going above and beyond the call of duty as a sign of gratitude without feeling obligated to do so.

Based on the findings, the top management should strongly emphasize leadership development programs and pay close attention to the value of managers' true leadership styles. Given the significance of real leadership, senior management should consider its constituent parts when formulating strategies and choosing candidates for evaluation and hiring.

Leaders must support their needs to guarantee that these primary healthcare nurses can give patients the best treatment possible. The healthcare leader may create and develop an organizational culture that encourages the healthcare worker to engage in this crucial task by being aware of the essential qualities of authentic leadership and being able to master them. Everyone benefits when leaders can foster an encouraging and constructive organizational climate.

International Journal of Novel Research in Healthcare and Nursing

Vol. 11, Issue 1, pp: (307-315), Month: January - April 2024, Available at: www.noveltyjournals.com

REFERENCES

Journal articles

- [1] Alilyyani, B., Wong, C. A., & Cummings, G. Antecedents, mediators, and outcomes of authentic leadership in healthcare: A systematic review. *International journal of nursing studies*, 83, 34-64 (2018). <https://doi.org/10.1016/j.ijnurstu.2018.04.001>
- [2] Lee H F, Chiang HY, Kuo HT (2019). Relationship between authentic leadership and nurses' intent to leave: The mediating role of work environment and burnout. *Journal of nursing management*, 2019;27:52-65. <https://doi.org/10.1111/jonm.12648>
- [3] Farid, T., Iqbal, S., Khan, A., Ma, J., Khattak, A., & Naseer Ud Din, M. The Impact of Authentic Leadership on Organizational Citizenship Behaviors: The Mediating Role of Affective- and Cognitive-Based Trust. *Frontiers in psychology*, 11 (2020). <https://doi.org/10.3389/fpsyg.2020.01975>
- [4] Janowski K, Kurpas D, Kusz J, et al. Health-related behavior, profile of health locus of control and acceptance of illness in patients suffering from chronic somatic diseases. *PLoS ONE*. 2013, 8.5: e63920. <https://doi.org/10.1371/journal.pone.0063920>
- [5] Hannah, S. T., Avolio, B. J., & Walumbwa, F. O. Relationships between authentic leadership, moral courage, and ethical and pro-social behaviors. [Author abstract]. *Business Ethics Quarterly*, 21, 555-578. 2011. <https://doi.org/10.5840/beq201121436>
- [6] Laguna M, Walachowska K, Gorgievski-Duijvesteijn M, Moriano, J. Authentic Leadership and Employees' Innovative Behaviour: A Multilevel Investigation in Three Countries. *International Journal of Environmental Research and Public Health*. 2019;16: 4201. <https://doi.org/10.3390/ijerph16214201>
- [7] Laschinger HK, Borgogni L, Consiglio C, Read E. LASCHINGER, Heather K. Spence, et al. The effects of authentic leadership, six areas of worklife, and occupational coping self-efficacy on new graduate nurses' burnout and mental health: A cross-sectional study. *International journal of nursing studies*, 2015, 52.6: 1080-1089 <https://doi.org/10.1016/j.ijnurstu.2015.03.002>
- [8] Wong C, Cummings G. The influence of authentic leadership behaviors on trust and work outcomes of health care. *J. Leadersh. Stud.* 2009;3: 6-23. <https://doi.org/10.1002/jls.20104>
- [9] Wolinsky FD, Vander Weg MW, Martin R, et al. Does cognitive training improve internal locus of control among older adults? *J Gerontol B Psychol Sci Soc Sci*. 65:591-8. (2010). <https://doi.org/10.1093/geronb/gbp117>
- [10] Liang, S., Chang, Y., Dong, X., & Wang, J. Perceived uniqueness: Locus of control, social exclusion, and choice. *Social Behavior and Personality: An International Journal*, 47(11), 1-7. (2019). <https://doi.org/10.2224/sbp.8066>
- [11] Macsinga I, Nemeti I. The relation between explanatory style, locus of control and self-esteem in a sample of university students. *Procedia-Social and Behavioral Sciences*. 33:25-9. (2012). <https://doi.org/10.1016/j.sbspro.2012.01.076>
- [12] Asgari MH, Vakilli M. The Relationship between locus of control, creativity and performance of the educational department employees in the west of Mazandaran. *International. Research Journal of Applied and Basic Sciences*. 3:2556-61. (2012).
- [13] Gibbs, Z. Linking Nurses' Job Embeddedness and Self-Efficacy to Locus of Control" *OJIN: The Online Journal of Issues in Nursing* Vol. 27, No. 3. (2022)
- [14] Bamford, M., Wong, C. A., & Laschinger, H. The influence of authentic leadership and areas of work life on work engagement of registered nurses. *Journal of Nursing Management*, 21, 529-540. doi:10.1111/j.1365-2834.2012.01399.x. (2013).

International Journal of Novel Research in Healthcare and Nursing

 Vol. 11, Issue 1, pp: (307-315), Month: January - April 2024, Available at: www.noveltyjournals.com

- [15] Fassinger, R., & Morrow, S. L. Toward best practices in quantitative, qualitative, and mixed-method research: A social justice perspective. *Journal for Social Action in Counseling and Psychology*, 5(2), 69-83. (2013). <https://doi.org/10.33043/JSACP.5.2.69-83>
- [16] Lewis, H. S., & Cunningham, C. J. L. Linking nurse leadership and work characteristics to nurse burnout and engagement. *Nursing Research*, 65(1), 13-23. (2016). doi:10.1097/NNR.000000000000130
- [17] Roh YS, Lee WS, Chung HS, Park YM. The effects of simulation-based resuscitation training on nurses' self-efficacy and satisfaction. *Nurse Educ Today*.2013;33(2):123–8. <https://doi.org/10.1016/j.nedt.2011.11.008>
- [18] Alfuqaha, O. A., Al-Olaimat, Y., Abdelfattah, A. S., Jarrar, R. J., Almudallal, B. M., & Abu Ajamieh, Z. I. Existential Vacuum and External Locus of Control as Predictors of Burnout among Nurses. *Nursing reports (Pavia, Italy)*, 11(3), 558567. (2021). <https://doi.org/10.3390/nursrep11030053>
- [19] McPherson, K., Barnard, J.G., Tenney, M. et al. Burnout and the role of authentic leadership in academic medicine. *BMC Health Serv Res*.2022: 22; 627. (2022). DOI: 10.1186/s12913-022-08034-x
- [20] Başaran, R.; Kiral, E. The relationship between authentic leadership and work engagement. *Int J Contemp Educ Res*. 7(2), 351–363. 2020. DOI:10.33200/ijcer.767560
- [21] Alshammari, F.; Pasay-An, E.; Gonzales, F.; Torres, S. Emotional intelligence and authentic leadership among Saudi nursing leaders in the Kingdom of Saudi Arabia. *J Prof Nurs*. 2020. 36(6), 503–509. <https://doi.org/10.1016/j.profnurs.2020.04.003>
- [22] Snowden, A.; Stenhouse, R.; Duers, L.; Marshall, S.; Carver, F.; Brown, N.; Young, J. The relationship between emotional intelligence, previous caring experience and successful completion of a pre-registration nursing/midwifery degree. *J Adv Nurs*. 2019, 74(2), 433–442. DOI: 10.1111/jan.13455
- [23] Joo, B.K.; Jo, S.J. The effects of perceived authentic leadership and core self-evaluations on organizational citizenship behavior: The role of psychological empowerment as a partial mediator. *Leadersh Organ Dev J*. 2017. DOI:10.1108/LODJ-11-2015-0254
- [24] Zaccaro, S. J., Heinen, B., and Shuffler, M. , "Team leadership and team effectiveness", in Salas, E., Goodwin G.F.and Burke, C. S. (Ed.), *Team effectiveness in complex organizations: Cross disciplinary perspectives and approaches*, Routledge, New York, pp. 83111(2019). <https://www.routledge.com/Team-Effectiveness-In-Complex-Organizations-Cross-Disciplinary-Perspectives/Salas-Goodwin-Burke/p/book/9780415654357>

Thesis

- [25] Maine, L. Influence of Parenting Styles on Risk-Taking Behaviour among First Year Adolescent Students on the Mafikeng Campus of the North-West University. Doctoral Dissertation, North-West University. South-Africa. 2020.
- [26] Reid, C. Examination of relationships and mediating effects of self-efficacy, locus of control, coping and the practice environment on caring efficacy and job satisfaction in Australian registered nurses [dissertation]. Queensland University of Technology. (2012). <https://eprints.qut.edu.au/53139/>