AUTHENTIC LEADERSHIP, ORGANISATIONAL CITIZENSHIP BEHAVIOUR AND INTENTION TO LEAVE: THE ROLE OF PSYCHOLOGICAL CAPITAL

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B Com (Hons)

Mini-dissertation submitted in partial fulfilment of the requirements for the degree Magister Commercii in Industrial Psychology in the School of Behavioural Sciences at the North-West University (Vaal Triangle Campus)

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April 2016

COMMENTS

The reader is reminded of the following:

- The references as well as the style in this mini-dissertation follow the format prescribed by the *Publication Manual* (6th edition) of the American Psychological Association (APA). This practice is in line with the policy of the Programme in Industrial Psychology of the North-West University, Vaal Triangle Campus to use APA style in all scientific documents as from January 1999.
- The mini-dissertation is submitted in the form of a research article. The editorial style as specified by the South African Journal of Psychology (which agrees with the APA style used) is used in Chapter 2.

In loving memory of my friend and sister in the Lord,

Lilly Mokoena (1984 – 2014).

I shall forever hold you dear to my heart.

ACKNOWLEDGEMENTS

DECLARATION

I hereby declare that "Authentic leadership, organisational citizenship behaviour, and intention to leave: The role of psychological capital" is my own work, that it has not been submitted for any degree or examination at any other institution of higher learning and that all the references have, to the best of my knowledge been correctly reported. This work is being submitted for the degree in Master of Commerce at the North-West University.

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DECLARATION OF LANGUAGE EDITING

I hereby declare that I was responsible for the language editing of the mini-dissertation: **Authentic leadership, organisational citizenship behavior, and intention to leave: The role of psychological capital** submitted by **Winnie Sepeng.**

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Authentic leadership, organisational citizenship behaviour and intention to leave: The role of psychological capital

Key terms

Authentic leadership, psychological capital, organisational citizenship behaviour, intention to leave, public health care, public health care employees

Public health care is a dynamic and challenging work environment that is influenced by various factors having an impact on its efficiency. The need for authentic leadership that is transparent, supports followers, is objective in making decisions, and models exemplary behaviour is imperative. Authentic leadership plays a significant role in the leader-follower relationship where employees are inspired and grow in their interaction with their authentic leader; in turn eliciting desired individual outcomes at work.

The objective of this study was to investigate the indirect effect of perceived authentic leadership on organisational citizenship behaviours (OCB) and intention to leave via employees' psychological capital (PsyCap). A cross sectional survey design with a non-probability convenient sample ($N = 633$) was obtained. The measuring instruments that were used are the Authentic Leadership Inventory, the shortened version of the Psychological Capital Questionnaire, the Organisational Citizenship Behaviours Scale, and the Intention to Leave Scale. Structural equation modelling was used for developing measurement and structural models to test the study hypotheses. The measurement models were used to determine factor analysis and correlations among latent variables, whilst the structural model was used to determine regression between the latent variables as well as possible indirect effects.

The results confirm correlations in the expected directions between all variables. Authentic leadership seems to predict lower-order factors of PsyCap, but not OCB or intention to leave of employees. In addition, authentic leadership did not influence OCB and intention to leave of employees via lower-order factors of PsyCap.

Findings suggest that public health care can focus on developing authentic leaders who are

relationally focused, who know who they are, and are able to lead employees in a moral manner. As authentic leaders, the PsyCap of employees can also be enhanced and act as a personal resource to perform better at work.

CHAPTER ONE

1. INTRODUCTION

The aim of this study was to determine whether there is a relationship between perceived authentic leadership, follower PsyCap, organisational citizenship behaviour, and intention to leave of employees in the South African public health care sector. The study further determined whether authentic leadership had an indirect effect on organisational citizenship behaviours and intention to leave via PsyCap. This chapter discusses the problem statement, the objectives of the study, and the research method; finally the division of the chapters is given.

1.1 Problem Statement

Health care plays a crucial role in the economy, providing health to individuals (Gilmartin & D'Aunno, 2007; Vambe, 2014). South African health care consists of private and public health care, with public health care including hospitals and clinics. Public health care services are the source of primary and secondary health care in South Africa, meeting volumes of patients on a daily basis. One of the main goals of the South African Department of Health is to improve the status of these public health care services through large scale initiatives and policies that have been enforced to improve efficiency and quality service to patients (Cochran, Kaplan, & Nesse, 2014; Gilson & Daire, 2011; Perla, 2013; World Health Organization, 2013). As a result, a lot is invested in South African health, even more than any other countries on the African continent (National Planning Commission, 2011). However, the challenge to achieve the set goals remains, especially in view of a performance rate that is below par when compared to other countries (Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009; Jooste & Jasper, 2012; Whittaker & Shaw, 2011).

This poses the question as to why public health care remains inefficient even when developments have been made. According to Mosadeghard (2014), two reasons could be external challenges that play an indirect role in the success of health care institutions, as well as internal challenges within institutions. Mosadeghard (2014) further argues that internal challenges have a bigger impact on the efficiency of public health care. For instance, employees are required to face high job demands and a lack of resources to help manage the demands (George, Quinlan, Reardon, & Aguilaera, 2012). Employees work long hours, but are deemed to work under pressure because of the large influx of patients that need to be attended to (Rechel, Buchan, & McKee, 2009). In addition, there is a shortage of staff which puts

employees under time pressure to meet their work demands successfully (George et al., 2012). Lastly, the lack of administrative and leadership support, and inadequate infrastructure are some of the challenges employees face (Jooste & Jasper, 2012; Whittaker & Shaw, 2011). Therefore, it is these challenges that Rad and Moraes (2009) concluded that lead to poor quality service, deteriorating performance and job dissatisfaction of employees, in turn affecting efficiency and quality service.

Despite these challenges, health care services are required to provide quality care to patients as well as ensure long-term sustainability of the services (Mayosi, Lawn, & Van Niekerk, 2012). As a result, a need for effective leadership in health care is repeatedly emphasised (Gilson & Daire, 2011; National Planning Commission, 2011; World Health Organization, 2008). Research on health care leadership has received increasing research attention in order to gain knowledge about leadership and its impact on organisational outcomes (Jooste, 2004; Kumar, 2013; Mosadeghrad, 2014). Leadership is a process that enables others to work in a specific context by not only understanding the vision of the organisation, but also communicating the vision to followers and then motivating employees towards the end goal of the organisation (Gilson & Daire, 2011). Effective leadership is not highly prevalent in the public South African health care sector (Gilson & Daire, 2011). A major contribution to this problem is that individuals in leadership positions are professionals who are rarely given any leadership development (Daire, Gilson, & Clearly, 2014).

Leadership is attributed as a resource that can be used to overcome challenges and barriers faced in health care (Kumar, 2013). In order for individuals to lead successfully, they have the responsibility to lead through motivation, exemplary behaviour and working constructively with stakeholders (Daire et al., 2014). Literature supports that effective leadership has a positive association with organisational outcomes and competitive advantage (Day, Fleenor, Atwater, Sturm, & MacKee, 2014; Gill & Caza, 2015; Harris, Harris, & Harvey, 2008). Some of these outcomes include performance (Braun, Peus, Weisweiler, & Frey, 2013), positive work behaviours (Shapira-Lishchinsky & Tsemach, 2014), and retention of employees (Gilmartin & D'Aunno, 2007; Martin & Learmonth, 2012). Leadership can be seen as a resource that can indirectly impact efficiency and positive organisational outcomes, indicating the need for managers to be developed as leaders (Cochran et al., 2014; Goodwin, 2000; World Health Organization, 2008).

The enactment of leadership has changed over the years from a controlling manager to inspiring employees to take ownership of their own work and produce quality work outcomes (Greenfield, 2007; Hurley & Linsely, 2007; Jooste, 2004). Different types of leadership have been researched and conceptualised based on different frameworks. Authentic leadership is one of the leadership framework that has recently emerged (Avolio, Walumbwa, & Weber, 2009; Dansereau, Seitz, & Chiu, 2013). The need for leaders who will lead with a purpose, value, and integrity; who will build enduring organisations; who will motivate their followers and create long term value for the organisation have all led to authentic leadership (Avolio & Gardner, 2005; Neider & Schriesheim, 2011). As such, Walumbwa, Avolio, Gardner, Wernsing, and Peterson (2008) define authentic leadership as:

> A pattern of leader behaviour that draws upon and promotes both positive psychological capacities and positive ethical climate, to foster greater self-awareness, an internalised moral perspective, balanced processing of information, and relational transparency on part of the leaders working with followers, fostering positive self-development (p. 94).

Authentic leadership is a higher order construct consisting of balanced processing, internalised moral perspectives, relational transparency and self-awareness (Gardner, Avolio, Luthans, May, & Walumbwa, 2005; Walumbwa et al., 2008; Wang, Sui, Luthans, Wang, & Wu, 2014). Authentic leadership is seen as a form of positive leadership that entails generic components of transformational and ethical leadership (Avolio, Gardner, Walumbwa, Luthans, & May, 2004; Valsania, León, Alonso, & Cantisano, 2012). It provides evidence of behavioural dimensions of transformational leadership such as charisma, inspiration, and individualization consideration (Valsania et al., 2012). On the other hand, authentic leadership is more than just ethical; it is based on self-awareness, balanced information processing and transparency in relations with followers (Valsania et al., 2012). Not only is authentic leadership parallel to these effective leadership approaches, but has also indicated to be unique in terms of its relationship with other constructs (Luthans & Avolio, 2009; Yammarino, Dionne, Schriesheim, & Dansereau, 2008). For instance, an authentic leader attributes to states or traits of a follower that can manifest in the follower's positive behaviour (Gardner et al., 2005; Luthans & Youssef, 2007). Organisational citizenship behaviour (OCB) is one of the positive behaviours that are motivated by authentic leadership, leading to positive work outcomes (Luthans & Youssef, 2007). Authentic leadership is thus found to positively relate to the OCB of followers (Shapira-Lishchinsky & Tsemach, 2014; Valsania et al., 2012).

OCB is the behaviour that employees will exhibit to assist and contribute to the success of their organisation and fellow colleagues even if it does not form part of their work scope (Marinova, Moon, & Van Dyne, 2010; Organ, 1988). OCB is divided into two dimensions, namely behaviour directed at individuals and behaviour directed at the organisation (Smith, Organ, & Near, 1983). Research indicates that leadership plays an important role in strengthening OCB by encouraging effort, cohesiveness, and changing the employee's perception of fairness and justice (Bester, Stander, & Van Zyl, 2015; Chahal & Mehta, 2011). In essence, the interaction between leadership and followers going the extra mile is explained by followers personally identifying with the leader's behaviours and enacting those behaviours that they identify with into their daily work (Kark & Shamir, 2013; Yaffe & Kark, 2011). As the authentic leader optimises the resources already available or minimises the loss to valued resources, followers witness the leader's behaviour and also to feel empowered to put in more effort in optimising their resources to perform their jobs (Harris et al., 2008). Furthermore, the actions and behaviour exemplified by the authentic leader in optimising resources motivate employees' efficiency in achieving work goals with few resources at their disposal, empowering employees to not leave the organisation amidst challenges (Cowden, Cummings, & Profetto-McGarth, 2011; Wang et al., 2014). As a result, employees' intention to leave the organisation is positively affected because of the leader's behaviour being modelled (Azanza, Moriano, & Molera, 2013).

When an employee has intentions or consideration to leave the organisation, it is referred to as intention to leave (Avey, Luthans, & Youssef, 2010). This means that an employee can actively search for a job in another organisation apart from the organisation he or she is currently employed at (Blake et al., 2013). Job strain is found to be the most contributing factor towards employees intending to leave the organisation (Cowden et al., 2011). This results in costs for the organisation such as having to find replacements and affecting the efficiency of operations (Hom, Mitchell, Lee, & Griffeth, 2012). Authentic leadership has a positive impact on intention to leave and a strong relationship between the two constructs has been found in health care (Blake, Leach, Robbins, Pike, & Needleman, 2013; Coomber & Barriball, 2007). The authentic leader plays a role in buffering job strain by optimising the workplace and resources available and offering support to followers (Harris et al., 2008; Wong, Laschinger, & Cummings, 2010). Moreover, Paillé and Grima (2011) and Paillé (2013) found an inverse relationship between OCB and intention to leave. Hom et al. (2012) propose that this is due to employees who want

to leave the organisation that tend to exhibit lower OCBs than those who have intentions to stay in the organisation. Certain psychological capacities act as a resource that makes a difference to followers' behaviours and attitudes (Avolio & Gardner, 2005).

The motivational role of authentic leadership is influenced by followers' perceptions of authenticity in their leader. If followers perceive their leader to be authentic, supportive, or value-oriented, they feel they too can contribute to the work outcomes (Wang et al., 2014). With this said, there are certain psychological capacities that play a role in how followers perceive their leader; these psychological capacities are imperative because they contribute to the followers' work outcomes (Avolio & Gardner, 2005). These psychological capacities refer to a core construct, namely psychological capital (PsyCap) which comprises four underlying dimensions of self-efficacy, optimism, hope, and resilience (Avey et al., 2010).

PsyCap is an individual's positive state: (1) of having the confidence to plan and make an effort to complete tasks; (2) that elicits a positive outlook of succeeding at the task now and in the future; (3) of being able to persevere towards reaching goals or creating alternative pathways of reaching a goal if needed; (4) and of being able to recover from setbacks or adversity (Avey et al., 2010). PsyCap is suggested to be a resource that has a positive influence on performance where employees with higher levels of PsyCap are likely to have different perspectives, evaluate situations in a more positive manner and follow an adaptive approach (Avey, Luthans, Smith, & Palmer, 2010). Furthermore PsyCap has an impact on the positive behaviours and attitudes of employees (Avey et al., 2010). Employees with high PsyCap have positive expectations about potential outcomes, putting in effort to perform well in their job (Newman, Ucbasaran, Zhu, & Hirst, 2014).

Although research has focused on the outcomes of PsyCap, research has also found that PsyCap influences work outcomes as a mediator (Gooty, Gavin, Johnson, Frazier, & Snow, 2009; Woolley, Caza, & Levy, 2011). Employees with high levels of PsyCap have a positive perception of their leader; therefore, the leader can positively influence the followers (Avolio et al., 2004; Toor & Ofori, 2010; Woolley et al., 2011). For instance, an authentic leader behaves in ways that foster the PsyCap of followers by being transparent in how they provide feedback regarding the followers' progress (Woolley et al., 2011). The feedback received allows followers to think of alternative ways in reaching their goals and to persevere when facing setbacks. PsyCap positively influences turnover intention in that employees with high

PsyCap feel empowered and confident to succeed in their current job despite challenges being experienced (Avey, Luthans, & Jensen, 2009; Avey et al., 2010). Lastly, PsyCap has a positive influence on extra-role behaviours such as OCB (Bester, Stander, & Van Zyl, 2015). Avey et al. (2010) posit that individuals who have high levels of PsyCap tend to experience positive emotions that can have an impact on the way they think and their potential for being proactive. There have been studies that explored the relationship between authentic leadership, OCB, and intention to leave (Azanza, Mariano, Molero, & Mangin, 2015; Laschinga & Fida, 2014; Munyaka, 2012; Shapira-Lischinsky, 2014; Valsania et al., 2012); however, there have not been studies looking at all three constructs with PsyCap as mediator, particularly in the South African context. Therefore, the role of PsyCap in work outcomes is evident and can be used for the purpose of this study.

This study draws from the job demands-resources (JD-R) model which suggests that every occupation is unique in terms of risk factors, such as job demands and job resources that are associated with work stress, resulting in job strain (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). Job demands are the risk factors that exhaust employees' mental and physical resources, leading to a depletion of energy over time (Bakker & Demerouti, 2007). Job resources help cope with the job demands and may buffer the impact that job demands have on job strain (Bakker & Demerouti, 2007). High job demands lead to a depletion of energy over time when there is a lack of job resources to help deal with the demands (Bakker, Hakanen, Demerouti, & Xanthopoulou, 2007). According to Demerouti et al. (2001), job resources need to match the job demands to have a significant effect on the job strains caused by the job demands.

The JD-R model is especially relevant to this study because of the high job demands and lack of resources faced by health care workers (e.g., Al-omayan, Shamsudin, Subramaniam, & Islam, 2013; Jourdain & Chênevert, 2010). Authentic leadership and PsyCap can be seen as resources that help lessen the negative impact of job demands on the well-being of employees. For instance, an authentic leader can offer social support through the authentic relationships and show appreciation to the followers, which may put the job demands in a different perspective (Avolio & Gardner, 2005; Bakker & Demerouti, 2007). PsyCap, on the other hand, can act as a personal resource for employees where they can be confident, hopeful, and optimistic and resilient in adapting to challenges so that they can perform effectively. In conclusion, authentic leadership and PsyCap do play an important role in eliciting desired work

behaviours and attitudes amidst complex work challenges in the health care sector.

With South African health care facing constant changes and transformation to ensure effectiveness and sustainability (National Planning Commission, 2011; World Health Organization, 2008), knowledge about effective leadership can make a difference by transforming the knowledge attained into practical ideas (Christian & Crisp, 2012; Cummings et al., 2010; Gilmartin & D'Aunno, 2007). The health care sector is unique in comparison with other sectors in terms of the nature and complexity of the work environment, creating the need for grounded leadership theory and research (Gilmartin & D'Aunno, 2007). For this reason, the importance and need for empirical research to test the relationship between authentic leadership (Avolio et al., 2004; Avolio & Gardner, 2005), OCB (Chahal & Mehta, 2010; Valsania et al., 2012), and intention to leave (Cowden et al., 2011), with the impact of PsyCap on the relationships (Clapp-Smith, Vogelgesang, & Avey, 2009; Eid, Mearns, Larsson, Laberg, & Johnsen, 2012) have been indicated. These relationships are indicated in the hypothesised model of this study presented in Figure 1.
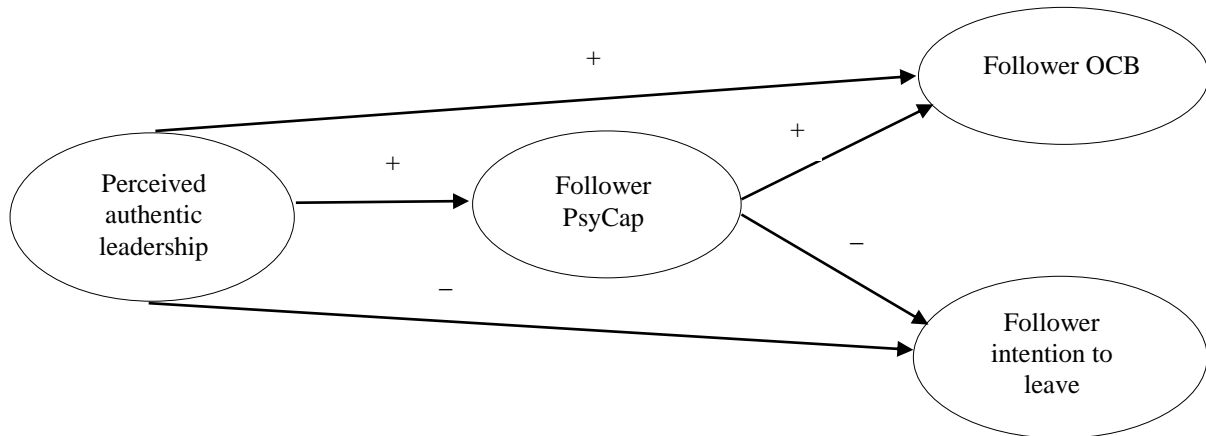
Figure 1. The hypothesised model of perceived authentic leadership, PsyCap, OCB, and intention to leave.

Based on the problem statement above, the following research questions are formulated:

- How are perceived authentic leadership, PsyCap, OCB, and intention to leave conceptualised in literature?
- What is the relationship between perceived authentic leadership, PsyCap, OCB, and intention to leave according to literature?

- Does perceived authentic leadership predict PsyCap, OCB, and intention to leave of public health care employees?
- Does perceived authentic leadership have an indirect effect on OCB and intention to leave through PsyCap among public health care employees?
- What recommendations can be made for future research and practice?

1.2 RESEARCH OBJECTIVES

The research objectives are divided into a general objective and specific objectives.

1.2.1 General Objective

The general objective of this research is to investigate the relationship between perceived authentic leadership, OCB, and intention to leave, and the possible role of PsyCap in this relationship.

1.2.2 Specific Objectives

The specific objectives of this research are to:

- investigate how perceived authentic leadership, PsyCap, OCB, and intention to leave are conceptualised in literature;
- investigate the relationship between perceived authentic leadership, PsyCap, OCB, and intention to leave according to literature;
- determine if perceived authentic leadership predicts PsyCap, OCB, and intention to leave of public health care employees respectively;
- investigate if perceived authentic leadership has an indirect effect on OCB and intention to leave through PsyCap among public health care employees; and
- make recommendations for future research and practice.

1.3 RESEARCH DESIGN

1.3.1 Research Approach

The study was quantitative in nature. A study that is quantitative in nature "is based on measuring constructs of individual participants in order to obtain numerical scores and submit them to statistical analysis for summary and interpretation" (Gravetter & Forzano, 2012, p.

158). A non-experimental cross-sectional research approach was used. A non-experimental survey approach selects the population to take part in the research and measures all relevant constructs at a specific time (Strydom, 2011). The research approach was appropriate for the objective of the study, namely to determine the relationship between constructs without controlling the constructs (Gravetter & Forzano, 2012). Lastly, the study was cross-sectional which presents that the data was collected at one-point in time (Maxwell & Cole, 2007). Cross-sectional poses a limitation in that causal reference cannot be made between the constructs.

1.3.2 Research Method

The research method consisted of a literature review and an empirical study. The results were then presented in the form of a research article in which the knowledge obtained was based on observations (Cozby & Bates, 2012).

1.3.3 Literature Review

A comprehensive literature review of the constructs was undertaken by utilising expert journals and academic books at the North-West University. The expert journals that were used are: *The Leadership Quarterly*, *Leadership in Health Service*, *Journal of Psychology*, *Journal of Applied Psychology*, *Journal of Applied Social Psychology*, *Psicothema*, *Journal of Nursing Management*, *Journal of Management*, *Journal of Organizational Behavior*, *South African Journal of Industrial Psychology*, *Management Dynamics*, *Journal of Leadership and Organizational Studies*, *Personnel Psychology*, *Annual Review of Psychology*.

The internet was further used to obtain literature from research engines that provided relevant and updated articles and books. Research engines that were used are: Science Direct, EbscoHost, Google Scholar, North-West University catalogue, Emerald Insight, SAePublications, Wiley Online Library, JSTOR, and Scopus. The North-West University research commons, inter-library loan service and the Wiley on-line library were also used to gain access to books and information. Keywords used to access adequate and relevant information were: *leadership*, *authentic leadership*, *positive leadership*, *authentic leader, psychological capital (PsyCap), hope, resiliency, self-efficacy, optimism*, *psychological capacities*, *organisational/organizational citizenship behaviour (OCB)*, *citizenship behaviour*, *extra effort, employee behaviour, intention to leave, intention to stay, turnover, turnover intention.*

1.3.4 Empirical Study

The following sections form part of the empirical study

1.3.4.1 Research Participants

For the purpose of this study, the target population comprised employees who are currently employed at health care institutions in the Sedibeng District; this included the district public hospitals and clinics. Employees on all levels at the public hospitals and clinics were the target sample. The actual targeted sample size was to be $N \geq 2000$, as structural equation modelling (SEM) was used. For best results in SEM, the sample size needed to be large with the rule of thumb of $N > 200$ or ten participants per indicator variable (Tabachnick & Fidell, 2007; Wang & Wang, 2012). For the purpose of this study, a non-probability convenient sampling method was used in which not all the participants in the population had an equal chance to be chosen. Data collection dates were arranged with the public hospitals and clinics for participants to take part in the survey voluntarily.

1.3.4.2 Measuring Instruments

The proposed measuring instruments are listed below:

The *Biographical Questionnaire* was used to determine biographical characteristics of the study sample. The characteristics that were measured included gender, race, home language, educational qualifications, number of years in current organisational, number of years in current job.

The *Authentic Leadership Inventory* (ALI; Neider & Schriesheim; 2011) was used to measure the four dimensions of authentic leadership, namely self-awareness; relational transparency; balanced processing; and internalised moral perspective. The four dimensions are measured with 14 items, with self-awareness and relational transparency measured by three items each; and balanced processing and moral perspective measured by four items each (Neider & Schriesheim, 2011). A Likert-type scale ranging from 1 (*disagree strongly*) to 5 (*agree strongly*) was used. Examples of the item scales are: "My leader describes accurately the way that others view his/her abilities" (self-awareness); "My leader clearly states what he/she wants" (relational transparency); "My leader carefully listens to alternative perspectives before reaching a conclusion" (balanced processing); "My leader shows consistency between his/her beliefs and actions" (internalised moral perspective). Cronbach's alpha coefficient for all scales

was 0.96, with the lowest being 0.74 and the highest 0.80 (Neider & Schriesheim, 2011). A reliability of 0.93 was obtained in the South African health care sector (Stander, De Beer, & Stander, 2015).

The shortened version of the *Psychological Capital Questionnaire* (PCQ; Avey, Avolio, & Luthans, 2011) was used to measure hope, resilience, optimism, and self-efficacy. The scale contains 12 items and each dimension is measured with three items. A Likert-type scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*) was used. Examples of the items are "If I should find myself in a jam at work, I could think of many ways to get out of it" (hope); "I can get through difficult times at work because I've experienced difficulty before" (resilience); "I always look on the bright side of things regarding my job" (optimism); and "I feel confident in representing my work area in meetings with management" (self-efficacy). Cronbach's alpha coefficient ($\alpha = 0.95$) indicates that the shorter item instrument is reliable (Caza, Bagozzi, Woolley, & Levy, 2010).

The *Organisational Citizenship Behaviour Scale* (OCBS; Rothmann, 2010) was used to measure the two dimensions of OCB; represented by six items in which three items measure assistance towards the individual and three items measure assistance towards the organisation. A Likert-type response scale is used ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Examples of the items are "I give up time to help co-workers who have work or non-work problems" (behaviour at individual level) and "I take action to protect the organisation from potential problems" (behaviour at organisation level). Diedericks and Rothmann (2014) found a Cronbach alpha of 0.81 in a South African sample.

The *Intention to Leave Scale* (Guest, Issakson, & De Witte, 2010) derived from the PSYCONES project is used to measure intention to leave. The scale consists of four items with an example "These days I often feel like quitting" (Keyser, 2010). The items are scored on a Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The Cronbach's alpha coefficient of the scale is 0.88 (Van der Vaart, Linde, & Cockeran, 2013).

1.3.5 Research Procedure

The research was part of a bigger project based on the work-related experiences and well-being of employees in the public health sector in Gauteng. A letter stipulating the purpose of the study and a presentation was provided to the Gauteng Department of Health as well as the

management of the various health services in the Sedibeng District to obtain permission for continuance of the study. When permission was granted by the relevant authorities, a meeting was held with the unit managers of the health service entities to inform them about the purpose of the project. The questionnaires and information letters were disseminated to them in the allocated venues and time slots for each health care centre. The participants were informed about the aim of the research and that participation was voluntary. Prior to answering the questionnaire, the participants completed the consent form and returned it to the project leader. The participants were offered the opportunity to ask questions and the project leader was available throughout the process should any participant have an inquiry. The participants who were not able to receive the questionnaires and information letter accessed them from a gatekeeper and had to return the completed questionnaire within one week. The questionnaires were then collected and kept safe in a storeroom at the University.

1.3.6 Statistical Analysis

Descriptive statistics were used to analyse data using the IBM SPSS 22 (IBM Corporation, 2013). Raykov's composite reliabilities were used to determine the internal consistency of the scales (Raykov, 2009). Mplus version 7.31 (Muthén & Muthén, 1998-2014) were used to analyse structural equation models (SEM). SEM is a preferred statistical technique that is used to test relationships, simultaneously explaining these relationships among latent variables and to test hypotheses for a large sample (McQuitty & Wolf, 2013). A two-step approach was followed in the data analysis, namely testing competing measurement models and a structural model (Kline, 2010). The measurement models tested the factor analysis and fit of the model to the sample as well as correlations between latent variables. To evaluate statistical significance, the confidence interval level was set at 95% (0.05) and 99% (0.01). The effect sizes for practical significance were determined at the following cut-off points: 0.30 (medium effect) and 0.50 (large effect) (Kirk, 1996). The structural model tested the regression paths between the latent variables and the indirect effects.

Absolute, comparative and parsimonious fit indices were used to test model fit to the data (Tabachnick & Fidell, 2007). A difference test, according to the Sattora-Bentler method, was conducted to confirm hypothesised model fit (Satorra & Bentler, 2010); a procedure for determining the indirect effect on the hypothesised model as suggested byHayes and Preacher (2009).

1.3.7 Ethical Considerations

Participation in the surveys was voluntary and informed consent first had to be obtained from all participants. Respondents remained anonymous. The questionnaires were handled by the researcher involved in the bigger project and were locked away in a safe place. In addition to this, the names of the health service organisations were also not mentioned in the study for confidentiality purposes. This research proposal was submitted to Optentia Research Focus Area's Ethics Committee of the North-West University for ethical approval prior to the commencement of the study. The author ensured that no harm was caused and respected the rights and dignity of the research participants as well as the university at all times.

1.4 EXPECTED CONTRIBUTION OF THE STUDY

1.4.1 Expected Contribution for the Individual

The individual might gain knowledge on the impact of authentic leadership in the organisation. Moreover, the individual might have an understanding of the role of PsyCap in organisational outcomes.

1.4.2 Expected Contribution to the Organisation

The study might raise awareness regarding the impact of authentic leadership on an organisation. In addition, the organisation might be aware of the role of PsyCap in attaining individual outcomes. The organisation might gain information on the importance of having positive leaders to influence the desired behaviours or attitudes of employees (Avey et al., 2011).

1.4.3 Expected Contribution to the Industrial/Organisation Psychology Literature

There is a significant gap in South African literature regarding authentic leadership, due to it still being in its infancy stage (Stander et al., 2015; Wong & Cummings, 2009). In addition, there is a significant gap in South African literature on PsyCap as an explanatory factor of the relationship between perceived authentic leadership and employee behaviours and attitudes. This study will add to literature on authentic leadership and PsyCap in organisations.

1.5 CHAPTER DIVISION

The chapters in this mini-dissertation are presented as follows:

Chapter 1: Introduction

Chapter 2: Research article

Chapter 3: Conclusion, limitations, and recommendations

1.6 CHAPTER SUMMARY

This chapter provided the background and motivation for investigating authentic leadership in South African public health care. The relationship between perceived authentic leadership, PsyCap, OCB and intention to leave was discussed, also its impact on organisational outcomes. The chapter also outlined the challenges faced by public health care and the contribution of authentic leadership towards mitigating these challenges. Each construct and the relationship between them were discussed. As a result, research questions were derived and research objectives were set for the study. To meet the objectives of the study, the research design, participants, collection of data, the measuring instruments, and ethical issues were addressed.

Chapter 2 will provide a comprehensive literature overview on the variables of perceived authentic leadership, PsyCap, OCB, and intention to leave. Furthermore, statistical analyses, results of the study and a discussion of the results will be discussed respectively. Lastly, implications for management will be discussed and recommendations for future research will be made.

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CHAPTER 2

RESEARCH ARTICLE

Authentic leadership, organisational citizenship behaviour and intention to leave: The role of psychological capital

Abstract

South African public health care needs effective leadership that is value-based, transparent, supportive and exemplary in behaviour in order to be efficient and to provide quality service. The objective of this study was to empirically investigate the indirect effect of perceived authentic leadership on organisational citizenship behaviour and intention to leave through psychological capital. A non-experimental cross-sectional survey was used and a sample of 633 employees in public health care was obtained for the study. Participants in the study were predominantly female (79.6%), black (87. 9%), obtained a diploma (38.5%), and had less than five years' tenure in the organisation. Measuring instruments included the Authentic Leadership Inventory, shortened version of the Psychological Capital Questionnaire, Organisational Citizenship Scale and the PSYCONES' Intention to Leave Scale. Structural equation modelling was performed to evaluate the hypothesised measurement and structural models using Mplus. Results indicated that perceived authentic leadership did not have an indirect effect on organisational citizenship behaviour or intention to leave via PsyCap. Perceived authentic leadership predicted lower order factors of PsyCap; self-efficacy and optimism predicted organisational citizenship behaviour; and hope predicted intention to leave. Organisations should implement leadership development that is relationally focused and develop employees' psychological capital.

Key terms: Authentic leadership, leadership, authentic leader, psychological capital, organisational citizenship behaviour, intention to leave, public health care, public health care employees

Health care is a contributor to any country's economy and should be a priority for any government. The South African health care service strives for efficiency, effectiveness and equitable distribution of services to contribute to the improved health of the community (Dookie & Singh, 2012). The drive for this goal is explicitly indicated in the policies and initiatives that have been put in place to ensure a successful and improved health system (National Planning Commission, 2011; World Health Organization, 2013). Nonetheless, the South African health care service struggles to be effective and deliver quality service to patients. One of the many barriers that hinder health care services from being efficient is health care employees who are faced with a lack of resources, shortage of staff, high workload, long hours and ineffective leadership (Couper & Hugo, 2005; Ibeziako, Chabikuli, & Olurinji, 2013). Ineffective leadership has been a prevailing problem in South African public health care and it has impacted negatively on the work environment and employees who are dependent on this leadership (Kautzky & Tollman, 2008; Ibeziako et al., 2013). On the other hand, health care employees need to meet the expected outcomes amidst challenging working conditions. Personal resources, such as psychological capital (PsyCap), can assist them in reaching these outcomes (Laschinger & Fida, 2014a), and even more than what is expected (Beal, Stavros, & Cole, 2013).

PsyCap as a personal resource may elicit the desired work attitudes and behaviours that are imperative for organisational success (Avey, Luthans, & Yousseff, 2010; Hadjali & Salimi, 2012). To be effective in the health care environment, extra-role behaviour or organisational citizenship behaviours (OCB) are expected of employees. These are work behaviours that influence employees to perform beyond their expected roles (Michel & Tews, 2015). Health care services, such as public hospitals and clinics, can benefit from such behaviours because they encourage employees to do more with fewer resources (Koberg, Boss, Goodman, Boss, & Monsen, 2005). Employees' attitudes toward their work impact their quality of service depending on the level of PsyCap (Avey, Reichard, Luthans, & Mharte, 2011). Should those attitudes - such as intention to leave - be undesirable, they can have an adverse impact on the work outcomes of employees. If employees encompass high levels of PsyCap, they are able to persevere in a challenging work environment, reducing their intention to leave the organisation (Hayes et al., 2012). Although employees can encompass these desired attributes, they are less effective if not elicited by an underlying factor in the workplace. Authentic leadership is regarded as one of the underlying factors that lead to higher levels of PsyCap in followers

(Amunkete & Rothmann, 2015), which in effect leads to higher OCB (Beal et al., 2013) and decreases employees' intention to leave (Munyaka, 2012).

Leadership does not only contribute to positive employee outcomes, but also acts as a resource to overcome work challenges and achieve the best possible outcomes (Bluementhal, Bernard, Bohmen, & Bohmer, 2012; Curry, Taylor, Chen, & Bradley, 2012; Greco, Laschinger, & Wong, 2006; Muchiri, 2011). Wong, Cummings, and Ducharme (2013) stipulate that leadership can influence performance through influencing the attitudes and behaviours of the employees that will, in turn, be revealed in patient outcomes. Although studies found positive results for effective leadership (Germain & Cummings, 2010; Gilmartin & D'Aunno, 2007; Maboko, 2011), there is still a perceived lack of enactment of such leadership in the South African public health care services. A possible reason can be ascribed to health care employees being placed in leadership positions because of their expertise; therefore, their training is focused on administratively leading their departments towards reaching targets and less on relationally-oriented leadership development (Daire, Gilson, & Cleary, 2014). As a result, the leadership style tends to be more inclined towards a task-oriented style than a relational-orientated leadership style (Cummings et al., 2010). Maboko (2011) argues that a relationally-oriented leadership style contributes to positive outcomes in the organisation. Furthermore, Cummings et al. (2010) concluded that a relationally-oriented leadership is more likely to lead to positive outcomes than task-oriented leadership, because relational leaders aim to build trust through supportive actions. The current challenges facing health care services lead towards the need for this type of relational leadership, such as authentic leadership that will restore employee trust (George, 2003).

Leaders who are transparent with regard to their intentions, who are value-based, and lead others towards achieving the goals of the organisation through their exemplary behaviour constitute the authentic leadership framework (Avolio & Walumbwa, 2014; Luthans & Avolio, 2003). Authentic leadership is proposed to be a root component for a healthier work environment (Shirey, 2006; Wong & Cummings, 2009a) and this has been empirically proven in the public health care industry. Authentic leadership has a positive influence not only on individual outcomes, but also at the organisational level (see Gardner, Cogliser, Davis, & Dickens, 2011; Laschinger & Fida, 2014b; Laschinger, Wong, & Grau, 2013; Nelson et al., 2014; Wong & Laschinger, 2012; Xiong & Fang, 2014). Authentic leaders lead by exemplary behaviours that encourage employees to contribute to the organisation's objectives, encourage

open and genuine relationships and take into consideration the opinions and input of employees (Wong & Cummings, 2009b). However, authentic leadership on its own is not enough to achieve the desired goals in public health care institutions, but, the link to employee behaviours and attitudes can also achieve these goals (Avolio, Gardner, Walumbwa, Luthans, & May, 2004). It is then through these actions that authentic leaders get to influence the work attitudes and behaviours of employees.

To date leadership research in the health care service has focused mostly on international contexts or on either transformational or transactional leadership (Cummings et al., 2010; Wong et al., 2013). Based on current knowledge, only one study has investigated authentic leadership in the South African health care service (Stander, De Beer, & Stander, 2015). Furthermore, only one published study has been done on PsyCap in the South African health care sector according to current knowledge (Shelton & Renard, 2015). The role of psychological capital in the relationship between authentic leadership and work attitudes or behaviour within the South African health care has not been investigated. In effect, this study seeks to determine the effect authentic leadership has on employees' PsyCap, their organisational citizenship behaviours and their intentions to quit.

Authentic Leadership

The authentic leadership framework draws from the concept of authenticity; in other words what constitutes authenticity in leaders (Avolio & Gardner, 2005). Authenticity derives from an ancient Greek aphorism "To thine own self be true" or to "Know thyself", which implies that one acts in accordance to the true self (Avolio & Gardner, 2005; Harter, 2005). Two pillars of authenticity constituted the development of the authentic leadership framework. The first was Harter's (2005) philosophical approach to defining authenticity which reflected on what constitutes authenticity in leaders. The second was Kernis' (2003) positive psychology perspective who defined authenticity as the ongoing development of one's authentic self and self-inquiry as implemented in one's daily life. Based on this latter concept of authenticity, Walumbwa, Avolio, Gardner, Wernsing, and Peterson (2008) defined authentic leadership as:

A pattern of leader behaviour that draws upon and promotes both positive psychological capacities and positive ethical climate, to foster greater self-awareness, an internalised moral perspective, balanced processing of information, and relational transparency on part of the leaders working with followers, fostering positive self-development (p. 94).

This definition implies that practicing transparent authentic behaviour is a daily occurrence in which the authentic leader comes to know who he/she is, what his/her values and beliefs are, aligning his/her actions accordingly which will foster a positive work climate (Luthans & Avolio, 2003; Walumbwa et al., 2008).

Authentic leadership is a higher order construct that consists of four components, namely balanced processing, internalised moral processing, relational transparency, and self-awareness (Walumbwa et al, 2008). *Self-awareness* refers to the knowing and understanding of one's world view and how it in effect influences the view of oneself and one's actions (Kernis, 2003). *Relational transparency* indicates being open and transparent when interacting with others that makes space for trust to be established as a result of this openness (Kernis, 2003). *Balanced processing* is the ability to take all available information objectively before making a decision, accepting views that challenge one's deeply held views (Gardner, Avolio, Luthans, May, & Walumbwa, 2005). Lastly *internalised moral processing* is regulating one's thoughts and actions through the guidance of one's moral standards and values against other external factors (Avolio & Gardner, 2005; Gardner et al., 2005). These four components have been empirically validated to be discriminant among one another, which means that they each represent a unique factor of authentic leadership (Neider & Schriesheim, 2011).

Part of the authentic leadership definition is that the leader draws from his own psychological capacities to have an effect on how he behaves and models his actions; not only for his own benefit, but also to serve others (George, 2003; Laschinger et al., 2013). The authentic leader can develop his/her followers because of exemplary behaviour that fosters their positive psychological capacities. For instance, an authentic leader is able to encourage open collaborative relationships that provide feedback and input for growth, providing followers with the confidence to bounce back from setbacks and improve on their work, and the ability to keep a positive outlook and create alternative options in reaching their goals (Luthans, Youssef-Morgan, & Avolio, 2015). In essence, psychological capacities refer to a higher order construct of psychological capital which is congruent with authentic leadership (Wang, Sui, Luthans, Wang, & Wu, 2014).

Psychological Capital

Derived from positive organisational behaviour (POB; Luthans, 2002a), PsyCapconcerns "who you are" (the actual self) and "who you are becoming" (your possible self) (Luthans, Luthans, & Luthans, 2004). POB analyses and applies human strengths and psychological capacities that meet the criteria of a nomological network because they are measurable, developable, and can be managed for performance improvements (Luthans, 2002a). PsyCap was developed on the basis of the POB framework that it can be measured and developed to attain positive outcomes (Luthans, Youssef, & Avolio, 2007). PsyCap refers to:

> An individual's positive psychological state of development characterised by 1) having the confidence to take on and put in the necessary effort to succeed at challenging tasks (self-efficacy); (2) making a positive attribution about succeeding now and in the future (optimism); (3) persevering toward goals, and when necessary, redirecting paths to goals in order to succeed (hope); and (4) when beset by problems and adversity, sustaining and bouncing back and even beyond (resiliency) to attain success (Luthans et al., 2007, p. 10).

PsCap is a higher order construct comprising four positive psychological capacities, namely self-efficacy, optimism, hope and resiliency (Luthans et al., 2004; Luthans, Avolio, Avey, & Norman, 2007). These four capacities meet the inclusion criteria for PsyCap, because they are grounded in theory, are measurable, unique to organisational behaviour, developmental and lastly contribute to effective performance (Luthans, Avey, Avolio, Norman, & Combs, 2006).

Self-efficacy is derived from social cognitive theory (Bandura, 2012). It is the individual's belief in his/her abilities to use his/her motivation, cognitive resources and actions that will lead to the successful completion of tasks (Stajkovic & Luthans, 1998). An individual who encompasses self-efficacy is bound to trust his/her capabilities; thus motivating him/her to take on challenging tasks and putting in extra effort to ensure the success of that task.

Optimism is derived from Seligman's (1998) attribution theory as well as Brisette, Carver, and Scheier's (2002) expectancy perspective. Optimism is the ability to take positive events and internalise them for a universal and permanent cause and, on the other hand, externalising negative events as temporary and lasting only for that specific situation so that it has no permanent negative affect (Seligman, 1998). Optimistic individuals carefully consider

and learn from positive and negative events; they look at the causes and possible consequences before reaching conclusions regarding the success or failure of an event. They further tend to find ways to cope with different situations and adjust successfully (Brisette et al., 2002).

Hope is a positive motivational state that comprises agency and pathways. Agency refers to believing in one's capacity to initiate and sustain one's actions (Snyder, Sympson, Ybasco, & Borders, 1996). Pathways refer to being able to accomplish tasks through alternative means than only one way (Snyder et al., 1996). An individual with high hope is more likely to think of alternative pathways when confronted with an obstacle, illustrating goal-directed behaviour which allows for a sense of pro-activeness.

Resilience is an individual's ability to quickly recover and adapt from challenges that pose a threat or problems (Masten & Reeds, 2002). Resilient individuals tend to adapt better to negative experiences and hindering environmental changes; thus making them more resilient (Luthans, 2002b; Luthans et al., 2006, Youssef & Luthans, 2007).

These four capacities have been empirically found to have discriminant validity and are conceptually distinct from one another (Luthans et al., 2006). Moreover, they have been found to be state-like, which means that they can be developed (Luthans, Avey, Avolio, & Peterson, 2010). According to Luthans et al. (2006), PsyCap yields better results as a core construct of these four capacities than the results obtained from each dimension individually. PsyCap has significant positive effects on individual, group and organisational outcomes (Avey et al., 2011; Luthans et al., 2010). PsyCap can also be used as a positive resource that enhances positive outcomes such as organisational citizenship behaviours (Newman et al., 2014; Rego, Sousa, Marques, & Pinha e Cunha, 2012; Wang, Lui, Wang, & Wang, 2012; Wang, Sui, Luthans, Wang, & Wu, 2014).

Organisational Citizenship Behaviour
According to Bolon (1997), Daniel Katz identified three types of behaviours that can contribute to the effectiveness of the organisation. The first behaviour is that people must enter and be part of a system where they remain in the system; the second behaviour requires people to legitimately carry out their in-role duties; and the third behaviour entails employees to go beyond their expected roles in carrying out their work in an innovative and spontaneous manner

to achieve the organisational objectives (as cited in Bolon 1997). The latter behaviour led to the establishment of OCB (Bateman & Organ, 1983; Smith, Organ, & Near, 1983).

Organ (1988) defined organisational citizenship behaviour as "individual behaviour that is discretionary, not directly or explicitly recognised by the formal reward system and in the end promotes the functioning of the organisation" (p. 4). Organ's definition was criticised on the operationalisation and practicality of certain terms within the definition. Critics stipulate that "discretionary behaviour" is not an operational term to use for determining voluntary behaviours, and that the differentiation between in-role and extra-role behaviour was not clearly distinguishable for participants (Organ, 1997). Finding that discretionary behaviour can differ for individuals, Organ (1997) redefined OCB as "contributions to the maintenance and enhancement of the social and psychological context that supports task performance" (p. 91).

A literature review by Podsakoff, Mackenzie, Paine, and Barchrach (2000) identified more than thirty dimensions of OCB, but also found an overlap between the dimensions and narrowed them down to seven themes (helping behaviour, sportsmanship, organisational loyalty, organisational compliance, individual initiative, civic virtue, and self-development). Other studies operationalised Organ's (1988) five dimensions of OCB as comprising altruism, conscientiousness, sportsmanship, courtesy, and civic virtue (Marinova, Moon, & Van Dyne, 2010; Podsakoff, Whiting, Podsakoff, & Blume, 2009). Although OCB has been measured by five dimensions in literature, LePine, Erez, and Johnson (2002) disagree that the five dimensions are an adequate representation of OCB as they overlap in measuring one construct. They argue that OCB is a latent construct that can be measured on behaviours that are conceptually distinct, i.e. behaviour that is helpful towards others and behaviour that seeks to support the effectiveness of the organisation. As a result, this study uses the two dimensions of OCB as conceptualised by Smith et al. (1983), namely altruism and generalised compliance.

Altruism is the first dimension which refers to behaviour that seeks to help a specific person, such as voluntarily assisting with tasks that are not required, showing courtesy to a colleague by helping when they are absent or going out of one's way to include new colleagues into the group (Smith et al., 1983). The second dimension is *generalised compliance* which refers to impersonal behaviours of compliance to an organisation's norm of what constitutes a good employee, for instance, being punctual, offering ideas that are good for the organisation, or defending the organisation (Smith et al., 1983).

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OCB became relevant across diverse industries, organisations and time periods as a result of employees being required to do more with fewer resources (Podsakoff, Podsakoff, Mackenzie, Maynes, & Spoelma, 2014; Perreira & Berta, 2015). Literature indicates that OCB leads to positive employee outcomes, such as job satisfaction, job performance organisational commitment, and turnover intention (Bester, Stander, & Van Zyl, 2015; Paillé 2013; Podsakoff, Ahearne, & MacKenzie, 1997). Employees who intend to stay with the organisation are likely to go the extra mile to contribute to the organisation's success (Bester et al., 2015; Coyne & Ong, 2007; Paillé, Grima, & Dufour, 2015). Thus, the need for organisations to retain employees who would go beyond what is expected of them is imperative (Bolon, 1997).

Intention to Leave

Retaining talented employees is one of the biggest challenges faced by organisations (Olckers & Du Plessis, 2012). Public health care is prone to high numbers of employees leaving the organisation or even the profession as a result of challenges encountered (Pienaar & Bester, 2011; Trinchero, Borgonovi, & Farr-Wharton, 2014). As a result, organisations face high financial costs and workforce shortage related to employees leaving the organisation (Heinen et al., 2013; Winterton, 2004). Intention to leave is a conscious and well-thought through decision to leave the organisation (Tett & Meyer, 1993), and can be described as the last stage before the employee does leave the organisation (Griffeth, Hom, & Gaertner, 2000; Winterton, 2004). An individual on this level is either in a preparatory stage where he/she is gathering available information about job opportunities, or he/she is actively searching for a job by sending out resumés (Griffeth et al., 2000). Research on turnover intention sought to discover predictors of intention to leave before the employee actually quits (Podsakoff, LePine, & LePine, 2007; Ritter, 2011; Sjöberg & Sverke, 2000).

Mobley (1979) emphasises that turnover is a process that begins after dissatisfaction with one's job and follows several stages before actual quitting. Job dissatisfaction is found to be the predominant trigger of withdrawal behaviour, which then leads to turnover (Coomber & Barriball, 2007; Delobelle et al., 2010; Hayes et al., 2012; Pienaar & Bester, 2008). The lack of satisfaction and commitment can be buffered by supportive leadership that provides resources to cope with work demands (Laschinger & Fida, 2014b).

Authentic Leadership, Psychological Capital, OCB and Intention to Leave

In their early development of authentic leadership, Luthans and Avolio (2003) identified that PsyCap acts as a personal resource for the authentic leader. Therefore, authentic leaders draw from their own personal resources to contribute to their followers' PsyCap, allowing for positive outcomes (Jensen & Luthans, 2006; Luthans & Avolio, 2003; Luthans et al., 2007). Woolley, Caza, and Levy (2014) posit that authentic leaders increase the PsyCap of followers which leads to job performance and commitment of employees. A positive relationship between authentic leadership and PsyCap has been proven empirically in literature (Gooty et al., 2009). Additionally, within a South African context Munyaka (2012) and Du Plessis (2014) found a positive relationship between authentic leadership and follower PsyCap. Based on the discussion above, the following hypothesis was made:

Hypothesis 1: Perceived authentic leadership predicts follower PsyCap

The authentic leader's influence on follower outcomes is an integral part of the theoretical framework (Gardner et al., 2005). Meta-analytical studies posit that perceived authentic leadership accounts for variance in follower OCB, based on the leader's key behaviours that influence followers to identify themselves with the leader, which in turn elicits higher citizenship behaviours (Valsania, Léon, Alosono, & Cantisano, 2012; Walumbwa et al., 2008). This is expounded by the increased levels of trust, hope, positive emotions, and optimism among followers which influence their behaviours positively (Illies, Morgeson, & Nahrgang, 2005). Authentic leaders can empower followers to make positive changes by improving on their job performance, going beyond expectations (Shapira-Laischinsky & Tsemach, 2014). In sum, authentic leadership is a key factor in eliciting organisational citizenship behaviours of followers (Valsania et al., 2012). Based on the above discussion, the following hypothesis was made:

Hypothesis 2: Perceived authentic leadership predicts follower OCB

Retaining health care employees is crucial. Studies have found strong negative relationships between authentic leadership and employees' intention to leave (Blake, Leach, Robbins, Pike, & Needleman, 2013). Authentic leadership has been found to have negative effects on turnover intention through work engagement and work-group identification (Azanza, Moriano, Molero, & Mangin, 2015). Authentic leaders help build healthy work environments

through their availability and exemplary behaviours that are conducive to positive employee outcomes, lessening turnover intention (Blake et al., 2013; Laschinger & Fida, 2014b). Additionally, Ritter (2011) states that employees leave the organisation for better leadership. This indicates the crucial importance of the correct type of leadership that will retain employees despite taxing circumstances.

The aim of this study is to determine how perceived authentic leadership influences followers' (direct report) PsyCap, OCB, and intention to leave. Based on the above discussion, the following hypothesis is formulated:

Hypothesis 3: Perceived authentic leadership predicts intention to leave

The Indirect Effect of Psychological Capital

Evidence has been found that PsyCap is a mechanism through which one variable can have an effect on an outcome (Newman et al., 2014). Luthans, Norman, Avolio, and Avey (2008) found that psychological capital plays a role in mediating the effect of a supportive organisational climate on employee performance. PsyCap has also mediated the effect of authentic leadership on employee creativity (Rego et al., 2012). In a study done by Avey et al. (2011), positive leadership and problem complexity had an impact on the follower's PsyCap which in turn had an impact on performance. As a result, PsyCap can mediate between antecedents and individual outcomes. Woolley et al. (2014) suggest that PsyCap could play an explanatory role to specifically examine if the effect of authentic leadership on a follower's PsyCap is in part influenced by developmental changes in the follower; thus, as the follower continues to develop personally, the effect authentic leadership has on PsyCap will also change.

Hypothesis 4: Perceived authentic leadership has an indirect effect on OCB through PsyCap

Hypothesis 5: Perceived authentic leadership has an indirect effect on intention to leave through PsyCap

Considering the variables in this study, the Job Demands-Resource (JD-R) theoretical model by Demerouti, Bakker, Nachreiner, and Schaufeli (2001) was used as a framework for the hypothesised model in this research. The JD-R model consists of contextual job demands faced by employees in different occupations and job resources that play a motivational role in ensuring performance (Bakker & Demerouti, 2007). The job resources available to the

employee play a mitigating role in helping the employee meet job demands and perform in their work (Schmidt & Diestel, 2012). Deriving from this framework, authentic leadership is seen as a resource that helps the employee to deal with job demands. More so, authentic leadership as the job resource can foster personal resources, PsyCap, of employees to help them display positive discretionary behaviours and attitudes towards the organisation, thus allowing for positive work outcomes (Wang et al., 2014). The JD-R model is applicable to the health care sector as a result of the complex and demanding work environment.

RESEARCH METHODOLOGY

Research design

A quantitative, non-experimental cross sectional approach was used (Gravetter & Forzano, 2012) to explore relationships between the constructs in a sample of health care employees by means of a survey. The survey was conducted at one-point in time, conveying a cross-sectional design (Fouché, Delport, & De Vos, 2011).

Participants

The surveys were disseminated to employees who are currently employed at hospitals and clinics in the Sedibeng District of the Gauteng province. A total of 2000 employees were targeted using a non-probability convenient sampling (Strydom, 2011), of which 633 usable surveys were obtained (response rate of 31%). The participants were from all job levels in the hospitals and clinics. The majority of the participants were female (79.6%). The most representative category was Black (87.9%), followed by White participants (8.2 %). Forty four percent of the participants indicated Sesotho as their home language and 19.2% isiZulu. More than one third of the participants indicated that they were in possession of a diploma. Almost half of the employees had been employed in the same job for less than five years (40.3%). Lastly, the mean age of the respondents was 42 years (SD = 12.27). The results are indicated in Table 1.

Table 1

Characteristics of the Participants

Item	Category	*F*	Valid %
Gender	Female	473	79.6
	Male	121	20.4
Age	20 – 29	114	20.2
	30 – 39	136	24.0
	40 – 49	117	20.9
	50 – 59	149	26.5
	60 – 69	46	8.2
Home language	English	39	6.6
	Afrikaans	42	7.1
	Setswana	43	7.3
	isiXhosa	40	6.8
	Xitsonga	6	1.0
	isiZulu	113	19.2
	Sesotho	263	44.7
	isiNdebele	3	0.5
	Tshivenda	3	0.5
	siSwati	7	1.2
	Sepedi	21	3.6
	Other	9	1.5
Race	Asian	10	1.7
	Black	522	87.9
	Coloured	8	1.3
	White	49	8.2
	Other	5	0.8
Qualification	Grade 12	156	29.8
	Diploma	202	38.5
	Degree	122	23.3
	Post-graduate degree	44	8.4
Years in organisation	<5 years	238	40.3
	5 – 9 years	117	19.8
	10 – 15 years	34	5.8
	>15 years	201	34.1
Years in job	<5 years	275	47.7
	5 – 9 years	137	23.7
	10 – 15 years	54	9.4
	>15 years	111	19.2

Measuring Instruments

A *Biographical Questionnaire* was used to determine the biographical characteristics of the sample. The characteristics that were measured included gender, race, home language, educational qualifications, number of years in current organisation, and number of years in current job.

The *Authentic Leadership Inventory* (ALI; Neider & Schriesheim, 2011) was used to measure self-awareness, balanced processing, relational transparency, and moral perspective. The measurement was developed, based on the extensive theoretical framework and the

dimensions derived from Walumbwa et al. (2008). The ALI was constructed, based on rigorous validity assessments, taking into consideration that the perceptions of a leader cannot be assumed to be universal (Neider & Schriesheim, 2011). The ALI contains fourteen items with self-awareness and relational transparency measured by three items each; and balanced processing and moral perspective each measured by four items. Examples of each dimension are "My leader describes accurately the way others view his/her abilities" (self-awareness), "My leader asks for ideas that challenge his core beliefs" (balanced processing), "My leader clearly states what he/she means (relational transparency")", and "My leader shows consistency between his/her beliefs and actions" (moral perspective). The items were measured on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Neider and Schriesheim (2011) obtained Cronbach alphas ranging from 0.74 to 0.80 for the four dimensions. The Cronbach alpha in a South African sample in the health care sector was 0.93 (Stander et al., 2015).

The shortened version of the *Psychological Capital Questionnaire* (PCQ; Avey et al., 2011) was used to measure followers' hope, resilience, optimism, and self-efficacy. The scale coprises twelve items and each construct is measured by three items. The items were measured on a 6-point Likert-type scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Examples of each scale are "If I should find myself in a jam at work, I could think of many ways to get out of it" (hope); "I can get through difficult times at work, because I've experienced difficulty before" (resilience); "I always look on the bright side of things regarding my job" (optimism); and "I feel confident in representing my work area in meetings with management" (self-efficacy). Cronbach's alpha coefficient ($\alpha = 0.87$) indicates that the shortened version of the instrument is reliable (Baron, Franklin, & Hmeileski, 2013).

The *Organisational Citizenship Behaviour Scale* (OCBS; Rothmann, 2010) was used to measure the two dimensions of OCB. The questionnaire comprises six items, in which three items measure assistance towards the individual and three items measure assistance towards the organisation. The 7-point Likert-type response scale ranges from 1 (*strongly disagree*) to 7 (*strongly agree*). Examples of the items are "I give up time to help co-workers who have work or non-work problems" (behaviour at individual level), and "I take action to protect the organisation from potential problems" (behaviour at organisation level). Swart and Rothmann (2012) found a Cronbach alpha coefficient of 0.80 in a South African sample.

The *Intention to Leave Scale* measures employees' intention to leave and was derived from the PSYCONES project (Guest, Issakson, & De Witte, 2010). Their scale contains four items. An example of an item is "Despite the obligations I have made to this organisation, I want to quit my job as soon as possible". The items are scored on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The scale presented a Cronbach's alpha coefficient of 0.88 (Van der Vaart, Linde, & Cockeran, 2013).

Research Procedure and Ethical Considerations

The research was part of a bigger project based on the work-related experiences and well-being of employees in the public health sector in Gauteng. Arrangements were made with the management of the participatory district hospitals and clinics to conduct the research and to obtain permission from participants. The aim of the project, the number of questions in the questionnaire and the option of voluntary participation were discussed with the participants. The questionnaires and information letter were distributed among the participants in the allocated venues for each health care centre. The confidentiality of the questionnaires was emphasised and participants were informed that their data would be used only for research purposes only. Prior to answering the questionnaire, the participants filled in the consent forms and returned them to the project leader. The project leader was available throughout the process to make provision for participants with inquiries or questions. Participants who could not attend the sessions could access questionnaires and the information letter from the gatekeeper and had to return the questionnaires within one week. The questionnaires were then collected from the participants and kept safe in a storeroom at the University. The study received ethical clearance (NWU-HS-2014-0143) from the ethics committee of the NWU.

Statistical Analysis

Statistical analysis was performed with SPSS 22 (IBM Corporation, 2013) as well as Mplus 7.31 (Muthén & Muthén, 1998-2014). Descriptive statistics were used to describe the data (IBM Corporation, 2013). Effect sizes to determine practical significance of the correlations were used as suggested by Ellis and Steyn (2003). The cut-off points of 0.30 for a medium effect and 0.50 for a large effect were applied (Ellis & Steyn, 2003). Composite reliability was used to evaluate the internal consistency of the instruments, which is more appropriate to use for latent variable modelling (Raykov, 2009). The confidence interval level was set at a value of 95% ($p < 0.05$) for statistical significance.

Structural equation modelling (SEM) was performed with Mplus 7.31 (Muthén & Muthén, 1998-2014). SEM allows for analysing multiple relationships between latent and observed variables simultaneously. The relations between the constructs can be modelled pictorially, allowing for a clear understanding of the study objectives (Gefen, Straub, & Boudreau, 2000). Furthermore, SEM is more appropriate for a large sample and estimating indirect effects (Byrne, 2010).

A measurement model tested the factor structure, relationships between constructs and the overall fit of the theoretically hypothesised model. To further confirm the fit of the proposed measurement model, competing models were compared against the proposed theoretical model. Because Maximum Likelihood Robust (MLR) estimator was used as default to make provision for the skewness and kurtosis of the distribution of the data, the chi-square of the competing models could not be compared directly to the originally proposed model (Muthén & Muthén, 1998-2014; Satorra & Bentler, 2010). Instead, the Satorra-Bentler chi-square difference test method was performed in order to be able to calculate the significance in the chi-square changes between the competing models (Satorra & Bentler, 2010). The proposed measurement model could indicate a superior fit if the chi-square value is significantly lower than the chi-square values of the competing models; indicated by a significant change in chi-square ($\Delta\chi^2$) with less than 0.01. The best fitting measurement model was used as basis for the structural model (Iacobucci, 2009).

A structural model was specified to analyse the estimated regression paths between the theoretical constructs nested in the model (Iacobucci, 2009). Three competing structural models were tested to determine the best fit. The Satorra- Bentler chi-square difference test was again performed to confirm whether the hypothesised structural model was the better fitting model (Satorra & Bentler, 2010).

In both the measurement and structural models goodness-of-fit indices were evaluated by means of the following (Hu & Bentler, 1999): a) the chi-square and its associated degrees of freedom; b) the Standardised Root Mean Square Residual (SRMR); c) the Comparative Fit Index (CFI); d) the Tucker- Lewis Index (TLI); and e) the Root Means Square Error of Approximation (RMSEA). A non-significant chi-square statistic is considered to indicate a good fit with the sample data (Iacobucci, 2010). Values above 0.95 for CFI and TLI are considered as acceptable (Iacobucci, 2010). For RMSEA and SRMR respectively, values

smaller than 0.08 are accepted as indicating a close fit between the model and the data (Hu & Bentler, 1999). Akaike Information Criterion (AIC) and the Bayes Information Criterion (BIC) are the two parsimonious fit statistics that were used in addition to other fit indices to compare alternative models. The AIC and the BIC fit statistics indicate which one of the tested models is the most parsimonious (Hooper, Coughlan, & Mullen, 2008). The lower the AIC and BIC values, the better the model fit (Byrne, 2010).

Lastly, the procedure for estimating indirect effects on the hypothesised model as suggested by Hayes and Preacher (2009) was used. Bootstrapping, with bias-corrected confidence intervals, was used to generate more accurate estimations of possible indirect effects than standard methods (Hayes & Preacher, 2009). The bias-corrected confidence intervals were set at 95% for all indirect effects. The lower and upper percentiles served as a limit in that if zero was not contained within the limits, indication of the indirect effect was achieved (Hayes & Preacher, 2009).

RESULTS

Testing the Measurement Model

The initial hypothesised measurement model consisted of four constructs, each with their latent variables as suggested in literature (Avey et al., 2011; Guest et al., 2010; Neider & Scheicher, 2011; Rothmann, 2010). Firstly, authentic leadership consisted of four latent variables, namely self-awareness (measured by three observed variables), relational transparency (measured by three observed variables), balanced processing (measured by four observed variables), and moral perspective (measured by four observed variables). Secondly, PsyCap consisted of four latent variables, namely self-efficacy, hope, resiliency, and optimism which were each measured by three observed variables respectively. Thirdly, OCB consisted of two latent variables, namely assistance towards the individual and assistance towards the organisation, each measured by three observed variables respectively. Fourthly, intention to leave was measured by four observed variables. The model indicated the following fit statistics: $\chi^2 = 1565.50$; $p < 0.01$; d$f = 578$; CFI = 0.88; TLI = 0.87; RMSEA = 0.05; SRMR = 0.07; AIC = 63098.47; BIC = 63648.55. The model did not seem to show the best possible fit to the data as most of the indices did not meet the minimum required criteria. Hooper et al. (2008) posit that it is not uncommon to find a poor fit of the proposed model given the complexity of SEM. This called for the model to be re-specified in order to obtain a better fit.

Re-specified Measurement Model

As with the hypothesised model, the re-specified model consisted of four latent variables. Firstly, authentic leadership was defended as a first-order latent variable (measured by 14 observed variables). PsyCap consisted of four first-order latent variables, namely self-efficacy, hope, resilience, and optimism, each measured by three observed variables. OCB was defined as a first-order latent variable (measured by six observed variables). Intention to leave consisted of one latent variable (measured by four observed variables). The model indicated the following fit to the sample data: $\chi^2 = 1541.15$; $p < 0.01$; $df = 573$; CFI = 0.89; TLI = 0.88; RMSEA = 0.05; SRMR = 0.06; AIC = 63086.05; and BIC = 63658.31. The model was further developed to improve the model's fit and the following items were removed: Two items from the authentic leadership inventory (AL5: "My leader uses his/her core beliefs to make decisions"; and AL6: "My leader carefully listens to alternative perspectives before reaching a conclusion"); two items from the OCB scale (OCB1: "Attend functions that are not required but that help the organisational image"; and OCB6: "Offer ideas to improve the functioning of the organisation"); and one item from the intention to leave scale (ITQ3: "At this moment, I would like to stay with the organisation as long as possible"). The removed items were problematic in terms of one or more of the following: cross loading, or too many correlations between the problematic item and other items on the same factor or other factors. Item AL5, OCB6, and ITL6 correlated with too many items within the same factor and also cross loaded with other factors; AL6 and OCB1 correlated with too many items within the same factor. This substantiated the items to be removed to improve the model fit.

Error variances of items were allowed to correlate due to the high values evident with the Modification Indices (MIs): AL1 ("My leader clearly states what he/she means") with AL2 ("My leader shows consistency between his/her beliefs"; MI = 115.68); AL3 ("My leader asks for ideas that challenge his/her core beliefs") with AL4 ("My leader describes accurately the way that others view his/her abilities"; MI = 83.89); AL13 ("My leader is guided by his/her actions by internal moral standards") with AL14 ("My leader encourages others to voice opposing points of view"; MI = 69.28); OCB4 ("Go out of my way to make newer employees feel welcome in the work group") and OCB5 ("Show genuine concern and courtesy toward co-workers, even under the most trying business or personal situations"; MI = 66.39). According to Wang and Wang (2012), error variances can be allowed to correlate if the items measure the same latent variable. Moreover, the MI values empirically seemed to be high, which justified

the need to correlate the error variances. Consequently the model fit improved substantially: χ^2 = 696.56; $p < 0.01$; df = 409; CFI = 0.96; TLI = 0.95; RMSEA = 0.03; SRMR = 0.04; AIC = 52473.39; and BIC = 53996.85.

Competing Measurement Models

Two competing models were compared to the proposed measurement model. Model 2 included authentic leadership as a one-factor model, PsyCap as second-order latent variable comprising the four first-order latent variables of self-efficacy, hope, resilience, and optimism, each measured by three observed variables; OCB as a one-factor first-order latent variable; and intention to leave as a one-factor first-order latent variable. Model 3 contained a similar structure as Model 2, with the only difference on PsyCap - specified as a one-factor first-order model without the distinction of its dimensions.

According to Table 2, Model 1 presented a slightly better fit than the other two models. The chi-square values could not be directly compared as an indicator of a better fit due to the use of the MLR estimator. The Satorra-Bentler chi-square difference test was performed to determine if Model 1 was a significantly better fit to the data in addition to the fit statistics described in Table 2 (Satorra & Bentler, 2010). The results of the difference test are presented in Table 3.

Table 2

Fit Statistics for the Competing Measurement Models

Model	χ^2	df	CFI	TLI	RMSEA	SRMR	AIC	BIC
Model 1	696.56	409	0.96	0.95	0.03 [0.03 , 0.04]	0.04	53473.39	53996.85
Model 2	755.13	420	0.95	0.95	0.04 [0.03 , 0.04]	0.06	53523.02	53997.69
Model 3	1153.38	424	0.90	0.89	0.05 [0.05 , 0.06]	0.06	54017.91	54474.83

Note: $^*p < 0.05$, $^{**}p < 0.01$, χ^2 = Chi-square, df = Degree of freedom, CFI = Comparative Fit Index, TLI = Tucker-Lewis Index, RMSEA = Root Mean Square Error of Approximation, SRMR = Standardised Root Mean Square Residual, AIC = Akaike Information Criterion, BIC = Bayes Information Criterion

According to Table 3, Model 1 fitted the data significantly better than the competing models. The chi-square values of Models 2 and 3 were significantly higher than that of Model 1. Subsequently, Model 1 was used as the basis to test the structural model.

Table 3

Difference Test of Competing Measurement Models

Model	$\Delta\chi^2$	Δdf	*p*-value
Model 2	61.470	11	0.00**
Model 3	351.17	15	0.00**

**$p < 0.01$

Testing the Structural Model

The descriptive statistics, reliabilities and correlations of authentic leadership, the lower order factors of PsyCap, OCB, and intention to leave are reported in Table 4. All measures indicated to be reliable, ranging from 0.71 to 0.92, demonstrating acceptable internal consistency (Raykov, 2009). All the relationships between the variables were statistically significant in the expected directions. Practically significant relationships included authentic leadership with self-efficacy ($r = 0.48$), hope ($r = 0.39$), and optimism ($r = 0.33$; medium effect), OCB with self-efficacy ($r = 0.46$) and resilience ($r = 0.44$; medium effect). Moreover self-efficacy was positively related to hope and resilience ($r = 0.93$; large effect), whilst optimism correlated positively with resilience ($r = 0.73$) and OCB ($r = 0.50$; large effect). Intention to leave was negatively related with hope (medium effect). Lastly the correlation between hope and resilience was high.

Table 4

Descriptive Statistics, Correlations and Reliabilities

	Variable	M	SD	ρ	1	2	3	4	5	6
1.	Authentic leadership	3.36	0.86	0.92	-					
2.	PsyCap: Self-efficacy	3.52	0.92	0.86	0.48†**	-				
3.	PsyCap: Hope	3.72	0.77	0.76	0.39† **	0.64‡ **	-			
4.	PsyCap: Resilience	3.65	0.72	0.64	0.29**	0.58‡**	0.93‡**	-		
5.	PsyCap: Optimism	3.95	0.74	0.76	0.33†**	0.52‡**	0.76‡**	0.73‡**	-	
6.	OCB	3.39	0.95	0.71	0.29**	0.46†**	0.51‡**	0.44†**	0.50‡ **	-
7.	Intention to leave	2.73	0.83	0.88	-0.22**	-0.24**	-0.31†**	-0.19**	-0.20**	-0.13*

*$p < .05$ – statistically significant
**$p < .01$ – statistically significant
† $r > 0.3$ – practically significant (medium effect)
‡ $r > 0.5$ – practically significant (large effect)

Regression path analysis between the constructs was conducted using a structural model. Given the cross-sectional nature of the data, two other models were compared to the proposed structural model. Model 1 (the indirect pathways model) estimated pathways from perceived authentic leadership via the four lower order factors of PsyCap to OCB and intention to leave,

with the pathways from perceived authentic leadership to OCB and intention to leave constrained to zero. Model 2 (the direct pathways model) estimated pathways from authentic leadership to OCB and intention to leave, and from lower order factors of PsyCap to OCB and intention to leave, with the pathways from perceived authentic leadership to PsyCap constrained to zero. Model 3 (which was the proposed model with direct and indirect pathways) estimated all direct and indirect pathways simultaneously.

The following changes in chi-square were found between Models 1 and 3: $\Delta\chi^2 = 0.62$, $\Delta df = 2$, $p > 0.01$, and between Models 2 and 3: $\Delta\chi^2 = 112.42$, $\Delta df = 4$, $p < 0.01$. The results indicated that Model 2 fits the data significantly worse than Model 1. Model 3 was not, however, significantly different from Model 1 because the comparable fit statistics for Model 1 (AIC = 53469.99; BIC = 53984.59; $\chi^2 = 697.55$; CFI = 0.96; TLI = 0.95; RMSEA = 0.03; SRMR = 0.04) were better than those of Model 3 (AIC = 53473.39; BIC = 53996.85; $\chi^2 = 696.56$; CFI = 0.96; TLI = 0.95; RMSEA = 0.03; SRMR = 0.04); thus retaining Model 1 as the best-fitting model. This indicates that the additional parameters in Model 3 (the paths from authentic leadership to OCB and intention to leave, respectively) did not result in a significant increase in the fit of the model. Based on the latter finding and the slightly lower AIC and BIC values, Model 1 was therefore accepted.

The results indicate that the estimated path coefficients from authentic leadership to the four components of PsyCap were significant in Model 1: self-efficacy ($\beta = 0.48$, $p < 0.01$), hope ($\beta = 0.39$, $p < 0.01$), resilience ($\beta = 0.29$, $p < 0.01$), and optimism ($\beta = 0.33$, $p < 0.01$). Authentic leadership explained a variance proportion of 23% for self-efficacy, 15% for hope, 9% for resilience, and 11% for optimism. Additionally, only path coefficients from self-efficacy to OCB ($\beta = 0.19$, $p < 0.05$), from optimism to OCB ($\beta = 0.28$, $p < 0.05$), and from hope to intention to leave ($\beta = 0.18$, $p < 0.05$) were significant in Model 1. Therefore Hypothesis 1, stating that perceived authentic leadership predicts PsyCap, was accepted. The results are reported in Figure 1 and Table 5.

Table 5

Competing Structural Models

Measures		Indirect pathways (Model 1)	Direct pathways (Model 2)	Direct and indirect pathways (Model 3)
Fit indices	AIC	53469.99	53602.59	53473.39
	BIC	53984.59	54108.32	53996.85
	χ^2	697.55	808.98	696.56
	Df	411	413	409
	CFI	0.96	0.94	0.96
	TLI	0.95	0.94	0.95
	RMSEA	0.03	0.04	0.03
	SRMR	0.04	0.12	0.04
Direct pathways on organisational citizenship behaviour	Authentic leadership	-	0.07	0.02
	PsyCap: Self-efficacy	0.19*	0.17	0.19*
	PsyCap: Hope	0.56	0.46	0.48
	PsyCap: Resilience	-0.40	-0.31	-0.32
	PsyCap: Optimism	0.28*	0.28*	0.27*
Direct pathways on intention to leave	Authentic leadership	-	-0.12*	-0.06
	PsyCap: Self-efficacy	-0.03	-0.01	-0.03
	PsyCap: Hope	-1.18*	-0.94	-0.95
	PsyCap: Resilience	0.91	0.67	0.68
	PsyCap: Optimism	0.05	0.06	0.05
Direct pathways on PsyCap: self-efficacy	Authentic leadership	0.48**	-	0.48**
Direct pathways on PsyCap: hope	Authentic leadership	0.39**	-	0.39**
Direct pathways on PsyCap: resilience	Authentic leadership	0.29**	-	0.29**
Direct pathways on PsyCap: optimism	Authentic leadership	0.33**	-	0.33**

*$p > 0.05$
**$p > 0.01$

Because the standardised path coefficients were not significant in the preferred model (Model 1) or the hypothesised model (Model 3), Hypothesis 2, stating that perceived authentic leadership predicts follower OCB, and Hypothesis 3, stating that perceived authentic leadership predicts follower intention to leave, were not accepted respectively. Table 5 shows the standardised path coefficients estimated for the hypothesised structural model (Model 3) and the competing structural models (Models 1 and 2). Figure 1, shows the standardised path coefficients for the best fitting model which were subsequently used to test indirect effects. Only statistically significant paths are shown in the figure.
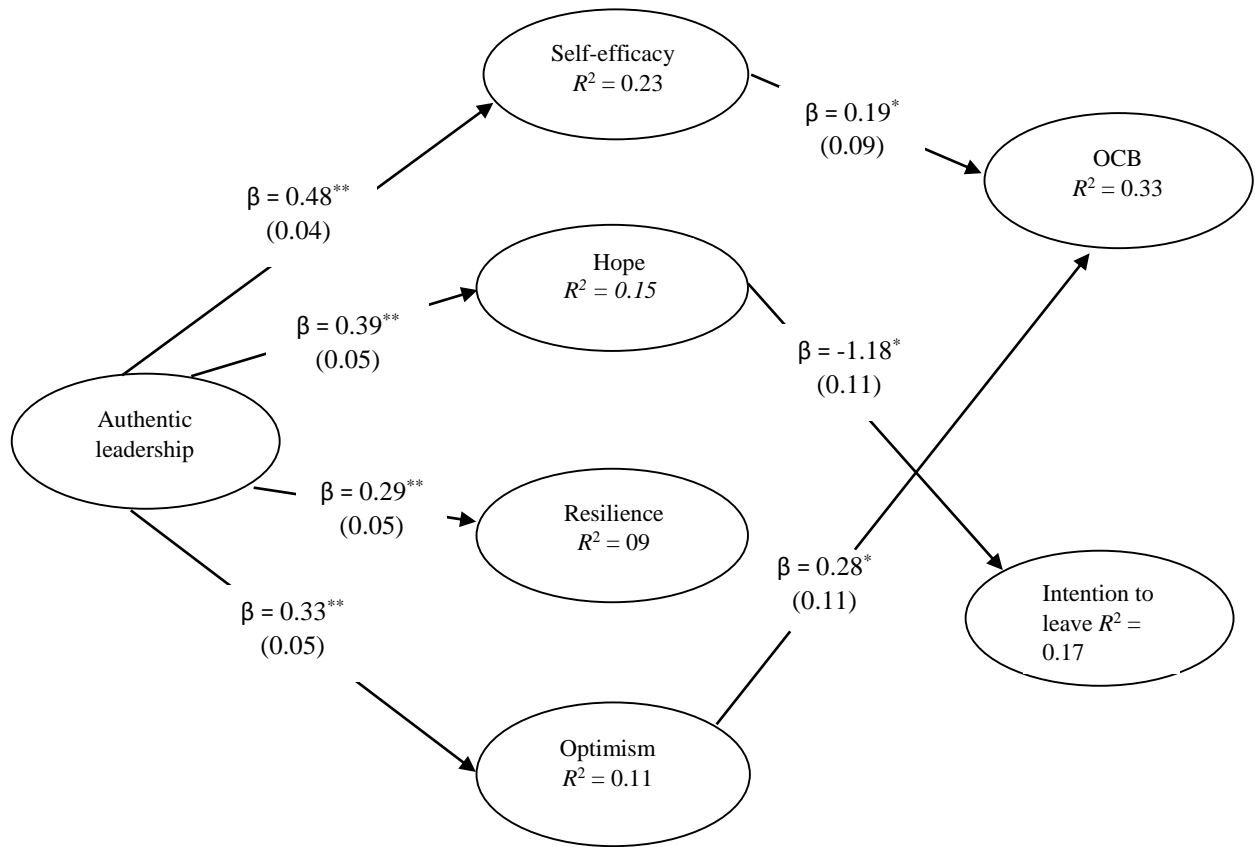
Self-efficacy
$R^2 = 0.23$

OCB
$R^2 = 0.33$

$\beta = 0.19^*$
(0.09)

$\beta = 0.48^{**}$
(0.04)

Hope
$R^2 = 0.15$

$\beta = 0.39^{**}$
(0.05)

$\beta = -1.18^*$
(0.11)

Authentic leadership

$\beta = 0.29^{**}$
(0.05)

Resilience
$R^2 = 09$

$\beta = 0.28^*$
(0.11)

Intention to leave $R^2 = 0.17$

$\beta = 0.33^{**}$
(0.05)

Optimism
$R^2 = 0.11$

Figure 1. The structural model of perceived authentic leadership, PsyCap, OCB and intention to leave

The Indirect Effect of PsyCap

Bootstrap samples of 5000 were obtained. As indicated in Table 6, none of the indirect effects were significant. Whether employees perceive their leader as authentic did not seem to have a significant effect on willingness to go the extra mile for the organisation or their intention to leave the organisation through their self-efficacy or hope. Similarly Table 7 indicates the followers' perceptions of their immediate leader as authentic did not influence their OCB and intention to leave through optimism and resilience.

Table 6

Indirect Effects of Authentic Leadership and Self-efficacy and Hope

Variable	Estimate		SE		95% CI	
	Self-efficacy	Hope	Self-efficacy	Hope	Self-efficacy	Hope
OCB	0.09	0.19	0.06	0.32	[-0.03, 0.21]	[-0.43, 0.80]
Intention to leave	-0.01	-0.37	0.07	0.42	[-0.15, 0.12]	[-1.18, 0.45]

Note: $^{**}p < 0.01$, SE = Standard error, CI = Confidence Interval

Table 7

Indirect Effects of Authentic Leadership and Resilience and Optimism

Variable	Estimate		SE		95% CI	
	Resilience	Optimism	Resilience	Optimism	Resilience	Optimism
OCB	-0.10	0.10	0.22	0.10	[-0.52, 0.34]	[-0.01, 0.19]
Intention to leave	0.20	0.02	0.3	0.02	[-0.39, 0.79]	[-0.11, 0.14]

Note: [**]$p < 0.01$, SE = Standard error, CI = Confidence Interval

The results are confirmed by the confidence intervals containing zero for both OCB and intention to leave (Hayes & Preacher, 2009). Therefore, Hypotheses 4 - stating that authentic leadership has an indirect effect on OCB through lower order factors of PsyCap - and 5, stating that authentic leadership has an indirect effect on intention to leave through lower order factors of PsyCap, were not accepted.

Discussion

The objective of this study was to investigate the indirect effect of perceived authentic leadership on OCB and intention to leave through PsyCap of public health care employees in the Sedibeng district. A healthy population is a productive population (Gilmartin & D'Aunno, 2007). With this said, public health care is the first point of contact for the majority of low to middle class citizens in South Africa, which indicates the importance of these institutions to provide quality care to patients (Dookie & Singh, 2012). With increasing pressures from the changing economy, shortage of staff and resources, ethical dilemmas, and stressful work environments, the call for positive relational leadership that can establish a safe work environment and restore employee trust is needed (George, 2003; Gilson & Daire, 2011; Kumar, 2013; Wong & Cummings, 2009b). To gain an understanding of how authentic leadership can constitute a positive work climate and contribute to the positive development of followers in order to reach the optimum level of quality care for patients, is deemed worthwhile to explore (Christian & Crisp, 2012; Jooste, 2004).

It seems that if employees experience their leader to be authentic, their self-efficacy, hope, resilience and optimism states also increase. Hypothesis 1 was accepted, in that authentic leadership significantly precedes followers' self-efficacy, hope, resilience, and optimism. An authentic leader is able to develop an open and interactive relationship with subordinates where he or she provides feedback on their work progress and, as a result of the feedback, the subordinate is able to know how he/she is progressing, where to fix his/her mistakes and what

to do next in order to perform his/her tasks better. When a manager or supervisor clearly states what he or she means in his or her feedback, the subordinate is able to feel optimistic and gain confidence because the subordinate is able to use the feedback to set goals and master work, making him/her hopeful (Avolio et al., 2004; Luthans, Van Wyk, & Walumbwa, 2008). The public health care environment is prone to ongoing activities with unique situations that need employees to think on their feet. If subordinates experience their manager or supervisor to make decisions that are congruent not only to his or her core beliefs, but also asks for input from subordinates in reaching a decision, this can encourage the subordinates to contribute to the decisions; thus fostering their competence in making impactful decisions. Not only does such an opportunity create a safe environment for subordinates to share their own ideas with leadership, but also to experience their work more positively than negatively. This study supports findings from previous literature (Bandura, 2012; Stander et al., 2015; Youssef & Luthans, 2007).

If subordinates feel safe to approach their leader when they have made mistakes or when faced with setbacks, they are likely to recover more quickly from the setbacks because they feel empowered and acknowledged by the leader. The manner in which authentic leaders openly share information with followers creates a psychologically safe environment that is conducive towards learning and growth, giving subordinates the confidence and optimism to overcome challenges (Shirey, 2009). Furthermore, as the manager shows consistency between his or her beliefs and actions, the decisions he or she makes will not contradict the beliefs or actions, modelling exemplary behaviour that the subordinates can identify with, fostering confidence, hope, optimism and resilience to perform.

Hypothesis 2 was not accepted, implying that the experience of a manager or supervisor as being authentic is not necessarily a sufficient motivator for employees to go beyond their role expectations at work. A plausible explanation for this finding can be attributed to the nature of the job that automatically requires the staff to assist patients whenever needed. There was, however, a significant positive correlation between perceived authentic leadership and follower OCB ($r = 0.29$; $p < 0.01$). It seems that when an employee feels competent in sharing his/her work expertise with management; the employee is more likely to offer ideas that will improve the functioning of the organisation. Another likely explanation is that if an employee has longer work experience, he/she will most likely want to assist newer employees who need assistance to grow in their work. In effect, the extra role behaviours are likely to be intrinsically motivated

and not necessarily externally influenced by the manager or supervisor. Although vast literature supported that authentic leadership can determine the OCB of employees (Michel & Tews, 2015; Shapira-Lischinsky & Tsemach, 2014; Valsania et al., 2012), the current study indicated otherwise.

Hypothesis 3 was not accepted, thus implying that authentic leadership does not contribute to subordinates' intention to leave the organisation, although there was a significant correlation between the two constructs (r = -0.22; $p < 0.01$). It may be that there are other determining factors as to why employees leave the organisation.

Perceived authentic leadership does not have an effect on the organisational citizenship behaviours of followers or on their intention to leave the organisation through self-efficacy, hope, resilience, and optimism; thus not supporting Hypotheses 4 and 5. According to Dr S. I. Scholtz (personal communication, October 29, 2015), the concept of leadership in health care is much more complex than anticipated, because not all employees have an immediate leader who works with them every day. Most of the leaders are administratively focused; therefore the relational aspect of the leadership style is not present. This setting could be a factor that explains why perceptions of leadership indicated to have no effect on the individual outcomes, because employees may not be able to attribute the characteristics of the authentic leader to their leader. Although substantial empirical studies in health care found authentic leadership to precede the desired outcomes via PsyCap (Du Plessis, 2014; Laschinger & Fida, 2014a; Wong & Cummings, 2009a), this was not the case for the public health care institutions in the current study. The finding could be attributed to the assumption that most employees within the healthcare service is prone to assist patients in order to make them feel better. If a patient needs help, the employees who can help will help, even if they were not assigned to the specific role. Therefore, the behaviour executed by staff may not always be motivated by the leader; this then links with the complexity of the leadership structure.

Perceived authentic leadership revealed better fit as a one-factor model and not as a higher factor as suggested in literature (Walumbwa et al., 2008). Neider and Schriescheim (2011) found a difference in the authentic leadership factor between two samples where perceived authentic leadership showed better fit as a higher order factor; whereas in the second sample it fitted better as a unitary construct. The authors posit that generalising authentic

leadership as higher order construct universally is not entirely correct, for it depends on whom the employees are evaluating (Neider & Schriescheim, 2011).

Furthermore, results suggested that PsyCap - as four lower order constructs - fitted the sample data better than a higher order factor as proposed in literature. Inconsistent results in South African samples were found where PsyCap fitted as a three-factor model (Du Plessis & Barkhuizen, 2012), a one-factor model (De Waal & Pienaar, 2013), and as a four-factor model as conceptualised in literature (Görgens-Ekermans & Herbert, 2013). Thus, no consensus has been reached in a South African context. A plausible explanation is that PsyCap has been debated to be context-specific (Luthans et al., 2015). PsyCap can be perceived differently in certain population groups or organisations. The concept of self-efficacy, hope, resilience, and optimism may have been understood differently in the sample data. Familiarity with the concept may also play a role. It is also important to consider the sample size where the instrument/s only function like this in this specific sample; it might not reflect the total population of employees in this organisation.

In this study, significant relationships that were not part of the hypotheses also had significant results. It seems that the more employees encompass self-efficacy, hope, resilience, and optimism, the more likely they are to go the extra mile in their occupations (Koberg et al., 2005). The more hopeful employees are, the less likely they will show propensity to leave the organisation and vice versa. Hopeful employees are likely to be motivated to think of alternative ways of reaching their goals or to work toward improving their work experiences. When these hopeful employees experience the work environment as being less satisfying, they will think of ways to improve their work experience instead of leaving the organisation as their first option (Avey et al., 2007). Hope was a significant contributor to employees' intention to stay in the organisation. Employees who are able to identify opportunities and create alternative ways in coping with work demands are less likely to experience their work negatively; not considering leaving the organisation if they are not satisfied. They can think of ways to reach goals, which can make them feel successful in their work; in the end creating the desire to stay with the organisation despite challenges.

Although few studies have explored the effect of authentic leadership and turnover, a significant relationship has been found between the two constructs (Azanza et al., 2015; Blake

et al., 2013; Laschinga & Fida, 2014b). The current study indicates otherwise for the sample data.

Implications for Management

Authentic leadership contributes to the self-efficacy, hope, resilience, and optimism of followers. In order for positive outcomes to be reached, the presence of authentic leadership is an important stimulator of employees' personal resources to enable them in their work, which in turn may help them contribute to quality client care (Wong et al., 2012). With this said, authentic leadership development should be considered for all managers and supervisors. Since authentic leadership presented as one factor, authentic leadership development as a whole should be the focus. By developing authentic leaders, it will also encourage authenticity in the followers which can result in desired outcomes for the organisation. The proportion explained by authentic leadership for these four components indicated that there were other factors that played a role. Thus, the health care organisation can also in future pursue investigations into which of these other factors might be influential.

Since only self-efficacy and optimism led to employees exhibiting organisational citizenship behaviours, training and development from the perspective of Positive Organisational Behaviour (POB), with particular focus on these two components of PsyCap, are suggested (Du Plessis, 2014; Luthans et al., 2006). According to Du Plessis and Barkhuizen (2012), self-efficacy and optimism states could add value to employee competency. A possible reason could be that a positive approach to performance could be a foreign concept for many South African public organisations, mainly due to the social and contextual challenges within these organisations.

Limitations and Recommendations for Future Research

The study was cross sectional which limited the ability to make causal inferences. To address this limitation for the purposes of this study, competing measurement models and structural models were tested to reduce inaccurate measurement. A longitudinal approach is encouraged for an experimental understanding of the predictive effect of authentic leadership on OCB and turnover intention of employees through the PsyCap of followers. The correlation between self-efficacy and hope was high; thus a factor structure can be determined between the two dimensions to explain a high correlation. Moreover, Luthans et al. (2015) stipulate that the correlation between the four dimensions of PsyCap is expected to be high, because they are

synergistic, forming a higher order construct. As the path coefficients from perceived authentic leadership to OCB and intention to leave were not significant, a further investigation can be performed as to why they were not significant. Authentic leadership and PsyCap research is at an early stage in the South African context, particularly in the health care sector; thus psychometric properties of the ALI and the shortened version of the PCQ still need to be further explored, using alternative approaches and sectors (Dawkins, Martin, Scott, & Sanderson, 2013; Gardner et al., 2011). Moreover, because PsyCap is state-like in nature, the participants may have perceived their self-efficacy, hope, resilience, and optimism based on the current state when answering the questionnaires. Using a longitudinal approach could have allowed to determine the nature of the four state-like components of PsyCap (Dawkins et al., 2013).

Another limitation is attributed to self-report surveys being the only source of information for the study, as well as the contextual understanding of the variables in the study. These two factors can be the reason for the common method bias which can lead to measurement errors (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). Authentic leadership only explained a certain proportion of the variance in self-efficacy, hope, resilience, and optimism; therefore other antecedents of PsyCap in followers should be explored (Amunkete & Rothmann, 2015). As the indirect effect of authentic leadership on OCB and intention to leave through PsyCap was the objective of this study, an exploration of PsyCap as a moderator of the relationship between authentic leadership and individual outcomes should be explored. According to Gilmartin and D'Aunno (2007), the concept of leadership should be explored because the health sector is more unique than most of the other sectors. Lastly, the sample was conducted across public hospitals and clinics in all departments, which could have eliminated the option of a focused study (Stander et al., 2015).

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CHAPTER 3

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

This chapter presents the conclusion of the study according to the general and specific objectives. The limitations of this research are discussed and recommendations are made for the organisation and for future research.

3.1 CONCLUSION

The general objective of this research was to investigate the relationship between perceived authentic leadership, OCB, and intention to leave; and the possible role of PsyCap on this relationship. Authentic leadership is a positive relational leadership style that addresses the need for leaders who exemplify transparency, integrity, and positive orientation that will contribute towards the positive development of followers in eliciting desired work behaviours and attitudes (Day, Fleenor, Atwater, Sturm, & MacKee, 2014). Authentic leaders model their behaviours and actions, drawing from their own psychological resources which in effect can influence the psychological capacities of their followers (Luthans, Youssef-Morgan, & Avolio, 2015). Based on the empirical results in the two chapters, the following conclusions were drawn:

The first objective was to investigate how perceived authentic leadership, PsyCap, OCB, and intention to leave are conceptualised in literature.

The development of authentic leadership was initiated by the need for leaders who can influence and contribute to the long term values of the organisation through exemplary behaviours, influencing the work environment (Avolio & Gardner, 2005). Authentic leadership is a positive form of leadership exhibited through a leader's behavioural patterns to foster characteristics of self-awareness, internalised moral perspective, balanced processing of information, and relational transparency. These characteristics not only foster psychological capacities in the leader or his/her followers, but also foster an ethical work climate that is beneficial towards the relationship between the leader and the follower (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008). Central to the authentic leadership framework is the reciprocal leader-follower relationship that encourages positively inclined outcomes in employees, such as the levels of psychological capital (Gill & Caza, 2015). The authentic leader

draws from his/her own psychological capacities and, in turn, influences the psychological capacities of his/her followers.

Psychological capital is the individual's positive psychological state of development that includes the confidence of achieving challenging tasks (self-efficacy), having a positive outlook on one's success for the future (optimism), being able to create alternatives paths in achieving goals when necessary (hope), and having the capacity to bounce back from hindering problems (resilience). These psychological capacities are state-like, implying that they can be developed (Luthans et al., 2015). As a result of this reciprocal relationship between authentic leadership and PsyCap, many of the outcomes were found to be the same (Clapp-Smith, Vogelgesang, & Avey, 2009). For instance, outcomes such as organisational citizenship behaviours and retention have been empirically found to be authentic leadership and psychological capital outcomes. Organisational citizenship behaviours (OCB) are individual behaviours that are voluntary by nature and contribute to the organisation's overall benefit, although they do not form part of the job's role (Diedericks & Rothmann, 2014). The OCB construct entails behaviour attributed toward the individual and the organisation. Intention to leave is the individual's consideration of leaving the organisation and more so the last stage before the employee actually leaves the organisation (Mendes & Stander, 2011). Intention to leave entails cognitive thoughts and is at times reflected in the individual's thoughts and statements, before the actions reveal an individual's intent.

The second objective was to investigate the relationship between perceived authentic leadership, PsyCap, OCB, and intention to leave according to literature.

The authentic leadership framework considers the leader-follower relationship to be important, because authentic leaders do not only act for their benefit, but also for the greater good of others (Avolio & Gardner, 2005). As initially conceptualised, the authentic leader draws from his/her own confidence, hope, optimism, resiliency and moral standards to influence the impact he/she has on not only the organisation's bottom line, but also the greater good of society (Avolio, Gardner, Walumbwa, Luthans, & May, 2004;; Luthans & Avolio, 2003). Literature has found a positive significant relationship between authentic leadership and PsyCap (Amunkete & Rothmann, 2015; Jensen & Luthans, 2006; Zubair & Kamal, 2015). This is mostly attributed to authentic leaders modelling exemplary behaviour to their followers, subsequently influencing their PsyCap. Authentic leadership also positively contribute to the behaviours and

attitudes of followers as a result of the behaviour modelled. Walumbwa et al. (2008) first found that authentic leaders are - over and above transformational and ethical leadership - able to influence the behaviours of followers in performing more than required for the organisation.

The ability of the authentic leader to know who he/she is and to act according to his/her beliefs and values, determines the way the leader models certain behaviour; as employees identify with the leader's behaviour, they become motivated to perform beyond their job scope (Shapira-Lishchnsky & Tsemach, 2014). Authentic leadership does not only influence the positive behaviour outcomes, but as a result of these positive behaviours negative attitudes are buffered. Authentic leadership is known to foster a positive work climate amidst challenging circumstances, impacting the intention to leave among followers (Cowden, Cummings, & Profetto-McGrath, 2011). The authentic leader who is true to him/herself increases desired work behaviours in the employee which in turn lessen the intention to leave (Azanza, Moriano, Molero, & Levy- Manging, 2015). Therefore, authentic leadership does diminish employees' propensity to quit.

The third objective was to determine if perceived authentic leadership predicts PsyCap, OCB and intention to leave of public health care employees respectively.

Results indicated that authentic leadership precedes self-efficacy, hope, resilience, and optimism. The proportion of variance explained by authentic leadership was the highest in self-efficacy (23%) and the lowest for resilience (9%). The more followers experience their manager to be open, genuine, supportive, and providing them with constructive feedback, the more the employees will feel confident in expressing their ideas and performing in their work (Luthans, Youseff & Avolio, 2007). Authentic leaders are seen as a more credible source of feedback and input; employees will be more likely to persevere towards and create pathways to reach their goals (Rego, Sousa, Marques, & e Cunha, 2014). Shirey (2009) states that authentic leadership creates a psychologically safe work environment for employees in which they encounter less ambiguity about their performance, making them more optimistic. An authentic leader can elicit the optimism of health care employees through their identification with the leader's empowering behaviours which enhance a more positive outlook on challenging work conditions (Kark & Shamir, 2013; Stander, De Beer, & Stander, 2015). The behaviour modelled by the leader can then impact the followers positively, empowering them

to be confident, hopeful, resilient, and optimistic (Gooty, Gavin, Johnson, Frazier, & Snow, 2009; Woolley, Caza, & Levy, 2014).

Perceived authentic leadership does not, however, precede OCB ($\beta = 0.02$, $p > 0.05$) or intention to leave ($\beta = -0.06$, $p > 0.05$) of public health care employees. Employees in public health care are led by administrative leaders who do not work with the employees; therefore, relational leadership does not play a role because it may be totally absent. This implies that there may be other factors other than leadership that motivate employees to perform tasks that do not form part of the day scope. For instance, Koberg, Boss, Goodman, Boss, and Monsen (2005) found that it is employee characteristics that in effect led to higher OCB. Employees who had longer tenure in the organisation did their extra part for the organisation, because they had the confidence and self-esteem to go the extra mile in their work due to their experience. This finding correlates with the results that self-efficacy – instead of leadership - predicted OCB ($\beta = 0.19$, $p < 0.05$) of employees.

The way in which employees perceived their leader to be authentic does not seem to have an effect on their consideration to leave the organisation. The latter may be a result of other underlying factors. Literature supported that turnover begins as a result of dissatisfaction due to work conditions such as long work hours (Delobelle et al., 2010). Subsequently, should an employee have low self-efficacy, hope, resilience, and optimism, he/she is more likely to be dissatisfied and may want to leave the organisation in pursuit of better work conditions (Avey, Luthans, & Jensen, 2009). In support of this statement, Shelton and Renard (2015) state that other factors such as pay and reward as well as career management also determine the satisfaction of employees, ultimately influencing employees' turnover intention.

The fourth objective was to investigate whether authentic leadership has an indirect effect on OCB and intention to leave through PsyCap of public health care workers respectively.

No indirect effect was found according to the results of this study. Authentic leadership might not have had a direct influence on employees' organisational citizenship behaviour or intention to leave. Other studies have confirmed authentic leadership to have an effect on individual outcomes through PsyCap (Rego et al., 2014; Wang, Sui, Luthans, Wang, & Wu, 2014), but it was not the case in this study.

3.2 LIMITATIONS

The study was cross-sectional; considering that indirect effects were tested causal effects between the constructs could not be drawn. Longitudinal studies remain imperative towards obtaining a founded understanding of the effect of authentic leadership on individual outcomes over time (Gardner, Cogliser, Davis, & Dickens, 2011). Another limitation could result from authentic leadership and PsyCap being context-specific which could provide specific responses over time. Given the state-like nature of PsyCap capacities, it is expected that they may fluctuate over time, affecting participant responses (Dawkins, Martin, Scott, & Sanderson, 2013). The main source of data collection was through surveys at one point in time which could be subjected to common method bias (Podsakoff, Mackenzie, Lee, & Podsakoff, 2003). The use of self-report surveys could have influenced the manner in which the content was understood by participants, considering that all job levels were included. In this instance, common method bias could result because of the way in which the information was collected.

3.3 RECOMMENDATIONS

3.3.1 Recommendations for Organisations

Authentic leadership plays a significant role in self-efficacy, hope, resilience and optimism of employees through building trust and being supportive. When individuals are recruited for managerial or supervisory positions, training can be implemented to develop authentic leadership skills that are relationally oriented. The workshop can implement dialogue sessions in which the leaders define what constitutes their self-concept, their values, and beliefs. Secondly, using the definition of their self-concept, leaders can use their daily work scenarios to discover how they can build interactive transparent relationships with their subordinates; how they can objectively reach decisions inclusive of other subordinates' views; and lastly how they can regulate their behaviours and actions according to their values and beliefs. Avolio et al. (2004) state that emotional intelligence is important in developing authentic leaders, as emotional skills form an integral part of knowing who they are and their interaction with others.

To enhance hope and optimism of followers, managers or supervisors can offer their subordinates the opportunity to contribute their ideas in operationalising their departments more efficiently or to become involved in designing techniques to achieve departmental goals. The more employees feel involved in contributing to important decisions, the more they are able to develop their agency, creating alternative ways towards reaching goals. To foster self-

efficacy, the leader can offer feedback - apart from performance appraisals - to the subordinates based on what they have done well and which work areas they need to improve in order to accomplish competencies needed in their work. During the feedback, the leader can facilitate the employee in discussing and overcoming setbacks in his/her work. The manager can then keep record of the subordinate's development, using the information in performance appraisals.

Self-efficacy and optimism contributed to OCB; whereas hope contributed to retaining employees within the organisation. Therefore, the organisation can implement psychological capital intervention (PCI) training for all employees (Luthans, Avey, Avolio, Norman, & Combs; 2006). The two or three hour workshop can use a cognitive-behavioural approach which targets reinforcing active coping skills (Avey et al., 2009). For instance, in developing hope, participants can set goals they want to achieve in their work and personally. They then design different options towards reaching each goal; lastly thinking of available resources they can use in attaining the goal. The process can indicate that they can overcome challenges in the workplace, making them feel more confident and optimistic about their progress, and having a positive impact on their intention to stay. On the other hand, participants can implement the goals they have set in their work, even if it entails their going the extra mile to achieve those goals. To develop resilience in general, participants can think of any setbacks or overwhelming events they have faced in their work and their reactions to the situation. The facilitator helps employees to objectively assess the impact of the situation and the recourse they have to take. The PCI workshop is beneficial for both leader and employees, particularly employees who encompass low levels of PsyCap (Luthans, Avey, Avolio, & Peterson, 2010).

3.3.2 Recommendations for Future Research

Research on authentic leadership and PsyCap is still at an early stage, particularly in South African public health care. The psychometric properties of the Authentic Leadership Inventory and the shortened version of the Psychological Capital Questionnaire within the South African context should still be established. The majority of studies that employ the authentic leadership and PsyCap measure use the Authentic Leadership Questionnaire (ALQ; Walumbwa et al., 2008) and the longer version of the PsyCap measure (Luthans et al., 2007). Exploratory research should be considered to further understand the concept of authentic leadership. A longitudinal study is advantageous in that the causal effects of authentic leadership on factors that influence patient outcomes can be explored and further observations can include interventions or multiple observations (Wong, Cummings, & Ducharme, 2013). As the concept

of leadership in public health care is dynamic, the concept of positive leadership orientation with a particular focus on authentic leadership can also be explored (Gilmartin & D'Aunno, 2007; Wong & Cummings, 2009; Wong et al., 2013). Neider and Schreishem (2011) acknowledged that authentic leadership can be seen as a general construct and not as a higher order factor, because the perception of leadership is not necessarily universal. In other words, the context in which employees perceive their leader should be explored. Furthermore, the findings in the study indicated that authentic leadership does not precede OCB and intention to leave of followers. Future research should explore other explanations for this relationship, such as implementing qualitative research methods.

Since authentic leadership explained a certain proportion of variance in self-efficacy, hope, resilience, and optimism; this indicates that there are other antecedents that have an effect on PsyCap. Therefore antecedents that have an effect on PsyCap other than authentic leadership can be explored. Although the study analysed PsyCap on an individual level, a multi-level approach can be applied to assess if it has different effects on individual outcomes (Luthans et al., 2015). The explanatory role of PsyCap in the prediction of the impact of authentic leadership on OCB and intention to leave was not supported; therefore future studies can explore PsyCap as moderator in the relationship between leadership and individual or organisational outcomes within health care (Avey, Avolio, & Luthans, 2011; ; Wang et al., 2014). This may provide an indication of whether the influence of leadership is more imperative for employees with lower levels of PsyCap than for employees with higher levels of PsyCap (Wang et al., 2014).

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