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A Time-Lagged Analysis of the Effect of Authentic Leadership on Workplace Bullying, Burnout
and Occupational Turnover Intentions

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Abstract

Destructive interpersonal experiences at work result in negative feelings among employees and negative work outcomes. Understanding the mechanisms through which bullying can lead to burnout and subsequent turnover is important for preventing and managing this problem. Leaders play a key role in shaping positive work environments by discouraging negative interpersonal experiences and behaviours. The aim of this study is twofold. Specifically we aim to examine the relationship between authentic leadership and new graduate nurses experiences of workplace bullying and burnout over a one year timeframe in Canadian healthcare settings. Furthermore we aim to examine the process from workplace bullying to subsequent burnout dimensions, and to job and career turnover intentions. Results of structural equation models on new graduate nurses working in acute care settings in Ontario (N=205) provide support for the hypothesized model linking supervisor's authentic leadership, subsequent work-related bullying and burnout, and these in turn to job and career turnover intentions. Thus the more leaders were perceived to be authentic the less likely nurses' were to experience subsequent work-related bullying and burnout and to want to leave their job and profession. The results highlight the important role of leadership in preventing negative employee and organisational outcomes.

Keywords: New Graduate Nurses, Authentic Leadership, Workplace Bullying, Burnout, Occupational Turnover Intentions, Time-Lagged Analysis

A Time-Lagged Analysis of the Effect of Authentic Leadership on Workplace Bullying, Burnout
and Occupational Turnover Intentions

As the Baby Boomer cohort of the current workforce nears retirement, the retention of new recruits is important. In health care settings this is particularly important in light of an aging workforce combined with increasing health care demands of an aging population. Nurses are the largest regulated healthcare provider group in Canada, representing almost one half of all healthcare workers (CIHI, 2005). Thus attention to workplace factors that promote retention of newcomers to the profession is important for sustaining the nursing workforce and indeed the future of health care. Workplace factors that empower employees to optimize work performance within a supportive workgroup are known to enhance employee well-being and retention (Kanter, 1977). Yet recent studies have shown that new graduate nurses are reporting frequent exposure to workplace bullying (Laschinger, Grau, Finegan, & Wilk, 2010; McKenna, Smith, Poole, & Coverdale, 2003; Simons, 2008), high levels of burnout (Cho, Laschinger, & Wong, 2006), and job turnover (Beecroft, Kunzman, & Krozek, 2001; Bowles & Candela, 2005; Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2011). Recently, the World Health Organization (2010) identified workplace bullying as a serious public health threat in light of evidence that workplace bullying is reaching epidemic levels worldwide (International Labour Organization, 2003). Leadership is required to address this disturbing trend.

Destructive interpersonal experiences at work result in negative feelings among employees that hinder personal (Hogh & Mikkelsen, 2005) and organizational productivity (Sliter, Sliter, & Jex, 2012). Understanding the mechanisms through which bullying can lead to burnout and subsequent turnover is important for preventing and managing this problem (Hauge et al., 2011; Nielsen & Einersen, 2012). Research has shown that positive leadership practices are important determinants of nurses' job satisfaction and turnover (Giallonardo, Wong & Iwasiw, 2010; Weberg, 2010; van der

Heijden, van Dam, & Hasselhorn, 2009), suggesting that leadership is a key organizational strategy for promoting recruitment and retention of new graduate nurses (Jensen & Luthans, 2006).

There is general agreement that leaders play a key role in creating work environments conducive to optimizing both employee performance and workplace well-being (Kane- Urrabazo, 2006; Kuoppala, Lamminpää, Liira, & Vainio, 2008). Psychosocial characteristics of work settings have an important impact on employee's experiences with their work and subsequent job and health-related outcomes (Cummings, et al., 2010; Maslach & Leiter, 2004). Either implicitly or explicitly, leaders communicate the core values that shape the behaviors of employees. On the other hand, when leaders fail to communicate positive values or fail to act on situations that violate them, the quality of the psychosocial work environment deteriorates and employee performance and well-being suffer (Ingersoll, Olsan, Drew-Cates, DeVinney & Davies, 2002; Kelloway & Day, 2005; Stouten et al., 2010). Positive supportive leadership is critical to promoting effective working relationships among employees (Burke et al., 2006; Kuoppala, et al., 2008; Wendt, Frisina, & Rothgang, 2009).

Authentic leadership (henceforth, AL) is a strength-based approach to leadership derived from the field of Positive Organizational Psychology (Avolio & Gardner, 2005). AL fosters positive self-regulated behaviors in both leaders and their followers. Although the link between AL and workplace bullying has not been studied, it is reasonable to expect that authentic leaders are likely to create work environments that foster positive employee relationships, and therefore discourage counterproductive work behaviors, such as bullying. Despite the importance of retaining the new generation of nurses, we could find no studies of the effect of AL on new graduate nurses' experiences of bullying and its' detrimental outcomes. Therefore one of the aims of this study was to address the gap in the literature by testing a theoretical model linking AL to new graduate nurses experiences of workplace bullying and burnout over a 1-year time frame in Canadian healthcare

settings. Furthermore, although bullying has been linked to burnout in cross-sectional studies (Laschinger et al., 2010), few studies have examined the effects of bullying on burnout and retention issues over time, making it difficult to attribute cause and effect. Therefore a second aim of this study was to examine the process by which workplace bullying leads to burnout (emotional exhaustion and cynicism), and subsequently to job and career turnover intentions over a one year timeframe.

We believe this study contributes to the literature by further illuminating the role of leadership in addressing workplace bullying and its' negative effects. We found no research linking AL to bullying, burnout, and job and career retention outcomes. In addition, studying these relationships over time provides stronger evidence of the causal nature of relationships among these variables and strengthens previous cross-sectional findings. This knowledge may inform management strategies to support early career transitions of new graduate nurses and increase retention of new members of the largest health professional group in the healthcare workforce. Finally, this study adds to the body of knowledge of positive organizational behavior (POB) by examining the extent to which positive organizational leadership behaviors, in this case AL, may mitigate the effects of negative organizational behaviors, and therefore serve as an important protective strategy for employee well-being.

Authentic Leadership

AL is a model empirically supported in both the general management and nursing literature (e.g. Giallonardo et al., 2010; Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008; Walumbwa, Wang, Wang, Schaubroeck, & Avolio, 2010). This is a relationship-focused leadership style that is characterized by self-awareness, honesty and transparency, behavioral integrity, and consistency (Avolio & Gardner, 2005; Wong & Cummings, 2009). AL is “a pattern of transparent and ethical leader behavior that encourages openness in sharing information needed to make decisions while

accepting input from those who follow” (Avolio, Walumbwa, & Weber, 2009, p. 424). Authentic leaders engage followers through four types of behaviors: *balanced processing*, *relational transparency*, *internalized moral perspective*, and *self-awareness* (Walumbwa et al., 2008). *Balanced processing* involves gathering relevant information and varying perspectives, both positive and negative, before making important decisions. *Relational transparency* involves sharing thoughts and feelings and encouraging others to share their ideas and opinions. *Internalized moral perspective* refers to congruence between a leader’s behaviour and his/her moral standards and values. Finally, *self-awareness* refers to acknowledging one’s strengths and weaknesses and their effects on others. Avolio et al. (2009) maintain that authentic leaders create conditions that promote trust and build confidence in accomplishing work goals thereby increasing employee and organizational performance. Authentic leaders demonstrate a sense of genuine caring for employees and for open and honest dialogue about what is and is not working well in their work relationships based on ethical and moral standards.

To date studies of AL have primarily focused on positive outcomes most likely because the theory is situated within the POB paradigm. However, it is useful to examine the links between AL and negative work experiences and their detrimental outcomes to explore its’ protective effects. Research has linked AL to workplace incivility and burnout among nurses (Read & Laschinger, 2013) and Laschinger, Wong & Grau (2012a) found that nurses’ perceptions of their managers’ AL behaviors influenced burnout. These studies suggest that authentic leaders may create positive working conditions that reduce the likelihood of bullying and burnout. The suggestion that workplace bullying may be preventable through an AL approach is encouraging given the well documented negative health and organizational effects of these phenomena.

Influence of Leadership on Workplace Bullying

Workplace bullying consists of 'repeated and prolonged exposure to predominantly psychological mistreatment, directed at a target who is typically teased, badgered and insulted, and who perceives himself or herself as not having the opportunity to retaliate in kind' (Hauge et al., 2009, p.350). Einarsen and Hoel (2001) described three components of workplace bullying: (1) work-related bullying, such as withholding information or imposing unreasonable deadlines; (2) personal bullying, such as gossiping or spreading rumors; and (3) physical bullying, such as being shouted at or threatened with physical abuse. Work-related bullying has been shown to be the most frequent and tolerated form of bullying and is strongly related to important retention outcomes, such as turnover intent, poor mental health, and absenteeism (Berthelsen, Sköglstad, Lau & Einarsen, 2011; Einarsen, Hoel, & Notelaers, 2009; Power et al., 2011).

When bullying is allowed to continue this behavior becomes normalized in the workplace, leading others to engage in similar behaviors (Pearson, Andersson, & Porath, 2000). Unfortunately bullying is often dismissed or ignored by leaders who are not equipped to handle the situation effectively (Salin, 2003), and when left unchecked, bullying may escalate. As a result, morale suffers leading to further stress and lower productivity. Strong leadership is needed to address this state of affairs. According to Lutgen-Sandvik & Davenport Sypher (2009), bullying is 'an organizational, not individual problem' (p. 63), which requires the commitment of leadership at all levels of the organization to ensure that bullying is not tolerated.

Until recently, studies linking leadership practices to workplace bullying were rare. Recent research has shown that supportive leadership styles tend to be associated with lower levels of workplace bullying (Hauge, Sköglstad & Einarsen, 2007; Hauge et al. 2011; Hoel, Glaso, Cooper, & Einarsen, 2010; Stouten et al., 2010). For example Hauge et al. (2007) and Hoel et al. (2010) found that negative and what are often labelled 'non-leadership' behaviors (*laissez-faire* and non-contingent leadership) encourage workplace bullying, whereas positive, relationally-focused leadership styles,

such as AL, may discourage bullying. Furthermore Hauge et al. (2011) found that employees reported few incidences of workplace bullying when they felt their leaders were supportive and treated them fairly. The authors speculate that fair and supportive leadership practices communicate clear standards for acceptable behavior in the workplace and thus discourage bullying. Similarly Stouten et al. (2010) found that ethical leaders, an approach consistent with AL (Treviño, Brown, & Hartman, 2003), influenced negatively workplace bullying through positive workplace design, characterized by employee perceptions of reasonable workloads and positive working conditions. Ethical leaders emphasize ethical values by demonstrating honesty, trustworthiness, and fairness, and by being ethical in their decision making (Treviño et al., 2003). Moreover Mayer, Kuenzi, Greenbaum, Bardes, & Salvador (2009) found that employees' ratings of their managers' ethical leadership behavior were positively related to their own pro-social behaviors. This suggests that by modelling positive social behavior, leaders create work environments that are unlikely to tolerate workplace bullying because bullying is morally questionable work behavior.

Hauge et al.'s (2011) notion of leadership and Stouten et al.'s (2010) concept of ethical leadership are consistent with Avolio, Gardner, Walumbwa, Luthan and May's (2004) conceptualization of AL, suggesting that AL may have a similar relationship with workplace bullying. Logically, authentic leaders create work environments that would not be expected to condone bullying. Bullying is common in stressful work environments that frustrate employees' efforts to accomplish their work goals for a variety of reasons, including role overload, unrealistic expectations, and role ambiguity (Hauge et al., 2007; 2011; Skogstad, Einarsen, Torsheim, & Aasland, 2007). These conditions seem unlikely when nursing leaders consistently interact with followers in an open transparent manner and demonstrate integrity when making decisions that affect employees. Thus authentic leaders play an important role in preventing workplace bullying by establishing positive work environments and standards for acceptable interpersonal interactions.

Based on this literature, we hypothesized that higher perception of immediate supervisor AL behaviors at T1 are related to lower levels of workplace bullying at T2 (Hypothesis 1). Authentic leaders create positive work environments that support employees' efforts to accomplish their work within a climate of respect and open communication (Avolio et al., 2004). By creating environments with adequate resources and expectations for respectful interpersonal interactions, authentic leaders remove common sources of bullying.

Influence of Leadership on Burnout

Burnout is a psychological response to chronic job stressors consisting of three components—emotional exhaustion, cynicism, and personal efficacy (Leiter & Maslach, 2004). Emotional exhaustion is considered the core element of burnout (Leiter & Maslach, 2004) which if sustained over time, results in cynicism and emotional withdrawal from work and feelings of inefficacy (Leiter & Maslach, 2004; Maslach & Leiter, 1997). Although Leiter and Maslach (2004) describe burnout as a syndrome characterized by three factors, recent work has been focused on a two-factor conceptualization of burnout (Schaufeli & Bakker, 2004). They argue (and demonstrate empirically) that personal efficacy is better viewed as a component of work engagement, rather than burnout. They also point out that burnout studies have found consistent results for emotional exhaustion and cynicism but not for personal efficacy. Maslach, Schaufeli, & Leiter (2001) maintain that both emotional exhaustion and cynicism must be included in a valid measurement of burnout. That is, exhaustion on its own, which is a physical and emotional response to demanding working conditions, does not fully convey employee's relationships with their work. In their view, cynicism is a cognitive response to workplace demands in an attempt to distance oneself emotionally and cognitively from one's work as a way of coping with both task and interpersonal demands (Maslach & Leiter, 2008). Given the relevance of both of these burnout components to our research focus, we

were interested in examining the effects of bullying on both to better understand nurses emotional and cognitive responses to this negative behavior.

In some countries, burnout is considered a treatable medical condition, attesting to the seriousness of this pervasive work related phenomenon worldwide (Schaufeli, Leiter, & Maslach, 2009). The negative effects of employee burnout on a wide array of personal and organizational well-being outcomes have been documented in an extensive body of research (Schaufeli & Buunk, 2003; Schaufeli et al., 2009). In terms of personal well-being, burnout has been linked to health symptoms such as depression and anxiety (Peterson et al., 2008). From an organizational perspective, numerous studies have linked burnout to job dissatisfaction (Becker, Milad & Klock, 2006; Piko, 2006), lower work performance (Parker & Kulik, 1995), and job turnover (Jourdain & Chenevert, 2010; Leiter & Maslach, 2009) to name a few.

The prevalence of burnout in nursing is particularly high, similar to other helping professions because of the high emotional and physical demands of their roles (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Greenglass, Burke, & Fiksenbaum, 2001; Leiter & Maslach, 1988). In the past two decades, nurse burnout rates have increased most likely because massive health system restructuring resulted in workforce downsizing and increased job demands (Greenglass et al., 2001). Disturbingly high levels of burnout among new nurses have been identified (Cho et al., 2006; Laschinger, Finegan & Wilk, 2009). Cho et al. (2006) found that 66% of new graduates experienced severe burnout, primarily related to negative work conditions. Similar rates were observed by Laschinger et al. (2010), suggesting that this burnout continues to be a problem in nursing settings.

High burnout levels in nursing have been associated with high workload demands (Duquette, K  rouac, Sandhu, & Beaudet, 1994; Greenglass et al., 2001; Laschinger, Finegan & Wilk, 2011), job dissatisfaction (Aiken et al., 2002; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004), absenteeism (Michie & Williams, 2003), and turnover (Fochsen, Sj  gren, Josephson, & Lagerstr  m,

2005; Kovner et al., 2007). Similar outcomes have been linked to new graduate burnout (Beecroft, Dorey, Wenten, 2008; Cho et al., 2006; Rudman & Gustavsson, 2011). These findings are alarming and suggest that leadership should make every effort to prevent burnout among new graduate nurses.

Numerous studies have linked leadership either directly or indirectly to employee experiences of burnout (Laschinger et al., 2011; Lee & Cummings, 2008; Zopiatis & Constanti, 2010). Research has shown that supportive management is related to lower levels of emotional exhaustion in health care work environments (Balogun, Titiloye, Balogun, Oyeyemi, & Katz, 2002; Vahey et al., 2004) suggesting that supportive leadership may protect employees against burnout by building healthy work environments. In nursing, similar relationships have been observed between leadership and burnout among experienced nurses (Greco, Laschinger, & Wong, 2006) and newly graduated nurses (Laschinger et al., 2012a).

Based on the review of the literature, we expect that higher perceptions of immediate supervisor AL behaviors at T1 will be related to lower levels of burnout (emotional exhaustion and cynicism) at T2 (Hypothesis 2a and 2b, respectively). Leaders play an important role in creating work environments that prevent burnout by ensuring that adequate resources are in place to accomplish work goals and that the social climate is conducive to effective working relationships.

Influence of Bullying on Burnout

Several studies have linked exposure to workplace bullying to burnout (Bowling & Beehr, 2006; Nielsen & Einarsen, 2012). In a recent meta-analysis, Nielsen and Einarsen (2012) found an average bullying/burnout correlation of .27 across ten cross-sectional studies in the general management field. Other researchers have also found significant relationships between bullying and burnout in cross sectional studies (Meliá & Becerril, 2007; Sá & Flemming, 2008). Bullying has also been shown to have harmful health effects, such as depression and anxiety (Hogh, Henriksson, & Burr, 2005;

Mikkelsen & Einarsen, 2001), poor physical health (Hoel, Faragher, & Cooper, 2004), and burnout (Laschinger et al., 2010).

However, we could find no studies linking bullying to burnout over time to strengthen empirical support for the causal nature of this relationship. In their theoretical model synthesizing empirical studies of the effects of workplace bullying, Nielsen and Einarsen (2012) argue that bullying influences negative job-related health outcomes (such as burnout and job turnover) by activating cognitive mechanisms which may over time deplete available coping resources.

Based on this literature, we expect that workplace bullying at T1 affects both burnout dimensions at T2 (Hypothesis 3), that is, that employees' bullying experiences are positively related to both emotional exhaustion and cynicism dimensions of burnout one year later above and beyond their stability over time. Burnout results from prolonged exposure to negative demands in the workplace (Leiter & Maslach, 2004). Workplace bullying is characterized as targeted negative acts that persist over time which are stressful for targets of bullying and may potentially deplete psychological resources needed to cope with these bullying behaviors (Einarsen, Matthiesen, & Skogstad, 1998).

Moreover accordingly with burnout development theory (Leiter & Maslach, 2004) we expect that emotional exhaustion at T1 affects cynicism at T2 but not the reverse (Hypothesis 4). According to Maslach et al. (2001), cynicism is an 'immediate reaction to exhaustion' (p. 403), which has been empirically supported in numerous studies. Thus, we model cynicism as an outcome emotional exhaustion in this study.

Influence of Workplace Bullying and Burnout on Job and Career Turnover Intent

An important goal of this study was to identify how negative work experiences, such as bullying and burnout influence new graduate nurse retention factors, such as, job and career turnover intentions over their first year of practice. According to a meta-analysis by Griffeth, Hom

and Gaertner (2000), job turnover intention is the best predictor of actual turnover across studies, suggesting that it is a useful proxy for actual turnover. Job stress and dissatisfaction are prominent job-related reasons people leave their jobs (Firth, Mellor, Moor, & Loquet, 2007), often as a result of poor supervisory practices and negative working conditions, such as exposure to workplace bullying (Berthelsen et al., 2011).

In nursing, job turnover is associated with job dissatisfaction, stress and burnout, negative leadership styles, and disempowering practice environments that limit professional autonomy (Hayes et al., 2006). Turnover is higher for newly qualified nurse than experienced nurses (Hayes et al., 2012). O'Brien-Pallas et al. (2006) estimated the turnover cost per nurse in Canada to be approximately \$21,000, similar to estimates in other countries. Indirect costs of turnover relate to poor quality care and the negative effects of an unstable work environment (Duffield et al., 2009; O'Brien-Pallas, Murphy, & Shamian, 2008). Thus, employee turnover is costly for both individuals and organizations and leaders play an important role in creating workplace conditions that reduce the loss of human and intellectual capital (Dess & Shaw, 2001).

Exposure to workplace bullying may result in employee turnover because targets of persistent bullying often respond by withdrawing from the workplace, either by being absent from work or leaving their positions (Berthelsen et al., 2011; Hauge et al., 2007). Pearson and Porath (2005) found that mistreated employees often missed work to avoid the bully before finally leaving the organization altogether. Berthelsen et al. (2011) found that exposure to bullying behavior over a 1-year time frame was significantly related to a change in employment and increased sick time 1 year later. This study provides empirical evidence for the detrimental job and health effects of bullying over time, corroborating similar results in cross-sectional research.

Recent studies of bullying amongst new graduate nurses have revealed disturbing results. Both Simons (2008) and Laschinger et al. (2010) found that new graduates who were bullied at work had

higher intentions to leave their jobs. These results are concerning because workplace bullying threatens new graduates' transition to their new roles, resulting in job dissatisfaction and possibly leaving the profession. Nursing leadership can play an important role in putting strategies in place to prevent bullying of new graduate nurses, thereby promoting the retention of this valuable human resource.

Burnout has been linked to higher job turnover intentions in both the general management literature and in health care. Several studies have shown that burnout is the mediating mechanism between poor working conditions and turnover intent (Kim & Stoner, 2008; Leiter & Maslach, 2009; Zhang & Feng, 2011). Laschinger et al. (2011) found that the emotional exhaustion component of burnout mediated the relationship between job demands and nurses' job turnover intentions. Maslach & Leiter (2009) also showed that burnout was related to nurses' job turnover intentions. They found that cynicism mediated the relationship between emotional exhaustion and turnover intention and concluded that exhaustion resulting from demanding working conditions decreased nurses' involvement with their work via psychological withdrawal, which in turn led to thoughts of leaving their jobs. However, Schaufeli and Buunk (2003) note that the relationship between burnout and turnover is often weak, suggesting that many burned out employees remain in their jobs often with negative consequences for both themselves and their organizations.

Nurses' intentions to leave the profession have received less attention by researchers than job turnover intentions. However, the worldwide nursing workforce shortage, in combination with a large cohort of the nursing profession approaching retirement within the next decade, has drawn attention to this problem and stimulated research to inform evidence based efforts to recruit and retain qualified nurses (Aiken et al., 2002; North & Hughes, 2006). By far the largest study investigating nurses' intent to leave the profession was the NEXT study of almost 40,000 nurses in 624 hospitals in 10 European countries (Hasselhorn Müller, Tackenburg, University of Wuppertal &

NEXT' Study Coordination, 2005). Personal factors (age and work/life balance) and burnout were strong predictors of intent to leave the profession, whereas organizational factors were stronger predictors of nurses' intent to leave their jobs (Simon, Muller, & Hasselhorn, 2010). Both Flinkman, Leino-Kilpi & Salanterä (2010) and Holte and Mikkelsen (2003) showed that higher levels of emotional exhaustion were associated with more frequent thoughts of leaving nursing. Similarly, Jourdain and Chenevert (2010) found that emotional exhaustion mediated the relationship between demanding job conditions and Canadian nurses' intentions to leave the profession. These recent studies provide evidence about the role of burnout in nurses' intentions to leave the field and further highlight the need prevent burnout from developing in the first place, particularly among newly graduated members of the profession.

New graduate job turnover is often high in the first years of practice ranging from 35 – 45 % within the first two years (Beecroft et al, 2008; Scott, Engelke & Swanson, 2008). Poor management practices and stressful working conditions are cited as reasons for leaving their current positions (Kovner et al., 2007; Lavoie-Tremblay, O'Brien-Pallas, Gélinas, Desforges & Marchionni, 2008). Lavoie-Tremblay et al. (2008) found that new nurses who intended to leave their jobs who were more likely to have experienced high levels of job strain in their work settings, which has been associated with both bullying and burnout. Given high turnover rates among new graduate nurses and the associated human and lost productivity costs to health care organizations, strategies for retaining new nurses are critical to both health care organizations and the future of the profession.

Based on this review, we expect that bullying is related to higher job and career turnover intentions (Hypothesis 5) and similarly that the two components of burnout (emotional exhaustion and cynicism) are related to higher job and career turnover intentions (Hypothesis 6) above and beyond their stability. Bullying has shown to be stressful and result in higher levels of burnout (Einarsen et al., 1998; Sá & Fleming, 2008). Workplace stress is a common reason why employees

leave their jobs (Firth et al., 2007; Hayes et al., 2006) and burnout is a well-known response to workplace stress which has been linked to job turnover in numerous studies (Laschinger, Leiter, Day, & Gilin, 2009; Schaufeli & Buunk, 2003). Furthermore, burnout is often cited as a reason for health professionals leaving their field (Hasselhorn et al., 2005; Jourdain & Chenevert, 2010; Leiter & Maslach, 2009).

Aim of the Current Study

In summary the main aim of this study was to examine the process by which AL influences new graduate nurses' experiences of bullying and burnout (emotional exhaustion and cynicism) over a one year timeframe in Canadian healthcare settings. Moreover we also aimed to confirm longitudinally the influence of bullying on two dimensions of burnout dimensions as well as the longitudinal relations between these two dimensions, and to examine the process through which bullying and burnout affect job and occupational turnover intentions. Figure 1 summarizes our overall hypotheses.

[Insert Figure 1 here]

Method

Participants and Procedures

This two-wave study utilized questionnaire data gathered in 2010 (T1) and in 2011 (T2) from a sample of newly graduated nurses with less than two years of experience in acute care hospitals across Ontario. The original sample of all nurses who met this criteria was drawn from the registry list of practicing nurses in Ontario (N = 907). A survey was mailed to participants' home addresses using methods described by Dillman (2007) to improve survey response rates. Questionnaires were coded in order to be able to match the respondents correctly in the follow-up. In the first study phase (T1), 342 participants returned the questionnaire, yielding a response rate of 37.7%. The follow-up questionnaire in the second study phase (T2) was sent only to those nurses who

responded at T1. Of these, a total of 205 returned the completed questionnaire, yielding an acceptable response rate of 59.9%. Approval from the university ethics review board was received before the study was conducted.

The demographic profile for both samples is presented in Table 1. At Time 1 the majority of nurses were female (92%), averaging 28 years of age and 1.04 years nursing experience. All responders were baccalaureate prepared. Most worked on either medical-surgical units (55%) or critical care units (23%) on a full time basis (62%) and part-time basis (28%). Most (64%) worked between 20 and 39 hours per week. There were no noteworthy differences between the Time 1 and Time 2 sample. This demographic profile is similar to provincial statistics for nurses within 5 years graduation (CIHI, 2009).

Measures

We used standardized questionnaires to measure the major study variables. All measures had acceptable reliability (see Table 2).

The Authentic Leadership Questionnaire (ALQ) (Avolio, Gardner, & Walumbwa, 2007) was used to measure the four components of nurses' perceptions of manager AL: (1) relational transparency, e.g., "my leader says exactly what he or she means"; (2) moral/ethical, e.g., "my leader makes decisions based on his or her core values"; (3) balanced processing, e.g., "my leader listens carefully to different points of view before coming to a decision" and; (4) self-awareness, e.g., "my leader shows he or she understands how specific actions impact others". The manager was defined as the formal leader of the clinical unit where they worked the majority of their time. Sixteen items (4 items per subscale) were rated on a 5-point Likert scale ranging from 0 (not at all) to 4 (frequently, if not always).

Bullying behaviors were measured using the work-related subscale of the Negative Acts Questionnaire-Revised (NAQ-R, Einarsen & Hoel, 2001). The work-related bullying subscale,

consists of 7 items e.g., “having your opinions or views ignored”, “being given unreasonable deadlines”, “having your work excessively monitored”, rated on a 5-point Likert scale ranging from 1 (never) to 5 (daily).

The Emotional Exhaustion and Cynicism subscales of the Maslach Burnout Inventory-General Survey (MBI-GS) (e.g., “I feel emotionally drained from my work” and “I doubt the significance of my work”, respectively) were used to measure new graduate burnout (Schaufeli, Leiter, Maslach, & Jackson, 1996). Each subscale contains five items rated on a 7-point Likert scale ranging from 0 (never) to 6 (daily). Leiter and Maslach (2004) argue that a high score on emotional exhaustion (>3.0) is indicative of burnout.

Job turnover intention was measured using Kelloway, Gottlieb & Barham’s (1999) Job Turnover Intentions Scale, e.g., “I plan on leaving my job within the next year”. This scale (3 items) was designed to measure one’s intention to leave their current position All items were rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree).

Career turnover intention was measured using a modified version of Kelloway et al.’s (1999) Job Turnover Intentions Scale (3 items) designed to measure one’s intention to leave the nursing profession (i.e., “I want to remain in my job” was modified to “I often think about leaving the profession of nursing”). All items were rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree).

Statistical Procedures

Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) (version 16.0) and *MPlus* (version 6.1, Muthén & Muthén, 1998-2010). Descriptive statistics for all study variables were computed as well as reliability assessments of study instruments. Our hypotheses were tested using structural equation modelling (SEM) techniques. We used this approach because it permits taking measurement errors into account by defining latent variables by their indicators.

Specifically, due to the high correlations among the four AL factors, a second order leadership factor was defined by using the four subscales, whereas other variables were posited as a single-indicator latent variable, due to the large number of items included in the measurement instruments. In these cases, to account for measurement error and obtain more precise estimates of structural parameters, error variance for each single indicator was fixed at one minus the sample reliability estimate of the variable, multiplied by its sample variance (Bollen, 1989). Furthermore since the one year time frame of our study did not allow simultaneous examination of all hypothesized longitudinal relations we defined two different models (see Figure 2). Specifically in Model 1 we tested Hypothesis 1 and Hypothesis 2 considering AL at T1 as independent variable and both workplace bullying and the two components of burnout (emotional exhaustion and cynicism) at T2 as dependent variables. Then in Model 2 we tested the remaining hypotheses by examining a cross-lagged model between workplace bullying and the two components of burnout and included both job and occupational turnover at T2 as dependent variables of both bullying and burnout, controlling for turnover prior levels at T1.

Insert Figure 2 about here

Before proceeding with the analysis, the normality of the variables was ascertained. Due to the nonnormality of some measures (bullying both at T1 and T2), we computed the inverse to normalize these variables¹ as suggested by Tabachnick and Fidell (1996). Since there was nonnormality of

¹ Since this transformation resulted in a reverse score, to maintain the direction of the expected relations we multiplied the resulted variable for -1.

bullying variables even after their transformation in inverse, we used the *Mplus* robust ML method for parameters estimation, to correct standard errors and the chi-square test statistic for nonnormality.

There is little consensus in the SEM literature concerning the best index of overall fit for evaluating structural equation models (Hoyle, 1995). Based on Hoyle's (1995) recommendations and according to a multifaceted approach to the assessment of the model fit (Tanaka, 1993), we considered: omnibus fit indices such as the Chi-square (χ^2) and incremental fit indices such as the Comparative Fit Index (CFI) (Bentler & Bonett, 1980), the Root Mean Square Error of Approximation (RMSEA; Steiger, 1990) and Standardized Root Mean Square Residual (SRMR; Jöreskog & Sörbom, 1984).

Results

Descriptive Statistics

Prior to analysing the hypothesized models, we conducted an analysis to examine differences between nurses who did or did not participate in the second wave of the study. No significant differences were found for both socio-demographic and study variables ($\alpha < .01$). Observed means, standard deviations and Cronbach alphas of study variables both at T1 and T2 are reported in Table 2. Furthermore, results from paired t-tests showed that the only variable that significantly changed from T1 to T2 was cynicism, which was slightly higher at Time 2. Finally, none of the major study variables were significant while controlling for either age, type of work (speciality area), or number of work hours.

Insert Table 2 about here

Table 3 reports the correlations among all the variables considered. As shown, AL

significantly negatively correlated with all variables. Similarly, workplace bullying significantly correlated with both burnout dimensions and with turnover dimensions, and burnout dimensions correlated with turnover dimensions.

Insert Table 3 about here

Structural Equation Models (SEM)

Both model 1 and model 2, displayed in Figure 3, yielded an excellent fit (Model 1: $\chi^2 = 13.98$, $df = 10$, $p = .17$, CFI = .99, RMSEA = .044 [CI = .000 - .094], $p = .52$; SRMR = .024; Model 2: $\chi^2 = 19.80$, $df = 19$, $p = .41$, CFI = 1.00, RMSEA = .014 [CI = .000 - .063], $p = .85$; SRMR = .033). All factor loadings of AL subscales were high, ranging from .83 to .91. With regard to the structural part, the model explained 35% of variance of job turnover and 30% of variance of career turnover.

Insert Figure 3 about here

As shown in Figure 3, both Hypothesis 1 and 2 (hypothesis 2a and 2b) were supported by the empirical data. AL predicted later lower levels of work-related bullying and lower levels of both burnout dimensions. The more leaders at T1 were perceived to be authentic the less likely nurses' were to experience at T2 work-related bullying and burnout (emotional exhaustion and cynicism). Moreover in accordance with Hypothesis 3 higher levels of work-related bullying predicted higher levels of both emotional exhaustion and cynicism one year later over and beyond their stability. The more workers are victims of negative acts, such as being ordered to do work below their level of

competence or being a victim of persistent criticism, the more they will feel emotionally exhausted and cynical one year later. Furthermore, results suggested in accordance with Hypotheses 4 that emotional exhaustion predicted cynicism one year later but not the reverse, such that higher levels of emotional exhaustion resulted in subsequent higher levels of cynicism toward one's work. Finally, Hypotheses 5 and 6 were only partially confirmed. Specifically while burnout directly affected turnover intention (Hypothesis 6), workplace bullying did not directly influence it (Hypothesis 5). Results of our models revealed that cynicism toward one's work was a stronger predictor of both job and career turnover intention than emotional exhaustion. The more new graduates become less enthusiastic and cynical about their work, the more they plan on leaving their job in the next year and the more they have been actively looking for jobs outside nursing. Emotional exhaustion significantly affected only career turnover intention. Interestingly time-lagged and cross-lagged job and career turnover intentions relations were not significant.

Discussion

The results of the analysis provide support for the hypothesized model linking immediate supervisor's AL behavior to work-related bullying and burnout, and of these to job and career turnover intentions. Consistent with previous cross-sectional research (Hauge et al., 2011; Laschinger et al., 2011; Stouten et al., 2010), positive leadership practices, in this case AL behaviors, were associated with lower levels of work-related bullying and burnout. This finding supports the notion that authentic leaders may influence the quality of workplace relationships by role modelling positive interpersonal behaviors and by setting standards for acceptable (and unacceptable) behaviors in the workplace. Furthermore, by being more sensitive to the requirements for effective work performance and ensuring resources are in place to empower employees to accomplish their work in meaningful ways, authentic leaders create conditions that are less amenable to the emergence of conflicts and frustration among employees. In this sense, by creating empowering

conditions for employees, authentic leaders may play a protective role against bullying and also against burnout (Laschinger et al., 2010; Wong et al., 2012). Supervisors are an important source of support for nurses in that they provide help and emotional support when needed thereby increasing nurses' ability to cope with demanding work conditions (Irvine & Evans, 1995).

The link between AL and lower bullying exposure of new graduate nurses is consistent with Hauge et al.'s (2011) findings that fair and supportive leadership practices were associated with lower bullying. These authors suggested that these leadership behaviors communicated higher standards of acceptable interpersonal behaviors in the workplace and discouraged bullying. Our results suggest that authentic leaders may influence work environments in a similar manner. This makes sense because leaders who are open and transparent with their followers and demonstrate integrity and consistency in their relationships with followers are likely to establish high standards of behavior in the work settings and not tolerate bullying behavior. To our knowledge this is the first study to demonstrate this relationship.

Work-related bullying was also significantly predictive of new graduates' experiences of both emotional exhaustion and cynicism at Time 2 (controlling for their Time 1 levels). This finding is consistent with previous cross-sectional research that has demonstrated the influence of bullying on employee burnout (Laschinger et al., 2010; Sá & Fleming, 2008). However, this is one of the few studies that has demonstrated this effect when controlling for previous burnout levels. Given the negative personal and organizational effects of burnout, our findings highlight the importance of eliminating bullying as a source of employee burnout and point to the important influence of leadership in this process.

Finally, burnout was significantly related to both job and career turnover intentions, controlling for the Time 1 levels. Both job and career intentions were significantly related to the cynicism component of burnout, consistent with the results of Leiter and Maslach's (2009) cross-

sectional study linking burnout to turnover intentions of staff nurses. Similar to their results, new graduate cynicism was more strongly related to job turnover intentions than was emotional exhaustion. This suggests that when nurses psychologically withdraw from their work through cynicism they are also more likely to withdraw socially by leaving their job. Interestingly, job turnover intent was not significantly related to emotional exhaustion when Time 1 levels were controlled in our study. However, cynicism is posited to be an outcome of emotional exhaustion resulting from prolonged exposure to stressful working conditions and our results suggest that emotional exhaustion influences turnover through its effect on cynicism. This result suggests that administrators must pay attention to conditions in the workplace that foster feelings of cynicism, such as work-related bullying and circumstances that lead to emotional exhaustion. Our results suggest that AL plays a key role in creating work environments that lessen the probability of these negative conditions.

Although cynicism was somewhat more strongly predictive of job turnover intentions, it was also an important predictor of intent to leave the profession. In our study, cynicism was significantly related to experiencing bullying in the workplace, which was associated with lower levels of AL. These results are consistent with those of van der Heijden et al.'s (2009) longitudinal study of European nurses that found that key predictors of new nurses' intention to leave the profession were an unsupportive work group and poor leadership. Also, similar to findings in the NEXT Study (Flinkman et al., 2010; Estryn-Béhar et al., 2007; Simon et al., 2010), our results revealed that emotional exhaustion was also a significant predictor of career turnover intentions. Since emotional exhaustion is considered to be a precursor of cynicism, it seems important for management to ensure that newly graduated nurses have reasonable workloads that do not predispose them to emotional exhaustion and raise premature thoughts about leaving the profession altogether. These findings are particularly compelling in light of the nursing workforce shortage. With a large

proportion of the current nursing workforce approaching retirement, the profession can ill afford to lose newcomers to the workforce, particularly as a result of modifiable negative working conditions. Our results add to the limited body of knowledge about why nurses leave the profession. As van der Heijden et al (2009) point out, much of previous research has focussed on organizational turnover rather than occupational turnover. Given the current demographic profile of the nursing profession, it is critical to identify factors that influence occupational turnover and the associated loss of valuable human capital needed to address the health care demands of an aging population as the Baby Boomers move through the system. It is particularly important to examine factors that may contribute to premature turnover among newcomers to the profession because as a large proportion of the nursing population approach retirement, a new cohort of nurses is required to ensure that high quality nursing care is available to meet the increasing health care demands of an aging population.

The overall results of our study suggest that leadership may play a pivotal role in establishing working conditions that discourage bullying and burnout and thus promote retention. Salin (2003) noted that many leaders are either unaware of the detrimental effects of workplace bullying or are unsure of how to intervene. Our results suggest that training programs to enhance leaders' AL skills may be a step in the right direction. Avolio (2010) has described a variety of development strategies, although a full description of these strategies is beyond the scope of this paper. However, the essence of their approach is to encourage leaders to focus on developing self-awareness by reflecting on their values and behaviors and to consider how these qualities influence their interactions with followers. Avolio & Gardner (2005) suggest that leaders who are in touch with how their values and behaviors affect others proactively influence their followers to do the same, thereby, creating positive supportive work groups throughout the organization. Walumbwa et al. (2010) argue that when leaders develop increased awareness of themselves and learn to be open and transparent in

their decision making and interactions with employees, they will encourage the development of these characteristics in their followers and create positive, trusting working relationships. Walumbwa et al. (2010) also recommend that supervisors take a caring approach with their employees and engage in dialogue with each employee about their expectations of their jobs and their role in the overall goals of the organization. They encourage leaders to pay attention to the values of individual employees and recognize the effect that their own leadership behaviors can have on employees' attitudes and work behaviors. As a result, authentic leaders create a positive, trusting work environment that fosters positive employee well-being and greater productivity. Thus, the primary role of authentic leaders is to foster the development of authentic followers by engaging with followers in a way characterized by honesty and transparency, behavioral integrity and consistency, and with self-awareness. It is reasonable to expect that work environments with these qualities are not conducive to workplace bullying and subsequent burnout, and therefore more likely to retain employees.

Methodological Issues

The present study examined the impact of AL on employee experiences of work-related bullying and burnout, and ultimately turnover intentions over a one year timeframe. The cross-lagged design allowed us to examine these relationships while controlling for stability effects, strengthening our ability to address issues associated with more commonly used cross-sectional designs testing theoretical models. However this two-wave study did not permit examining all hypothesized relations in a single model. Future longitudinal studies with 3 waves are needed to confirm our results. Furthermore, as is often the case in longitudinal designs, many new nurses did not respond to the second survey. Although this dropout group did not differ substantially from the participating group in terms of demographic characteristics and on most substantive variables, this is a study limitation. It is possible that higher levels of exhaustion and turnover may have contributed to their lack of response to the following survey. Also, although separated by time we relied on self-report

survey measures raising concerns about common method bias. Objective measures, such as supervisor ratings of some of the study variables would be advisable in future studies. Finally, although turnover intentions are known predictors of actual turnover, future research should include objective data on actual turnover.

Conclusion and Implications

The results of this study support theory and research suggesting that the quality of working conditions created by leaders play an important role in the extent to which employees experience work related bullying and subsequent negative employee and organizational outcomes. This study adds to the relatively few studies linking positive leadership practices to work-related bullying and, to our knowledge, is the first study to demonstrate the influence of authentic leadership on workplace bullying and burnout over time. The results also add to our knowledge of how these interpersonal work context factors influence new graduates' thoughts about leaving their profession, a rarely studied topic. Our findings support the notion of authentic leadership as a promising core strategy for retaining newcomers to the nursing profession and for sustaining the future of the nursing workforce.

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Table 1
Demographic Characteristics of the participants at Time 1 and Time 2

DEMOGRAPHICS	Time 1 (2010)		Time 2 (2011)	
	M	SD	M	SD
Age	28.10	6.58	29.06	6.68
Years as an Registered Nurse	1.04	.24	1.85	.32
Years in Current Organization	.97	.30	1.71	.48

FREQUENCIES		Time 1 (2010)		Time 2 (2011)	
		N	%	N	%
Gender	Female	313	91.5%	183	89.3%
	Male	26	7.6%	20	9.8%
Education	Baccalaureate	336	99.4%	201	98.0%
	Masters	2	.6%	2	1.0%
Employment	Full-Time	212	62.0%	133	64.9%
	Part-Time	127	37.1%	70	34.2%
Unit Specialty	Medical-Surgical	189	55.3%	98	47.8%
	Critical Care	78	22.8%	45	22.0%
	Other	62	17.0%	51	24.9%
Hours Worked (Week)	Less than 20 hours	13	3.8%	10	4.9%
	20 to 39 hours	219	64.0%	123	60.0%
	Over 39 hours	100	29.2%	71	34.6%

Table 2
Means, Standard Deviations and Alphas for Study Variables at Time 1 and Time 2

Variable	Time 1			Time 2			T test T1 vs T2
	M	SD	α	M	SD	α	p
Authentic Leadership*	2.49	.88	.94	--	--	--	
Transparency	2.60	.86	.79	--	--	--	
Moral/Ethical Behavior	2.57	.93	.81	--	--	--	
Balanced Processing	2.49	1.01	.81	--	--	--	
Self-Awareness	2.28	1.16	.93	--	--	--	
Workplace Bullying	1.87	.72	.80	1.48	.59	.87	.22
Emotional Exhaustion	2.77	1.56	.92	2.91	1.53	.93	.17
Cynicism	1.66	1.33	.85	1.92	1.41	.84	.01
Job Turnover Intentions	2.54	1.31	.88	2.58	1.25	.89	.64
Career Turnover Intentions	1.45	.67	.82	1.53	.78	.86	.11

* A total authentic leadership score was obtained by averaging the four subscales.

Table 3
Correlations Among Major Study Variables

	1	2	3	4	5	6	7	8	9	10	11
1. Authentic Leadership* T1	--										
2. Workplace Bullying T1	-.37	--									
3. Emotional Exhaustion T1	-.18	.49	--								
4. Cynicism T1	-.25	.50	.56	--							
5. Job Turnover Intentions T1	-.29	.36	.39	.48	--						
6. Career Turnover Intentions T1	-.25	.25	.30	.39	.35	--					
7. Workplace Bullying T2	-.19	.63	.30	.31	.12	.20	--				
8. Emotional Exhaustion T2	-.22	.39	.55	.33	.17	.21	.36	--			
9. Cynicism T2	-.21	.42	.45	.51	.25	.36	.46	.59	--		
10. Job Turnover Intentions T2	-.22	.27	.22	.28	.38	.29	.32	.36	.58	--	
11. Career Turnover Intentions T2	-.19	.31	.26	.36	.23	.59	.33	.37	.50	.43	--

Note. All the coefficients were significant at $p < .01$. In bold are reported the test-retest correlations.
 * A total authentic leadership score was obtained by averaging the four subscales.

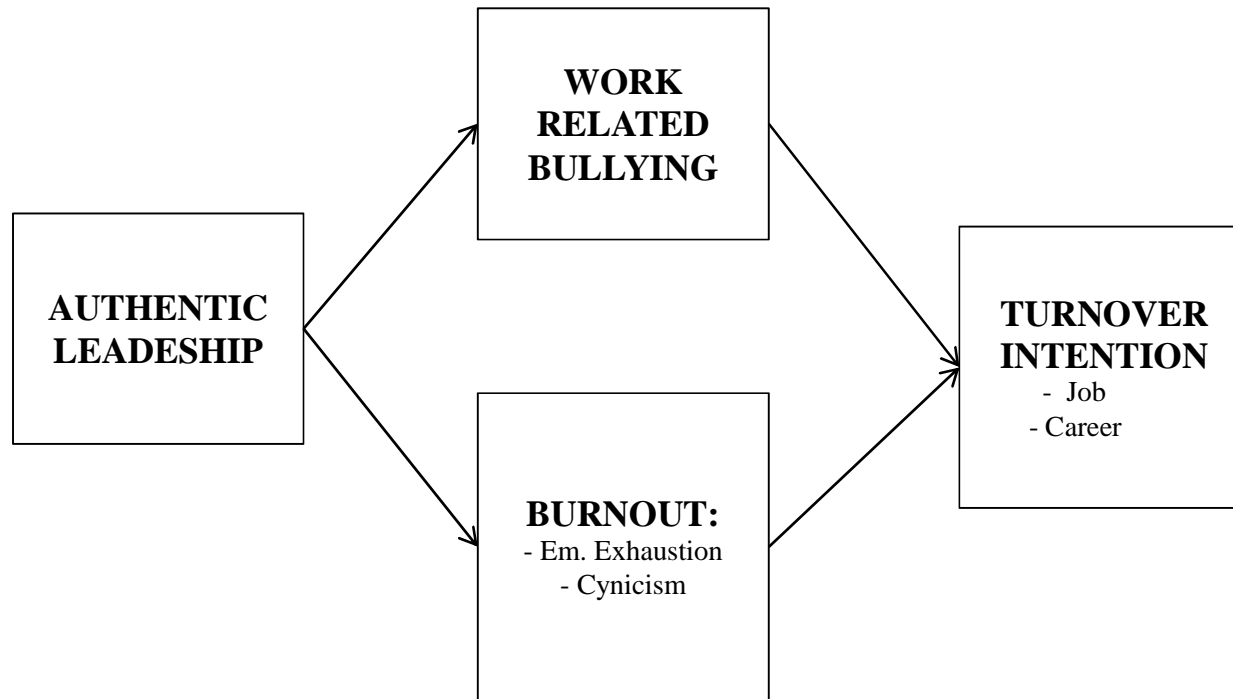


Figure 1. This figure represents the theoretical model.

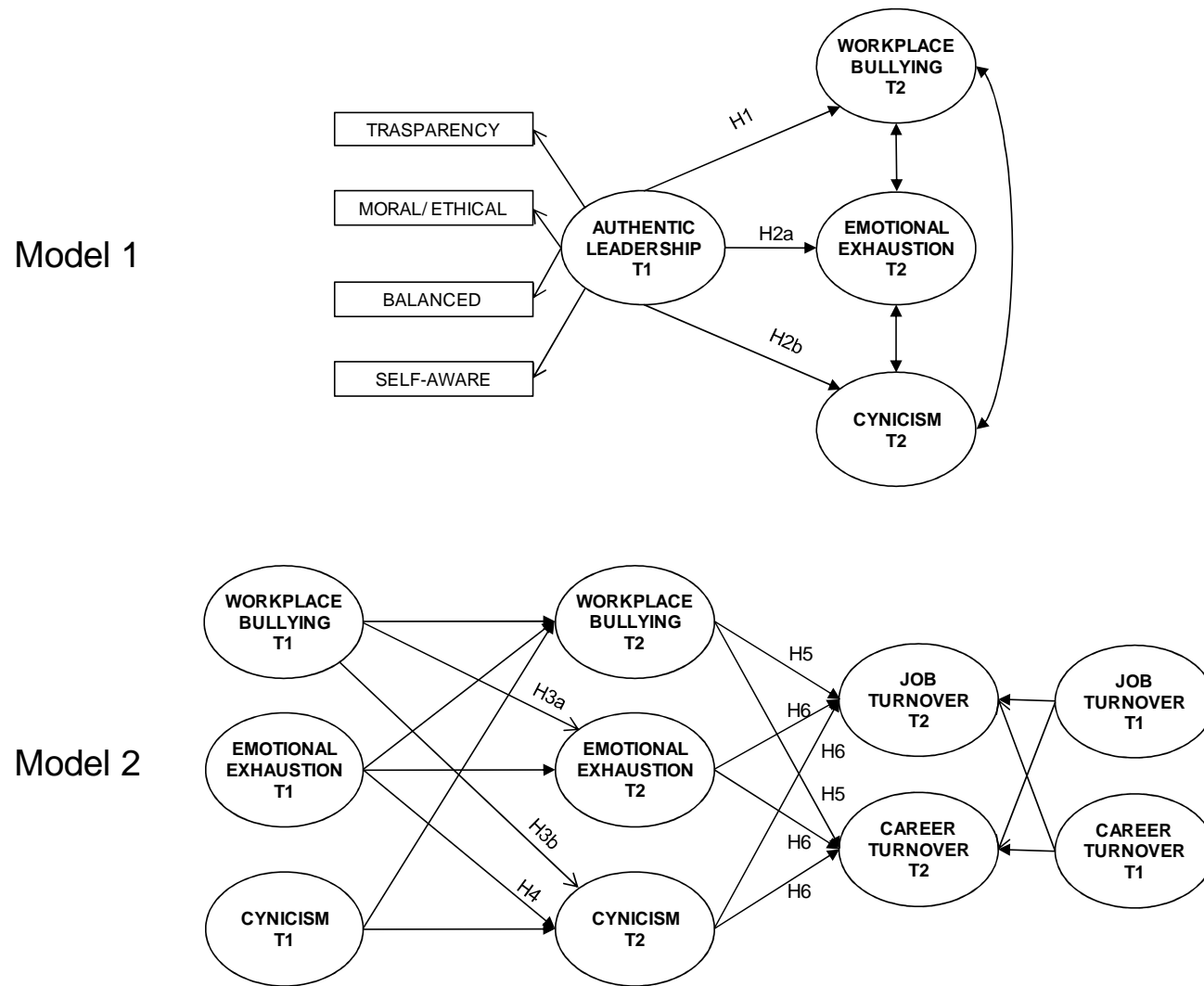


Figure 2. This figure represents the posited models.

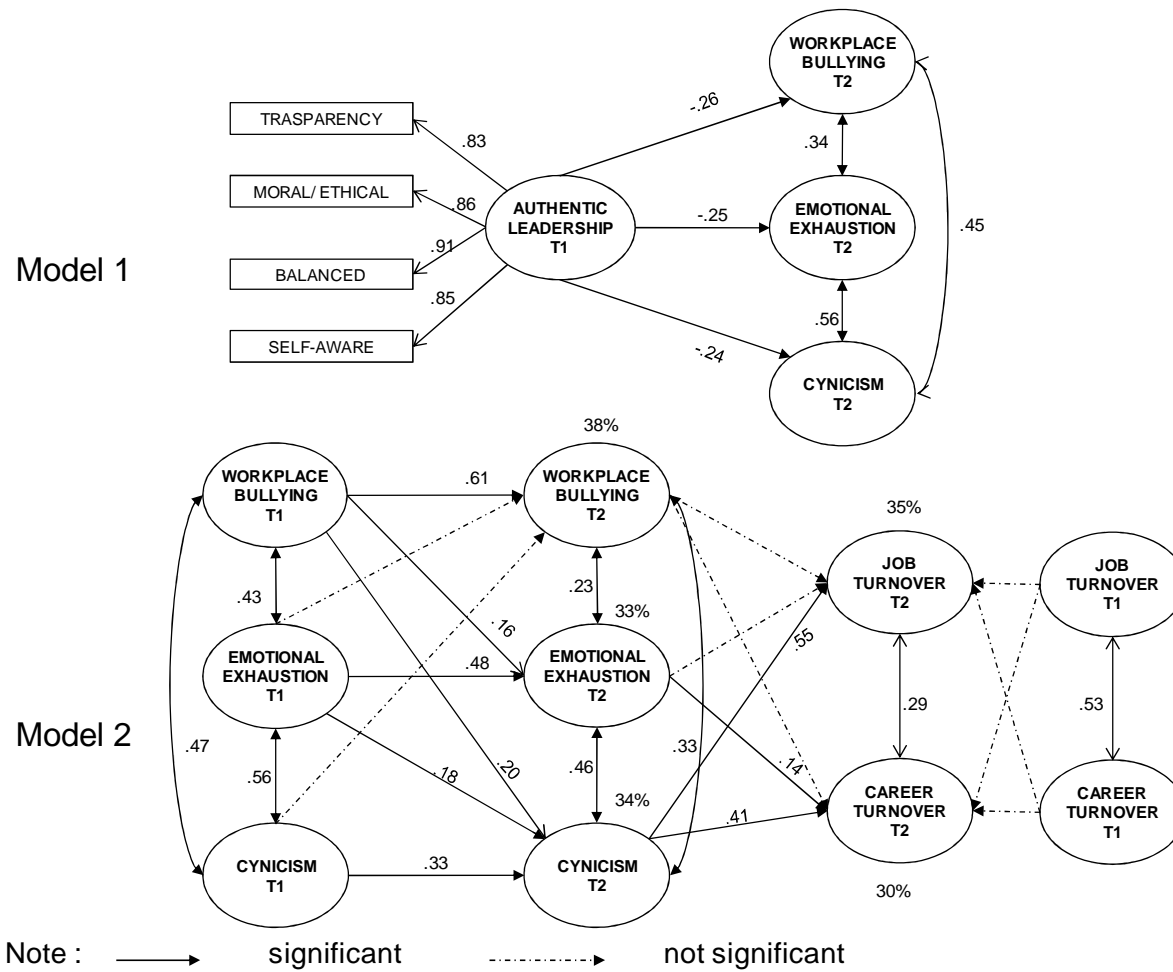


Figure 3. This figure represents the models result: the process from authentic leadership to turnover through workplace bullying and burnout.