



Head Nurses' Authentic Leadership and Job Satisfaction among Nurses in General Hospitals, Central Region, Mongolia

ภาวะผู้นำที่แท้ของหัวหน้าหอผู้ป่วยและความพึงพอใจในงานของพยาบาลในโรงพยาบาลทั่วไป เขตภาคกลาง ประเทศมองโกเลีย

คู่อำนาจ	ดามิแรน	พย.ม.*	Dulamsuren	Damiran	M.N. S.*
รัฐดิณัฐ	อัคคะเดชอนันต์	ปร.ด.**	Thitinut	Akkadechanunt	Ph.D. **
สมใจ	ศิริกมล	พย.ด.**	Somjai	Sirakamon	Ph.D. **

บทคัดย่อ

ภาวะผู้นำที่แท้ของหัวหน้าหอผู้ป่วยเป็นปัจจัยสำคัญที่มีอิทธิพลต่อความพึงพอใจในงานของพยาบาล การศึกษานี้มีวัตถุประสงค์เพื่อศึกษาภาวะผู้นำที่แท้ของหัวหน้าหอผู้ป่วยตามการรับรู้ของพยาบาล ความพึงพอใจในงานของพยาบาล และความสัมพันธ์ระหว่างภาวะผู้นำที่แท้ของหัวหน้าหอผู้ป่วยและความพึงพอใจในงานของพยาบาล โรงพยาบาลทั่วไปในเขตภาคกลาง ประเทศมองโกเลีย กลุ่มตัวอย่างประกอบด้วยพยาบาล จำนวน 276 คน ที่เลือกโดยการสุ่มตัวอย่างจากพยาบาลในโรงพยาบาลทั่วไป 5 แห่งเครื่องมือวิจัยเป็นแบบสอบถามภาวะผู้นำที่แท้ (ALQ) ที่พัฒนาโดย วาลูบวา และคณะ (Walumbwa et al., 2008) และดัชนีวัดความพึงพอใจในงาน (aJDI) ที่พัฒนาโดย สแตนตัน และคณะ (Stanton et al., 2001) ซึ่ง ALQ และ aJDI ได้รับการตรวจสอบความตรงโดยผู้พัฒนาเครื่องมือ ค่าสัมประสิทธิ์ความเชื่อมั่นของแบบวัดทั้งสองเท่ากับ .90 และ .85 ตามลำดับ วิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนาและสัมประสิทธิ์สหสัมพันธ์ของเพียร์สัน

ผลการวิจัยชี้ให้เห็นว่า

1. ภาวะผู้นำที่แท้ของหัวหน้าหอผู้ป่วยตามการรับรู้ของพยาบาลอยู่ในระดับปานกลาง
2. ความพึงพอใจในตามการรับรู้ของพยาบาลอยู่ในระดับปานกลาง
3. ภาวะผู้นำที่แท้ของหัวหน้าหอผู้ป่วยมีความสัมพันธ์เชิงบวกในระดับปานกลางกับความพึงพอใจในงานของพยาบาลอย่างมีนัยสำคัญทางสถิติ

ผลการวิจัยสามารถใช้เป็นข้อมูลพื้นฐานสำหรับผู้บริหารทางการพยาบาลในการวางแผนและกำหนดกลยุทธ์ในการพัฒนาภาวะผู้นำของหัวหน้าหอผู้ป่วยและเพิ่มความพึงพอใจของพยาบาล โดยการพัฒนาภาวะผู้นำที่แท้ของหัวหน้าหอผู้ป่วยจะทำให้ความพึงพอใจของพยาบาลเพิ่มมากขึ้นนั่นเอง

* อาจารย์ โรงเรียนแพทย์ ดาร์ฮาน-อูล มหาวิทยาลัยวิทยาศาสตร์การแพทย์แห่งชาติประเทศมองโกเลีย

* Lecturer, Darkhan-Uul Medical School of National University of Medical Sciences, Mongolia, Duya2020@gmail.com

** ผู้ช่วยศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่

** Assistant Professor, Faculty of Nursing, Chiang Mai University, thitinut.a@cmu.ac.th



Abstract

The leadership style of head nurses is an important factor that has an effect on job satisfaction among nurses. The purposes of this study were to explore head nurses' authentic leadership as perceived by nurses, and to explore job satisfaction and to identify the relationship between head nurses' authentic leadership and job satisfaction among nurses in general hospitals in the central region of Mongolia. The sample consisted of 276 nurses, randomly selected from nurses working in five general hospitals. The research instruments were the Authentic Leadership Questionnaire (ALQ), developed by Walumbwa et al. (2008) and the Abridge Job Descriptive Index (aJDI), developed by Stanton et al. (2001). The ALQ and aJDI were confirmed for validity by the developers. Cronbach's alpha coefficient of ALQ and aJDI were 0.90 and 0.85, respectively. Data were analyzed using descriptive statistics and Pearson's correlation coefficient.

The results of the study indicated that:

1. The head nurses' authentic leadership as perceived by nurses was at a moderate level.
2. The job satisfaction as perceived by nurses was at a moderate level.
3. There was a statistically significant moderate positive relationship between head nurses' authentic leadership and job satisfaction among nurses.

The results of the study could be used as baseline information for nursing administrators in planning and developing strategies to improve the leadership of head nurses and enhance job satisfaction among nurses. By improving head nurses' authentic leadership, staff nurses' job satisfaction will increase.

Key words: Job satisfaction, authentic leadership, head nurse

Background and Significance

Advanced in technology, changes in the government, funding and policy, health and safety concerns associated with stressful work environments; the upcoming retirement of current leaders and projected workforce shortages are transforming healthcare organizational landscapes (Huston, 2008). The nursing discipline also faces increasing changes, which influence the nursing profession, including working environment, working content, nurse-

to-patient ratio, recognition of the nursing profession, nursing organizational structure, and nurses and job satisfaction (Solongo, 2010; MOH, 2012a). In Mongolia, the healthcare work environment and nursing shortage is the crucial source of overwork, stress and especially job dissatisfaction (Ministry of Health, Mongolia [MOH], 2012b), which leads to low job satisfaction as nurses have to do extra work to meet the healthcare demands.

Job satisfaction has been defined as the



pleasurable emotional state resulting from the appraisal of one's job or job experiences (Locke, 1976). which includes eight dimensions: work itself, coworkers, supervision, pay, promotions, recognition, working conditions, and policy and administration. Work itself is an opportunity for self-expression and meaningful challenge. Coworker indicates an interaction between nursing peers and physicians in the work setting. Supervision refers to providing high-quality technical supervision for employees to prevent frustration. Pay means adequate salaries, wages, and fringe benefits. Promotion denotes providing the opportunity to improve one's position as a result of job performance, and recognition points out managerial transparency that lets employees know that the manager appreciates them. Working conditions refers to adequate ventilation, heat, light, and hours of work. Policy and administration represent providing policies and guidelines to administer the organization fairly.

There are numerous factors related to job satisfaction among nurses. Leadership behavior is one of the significant factors that increase job satisfaction. Avolio and Gardner (2005) suggest a need to concentrate on the root construct underlying all positive forms of leadership and its development, as how authentic leadership development is labeled and which has been proposed as a new leadership paradigm that can meet the demands of today's organizations. Authentic leaders are needed in today's organization to develop authentic followers for positive organizational behaviors which culminate in positive organizational outcomes, especially job satisfaction (Owusu-Bempah, Addison, & Fairweather, 2011). Study results

suggested that it is advantageous for managers to develop the characteristics of authentic leadership behavior to help increase both nurses' job satisfaction and performance (Wong & Laschinger, 2012). Wong and Laschinger (2012) investigated the authentic leadership of managers and nurses' job satisfaction through perceptions of staff nurses. Perceived authentic leadership had a statistically significant positive direct effect on job satisfaction ($r = .41$; $p < .01$). Laschinger, Wong, and Grau (2012) conducted another study to examine the influence of authentic leadership on job satisfaction perceived by newly graduated nurses and found a high positive influence on job satisfaction of these newly graduated nurses ($r = .40$; $p < .01$). Both research studies were conducted in Western countries which need to be proof of the relationship between two variables in Mongolia.

The authentic leadership model conceptualized by Walumbwa et al. (2008) focuses on the positive role modeling of honesty, integrity, and high ethical standards in the development of leader-follower relationships. Walumbwa et al. (2008) proposed four key components of authentic leadership in 2008 which including balanced processing, self-awareness, internalized moral perspective and relational transparency. *Balanced processing* refers to objectively processing self-relevant information without allowing distortions due to personal emotions. *Self-awareness* refers to knowing one's strengths and weaknesses and having the ability to openly discuss them with others. *Internalized moral perspective* refers to behaviors or actions of acting freely and



naturally by expressing one's core feelings, motives, and inclinations without fear of the outcome. *Relational transparency* refers to displaying high levels of openness, self-disclosure, and trust in relevant relationships.

The current Mongolian healthcare system is fraught with problems of a shortage of qualified nurses and poor working environments (Asian Development Bank 2014). Only 10,948 RNs provide care for the total population of 2,811,000 (Ministry of Health of Mongolia 2016). In the Central region of Mongolia, there are five general hospitals which are of the same classifications and organizational structure, under the Ministry of Health, Mongolia (MOH, 2012a). In 2011, 715 (47.1%) nurses were employed by general hospitals in the Central region of Mongolia (MOH, 2011). In general hospitals, nurse-to-patient ratio is 1:15 to 1:25 in the day shift, but during the night shift one nurse takes care of 30 to 45 patients (DGH, 2012). The basic salary for staff nurses is approximately US\$260 per month (Government Resolution of Mongolia, 2012). This is twice as low as other Mongolian skilled professions and 5.7% lower than average salaries for all job postings nationwide (Indeed, 2013). Most head nurses in Mongolian general hospitals are willing to accept supervision to guide them to provide good nursing care. They are responsible for the supervision of administrative competence, technical competence, and human relations competence (MOH, 2012b). Management of departments is more transparent than before. However, with the top management of general hospitals being mostly in the hands of medical officers, disciplinary measures are somewhat

compromised (MOH, 2012a).

The head nurse is the first line nurse manager in Mongolia and has a similar job description as a nurse manager. They are significant in health care organizations because they are responsible for ensuring both the quality of patient care and the quality of life for nurses (MOH, 2012b). Mongolian head nurses are good at being role models for leadership, helping to guide nurses, showing concern for nurses and building good relationships with them (MOH, 2012a). However, only informal preparation training for head nurses are offered twice a year. Therefore general hospitals nurse managers, especially, have a limited amount of knowledge and skill in leadership. Therefore, they might not know about authentic leadership which may lead to job dissatisfaction among staff nurses who are under their supervision.

Although studies in Western countries have reported the relationship between the authentic leadership of head nurses and job satisfaction among nurses, no study has been found in any of the Asian countries. As the health care system and the circumstances of nursing in Mongolia are different from Western countries, the relationship between the authentic leadership of head nurses and job satisfaction among staff nurses needs to be examined.

Objectives

This study aimed to explore head nurses' authentic leadership perceived by nurses, to explore job satisfaction, and to identify the relationship between authentic leadership and job satisfaction among nurses in general hospitals, in the central region of Mongolia.



Conceptual Framework

The conceptual framework of authentic leadership was based on Walumbwa's conceptual model. Authentic leadership is a pattern of behaviors of leaders that are deeply aware of how they think and behave and are perceived by others, as well as being aware of their own and others' values/moral perspectives, knowledge, and strengths. These behaviors also demonstrate awareness of the context in which they operate, confidence, hope, optimism, resilience, and high moral character (Avolio et al., 2004). Job satisfaction, based on Locke's value-precept theory, is a pleasurable emotional state resulting from the appraisal of one's job or job experiences (Locke, 1976). Authentic leaders facilitate higher quality relationships, leading to active engagement of employees in workplace activities, which results in greater job satisfaction and higher productivity and performance. The relationship between authentic leadership and job satisfaction was examined in this study.

Methodology

This correlational research was designed to explore head nurses' authentic leadership and job satisfaction as perceived by staff nurses and to identify a relationship between authentic leadership and job satisfaction among nurses in general hospitals, the central region, Mongolia.

Population and Sampling

The participants were nurses who had worked for more than six months in five general hospitals in the central region of Mongolia. As calculated by the formula of Yamane (1967), the sample size was 716. Taking into consideration

the possible loss of participants, 20% additional participants was added to the sample size (Burns & Grove, 2005). Therefore, the total sample size was 308 nurses. Proportional random sampling was used to select subjects from five general hospitals in the central region of Mongolia. During the data collection procedure, the packages were sent to the subjects, including a cover letter, a consent form, the questionnaires, and envelope with the researchers' name and address. A total 308 questionnaires were distributed, and 279 questionnaires (90.58%) were returned, of which three questionnaires were not completed; thus, a total of 276 completed questionnaires (89.6%) were used for data analysis.

Research Instruments

The instruments used in this study consisted of 1) the Demographic Data Form, which has developed by the researcher. Questions included gender, age, marital status, education level, and years of working as a nurse; and 2) the Authentic Leadership Questionnaire (ALQ) developed by Walumbwa et al. (2008). The researcher translated the Mongolian version using the back translation method without any modification. It consisted of sixteen items that measured four components of authentic leadership including balanced processing, self-awareness, internalized moral perspective, and relational transparency with a five-point Likert scale ranging from 0 = *not at all* to 4 = *frequently, if not always*. The mean scores of overall and each component of authentic leadership behaviors were divided into low, moderate, and high levels. The Cronbach alpha coefficient of the ALQ in this study was .90. 3)



The Abridged Job Descriptive Index (aJDI) developed by Stanton et al., (2001). This has 25 items in five dimensions. The items were measured on a five-point Likert scale from 0= *strongly disagree* to 4= *strongly agree*. Scores of negative items were reverse-scored before data analysis. The mean scores of overall and each dimension of job satisfaction were divided into low, moderate, and high levels. The ALQ and aJDI were translated into Mongolian by the researcher using the back translation method without any modification. The Cronbach alpha coefficient of the AJDI in this study was .85.

Ethical Considerations

The study was approved by the Research Ethical Committee of the Faculty of Nursing, Chiang Mai University. Permission to collect data was obtained from the directors of each hospital in Mongolia. A research information form and a consent form were given to the participants. Nurses were free to refuse to participate or withdraw from the study at any time without negative implications. Confidentiality and anonymity of individual responses were guaranteed by a statement included in the cover letter information provided to the participants. Data were used only for the purpose of the study and remained confidential.

Data Analysis

Data were analyzed by using the statistical software package. Both descriptive and inferential statistics were used. In this study, alpha significance was set at a level of 0.05. Descriptive statistics such as frequency, percentage, mean, and standard deviation (SD) were used to analyze demographic data, and Pearson's product-moment correlation coefficient was

used to examine the relationship of variables.

Results

1. Among the 276 participants, most (97.46%) were female with an average age of 36.78 years (SD=8.76). The majority of the participants (75.72%) were married. The average years of working experience was 14.38, with the highest percentage of them (25.35%) having worked for 26-30 years. The majority of the nurses (70.65%) finished a diploma degree in nursing, and 29.35% of them held a bachelor's degree.

2. The subjects perceived overall authentic leadership of their head nurses at a moderate level ($\bar{x} = 2.36$, $SD = 0.83$). Among the four components, balanced processing, self-awareness, internalized moral perspective and relational transparency were perceived at moderate levels ($\bar{x} = 2.48$, $SD = 0.92$; $\bar{x} = 2.45$, $SD = 0.93$; $\bar{x} = 2.18$, $SD = 0.94$; and $\bar{x} = 2.16$, $SD = 0.59$, respectively) (Table1).

3. The participants perceived overall job satisfaction at a moderate level ($\bar{x} = 2.11$, $SD=0.92$). The levels of job satisfaction for the five dimensions; work itself, pay, promotion / opportunity, coworkers, and supervision, - were also at moderate levels ($\bar{x} = 2.31$, $SD=0.37$; $\bar{x} = 1.66$, $SD= 0.55$; $\bar{x} = 1.94$, $SD= 0.73$; and $\bar{x} = 2.49$, $SD= 0.60$ and $\bar{x} = 2.38$, $SD= 0.78$, respectively) (Table 2).

4. There was a significant positive relationship as perceived by the participants between overall leadership and job satisfaction among nurses ($r = .32$, $p < .01$). Each component of authentic leadership; balanced processing, self-awareness, internalized moral perspective, and relational transparency had a significant



positive relationship with nurses job satisfaction ($r = .24, p < .01$; $r = .28, p < .01$; $r = .31, p < .01$; and, $r = .67; p < .01$, respectively) (Table 3).

Table 3 Pearson Correlation Coefficients between Head Nurses' Authentic Leadership and Job Satisfaction as Perceived by the participants ($n= 276$)

Authentic Leadership	Job satisfaction r
Overall	.32*
Balanced processing	.24*
Self- awareness	.28*
Moral perspective	.31*
Relational transparency	.67*

* $p < .01$.

Discussions

1. Authentic Leadership

The results of this study showed that the overall mean score of head nurses' authentic leadership as perceived by nurses was at a moderate level ($\bar{x} = 2.36, SD = 0.83$) (Table 1). This means that nurses perceived the behaviors of their head nurses as being moderately confident, hopeful, optimistic, resilient, and of high moral character. This finding is consistent with those from previous studies in Canada (Wong and Laschinger, 2012; Laschinger et al., 2012), where new graduate nurses and staff nurses perceived their nurse managers' authentic leadership at a moderate level.

One possible explanation is that hospital policy required head nurses to implement the hospital vision and mission with their staff nurses by using continuous quality improvement. Moreover, Mongolian head nurses are good at

being role models for leadership and helping to guide nurses; they demonstrate consideration with nurses and also build good relationships with them (MOH, 2012a). This contributes to the development of a network of alliance and team spirit among nurses, thereby promoting powerful interpersonal relationships amongst them. However, sometimes nurse leaders may not completely understand the content of the vision, and hence fail to clearly communicate organizational messages to their staff. A recent survey reported a lack of uniformity in implementing decisions by head nurses (DGH, 2012). This result indicated that some head nurses did not use information from various sources as a database for making decisions. They more probably made decisions based on their beliefs and understanding of the issues encountered. Another possible explanation may be linked to the fact that 22.46 % (62) of the



nurses in this study had been working for less than five years. During the first years of experience in a hospital, nurses are mostly busy familiarizing themselves with patient care and most times working rotating shifts. This can make it hard for nurses to have enough time or opportunity to observe their head nurse in every component.

Among the four components of authentic leadership, the research results showed that all components as perceived by staff nurses were at moderate levels. The results were consistent with the results of studies by Wong and Laschinger (2012) and Laschinger et al. (2012), which were at a moderate level for all components. Component analysis has indicated that the component of balanced processing had the highest mean score ($\bar{x} = 2.48$, $SD = 0.92$) (Table 1). This means that nurses perceived the authentic behaviors of their leaders as being more or less able to objectively process self-relevant information without allowing distortions due to personal emotions. The mean score of this result was closest to the previous study in Ontario Canada ($\bar{x} = 2.31$; $SD = 1.10$) (Wong & Laschinger, 2012) and in Western Ontario, Canada ($\bar{x} = 2.44$; $SD = 1.00$) (Laschinger et al., 2012). Head nurses always help their subordinates

through difficulties. According to the 2012 hospital policy in Huvsgul General Hospital (HGH), regular meetings are held every week among heads of departments and head nurses along with hospital administrators. In the meeting, head nurses obtained information about plans of the hospital and new trends in hospital policy. Head nurses then conveyed all messages to their staff in monthly meetings (HGH, 2012). However, due to busy clinical departments and rosters, some nurses could not attend. Consequently, some staff nurses lost their opportunity to share information directly and completely.

Although the component of relational transparency was at a moderate level, the mean score was the lowest among the four components ($\bar{x} = 2.16$; $SD = 0.59$) (Table 1). This indicated that staff nurses perceived their head nurses as able to display high levels of openness, self-disclosure, and trust in relevant relationships. Despite the structure of healthcare in Mongolia being monopolized by mainly medical personnel, head nurses were seen by the staff as the most trust worthy. Gardner also mentioned that relational transparency is a critical component of authentic leadership that acting to strengthen trust levels (Gardner et al., 2005).



Table 1 Mean, Standard Deviation, Range and the Level of Authentic Leadership as Perceived by the Subjects (n=276)

Components of Authentic Leadership	Range	\bar{x}	SD	Level
Authentic Leadership	0.31- 3.88	2.36	0.83	Moderate
Balanced processing	0.33- 3.99	2.48	0.92	Moderate
Self- awareness	0.25- 4.00	2.45	0.93	Moderate
Internalized moral perspective	0.20- 3.80	2.18	0.94	Moderate
Relational transparency	0.12- 3.98	2.16	0.59	Moderate

2. Job Satisfaction

The results of this study showed that the participants perceived overall score of job satisfaction was at a moderate level (\bar{x} =2.11, SD=0.92) (Table 2). This means that when staff nurses perceived that their job was somewhat pleasurable, resulting from the appraisal of their job and job experiences. This finding is consistent with those from the previous studies of Lux (2012) and Dockins (2004), where moderate levels of job satisfaction were found. A possible explanation is that hospitals administrator tried to provide modern technology for health care services that support nursing care. Moreover, nurses in hospitals have to interact with all kinds of co-workers such as other nurses, head nurses, physicians, and other professional co-workers. Mongolian culture is characterized by a willingness to help and render service without showing real emotion, even when fatigued. This attitude could be supported by the hospital environmental characteristics of viewing others in a positive way. A work environment conducive to mutual respect among coworkers promotes positive outcomes in almost every organization

(Bozeman & Gaughan, 2011). Also, in this study, 56.85% of staff nurses had been working for more than 11 years. Greenberg and Baron (2008) equally found that people who are more experienced in their jobs are more highly satisfied than those who are less experienced. All of these reasons may result in enhancing job satisfaction.

The majority of the participants in this study were female (97.46%), and 75.72% were married. They had to take care of their family and their children. Sometimes they could not manage work-life balance, especially when they had to work around the clock, on holidays, and weekends. With the current nursing shortage, sometimes nurses are mandated to work overtime and long shifts. This may lead to job dissatisfaction.

An analysis of each dimension of job satisfaction revealed that supervision has the highest mean score among the five dimensions (\bar{x} = 2.48, SD = 0.92) (Table 2). This means that staff nurses were somewhat satisfied with the high quality of technical supervision for employees thus preventing frustration. Head



nurses are the first line managers who work closely with staff nurses. They are responsible for supervision in areas such as administrative competence, technical competence, and human relations competence (DGH, 2012). Most staff nurses in Mongolian general hospitals are willing to accept supervision to guide them to provide good nursing care. Head nurses check overall nursing quality every day and give feedback during nursing reports or during ward rounds in order to improve nurses' work. Moreover, head nurses provide staff nurses with handbooks about the duties and responsibilities of nurses for each day shift and night shift.

The dimension of pay had the lowest score among the five dimensions ($\bar{x} = 1.66$, $SD = 0.55$) (Table 2). This means that staff nurses perceived that their job provided the low salaries, wages, and fringe benefits, but enough for their cost of living. All participants worked for the government,

with pay scales determined by government policy, which mandates that salaries must be based on years of experience. The salary of nurses in Mongolia is low, comparatively two-times lower than other Mongolian skilled professions and 5.7% lower than the average salary for all job postings nationwide (Indeed, 2013). However, for more than five years now, experienced nurses in Mongolia had an opportunity for a 10% to 30% increase in salary depending on the level of seniority after they successfully pass the professional exam given by the Mongolian Nurses Association (MNA). Qualified nurses are awarded either a senior, higher seniority or consultant degree after every five working years and are promoted to the next level (2012b). This, therefore, is perceived as a fair reward system by nurses because the longer they serve, the more satisfied they become with their pay.

Table 2 Mean, Standard Deviation, and the Level of Job Satisfaction Among the participants (n=276)

Job Satisfaction	Range	\bar{x}	SD	Level
Overall job satisfaction	1.12- 3.72	2.11	0.92	Moderate
Work itself	0.98- 3.99	2.31	0.37	Moderate
Pay	0.99- 3.78	1.66	0.55	Moderate
Promotion/ opportunity	0.20- 3.80	1.94	0.73	Moderate
Co-workers	0.40- 3.98	2.49	0.60	Moderate
Supervision	0.80- 4.00	2.38	0.78	Moderate

3. The relationship between Head Nurses' Authentic Leadership and Job Satisfaction Among Nurses

This study found that there was a moderate

significant correlation between head nurses' authentic leadership and job satisfaction as perceived by staff nurses ($r = .32$; $p < .01$) (Table 3). This means that when nurses perceived that



their head nurses had high authentic leadership behaviors or characteristics, staff nurses tended to be satisfied with their job and vice-versa. This finding was consistent with the previous studies by Wong and Laschinger (2012) and Laschinger et al. (2012) in Canada. Although this leadership style has been demonstrated to be more applicable in Western countries, with the rapid change in Mongolia, it has had an effect on staff nurses' satisfaction. Whenever head nurses displayed stronger abilities in the components of authentic leadership, it contributed to staff nurses' satisfaction with their jobs.

When the relationships between each component of authentic leadership and job satisfaction were analyzed, the results revealed that relational transparency had a strong positive correlation with job satisfaction ($r = .67, p < .01$). Whenever head nurses were able to display self-disclosure and trust in relevant relationships with staff nurses, nursing staff satisfaction with their job was enhanced. This finding was consistent with the previous study of Wong & Laschinger (2012). It confirmed that whenever head nurses expressed high transparent relationships, nurses' job satisfaction was increased. As leaders disclose aspects of themselves to their followers and encourage them to act similarly, transparency is deepened in their relationships (Gardner et al., 2005, Luthans & Avolio, 2003). When nurse leaders displayed transparent behaviors, trust among staff nurses was strengthened, communication improved, working relationships were enhanced. Job satisfaction among nurses thereby increased (Wong & Laschinger, 2012).

The relationship between internalized

moral perspective and job satisfaction was moderate ($r = .31, p < .01$). Through internalized moral perspective, head nurses showed support to staff nurse self-development and provided opportunities for staff nurses to work confidently. As a result, staff nurses may have felt empowered and confident, as well as realizing the value of their job. This finding was consistent with the findings of Wong and Laschinger (2012) and Laschinger et al. (2012) in Canada and Lux (2012) in New Zealand. It can, therefore, be suggested that whenever head nurses displayed internalized moral perspective abilities, they provided an opportunity for staff nurses' self-development and promoted their confidence, thereby increasing job satisfaction among nurses and vice versa.

The correlation between balanced processing was weakly positively correlated with job satisfaction ($r = .24; p < .01$). This finding was consistent with that of Wong and Laschinger (2012). The balanced processing means objectively processing self-relevant information without allowing distortions due to personal emotions. It is also an important behavior of leaders. Head nurses who are supportive, care about their staff nurses, give praise, and recognize progress and success have abilities to strengthen and increase staff nurses' job satisfaction (Kernis, 2003). Whenever head nurses displayed objective behaviors characterized by increased support, praise, and recognition of subordinates' potentials, nurses appreciated their behaviors and became satisfied with their job and vice versa.

Self-awareness was weakly positively correlated with job satisfaction ($r = .28, p < .01$).



This finding was consistent with that of Laschinger et al. (2012). Self-awareness means knowing one's own strengths and weaknesses and having the ability to openly discuss them with others. Whenever head nurses were able to listen to staff nurses regarding their weaknesses and strengths and to address their weaknesses, conflicts between head nurses and staff nurses lessened and collaboration increased, thereby increasing job satisfaction among nurses and vice versa.

Conclusions and Recommendations

The purposes of this study were to explore head nurses' authentic leadership and job satisfaction and to identify the relationship between head nurses' authentic leadership and job satisfaction among nurses in general hospitals in the central region of Mongolia. The results found that the level of authentic

leadership of head nurses and job satisfaction as perceived by the nurses were at moderate levels. In addition, there were statistically significant relationships between overall and each component of authentic leadership and job satisfaction among nurses in general hospitals.

The results of this study provide evidence for the notion of nursing administrators playing an important role in dealing with head nurses' leadership and job satisfaction among nurses in general hospitals. Using this information, nursing administrators can develop clear human resource strategies and policies to enhance job satisfaction among nurses.

Acknowledgment

A sincere appreciation to Chiang Mai University and also to everyone who gave me support during my study.

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