Authentic nursing leadership as a foundation for patient care and self-care: Supporting sustainable excellence

Pristno vodenje v zdravstveni negi kot temelj skrbi za druge in zase: podpora trajnostni odličnosti

Mateja Lorber[1, *]

The increasing complexity and unpredictability of 21st-century healthcare systems require leadership approaches that go beyond traditional management models. Leadership in nursing extends far beyond task management and includes influencing people, shaping culture, and creating conditions for ensuring optimal care. Traditional nursing leadership models, often based on authority, control or transactional rewards, have demonstrated clear limitations in supporting nurses' psychological well-being and promoting evidence-based practice (Välimäki et al., 2024). This deficiency is most pronounced as modern healthcare systems face staff shortages, financial constraints, new technologies, cultural diversity, and increasing bureaucratic demands. There is a growing need for ethical, emotionally intelligent, and long-term sustainable leadership that promotes both employee satisfaction and high-quality patient care. As leaders serve as role models for other staff, effective nursing leadership requires strong communication skills, emotional intelligence, participative decision-making, and favourable personality traits (Lorber et al., 2016). Leaders must act with integrity, set achievable goals, maintain clear communication, motivate other team members, recognise their achievements, and encourage them to deliver quality patient care. Leaders' personality traits, leadership style, knowledge, skills, and organisational capacity have been shown to be important factors that influence the psychological well-being of nursing staff. These factors have explained more than 80% of the total variability in nurses' psychological well-being (Lorber et al., 2021).

While traditional hierarchical models have demonstrated clear limitations in modern health care, authentic leadership represents an important shift from control to collaboration, from command to dialogue, from formal authority to personal integrity. Leadership is becoming increasingly difficult in challenging times, and the unique stressors now affecting organisations around the world require a renewed focus on what constitutes authentic leadership. Such an approach recognises the complexity of the emotional work that nurses do and promotes psychological safety and a sense of purpose among employees. Avolio & Gardner (2005) defined the concept of authentic leadership as a pattern of leader behaviour that draws on positive psychological aspects and promotes an ethical work climate. They identified four core characteristics of an authentic leader: a high level of self-awareness, transparency in relationships, decision-making skills, and values-based behaviour. Although there is general agreement on the key elements of authentic leadership such as self-awareness and moral reasoning, debates have emerged about its precise definition, measurement and operationalisation, based on an person's inner coherence and their ability to recognise and understand their own values, emotions and beliefs, followed by congruent action. Such leaders do not play roles dictated by external pressure or the expectations of their environment, but remain true to themselves and their mission. They act in accordance with their principles, even in difficult times. It is precisely this consistency that enables them to inspire trust, respect, and a sense of security in their colleagues.

Authentic leaders convey sincerity, attentiveness, and honesty, which in turn leads to better relationships amongst employees and greater team cohesion. They do not lead by the power of authority, but by the power of example. Their behaviour is aligned with their values and allows them to foster a culture of open communication, respect, and collaboration. Authenticity is what characterises the individual based on their self-awareness and internal consistency. An authentic leader is not someone who imitates others, but someone who leads based on their own vision and inner goals. They do not seek validation in the form of external rewards or status, but in the form of the

[1] University of Maribor, Faculty of Health Sciences, Žitna ulica 15, 2000 Maribor, Slovenia

* Corresponding author/Korespondenčni avtor: mateja.lorber@um.si

Received/Prejeto: 23. 5. 2025
Accepted/Sprejeto: 26. 5. 2025

https://doi.org/10.14528/snr.2025.59.2.3340

contribution they make to the community as they act with clear intention for development, progress, and positive change. Their leadership is not reactive, but proactive, and does not depend on external factors, but rather stems from an inner stability.

An important dimension of authentic leadership is emotional intelligence, which according to Goleman (1998) encompasses self-awareness, self-regulation, empathy and relationship management skills. These skills enable leaders to maintain consistency between their inner values and outer behaviour, especially in emotionally demanding situations, which further strengthens trust within the team. Leadership therefore goes beyond people management and embodies ethical and professional values that create a safe and inclusive work environment. Nursing leadership involves decisions for which there are often no clear-cut solutions due to uncertainties and the consideration of values in daily actions. An authentic leader is not someone who possesses all the answers, but a person who can listen, admit mistakes, and build relationships based on trust.

Authentic leadership has a positive impact on many elements that are critical to nursing: organisational commitment, psychological empowerment, work engagement, psychological capital, psychological safety, work autonomy, success, job satisfaction, and workplace trust (Zhang et al., 2022). Authentic leaders have a positive impact on the nurses' work processes, recruitment and retention of new nursing professionals, lower burnout rates (Maziero et al., 2020), and greater trust and greater work-life balance (Wong & Giallonardo, 2013). In addition, authenticity strengthens trust within the team, reduces role conflicts, and promotes staff retention, which is crucial in times of staff shortages. It also creates a climate of respect, open communication, innovation, and effective interprofessional collaboration (Regan et al., 2016). The importance of the leader being a role model is particularly pronounced in clinical mentoring, where younger employees acquire not only professional knowledge but also the values of professional integrity and concern for their own well-being (Read & Laschinger, 2015). As high-quality health care is characterised by relationships based on reciprocity, respect and shared decision-making, authentic leadership aligns closely with the principles of person-centred care and partnerships with service users (McCormack & McCance, 2017). Psychological capital, such as optimism, self-confidence, hope, and social connectedness, is a key mechanism through which authentic leadership influences personal growth, learning, and work vitality.

Cultivating trust and rapport provides both personal and organisational benefits and reflects the key role that authentic leadership plays in developing ethical and transparent interactions. Although authentic leadership does not directly affect patients, its benefits extend to them through improved staff satisfaction and team dynamics and contribute to higher quality of care, greater patient safety and overall satisfaction with the health treatment (Alilyyani et al., 2018), as well as a lower incidence of adverse patient outcomes (Wong & Giallonardo, 2013).

Despite the benefits of authentic leadership in nursing, leaders face numerous challenges that can impact their effectiveness and psychological well-being. Providing emotional support to colleagues can lead to burnout, especially in stressful and understaffed environments. Leaders also face conflicting expectations from different stakeholders while maintaining their own authenticity. The lack of organisational support and a culture that encourages ethical and open communication can lead to conflict with established practices. Although skills such as self-reflection and ethical decision-making are essential for effective leadership, not all health professionals have access to adequate leadership training. Furthermore, cultural and personal differences can affect perceptions of authenticity. Successful implementation of authentic leadership therefore requires organisational support, a structured mentoring environment, adequate space for reflective practice, appropriate training, and sensitivity to diversity. There needs to be a clear institutional commitment to the development of leadership competencies that go beyond technical knowledge and include ethical sensitivity and emotional presence.

Effective leadership is critical for all nursing staff regardless of experience, and should be a priority in staff development and organisational strategies. In this context, authentic leadership represents a modern and sustainable model based on self-awareness, transparency, moral integrity, and deep respect for the individual. It is closely aligned with the core values of nursing – compassion, integrity and human dignity – while fostering a work environment that supports sustainable professional development, psychological safety and team stability in sustainably managed, person-centred health organisations.

Slovenian translation/Prevod v slovenščino

Zdravstveni sistem 21. stoletja postaja vse bolj kompleksen in nepredvidljiv, kar ustvarja nove zahteve po vodstvenih pristopih, ki presegajo tradicionalne modele upravljanja. Vodenje v zdravstveni negi je precej več kot upravljanje nalog, gre namreč za vplivanje na ljudi, oblikovanje kulture in ustvarjanje pogojev za optimalno oskrbo. Tradicionalni modeli vodenja v zdravstveni negi, ki so pogosto osredotočeni na avtoriteto, nadzor ali transakcijske nagrade, so se izkazali za nezadostne pri podpori psihološkega blagostanja medicinskih sester in spodbujanju na dokazih podprte prakse v sodobnih zdravstvenih sistemih (Välimäki et al., 2024), še posebej sedaj, ko se zdravstveni sistemi soočajo s pomanjkanjem kadra,

finančnimi omejitvami, novo tehnologijo, kulturno raznolikostjo in naraščajočo birokracijo. Povečuje se potreba po etičnem, čustveno inteligentnem in dolgoročno vzdržnem vodenju, ki spodbuja tako zadovoljstvo zaposlenih kot kakovost oskrbe pacientov. Za uspešno vodenje v zdravstveni negi so pomembni komunikacija vodij, čustvena inteligentnost, vključevanje v odločanje in osebnostne lastnosti, saj vodilni dajejo zgled drugim sodelavcem (Lorber et al., 2016). Vodje morajo delovati z integriteto, si postavljati uresničljive cilje, imeti jasno komunikacijo, spodbujati druge, priznavati uspehe sodelavcev in jih spodbujati k zagotavljanju kakovostne oskrbe pacientov. Ugotovljeno je bilo, da so osebnostne lastnosti vodij, slog vodenja, znanje in veščine vodij ter organiziranost pomembni dejavniki, ki vplivajo na psihološko blagostanje zaposlenih v zdravstveni negi. Z navedenimi dejavniki je bilo pojasnjenih več kot 80 % celotne variabilnosti psihološkega blagostanja zaposlenih v zdravstveni negi (Lorber et al., 2021).

Ker so se v sodobnem zdravstvenem okolju tradicionalni hierarhični modeli izkazali za neustrezne, predstavlja pristno vodenje pomemben premik, in sicer od nadzora k sodelovanju, od ukazovanja k dialogu, od formalne avtoritete k osebni integriteti. Vodenje je bilo v zahtevnih časih vedno težje, vendar edinstveni stresorji, s katerimi se danes soočajo organizacije po vsem svetu, zahtevajo ponovno osredotočenost na to, kaj predstavlja pristno vodenje. Takšen pristop priznava kompleksnost čustvenega dela, ki ga opravljajo medicinske sestre, ter spodbuja psihološko varnost in občutek smisla pri zaposlenih. Avolio & Gardner (2005) sta kot koncept pristnega vodenja opredelila vzorec vedenja vodje, ki temelji na pozitivnih psiholoških vidikih in spodbuja etično delovno klimo. Opredelila sta, da so temeljne značilnosti pristnega vodje visoka stopnja samozavedanja, transparentnost v odnosih, sposobnost sprejemanja odločanja ter dejanja, skladna z vrednotami. Čeprav obstaja še vedno splošno soglasje o ključnih elementih, kot sta samozavedanje in moralna perspektiva, so se pojavile razprave o natančni definiciji, merjenju in operacionalizaciji pristnega vodenja, ki temelji na notranji skladnosti posameznika in sposobnosti, da prepoznamo in razumemo lastne vrednote, čustva in prepričanja ter v skladu z njimi tudi delujemo. Takšen vodja ne igra vlog, ki mu jih narekujejo zunanji pritiski ali pričakovanja okolja, temveč ostaja zvest sebi in svojemu poslanstvu. Deluje skladno s svojimi načeli tudi, kadar je to zahtevno. Ravno ta doslednost mu omogoča, da pri sodelavcih vzbudi zaupanje, spoštovanje in občutek varnosti.

Zaposleni v prisotnosti pristnega vodje zaznajo iskrenost, pozornost in poštenost, kar vodi v boljše odnose in večjo povezanost v timu. Pristni vodja ne vodi z močjo avtoritete, temveč z močjo zgleda. Njegovo vedenje je usklajeno z njegovimi vrednotami, kar mu omogoča, da spodbuja kulturo odprte komunikacije, spoštovanja in sodelovanja. Pristnost je sposobnost, zaradi katere se posamezniki razlikujemo glede na stopnjo samozavedanja in notranje skladnosti. Pristni vodja ni nekdo, ki posnema druge, temveč nekdo, ki vodi na podlagi lastne vizije in notranjih ciljev. Ne išče potrditve v zunanjih nagradah ali statusu, temveč v prispevku, ki ga daje skupnosti, saj deluje z jasno namero po razvoju, napredku in pozitivnih spremembah. Njegovo vodenje ni reaktivno, temveč proaktivno, in ni odvisno od zunanjih dejavnikov, temveč izhaja iz notranje stabilnosti.

Pomembna razsežnost pristnega vodenja je čustvena inteligentnost, ki – kot navaja Goleman (1998) – vključuje sposobnosti samozavedanja, samoregulacije, empatije in upravljanja z odnosi. Te kompetence omogočajo vodji, da ohranja skladnost med svojimi notranjimi vrednotami in zunanjim vedenjem, zlasti v čustveno zahtevnih situacijah, kar dodatno krepi zaupanje v timu. Vodenje postane s tem ne le upravljanje ljudi, temveč »utelešenje« etičnih in profesionalnih vrednot, ki ustvarjajo varno in vključujoče delovno okolje. Vodenje v zdravstveni negi vključuje odločitve, ki pogosto nimajo enoznačnih rešitev prav zaradi negotovosti in upoštevanja vrednot v vsakodnevnih dejanjih. Pristni vodja ni nekdo, ki ima vse odgovore, temveč oseba, ki zna poslušati, priznati napake in oblikovati odnose, temelječe na zaupanju.

Pristno vodenje pozitivno vpliva na številne elemente, pomembne za prakso zdravstvene nege: organizacijsko predanost, psihološko opolnomočenje, angažiranost pri delu, psihološki kapital, psihološko varnost, avtonomijo pri delu, uspeh, zadovoljstvo pri delu in zaupanje na delovnem mestu (Zhang et al., 2022). Pristni vodje pozitivno vplivajo na delovni proces medicinskih sester, pridobivanje in zadrževanje novih medicinskih sester, organizacijsko zavzetost, nižjo stopnjo izgorelosti (Maziero et al., 2020) ter zaupanje in večjo skladnost na področju poklicnega in zasebnega življenja (Wong & Giallonardo, 2013). Poleg tega pristnost krepi zaupanje v timu, zmanjšuje konflikte vlog ter spodbuja zadržanje kadra, kar je v času kadrovske krize v zdravstvu ključnega pomena. Vzpostavlja tudi klimo spoštovanja, odprte komunikacije, inovativnosti in učinkovitega medpoklicnega sodelovanja (Regan et al., 2016). Vloga vodje kot vzornika je še posebej pomembna v kliničnem mentorstvu, kjer mlajši zaposleni ne prevzemajo le strokovnih znanj, temveč tudi vrednote profesionalne integritete in skrbi za lastno dobrobit (Read & Laschinger, 2015). Poleg tega se pristno vodenje tesno povezuje z načeli oskrbe, osredinjene na osebo in partnerstva z uporabniki storitev, saj se kakovostna zdravstvena oskrba oblikuje v odnosih, ki temeljijo na vzajemnosti, spoštovanju in skupnem odločanju (McCormack & McCance, 2017), vse to pa so tudi temeljna načela pristnega vodenja. Psihološki kapital, kot so optimizem, samozavest, upanje, socialna povezanost, je ključni mehanizem, po katerem pristno vodenje vpliva na osebno rast, učenje in delovno vitalnost.

Razvijanje zaupanja in odnosov ima tako osebno kot organizacijsko korist, kar dokazuje ključno vlogo, ki jo ima pristno vodenje pri razvoju etičnih in transparentnih interakcij. Čeprav pristno vodenje ne vpliva neposredno na paciente, se njegov učinek

nanje prenaša z zadovoljstvom zdravstvenega osebja in timsko dinamiko ter tako prispeva k višji kakovosti oskrbe, večji varnosti pacientov, večjemu splošnemu zadovoljstvu z zdravstveno obravnavo (Alilyyani et al., 2018) ter nižji pogostosti neželenih izidov pri pacientih (Wong & Giallonardo, 2013).

Kljub prednostim pristnega vodenja v zdravstveni negi se vodje soočajo z izzivi, ki lahko vplivajo na njihovo učinkovitost in psihološko blagostanje. Prevzemanje čustvene podpore sodelavcem lahko vodi v izčrpanost, zlasti v stresnih in kadrovsko »podhranjenih« okoljih. Vodje se soočajo tudi z nasprotujočimi si pričakovanji različnih deležnikov, pri čemer morajo ohranjati lastno pristnost. Brez organizacijske podpore in kulture, ki spodbuja etičnost in odprto komunikacijo, lahko pride do konflikta s prevladujočimi praksami. Za učinkovito vodenje so nujne veščine, kot so samorefleksija in etično odločanje, a vsi nimajo možnosti za ustrezno usposabljanje. Poleg tega lahko kulturne in osebnostne razlike vplivajo na dojemanje pristnosti. Uspešna implementacija pristnega vodenja zahteva organizacijsko podporo, strukturirano mentorsko okolje, prostor za reflektivno prakso, ustrezno usposabljanje ter občutljivost za raznolikost. Potrebna je tudi jasna institucionalna zavezanost razvoju vodstvenih kompetenc, ki presegajo tehnično znanje in vključujejo etično občutljivost ter čustveno prisotnost.

Učinkovito vodenje je ključno za vse zaposlene v zdravstveni negi – tako za izkušene kot za novozaposlene –, zato bi moralo postati prednostna naloga v razvoju kadrovskih in organizacijskih strategij. V tem kontekstu se prav pristno vodenje uveljavlja kot sodoben in trajnostno usmerjen model, ki temelji na samozavedanju, transparentnosti, moralni integriteti ter globokem spoštovanju posameznika. Tesno se ujema z vrednotami zdravstvene nege, kot so sočutje, integriteta in človeško dostojanstvo, hkrati pa omogoča oblikovanje delovnega okolja, ki spodbuja dolgoročno profesionalno rast, psihološko varnost in stabilnost negovalnih timov ter ob tem predstavlja tudi okvir za trajnostno vodenje zdravstvenih organizacij, osredinjenih na človeka.

Conflict of interest/Nasprotje interesov

The author confirms that there are no conflict of interest./Avtorica izjavlja, da ni nasprotja interestov.

Literature

Alilyyani, B., Wong, C. A., & Cummings, G. (2018). Antecedents, mediators, and outcomes of authentic leadership in healthcare: A systematic review. *International Journal of Nursing Studies*, 83, 34–64. https://doi.org/10.1016/j.ijnurstu.2018.04.001
PMid:29684833

Avolio, B. J., & Gardner, V. L. (2005). Authentic leadership development: Getting to the root of positive forms of leadership. *The Leadership Quarterly, 16*(3), 315–338. https://doi.org/10.1016/j.leaqua.2005.03.001

Goleman, D. (1998). The emotional intelligence of leaders. *Leader to Leader, 10*, 22–26.

Lorber, M., Treven, S., & Mumel, D. (2016). The examination of factors relating to the leadership style of nursing leaders in hospitals. *Our Economy, 62*(1), 27–36. https://doi.org/10.1515/ngoe-2016-0003

Lorber, M., Treven, S., & Mumel, D. (2021). Workplace factors related to the well-being of employees in nursing: A mixed-methods study. *Journal for East European Management Studies, 26*(1), 100–116. https://doi.org/10.5771/0949-6181-2021-1-100

Maziero, V. G., Bernardes, A., Righetti, E. A. V., Spiri, W. C., & Gabriel, C. S. (2020). Positive aspects of authentic leadership in nursing work: Integrative review. *Revista Brasileira de Enfermagem*, 73(6), Article e20190118. https://doi.org/10.1590/0034-7167-2019-0118
PMid:32785461

McCormack, B., & McCance, T. (2017). *Person-centered practice in nursing and health care: Theory and practice* (2nd ed.). John Wiley & Sons.

Read, E. A., & Laschinger, H. K. S. (2015). The influence of authentic leadership and empowerment on nurses' relational social capital, mental health, and job satisfaction over the first year of practice. *Journal of Advanced Nursing*, 71(7), 1611–1623. https://doi.org/10.1111/jan.12625
PMid:25656433

Regan, S., Laschinger, H. K. S., & Wong, C. A. (2016). The influence of empowerment, authentic leadership, and professional practice environments on nurses' perceived interprofessional collaboration. *Journal of Nursing Management*, 24(1), 54–61. https://doi.org/10.1111/jonm.12288
PMid:25703584

Välimäki, M., Hu, S., Lantta, T., Hipp, K., Varpula, J., Chen, J., Liu, G., Tang, Y., Chen, W., & Li, X. (2024). The impact of evidence-based nursing leadership in healthcare settings: A mixed methods systematic review. *BMC Nursing*, 23(1), Article 452. https://doi.org/10.1186/s12912-024-02096-4
PMid:38961494; PMCid:PMC11221094

Wong, C. A., & Giallonardo, L. M. (2013). Authentic leadership and nurse-assessed adverse patient outcomes. *Journal of Nursing Management*, 21(5), 740–752. https://doi.org/10.1111/jonm.12075
PMid:23865927

Zhang, Y., Guo, Y., Zhang, M., Zu, S., Liu, X., & Newman, A. (2022). Antecedents and outcomes of authentic leadership across culture: A meta-analytic review. *Asia Pacific Journal of Management, 39*, 1399–1435. https://doi.org/10.1007/s10490-021-09762-0

Cite as/Citirajte kot:
Lorber, M. (2025). Authentic nursing leadership as a foundation for patient care and self-care: Supporting sustainable excellence. *Obzornik zdravstvene nege*, 59(2), 84–87. https://doi.org/10.14528/snr.2025.59.2.3340