

Authentic Leadership and Psychological Well-being at the Workplace: Exploring the Mediating Role of Perceived Job Security

(Kepimpinan Tulus dan Kesejahteraan Psikologi di Tempat Kerja: Meneroka Peranan Pengantara Keselamatan Pekerjaan yang Ditanggapi)

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ABSTRACT

The study of political economy after the concatenation of Iraq's post-war nation-state and the neoliberal conjuncture of 1990–2014 is challenging. The Gross Domestic Product (GDP) in Iraq has fluctuated dramatically over the past ten years, with all sectors being affected. Since authentic leadership and job security are essential organizational variables, more studies about critical variables such as psychological well-being at the workplace are to be expected. A challenging work environment and long working hours have led to increased psychological health requirements in the modern workplace. We aim to understand how well broad variables of leadership and perceived job security are correlated with nurses' psychological well-being. The data were collected from 250 nurses. The indirect effects were examined with the Hayes process model. According to the findings of the study, authentic leadership has an impact on the psychological well-being of nurses. Moreover, the mediator variable (perceived job security) affects psychological well-being. The results of this study support the claim and substantiate the concept of authentic leadership in healthcare, which enables nurses to have more job security and consequently improves their psychological well-being. Leaders must demonstrate authentic leadership by being confident, optimistic, hopeful, and adaptable.

Keywords: Authentic leadership; perceived job security; psychological well-being at work, nurse; public hospitals

ABSTRAK

Kajian ekonomi politik selepas gabungan negara-bangsa Iraq selepas perang dan gabungan neoliberal 1990–2014 adalah mencabar. Keluaran Dalam Negara Kasar (KDNK) di Iraq telah turun naik secara mendadak sepanjang sepuluh tahun yang lalu, dengan semua sektor terjejas. Memandangkan kepimpinan tulus dan keselamatan kerja adalah pembolehubah organisasi yang penting, lebih banyak kajian tentang pembolehubah kritikal seperti kesejahteraan psikologi di tempat kerja dijangkakan. Persekitaran kerja yang mencabar dan waktu kerja yang panjang telah membawa kepada peningkatan keperluan kesihatan psikologi di tempat kerja moden. Kami berhasrat untuk memahami sejauh mana pembolehubah kepimpinan dan persepsi keselamatan pekerjaan dikaitkan dengan kesejahteraan psikologi jururawat. Data dikumpul daripada 250 jururawat. Kesan tidak langsung telah diperiksa dengan model proses Hayes. Mengikut dapatan kajian, kepimpinan tulus memberi kesan kepada kesejahteraan psikologi jururawat. Selain itu, pembolehubah pengantara (keselamatan pekerjaan yang dirasakan) mempengaruhi kesejahteraan psikologi. Hasil kajian ini menyokong dakwaan dan menyokong konsep kepimpinan tulus dalam penjagaan kesihatan, yang membolehkan jururawat mendapat lebih jaminan pekerjaan dan seterusnya meningkatkan kesejahteraan psikologi mereka. Pemimpin mesti menunjukkan kepimpinan yang tulus dengan menjadi yakin, optimistik, penuh harapan, dan boleh menyesuaikan diri.

Kata kunci: Kepimpinan tulus; keselamatan pekerjaan yang dirasakan; kesejahteraan psikologi di tempat kerja, jururawat; hospital awam

INTRODUCTION

Iraqi health system has recently lacked medications, medical equipment, medical workforce and hi-tech devices. According to the WHO statistics, Iraq has the highest number of Covid-19 infections among all Arab countries. The health sector in Iraq is greatly affected by the political and economic conditions there. Since the Iran–Iraq War (1980–1988), Iraq has witnessed three

international wars and economic sanctions, which lasted for more than 13 years. Many paramedics migrated, and frontline medical workforces decreased (Garfield & McCarthy 2005). The lives of healthcare professionals were both physically challenging and emotionally difficult. Insecurity caused by the USA and its coalition partners' invasion on 19 March 2003 led to a lack of interest in the nursing profession. Hence, many nurses have migrated or retired. The shortage in nurses was

because of the fear of going to work during the inter-communal battles from 2005 to 2009. These battles caused fear, tension, and worry, influencing the psychological well-being of medical workforce. Vulnerability factors after the ISIS genocide accumulated to a high risk of losing the frontline healthcare workforce. Chronic post-war stress, traumatization, and the already-mentioned ISIS atrocities are most likely responsible for the poor psychological health recorded among the majority of Iraqi workers and citizens. In recent years, due to an increase in security and the number of colleges, the number of nurses has grown. However, there are many calls to improve the work environment of nurses and to provide an appropriate psychological environment (psychological well-being at the workplace).

Furthermore, employees' pursuit of job security can impact their psychological well-being at work, as job insecurity may jeopardize employees' sense of identity. Employees need to have job protection because it is linked to their ability to retain their jobs and prevent unemployment. The cognitive and emotional variables of perceived job security have not been tested as a mediator that affects the psychological well-being of nurses at the workplace. This study adds to our knowledge of organizational psychological well-being by examining the mediating effect of authentic leadership and perceived job security.

With the deterioration of the healthcare systems in Iraq, retaining the medical and paramedical workforce became a problem. This study aims to understand how authentic leadership (AuL) and perceived job security are correlated with nurses' psychological well-being. Many studies have demonstrated the impact of leadership on employee well-being and the connection between AuL and emotional satisfaction (Jensen & Luthans 2006). AuL and work engagement, which is a component of psychological well-being, have a strong correlation (Bamford et al. 2013). The findings show that AuL has a positive impact on the organizational climate, resulting in increased psychological well-being (Nelson et al. 2014). However, these studies are applied to well-structured healthcare institutions. In Iraq, the situation changes every quadrennial. What can govern the improvement of healthcare institutes in Iraq, other than funding the upheaval or reform, is the optimization of human resources management. That is why this study examines the subdimensions of AuL to offer practical insights into enhancing the perceived job security of nurses and their psychological well-being.

LITERATURE REVIEW

There is a strong relationship between how people feel about the environment and how they benefit from it. The concept is broad in both physical and mental and emotional respects. The effects of psychological injury caused by political or conflict in war zones have only

been investigated in a few studies (Feczer & Bjorklund 2009; Nayback 2009). A general feeling of happiness is the most basic type of psychological well-being (Lyubomirsky 2001). Occupational health researchers have pointed out that the concept of psychological well-being at the workplace corresponds to an individual's essential happiness, which results in confidence (Massé et al., 1998), joy, and satisfaction (Diener et al. 2003). Researches indicate that positive psychological interventions can be used to improve or enhance workers' psychological well-being and reduce depression (Mazzucchelli et al. 2010; Sin & Lyubomirsky 2009).

Organizations need leaders who can make employees feel valued and achieve their ambitions. In the past decade, authentic leadership has been one of the emerging pillars of leadership (Müceldili et al. 2013). Nelson et al. have concluded that authentic leadership influences the psychological well-being of nurses (Nelson et al. 2014). Authentic leadership combines traits, attitudes, strategies, and skills to foster ethical and honest behavior. As a result, it has a long-term positive impact on leaders, supporters, and organizations (Lin & Carley 2003; Rego et al. 2014). Therefore, authentic leadership affects psychological well-being at the workplace (Gilbreath & Benson 2004). Authentic leadership is a leadership style in which leaders collaborate with subordinates to promote positive self-development to direct and enhance positive psychological skills and a moral atmosphere that promotes internal morality, self-awareness, balanced information processing, and relational accountability (Rego et al. 2014).

With the outbreak of the global Covid-19 crisis, the study of Iraqi healthcare institutions has not been prioritized. With the limitation of financial and human resources, investing in human capital and soft skills became inevitable. Therefore, this study examines the impact of authentic leadership on two constructs in Iraqi healthcare facilities.

AUTHENTIC LEADERSHIP

Authentic leadership (AuL) has developed as a constructive leadership behavior to resolve these issues. The initial theoretical basis for AuL was introduced by Avolio et al. (1991), who described authentic leaders as "those who achieve" high levels of authenticity by knowing who they are, what they believe in, and their values. Because AuL is one of the positive leadership types, authentic leaders follow their principles and convictions when communicating with others (Smith et al. 2004; Walumbwa et al. 2008). An authentic leader possesses optimistic psychological qualities such as self-assurance, hope, ambition, and adaptability (Joo & Jo 2017). Authentic leaders consistently apply moral reasoning and a moral compass to their decisions, which are founded on self-reliance and ethical organizational culture. Therefore, their followers work to simulate their moral behaviors. Authentic leaders demonstrate

self-awareness, moral insight, balanced information management, and relationship openness, and they rely on positive organizational actions and climate. Authentic leaders are mindful of their own strengths and limitations, and admire others. Their decisions are based on the input of all stakeholders and a careful review of facts and statistics, and they are driven by high moral standards. Furthermore, they communicate and interact with others openly and truthfully (Bakari et al. 2019). Gardner et al. (2011) reviewed 91 publications to extract the definitional and taxonomical efforts exerted on outlining AuL. They also clustered the methodological approaches usually used to measure the indicators of AuL, proposing a nomological network for it. Positive psychological skills, moral logic, and critical events are widely recognized as three fundamental factors that influence AuL development.

Self-awareness, as the first subdimension of AuL, refers to showing a genuine understanding of the attributes necessary for the leader to drive and make meaning of the world, and it impacts the way people view themselves over time. Self-awareness also denotes awareness of one's strengths and weaknesses and the multifaceted nature of the self, in a community. *Relational transparency* refers to disclosing one's authentic self to others openly and confidently, and controlling thoughts and feelings while trying to minimize displays of inappropriate emotions. *Balanced processing* depicts leaders who show how they are meticulously analytical and attentive to all relevant details and data before making a decision. Such leaders would not suppress contradictory views and would straddle the two extremes for implementing the best decisions, regardless of each coworker's contribution. Finally, an *internalized moral perspective* denotes an integrated form of self-regulation that is guided by moral standards and values and that stands against subordinating to group, organizational, and societal duress (Avolio et al. 1991).

In addition, for the relationship between AuL and leader-member exchange (Lyu et al. 2019), AuL was found to be instrumental in prompting a productive workplace and encouraging creativity in Jordanian telecommunication (Megeirhi et al. 2018) and Emirati public sectors (Abdallah & Abdallah 2021). The healthcare sector is a dynamic sector that is worth studying. Therefore, we postulate the following hypothesis:

H₁ Authentic leadership positively affects the psychological well-being of nurses in healthcare centers in Iraq.

PERCEIVED JOB SECURITY

Job security is defined as the guarantee of continued work in the same field with the same employer (Şenol 2011). Employees' perceived job stability applies to their expectation that their job will remain secure in the

immediate future. Technological advancements, capital internationalization, demographic shifts, and changing government policies have exaggerated employees' job insecurity in many sectors. The organization's practices and policies make the employees feel safe about their job (Hoboubi et al. 2017; Sun et al. 2022; Zhang et al. 2021). Job insecurity occurs in the event of job loss without consent and when employees feel that their career is unstable and at risk. Job insecurity reduces engagement and job satisfaction but has no effect on performance. Temporary termination or job application affect financial responsibilities, such as family support and loan repayments, due to the reduction in working hours (Kristensen et al. 2002).

AuL is a potential factor that influences perceived job security. Penger and Èerne (2014) conducted a study that claimed a link between AuL and work engagement, and employee satisfaction. Much of the variance in organizational citizenship behavior and psychological empowerment is due to perceived leadership (Joo & Jo 2017). AuL is associated with three aspects of employee well-being: perceived work pressure, job satisfaction, and stress symptoms (Rahimnia & Sharifirad 2015). Richter et al. (2018) found that all leadership styles, whether production- or employee-oriented, negatively correlate with work insecurity in Sweden's sample of healthcare workers. AuL provides a sense of job security to workers and is linked to their psychological well-being at work.

Cheung et al. (2019) examined the mediation effect of psychological capital and perceived employability on perceived job insecurity and job dissatisfaction among Chinese hotel employees using affective events theory. The impact of job insecurity could prove exaggerated when an employee's psychological capita and wellbeing are low. This prompts the use of a leadership style that can combine effective management strategies and ward off fear and the contextual psychological burdens that arise from non-occupational challenges. Therefore, we formulate the following hypothesis

H₂ Authentic leadership positively influences the perceived job security of nurses in healthcare centers in Iraq.

PSYCHOLOGICAL WELL-BEING AT WORK

Employee psychological well-being is a term that everyone understands, but no one can define it accurately. Lyubomirsky (2001) defined well-being as a personal experience of happiness. It can be thought of as a framework that encompasses a variety of sources of happiness, including family happiness, health, financial security, and job satisfaction, to name a few (King & Jex 2014). Positive psychosocial well-being refers to effectiveness, hope, optimism, and flexibility among employees. It is the key to the overall well-being associated with the physical health, mental health, and longer life span of employees. There are three

main dimensions of psychological well-being at the workplace: self, participation in work, and participation within its social scope. The first dimension achieves personal balance for the individual, which is their emotional balance. The second dimension focuses on the individual's participation at the workplace, which reflects their job ambitions. The third dimension focuses on social cohesion (communication), or how an individual maintains positive relationships with others and is aware of what is going on around them (Gilbert et al. 2011).

According to Nelson et al. (2014), targeted interventions to improve psychological well-being at work have organizational and personal benefits at the individual level, because people with high levels of psychological coexistence have more energy and social networks. Innovation, collaboration, job quality, and efficiency are all encouraged at the organizational level. These benefits substantially affect nurses' work environment since they encourage cooperation and stimulate relations among the employees. In addition, these benefits create opportunities for improvement. The researchers tested many organizational interventions that increase psychological well-being at work, including transformative leadership, the meaning of work (Arnold et al. 2007), and a positive correlation between psychological well-being and emotional intelligence (Carmeli et al. 2009). Employee psychological capital relates to employee attitudinal, behavioral, and performance outcomes and explains variance in employee well-being measures over time (Avey et al. 2010).

Working conditions are linked to employee well-being, according to some research. However, only a few studies examined the direct effect between psychological well-being at work and perceived job security. Like any other type of pressure, work insecurity is related to a lack of or diminished well-being, and other negative feelings that trigger anxiety and stress (Zhang et al. 2021). Consequences of work insecurity were investigated in a meta-analysis introducing the efficacy of positive and negative emotional contagion, emotional exhaustion, and moral disengagement (e.g., deviant workplace behavior) in preventing workers from practicing their jobs productively (Sverke et al. 2002). An updated meta-analysis concluded that job insecurity has a negative impact on work, organizational patterns, and well-being because workers face job losses, high levels of tension or anxiety, and insecurity (Keim et al. 2014). Previous research has shown that job embeddedness is positively

influenced by perceived job security (Rahimnia et al. 2019). As a result, job security is essential for retaining employees and motivating them to work efficiently and comfortably.

Therefore, we test the following hypothesis:

- H₃ Perceived job security positively affects nurses' psychological well-being in healthcare centers in Iraq.

The relationship between AuL and employee well-being was tested using a sample of healthcare providers in northeast Iraq; attachment insecurity was tested as a mediator in the relationship between AuL and employee well-being influenced by the working environment (Rahimnia & Sharifirad 2015). An analysis of a simple mediator variable requires the independent variable to result in the intermediate variable, resulting in the dependent variable since it affects the direct and indirect relationships between the variables (Wu & Zumbo 2008). Perceived job security is used as a mediator in this research. The quality of a nurse's work environment is determined by criteria such as job pleasure, job satisfaction, social empowerment, and low psychological burnout, according to the PES-NWI measure (Warshawsky & Havens 2011). These criteria have a positive impact on the psychological well-being of nurses at work. A true leader who makes employees feel safe in their employment would contribute to developing a healthy work atmosphere. Positive feelings elicited by an authentic leader may be shared, increasing employee well-being (Macik-Frey et al. 2009). In these times of post-conflict economies in Iraq, perceived job security may mediate AuL and the psychological well-being of nurses at hospitals (Fig. 1). Thus, we assume the following:

- H₄ The relationship between AuL and psychological well-being is influenced indirectly by perceived job security.

METHODOLOGY

According to Edmondson and McManus (2007), integrating a quantitative or qualitative study depends on the nature of the research questions which drive the study, relevant work underpinned in the literature, the structure of the research design and the ultimate output

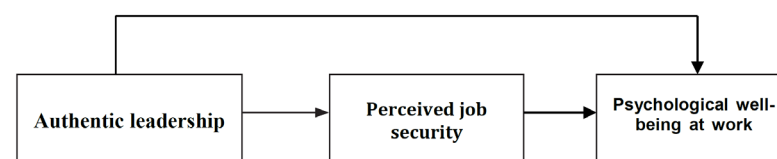


FIGURE 1. Research framework

and contributions that the researchers aim for. Based on the literature reviewed here, we follow the same philosophical integration previously used by Nelson et al. (2014).

SAMPLE AND PROCEDURE FOR DATA COLLECTION.

The study's goal was to explore the link between positive leadership practices and psychological feelings in Iraqi healthcare facilities, using perceived job security as a mediator for a sample of nurses in Iraq. Nurses were chosen because they have high work pressure and job security fluctuations from time to time in Iraq. To reduce fear among the respondents, we ensured confidentiality. We asked them to answer the questions honestly (Podsakoff et al. 2003). This reduces the risk of social desirability bias, motivating the respondents to respond appropriately to the questionnaire. We met with human resource managers and discussed the significance of the research and the purpose of data collection. We requested an opportunity to meet some of the participants in person and explain that participation was completely voluntary and that the answers to the academic questionnaire would be kept confidential. We distributed the questionnaires to the nurses after receiving permission from human resource managers in various departments to collect data from them. After two weeks, we visited the nurses and collected the questionnaires; we did not interact with the participants after this initial period (T1), or after two months (T2). The questionnaires were administered by the supervisors without our intervention. To minimize the effects of shared bias when collecting data over a single period, we conducted the data collection in two different periods (Lindell & Whitney, 2001). The final samples numbered 250 out of 360; this represents a 69% response rate. This rate is typical for hand-based questionnaires in Asian countries (Raja et al. 2004). Table 1 summarizes the characteristics of the sample.

INSTRUMENTS

INDEPENDENT VARIABLE: AUTHENTIC LEADERSHIP

This was assessed using a 12-item scale based on a French scale that Walumbwa et al. translated into English (2008). Nelson et al. adapted and tested the validity of the scale (2014). We used an English-language version of authentic Leadership (ALQ) to test supervisors' AuL behaviors. The survey items were measured on a 5-point Likert scale, with 1 indicating strong disagreement and 5 indicating strong agreement (5).

Because authentic leaders must exhibit adequate self-awareness, moral insight, balanced information management, and relationship openness, the four sub-dimensions of the assessment are balanced processing (3 items), self-awareness (3 items), internalized moral perspective (3 items), and relational responsibility (3

TABLE 1. Description of demographic variables

Category	Frequency	Percentage %
<i>Gender</i>		
Male	140	56.0
Female	110	44.0
<i>Age</i>		
less than 24	20	8.0
25–34	114	45.6
35–44	89	35.6
45–54	27	10.8
Organizational tenure in years		
Less than 1	23	9.2
2–5	116	46.4
6–10	93	37.2
11 and more	18	7.2
<i>Education</i>		
Secondary	64	25.6
B.A.	86	34.4
Diploma	80	32.0
M.A.	8	3.2
Board		
General Note: N=250	2	4.8

items). “How do others perceive your abilities?” is an example of a self-awareness item. “Do you carefully listen to different points of view?” is an example of balanced processing. “Exactly what they mean?” is an example of relational transparency. “State your supervisor's leadership habits,” is an example of internalized moral viewpoint. Exploratory factor analysis and outer loadings were acceptable for the four dimensions. The conceptual model is shown in Figure 1.

To begin the analysis, we estimated variance inflation factors in order to test multi-collinearity. When VIF values are higher, the level of collinearity is greater. All the outer loading VIFs were found to be less than the recommended threshold value of 5. However, for a reflective model, as recommended, all the VIFs were found to be within the recommended threshold of 10.

MEDIATOR VARIABLE: PERCEIVED JOB SECURITY

Perceived job security was measured with an 11-item scale based on an original scale (Baillien & De Witte, 2009; Prado-Gascó et al. 2021; Silla et al. 2009). The validity of the original scale was approved and tested (Dhanpat et al. 2019). The questionnaire items were measured by the 5-item Likert scale. The scale consists of two dimensions: cognitive (7 items) and affective dimensions (4 items). An example of the cognitive dimension is “I'm sure I can keep my job.” An example of the affective dimension is “I feel insecure about the future of my job.” The analysis was conducted using

structural equation modeling. The SmartPLS 3.3.3 was used for the analysis. We also conducted a multigroup analysis to examine whether the age group, gender or education may govern the nurses' perception of the leadership style.

DEPENDENT VARIABLE: PSYCHOLOGICAL WELL-BEING AT THE WORKPLACE

Based on the original scale, psychological well-being in the Iraqi healthcare facilities used a 25-item scale (Massé et al. 1998). The validity of the scale was approved and tested later (Gilbert et al. 2011). The questionnaire items were measured by the 5-item Likert scale, The scale consists of three sub-dimensions (Nelson et al. 2014), which are personal balance (10 items), involvement/engagement at work (8 items), and harmony/sociability in Iraqi healthcare institutions (7 items). An example of personal balance is "I feel good, and my conditions

are good." An example of involvement/engagement at work is "I have goals and ambitions." An example of harmony/sociability at the workplace is "I have a good relationship with my coworkers." The coefficient of the internal coherence of this study was very high (.92). This corresponds with previous studies (.91 ≤ α ≤ .95).

RESULTS

RESPONDENTS' PROFILE

Table 2 shows the descriptive statistics, coefficient of internal coherence, and correlations between the variables. The mean gender was M= 1.44, SD= .55, age M= 2.49, SD=.79, and education M=2.27, SD=1.03, with high averages for AuL (M= 4.00, SD=. 65), perceived job security (M= 3.78, SD=. 68), and psychological well-being in the Iraqi healthcare facilities (M= 3.95, SD=.

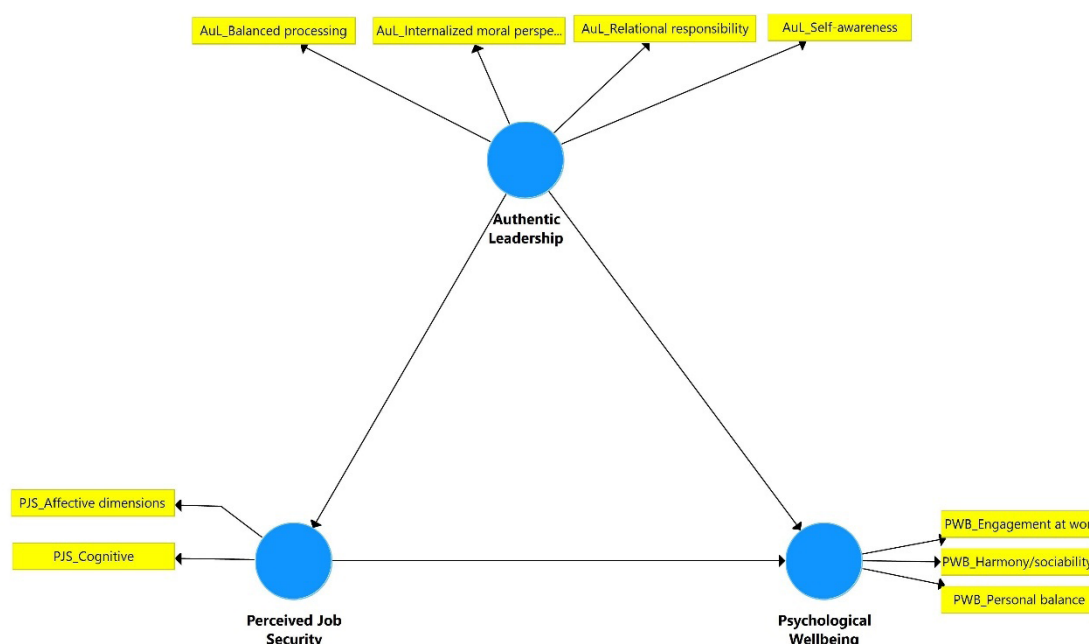


FIGURE 1. Conceptual model

TABLE 2. Outer loading, VIF and descriptive statistics for each indicator

Indicator	Mean	Median	SD	Excess Kurtosis	Skewness	Outer Loading	VIF
AuL_Balanced processing	3.967	4	0.816	2.111	-1.232	0.285	2.42
AuL_Internalized moral perspective	4.012	4	0.843	2.61	-1.457	0.353	2.296
AuL_Relational responsibility	3.943	4	0.737	3.191	-1.357	0.314	3.277
AuL_Self-awareness	4.092	4	0.724	2.93	-1.305	0.245	1.347
PJS_Affective dimensions	3.666	3.75	0.824	0.954	-0.967	0.568	1.434
PJS_Cognitive	3.908	4	0.716	1.705	-0.994	0.567	1.434
PWB_Engagement at work	4.024	4.125	0.662	3.477	-1.355	0.461	1.73
PWB_Harmony/sociability	3.842	3.857	0.635	2.559	-0.902	0.4	1.714
PWB_Personal balance	3.993	4.1	0.71	1.494	-1.086	0.342	1.416

TABLE 3. Construct reliability

Variable	Cronbach's Alpha	rho_A	Composite Reliability	AVE
Authentic Leadership	0.846	0.866	0.898	0.689
Perceived Job Security	0.71	0.71	0.873	0.775
Psychological Wellbeing	0.77	0.789	0.867	0.685

55). There is a positive correlation between AuL and psychological well-being at work ($r = .82, p < .01$), and a positive correlation between AuL and perceived job security ($r = .68, p < .01$). Table 3 shows the outer loading, VIF and descriptive statistics for each indicator.

In addition to the correlation between perceived job security and psychological well-being at the Iraqi healthcare facilities ($r = .80, p < .01$), construct reliability was assessed using Cronbach's alpha, rho_A, and the composite reliability. Table 3 demonstrate the average variance extracted (AVE) and reliability measures. Table 4 illustrates the validity measures using Fornell-Larcker matrix.

TABLE 4. Fornell-Larcker matrix

	1	2	3
Authentic Leadership	0.83		
Perceived Job Security	0.69	0.88	
Psychological Wellbeing	0.82	0.808	0.828

HYPOTHESIS TESTING

H₁ asserts that AuL contributes to employee well-being. AuL affects psychological well-being at the Iraqi healthcare institutions ($\beta = 0.559, P < 0.001$). The results also indicate that AuL affects perceived job security ($\beta = 0.690, P$

$< .001$). Therefore, the results support H₂ since perceived job security also positively affects psychological well-being at the workplace ($\beta = 0.422, P < 0.001$). For H₄, we analyzed the indirect effect using the Hayes process model (Hayes & Scharkow, 2013). With perceived job security as a mediator, the relationship between independent and dependent variables was examined using a 5,000 bootstrap 95 percent confidence interval. The indirect effect on psychological well-being in Iraqi healthcare facilities was significant ($\beta = 0.265, P < 0.001$). However, the path analysis is illustrated in Figure 2, and H₄ supports partial mediation. Table 5 shows path coefficient and testing of the postulated hypotheses.

DISCUSSION

This study aimed examine how AuL and perceived job security relate to nurses' psychological well-being. Although the Authentic Nurse Leadership Questionnaire was designed to measure how authentic nurse leaders can create a healthy work environment that retains nurses and defines their attributes (Giordano-Mulligan & Eckardt, 2019), the use of ALQ is a robust scale for measuring the indicators and constructs and enables comparing the results retrieved with the previously reported findings.

Of the subdimensions of AuL, Iraqi nurses considered *relational transparency* the most important indicator

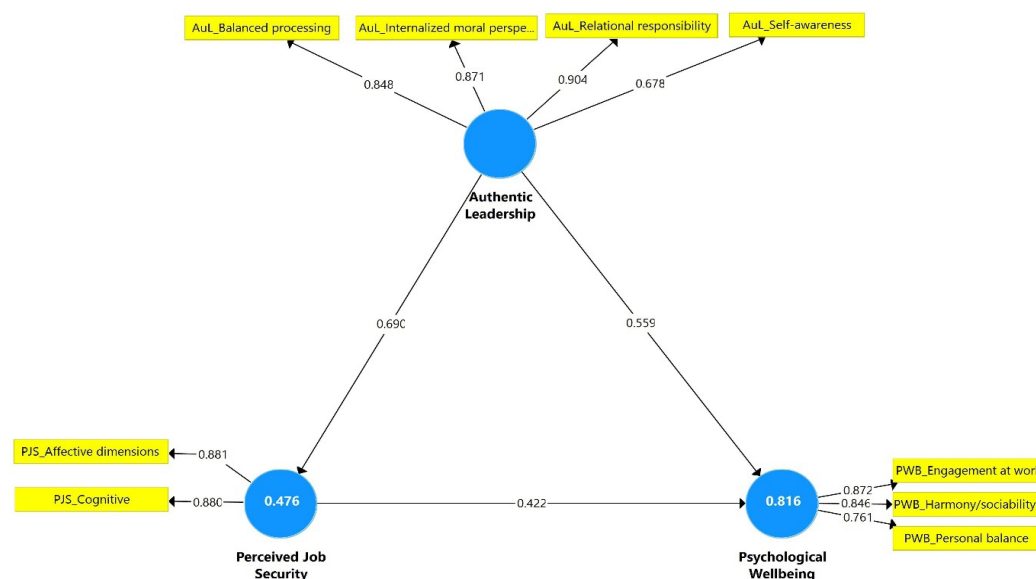


FIGURE 3. Measurement model

TABLE 5. Path coefficient baseline model

Hypothesis	β -value	Mean	SD	t-test	P	Verification
Authentic Leadership → Perceived Job Security	0.69	0.689	0.046	14.918	0.000	Supported
Authentic Leadership → Psychological Wellbeing	0.559	0.558	0.046	12.15	0.000	Supported
Perceived Job Security → Psychological Wellbeing	0.422	0.423	0.044	9.501	0.000	Supported
Authentic Leadership → Perceived Job Security → Psychological Wellbeing	0.265	0.541	0.045	8.605	0.000	Supported

of the AuL construct. The Iraqi nurses considered *internalized moral perspective* and *balanced processing* instrumental in affecting their sense of psychological well-being and job security ($P < 0.001$). Alilyyani et al. (2018) mapped AuL to medical personnel-related outcomes and patient-oriented outcomes. For medics and paramedics, personal psychological states, satisfaction with work, work environment factors, health and well-being, and performance were the constructs most affected by leadership style. However, these authors did not define a particular leadership style. Consistent with our study, Wong et al. (2020) examined the effects of managers' AuL and person–job match among 78 Canadian nurses using Hayes' process macro for mediation analysis. These authors suggested that managers' AuL influences nurses' job satisfaction and psychological wellbeing. The exact influential effect of AuL on psychological health was supported when tested on a sample of Indian nurses working in healthcare institutions (Malik 2018).

The findings of this study show the cognitive and affective subdimensions of perceived job security are equally important in predicting psychological well-being for the Iraqi nurses. This finding agrees with previously reported findings (Hayes & Scharkow 2013; Nelson et al. 2014; Rahimnia & Sharifirad 2015).

In the same connection, Long (2020) reviewed 12 studies analyzing the impact of AuL on nurses' attitudes. She found that AuL influenced newly qualified nurses positively and prompted a supportive work environment. We performed a multigroup analysis. The findings suggested that junior nurses are most affected by the leadership style. ($P < 0.001$) The influence of AuL and psychological capital was investigated on 205 new graduates' occupational satisfaction and workplace mental health over the first year of employment. Results suggested that AuL plays a protective role in enhancing job dissatisfaction, and improving mental health (Laschinger & Fida 2014).

Ma et al. (2019) have examined the relationship between AuL and well-being using several variables as mediators, such as job environment and attachment insecurity. We examined work insecurity among nurse working in Iraqi healthcare institutions. We found that nurses' perceived job security mediates the relationship between AuL and psychological well-being in the workplace ($P < 0.001$).

This study's significance lies in testing the effect of a mediating mechanism between positive leadership behaviors and psychological feelings in the health sector in Iraq. We conclude that job security mediates the influence of AuL and psychological well-being. High levels of AuL contribute to a greater sense of job stability, which in turn improves psychological well-being. These findings will assist administrators in the health sector and other related services achieve a deeper understanding of the relationships between the variables studied.

MANAGERIAL IMPLICATION

This research supports the idea of AuL in administrative activities in the health care sector to offer nurses a sense of job security and thereby enhance their psychological well-being at work. Human resource managers should not exceed the organizational mission and human care philosophies. Theoretical implications of this study heighten the impression that AuL is robust enough to improve the psychological being of nurses in Iraq and retain them in workforce.

Practically speaking, this is vital to managers and policymakers in searching for the variables that need to be studied to improve the psychological well-being of nurses (Roch et al. 2014). It reflects positively on improving the quality and safety of the care services provided. The leaders must be characterized by AuL behaviors, such as confidence, optimism, hope, and adaptability. Researchers may look into the role of genuine leadership in reducing fatigue and stress by creating work environments that foster a sense of job security. Other mediator factors, such as psychological empowerment, could be studied further, based on the results. The results indicate that psychological empowerment improves worker satisfaction and reduces workplace tension.

Soliciting criticism on the leader's attitude, seeking colleagues' opinions before making decisions, and collecting adequate information safeguard a smooth path to authenticity and facilitate empowerment. Involving nurses in decisions and appraising their output prompt a sense of ownership of work results. Psychological empowerment can, therefore, serve as a possible mediator between AuL and emotional well-being, as employees

may feel emotionally empowered in the workplace. When considering the role of work satisfaction, it can also serve as a mediator because it directly affects turnover intentions (De Simone et al. 2018). In future studies, organizational justice could be used as a mediator since studies have proven that injustice by leaders at the workplace increases mental illness in employees and thus affects the intention of nurses to quit their jobs (Mathieu & Babiak 2016). All these proposed variables deepen the effect of leadership behaviors on the psychological well-being of nurses and seal the gap on nurse retention (Collard et al. 2020).

CONCLUSION

This research studies perceived job security as a worker's primary concern as a precursor to well-being in the workplace. The findings indicate that work security is important for nurses' well-being. Furthermore, it demonstrates the significance of authentic leadership in ensuring the job security of nurses. Through hierarchical regression and bootstrap analysis, this relationship, in turn, reveals high levels of workplace happiness. Future studies of AuL and psychological well-being at the workplace could design the study questionnaire in different ways, such as interventional investigations and qualitative interviews (structured or unstructured), or analyzing quantitative data from different sources to get a prediction variable (Avolio et al. 1991), because respondents were hesitant to complete the questionnaire despite being told that their answers were confidential and would only be used for realistic research purposes. The conceptual relationship between the study variables is the second constraint. Future research could also investigate the neurobiological background of occupational behavioral conduct and its relationship to personality traits and gender difference.

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