

## **Staff Nurses' Perspective on Authentic Leadership's Role in Creativity, Job Crafting, and Deviant Behaviors at Work**

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### **ABSTRACT**

**Background:** Authentic leadership can fulfill secondary requirements of nurses as well as foster a transparent and fair environment, which has a direct impact on their work performance, creativity, progression, and ethical behaviors. **Aim:** This study explored the staff nurses' perspective on authentic leadership's role in creativity, job crafting, and deviant behaviors at work. **Subjects and methods: Design:** A descriptive-correlational design was used. **Setting:** King Khalid Hospital and Prince Sattam University Hospital. **Subjects:** A convenience sample of 325 staff nurses was recruited. **Tools:** Including four tools: the authentic nurse leader questionnaire-staff leader evaluation, creativity scale of nurses, job crafting questionnaire, and workplace deviance scale. **Results:** The result suggests that nurses had a moderate perception of authentic leadership ( $56.77 \pm 14.35$ ), moderate creativity ( $47.90 \pm 10.42$ ), high job crafting ( $69.36 \pm 11.99$ ), and a low level of deviant behaviors ( $27.66 \pm 7.94$ ). In addition, the results revealed a highly significant positive correlation between authentic leadership and creativity and a significant positive correlation between creativity and job crafting. Conversely, a negative relationship existed between deviant behavior and genuine leadership, creativity, and job crafting. **Conclusion:** Authentic leadership is vital in enhancing nurses' creativity and may also reduce deviant behavior. **Recommendation:** Leaders and supervisors should be trained in the skills necessary for authenticity, which fosters the innovative, productive, and ethical conduct of nurses. Further investigations are recommended in this area.

**Keywords:** Authentic leadership, creativity, deviant behaviors, and job crafting.

## **INTRODUCTION**

Leadership is the art of persuading and inspiring subordinates to perform their duties willingly, competently, and enthusiastically to achieve group objectives (Eliman, 2021). Regardless of the underlying leadership style, authenticity is the most crucial factor in effective leadership, and it involves a series of behavioral and cognitive processes related to self-development (Gardner, Karam, Alvesson, & Einola, 2021). Wang et al. (2021) claimed that authentic leadership is a pattern of leader behavior associated with positive psychological ability and an ethical environment that emphasizes maintaining transparent, honest relationships with subordinates who value their needs and morals.

Self-awareness, balanced processing, an internalized moral perspective, and relational transparency are the four components of authentic leadership. Having a more profound knowledge of one's fundamental values, identities, feelings, motivations, and goals is referred to as having self-awareness as a leader (Chon & Sitkin, 2021); balanced processing: a leader's capacity to evaluate data objectively and take into account others' viewpoints before making a choice; internalized moral perspective refers to how people use their standards and ethical principles to determine their behavior and resist outside pressure (from a group or society); relational transparency refers to how people speak honestly and openly about other people (Sultana, Tarofder, Darun, Haque, & Sharief, 2020).

When authentic leadership is used, healthcare organizations have many positive effects, including improvements in patient care, work performance, job satisfaction, innovation, career advancement, structural empowerment, voice behavior, and citizenship behavior (Aboramadan et al., 2021). Furthermore, Yamak and Eyupoglu (2021) asserted that genuine leadership might enhance nurses' originality and creativity. They feel free to try new ideas when genuine leaders and followers develop close relationships. Creative work behavior in the workplace aims to generate and implement ideas that address problems and improve the quality and effectiveness of healthcare services (Yamak & Eyupoglu, 2021).

Authentic leadership theory enables managers to generate a favorable and helpful work environment that benefits subordinates and organizations (Fallatah & Laschinger, 2016). It is also clear that authentic leadership predicts subordinates' creativity and

resourcefulness, which leads to improved worker performance (Semedo, Coelho, Ribeiro, & Humphreys, 2016). Organizations must understand how to boost the creativity of specific team members, if necessary, and boost individual creativity to gain a competitive advantage (Petrou, Bakker, & Bezemer, 2018).

Creativity is an intellectual activity that produces new ideas, solutions, and perspectives. Creativity also refers to how subordinates can improve their creative process. To implement creative ideas, job crafting may be necessary (Gouvea, Kapelianis, Montoya, & Vora, 2021). Creativity is evident when the job boundaries are altered so that the same job has different structures or is performed differently. Nurses with creative potential or those who actively engage in creativity may report greater levels of job crafting in such a situation. Nurses are frequently persuaded by the wish for high levels of creativity to design their careers to more clearly express their creativity. As a result, "job making" is described as a series of original actions nurses take to modify their work behavior. A problem-solving and adaptive strategy used in healthcare settings, "approach crafting," is more probable (and more capable) for nurses who exhibit high levels of creativity (Ghazzawi, Bender, Daouk-Öyry, van de Vijver, Chasiotis, 2021).

Job crafting is a behavioral process whereby nurses restructure their roles to take advantage of their skills and preferences, enhancing individual results. Job crafting involves proactive actions, including looking for resources and tasks and reducing and maximizing demands (Demerouti & Peeters, 2018). Nurses who actively pursue employment resources that facilitate work outcomes and optimize job demands that leave them feeling worn out and stressed out craft their careers. In this sense, job crafting refers to nurses' physical and mental adjustments to tasks or relational limits at work. Task making, relational crafting, and cognitive crafting are the three subcategories of job crafting. Task crafting alters the quantity, nature, and type of duties, whereas relationship crafting alters the nature and number of interpersonal relationships. The working pattern is then aligned with this cognitive job crafting, which affects how a person sees their work and job duties (Lu, 2018).

Job crafting can result from a mismatch between a person's needs and preferences and their employment, or it can react to an unfavorable circumstance. Nurses can find meaning in their work, satisfy their need for connection, and accomplish their goals through job crafting (Dubbel, Demerouti, & Rispens, 2019). Additionally, job crafting

enables nurses to accomplish an engaged state at work with vigor, sincerity, and assimilation. By carefully crafting their jobs, nurses will have more resources and a better fit with their workplace, reducing their motivation to participate in improper behavior. Better person-job fit and low-deviant behaviors should result from crafting success, enabling workers to thrive and act positively in their work (and life) roles (Rudolph, Katz, Lavigne, & Zacher, 2017).

Workplace deviance is the deliberate intent to cause damage in the workplace. The voluntary violation of significant organizational norms endangers the organization, its members, or both (Agwa, 2018). Deviance is an organizationally relevant outcome because it is associated with high organizational costs and the requirement for organizations to regulate these expensive behaviors. In western countries, workplace deviance contributed to 20 percent of organizational failures and a \$6–10 billion annual loss for organizations. In context with the rest of Asian nations, however, it is superficial (Utkarsh, Ravindranath, & Ananta, 2019). Workplace deviance directly affects an organization, resulting in increased employee turnover, absenteeism, and decreased dedication and productivity. As well as individuals, organizations can also be the target of deviant behavior. The nurses confronted with such deviant behavior are likely to resign, have low job motivation, and experience stress on the job, which will eventually lead to low self-esteem, increased dread of layoffs, and psychological problems (Utkarsh et al., 2019).

As a result of meticulously crafting their jobs, nurses with a wealth of resources and a more compatible work environment are more enthusiastic about their work and motivated to act in ways that benefit the organization and other workers rather than engage in deviant behavior. Nurses who perceive a lack of resources, autonomy, and control at work are motivated to engage in workplace deviance (Fehr, Yam, He, Chiang, & Wei, 2017) or perceive burdensome job demands (Zhang, Crant, & Wei, 2019). In addition, Kim and Beehr (2019) claimed that facilitating management significantly predicted job-creating behaviors, subjective well-being, and deviant behavior among employees.

### **Significance of the study**

Workplace deviance is an essential concern for healthcare organizations because it is associated with high costs and low productivity. Therefore, healthcare organizations

must regulate these costly behaviors that affect the performance of nurses. One of the factors that may affect nurses' attitudes is authentic leadership that minimizes workplace deviance, creating a healthy, helpful, and happy workplace (Qureshi & Hassan, 2019). Staff nurses and nursing practice significantly impact the quality of health services provided to clients and patients. As a result, nurses must have a strong sense of well-being (Al Hamdan & Bani Issa, 2021). Furthermore, a healthcare organization's climate replicates how nurses recognize interaction patterns, behaviors, policies, and procedures in their workplace.

Consequently, nurse managers and healthcare organizations must maintain a well-organized and ethical work environment (Fallatah & Laschinger, 2016). Despite numerous studies demonstrating the optimistic impacts of authentic leadership on subordinates' attitudes, behaviors, workplace incivility, deviance, offensiveness, and creativity (Zeb, Abdullah, Hussain, & Safi, 2019; Aboramadan et al., 2021; Yamak and Eyupoglu, 2021; Rego, Sousa, Marques, & Cunha, 2012), the link between authentic leadership and creativity, job crafting, and deviant behaviors has received little attention in the Middle East. It is necessary to investigate whether authentic leadership simultaneously impacts creativity, job crafting, and deviant behavior at work.

## **THE STUDY AIMS TO**

Explore the staff nurses' perspective on authentic leadership role in creativity, job crafting, and deviant behaviors at work.

### **Objectives**

1. Assess the head nurses' authentic leadership from the staff nurses' perspective.
2. Determine the staff nurses' creative behavior.
3. Identify job crafting from the staff nurses' perspective.
4. Measure staff nurses' deviant behaviors in the workplace.
5. Find the correlation between authentic leadership, creative behavior, job crafting, and staff nurses' deviant behaviors at work.

## **SUBJECTS AND METHOD**

### **A. Technical design:**

#### **Study design**

A descriptive-correlational research design was used to explore the staff nurses' perspective on authentic leadership role in creativity, job crafting, and deviant behaviors at work.

**Study setting**

The study was conducted in two hospitals; the first was King Khalid Hospital in El-Kharij City, with a bed capacity of 170 beds and 350 nurses. It is affiliated with the Saudi Ministry of Health and provides this governorate's surgical, medical, orthopedic, dialysis, and emergency services. The second hospital was Prince Sattam University Hospital, which had a bed capacity of 50 and 100 nurses. It is affiliated with Prince Sattam University, which offers general health services, such as pediatric, maternity, cardiology, and outpatient clinics, to this region.

**Study sample**

A convenience sample of 325 staff nurses participated in the study. Staff nurses with less than one year of experience on a working site were excluded.

**Tools for data collection**

*Four tools were used.*

**The first tool (I): Authentic Nurse Leader Questionnaire-Staff Leader Evaluation**

It consists of two sections, as follows:

**First Section: Demographic Characteristics of the Staff Nurses**

Such as age, gender, educational level, marital status, department, and years of experience.

**Second Section: Authentic Nurse Leader Questionnaire-Staff Leader Evaluation**

Researchers have adopted this tool that Avolio, Gardner, and Walumbwa (2007) developed to evaluate authentic nurse leader qualities from the staff nurse's perspective. It contains four conceptual dimensions of authentic leadership theory, with 16 items classified as the following: 1) five relational transparency (RT) items; 2) four moral ethics (ME) items; 3) three balanced processing (BP) items; and 4) four self-awareness (SA) items.

**Scoring system**

Items were scored on a five-point Likert scale ranging from 1 = not at all, 2 = once in a while, 3 = sometimes, 4 = fairly often, and 5 = frequently, if not permanently. Higher

scores indicate higher nurses' perceptions of the authentic leadership behavior of their nurse managers; meanwhile, low scores indicate lower nurses' perceptions based on the following cut-off point: from 1 to 2.33 indicated a low perception of authentic leadership behavior, from 2.34 to 3.67 showed a moderate perception. And from 3.68 to 5, it revealed a high perception.

### **The second tool (II): Creativity Scale of Staff Nurses**

An adopted scale is based on Scott and Bruce (1994) and Zhou & George (2001). It aims to measure staff nurses' creative behavior. This instrument had 13 items. Responses rated by nurses have been measured using a 5-point Likert scale ranging from 1 to 5, with 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.

#### **Scoring system**

The score obtained ranged from 13 to 65; the scores of the items were summed up, and the total was divided by the number of items, giving a mean score; a higher score indicated a high level of creative behavior (Zhou & George, 2001).

### **Third tool (III): The Job Crafting Questionnaire (JCQ)**

Slem and Vella-Brodrick (2013) developed the adopted tool to gauge how much employees participate in job crafting. A questionnaire encompasses 15 items classified into three domains 1) task crafting, 2) cognitive crafting, and 3) relational crafting; each domain has five items.

#### **Scoring system**

Items were scored on a six-point Likert scale ranging from 1 (hardly ever) to 6 (very often). The score obtained ranges from 15 to 90. A higher score indicates a high level of perceived job-creating activity. The scores of the items were summed up, and the total was divided by the number of items, giving a mean score. A low level of perceived job crafting is considered from 1 to 40, a moderate level of perceived job crafting from 41 to 65, and a high level from 66 to 90 based on the cut point.

### **Fourth tool (IV): Workplace Deviance Scale**

An adopted scale was developed by Bennett (2000) to assess interpersonal and organizational deviant behaviors. A self-reported list of 19 deviant workplace behaviors

was divided into seven items measuring interpersonal deviance (deviant behaviors directly harmful to other individuals within the organization) and 12 items measuring organizational deviance (deviant behaviors directly harmful to the organization). These scales were found to have internal reliabilities of 0.78 and 0.81, respectively.

### **Scoring system**

Items were scored on a 7-point Likert scale ranging from 1 (never) to 7 (daily). Nurses reported how much they engaged in each behavior last year. The overall workplace deviance scale score is 133, ranging from 19 (respondent never engaged in any of the 19 deviant behaviors) to a maximum of 133 (respondent engaged in all of the 19 deviant behaviors daily). The scores of the items were summed up, and the total was divided by the number of items, giving a mean score. A low score indicated low deviant behavior among nurses. Meanwhile, a high score indicated high deviant behavior among nurses (Bennett, 2000).

## **B- Operational design**

### **Tools' validity**

Tools for data collection were developed in English, and the translation-retranslation method was followed to create the Arabic version of the tools by the language expert member. Five experts reviewed the tool's validity in nursing administration. Necessary modifications were made according to the expert's judgment to ensure sentence clarity and content appropriateness.

### **Tools' reliability**

The Cronbach's alpha reliability test for the authentic nurse leader questionnaire-staff leader evaluation, creativity scale of staff nurses, job crafting questionnaire, and workplace deviance scale was (0.84), (0.87), (0.76), and (0.85), respectively.

### **Fieldwork**

Study tools were disseminated to 400 study subjects. The researchers collected data from subjects in the previously selected settings two days per week, from 9 a.m. to 3 p.m. The data was collected within five months, from September 2022 to January 2023. The researchers met participants individually in the waiting areas of the study settings and explained the study's aim after introducing themselves. The data collection tools were an



anonymous, self-administered questionnaire distributed as a paper-based questionnaire filled out by staff nurses. The required time to complete the questionnaire was approximately 25 to 35 minutes. Only 335 questionnaires were returned, and ten were omitted because of incomplete data. Finally, 325 questionnaires that were considered complete remained included in the study.

### **Pilot study**

The study tools were pilot tested to determine their clarity and level of applicability, as well as the time required for completion; a pilot study was conducted on 10% of the study sample (32 nurses) that were randomly recruited before the beginning of the data collection. The pilot study's data analysis was conducted. The subjects' feedback, modifications, and suggestions were added to the questionnaire. Participants in the pilot study were excluded from the study's sample to ensure the stability of the responses.

### **Ethical considerations**

The Ethical Committee, Prince Sattam bin Abdulaziz University, Deanship of Scientific Research, Standing Committee on Bioethics Approval No granted ethical approval. (SCBR-057-2022). Official permission to conduct the assigned hospital administrators' research was given. All participants signed written informed consent after explaining the study's aim and significance. The anonymity of the participants was assured and maintained. No coercion or pressure was applied to the participants, and no risk or burden was imposed on them to join the research. Participants were also informed of their right to withdraw from the study or decline to participate. The confidentiality of the data gathered was declared to be used for research purposes only.

### **C- Administrative design**

Written official permission was obtained from the Dean of Faculty of Nursing, Port Said University, to carry out this study in the selected settings. The researchers sent the official letters for permission to collect the data from the last-mentioned settings. The medical and nursing director of each hospital was contacted and informed in order to obtain permission to include staff nurses in the study, then the aim of the study was explained and data collected.

#### **D. Statistical design:**

The statistical package SPSS v. 23 was utilized for data analysis. A one-sample Kolmogorov-Smirnov test tested the data's normality. Qualitative data was labeled using numbers and percentages. Continuous variables are shown as the mean and standard deviation for parametric data. Also, one-way ANOVA is used for comparing more than two groups, while the t-test is used for comparing two groups. Also, the multivariate analysis of variance (one-way MANOVA) is used to determine whether or not the independent grouping variable simultaneously explains a statistically significant amount of variance in the dependent variable. Mahal's distance test for outlayers, Box's test of equality of covariance matrices, and Levene's test of equality of error variances were used. The Pearson coefficient of correlation was also used. The significance level was set at 0.05. A simple linear regression analysis was used to test the prediction among variables.

### **RESULTS**

Regarding the frequency distribution of nurses' characteristics, **Table 1** displays that about half of nurses were in the age group of 20 to less than 30 years old, had a nursing diploma degree, and had years of experience ranging from 5 to 15 (52.7%, 46.7%, and 52%, respectively). At the same time, most were female and married (93.5% and 84.6%, respectively).

According to **Table 2**, nurses had a moderate perception of authentic leadership ( $56.77 \pm 14.35$ ), a moderate level of creativity ( $47.90 \pm 10.42$ ), a high level of job crafting ( $69.36 \pm 11.99$ ), and a low level of deviant behaviors ( $27.66 \pm 7.94$ ).

**Table (3):** declares a multivariate analysis of authentic leadership, creativity, job crafting, and deviant behaviors among nurses. This table shows that the ( $\eta^2$ ) value for creativity is (0.333), which proved a large statistically significant variance by authentic leadership. On the other hand, job crafting and deviant behavior had no significant relationship with authentic leadership.

**Table (4):** pointed to statistically significant differences in total authentic leadership regarding age and years of experience ( $P = .002^*$ ,  $P = .001^{**}$ ). And statistically significant differences in creativity regarding age, gender, and years of experience ( $P$

=.016\*,  $P = .013^*$ , and  $p = .004^{**}$ ). On the other hand, the results showed that none of the personal characteristics were significantly correlated with job crafting or deviant behaviors.

**Table (5):** displays the correlation matrix between authentic leadership, creativity, job crafting, and deviant behaviors. Authentic leadership had a highly significant positive correlation with creativity and a negative correlation with deviant behaviors ( $r = .420^{**}$ ,  $P = 0.000$ , and  $r = -.049$ ,  $P = .384$ ). Additionally, there was a significant positive correlation between creativity and job crafting and a negative correlation between creativity and deviant behaviors ( $r = .129^*$ ,  $P = .048$  and  $r = -.093$ ,  $P = .095$ ). Also, there was a negative correlation between job crafting and deviant behaviors ( $r = -.029$ ,  $P = .599$ ).

**Table (6):** illustrates the standard multiple linear regression analysis predicting nurses' creativity. This table stated that the significant model detected through the F test value was  $F = 20.397$  with a p-value of 0.05. This model explains 20% of the variation in nurses' creativity noticed through the  $R^2$  value of 0.202. Also, it was explained that all characteristics except gender did not affect nurses' creativity.

**Table (7):** reveals that the significant model detected through the F test value was 3.958 with a p-value of .05. This model explains 1.7% of the variance in nurses' job crafting detected through the R-squared value of 0.017.

**Table (1):** Frequency distribution of nurses' characteristics (n =325):

Personal Characteristics	Frequency Distribution	
	N	%
<b>Age</b>		
20 : < 30 years	171	52.7
30 : < 40 years	84	25.8
≥ 40 years	70	21.5
Mean ± SD	32.148 ± 7.582	
<b>Gender</b>		
Male	21	6.5
Female	304	93.5
<b>Educational level</b>		
Nursing Diploma	152	46.7
Nursing Technical Institute	131	40.4
Bachelor	40	12.3
Post Graduate	2	0.6
<b>Years of experience</b>		
< 5 years		
5: 15 years	42	12.9
> 15 years	169	52.0
	114	35.1
<b>Marital status</b>		
Single	23	7.1
Married	275	84.6
Widow	15	4.6
Divorced	12	3.7

**Table (2):** Descriptive statistics for the variables studied as reported by nurses (n = 325):

Study variables	Items. No	Min-Max	Median	Mean	±SD
Authentic Leadership	16	16-80	57	56.77 (3.5)	14.35
Creativity	13	13-65	50	47.90 (3.7)	10.42
Job Crafting	15	30-90	70	69.36 (4.63)	11.99
Deviant Behaviors	19	19-56	25	27.66 (1.51)	7.94

**Table (3):** Multivariate analysis of authentic leadership, creativity, job crafting, and deviant behaviors (n = 325):

Independent Variable	Dependent Variables	Sum of Squares	Mean Square	F	Sig.	Partial Eta Squared
Authentic Leadership	Creativity	11692.694a	201.598	2.972	.000	.333
	Job Crafting	10614.896	183.015	1.352	.059	.228
	Deviant Behaviors	2998.014	51.690	.788	.862	.147

F = MANOVA                      Significance considered if  $p < 0.05^*$ , highly considered if  $p < 0.001^{**}$   
 This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

**Table (4):** The relation between nurses' personal characteristics and authentic leadership, creativity, job crafting, and deviant behaviors (n = 325):

Personal Characteristics	Authentic Leadership		Creativity		Job Crafting		Deviant Behaviors	
	M ± SD	Sig. test (P)	M ± SD	Sig. test (P)	M ± SD	Sig. test (P)	M ± SD	Sig. test (P)
<b>Age</b>								
20 : < 30 years	55.9±13.6	F= 6.431 P =.002*	47.2±10.5	F= 4.21 P =.016*	68.7±11.6	F= 0.431 P = .650	27.8±8.2	F=1.85 P = 158
30 : < 40 years	54.2±15.4		46.6±10.6		70.1±12.8		26.4±7.3	
≥ 40 years	61.9±13.7		51.1±9.4		69.9±11.9		28.7±7.9	
Mean ± SD								
<b>Gender</b>								
Male	59.55±10.3	t= 1.225 P =.232	53.6±10.59	t=2.494 P = .013*	67.0±11.9	t= -.941 P =.347	26.0±10.7	t=-.738 P = .469
Female	56.3±14.6		47.5±10.32		69.61±11.9		27.8 ±7.7	
<b>Educational level</b>								
Diploma	56.9±15.3	F=1.467 P = .223	48.03±10.9	F=.233 P = .874	69.1±12.5	F=.648 P = .585	27.6±8.3	F=.763 P= .515
Technical	55.4±11.9		47.41±10.1		69.3±11.5		27. 2±7.5	
Bachelor	60.7±17.2		48.90±9.9		71.6±11.3		29.3±8.2	
Postgraduate	65.0±15.5		49.0±12.7		64.5±21.9		29.5±9.2	
<b>Years of experience</b>								
< 5 years	61.1±13.4	F=7.438 P=.001**	48.09±10.3	F=5.679 P=.004**	70.0±12.9	F=.976 . P =.378	28.8±10.5	F=.570 P= .566
5: 15 years	53.9±14.3		46.17±10.7		68.5±11.7		27.4±7.3	
> 15 years	59.4±13.9		50.36±9.6		70.4±12.1		27.6±7.8	
<b>Marital status</b>								
Single	58.4±12.7	F=1.567 P =.197	48.74±10.8	F=.789 P =.501	71.2±12.4	F=1.130 P = .337	26.6±10.7	F=.759 P=.518
Married	56.16±14.5		47.62±10.3		68.9±11.9		27.7±7.7	
Widow	63.8±14.4		48.20±13.6		70.7±12.5		29.4±6.3	
Divorced	58.9±13.3		52.16±7.7		74.5±11.5		25.2±7.6	

\*Significant (P<0.05).

F = One Way ANOVA.

t-test for the independent group

**Table (5):** A correlation matrix between authentic leadership, creativity, job crafting, and deviant behaviors (n = 325):

Study variables	Sig	Authentic Leadership	Creativity	Job Crafting
Creativity	r	.420**	-	-
	p	.000	-	-
Job Crafting	r	.098	.129*	-
	p	.079	.048	-
Deviant Behaviors	r	-.049	-.093	-.029
	p	.384	.095	.599

r: Pearson coefficient \*\*; Correlation is significant at the 0.01 level (2-tailed).

\*; Correlation is significant at the 0.05 level (2-tailed).

**Table (6):** Standard multiple linear regression analysis predicting nurses' creativity (n = 325):

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	R Square	Adjusted R Square	95% Confidence Interval for B		Collinearity Statistics	
	B	Std. Error	Beta					Lower Bound	Upper Bound	Tolerance	VIF
1 (Constant)	37.637	5.104		7.374	.000			27.595	47.679		
Gender	-5.508	2.217	-.124	-2.485	.013	.202	.193	-9.869	-1.147	.996	1.004
Age	.267	.985	.021	.271	.787			-1.672	2.206	.425	2.352
Experience	1.530	1.204	.097	1.271	.205			-.839	3.899	.431	1.320
Authentic leadership	.297	.037	.408	8.073	.000			.224	.369	.975	1.025

a. Predictors: (Constant), Gender, Age, Experience, Authentic leadership b. Dependent Variable: Creativity

F=20.397 Significance considered if p <0.05\*, highly considered if p <0.001\*\*

**Table (7):** Simple linear regression analysis predicting nurses' job crafting (n = 325).

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	R Square	Adjusted R Square	95% Confidence Interval for B	
	B	Std. Error	Beta					Lower Bound	Upper Bound
1 (Constant)	63.295	3.121		20.280	.000			57.155	69.436
Creativity	.127	.064	.110	1.989	.048	.017	.009	.001	.252

a. Predictors: (Constant), creativity

b. Dependent Variable: job crafting

F=3.958 Significance considered if  $p < 0.05^*$ , highly considered if  $p < 0.001^{**}$ .

## DISCUSSION

Authentic leaders foster an ethical atmosphere that develops followers into genuine leaders and aids them in achieving long-lasting success. Additionally, it has been proposed that authentic leadership benefits workers' attitudes, behaviors, and productivity. Authentic leadership is consistently associated with positive workplace outcomes (Bandura & Kavussanu, 2018). Similarly, authentic leaders' positive attitude lessens employee burnout and decreases employees' desire to leave their jobs. However, there is a dearth of studies on the role of authentic leadership in foretelling negative workplace behaviors like deviance (Azanza, Gorgievski, Moriano, & Molero, 2018).

This study was designed to explore the role of authentic leadership in creativity, job crafting, and deviant behaviors in the workplace from a nurse's perspective. First, the current results showed that the nurses in this study had a moderate perception of authentic leadership, a moderate level of creativity, and a high level of job crafting; moreover, the mean scores of deviant behaviors showed inadequate responses from staff nurses. In this context, authentic leadership can serve as a positive role model for subordinates in the workplace. Before making a decision, authentic leaders prefer to encourage employees' independent thinking and expressive behavior. On the other hand, authentic leadership fosters trust and personal support among employees, boosting self-efficacy and meeting competency requirements (Yamak & Eyupoglu, 2021). In short, authentic leadership can fulfill secondary requirements and intrinsic motives by proactively improving their work and conditions through their words and

actions. In other words, authentic leadership creates an environment where positive emotions influence employees' personalities (Trafican, 2022).

According to the findings of this study, nurses have a moderate perception of authentic leadership. Thus, it is indicated that head nurses maintain formal and line relationships with nurses, are not always transparent with subordinates, do not carefully listen to different points of view before reaching conclusions, fail to provide feedback for all nurses and deny how specific actions affect nurses. Supporting these findings is the work of Imam, Naqvi, Naqvi, and Chambel (2020), who concluded that authentic leadership has a moderate level among subordinates due to this society's high power distance, where the relationship between the supervisor and the subordinate is formal, a hierarchy develops, and concepts such as loyalty to the supervisor and the use of supervisory authority have a different meaning.

Also, Sultana et al. (2020) stated that leaders with a balanced self-process are considered authentic leaders because they are open to their perspectives and objective in how they treat the views of others. Moreover, transparency is an essential component of authentic leadership. That entails sharing relevant information, providing and receiving feedback, being open about motivations, and demonstrating alignment between words and actions (Schnackenberg, Tomlinson, & Coen, 2021). This result contrasts with a study by Lee, Chiang, and Kuo (2019), which found that the nurses believed their head nurses used authentic leadership regularly.

The current findings revealed that nurses had a moderate level of creativity, which could be attributed to various factors, including the compensation system, insufficient training and development, information sharing and problem-solving, and supportive supervision. This finding is consistent with the results of Afsar, Cheema, and Saeed (2018), who argue that variations in nurses' creative activity levels can partly be explained by their attitudes toward sharing knowledge with colleagues. Furthermore, Planas, Zabaleta, Violán, Pea, and Navas (2020) stated numerous barriers to healthcare creativity on the frontlines and that a new approach to improving innovative workplace culture and engaging leadership must overcome them.

Viseu, Pinto, Borralha, and de Jesus (2020) also concluded that training and development practices significantly positively affected nurses' creativity. Employees perceive their supervisor as a critical actor with "the power to grant them the support necessary for the



further development, protection, and application of their ideas," according to Bos-Nehles and Veenendaal (2019). Employees are encouraged to work hard and be creative to achieve the organization's goals if they perceive supervision as supportive. Furthermore, managers and organizations should encourage nurses' creativity by establishing creative work goals and rewarding employees who achieve creative results (Tian, Wang, & Rispens, 2021).

Additionally, the current study indicated that the staff nurses had a high level of job craft. This result may be attributed to the fact that many nurses practice problem-solving in the workplace and anchor the new idea in existing procedures or structures of the hospital. According to Ghazzawi et al. (2021), approach crafting, a problem-solving and adaptive strategy used in healthcare settings, is more probable and capable for nurses who exhibit high levels of creativity. Agreeing with this result, the work of Kim and Beehr (2019) found adequate jobs and employee crafting, which was caused by expanding their resources or the demanding tasks they must perform. A better person-job fit should result from successful crafting, enabling employees to thrive and act favorably in their work (and life) roles. While Vermooten, Boonzaier, and Kidd (2019) stated that job crafting has high ratios caused by the consequences of job crafting, which may generally be separated into personal differences (e.g., psychological conditions and personalities) and organizational factors (e.g., organizational environment and managerial control).

Moreover, the present study's findings revealed that the staff nurses exhibit low levels of deviant behavior in the workplace. This could be attributed to nurses' good job crafting. Similarly, Rudolph, Katz, Lavigne, and Zacher (2017) stated that crafting nurses' jobs will reduce their motivation to engage in inappropriate and uncivil behavior at work. On the contrary, the findings of Shah, Shah, Ullah, and Yasir (2021) concluded that workplace deviance exists in organizations in Pakistan; those behaviors appear as theft, willful disobedience of a supervisor's orders, pestering, slander, conspiracy, assigning blame to coworkers, and purposeful tardiness to work, all prohibited behaviors. Also, the results of Abubakar, Megeirhi, and Shneikat (2018) show that workplace incivility is prevailing in modern administrations, while experimental indications of incivility remain in their nascent phases in Arab localities. It also provides evidence of how workplace incivility could cause worse negative behavior between hired persons in the hospitality industry and a Middle Eastern setting.

Concerning personal characteristics and their relation to study variables, the findings of this study illustrated that age and years of experience have statistically significant relationships with authentic leadership and creativity. In contrast, gender has a statistically significant association with creativity. The results have a critical meaning and interpretation: increasing age may be a positive factor as it benefits authentic leadership and creativity skills. More importantly, the findings proved that years of experience, when expanded, also enhance authentic leadership and creativity skills. This result explains how leaders' experiences affect their leadership style and behavior regarding the creative climate in hospitals.

According to the results reported in the latest research, nurses described authentic leadership as significantly related to age and years of experience (Yang, Zhou, Wang, Lin, & Luo, 2019; Mondillo & 2020). Still, another study stated that authentic leadership was significantly related to the educational degree of managers (Silén et al., 2019). While Iqbal, Asghar, and Asghar (2022) stated that age and experience significantly influence authoritarian leadership and a negative workplace culture. This is consistent with Zappalà, Toscano, Polevaya, and Kamneva (2021), who argued that nurses' creative work behavior is complicated and multi-determined, influenced by individual, group, and organizational factors.

Otherwise, the multivariate analysis shows that the ( $\eta^2$ ) value for creativity is immense, which proved a large statistically significant variance by authentic leadership. Also, the correlation matrix confirmed that authentic leadership was found to have a highly significant positive correlation with creativity. Additionally, there was a significant positive correlation between creativity and job crafting. In this context, Qayyum (2022) asserted that authentic leaders foster their teams' innovative work practices by granting them workplace autonomy. This result agreed with Semedo, Coelho, and Ribeiro (2019), who asserted that authentic leaders contribute to a more supportive and productive work environment by encouraging employees to reach their full potential. As a result, employees become more creative and engaged. Employees are encouraged to focus on innovation and risk-taking to benefit healthcare organizations and their patients, resulting in a competitive advantage and satisfied customers (Baquero, Delgado, Escortell, & Sapena, 2019).

According to the justification that job crafting would result from both a crucial task performed by the supervisor and individual differences, it could increase the availability of resources that significantly impact outcomes. The majority of findings suggested that

empowering leadership encouraged workers to create jobs that were more creative and demanding; the more autonomy and delegation subordinates received from their leaders' empowering behaviors, the more they participated in job-creating activities. This result supported the study claims that, even though job crafting is considered a single procedure, leadership styles may impact it by enabling or promoting it to subordinates (Kim & Beehr, 2019).

In another study, Tian, Wang, and Rispons (2021) found that employees who practiced weekly work crafting behaviors claimed to perform more creatively each week. Additionally, weekly job engagement served as a mediator in this beneficial relationship. Unexpectedly, researchers discovered that when employees have high observed diversity, it leads to improved weekly job crafting behaviors more favorably connected to creative work. The research points to job crafting as a powerful strategy for maintaining higher levels of inventiveness at work. Similarly, Pugalia (2019) found a significant effect of creativity on job crafting. Furthermore, a study that explored the relationships between creativity and job crafting in Lebanon found nurses who engaged in job crafting by increasing structural job resources scored higher on subjective well-being. Work-related benefits of job crafting for the employee and organization are well documented, and these results show that job crafting is also associated with life outside of work (Ghazzawi et al., 2020).

Finally, the current study proved a negative statistical correlation between deviant behaviors and authentic leadership, creativity, and job crafting. This finding supports the notion that nursing staff who perceive ethical leadership exhibit more pro-social behavior, according to Mastracci (2017). Agreeing with our results, this study of Erkutlu and Chafra (2013) suggests that authentic leadership is negatively related to deviant behaviors. The results are consistent with the work of Kaffashpoor and Sadeghian (2020), who concluded that leadership has a significant role in shaping ethical followers' behavior in the workplace. For instance, there is a negative association between abusive behaviors and employee creativity when individuals deal with the leaders autonomously, relying on themselves. In retrospect, this finding is unsurprising if we consider the apparent social element of job crafting, which refers to disagreements between people (Tian et al., 2021).

On the other side, Iqbal, Asghar, and Asghar (2022) stated that despotic leadership was positively related to a toxic workplace environment and increased employee turnover. Elsewhere, results suggest that leaders with an authentic style generate a favorable climate,

which helps subordinates prevent deviant behaviors. Subordinates who notice their leader as an optimistic role model attempt to follow the manager's attitude and performance (Wang et al., 2021). The harmful opinion of subordinates toward their leaders can be considered the chief predictor of workplace deviance; also, subordinates who perceive the authenticity of their managers show a low level of workplace deviance.

Authentic leaders improve the influence of employee creativity; employees are more inspired when they have a chance to apply behaviors of creation and application of novel thoughts, which stimulate creativity and job crafting (Kaffashpoor & Sadeghian, 2020). The work of Ucar, Alpkar, and Elci (2021) showed alignment with the previously mentioned results: authentic leadership can direct commitment successfully to foster creativity by generating loyal subordinates. Similarly, Yasir and Khan (2020) concluded that authentic leadership is negatively related to deviant behavior when supervisors fairly treat their employees. Moreover, their leaders' actions and interpersonal relationships influence employees' behavior. Hence, authentic leaders can influence deviant workplace behavior.

In the epilogue, the study asserted how authentic leaders contribute to a more supportive and productive work environment by encouraging employees to realize their full potential. As a result, the workforce becomes more creative and engaged (Semedo, Coelho, & Ribeiro, 2019). Employees are directed to channel their energy towards innovation and taking risks that benefit healthcare organizations and their patients, resulting in a competitive advantage and satisfied customers (Baquero, Delgado, Escortell, & Sapena, 2019).

## **CONCLUSION**

The finding implies that nurses had a moderate perception of authentic leadership, a moderate level of creativity, a high level of job crafting, and a low level of deviant behaviors. Furthermore, the results showed that authentic leadership had a highly significant positive correlation with creativity and a significant positive correlation between creativity and job crafting. Conversely, there was a negative correlation between deviant behaviors and authentic leadership, creativity, and job crafting. According to the findings of the present study, it can be concluded that authentic leadership is a principal aspect in shaping the improvement in creativity among staff nurses. In contrast, authentic leadership could be a way to decrease deviant behaviors.

## **RECOMMENDATIONS**

- Nurse managers should foster a climate of trust and personal support among nurses, which can boost self-efficacy and meet competency requirements that influences their creative behavior.
- Nurse managers must maintain formal and line relationships with nurses, carefully listen to different points of view before reaching conclusions, and provide feedback for all nurses.
- Nurse managers foster a work climate that encourages nurses to make solutions for problems, express their opinions, and implement the solutions they propose.
- Nurse managers encourage nurses to participate in decision-making and allow time to share and discuss new ideas.
- Acknowledgment and incentives should be provided for creative ideas and job crafting.
- A continuous educational program for nurse leaders should be implemented to improve authentic leadership skills.
- More research is needed about the factors that affect workplace creativity, job craft, and deviant behavior.
- More quantitative and qualitative assessments are needed to understand workplace deviance behaviors, put more accessible solutions in place to manage and solve their concerns and advance toward a deviance-free workplace.

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## منظور الممرضين حول دور القيادة الأصيلة في الإبداع وصياغة الوظائف والسلوكيات المنحرفة في العمل

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### الخلاصة

يمكن للقيادة الاصيلية أن تفي بالمتطلبات الثانوية للممرضين بالإضافة إلى تعزيز بيئة شفافة وعادلة ، والتي لها تأثير مباشر على أداء العمل والإبداع والتقدم وتحقيق السلوكيات الأخلاقية. **الهدف:** هدفت هذه الدراسة الى استكشاف منظور الممرضين حول دور القيادة الاصيلية في الإبداع وصياغة الوظائف والسلوكيات المنحرفة في العمل. **طرق البحث:** تم استخدام التصميم الوصفي الارتباطي . **المكان:** مستشفى الملك خالد ومستشفى الأمير سطات الجامعي بالمملكة العربية السعودية. **العينة:** قد أجريت الدراسة على عينة ملائمة من ٣٢٥ ممرض وممرضة. **أدوات جمع البيانات:** استخدم في ذلك أربع أدوات: استبيان القيادة الأصيلة ، مقياس سلوك العمل الابتكاري ، استبيان صياغة الوظائف ، ومقياس الانحراف في مكان العمل. **النتائج:** تشير النتائج إلى أن الممرضين كان لديهم تصور متوسط عن المهارات القيادية الاصيلية لرؤسائهم ( $14.35 \pm 6.77$ ) ، ولديهم مستوي متوسط من السلوك الابتكاري ( $10.42 \pm 47.9$ ) ، ومستوي عالي من صياغة العمل ( $11.99 \pm 69.36$ ) ، ومستوي منخفض من السلوكيات المنحرفة ( $7.94 \pm 27.66$ ). بالإضافة إلى ذلك ، كشفت النتائج عن وجود علاقة إيجابية ذات دلالة إحصائية بين القيادة الحقيقية والإبداع وعلاقة إيجابية كبيرة بين الإبداع وصياغة العمل. على العكس من ذلك ، توجد علاقة سلبية بين السلوك المنحرف والقيادة الاصيلية والإبداع وصياغة الوظائف. **الخلاصة:** القيادة الاصيلية هي المفتاح في تعزيز إبداع الممرضين وقد تقلل أيضًا من السلوك المنحرف بمكان العمل . **التوصيات:** يجب تدريب القادة والمشرفين على المهارات اللازمة للقيادة الاصيلية ، والتي تعزز السلوك الابتكاري والإنتاجي والأخلاقي للممرضين. إضافة الى ذلك فإنه يوصى بمزيد من البحوث في هذا المجال.

**الكلمات المرشدة:** القيادة الأصيلة ، الإبداع ، السلوك المنحرف ، صياغة الوظائف.