

Authentic leadership among nursing professionals: knowledge and profile

Liderança autêntica entre profissionais de enfermagem: conhecimento e perfil
Liderazgo auténtico entre profesionales de enfermería: conocimiento y perfil

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ABSTRACT

Objectives: to identify the knowledge of nursing professionals about leadership models and evaluate the authentic leadership profile among them. **Methods:** analytical study, conducted between August and December 2015, involving 84 nursing professionals working in a public and tertiary hospital. We used two instruments: Sociodemographic Questionnaire with questions about leadership and the Authentic Leadership Questionnaire. **Results:** both nurses and nursing technicians were unaware of authentic leadership. Both pointed to communication, planning, and organization as competencies of the leader (n = 58, 95%). Regarding the authentic leadership profile, we observed that the score was "high" among nurses and "low" among technicians. Holding a leadership position and professionally upgrading has positively influenced the highest-profile of authentic leadership. **Conclusions:** nurses demonstrated to know behavioral leadership, while nursing technicians showed knowledge about situational leadership. Nurses had a high score of authentic leadership behaviors, while nursing technicians had a low score, but we found no significant difference between them. Holding a leadership position and professionally upgrading has positively influenced the highest profile of authentic leadership.

Descriptors: Leadership; Nursing; Nursing Technicians; Competence; Occupational Nursing.

RESUMO

Objetivos: identificar o conhecimento dos profissionais de enfermagem sobre modelos de liderança e avaliar o perfil de liderança autêntica entre eles. **Métodos:** estudo analítico, realizado entre agosto e dezembro de 2015, que envolveu 84 profissionais de enfermagem atuantes em um hospital público e terciário. Utilizaram-se dois instrumentos: Questionário Sociodemográfico com questões sobre liderança e o *Authentic Leadership Questionnaire*. **Resultados:** tanto enfermeiros quanto técnicos de enfermagem desconheciam a liderança autêntica. Ambos apontaram a comunicação, o planejamento e a organização como competências do líder (n = 58, 95%). Referente ao perfil de liderança autêntica, observou-se que o escore foi "alto" entre enfermeiros e "baixo" entre os técnicos. Exercer cargo de liderança e atualizar-se influenciou positivamente o maior perfil de liderança autêntica. **Conclusões:** os enfermeiros demonstraram conhecer a liderança comportamental, enquanto os técnicos de enfermagem mostraram conhecimento sobre a liderança situacional. Os enfermeiros apresentaram escore alto de comportamentos de liderança autêntica, ao passo que os técnicos de enfermagem apresentaram escore baixo, contudo, não se evidenciou diferença significante entre eles. Exercer cargo de liderança e atualizar-se influenciou positivamente o comportamento de liderança autêntica.

Descritores: Liderança; Enfermagem; Técnicos de Enfermagem; Competência; Enfermagem do Trabalho.

RESUMEN

Objetivos: identificar el conocimiento de los profesionales de enfermería sobre los modelos de liderazgo y evaluar el perfil de liderazgo auténtico entre ellos. **Métodos:** estudio analítico, realizado entre agosto y diciembre de 2015, que involucró 84 profesionales de enfermería actuantes en un hospital público y terciario. Se ha utilizado dos instrumentos: Cuestionario Sociodemográfico con cuestiones sobre liderazgo y el *Authentic Leadership Questionnaire*. **Resultados:** tanto enfermeros cuanto técnicos de enfermería desconocían el liderazgo auténtico. Ambos apuntaron la comunicación, el planeamiento y la organización como competencias del líder (n = 58, 95%). Referente al perfil de liderazgo auténtico, se observó que el escore ha sido "alto" entre enfermeros y "bajo" entre los técnicos. Ejercer cargo de liderazgo y actualizarse influenció positivamente el mayor perfil de liderazgo auténtico. **Conclusiones:** los enfermeros demostraron conocer el liderazgo del comportamiento, mientras los técnicos de enfermería mostraron conocimiento sobre el liderazgo situacional. Los enfermeros presentaron escore alto de comportamientos de liderazgo auténtico, a la vez que los técnicos de enfermería presentaron escore bajo, sin embargo, no se evidenció diferencia significante entre ellos. Ejercer cargo de liderazgo y actualizarse influenció positivamente el comportamiento de liderazgo auténtico.

Descriptorios: Liderazgo; Enfermería; Técnicos de Enfermería; Competencia; Enfermería del Trabajo.

INTRODUCTION

Currently, technological changes and the competitiveness of the labor market impact the work environment in organizations. The nurse, as coordinator of the nursing team, performs multiple activities, including being the leader. This professional is responsible for the maintenance and development of work processes and care, seeking the quality and safety of professionals and clients, and satisfaction in care⁽¹⁻²⁾.

Studies define Leadership as an administrative competence and skill aimed at the development and vision of goals and institutional interventions⁽³⁾. Although leadership is known to come from personal experiences and contexts, it is possible to develop and improve it⁽⁴⁻⁵⁾.

Leadership studies began to advance in the mid-twentieth century, and recently it is seen as a process for influencing other individuals, as well as improving the relationship between leader and followers, resulting in better performance and higher productivity. Thus, different leadership models have been described⁽⁵⁻⁶⁾. In the mid-1940s, leadership was believed to be innate, tied to the personality of the individual. By 1960, studies conceived behavioral leadership, while contingency or situational leadership developed in the 1960s through the mid-1980s. Since then, studies have evidenced transformational, charismatic, and visionary leadership⁽⁷⁾.

Over time, scholars have expressed "the need for a theory-based model that identifies the variables and specific building relationships that can guide leader development, sustained by moral, ethical values, and the leader's life experience itself"⁽⁴⁾: genuine multi-component leadership⁽⁵⁻⁶⁾.

Thus, authentic leadership (AL) emerges in industries and large corporations with positive results and better influence on staff, with a consequent increase in productivity and job performance. The authentic leader is defined as "the one who has self-knowledge, knows his behavior, his moral values as well as the knowledge of the personal characteristics of others, and the general concern for everyone's welfare". The professional seeks to maintain a positive organizational climate by valuing capabilities and establishing trust, hope, optimism, and resilience with the team⁽⁸⁻⁹⁾.

It is possible to identify the authentic leader by four dimensions: self-awareness, transparency, morals and ethics, and balanced processing. Self-awareness refers to the leaders' knowledge of their strengths and weaknesses, their limitations, and their shortcomings. Transparency is about sharing information, feelings, and attitudes that involve leaders and subordinates. The moral and ethical perspective reflects the leaders' behavior in line with the standards of internal moral conduct without being involved by external factors while maintaining a high standard of conduct. Finally, balanced processing concerns proper decision making after hearing the opinions of their followers⁽⁸⁻¹²⁾.

Still, the professional has characteristics such as acting following their values, beliefs, ethics, and morals; demonstrating credibility and trust in the led; knowing yourself and your subordinates, valuing them; worrying about the well being of all; and keeping the organizational environment harmonious with the development of positive skills, optimism, and resilience⁽¹²⁾.

Any individual can develop this competence. Thus, leadership can occur in different categories, that is, at all professional

levels⁽³⁻⁵⁾. Therefore, we assumed that leadership could and should be an attribute of all members of the nursing team, as occurred in the present study.

In AL's process, social, body, mind, and spirit weaknesses and potentialities can directly affect the nursing team's work activities, as well as the individual, the internal environment, and the satisfaction of both at work⁽¹³⁻¹⁶⁾.

Some scholars have developed and validated a multidimensional questionnaire based on the authentic leadership construct to characterize the authentic leader, the Authentic Leadership Questionnaire (ALQ)⁽⁸⁾, which has been translated into several languages, including Portuguese. It has been used in numerous labor market contexts and, more recently, in health and nursing fields.

In this sense, the following research questions emerged: How is leadership and authentic leadership recognized among nurses and nursing technicians? How do you rate the authentic leadership profile of nurses and nursing technicians in a specialized hospital?

Although studies on authentic leadership conducted with nurses are available, there are gaps in those that included the nursing team as a whole, which justifies this research. In the health scenario, the adoption of more participative leadership models is urgent. Therefore, knowing the authentic leadership behaviors of the nursing staff can provide subsidies to plan and implement strategies for their consolidation in the health and nursing management settings.

OBJECTIVES

To identify the knowledge of nursing professionals about leadership models and evaluate the authentic leadership profile among them.

METHODS

Ethical aspects

The research began after approval by the Institution's Research Ethics Committee. All participants formalized their participation by signing the Informed Consent Form, under the precepts of Resolution 466/2012.

Study Design, location, and period

This is an analytical, cross-sectional, quantitative study, guided by the STROBE tool, conducted between August and December 2015, in a public tertiary hospital, linked to the Public University, subsidized by the Single Health System (SUS), located in the interior of the state of São Paulo, Brazil. It has 91 beds, 23 nurses, 81 technicians, and 8 nursing assistants.

Population or sample; inclusion and exclusion criteria

The population consisted of the nursing staff, including nurses, technicians, and nursing assistants. We invited all professionals to participate in the survey. Thus, the inclusion criterion was adherence. We did not establish exclusion criteria.

Finally, 84 professionals comprised the sample, 23 nurses, and 61 nursing technicians, that is, 81% of the population.

Study Protocol

We used two data collection instruments. The first consisted of data identifying the professional (age, gender, education level, current position, work shift, time of stay in the field and the data about exercising or having held leadership position) and questions about leadership models, leadership competencies, as well as weaknesses and potentialities related to leadership. As the authors of the study, we elaborated questions about weaknesses and potentialities, based on studies on the subject⁽¹³⁻¹⁶⁾. Concerning the fact of exercising or having held a leadership position, we considered the care or managerial performance for nurses and leadership performance regarding other professions or situations for nursing technicians, acknowledging, for example, many of them are trained nurses and work in other institutions as such.

The second instrument was the self-applicable ALQ, acquired electronically after payment of the license and copyright permission to use the version available in Brazil. Although validated in other countries⁽⁸⁾, the ALQ is in the validation phase in Brazil and is even translated into Brazilian Portuguese⁽⁵⁻⁶⁾. In this sense, a national study indicated adequate internal consistency of the instrument (global Cronbach's *alpha* of 0.702)⁽¹²⁾.

The ALQ consists of 16 items answered through a Likert scale, whose score ranges from 1 to 5 points, where: never (1 point), rarely (2 points), sometimes (3 points), regularly (4 points), and always (5 points). The questionnaire is subdivided into four domains, where questions number 1, 5, 9 and 13 refer to self-awareness; questions 4, 8 and 16 on transparency; questions 2, 6, 10 and 14, to ethics and morals; and questions 3, 7, 11, and 15 relate to balanced processing. The values of each item are summed, and range from 16 to 80 points and the AL behaviors are interpreted as follows: 16–32 points (very low); 33–48 (low); 49–64 (high); 65–80 (too high)⁽⁸⁾.

The researcher delivered the self-applied instruments to each participant. Then, we read it for clarification of doubts. Data collection took place individually and privately between August and December 2015. The average self-completion time was 20 minutes.

Results analysis and statistics

We stored the collected data in a spreadsheet, and we used the program Predictive Analytic Software - PASW[®]. We used descriptive statistics to analyze the sociodemographic profile with numerical variables. We used the Student t-test to identify the AL profile among the groups of nurses and nursing technicians regarding gender, academic level, and the variables addressed in the data collection instrument. Also, we used Fisher's exact test, chi-square, Pearson correlation, and ANOVA. For all, we considered a significance level of 5% ($p \leq 0.05$).

RESULTS

Regarding the sociodemographic characteristics of the nursing staff, there was a prevalence of females ($n = 77$; 92%), aged between 41 and 45 years ($n = 24$; 29%), with time of stay in the field between 3 and 10 years ($n = 25$; 30%), with technical training ($n = 37$; 44%), without updating ($n = 52$; 62%) and who did not hold leadership positions ($n = 66$; 78%). We observed that professionals who updated or held leadership positions presented higher AL behavior ($p = 0.046$ and 0.010 , respectively) (Table 1).

Table 1 – Characterization of nursing professionals according to the variables: gender, age, time in the field, time since graduation, professional update, and leadership position, Bauru, São Paulo, Brazil, 2015

Variables	Nurses (n = 23)	Nursing technicians (n = 61)	Nurses and nursing technicians (n = 84)	p value
Gender				0.172 €
Female	22 (96%)	55 (90%)	77 (92%)	
Male	1 (4%)	6 (10%)	7 (8%)	
Age				0.621 Ω
20 to 25 years	-	1 (2%)	1 (1%)	
26 to 30 years	-	3 (5%)	3 (4%)	
31 to 35 years	4 (18%)	12 (19%)	16 (19%)	
36 to 40 years	3 (13%)	8 (12%)	11 (13%)	
41 to 45 years	-	24 (41%)	24 (29%)	
46 to 50 years	5 (22%)	1 (2%)	6 (7%)	
51 to 55 years	9 (39%)	7 (11%)	16 (19%)	
56 years or more	2 (7%)	5 (8%)	07 (8%)	
Time of stay in the field				0.265 Ω
3 to 10 years	8 (35%)	17 (28%)	25 (30%)	
11 to 16 years	6 (26%)	17 (28%)	23 (27%)	
17 to 22 years	-	15 (24%)	15 (18%)	
23 years or more	9 (39%)	12 (20%)	21 (25%)	
Education level				0.408 €
Technician	-	37 (61%)	37 (44%)	
Undergraduate	2 (7%)	13 (21%)	15 (18%)	
Specialization	13 (57%)	11 (18%)	24 (29%)	
Master's Degree	5 (22%)	-	5 (6%)	
Doctoral Degree	3 (13%)	-	3 (3%)	
Professional Update				0.046€*
No	12 (52%)	40 (66%)	52 (62%)	
Yes	11 (48%)	21 (34%)	32 (38%)	
Leadership Position				0.010€*
No	10 (43%)	56 (92%)	66 (78%)	
Yes	13 (57%)	5 (8%)	18 (22%)	

Note: * 5% significance level; € = Student t-test; Ω = ANOVA.

Table 2 – Distribution of participants regarding leadership knowledge and competencies of the leader, Bauru, São Paulo, Brazil, 2015

Variables	Nurses (n = 23) Yes	Nursing technicians (n = 61) Yes
Do you know authentic leadership?	9 (39%)	17 (28%)
Which leadership model do you know?	15 (65%)	24 (39%)
Behavioral Leadership	11 (48%)	15 (25%)
Charismatic Leadership	6 (29%)	2 (3%)
Transformational Leadership	5 (22%)	2 (3%)
Situational Leadership	9 (39%)	17 (28%)
Visionary Leadership	1 (4%)	4 (7%)
Authentic Leadership	7 (30%)	7 (11%)
Other:	1 (4%)	2 (3%)
Organizational, democratic and autocratic		
Leader competences		
Communication	23 (100%)	58 (95%)
Systemic View	21 (91%)	41 (67%)
Entrepreneurship	13 (56%)	23 (38%)
Planning & organizing	23 (100%)	58 (95%)
Negotiation skills	18 (78%)	44 (72%)
Interpersonal relationship	22 (95%)	44 (72%)
Decision-making	21 (91%)	54 (88%)
Working effectively in a team	19 (82%)	58 (95%)
Flexibility	20 (87%)	56 (91%)
Creativity	21 (56%)	45 (74%)

Table 3 - Distribution of participants according to their weaknesses and potentialities, Bauru, São Paulo, Brazil, 2015

Variables	Nurses (n = 23)		Nursing technicians (n = 61)		p value
	No	Yes	No	Yes	
Weaknesses					
I work individually	23 (100%)	-	36 (61%)	23 (39%)	0.001#*
I receive incomplete or inconsistent information	12 (55%)	10 (45%)	44 (72%)	17 (28%)	0.214#
Inadequate physical structure	12 (52%)	11 (48%)	40 (66%)	21 (34%)	0.381#
Patients' diversity makes working difficult	23 (100%)	-	58 (95%)	3 (5%)	0.558\$
I do not receive enough training/update at work	21 (91%)	2 (9%)	53 (87%)	8 (13%)	0.720\$
Potentialities					
I receive in-service training/ continuing education	12 (52%)	11 (48%)	16 (27%)	44 (73%)	0.052#
Leaders value the health care delivery	12 (52%)	11 (48%)	33 (54%)	28 (46%)	0.930#
I participate in decision making with the team	8 (35%)	15 (65%)	49 (80%)	12 (20%)	0.001#*
I have good communication / transparency	2 (9%)	21 (92%)	15 (25%)	46 (75%)	0.113\$

Note: # Chi-square test; Fisher's exact test; * Significance level of 5% (p <0.05).

Table 4 - Distribution of respondents according to domains related to authentic leadership, Bauru, São Paulo, Brazil, 2015

Domain	Nurses (n = 23)		Nursing technicians (n = 61)		p value
	M	SD	M	SD	
Self-consciousness	11.6	±2.4	11.7	±3.2	0.835
Transparency	15.7	±2.9	14.8	±2.9	0.209
Ethics and Morality	13.0	±2.3	11.4	±3.2	0.024*
Balanced Processing	9.2	±1.9	8.9	±2.0	0.598

Note: M = Average; SD = Standard Deviation; Student t-test; * Significance level of 5% (p ≤ 0.05).

Table 5 - Scores related to authentic leadership behavior among nurses and nursing technicians, Bauru, São Paulo, Brazil, 2015

Scores	Nurses (n = 23)	Nursing technicians (n = 61)	p value
Very low	-	2 (3%)	0.607
Low	11 (48%)	32 (52%)	
High	12 (52%)	27 (45%)	
Very high	-	-	

Note: Chi-square test; * Significance level of 5% (p <0.05).

Both nurses (n = 14; 61%) and nursing technicians (n = 44; 72%) were unaware of the AL model. The knowledge of behavioral leadership prevailed among nurses (n = 11; 48%), whereas among nursing technicians, the situational leadership model prevailed (n = 17; 28%) (Table 2).

As for the leader's competences, both categories pointed to communication (EE n = 23, 100%; TE n = 58, 95%) and planning and organization (EE n = 23, 100%; TE n = 58, 95%) (Table 2).

About weaknesses, the nurses pointed out the inadequate physical structure (n = 11; 48%), while the nursing technicians pointed out the execution of the work individually (n = 23; 39%). Performing the work individually negatively influenced AL behaviors between nurses and nursing technicians (p = 0.001) (Table 3).

Regarding the potentialities, both professional categories indicated good communication / transparency - n = 21 (92%); n = 46 (75%), respectively. However, we did not observe statistically significant difference (p = 0.113) (Table 3).

The "Transparency" domain prevailed among nurses and nursing technicians (average of 15.7 and 14.8 points, respectively). However, the study evidenced that the domain "Ethics and Morals" was significantly

higher among nurses compared to nursing technicians (p = 0.024).

When assessing the behavior of AL among professionals, we found that, although the score was "High" among nurses and "Low" among nursing technicians, there was no significant difference between them (p = 0.607) (Table 5).

DISCUSSION

The gender profile of the professionals studied was predominantly female, showing that in the historical nature of nursing, it is a profession mainly formed by women^(6,17-18). The

nurses and nursing technicians were aged between 41 and 56 years, corroborating other studies that report: a team with more significant life experience and maturity seeks knowledge and professional fulfillment. Still, in this age group, there is a higher professional qualification, vision, and critical capacity for actions related to professional practice, including leadership^(17,19).

Regarding the time of stay in the institution, the study evidenced that the professionals had on average from 3 to 16 years, which may favor the search for specialized knowledge in the area of rehabilitation, which is the field of this research. The longer the care practice, the higher the maturity and development of evidence-based practices, with critical vision and problem solving imposed by the practice of the profession, which contributes to the development of leadership domains, including the authentic^(16-17,19).

When analyzing the professional profile of the participants, we observed that the professional update presented statistical significance, and this reveals that the nursing team seeks knowledge and specialization. Perfecting and qualifying are indispensable to meet the specific needs of the hospital context, as well as the changes imposed by the labor market, which currently seeks more qualified professionals and stimulates knowledge and improvement of care practices^(17,20). The pursuit of improvement depends solely on the professional since the labor market is continuously evolving, requiring constant updating of nurses to meet the needs of companies and clients increasingly demanding and aware of their rights⁽²¹⁾. This statement corroborates the findings of this study, in which nurses present specialization courses; and the nursing technicians, graduation.

The study evidenced that most nurses had experience in leadership positions, a fact of high relevance due to the degree of responsibilities imposed by the position. However, a small percentage of nursing technicians reported having performed this function. It is noteworthy that although leadership is intrinsically linked to the nurse's performance, informal leadership is not linked to the position held, and is, therefore, a possible competence for any professional category⁽²¹⁾.

Among the different leadership models, the behavioral knowledge prevailed, followed by situational and authentic knowledge. The first two models relate to the behaviors of both the leader and his followers, and the different situations that occur in the workplace comprise them. This requires the leader's experience, knowledge and skills, building trust, improving interpersonal

relationships and team performance, and hence the quality of care practice, which confirms traditional leadership models^(12,19-22).

A small group showed to know about authentic leadership, and this may be related to the fact that it is a recent theoretical model, still poorly studied and applied in the nursing work process. However, we emphasized the emerging need for insertion in the health context of more participative leadership models that subsidize the development of competence to professionals⁽²³⁾.

About weaknesses, the nurses pointed out the inadequate physical structure, while the nursing technicians pointed out the execution of the work individually. Performing individual work has negatively influenced authentic leadership behaviors, showing the need for collaborative and participatory execution in the care process.

Regarding the potentialities, both nurses and nursing technicians revealed to have good communication and transparency. These items are among the fundamental for the managerial development of the leader, which aims to favor the work dynamics and the satisfaction of professionals in the search for care quality^(6,24-26). Communication is one of the essential tools for effective leadership. It is necessary for an adequate understanding of the guidelines and messages to build a good relationship and interaction between the team and patients, as well as the satisfaction and quality of care actions⁽²⁷⁻²⁸⁾.

Organized planning, interpersonal relationships, and teamwork are closely related, and their mastery by the leader is essential to effectively manage care actions and meet the needs of the team under their leadership.

As for the potentialities, participants mentioned decision-making with the team, valuing it as a participative component in the organization, which favors the quality of care actions, in addition to meeting hospital expectations. AL, structural empowerment, as well as a good working relationship, are key aspects for improving team performance and, consequently, nursing care⁽²⁹⁾. Other investigations showed similar results^(13,18,22,27).

The domains of AL, referred by the nursing staff, included transparency, morals, ethics, and self-awareness. These are part of AL's core constructs. Thus, individuals should perform their actions by understanding their strengths and weaknesses, as well as having a broad view and knowledge of both themselves and their followers, fostering feelings and confidence in a presentation of an authentic self. When nursing professionals engage in AL behaviors based on ethics and morals, they build trusting relationships with their followers, which help achieve the quality of care goals⁽²⁹⁻³⁰⁾.

Ethics and morals comprise a pattern of behavior that promotes greater self-awareness and an internal perspective, with a balanced and positive process. It is based on values and moral standards already experienced, which foster the participative involvement of the team, as well as leadership based on communication, training, effective

education of its followers, and consequent self-development^(4,8,12,22). Also, we highlight the similarity of the domains identified by the respondents in AL with the traditional leadership skills pointed out, showing that, to be a leader, it is necessary to develop these competencies, to favor the integration between the team in the art of caring and, thus, client/patient satisfaction and hospital organization⁽²⁷⁻³⁰⁾.

Regarding the LA profile, we observed that the score was "High" among nurses and "Low" among nursing technicians, showing that, despite the little knowledge about the theory, it is present in their profiles. It is possible to link these data to the knowledge of traditional theories learned in undergraduate studies, which present the competences of the leader and that have some items similar to those of AL - such as self-knowledge, teamwork, positive relationship, and job satisfaction - as requirements for actions to lead⁽⁴⁾.

Finally, we expected that in the professional profile studied there would be more significant scores for the four AL domains, since, the labor market seeks new skills for the performance of the functions of leadership, which allow to the professional to follow and satisfy the increasing technological changes and the demands of the clientele.

Study Limitations

The use in data collection of an instrument not yet validated in Brazil for the nursing context can be a limitation. However, it is noteworthy that AL assessment scales are not available. Still, the scarcity of studies on AL in the nursing field limited the comparisons. Thus, there is a need for further investigations to consolidate the results of this investigation.

Contributions to the nursing field

Knowing the characteristics of AL can contribute to the development of future leaders with skills and competencies to lead the team to reflection and awareness, improving the organizational environment.

The results point to the need to search for knowledge about AL, to promote active participation in decision making, to value the ethical standards of the team, to increase confidence and satisfaction in the work environment.

CONCLUSIONS

Nurses demonstrated to know behavioral leadership, while nursing technicians showed knowledge about situational leadership. Nurses had a high score of authentic leadership behaviors, while nursing technicians had a low score, but we found no significant difference between them. Holding a leadership position and professionally updating has positively influenced the highest-profile of authentic leadership.

REFERENCES

1. Balsanelli AP, Cunha ICKO. The work environment and leadership in nursing: an integrative review. *Rev Esc Enferm USP* [Internet]. 2014 [cited 2017 Nov 17];48(5):938-43. Available from: <http://www.scielo.br/pdf/reeusp/v48n5/0080-6234-reeusp-48-05-938.pdf>
2. Balsanelli AP, Cunha ICKO. Nursing leadership in intensive care units and its relationship to the work environment. *Rev Latino-Am Enfermagem* [Internet]. 2015 [cited 2017 Nov 17];23(1):106-13. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4376038/pdf/0104-1169-rlae-23-01-00106.pdf>

3. Kleinman CS, Disraeli B. Ideias do Século XXI sobre liderança e administração. In: Marques BL, Huston CJ. Administração e liderança em enfermagem: teoria e prática. Porto Alegre: Artemed; 2010. p. 71-88.
4. Wong C, Cummings G. Authentic leadership: a new theory for nursing or back to basics? *J Health Organ Manag* [Internet]. 2009 [cited 2017 Nov 17];23(5):522-38. Available from: <http://www.emeraldinsight.com/doi/pdfplus/10.1108/14777260910984014>
5. Sobral FJBA, Gimba RF. As prioridades axiológicas do líder autêntico: um estudo sobre valores e liderança. *Rev Adm Mackenzie* [Internet]. 2012 [cited 2017 Nov 17];13(3):96-121. Available from: <http://www.scielo.br/pdf/ram/v13n3/06.pdf>
6. Lanzoni GMM, Meirelles BHS. Leadership of the nurse: an integrative literature review. *Rev Latino-Am Enfermagem* [Internet]. 2011 [cited 2017 Nov 17];19(3):651-8. Available from: <http://www.scielo.br/pdf/rlae/v19n3/26.pdf>
7. Azevedo CS. Liderança e processos intersubjetivos em organizações públicas de saúde. *Rev Ciênc Saúde Coletiva* [Internet]. 2002 [cited 2019 Jun 10];7(2):349-61. Available from: <http://www.scielo.br/pdf/csc/v7n2/10253.pdf>
8. Walumbwa F, Avolio B, Gardner W, Wernsing T, Peterson S. Authentic leadership: development and validation of a theory-based measure. *J Manag* [Internet]. 2008 [cited 2017 Nov 17];34(1):89-126. Available from: <https://pdfs.semanticscholar.org/159f/8d929f6ca3d7d8c2d8a24ab10e530ca25635.pdf>
9. Gardner W, Cogliser C, Davis K, Dickens M. Authentic leadership: a review of the literature and research agenda. *Leadersh Q* [Internet]. 2011 [cited 2017 Nov 17];22(6):1120-45. Available from: <http://www.sciencedirect.com/science/article/pii/S1048984311001548>
10. Silva VLS, Camelo SHH. A competência da liderança em enfermagem: conceitos, atributos essenciais e o papel do enfermeiro líder. *Rev Enferm UERJ* [Internet]. 2013 [cited 2017 Nov 17];21(4):533-9. Available from: www.esenfc.pt/event/event/abstracts/exportAbstractPDF
11. Avolio BJ, Walumbwa FO, Weber TJ. Leadership: current theories, research, and future directions. *Annu Rev Psychol* [Internet]. 2009 [cited 2017 Nov 17];60:421-49. Available from: <http://communication-leadership-change.com/files/119516680.pdf>
12. Carvalho AGF, Cunha ICKO, Balsanelli AP, Bernardes A. Authentic leadership and the personal and professional profile of nurses. *Acta Paul Enferm* [Internet]. 2016 [cited 2017 Nov 17];29(6):618-25. Available from: http://www.scielo.br/pdf/ape/v29n6/en_1982-0194-ape-29-06-0618.pdf
13. Louzada J, Lopes Neto D. Abordagem crítico-interpretativa das fragilidades e potencialidades do trabalho de enfermagem aos lanomâms, Amazonas. *Rev Enferm Foco* [Internet]. 2010 [cited 2017 Nov 17];1(2):42-5. Available from: <http://revista.portalcofen.gov.br/index.php/enfermagem/article/viewFile/12/13>
14. Cabral ALN, Lima HDR, Cabral HLO. Potencialidades e fragilidades da rede de atenção à saúde no controle de hipertensão arterial no Município de Correntes, Pernambuco. *J Manag Prim Health Care* [Internet]. 2011 [cited 2017 Nov 17];2(2):36-40. Available from: <http://www.jmphc.com.br/saude-publica/index.php/jmphc/article/view/107>
15. Silva SS, Assis MMA. Family health nursing care: weaknesses and strengths in the Unified Health System. *Rev Esc Enferm USP* [Internet]. 2015 [cited 2017 Nov 17];49(4):603-9. Available from: <http://www.scielo.br/pdf/reeusp/v49n4/0080-6234-reeusp-49-04-0603.pdf>
16. Sangiovo S, Andrade A, Arboit EL, Cosentino SF. Potencialidades e fragilidades de uma equipe de enfermagem em centro cirúrgico. *Rev Espaço Ciênc Saúde* [Internet]. 2015 [cited 2017 Nov 17];3(1):1-14. Available from: <http://revistaeletronica.unicruz.edu.br/index.php/enfermagem/article/view/5304/938>
17. Machado MH, Aguiar Filho W, Lacerda WF, Oliveira E, Lemos W, Wermelinger M, et al. Características gerais da enfermagem: perfil sócio demográfico. *Rev Enferm Foco* [Internet]. 2015 [cited 2017 Nov 17];6(1/4):11-7. Available from: <http://biblioteca.cofen.gov.br/wp-content/uploads/2016/07/Caracter%C3%ADsticas-gerais-da-enfermagem-o-perfil-s%C3%B3cio-demogr%C3%A1fico.pdf>
18. Moura GMSS, Inchauspe JAF, Dall'Agnol CM, Magalhães AMM, Hoffmeister LV. Expectations of the nursing staff in relationship to leadership. *Acta Paul Enferm* [Internet]. 2013 [cited 2017 Nov 17];26(2):198-204. Available from: http://www.scielo.br/pdf/ape/v26n2/en_v26n2a15.pdf
19. Silva VLS, Camelo SHH, Soares MI, Resck ZMR, Chaves LDP, Santos FC, et al. Leadership practices in hospital nursing: a self of manager nurses. *Rev Esc Enferm USP*. 2017 [cited 2017 Nov 17];51:e03206. Available from: <http://www.scielo.br/pdf/reeusp/v51/1980-220X-reeusp-51-e03206.pdf>
20. Waite R, McKinney N, Smith-Glasgow ME, Meloy FA. The embodiment of authentic leadership. *J Prof Nurs* [Internet]. 2014 [cited 2017 Nov 17];30(4):282-91. Available from: [http://www.professionalnursing.org/article/58755-7223\(13\)00190-7/pdf](http://www.professionalnursing.org/article/58755-7223(13)00190-7/pdf)
21. Llapa-Rodriguez EO, Oliveira JKA, Lopes Neto D, Campos MPA. Nurses leadership evaluation aides and technicians according to the 360-degree feedback. *Rev Gaúcha Enferm* [Internet]. 2015 [cited 2017 Nov 17];36(4):29-36. Available from: <http://www.scielo.br/pdf/rgenf/v36n4/1983-1447-rgenf-36-04-00029.pdf>
22. Regan S, Heaher HS, Laschinger, Wong CA. The influence of empowerment, authentic leadership, and professional practice environments on nurses' perceived interprofessional collaboration. *J Nurs Manag* [Internet]. 2016 [cited 2017 Nov 17];24:54-61. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/jonm.12288/pdf>
23. Bernardes A. Contemporary perspectives on leadership and management in nursing [Editorial]. *Rev Gaúcha Enferm* [Internet]. 2018 [cited 2019 Jun 10];39:2018-0247. Available from: http://www.scielo.br/pdf/rgenf/v39/en_1983-1447-rgenf-39-e2018-0247.pdf
24. Deckman LR, Deon SMP, Silva EFS, Lorenzini E. Competência gerencial na enfermagem: uma revisão integrativa. *Rev Eletron Gest Saúde* [Internet]. 2013 [cited 2017 Nov 17];4(2):2261-72. Available from: <http://periodicos.unb.br/index.php/rgs/article/view/22952/1647>
25. Esper AJF, Cunha CJCA. Liderança autêntica: uma revisão integrativa. *Navus Rev Gest Technol* [Internet]. 2015 [cited 2017 Nov 17];5(2):60-72. Available from: <http://navus.sc.senac.br/index.php/navus/article/view/254>

26. Wong CA, Laschinger KS. Authentic leadership, performance, and job satisfaction: the mediating role of empowerment. *J Adv Nurs* [Internet]. 2013 [cited 2017 Nov 17];69(4):947-59. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2012.06089.x/epdf>
 27. Furukawa PO, Cunha ICKO. Profile and competencies of nurse managers at accredited hospitals. *Rev Latino-Am Enfermagem* [Internet] 2011 [cited 2017 Nov 17];19(1):[9 telas]. Available from: <http://www.scielo.br/pdf/rlae/v19n1/15.pdf>
 28. Amestoy SC, Cestari ME, Thoferem MB, Milbrath VM. Personal characteristics that influence the development of a nurse leader. *Act Paul Enferm* [Internet]. 2009[cited 2017Nov 17];22(5): 673-8. Available from: http://www.scielo.br/pdf/ape/v22n5/en_12.pdf
 29. Read EA, Laschinger HKS. The influence of authentic leadership and empowerment on nurses relational social capital, mental health, and job satisfaction over the first year of practice. *J Adv Nurs* [Internet] 2015 [cited 2018 Aug 17];71(7):1611–23. Available from: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jan.12625>
 30. Fallatah F, Laschinger HKS, Read EA. The effects of authentic leadership, organizational identification, and occupational coping self-efficacy on new graduate nurses' job turnover intentions in Canada. *Nursing Outlook* [Internet] 2017 [cited 2018 Aug 17];65(2):172-83. [https://www.nursingoutlook.org/article/S0029-6554\(16\)30395-5/fulltext](https://www.nursingoutlook.org/article/S0029-6554(16)30395-5/fulltext)
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