

Developing nurse leaders: Toward a theory of authentic leadership empowerment

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Abstract

Aim: The aim of this article is to present a theoretical synthesis of the theory of authentic leadership and the theory of structural empowerment. The new middle-range theory, Theory of Authentic Leadership Empowerment (TALE), is meant to be used as a guide for the professional development of nurses into leadership roles.

Background: The Institute of Medicine's Future of Nursing Report calls for nurses across all levels and settings, to develop leadership skills to address the ever-growing complexities in health care. However, the best approach to developing nurse leaders is not known.

Design: Walker and Avant's method for theory synthesis was used. The two theories were critically appraised from a philosophical and theoretical perspective. Then the theories were synthesized by nesting structural empowerment concepts into authentic leadership to arrive at the proposed TALE.

Results: TALE highlights how a nurse's individual history, personal values, ethics, and the organization's structure interact and influence the development of leaders who are authentic.

Conclusions: TALE offers nurse leaders, nursing professional development practitioners, and other stakeholders concerned with developing authentic leaders a holistic theoretical framework to understand leadership development at the individual level while also accounting for the importance of contextual influences.

1 | INTRODUCTION

Nurses play a vital role in positively influencing health care in the United States. It is imperative that registered nurses across all levels and settings develop leadership skills. Through their unique relationships with patients, they are positioned to identify areas of risk and implement and evaluate plans for improvement.¹ Nurses with leadership skills are more effective communicators and collaborators,² patient advocates,^{1,3,4} and influencers of health policy.^{1,5,6} They are able to address work environment issues through an enhanced understanding of work systems.^{3,7}

A number of leadership styles are discussed in nursing literature including transformational, transactional, situational, servant, and authentic leadership.^{8,9} Cummings et al¹⁰ categorize nursing

leadership characteristics into one of two overarching categories: relational or task-oriented. Transformational leadership is an example of a relational style where leaders are visionary, inspiring, and follower-focused. The relational leadership style is associated with higher nurse satisfaction, increased intent to stay, favorable view of leaders, and decreased workplace bullying.⁹ Conversely, in task-orientated styles like transactional leadership, leaders are focused on operations and outcomes.¹⁰ Transactional leaders and their followers exchange actions and resources based on distinct needs. Transactional leaders might get work done, but may negatively impact their staff including lower nurse satisfaction, decreased intent to stay, and lower reports of meaningful recognition.^{9,10} While numerous leadership styles exist, what is not known is the best approach to educate nurses on how to become effective leaders.

2 | REVIEW OF THE LITERATURE

2.1 | Authentic leadership

Authentic Leadership (AL) is a relational style that first appeared in the literature in the 1990s in the disciplines of sociology and education. AL is a positive approach to leading that is focused on leader genuineness and follower success. Since the 2000s, AL has received considerable attention from a community of scholars devoted to advancing positive organizational leadership.¹¹⁻¹⁴ Over the last two decades, AL research has been prolific in leadership,^{13,14} business,¹⁵ psychology,¹⁶ and health care, including nursing.¹⁷ In contrast to other leadership styles, AL acknowledges the influence of the organizational context on the leader, in addition to their personal attributes and life experiences.¹³

The move toward a positive leadership style started in the business world and is rooted in the general public's loss of confidence in leaders, particularly financial leaders. Gardner et al¹¹ note that leadership skepticism is linked to controversies of a moral and ethical nature that have unfolded in the media. A high-profile example is the ENRON scandal of 2001. In this case, the leaders of the company were found to be guilty of fraudulent accounting over a 10-year period. Nursing and healthcare leaders have followed suit by adopting positive leadership styles. AL is one of the most common in health care today as it has been influential in creating healthy work environments, which in turn have a positive impact on patient outcomes and clinical excellence while promoting trust among their followers.¹⁷⁻¹⁹

2.2 | Structural empowerment

Taking a step back from the individual leader, Kanter's²⁰ structural empowerment theory (SET) looks at how organizations empower or do not empower individuals to meet the challenges of work. SET was first posited in the 1970s and over the years nurse scientists have used Kanter's theory extensively to understand nursing workforce issues. Chandler²¹ tested Kanter's notion that support, information, and opportunity influence nurse's perceptions of power. Wilson and Laschinger²² used SET with 161 staff nurses' understanding of job empowerment and satisfaction within their organization. Lastly, Laschinger et al.²³ expanded SET to understand the connection between nurses' psychological empowerment and job strain. The nursing discipline has worked to advance SET as researchers have tested the theory in the healthcare context²² and expanded it to correlate organizational structure with individual psychological empowerment.²³ Just as Kanter did, these researchers looked to emancipate populations in the context of work environments.

Given the positive impact of relational leaders on their followers, we wanted to further explore the positive outcomes of developing authentic leaders, but it was unclear how one becomes an authentic leader. Furthermore, questions remained such as, how does the context of the work environment impact the leader, their leadership, and leadership development? It is essential to understand what factors (internal and external) and how environmental contexts foster

the development of authentic leaders. Perhaps one is innately authentic? How can nurses develop into authentic leaders? Furthermore, what factors contribute to their continued ability to grow as a leader? With the goal of empowering nurses to develop into authentic leaders, this article proposes a middle-range theory of authentic leadership empowerment (TALE) through the synthesis of the theories of AL and structural empowerment.

2.3 | Components of authentic leadership

Leadership includes the ability of one person to influence a group of people to accomplish a shared outcome.²⁴ Originating from the Latin, *authenticus*, meaning original or genuine, authentic was first used in the 14th century. Modern definitions imply factuality or reliability and are synonymous with being trustworthy, dependable, and honest.²⁵ AL is a process that leverages one's positive psychological competence and an advanced organization milieu that results in increased leader and follower self-consciousness, positive actions, and self-growth.¹³ Authentic leaders are genuine, aware of their strengths and weaknesses, focus on results, lead from the heart, and emphasize the long-term, rather than short-term.^{15,26} Despite being identified as necessary for the creation of healthy work environments,¹⁸ authentic leadership is not clearly defined in nursing.

AL is grounded in the phenomenon of positive psychological capacity, which is the ability to harness positive intrinsic characteristics, confidence, hope, optimism, and resiliency, in the process of achieving goals.¹³ Instrumental to developing authentic leaders is the individual's history which influences their personal beliefs and values. Personal history includes significant life events, known in AL theory as trigger events. Trigger events mediate the individual's life experiences and work context to impact the development of self-awareness and regulation of behaviors.¹³ When a leader is authentic, they are confident, hopeful, optimistic, resilient, transparent, moral, future-oriented, and concerned with growing others more so than their own advancement.^{13,15}

2.3.1 | Confidence, hope, optimism, and resilience

Confidence is the belief about one's ability to self-motivate, access knowledge, and take actions to complete a given task.²⁷ Confidence is synonymous with self-efficacy from social cognitive theory.²⁸ The confident leader is more likely to engage in work, dedicate more effort, and demonstrate persistence as needed to accomplish a specific goal. Confidence correlates positively with work performance.²⁷

Hope is a positive state derived from the interaction of goal-directed energy and planning to achieve desired outcomes.²⁹ Luthans and Avolio¹³ argue that while hope resembles other positive psychological concepts (eg, optimism and resiliency), it is an independent and measurable concept. The authors posit that hope has been ignored in positive psychological capacities and view the concept as salient to the AL discussion as leaders who instill hope in others generate positive outcomes.¹³

Luthans and Avolio¹³ define optimism as an interaction of cognition and emotion that results in positive outcomes due to the tempering of negative external influences. Individuals who are optimistic: give more effort to work, have higher aspirations, persevere when faced with challenges, view setbacks as learning opportunities, and tend to be physically and emotionally upbeat. AL connects the attributes of optimism (eg, temporariness, flexibility, and specificity) to theoretical and empirical evidence, thus, supporting optimism as being state-like and open to development.³⁰ This state-like vs trait-like status aligns with the underlying assumptions of AL that leaders are not born but made through their lived experiences.

Resilience plays an essential role in AL given its genesis as a response to moral and ethical setbacks facing organizations. Resilience is one's capacity to positively respond to adversity, conflict, or change.¹³ While early discussions of resiliency represented this concept as something few could possess, today's evidence supports resiliency as a normative resource that individuals can develop.¹³ Coutu³¹ identifies three capacities of resilience: accepting reality, belief that life is meaningful, and an ability to adapt to change. As such, leaders who are resilient are adaptive and realistic.

2.3.2 | Trigger events

Trigger events are often identified as adverse events such as illness or financial hardship. However, both positive and negative life events can stimulate growth and development.¹³ Experiencing positive trigger events contributes to the development of an authentic leader. Examples include professional development opportunities, work promotions, voluntary career changes, and exposure to different cultures. Being able to read works that challenge one's perspective, developing relationships with individuals who have different worldviews, and working with colleagues who open up new professional opportunities are other examples of positive trigger events.³²

2.3.3 | Self-awareness and self-regulation

Without self-awareness, a leader is not privy to opportunities where they can develop to meet the needs of others and the goals of the organization. As a result, little attention is devoted to narrowing personal practice gaps, and therefore, the leader is unable to demonstrate self-regulation of behavior across work environments.¹³ Each environment is unique. While a leader's core values might prove synergistic in one setting, the same approach may be counterproductive in others. Self-awareness is what allows leaders to recognize and take the necessary steps to address their leadership gaps in the work environment. When leaders are able to self-regulate their behaviors, they present as authentic leaders.

2.3.4 | Strengths and limitations

AL theory is broad and can be applied to any work organization. With a focus on the individual and positive leadership, AL is concerned with empowering leaders to lead as their genuine selves as opposed to adopting a particular style that may not be congruent with personal beliefs and values.¹³ Strengths of the theory include its focus on genuineness or authenticity, support of the individual striving to be their true self, and the assumption of state-like psychological capacities supporting the development of these characteristics in all individuals.¹¹

Scholars have addressed several limitations of AL theory, in particular, the large body of work that has been published since its introduction. Cooper et al³³ support the foundation of AL. However, they raise valid concerns about the ambiguity of the theory. Additionally, researchers discuss the prematurity of interventions using AL and propose prioritization to further clarify AL by arriving at a consensus of definition, distinguishing AL from other constructs, identifying AL measurements, and identifying ideal populations for AL development.^{33,34}

Critics of AL are justified. For example, in a review of AL literature, Gardner et al³⁵ found 11 different definitions of AL published since 2001. Having a unified definition for AL would be beneficial to future AL development and research. Once a definition consensus is established, theoretical clarification still needs to be done. Covelli and Mason³⁴ call for validation of the causal links present in AL before using the theory to guide professional development activities. While Ladkin and Taylor¹² offer a critique of AL stating that it is a model centered on implicit leader thoughts and decision making, but that it does not account for how leaders embody authenticity. Furthermore, these researchers question how, if at all, this translates to AL from the perspective of followers.

Gardner et al³⁵ conducted a scoping review of AL literature (n = 91) and posited multiple shortcomings. While the majority of the research was theoretically based, it was from a positivist perspective with only half of the studies based on conceptual models, and fewer still including propositions. The lack of rigor in the theory development may be detrimental to the adoption of the content. Dissemination of the work was limited in scope regarding its ability to impact a wider management audience.³⁵

2.4 | Components of structural empowerment

Empowerment comes from the French and Latin preposition *en* meaning to look and the word *power*. Empowerment is the authority or power to perform actions and was first used in the 15th century.³⁶ Twentieth-century usage of the word began during the human rights conflicts of the 1960s.³⁷ It has been described as both a process and an outcome.³⁸ Empowerment is discussed in the disciplines of education, business, and health care, including nursing. Friend and Sieloff³⁷ note that empowerment includes structural, psychological, and group types; however, it is often discussed in the context of its absence rather than its presence.³⁹

There is a synergistic effect with optimally empowering structures where both the individual and the organization reap the benefit²³ SET is middle-range and has far-reaching implications, which can be applied to all types of work environments. It has been studied in business, management, and health care. Where there is the presence of oppressed groups, SET is applicable. SET postulates that leaders need to create conducive work environments where employees have the knowledge, support, and resources needed to perform their job and are provided with the opportunity for professional development.²³

2.4.1 | Opportunity, proportions, and power

Opportunity includes the ability to advance, the prospect to increase competence, and recognition for contributions made to organizations.²⁰ Opportunity can be thought of on a spectrum, where some individuals have high levels and others have low levels. Factors such as position, sex, and race may influence where an individual is on the spectrum. With leadership, some individuals may be given a formal opportunity at a macrolevel, by the nature of their position or role, while others may be provided informal opportunity to lead on a microlevel.

Proportions are the social composition of the contextual workforce compared to an individual.²⁰ For instance, men in nursing would represent a low proportion. Structural empowerment states that those who are part of the majority group are more likely to be provided opportunities and power within the organizational context. Conversely, those who are minority groups within the same context are more apt to be singled out and scrutinized than those in the majority group.²⁰

Considering leadership and the impact of proportions, one may see how this can cause a cyclic effect. When considering proportions, those who represent groups with low proportions are more visible, feel pressure to conform, try not to stand out, and find it more difficult to gain credibility. In contrast, those from high-proportion groups fit in more, are preferred for high-communication managerial jobs, and are more likely to join informal support networks.²⁰

Power refers to the ability to mobilize support, information, and resources to achieve a goal.²⁰ Leaders who have support from those higher up the chain of command, access to complete and up to date information, and resources to get things done are perceived to have more power than those who lack any of these critical factors. An individual's ability to access support, information, and resources are based partly on one's competence, but also on opportunity and proportions. Kanter²⁰ suggests that those with more opportunity and who hold membership in groups with larger proportions have access to more power. While the formal leadership hierarchy influences an individual's power, informal leaders who learn to function within the organizational context may be more able to access support, information, and resources.

2.4.2 | Propositions

Kanter²⁰ discusses the following propositions in SET.

- People with low opportunity limit their aspirations, do not look for mobility, do not value responsibility, nor do they participate in development opportunities while those with high opportunity have high ambitions and seek out opportunities to grow.
- People with low opportunity have lower self-esteem and value their competence less than adequate.
- Those with high opportunity have high self-esteem and value or even overrate their competence.
- People with low opportunity seek satisfaction in activities outside of work and dream of escape while those with high opportunity consider work a more central focus.
- According to SET those with low power foster lower group morale, behave in more directive ways, try to retain control, and restrict the growth of others.
- Conversely, people who have high power foster higher group morale, behave in less rigid or directive ways.

2.4.3 | Strengths and limitations

The primary strength of SET is that it can be applied to any organizational setting. As long as there are organizations, there will be hierarchies of power. SET helps to understand how power hierarchies impact the individual and the organization.²⁰ From a developmental perspective, SET assists researchers to understand how structures beyond individual attributes and characteristics work to support individuals and groups. SET can demonstrate to stakeholders the impact opportunity, proportions, and power have on work effectiveness.²⁰

Modern-day nursing and health care bring unique challenges to SET. First, Kanter originally studied empowerment in a different era. It is vital to consider SET from the context of current-day as the challenges faced by the populations that Kanter explored, women and minorities, may have evolved in the four decades since Kanter's original work. When using SET to understand nursing, it is essential to keep in mind that women make up the majority proportion of the healthcare workforce. When compared with the corporate setting of Kanter's original study, sex proportions in health care are different than in business and, thus, so are access to opportunity and power. Regardless, it is crucial to consider these organizational structures and their impact on nursing leadership.

3 | CONCEPTUAL FRAMEWORK DEVELOPMENT (MIDDLE-RANGE THEORY SYNTHESIS)

Walker and Avant's⁴⁰ method of theory synthesis guided the development of TALE (Figure 1), a new synthesized theoretical

model that centers on the concepts of AL and empowerment. The goal of TALE is to explain how individual history, personal values, ethics, and an organization's structure interact and influence the development of leaders who are authentic. After reviewing existing theoretical literature, it was determined that neither AL nor structural empowerment alone fully captured the experience of the nurse leader. Therefore, two extant theories were selected, ALT¹³ and SET.²⁰ Each theory was critically appraised from a philosophical, theoretical, and conceptual perspective. Then the theories were synthesized to represent the concept of interest, AL empowerment. This was accomplished by nesting SET concepts within AL.

TALE addresses antecedent factors, outcomes, and the interrelationship between the concepts of AL and organizational context. In reviewing the literature, the most complete theoretical representation of AL was developed by leadership scholars Luthans and Avolio.¹³ As such, Luthans and Avolio's¹³ ALT is central to TALE. The concept of empowerment is vital to understanding how nurses become authentic leaders.

Empowerment theories including structural empowerment,²⁰ psychological empowerment,³⁹ and group empowerment³⁷ were evaluated to determine their goodness of fit with AL. Psychological empowerment did not capture the extrinsic nature of empowerment and group empowerment did not represent the individualistic nature of the leadership we seek to explain. Kanter's²⁰ SET was selected as it delineates factors extrinsic to the individual that impacts one's empowerment. It is well supported in the nursing literature.²¹⁻²³

3.1 | A middle-range TALE

AL empowerment is facilitated through participation in activities that bring self-awareness and the ability to regulate behaviors. This, in turn, facilitates AL. Structural empowerment takes a critical view of components within an organization that either promote or demote empowerment. While the individual may be primed to practice as a genuine, trusted, and resilient leader, the organization's influence cannot be overlooked as this influence can stifle one's ability to become authentic or sustain their authenticity.

TALE offers leaders, nursing professional development (NPD) practitioners, and others concerned with developing AL a more comprehensive picture of what an authentic leader is and how one is prepared to lead. ALT is used in this theory synthesis. AL details factors that intrinsically impact leaders and recognizes that organizational context also plays a role in one's ability to actualize AL.^{13,32}

3.2 | Key concepts

Luthans and Avolio's ALT is the foundation of TALE whereby individuals grow into authentic leaders through positive psychology antecedents and life event triggers which in turn enhance self-awareness and self-regulation of behaviors. The end result is enhanced attributes consistent with AL. Leadership development programs that teach individuals how the integration of one's life experiences, values, morals, ethics, and trigger events impact their

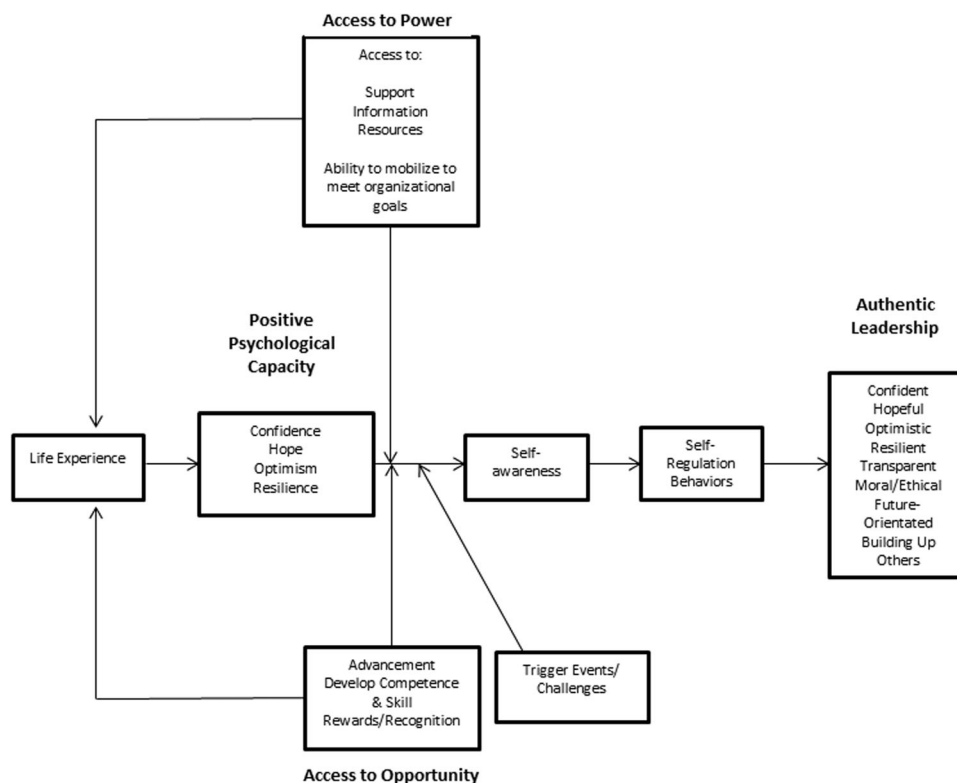


FIGURE 1 Model of theory of authentic leadership empowerment synthesized from authentic leadership¹³ and structural empowerment²¹

role have been found to promote leading authentically. The key concepts confidence, hope, optimism, and resiliency are pivotal to achieving AL. These are valuable characteristics for individual leaders to possess. Compared to leadership styles described earlier that focus on leader success, the authentic leader is concerned with follower development. These characteristics are inherent in individuals on continuums where the concept can increase through AL development. One might have high levels of confidence, but low levels of hope, optimism, and resilience. AL theory highlights that these qualities are state-like rather than trait-like, and as such opportunities exist to grow the characteristics through professional development.

We recognized that ALT lacked a conceptualization of the impact of work context in influencing leader authenticity. While Luthans and Avolio imply that a highly developed work context facilitates the development of AL (2003), it was evident that a deeper understanding of this relationship was needed. Kanter²⁰ postulates in structural empowerment, that relationships between employees and organizations are not isolated. Therefore, context plays a vital role in mediating AL development.

TALE is proposed with a continuum that is grounded in the concepts of AL. The individual's life experience is the starting point influencing one's confidence, hope, optimism, and resilience. Previous experiences facilitate the ability for the leader to have high levels of these positive psychological attributes.¹³ Leveraging life and professional experiences provide a foundation on which to develop AL. Organizational context impacts positive attributes, and this is where extrinsic empowerment factors influence authenticity.

A trigger event is a type of life experience that can impact, positively or negatively, an individual's progression toward becoming an authentic leader. Luthans and Avolio describe these events as an experience that provides an opportunity for self-reflection and personal growth.¹³ Some might face adversity such as illness or personal loss. For others, trigger events take on a positive form such as education, a new work role, or taking risks. Trigger events, along with life experiences, opportunities, and power influences a leader's self-awareness and behaviors. The outcome of the TALE continuum is a leader who is confident, hopeful, optimistic, resilient, transparent, morally astute, future-oriented, and interested in building up others over self.

SET concepts of access to power and access to opportunity are threaded into ALT as factors that extrinsically affect an individual's ability to lead authentically. For instance, when a leader is faced with non-empowering structures, the experience may channel the negative results of limited access to power and opportunity into their cumulative life experiences, thereby decreasing levels of confidence, hope, optimism, resilience, and eventually their authenticity.

3.3 | Assumptions related to TALE

When a leader's work environment lacks empowering structures, there is a direct negative relationship to outcomes. For example, with

no access to power (available information and support), or access to opportunity (advancement, professional development, and recognition) the leader's ability to become an authentic leader and/or maintain their authenticity will be compromised. Moreover, work experiences become life experiences which further impacts the capacity to lead authentically.

The ability of a leader to access opportunity and power can build up an individual's confidence, hope, optimism, and resilience. Access to power encompasses the ability of one to advance leadership skills and competence while being meaningfully recognized for contributions to the organization. Access to opportunity entails support and resources while being able to mobilize them to accomplish work goals. It is important to note that this process is cyclical and feeds back to enhance the individual's life experience.

In TALE, one may be primed to lead authentically based on their life experiences, beliefs, and values. The potential for achieving AL is further enhanced with access to power in the form of support, information, and resources.²⁰ This translates into the ability to mobilize each of these characteristics to achieve organizational goals. Additionally, opportunities to advance professionally, develop skills, and obtain meaningful recognition increases a leader's ability to achieve authenticity. Given that they are invested in the work, they are empowered to be authentic.

4 | DISCUSSION

TALE offers leaders, NPD practitioners, and other stakeholders concerned with developing AL a more holistic theoretical representation of what an authentic leader is and how one is prepared to lead. As the profession has evolved, so has the need for nurses to lead. Internal and external impetuses call on nurses to act for the good of patients, the profession, and the future of health care. Today there is more urgency than ever to understand leadership in the profession. TALE can be used to guide nursing leadership development across all levels and settings.

4.1 | Implications for nursing

The proposed middle-range theory offers NPD practitioners and other educators, as well as current and aspiring leaders, a new perspective to understand leadership development at the individual level while accounting for the importance of contextual influences. First, it provides insight into how characteristics intrinsic to the individual influence a leader's authenticity. It also accounts for empowerment factors, extrinsic to the leader that impact one's ability to develop AL. TALE is a starting point for understanding relational nursing leadership and how NPD practitioners can impact the development of authentic leaders. This study has immediate research, theoretical, and practice-based implications.

4.2 | Practice

Theories offer an organizational structure to help make sense of nursing practice for collecting and interpreting data.⁴¹ Having a theoretical model that explains the practice of nurse leadership, how it is created and how it is sustained provides leaders in nursing, as well as healthcare organizations, with a guide to inform the development and building systems that promote AL empowerment. A nurse's leadership development begins in academic nursing programs⁴² and continues across the career lifespan.¹ NPD practitioners are pivotal to the development of nurses' leadership skills. Using TALE to guide professional development activities helps the educator to understand that life experiences and personal histories need to be foundational to leadership development programs. Teaching strategies that target trigger events in one's life, such as critical self-reflection, guides individuals through a process where one dives deeper into personal experiences to arrive at self-learning.

TALE also addresses extrinsic work environment factors that impact AL. Individuals may come into a work environment with personal values and life experiences that lend one to be an authentic leader. Nurse leaders are also influenced by the larger system. When placed in a system that promotes and supports authentic leaders, nurses will be empowered to develop into authentic leaders. TALE provides NPD practitioners, as well as senior leaders, an understanding of the work environment structures that support the development of authentic leaders. Structural empowerment aspects of TALE address access to opportunities, such as professional development and mentoring programs, that impact leadership development. Equally important in TALE are power and proportions. Leaders need to be empowered to lead authentically, however decisions made at higher levels in the chain of command can put leaders in positions that counter transparency.

TALE provides a guide to develop authentic leaders and organizational systems to promote AL empowerment. Professional development programs should use TALE as their foundation to grow authentic nurse leaders. For example, nurses are often appointed to the charge nurse role based on clinical competence vs leadership competency and they are often not prepared for the role.^{43,44} Integrating the antecedents of confidence, hope, optimism, and resilience as guiding concepts in a charge nurse development program and using teaching strategies such as self-reflection and peer mentoring may radically change the leadership ability of these new charge nurses. Lastly, TALE can guide leadership program evaluations through assessing outcomes beyond participant satisfaction.^{44,45}

From an organizational standpoint, leaders can use TALE to look at the existence of, or opportunity for, empowering structures. Providing nurse executives with a theoretical model that shows the relationship between access to power and opportunity and the impact on the development of AL offers an argument for evaluating the organizational work context and opportunities for improvement. Arming decision-makers with the TALE model may influence the allocation of resources and support for the ongoing professional development of nurse leaders from the c-suite to the bedside.⁴⁶

4.3 | Research

From the research perspective, TALE needs to be tested to strengthen the connection between the intrinsic factors of confidence, hope, optimism, and resilience, and the extrinsic factors of opportunity and power. Similar to Miraglia and Asselin⁴⁷ who used self-reflection as an educational modality with newly licensed nurses, researchers can explore how guided self-reflection can help nurse leaders to inventory their values and harness life experiences, awareness, and self-regulation of behaviors to become authentic leaders. Intervention studies will inform how professional development can grow more authentic leaders in practice.

To promote AL empowerment, individuals and organizations need a means by which to evaluate its presence. Researchers have developed instruments that measure levels of AL⁴⁸ and structural empowerment.⁴⁹ Yet with the introduction of the TALE, development is warranted to quantify the state of AL empowerment as a whole. Items from existing instruments may be combined to develop a new instrument that better reflects TALE. The newly developed instrument can be psychometrically tested for validity and reliability. From an organizational perspective, findings from a study that utilized the new tool can drive policy- and decision-making related to opportunities for leadership development and integration of empowerment into professional practice.⁵⁰ From a naturalistic perspective, findings may promote an in-depth understanding of the lived experience.⁵¹ This qualitative research approach can help researchers learn how empowering structures impact the ability of nurse leaders to lead authentically. It can provide researchers with a better understanding of the phenomenon of becoming an authentic leader.

Nurse scientists are leaders in the movement of healthcare reform and should seek funding for their research that will further develop nursing knowledge to advance our understanding of authentic leaders. Researchers should explore grant funding opportunities through organizations that promote nursing leadership such as the Robert Wood Johnson Foundation, National Academy of Medicine, and the National Institute of Nursing Research.

4.4 | Theory

Theoretically, the union of these theories offers an opportunity to further explore AL and SET, and appreciate how their interconnection leads to a holistic view of the authentic leader. The idea for generating this middle-range theory began in practice, and thus, applying it in practice has a natural fit. However, further development of the relationship among the concepts is warranted. Scholarly discourse provides an opportunity to further clarify how each concept interacts to facilitate AL empowerment. Developing propositions in TALE will help to strengthen the theory. Generating assumptions can then be used in hypothesis testing. Lastly, academic programs play an important role in promoting the integration of TALE in undergraduate and graduate nursing curriculums.

5 | CONCLUSION

Nursing leaders influence health care through patient care, employee satisfaction, and even the organization's bottom line.¹ Despite the importance of this role, there is no overarching theoretical basis for developing nurse leadership skills. To address this gap, a new TALE is offered. To fully understand how the work context influences an individual's development, concepts of SET have been nested into ALT. The result is a TALE that can guide educators in organizing interventions to develop authentic leaders and help researchers to explore relationships between individuals, organizations, and outcomes.

Bringing TALE forward to influence the development and leadership practice in nursing requires that graduate nursing programs adopt the theory as the theoretical underpinning for their leadership program tracks and undergraduate nursing programs include TALE in their leadership and transition to practice courses. Nurse leaders at the executive level must promote TALE as a means of selecting and developing the next generation of nurse leaders. Lastly, nursing professional development practitioners can use TALE to explain the intrinsic and extrinsic factors that impact the development of AL in future nurse leaders. Through the integration of TALE in nursing practice, we will be able to develop and support authentic nurse leaders who can positively impact patient outcomes, nurses, their organizations, and ultimately the profession and health care.

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