A Study of the Perceived Effects of Authentic and Transformational Leadership Behaviors and the Psychological Contract on Organizational Commitment in Health Services Organizations

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ABSTRACT

This research examined the perceived direct effects of authentic leadership (AL) and transformational leadership (TL) on organizational commitment (OC) and the psychological contract (PC), and the moderating effects of the PC on the relationships between AL and TL. The study was conducted in community health centers and critical access hospitals in a midwestern state in the U.S. Data for this quantitative study were gathered using four standard scales with highly-reliable Cronbach's alpha values. The data were analyzed using conventional statistical techniques, including Pearson correlation and linear regression. The sample yielded 147 eligible respondents, a 17.6% response rate from within a target accessible population of supervisors (excluding the CEO). Results revealed that the perceptions of both AL and TL positively relate to OC and PC; and that the relationship between the PC and OC is positive, as well. At an alpha level of $p<0.05$, the moderating effects of the PC on the relationships between both AL and OC and TL and OC were not significant. Therefore, two of the seven hypotheses in the study were not supported. The findings provide evidence of the importance of authentic and transformational leader behaviors displayed by the chief executive officers of safety net health services organizations.

Key Words: Authentic Leadership; Transformational Leadership; Organizational Commitment; Psychological Contract; Psychological Contract Breach

CHAPTER 1

INTRODUCTION

While there are many different theories of leadership, a commonly-held view is that leadership is a real phenomenon that is critical for the effectiveness of organizations (Bennis, 2003; Yukl, 2010). Leadership behaviors and their consequences are critical in organizations because of their strong relationship to job attitudes and intentions (Dirks & Ferrin, 2002). Employee commitment reflects the quality of the leadership in an organization (Stum, 1999). Leader traits, characteristics and behaviors can motivate followers to trust in and commit to an organization's future direction (Awan & Mahmood, 2010). Hamidifar (2010) suggested that leadership behaviors influence how management and employees relate to achieve the organization's goals and objectives. Furthermore, leaders who are ethical demonstrate a level of integrity that is important for stimulating a sense of leader trustworthiness, which is important for followers to accept the vision of the leader (Trevino, Brown & Hartman, 2003). Bennis and Thomas (2002) interviewed 40 leaders and found that an essential aspect of effective leadership was integrity, which depends on honesty and consistency of behavior with espoused values. Thus, leader behaviors and characteristics are important considerations for stakeholders of the U.S. health care delivery marketplace, including governing bodies accountable to oversee, and others closely associated with, the vital safety net providers of care to vulnerable segments of the population.

Health services delivery in the U.S. is a dynamic and sometimes volatile environment. Today, a wide array of health services organizations across the U.S. face daunting, even game-changing challenges following the enactment of Public Law 111-148, the Patient Protection and

Affordable Care Act of 2010 (the "ACA"). Often dubbed "Obamacare" by the media and the general public, this federal legislation is considered by many to be an attempt to overhaul the U.S. health care financing and delivery system. The ACA has required most Americans to become insured or pay a penalty. The law provides for access to insurance coverage through the creation and implementation of health insurance exchanges. In states that permit it, the law also expands Medicaid eligibility for nonelderly individuals with incomes up to 138 percent of the federal poverty level. From January 1, 2014, the federal government will cover no less than 90% of the total costs of Medicaid expansion under the Act (P.L. 111-148). The Congressional Budget Office estimates that full implementation of the Affordable Care Act would lead to a doubling of the number of Medicaid beneficiaries in the U.S., from 16 to 32 million (CMS, 2012).

The Affordable Care Act is but one example of the challenging environmental influences that significantly impact health services organizations. Taking into account this type of influence and challenge, it would seem imperative that safety net health services organizations need the attention of authentic leaders who encourage followership and follower commitment through the sincerity, integrity and consistency of their behaviors. These organizations also need leaders who espouse strategic vision, and who can inspire and intellectually stimulate their followers to commit to the organization's future direction, which are behaviors exhibited by transformational leaders. What effects do these leadership traits, characteristics and behaviors have on follower commitment to their organizations in this environment? Are unwritten obligations and expectations between the leader and follower important considerations? This study will strengthen scholarly understanding about the impact of certain leader behaviors and characteristics displayed by an organization's chief executive officer on the commitment to the organization that is shown by followers; and, enhance stakeholder knowledge base and appreciation regarding the importance of authentic and

transformative leader characteristics, and of fulfilled obligations within the exchange between leaders and followers.

The title of chief executive officer (CEO) is a generic designation applicable to the chief leader/manager of health services organizations of all types. In most situations, this executive reports to a governing body (Rakich, Longest, & Darr, 1985). Various other titles have been adopted for CEO, such as administrator, executive director, director, president, and executive vice president (1985). According to White & Griffith (2010), the chief executive officer: (a) is the agent of the governing board who holds the formal accountability for the organization; (b) implements policies established by the board; (c) serves the board with strategic information; (d) has immediate responsibility for the organization's operations; (e) coordinates the organization's design and operations; (f) and selects and assures accountability of all other employees and contractors to the organization. The CEO's basic function is to manage inputs of the organization (manpower, material, technology, information, and capital) to achieve the desired outputs established as organizational goals (Rakich, Longest, & Darr, 1985). This is a pivotal and demanding position in a health services organization, and its complexity and difficulty increase as internal and external environments change, technologies evolve, and organizational structures adapt and expand. These observations further underscore the value in understanding the extent to which authentic and transformational leader behaviors and characteristics exhibited by the chief executive officer impact organizational commitment displayed by followers.

Field research for this study was conducted within grant-funded community health centers, and hospitals that meet the eligibility criteria for 'critical access' designation. These organizations operate in health professional shortage areas and medically underserved populations of the U.S., where higher proportions of the local population are of low income, uninsured, underinsured, and

underserved residents. Accordingly, the governing boards, executives, clinicians, and other stakeholders of these two types of entities deal with common social, political and economic climates, and similar technological and other operational exigencies. A brief description of each organizational category follows.

A community health center (CHC) is a nonprofit organization funded in part by federal grants (Public Law 89-109 and reauthorizing legislation) for uncompensated care that are awarded through the Health Resources and Services Administration of the Department of Health and Human Services. CHCs are governed by local boards of directors, the majorities of which must be patients of the CHC. These organizations provide primary medical, dental and behavioral health services in medically underserved rural and urban areas and populations, and to all patients regardless of their ability to pay. A sliding fee scale based on documented household income is required. CHC patients are about equally divided among urban and rural areas, and 73 percent have family incomes at or below 100% of the federal poverty level (HRSA, 2014).

A critical access hospital (CAH) is a specially-designated hospital that provides services in a non-metropolitan statistical area. A CAH must be located more than a 35-mile drive from the next closest hospital, license no more than 25 beds, maintain an average length of stay of 96 hours or less per patient, and operate 24-hour emergency services seven days a week (CMS, 2013). A CAH can be established as a for-profit or nonprofit organization, and must be located in a state that has established a state rural health plan. Congress initially authorized CAH designation under the Balanced Budget Act of 1997. Eligible hospitals that apply are certified by the Centers for Medicare and Medicaid Services, an agency of the U.S. Department of Health and Human Services, and receive enhanced payment for most inpatient and outpatient services to Medicare patients at 101 percent of reasonable costs (2013).

Potential Significance of the Research

Van de Ven (2007) suggested a theory is an explanation of relationships among concepts or events within a set of boundary conditions, and that building a theory requires intimate familiarity with the problem domain. The research strategy adopted in this study – which is couched in the work context wherein this researcher is an executive – furthermore intends to inform governing bodies of community health centers, critical access hospitals, and other health services organizations, their executives, and other interested stakeholders as they frame approaches to identifying candidates for chief executive officer roles.

The chief executive officer (CEO) is a vitally-important function in organizations. In the delivery of health services in the U.S., the CEO routinely is responsible to spearhead and implement adaptive, resource-intensive and game-changing strategies in response to the dynamic and sometimes volatile external environment. Community health centers and critical access hospitals are integral components of the safety net for the uninsured and underserved in the U.S. As such, this author suggests they deserve to be led by chief executives who have integrity and are trusted, who inspire and encourage followership, and who espouse vision. These are among the valuable leadership dimensions explored and tested in this study of leader behaviors and characteristics within the context of safety net health services organizations.

An examination of authentic and transformational leadership that demonstrates positive effects on organizational commitment displayed by employees, as moderated by the followers' perceived obligation to the employer, offers new possibilities as researchers propose potentially-distinct pathways toward strengthening and enhancing job attitudes, employee intention to stay, and organizational effectiveness within quasi-experimental and non-experimental research designs. This research expands upon current understandings in the field related to the antecedents of

authenticity and transformative leadership behaviors. This study explores the affects of these leadership dimensions on the strength of the psychological contract between the employee and employer. Also, as authentic leadership, transformational leadership, and the psychological contract are not confined to specific organizational and institutional contexts, this study could be externally valid and more widely generalizable.

Goals of the Study

The purpose of this study is to examine whether there are direct effects between authentic leadership and transformational leadership on the organizational commitment of followers in health services organizations. Specifically, I examined the impact of perceived authentic leadership and transformational leadership behaviors exhibited by chief executive officers in community health centers and critical access hospitals on the organizational commitment displayed by executives and managers who supervise staff in those organizations. I also examined the role of the psychological contract - which can dictate implicitly how the leader and follower will relate to one another - in the relationship between authentic and transformational chief executives and the organizational commitment shown by their management staffs. This study informs various audiences of certain chief executive behaviors and characteristics that are perceived by followers to be valuable and important, as supported by the degree of organizational commitment displayed by the chief executive's management staffs.

This research enhances the existing body of work in the field by testing:

1. the direct relationships between and among perceived authentic leadership, the psychological contract, and organizational commitment.

2. the direct relationships between and among perceived transformational leadership, the psychological contract, and organizational commitment.
3. whether psychological contracts operate as a moderating mechanism on the relationships between perceived authentic leadership and organizational commitment, and perceived transformational leadership and organizational commitment.

CHAPTER 2

LITERATURE REVIEW

Theoretical Framework

In this chapter, the constructs for this study are defined and examined. These are: authentic leadership theory; transformational leadership theory; the psychological contract; and organizational commitment. Theoretical foundations and underpinnings are discussed. Research regarding the impact of authentic leadership, transformational leadership, and the psychological contract on organizational commitment is presented.

Authentic Leadership

The core concept of authenticity has its roots in Greek philosophy, 'to thine own self be true' (Erickson, 1995; Harter, 2002). Rogers (1959, 1963) and Maslow (1968, 1971) offered related work about the concept, as they focused attention on the development of fully-functioning or self-actualized persons, i.e., individuals who are "in tune" with their basic nature and clearly and accurately see themselves and their lives.

A construct of authentic leadership has been present since the early 1970s (Terry, 1993). Its more recent popularity has grown in response to increasing anxiety associated with events such as September 11, 2001, downturns in the U.S. economy, as well as a widespread desire to identify public and corporate leaders who will bring integrity to their work, operate in a transparent manner,

espouse courage and optimism in the face of challenge, and are guided by an unfailing moral compass (Avolio, Gardner, Walumbwa, & Luthans, 2005; May, Chan, Hodges, & Avolio, 2003). As many leadership theories have been developed because of a need in society, authentic leadership is no different, as its recent definitions were formulated from the need for authentic leaders after the ethical debacles of the early 2000s involving Enron and WorldCom (Bandsuch, Pate, & Thies, 2008; Harvey, Martinko, & Gardner, 2006; Zhu, May, & Avolio, 2004). Author and former Medtronic CEO Bill George (George, 2003; George & Sims, 2007) has noted the time is ripe to redefine leadership for the 21st century. He trumpeted our need for leaders who lead with purpose, values, and integrity; leaders who build enduring organizations, motivate their employees to provide superior customer service, and create long-term value for shareholders (George, 2003). McCain and Salter (2004) emphasized the importance of being authentic by suggesting it is not enough to be honest and just and demand that we be treated honestly and justly by others. We must learn to love honesty and justice for themselves, not just for their effect on personal circumstances, but for their effect on the world, on the whole of human experience, on the progress of humanity in which we have played our part (McCain & Salter).

Authentic leadership theory is considered one of a number of ethical leadership theories, the definitions for which may include values, traits and behaviors, and invariably will involve personal integrity (Yukl, 2010). Ethical leadership theories focus on the interpersonal relationship between the leader and followers, and argue that the ideal relationship is one with high mutual respect, trust, cooperation, loyalty, and openness (Yukl, 2010). Ethical leadership theories emphasize the importance of leader self-awareness about values and beliefs, and consistency between values and behaviors (Yukl).

Among the ethical leadership theories, servant, spiritual, and authentic leadership all share some common features (Yukl, 2010). Servant leadership purports that service to followers is the primary responsibility of leaders (Greenleaf, 1977). Servant leaders must stand for what is good and right, even when it is not in the financial interest of the organization; and must empower followers instead of using power to dominate them (Greenleaf). Spiritual leadership (Chappel, 1993) describes how leaders can enhance the intrinsic motivation, confidence, and organizational commitment of followers by creating conditions that increase their sense of spiritual meaning in the work. There is a sense of calling in the work, and of fellowship and meaningful relationships (Chappel). Consistent themes throughout the authentic leadership literature tout that it is a normative theory -- a root construct -- that describes an ideal leader for organizations, emphasizing the importance of consistency in words, actions, and values, and focusing on positive leader values, leader self-awareness, and a trusting relationship with followers. In essence, the behavior and values of authentic leaders are consistent with their actual values. These leaders do not seek leadership positions to gratify a need for esteem, status and power, but rather to express and enact their own values and beliefs (Yukl, 2010).

There are numerous definitions of authentic leaders and authentic leadership in current literature. (A source listing is found in Gardner, Cogliser, Davis, & Dickens, 2011, Table 1.) Avolio et al. (2004) conceived of authentic leaders as persons who have achieved high levels of authenticity in that they know who they are, what they believe and value, and they act upon those values and beliefs while transparently interacting with others. The scholars define authentic leaders as those individuals who are deeply aware of how they think and behave and are perceived by others as being aware of their own and others' values/moral perspective, knowledge, and strengths;

aware of the context in which they operate; and who are confident, hopeful, optimistic, resilient, and high on moral character (2004).

Walumbwa, Avolio, Gardner, Wernsing, & Peterson (2008) report that authentic leadership is a pattern of leader behavior that draws upon and promotes both positive psychological capacities and a positive ethical climate, to foster (1) greater self-awareness, (2) balanced processing of information, (3) an internalized moral perspective, and (4) relational transparency on the part of leaders working with followers, fostering their positive self-development. Self-awareness refers to the demonstrated understanding of one's strengths, weaknesses, and the way one makes sense of the world (Avolio et al., 2009). Without significant self-awareness, authenticity would be the mere fit between self-identity and action (2009). Therefore, a key definitional attribute of authenticity and authentic leadership is a high level of self-concept clarity and extensive self-knowledge (Avolio et al., 2009; Gardner et al., 2011; Kernis, 2003; Shamir & Eilam, 2005). Avolio et al. (2009) defined balanced processing as the ability to objectively analyze relevant data before making a decision. It is an active state of seeking input and non-defensively considering others' ideas (2009). Internalized moral perspective, another key attribute, is a moral perspective or moral self-identity which refers to the ability to be guided by internal moral standards used to self-regulate one's behavior (Avolio et al., 2009). This is the moral compass. The final attribute is relational transparency, which refers to openly sharing information and feelings as appropriate for situations in a way that leads people to perceive a sense of authenticity in their leader (Avolio et al., 2009). This promotes a high level of self-clarity through authentic modeling, so that followers are able to identify and take on the positive core values of their leader (Luthans & Avolio, 2003).

The expanded definition of authentic leadership offered by Walumbwa et al. (2008) emphasizes a transparently connected relationship between leaders and followers, encompassing a

high level of self-awareness with internalized beliefs and moral values. They contend authentic leadership is a relevant concept that satisfies a current public need for accountability, integrity, courage and transparency because of its focus on leaders' own transparency, internal principles, and a moral compass in the face of nefarious, shifting and possibly ethically-ambiguous business practices (2008). In relation, current research on authentic leaders shows promising outcomes related to employee engagement (Walumbwa, Wang, Schaubroeck, & Avolio, 2010), greater trust displayed by followers (Wong & Cummings, 2009), and greater follower satisfaction with supervisor performance (Walumbwa et al., 2008). Authentic leaders promote trust among their followers because their deep self-knowledge of both their strengths and weaknesses creates a nondefensiveness that allows for them to be consistent across situations and transparent with their followers regarding the reasons for their actions (Kernis, 2003; May, Chan, Hodges & Avolio, (2003); Walumbwa et al., 2008). This nondefensiveness allows for leaders to be both self-determined (Deci & Ryan, 1985) and at the same time become what Tangney (2000) has labeled "unselved". They are motivated to minimize personal goals, focusing instead on understanding those they serve and, more importantly, exercising influence on behalf of others (Howell, 1988).

Ilies, Morgeson and Nahrgang (2005) believe authentic leaders are deeply aware of their values and beliefs, they are self-confident, genuine, reliable and trustworthy, and they focus on building followers' strengths, broadening their thinking, and creating a positive and engaging organizational context. The effectiveness of authentic leaders comes from their motivation, as defined by their energy, persistence, optimism, and clarity about objectives in the face of difficult challenges, obstacles, setbacks, and conflicts with rivals or opponents (Yukl, 2010). Cohen (2012) remarked that being an authentic leader means actually caring so much about a higher purpose, a higher principle, and/or a higher goal, that leaders are willing to make the most important sacrifices

for the sake of what they are aspiring to accomplish. George et al. (2007) have written that authentic leaders are genuine people who are true to themselves and to what they believe in. They engender trust and develop genuine connection with others. Because people trust them, they are able to motivate others to high levels of performance. Rather than letting the expectations of other people guide them, they are prepared to be their own person and go their own way. As they develop as authentic leaders, they are more concerned about serving others than they are about their own success or recognition. The latter authors present a perspective that seems to capture popular -- the practitioners' -- conception. For George (2003), the five dimensions of authentic leadership are: (a) pursuing purpose with passion; (b) practicing solid values; (c) leading with heart; (d) establishing enduring relationships; and (e) demonstrating self-discipline.

Kark and Shamir (2002) suggest that authentic leaders are able to enhance the engagement, motivation, commitment, satisfaction, and involvement required from followers to constantly improve their work and performance outcomes through the creation of personal identification with the follower and social identification with the organization. In their meta-analysis, Dirks et al. (2002) found trust in leadership to be associated with a variety of important organizational outcomes, including belief in information, commitment, organizational citizenship behavior, satisfaction with leaders, and intention to stay. Conclusions learned through this analysis were similar to those reached by Bass (1990), when he identified trust in leadership as a crucial element in leadership effectiveness. Additionally, Walumbwa et al. (2010) found that authentic leadership was significantly related to organization citizenship behavior and employee work engagement. These relationships were explained by the degree to which employees identified with their supervisors and the extent to which employees felt psychologically empowered (2010).

Luthans et al. (2003) noted that authentic leaders recognize and value individual differences and have the ability and motivation to identify people's talents and help them build those talents appropriately into strengths, while linking them to a common purpose or mission. They believe the influence of authentic leaders on followers' attitudes and behaviors is made more powerful and motivational through the identification of the people they lead (2003). They also say that these leaders are guided by a set of end values that represent an orientation toward doing what is right and fair for the leader and for their followers (2003). Such leaders identify with their followers by leading from the front, openly discussing their vulnerabilities, and constantly emphasizing the growth of followers (2003). Avolio et al. (2004) have suggested that authentic leaders realize their ethical behavior sends a strong message to followers affecting what they attend to, what they think, how they construct their own roles, and ultimately how they decide and behave. By reflecting on their own selves and others, such leaders are better able to grasp the moral implications of a given situation and keep their followers engaged over time for the benefit of the collective (e.g. work team, department, organization) (Avolio et al.).

Avolio et al. (2004) have indicated furthermore that authentic leaders build benevolence and integrity with the followers by encouraging totally open communication, engaging their followers, sharing critical information, and sharing their perceptions and feelings about the people with whom they work, resulting in realistic social relationships arising from followers' heightened levels of personal and social identification. Konovsky and Pugh (1994) have shown that because authentic leaders exemplify high moral standards, integrity, and honesty, their favorable reputation fosters positive expectations among followers, enhancing their levels of trust and willingness to cooperate with the leader for the benefit of the organization. As a result, followers feel more comfortable and empowered to do the activities required for successful task accomplishment.

Shamir et al. (2005) introduced the construct of authentic followership, which is achieved by followers who follow leaders for authentic reasons and have an authentic relationship with the leader. Avolio et al. (2005) agreed, arguing that authentic followership mirrors the developmental processes of authentic leadership and is characterized by heightened levels of followers' self-awareness and self-regulation leading to positive follower development and outcomes (2005). Hence, authentic followers are posited to display internalized regulatory processes, balanced processing of information, relational transparency, and authentic behavior paralleling what we describe as characterizing authentic leaders (2005).

Hannah, Walumbwa and Fry (2011) researched team leader and members' authenticity in action teams. Their results suggest that self-awareness, transparency, balanced processing, and moral perspective (the four attributes of authentic leadership) all significantly contribute to teamwork and team productivity. Thus, authentic leaders can have significant effects on teams through their exemplification of these tenets (2011). Walumbwa, Luthans, Avey and Oke (2011) examined the role of authenticity on collective psychological capital and trust among followers and found that authentic leadership enhanced these behaviors and characteristics, which in turn positively affected citizenship behavior and performance.

Transformational Leadership

The 'dominant conceptualization of leadership in organizational behavior' is the charismatic/transformational style (Judge, et al. 2008, p. 335.) Our examination of the abstracts of articles concerning leadership over the period 2000-2014 found that a staggering 22.7% (275 of 1212 articles) addressed transformational leadership (2008).

The seminal work on transformational leadership was accomplished by Burns (1978). Introducing the concept, Burns stated "the essence of the leaders' power is the extent to which they

can satisfy or appear to satisfy the specific needs of the followers" (p. 294). Burns's original conception compared and contrasted transformational and transactional leadership, in terms of what leaders and followers offer to one another. He posited that transformational leaders offer a purpose that transcends short-term goals, focuses on higher order intrinsic needs, and engages the full potential of the follower. Transactional leaders, in contrast, focus on the proper exchange of resources. He believed the characteristics of the respective transformational and transactional concepts exist on opposite ends of a continuum (1978).

Bass (1985) based his theory of transformational leadership theory somewhat on Burns's conceptualization, though he did not agree completely with Burns that transformational and transactional leadership were opposite of one another. Bass suggested these are two separate concepts, but argued that a leader can be both transformational and transactional, and that the best leaders are both (1985).

A primary component of transformational leadership has been charismatic leadership, in which subordinates are inspired to perform beyond normal expectations via a commitment to a vision and perception of competence provided by the leader (House & Aditya, 1997; Bass, 1985; Pawar & Eastman, 1997; Yukl, 2010). The forerunner to transformational leadership theory, the construct of charismatic leadership appeared in the literature in the late 1970s (Conger, 1999). House (1977) posited that charismatic leadership is characterized by leaders who articulate an inspirational vision of a desirable future that motivates followers to sacrifice their self-interests and devote exceptional effort to the causes advocated by the leader. House (1977) and House and Podsakoff (1994) argue that charismatic leaders exude passion and self-confidence, engage in self-sacrificial behavior and promote a collective identity, role model desirable behavior, establish high expectations for followers, and express confidence that followers can achieve them. These

behaviors help explain the inspirational influence on followers as having extraordinary abilities and qualities. Their personal magnetism and visionary appeals cause followers to identify personally with the leaders, and internalize their leaders' goals, values and beliefs, resulting in followers desire to emulate their leaders (House, 1977).

Charismatic leaders have been characterized as socialized or personalized (Howell and Shamir, 2005). Socialized charismatic leaders transcend their own self-interests, empowering and developing their followers and articulating visions that serve the collective (Conger, 1999). Personalized charismatic leaders are self-seeking and manipulate followers to achieve their own interests. They are authoritative narcissists, and their high need for power is partly driven by their low self-esteem (1999).

Transformational leadership theory rests on the assertion that certain leader behaviors can arouse followers to a higher level of thinking (Bass, 1985; Burns, 1978). Transformational leaders provide constructive feedback to their followers, convince followers to exhibit extra effort, and encourage followers to think creatively about complex problems (Bass, 1985). As a result, followers tend to behave in ways that facilitate high levels of task performance. In addition, transformational leaders make their organizations' missions salient and persuade followers to forego personal interests for the sake of the collective (1985). Podsakoff et al. (1990) suggest that when followers equate their own success with that of their organizations' values and goals, they become more willing to cooperate in order to make a positive contribution to the work context. By appealing to followers' ideals and values, transformational leaders enhance commitment to a well-articulated vision and inspire followers to develop new ways of thinking about problems (Piccolo & Colquitt, 2006). A central tenet of the transformational approach is that such effects are transmitted through follower reactions to a leader (Piccolo & Colquitt). Bass and

Riggio (2006) stated that transformational leaders stimulate and inspire followers to achieve extraordinary outcomes and help grow followers into leaders.

Since its introduction, transformational leadership theory has evolved to describe four dimensions of leader behavior (Bass, 1985; 1987; Bass & Avolio, 1994). Idealized influence is the degree to which leaders behave in charismatic ways that cause followers to identify with them. Inspirational motivation is the degree to which leaders articulate visions that are appealing to followers. Intellectual stimulation is the degree to which leaders challenge assumptions, take risks, and solicit followers' ideas. Individualized consideration is the degree to which leaders attend to followers' needs, act as mentors or coaches, and listen to followers' concerns (1994). Studies by Avolio and Bass (2004) summarize characteristics of a transformational leader as: (1) becoming a source of inspiration to others through their commitment to those who work with them, their perseverance to a mission, their willingness to take risks, and their strong desire to achieve; (2) diagnosing, meeting, and elevating the needs of each of their associates through individualized consideration; (3) stimulating their associates to view the world from new perspectives, angles, and informational sources; and (4) trusting their leaders to overcome any obstacle, because of their hard work, their willingness to sacrifice self-interest, and their prior successes.

Bennis and Nanus (1985) conducted a five-year qualitative study of dynamic and innovative leaders, including 60 top-level corporate leaders and 30 leaders of public sector organizations. Most of the leaders were ordinary in appearance, personality, and general behavior. The researchers identified some common themes in the interview protocols that provide insights about transformational leadership. (i) The leaders all had a vision of a desirable and possible future of their organization; (ii) the vision was sometimes just a vague dream and at other times it was as concrete as a written mission

statement; (iii) the leaders demonstrated commitment to the vision by their decisions and behavior; (iv) follower commitment to the vision depended on the trust in the leader, which was more likely when the leader's statements were consistent; and (v) the leaders channeled the collective energies of organizational members in pursuit of the common vision (1985).

In his book, *The Leadership Engine* (1997), Noel Tichy suggested the scarcest resource in the world today is leadership talent capable of continually transforming organizations to win in tomorrow's world. Nothing will transform an organization faster and prepare an organization better for future success than skilled transformational leaders (Tichy). Earlier, Tichy co-authored a book with Devanna titled *The Transformational Leader* (1986). They expressed their view of a transformational leader as a visionary with new ways of thinking about strategy, structure, and people, as well as about change, innovation, and having an entrepreneurial perspective.

Onorato (2013) noted that transformational leadership assesses the leader's values, and how the leader interacts with the organizational members in a way that conveys his or her values to each of the members, which engages and transforms them to accept these values as their own. The leader conveys these values to the organizational members through the use of several behaviors designed to attract the members to the leader's goal (2013).

On the basis of accumulated research evidence, there can now be little doubt that transformational leadership is related to a wide range of positive outcomes (Judge & Piccolo, 2004). Judge and Bono (2000) found transformational leaders to have higher effectiveness and more motivated and satisfied subordinates. Podsakoff, MacKensie, and Bommer (1996) reported that transformational leader behaviors were associated with subordinate job satisfaction and in-role

performance. Podsakoff et al. (1993) reported a positive relationship between transformational leadership and organizational citizenship behaviors. Shin and Zhou (2003) found that transformational leadership was positively related to subordinate creativity.

Psychological Contract

The concept of psychological contract is an extension of what has been written by social philosophers about social contracts, first discussed by Argyris (1960), Homans (1961), and Levinson (1962). The psychological contract mechanism is explained in the framework of social exchange theory (Blau, 1964) and the norm of reciprocity (Gouldner, 1960). Shared understandings and reciprocal contributions for mutual benefit are at the core of social exchange theory and functional exchange relationships (Blau, 1964), and constructive psychological contracts between workers and employers (Rousseau, 1995). In the context of the psychological contract, mutuality (shared understanding) describes the degree to which the two parties agree on their interpretations of promises and commitments each party has made and accepted (i.e., agreement on what each owes the other). Reciprocity refers to the degree of agreement about reciprocal exchange, given the commitments or contributions made by one party that obligate the other to provide an appropriate return (Dabos & Rousseau, 2004), and that when one party benefits another, an obligation is generated (Gouldner, 1960). These obligations constitute the fabric of the psychological contract (Robinson & Rousseau, 1994), and because these obligations make up an individual worker's subjective belief, they are shaped by his or her experiences in the organization (Rousseau, 1995).

Homans (1961) defined social exchange as the exchange of activity, tangible or intangible, and more or less rewarding or costly, between at least two persons. Homans' work emphasized the individual behavior of actors in interaction with one another (1961). Social exchange theory is not one theory but a frame of reference within which many theories can speak to another, whether in

argument or mutual support (Emerson, 1976). According to Stafford (2008), social exchanges involve a connection with another person; involve trust and not legal obligations; are more flexible; and rarely involve explicit bargaining. Social exchange process brings satisfaction when people receive fair returns for their expenditures (Cook & Emerson, 1987).

A psychological contract is an exchange agreement between an employee and the organization that deals with the individual's beliefs regarding his or her obligations to the employer, and the obligations the employer owes in return (Rousseau, 1995), quintessentially an exchange of resources between two parties – employees and employers (Aggarwal, 2012). When one party believes that a promise of future returns has been made, a contribution has been given and thus, an obligation has been created to provide future benefits, a psychological contract emerges (Rousseau, 1989). The psychological contract is an exchange concept that provides a broad explanatory framework for understanding employee-organization linkages (Conway & Briner, 2002). These obligations make up the individual worker's subjective beliefs, as they are shaped by his or her experiences in the organization (Rousseau, 1995). Among the various examples of employee expectations within this exchange are reasonable compensation and benefits, fair treatment, job security, and job growth and enrichment opportunities (Schein, 1980). Of the set of employer expectations believed to exist are acceptable performance and behavior, loyalty, best efforts, motivation, and organization citizenship (1980).

Early psychological contract work distinguished between two forms of obligations, relational and transactional (Rousseau, 1989; Zhao, Wayne, Glibkowski & Bravo, 2007). The transactional component of the contract includes short-term and narrowly focused economic or monetary exchanges that take place between an organization and its

employees (Rousseau & McLean Parks, 1993; Morrison & Robinson, 1997). Relational components, however, refer to open-ended socio-emotional obligations such as trust and good faith (Rousseau, 1990). Employees with relational, rather than transactional, psychological contracts have higher levels of organizational commitment (Millward & Hopkins, 1998). The content of psychological contracts, in conjunction with the degree to which they are fulfilled, impacts many employment outcomes, including organizational citizenship behavior (Hui, Lee, & Rousseau, 2004) and organizational commitment (Zhao et al., 2007). The effective management of the multiple sources of information pertinent to psychological contracts can yield substantial benefits in the form of improved job satisfaction and worker performance (Robinson, 1996; Robinson et al., 1994). Conversely, failure to comprehend and fulfill psychological contract obligations can result in negative consequences, such as high turnover and low citizenship behavior (Robinson & Morrison, 1995; Robinson et al., 1994).

Schein (1980) explained that the notion of a psychological contract implies that there is an unwritten set of expectations operating at all times between every member of an organization and the various managers and others in that organization. The psychological contract changes over time as the organization's needs and the employee's needs change. Both individual employee and manager forge their expectations from their inner needs, what they have learned from others, traditions and norms which may be operating, their own past experience, and a host of other sources (1980). As needs and external forces change, so do these expectations, making the psychological contract a dynamic one which must be constantly renegotiated. Though it remains unwritten, the psychological contract is a powerful determiner of behavior in organizations (1980).

Psychological contracts are characterized as schemas shaped by multilevel factors, which affect the creation of meaning around promises and commitments workers and employers make to

each other, the interpretations of the scope of their obligations, and the degree of mutuality and reciprocity the parties manifest (Dabos et al., 2004). Much of the value in creating psychological contracts lies in the capacity and willingness to reduce insecurities and anticipate future exchanges, helping both individuals and organizations to meet their needs (Rousseau, 1995; Shore & Tetrick, 1994). When workers and employers agree on the terms of the contract, their future exchanges develop into actions predictable to each party, facilitating planning, coordination, and effective performance (Rousseau, 1995).

The psychological contract between the employer and employee is based upon the belief that any contribution would be reciprocated by the other party. The perception of obligation and fulfillment is the core of the psychological contract (Parzefall & Coyle-Shapiro, 2011). The employer and employee seek to maintain a fair balance in the reciprocal inducements and contributions each has offered the other (Blau, 1964). Any imbalance would lead to an attempt to restore the balance. Thus, employees reciprocate psychological contract fulfillment and breach in the form of enhancing or reducing organization commitment (Coyle-Shapiro & Kessler, 2000), trust (Robinson et al., 1994), performance (Robinson, 1996), and withdrawal of organizational citizenship behavior (Robinson et al., 1995). The psychological contract is an important variable within the perceived organizational membership framework. It is viewed as representative of employees' need fulfillment via their membership in the particular organization (Masterson & Stamper, 2003).

Psychological contract research in general has focused on negative or dysfunctional consequences associated with perceived breach and contract violation (Bunderson, 2001; Robinson et al., 1994; Turnley & Feldman, 1998). Less attention has been paid to the positive or functional outcomes associated with agreement and psychological contract fulfillment.

According to Rousseau (1989; 1995), when either party perceives that the other has failed to fulfill one or more of the relational or transactional obligations, there is a perceived breach or violation, and violations deemed unacceptable to the employee will negatively affect commitment to the organization. When an employee's expectation – whether shared or perceived; written or implied – is unmet, trust can be violated. Recent studies suggest that 'intent to stay' and value commitment are significantly and positively correlated with the psychological contract (Aggarwal, 2011); the perception of breach of the psychological contract significantly predicts organizational commitment (Jafri, 2011); and psychological contract breach negatively affects employee organizational identification (Epitropaki, 2013).

Schein (1980) further posited that whether people work effectively, whether they generate commitment, loyalty, and enthusiasm for the organization and its goals, and whether they obtain satisfaction from their work depends to a large measure on two conditions: (1) the degree to which their own expectations of what the organization will provide to them and what they owe the organization in return matches what the organization's expectations are of what it will take and get in return; and (2) the nature of what is actually to be exchanged, stated in terms of: money, in exchange for time at work; social need satisfaction and security in exchange for hard work and loyalty; opportunities for self-actualization and challenging work in exchange for high productivity, high quality work, and creative effort in the service of organizational goals; or various combinations of these and other things (1980).

Organizational Commitment

Commitment has its origins in sociology (Becker, 1960; Kanter, 1968) and social psychology (Kiesler, 1971), and gained prominence in the organizational behavior literature as a potential predictor of employee turnover (Mowday, Porter, & Steers (1982). Social exchange

theory is considered a cornerstone for understanding organizational commitment, such that when one person or entity does a favor for another, the recipient of the favor is obligated to reciprocate (Blau, 1964). The most prevalent approach to organizational commitment in the literature is one in which commitment is considered an affective or emotional attachment to the organization, such that the strongly committed individual identifies with, is involved in, and enjoys membership in, the organization (Allen & Meyer, 1990). This view was taken by Kanter (1968) who described 'cohesion commitment' as 'the attachment of an individual's fund of affectivity and emotion to the group' (p. 507) and by Buchanan (1974) who conceptualized commitment as a 'partisan, affective attachment to the goals and values of the organization, to one's role in relationship to the goals and values, and to the organization for its own sake, apart from its purely instrumental worth' (p. 533). According to Reichers (1985), commitment is characterized by a person's belief in and acceptance of the organization's goals and values, willingness to exert effort on behalf of the organization, and the desire to maintain membership.

Organizational commitment is defined in many different ways. Meyer and Herscovitch (2001) found that all of the definitions of commitment in general make reference to the fact that commitment (a) is a stabilizing and obliging force, that (b) gives direction to behavior (e.g., restricts freedom, binds the person to a course of attachment felt by the person for the organization, reflecting the degree to which the individual internalizes or adopts characteristics or perspectives of the organization). These similarities serve as the basis for the "core essence" of commitment (2001). A common theme is the notion that commitment is the bond or linking of the employee to the organization (Lee et al. 1992). Another thread among different conceptualizations of commitment studied is a link with turnover; employees who are strongly committed are those who are least likely to leave the organization (Allen et al., 1990). The differences in conceptualization

involve the psychological state reflected in commitment, the antecedent conditions leading to its development, and the behaviors that are expected to result from commitment (1990). Employee commitment to the organization can be an avenue through which management can reduce the intention and incidence of high turnover (Meyer, Vandenberghe, & Becker, 2004).

For O'Reilly & Chatman (1986), organizational commitment is defined as the psychological attachment felt by the person for the organization, reflecting the degree to which the individual internalizes or adopts characteristics or perspectives of the organization. For some other researchers, commitment is: (1) a totality of normative pressures to act in a way that meets organizational goals and interests (Wiener, 1982), suggesting that individuals exhibit behaviors solely because 'they believe it is the right and moral thing to do' (p. 421); (2) the tendency to engage in "consistent lines of activity" (p. 33) because of the perceived cost of doing otherwise (Becker, 1960); (3) a psychological state that binds the individual to the organization, i.e., makes turnover less likely (Allen & Meyer, 1990); and, (4) a bond or linking of the individual to the organization (Mathieu & Zajac, 1990). For the past two decades, most studies examining the concept of organizational commitment have used the definition and measures developed by Mowday, Steers, & Porter (1979), who defined organizational commitment as "the relative strength of an individual's identification with and involvement in a particular organization" (p. 226).

Meyer & Allen (1991) identified three distinct themes in the definition of commitment: commitment as an affective attachment to the organization, commitment as a perceived cost associated with leaving the organization, and commitment as an obligation to remain with the organization. These forms are referred to as affective, continuance, and normative commitment, respectively. The authors argued that one of the most important reasons for distinguishing among the different forms of commitment was that they have very different implications for behavior; that

employees can experience varying degrees of all three forms of commitment; and that one can achieve a better understanding of an employee's relationship with an organization when all three forms of commitment are considered together (Meyer & Allen, 1991).

Affective commitment refers to an employee's identification and involvement with a particular organization (Allen & Meyer, 1991; Tett & Meyer, 1993). Employees whose experiences within the organization are consistent within the organization and satisfy their basic needs tend to develop a stronger affective attachment to the organization than those whose experiences are less satisfying (Mowday et al., 1982; Meyer & Allen, 1991). Continuance commitment develops as employees recognize that they have accumulated investments or 'side bets' (Becker, 1960) that would be lost if they were to leave the organization, or as they recognize that the availability of comparable alternatives is limited. The continuance theme emanates from the realization that one will lose valued benefits upon leaving an organization (Tett et al., 1993). Normative commitment develops as the result of socialization experiences that emphasize the appropriateness of remaining loyal to one's employer (Wiener, 1982), or through the receipt of benefits that create within the employee a sense of obligation to reciprocate (Scholl, 1981).

Common to the three approaches is the view that commitment is a psychological state that (a) characterizes the employee's relationship with the organization and (b) has implications for the employee's decision to continue or discontinue membership in the organization (Allen et al., 1991). Although there is a link between the employee and organization that decreases the likelihood of turnover, it is clear that the nature of that link differs. Employees with strong affective commitment remain because they want to, those with strong continuance commitment because they need to, and those with strong normative commitment because they feel they ought to do so (Allen et al., 1991).

A meta-analysis of the commitment literature confirmed that individual personal characteristics and leader/follower relations were significant antecedents to commitment (Mathiew et al., 1990). There is considerable evidence supporting the relationship between supervisory conduct and perceived organizational support and subsequent commitment (Eisenberger et al., 2002). Lowe and Barnes (2002) have reported findings supporting the correlation between effective leader behaviors and follower commitment.

Prior research suggests that work experiences, personal, and organizational factors serve as antecedents to organizational commitment (Allen & Meyer, 1990, 1996; Eby, Freeman, Rush, & Lance, 1999; Meyer & Allen, 1997). One such personal and organizational factor that is considered a key determinant of organizational commitment is leadership (Mowday et al., 1982). There is considerable research available suggesting that transformational leadership is positively associated with organizational commitment in a variety of organizational settings and cultures (Bono & Judge, 2003; Dumdum et al., 2002; Koh, Steers, & Terborg, 1995; Lowe et al., 1996; Walumbwa & Lawler, 2003; Barling, Weber, & Kelloway, 1996; Viator, 2001). Transformational leadership has been positively correlated to leader effectiveness ratings, leader and follower satisfaction, follower efforts, technological innovation, employee commitment, trust in leader, positive organizational citizenship behaviors, and overall organizational performance (Avolio, Waldman, & Einstein, 1988; Bycio, Hackett, & Allen, 1995; Hater & Bass, 1988; Howell & Avolio, 1993; Lowe, Kroeck, & Sivasubramaniam, 1996; Podsakoff et al., 1990; Waldman, Bass, & Einstein, 1987). Others (Shamir, House, & Arthur, 1993; Shamir, Zakey, Breinin, & Popper, 1998) have noted that transformational leaders are able to influence followers' organizational commitment by promoting higher levels of intrinsic value associated with goal accomplishment, emphasizing the linkages between follower effort and goal achievement, and by creating a higher level of personal

commitment between follower effort on the part of the leader and followers to a common vision, mission, and organizational goals.

Transformational leaders influence followers' organizational commitment by encouraging followers to think critically by using novel approaches, involving followers in decision-making process, inspiring loyalty, while recognizing and appreciating the different needs of each follower to develop his or her personal potential (Avolio, 1999; Bass & Avolio, 1994:; Yammarino, Spangler, & Bass, 1993). By encouraging followers to seek new ways to approach problems and challenges, and identifying with followers' needs, transformational leaders are able to motivate their followers to get more involved in their work, resulting in higher levels of organizational commitment (Walumbwa & Lawler, 2003). Prior research has also reported that organizational commitment was higher for employees whose leaders encouraged participation in decision-making (Jermier & Berkes, 1979; Rhodes & Steers, 1981), emphasized consideration (Bycio, Hackett, & Allen, 1995), and were supportive and concerned for their followers' development (Allen & Meyer, 1990, 1996). Additionally, empowered employees would be expected to execute extra-role efforts, act independently, and have higher commitment to their organization (Spreitzer, 1995). Employees who feel more empowered are more likely to reciprocate by being more committed to their organization (Eisenberger, Fasolo, & Davis-LaMastro, 1990; Kraimer, Seibert, & Liden, 1999).

Research Question

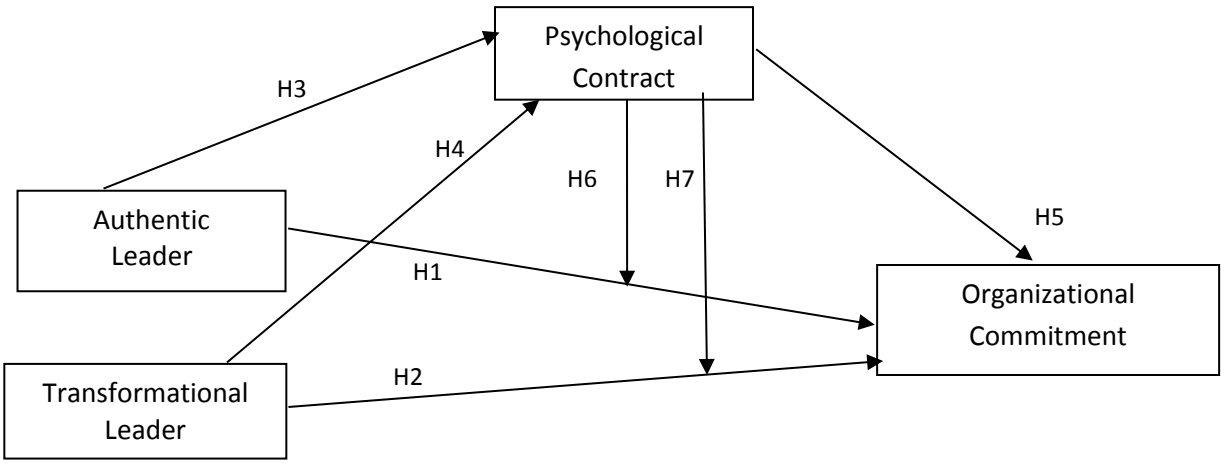
As Hickman (2010) stated, there can be no leaders without followers. Bernerth & Walker (2009) suggest there is a direct relationship between certain leadership behaviors and organizational outcomes. The field is replete with evidence that leaders can positively influence follower attitudes, behaviors, and performance. The underlying interest in this research study is whether the presence of authentic and

transformational leader behaviors and characteristics as exhibited by chief executive officers are factors that consequently motivate employees of safety net health services organizations to commit to their organizations. Works among scholars compel the following interesting and important question: *What impact have authentic and transformational leadership behaviors on employee organizational commitment in health services organizations, and do psychological contracts affect these relationships?*

Conceptual Model

The diagram in Figure 1 below depicts the conceptualized relationships among authentic leadership, transformational leadership, psychological contract, and organizational commitment. It builds upon the theories of authentic and transformational leadership and their direct pathways to organizational commitment; presents the psychological contract agreement and its direct relationships with authentic and transformational leadership, and to organizational commitment; and, introduces the psychological contract as a moderating influence on organizational commitment. The perceptions and beliefs of managers (excluding the CEOs) of safety net health services organizations have been obtained. A within group, nonexperimental design was employed to explore the research question.

Figure 1.



Theoretic Linkages among Authentic Leadership, Transformational Leadership, Psychological Contract, and Organizational Commitment

This section relates the linkages and connections conceptualized in this study.

Authentic leader behaviors have been demonstrated to drive follower organizational commitment – particularly follower affective commitment – through trust in the leader (Wong & Cummings, 2009), and trust and identification with the leader (Walumbwa et al. 2008, 2010, 2011; Leroy, Palanski, & Simons, 2012). Authentic leaders interact in an open and non-defensive way – and thus present themselves to followers as vulnerable. This vulnerability engenders in followers trust in leaders and their willingness to be vulnerable (Walumbwa et al. 2011). This identification will impact follower's affective organizational commitment (Avolio et al. 2004). As noted by Kark and Shamir (2002), authentic leaders are able to enhance commitment required from followers to constantly improve work performance outcomes through the creation of personal identification with

the follower and social identification with the organization. Based upon these conclusions, this study proposed that:

Hypothesis #1: Perception of authentic leader behavior is positively related to organizational commitment in health services organizations.

There is considerable available research suggesting that transformational leadership is positively associated with organizational commitment in a variety of organizational settings and cultures (Walumbwa, Orwa, Wang & Lawler, 2005; Avolio, Zhu, Koh & Bhatia, 2004; Bono & Judge, 2003; Walumbwa & Lawler, 2003; Dumdum, Lowe & Avolio, 2002; Bycio et al., 1995; Simon, 1994; Dubinsky et al., 1995). These behaviors cause followers to do more than they are expected to do (Yukl, 1989), perform above and beyond the call of duty (Bass, 1985), and take on greater responsibility, perform beyond expectations, and assume leadership roles themselves (Bass & Avolio, 1994). Waldman et al. (2001) and Fu et al. (2010) found that leaders' transformational behaviors, such as articulating an attractive vision for the organization and expressing high performance expectations for followers to contribute to the collective good, elicit strong commitment from followers toward the organization. As a result of these findings, this study proposed that:

Hypothesis #2: Perception of transformational leader behavior is positively related to organizational commitment in health services organizations.

A central element of contemporary leadership approaches is the relationship between leaders and followers (Salicru and Chelliah, 2014). Yet, despite the recent recognition that promoting psychological contracts through leadership is the missing link between [HR] strategy and organizational performance (McDermott, et al., 2013), to date, no contemporary approach to leadership has explicitly considered using the psychological contract as a framework to fully

understand the leader-follower relationship (2014). Conway & Briner (2002) noted the psychological contract is an exchange concept that provides a broad explanatory framework for understanding the employee-organization linkages. Rousseau (1995) suggested the primary vehicle managers have for making firms successful is the psychological contracts they create with workers. Notwithstanding, there is no available research testing the direct effects of the relationships between authentic leadership and the psychological contract, or transformational leadership and the psychological contract. Gill and Caza (2015) found that authentic leadership has positive associations with various follower outcomes (such as identification with the leader, leader trustworthiness, positive follower states and positive social exchanges) via direct effects on followers and indirect effects through leadership among followers' co-workers. The effect of transformational leadership practices on organizational commitment is indirectly affected by empowerment (Avolio et al., 2004), which is closely associated with, though not the same construct as, the psychological contract. Empowerment has been shown to mediate the relationship between transformational leadership and organizational commitment (2004). Transformational leadership is positively related to organizational trust and job satisfaction (Top, et al., 2015). Transformational leadership has also been linked to organizational identification (Epitropaki, 2003) and organizational justice (Pillai, Schreisheim & Williams, 1999), also related though different from the psychological contract. It seems the attributes of authentic leaders – such as, integrity, self-awareness, trustworthiness, transparency - articulated by Walumbwa, et al. (2008), Avolio et al. (2004, 2009) and other scholars, and the attributes of transformational leaders – such as, inspiration, vision, innovation, intellectual stimulation - espoused by Bass (1985, 1987), Bass & Avolio, 1994) and others, would relate positively to the fulfillment of unwritten obligations sought within the psychological contract between the employer and employee, theorized by Rousseau (1995),

Aggarwal (2012), Schein (1980) and other researchers. This study proposed to provide empirical evidence that supports the following concerning both authentic leader and transformational leader behaviors:

Hypothesis #3: Perception of authentic leadership behavior is related to the psychological contract, such that the greater the perception of authentic leader behavior, the stronger the psychological contract between the leader and follower.

Hypothesis #4: Perception of transformational leadership behavior is related to the psychological contract, such that the greater the perception of transformational leader behavior, the stronger the psychological contract between the leader and follower.

Links have been well established between the nature of the psychological contract and an individual's commitment to the organization (Coyle-Shapiro & Kessler, 2000; Bunderson, 2001; Sturges et al. 2005; McInnis et al. 2009; Zhao et al. 2007; Robinson, et al 1994; Jafri, 2011). Recent studies suggest that intent to stay and commitment are positively correlated with the psychological contract (Aggarwal, 2011). Failure to comprehend and fulfill psychological contract obligations can result in negative consequences, such as high turnover and low citizenship behavior (Robinson & Morrison, 1995; Robinson et al. 1994). Based on the foregoing, this study proposes that:

Hypothesis #5: Psychological contracts are positively related to organizational commitment.

As explained previously, no contemporary approach to leadership has explicitly considered using the psychological contract as a framework to fully understand the leader-follower relationship (Salicru & Chelliah, 2014). Furthermore, a review of the literature exposes no scholarly research that tests the moderating influence of the psychological contract on the relationships between the constructs of either authentic leadership or transformational leadership on organizational

commitment. The psychological contract mechanism (and organizational commitment) are explained in the framework of social exchange theory (Blau, 1964), which represents a group of theories about the social exchange of resources between two people (Cropanzano, et al., 2001). Social exchange theory posits that human relationships are formed by the use of a subjective cost-benefit analysis and the comparison of alternatives; and, that benefits such as increased performance, satisfaction with the job, and commitment to the organization may flow from identifying the conditions, circumstances, and the manner of employee responses to perceptions of workplace relationships (Jepsen & Rodwell, 2010). Based on the foregoing, employees' beliefs that the unwritten set of obligations and expectations and reciprocal contributions are being met and fulfilled may influence their perceptions about leader behaviors, and thus impact organizational commitment. In this study, we explored this question concerning both authentic leadership and transformational leadership behaviors, and proposed that:

Hypothesis #6: The psychological contract will moderate the relationship between authentic leadership behavior and organizational commitment, such that when psychological contracts increase, there is a stronger relationship between perceptions of authentic leadership and organizational commitment.

Hypothesis #7: The psychological contract will moderate the relationship between transformational leadership behavior and organizational commitment, such that when psychological contracts increase, there is a stronger relationship between perceptions of transformational leadership and organizational commitment.

CHAPTER 3

METHODOLOGY

Research Setting and Design

Field research allows for the study of constructs in their natural setting (Gravetter & Forzano, 2012). Field research was conducted within the community health centers and critical access hospitals identified in one Midwestern state. Community health centers provide primary medical, dental, behavioral health, and enabling services in medically underserved rural and urban areas, and to all patients regardless of their ability to pay. Critical access hospitals are specially-designed hospitals of 25 or fewer beds that provide services in non-metropolitan statistical areas of the U.S. These safety-net health services entities operate in areas where higher proportions of the local population are of low income, uninsured, underinsured, and underserved residents. This was a non-experimental quantitative study which used a within-subjects design.

Sampling and Sample Size

The sampling frame was pre-existing, nonequivalent management (supervisory) staff of health services organizations, excluding the CEO. This design helps facilitate an understanding of follower perceptions of their leader behaviors, and the impact of these behaviors on perceived obligation fulfillment and organizational commitment. The sample design was non-probability: a 'judgment' and 'purposive' sample, as the supervisors within the target ('working') population were preselected. Hair, et al. (2006) suggests that the minimum sample size is 100 when considering models containing five or fewer constructs, each with more than three items with high item communalities (0.6 or higher); and 150 when models contain seven or fewer constructs and modest communalities (at least 0.5). The survey included four independent constructs; therefore, the actual minimum sample size target was 100 observations (20 observations for each main construct).

The estimated sample frame was 825 respondents. According to the minimum sample size tables constructed by Bartlett, Kotrlik, and Higgins (2001), for an estimated sample frame of 900, 105 useable responses would be sufficient in order to conduct statistical analysis of continuous data - and allow for generalizability and appropriate statistical power during regression analysis - at an alpha level (level of significance) of $p<0.05$, and an error margin of 3.0%. The general rule relative to acceptable margins of error in educational and social research is as follows: For categorical data, 5% margin of error is acceptable; and for continuous data, 3% margin of error is acceptable (Krejcie & Morgan, 1970). For this study, 147 useable surveys were returned. Thus, the researcher was confident that statistical analysis could be reliably conducted given the sample size.

Data Collection

As an initial step in the data collection process, the chief executive officers of the sixty-five respective community health center and critical access hospital organizations were informed in writing, by postal mail, of the research study, and that a letter and questionnaire would be forthcoming for their distribution, should they elect, to their organization's supervisory staff. Within two weeks following the distribution of that initial written communication, the survey was distributed through a link imbedded in a letter intended for the potential survey respondents (supervisors). That letter was sent as an attachment to an email directed to the chief executive officers. As noted above, each chief executive officer could choose whether or not to distribute the letter (with imbedded survey link) to the supervisors in his or her organization. The potential respondents from within the accessible target population who received this letter were invited to voluntarily complete and return the online survey within two weeks of its delivery. The survey was a composite, multidimensional self-report questionnaire that gathered data pertaining to the four attitudinal constructs. *Qualtrics*, a web-based program, was utilized to administer the survey.

Scales and Measures

The survey instrument gathered data related to the four constructs under study: authentic leadership behaviors, transformational leadership behaviors, the psychological contract, and organizational commitment. A copy of the survey is presented in Appendix A. The survey contained items measured on five-point and seven-point Likert scales. In this study, authentic and transformational leadership are the independent variables, the psychological contract is the moderating variable, and organizational commitment is the dependent variable. Sixty (60) questions measure the four main constructs. Combined, a number of items measure a collection of constructs and dimensions. Existing scales were utilized to gather data on these constructs. The scale is summative, in that the items are Likert-type and rated and can be summed. The scale is also reflective, because the indicators of each main construct are presumed to be caused by that construct. Cronbach's alpha, a measure of split-half reliability, was calculated to assess the degree of internal consistency between the scores for the different items in each scale.

There were two pivot (forced-choice) questions at the beginning of the survey. If the respondent was the organization's CEO, or did not directly supervise staff in the organization, she or he did not qualify as a respondent for this survey. Six (6) of the questions were reversed scored. The intent was to infuse both positive and negative statements into the survey, forcing the respondents to move across opposite sides of the scale and to avoid falling into a single response set for answering the questions. Two (2) were 'skip' questions, added to help assure respondents remained focused on the statements made in the scale items. At the end of the survey, seven (7) questions gathered certain demographic data from the participants. These related to respondent age, gender, level of education, years of employment in the organization, and years of supervisory

experience. These seven questions helped determine if there were any distinguishable patterns among any of the demographics, and to use these categories to control for variances. It was estimated to require about 20 minutes to complete the survey.

Authentic Leadership Scale

The perceptions of supervisors of their chief executive officer's authenticity as a leader were measured using the Authentic Leadership Questionnaire (ALQ). Walumbwa, et al. (2008) developed this tool as a means for assessing these four dimensions of authenticity: self-awareness, balanced processing of information, internalized moral perspective, and relational transparency. The scale consists of 16 items (four per dimension) that measure the construct. An example of the questions from the ALQ is: "My CEO seeks the opinions of others before making up his or her mind." Using a 5-point scale, respondents suggest their level of agreement on a range of strongly agree to strongly disagree. The Cronbach's alpha (reliability) coefficient of the scale is 0.84.

Transformational Leadership Scale

The chief executive officer's willingness or ability to inspire, and her or his vision as perceived by management staff, was measured using the Multifactor Leadership Questionnaire (MLQ). Adapted from an earlier instrument authored by Bass (1985), this 20-question tool (five per dimension) was used by Bycio, et al. (1995) to further understand these four dimensions of transformational leadership: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. An example of the MLQ questions is: "My CEO is a model for me to follow." On a 5-point scale that ranges from strongly agree to strongly disagree, survey respondents note their agreement with the questions. The reliability coefficient of the scale is 0.87.

Psychological Contract Scale

An understanding of met or failed obligations as perceived by the supervisory employees was measured by the nine-item Psychological Contract Scale (PSC). This scale (Knights, et al., 2005) measures the respondent's perception that their employer fulfilled its obligations and/or promises. The responses were rated on a 5-point scale ranging from strongly agree to strongly disagree. The Cronbach's alpha of the scale is 0.84. An example of the questions is: "I receive support from my employer when I want to learn new skills."

Organizational Commitment Scale

A scale created by Mowday, et al. (1979) was used to gather data related to respondent attachment to the organization. The instrument is called the Organizational Commitment Questionnaire (OCQ). This 15-item instrument (five questions per dimension) gathers data on these three subfactors: affective commitment, continuance commitment, and normative commitment. An example of these questions is: "I am proud to tell others that I am part of this organization." The 7-point scale has responses labeled between strongly disagree and strongly agree. Reliability for this scale was found to be 0.86.

Data Analysis Plan

IBM SPSS Version 25 software was used to analyze the raw data. The data set was cleaned for errors and omissions. Descriptive statistics (mean; standard deviation; coefficient of determination) were calculated. To assess sampling adequacy, the Kaiser-Meyer-Olkin Measure and Bartlett's Measure of Sphericity were performed. Confirmatory factor analyses, and subsequently exploratory factor analyses and variance inflation factor testing, were conducted on the components of the constructs to review factor loading and check for signs of multicollinearity. The *F* statistic, a sample statistic, was calculated to assess the relationship of the sample taken to the population. Hypothesis testing was conducted to determine if there are patterns and sufficient

systematic relationships among the data. Linear regression analysis was conducted to understand the fit of the data and the predictive validity among the constructs, interpreted at the significance level of $p < 0.05$.

Validity Concerns

There are potential threats to the validity of the study. The extent to which we can generalize the results to people and situations other than those used in the study (external validity) is important. Selection bias is a potential threat in this study, as the survey participants were chosen non-randomly among an accessible target population (the sample). There are boundary conditions that can impact external validity. Sheer sample size and sample representativeness are issues that could introduce sampling bias and affect validity in this study. The potential survey respondents were exclusive to community health centers (CHCs) and critical access hospitals (CAHs) located only in one Midwestern state in the U.S. A bias or threat occurs if the survey participants, all of whom are supervisors in CHCs and CAHs, share similar characteristics, and thus, the generalization of the results to other health services entities and organizational contexts may be affected. Furthermore, the fact that this study's researcher is a CHC chief executive officer presents the possibility of experimenter bias, to the degree that the experimenter's characteristics or the respondents' awareness about the experimenter (reactivity) might influence the results, and thus the study could not be generalized.

Internal validity, concerned with factors that may raise doubts about the interpretation of results, is also important. Common method bias can be an issue when the same participant self-reports for all construct survey items. The two different antecedents (the constructs of authentic and transformational leadership) should produce predictive scores that are unrelated to the other; otherwise, divergent validity is compromised. Participant responses may be influenced if there is a

cue or feature that may suggest the purpose of the study or its hypotheses. These demand characteristics can threaten validity. Lastly, the extent to which any uncontrolled extraneous variable is present and becomes a confounding variable, thus offering an alternative explanation for the relationships between the variables, is a potential threat to internal validity. If those are present, it would be difficult to confirm that the single variable that was used to distinguish the antecedent is responsible for any differences in the results.

Human Subjects Review

The Webster University Institutional Review Board (IRB) granted approval for this research study on February 19, 2018. A copy of the IRB application and the IRB approval letter are presented in Appendix B. Copies of the introductory communication with the CHC and CAH chief executive officers, and the letter to the potential survey respondents, are provided in Appendix C. There was minimal risk to human subjects while conducting this study. There was no direct contact made with the participants, and data collection occurred via computerized survey. Individual identities and responses were personally unidentifiable.

CHAPTER 4

RESULTS

This chapter presents the statistical analysis and results of the research study captured using IBM SPSS Version 25.

Participants

Eligible survey respondents were direct supervisors of staff, excluding the chief executive officers (CEOs), in sixty-five (65) community health centers (CHCs) and critical access hospitals (CAHs) located in one Midwestern state of the U.S. It was approximated that the sample frame was comprised of 825 eligible respondents. A total of 181 surveys (22%) were returned. Thirty-four (34) surveys were eliminated because the respondent was either the CEO or did not directly

supervise staff. After cleaning the data, 147 surveys remained, resulting in a response rate of 17.6% (of the estimated number of potential survey respondents within the sample frame).

There were seven biographical and demographic questions asked in the survey. Data were gathered using nominal and ordinal scales of measurement. These questions (including the denotation shown in Table 4-1) are as follows: years employed by the organization (YEO); years supervising staff in the organization (YSO); years supervising staff during the career (YSS); age (A); gender (G); post-secondary degree of higher learning (PSD); and, master's or doctorate degree (MDD). The following results were reported. Seventy-six percent (76%) of the respondents identified as female. Fifty-four percent of the respondents were fifty years of age or older. Seventy-three percent (73%) of the respondents were at least forty years of age. Forty percent (40%) of the respondents had been employed by their CHC or CAH organization for five or fewer years; twenty percent (20%) between six and 10 years; and forty percent (40%) had been employed for more than 10 years. Fifty-five percent (55%) had supervised staff at their organization for five or fewer years; fifteen percent (15%) between six and 10 years; and thirty percent (30%) for more than 10 years. Sixty percent (60%) of the respondents noted they had supervised staff for 10 years or more during their careers. Seventy-three percent (73%) of the respondents indicated they hold a post-secondary degree from an institution of higher learning, and thirty-five percent (35%) hold a master's or doctorate degree. From the researcher's point of view, the relative ages (by range) and the levels of educational achievement among the respondents were interesting and unexpected. More than half of the respondents (54%) were fifty years of age or older, and only about one-third (35%) held master's or doctorate degrees.

The means and standard deviations calculated for the participant demographic data are considered of limited relevance to this study, as three of the seven questions were nominal and

qualitative in formation (i.e., male or female; yes or no); and four were choices that are ordinal and intervalic within a range (i.e., five years or fewer; more than 10 years; etc.).

Descriptive Statistics and Correlations

The descriptive statistics and the intercorrelations among the variables, the zero-order correlations, are shown below in Table 4-1.

Table 4-1: Descriptive Statistics and Zero-Order Correlations

	Mean	SD	OCNORM	OCAFF	OCCON	PSYCON	ALSA	ALIMP	ALBP	ALRT	TLII	TLIM	TLIS	TLIC	OC	AL	TL
YEO																	
YSO																	
YSS																	
A																	
G																	
PSD																	
MDD																	
OCNORM	1.7469	0.69685	***0.511***														
OCAFF	1.6861	0.77067	.754**	***0.839***													
OCCON	2.6601	0.98982	.683**	.682**	***0.643***												
PSYCON	1.7211	0.62935	.587**	.670**	.515**	***0.862***											
ALSA	1.9332	0.76888	.440**	.475**	.349**	.533**	***0.815***										
ALIMP	1.7195	0.68291	.413**	.415**	.408**	.483**	.721**	***0.775***									
ALBP	2.0058	0.80422	.463**	.457**	.340**	.495**	.642**	.565**	***0.774***								
ALRT	1.8225	0.73869	.407**	.394**	.301**	.466**	.796**	.763**	.663**	***0.775***							
TLII	1.8500	0.76168	.478**	.591**	.481**	.577**	.777**	.769**	.702**	.723**	***0.886***						
TLIM	1.7508	0.74337	.509**	.629**	.473**	.612**	.765**	.735**	.672**	.736**	.878**	***0.90***					
TLIS	1.9385	0.71997	.449**	.501**	.401**	.547**	.770**	.647**	.701**	.710**	.799**	.805**	***0.845***				
TLIC	1.8758	0.72829	.438**	.485**	.335**	.620**	.766**	.632**	.703**	.721**	.745**	.747**	.776**	***0.857***			
OC	2.0262	0.72554	.892**	.890**	.899**	.652**	.462**	.463**	.464**	.400**	.589**	.600**	.504**	.467**	***0.862***		
AL	1.8794	0.65641	.512**	.520**	.407**	.577**	.902**	.856**	.830**	.918**	.848**	.829**	.808**	.806**	.529**	***0.898***	
TL	1.8544	0.67418	.491**	.598**	.446**	.626**	.833**	.748**	.754**	.776**	.935**	.931**	.916**	.882**	.578**	.891**	***0.936***

**Correlation is significant at the 0.01 level (2-tailed).

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

Cronbach's alpha values are denoted in italics and bolded

Table 4-1: Descriptive Statistics and Correlations

YEO – Years Employed in the Organization
YSO – Years Supervising Staff in the Organiztation
YSS – Years Supervising Staff in the Career
A – Age
G – Gender
PSD – Post-Secondary Degree
MDD – Master's or Doctorate Degree
OCNORM – Organizational Commitment (Normative)
OCAFF –Organizational Commitment (Affective)
OCCON –Organizational Commitment (Continuous)
PSYCON – Psychological Contract
ALSA – Authentic Leadership (Self Awareness)

ALIMP – Authentic Leadership (Internal Moral Perspective)
ALBP – Authentic Leadership (Balanced Processing)
ALRT – Authentic Leadersip (Relational Transparency)
TLII - Transformational Leadership – (Idealized Influence)
TLIM – Transformational Leadership – (Inspirational Motivation)
TL IS – Transformational Leadership – (Intellectual Stimulation)
TLIC – Transformational Leadership – (Individualized Consideration)
OC – Organizational Commitment
AL – Authentic Leadership
TL – Transformational Leadership

Table 4-1 is presented to ensure that no main constructs are correlated with each other at a level higher than 0.70. For example, organizational commitment is correlated with transformational leadership at 0.578, indicating that these are, in fact, separate constructs. High correlations exist between subfactors and main constructs, which is to be expected.

Sample Measurements

Table 4-2 below presents the Kaiser-Meyer-Olkin (KMO) Measure and Bartlett's Test of Sphericity tests results for the four main constructs: authentic leadership (AL); transformational leadership (TL); psychological contract (PSY); and organizational commitment (OC). These examine the relevance of the sample. The KMO measure tests the sufficiency of the variance in the sample compared to the population. The Bartlett's Test of Sphericity assesses sampling adequacy. The KMO and Bartlett's statistics showed that the results of all four main constructs were significant below the 0.01 level, and thus acceptable for confirmatory factor analysis.

		AL	TL	PSY	OC
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.910	.931	.881	.871
Bartlett's Test of Sphericity	Approx. Chi-Square	1149.52	1975.40	543.35	1096.38
	Df	120	190	36	105
	Sig.	.000	.000	.000	.000

Table 4-2: KMO and Bartlett's Test of Sphericity for the 4 Main Constructs

Factor Analysis of the Principal Components

Confirmatory factor analysis (CFA) is a procedure that is used to test how well the measured variables in a study represent the number of constructs. (In this study, there are four main constructs.) CFA and exploratory factor analysis (EFA) are similar techniques, though in the EFA, data from a study provide information about the numbers of factors required to represent the data. In EFA, all measured variables are related to every latent variable.

Confirmatory factor analysis was conducted on the three main constructs with subfactors selected for measurement. These analyses are presented in Tables 4-3, 4-4, and 4-5 that follow. Three subfactors of organizational commitment were defined and studied. They are: normative (OCNORM); affective (OCAFF); and continuance (OCCON) commitment. Interestingly, as presented in Table 4-3 below, the items of the organizational commitment (OC) scale loaded on not three, but four, subfactors. The first of the four subfactors generated an Eigenvalue of 6.555, which explained 43.701% of the variance. The Eigenvalue for the second component was 1.332, which explained 8.877% of the variance. The third subfactor generated an Eigenvalue of 1.197, which explained 7.979% of the variance. The fourth generated an Eigenvalue of 1.005, which explained 6.701% of the variance. Cumulatively, these subfactors accounted for 67.26% of the total variance.

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6.555	43.701	43.701	6.555	43.701	43.701
2	1.332	8.877	52.578	1.332	8.877	52.578
3	1.197	7.979	60.557	1.197	7.979	60.557
4	1.005	6.701	67.257	1.005	6.701	67.257

Table 4-3: Organizational Commitment Scale CFA results.

The four subfactors defined under the authentic leadership (AL) construct are: self-awareness (ALSA); internal moral perspective (ALIMP); balanced processing (ALBP); and relational transparency (ALRT). In Table 4-4 below, it is shown that the items of the authentic leadership scale loaded on three of the four subfactors. The first generated an Eigenvalue of 7.790, which explained 48.689% of the variance. The second generated an Eigenvalue of 1.265, which explained 7.909% of the variance. The third generated an Eigenvalue of 1.090, which explained 6.81% of the variance. Cumulatively, these three subfactors accounted for 68.41% of the total variance.

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	7.790	48.689	48.689	7.790	48.689	48.689
2	1.265	7.909	56.598	1.265	7.909	56.598
3	1.090	6.810	63.408	1.090	6.810	63.408

Table 4-4: Authentic Leadership Scale CFA results.

Transformational leadership is conceptualized as having four subfactors. They are: idealized influence (TLII); inspirational motivation (TLIM) intellectual stimulation (TLIS); and individualized consideration (TLIC). As presented in Table 4-5 below, the items in the transformational leadership (TL) scale loaded on two of the four subfactors. These two subfactors had Eigenvalues of 11.369 and 1.461, explaining 56.8% and 7.3% of the variance, respectively. Cumulatively, these two subfactors explained 64.149% of the total variance.

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	11.369	56.844	56.844	11.369	56.844	56.844
2	1.461	7.305	64.149	1.461	7.305	64.149

Table 4-5: Transformational Leadership Scale CFA results

Reviewing the previous confirmatory factor analyses for three of the four main constructs under study, only three of the four authentic leadership subfactors loaded, and only two of the four transformational leadership subfactors loaded. Accordingly, to further explore and consider the quality and validity of these outcomes, and to look for potential multicollinearity - when independent variables are highly correlated, leading to unstable and potentially unreliable estimates of regression coefficients - two additional factor analyses (exploratory factor analyses) and a test for variance inflation (the "VIF") were conducted on the principal components.

Upon review of the descriptive statistics for the thirty-six survey questions testing those two main constructs, it was discovered that four of the questions showed a mean of 1.0 and standard deviation of .000 (n=5). No variance would be explained among these questions, which seemed irregular. Those four questions were: (TLII2) – "My CEO is a model for me to follow." (TLII3) - "My CEO makes me proud to be around her or him." (TLIS3) - "My CEO enables me to think about old problems in new ways." (TLIM5) – "My CEO's capacity and judgment to overcome any obstacle are strengths I can trust." An exploratory factor analysis, omitting those four questions and combining the remaining thirty-two (32) questions associated with both the authentic and transformational leadership constructs, was then performed. The results are presented in Table 4-6 below. Four factors loaded, which together explained 100% of the variance. The first generated an Eigenvalue of 17.675, which explained 53.559% of the variance. The second generated an Eigenvalue of 9.442, which explained 28.612% of the variance. The third produced an Eigenvalue of 3.622, which explained 10.975% of the variance. The fourth produced an Eigenvalue of 2.262, which explained 6.854% of the variance. These results gave the researcher considerable confidence that the unique combination of factors impacting both authentic and transformational leadership, as

perceived of the chief executive officer, do similarly influence outcomes related to the followers' commitment to the organization. Furthermore, the factor analysis which included all questions measuring authentic leadership and all questions measuring transformational leadership together provided additional supporting evidence that these appear to be two separate constructs.

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	17.675	53.559	53.559	17.675	53.559	53.559
2	9.442	28.612	82.171	9.442	28.612	82.171
3	3.622	10.975	93.146	3.622	10.975	93.146
4	2.262	6.854	100.000	2.262	6.854	100.000

Table 4-6: Combined Authentic Leadership and Transformational Leadership EFA results

Further examining these interesting factor loading observations, a second exploratory factor analysis was conducted on the total compilation of sixty items used to measure the four main constructs in this study. As displayed in the data shown in Table 4-7 below, the subfactors of the four main constructs did not load comfortably onto four distinct components. An iterative process was then undertaken that resulted in the elimination of twenty-six (26) questions from this factor analysis. Of those 26 questions: 11 are items that measure authentic leadership; 9 are transformational leadership measures; 1 is a measure of the psychological contract; and 5 are measures of organizational commitment. Evidenced in Table 4-7, the remaining thirty-four (34) items of the four individual constructs held together reasonably well; in similar, though not uniquely the same, load groupings. While these particular outcomes raise questions, there are other meaningful considerations. As documented earlier, well-established scales with high Cronbach's alpha values are utilized in this study. Also, none of the seven research hypotheses posit the specific influence of a subconstruct (dimension) on a relationship between the main constructs.

These realities strengthened the credibility, reliability and appropriateness of the standard instruments used to measure the main constructs in this study, and thus that the procedure captured the variables claimed to be measured.

Rotated Component Matrix[a]

	Component						
	1	2	3	4	5	6	7
ALIMP2	.752						
ALSA1	.721						
ALSA2	.709						
TLIM5	.672						
ALIMP1	.658						
ALIMP3	.627						
TLII2	.624						
TLIM1	.530						
TLIS1	.525	.492					
TLIS5		.770					
TLIC3		.761					
TLIS4		.709					
TLIC1		.674					
TLIC5		.634					
TLIC4		.626					
TLII5		.620	.406				
PSY6			.767				
PSY3			.755				
PSY8			.754				
PSY2			.735				
PSY5			.608				
PSY4			.515				
PSY1			.467				
OCAFF5				.848			
OCCON3				.667			
OCNORM3				.643	.435		
OCNORM1					.813		
OCAFF1					.731		
OCNORM5				.502	.640		

OCAFF2				.432	.595		
OCCON5					.419		
OCCON2						.839	
OCCON4				.450		.499	
PSY7							.770

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.[a]

a. Rotation converged in 7 iterations.

Table 4-7: Authentic Leadership, Transformational Leadership, Psychological Contract, and Organizational Commitment EFA Results

In a final step, to examine the degree of multicollinearity present among the independent variables in this study, a variance inflation factor (VIF) analysis was conducted. The VIF assesses how much the variance of an estimated regression coefficient increases (is 'inflated') if the predictors (independent variables) are correlated. If no factors are correlated, the VIFs will all be measured at 1.0 (Hair, et al., 2006). There is no generally-accepted VIF value for determining the presence of multicollinearity. Per Allison (1999), a VIF exceeding 2.5 should raise concern. As a rule of thumb, values of VIF that exceed 10.0 are often regarded as problematic (Hair, et al., 2006).

In Tables 4-8 and 4-9 below, the variance inflation factors (VIF) for the research constructs that relate, respectively, with authentic leadership and transformational leadership are presented. As displayed in these two tables, all of the VIF scores are below 2.0. Therefore, given that multicollinearity between the two independent variables seems to present no issue of concern, confidence is again, and furthermore, heightened that the standard scales for these two constructs have measured the factors they were designed to measure in this study.

Coefficients[a]

Model		Collinearity Statistics	
		Tolerance	VIF
1	OC	.534	1.872
	TL	.503	1.988
	PSY	.506	1.975

a. Dependent Variable: AL

Table 4-8: VIF analyses of the Organizational Commitment, Psychological Contract, and Transformational Leadership constructs, as dependent upon Authentic Leadership

Coefficients[a]

Model		Collinearity Statistics	
		Tolerance	VIF
1	OC	.571	1.751
	PSY	.547	1.827
	AL	.644	1.552

a. Dependent Variable: TL

Table 4-9: VIF analyses of the Organizational Commitment, Psychological Contract, and Authentic Leadership constructs, as dependent upon Transformational Leadership

Scale Reliability

Across the four main constructs in this study, the degrees of internal consistency are strong. This further agrees with and substantiates the Cronbach's alpha values reported in previous research. The Cronbach's alpha for authentic leadership was 0.898 (n=4); for transformational leadership, 0.936 (n=4); for the psychological contract, 0.862 (n=9); and for organizational commitment, 0.862 (n=3). It was noted the Cronbach's alpha for the normative subscale (OCNORM) of the organizational commitment construct was only 0.511, which is below the 0.70 level considered acceptable for scale reliability. Given that the global organizational commitment scale is being used in the study, which shows a Cronbach's alpha of 0.862, it was determined that overall Cronbach's alpha measurements across the study were acceptable.

Hypotheses Results

In Table 4-10 below, the results of the linear regression analyses for Hypotheses #1, #2, #5, #6 and #7, each having organizational commitment (OC) as the criterion variable, are presented. The data displayed in the models shown in Table 4-10 are referenced in the summaries of these hypotheses that follow.

Table 4-10

Results of Regression Analyses:
H1, H2, H5, H6, H7

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Variable						
Controls						
YEO	0.034	0.074	0.053	0.055	0.108	0.108
YSO	-0.393*	-0.421*	-0.382*	-0.308*	-0.349*	-0.327*
YSS	0.273*	0.270*	0.237*	0.217*	0.230*	0.228*
Age	0.009	-0.014	0.062	-0.060	-0.043	-0.095
Gender	0.034	0.016	0.038	0.021	-0.016	0.01
PSD	0.001	0.044	-0.024	-0.105	-0.036	-0.086
MD	-0.089	-0.098	-0.087	-0.090	-0.073	-0.074
IVS						
AL		0.499***			-0.039	
TL			0.568***			0.059
PSYCON				0.634***	0.159	0.112
Interactions						
AL x PSYCON					0.553†	
TL x PSYCON						0.532†

Notes:
N = 147
† p < .10
* p < .05
** p < .01
*** P < .001

Hypothesis #1: Perception of authentic leader behavior is positively related to organizational commitment in health services organizations.

Using the data, the Pearson correlation (*R*), the coefficient of determination ($R^{2)}$, and linear regression were performed on the relationship between authentic leadership and organizational commitment, controlling for variance among the following factors: age (A), gender (G), years employed by the organization (YEO), years supervising in the organization (YSO), years supervising staff in the career (YSS), post-secondary degree (PSD), and master's or doctorate degree (MDD). The Pearson correlation describes the direction (positive or negative) and the degree (between -1.00 and 1.00) of the linear relationship. The coefficient of determination measures how much (the percentage) of the variability in one variable is predicted by the variability in another. The regression is the linear equation that produces the most accurately-predicted values for the variables. For Hypothesis #1, the values for *R* and R^2 are shown in the Model Summary, Table 4-11 below. The regression and level of significance are shown in Table 4-12. A significant regression equation was found: $F(8,106) = 7.546$, $p<.001$, with an R^2 of .363. A positive correlation between the constructs is shown. As seen in Model 2 of Table 10 above, when authentic leadership is included, we find a positive beta weight of .499. The result is statistically significant at a *p* value of less than 0.01 (see Table 4-11). The hypothesis that perceived authentic leader behavior is positively related to organizational commitment in health services organizations is supported.

Also identified in Model 2 of Table 4-10 above, the demographic control variables that had an effect on organizational commitment were years supervising staff in this organization (YSO), with a beta of -.421 and significance of .010; and years supervising staff during the career, with a beta of .270 and significance of .017. The negative beta in the YSO variable reports a perculiar

inverse relationship. As years supervising staff in the organization increases, organizational commitment decreases, per this measurement.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.347[a]	.120	.063	.70760	.120	2.086	7	107	.051
2	.602[b]	.363	.315	.60495	.243	40.393	1	106	.000

Table 4-11: Pearson correlations and coefficients of determination for Authentic Leadership and Organizational Commitment

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	7.310	7	1.044	2.086	.051[b]
	Residual	53.574	107	.501		
	Total	60.885	114			
2	Regression	22.093	8	2.762	7.546	.000[c]
	Residual	38.792	106	.366		
	Total	60.885	114			

Table 4-12: Linear Regression for Authentic Leadership and Organizational Commitment

Hypothesis #2: Perception of transformational leader behavior is positively related to organizational commitment in health services organizations.

The Pearson correlation (R), the coefficient of determination ($R^{2)}$, and linear regression were performed on the relationship between transformational leadership and organizational commitment, controlling for the factors listed. For Hypothesis #2, the values for R and R^2 are shown in the Model Summary, Table 4-13 below. The regression and level of significance are shown in Table 4-14. A significant regression equation was found: $F(8,103) = 10.234$, $p<.001$, with an R^2 of .443. Transformational leadership predicted 44.3% of the variance in organizational commitment. A strong, positive relationship is shown. As seen in Model 3 of Table 4-10 above, when

transformational leadership is included, we find a positive beta weight of .568. At a *p* value of less than 0.01, this result is also statistically significant (see Table 4-13). The hypothesis that perceived transformational leader behavior is positively related to organizational commitment in health services organizations is supported.

As presented in Model 3 of Table 4-10 above, the demographic control variables which had an effect on organizational commitment were years supervising staff in this organization (YSO), with a beta of -.382 and significance of .012; and years supervising staff during the career (YSS), with a beta of .237 and significance of .028. As reported under Hypothesis #1, an unexplained inverse relationship exists between years supervising staff in the organization and organizational commitment. As years supervising staff in the organization increase, organizational commitment decreases.

Model Summary

					Change Statistics				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.367[a]	.135	.077	.69045	.135	2.319	7	104	.031
2	.665[b]	.443	.400	.55681	.308	56.916	1	103	.000

Table 4-13: Pearson correlations and coefficients of determination for Transformational Leadership and Organizational Commitment

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	7.738	7	1.105	2.319	.031[b]
	Residual	49.579	104	.477		
	Total	57.318	111			
2	Regression	25.384	8	3.173	10.234	.000[c]
	Residual	31.934	103	.310		
	Total	57.318	111			

Table 4-14: Linear Regression for Transformational Leadership and Organizational Commitment

Hypothesis #3: Perception of authentic leadership behavior is related to the psychological contract, such that the greater the perception of authentic leader behavior, the stronger the psychological contract between the leader and follower.

The Pearson correlation (*R*), the coefficient of determination ($R^{2)}$, and linear regression were performed on the relationship between authentic leadership and the psychological contract, controlling for the factors listed. For Hypothesis #3, the values for *R* and R^2 are shown in the Model Summary, Table 4-15 below. The regression and level of significance are shown in Table 4-16. A significant regression equation was found: ($F(8,107) = 7.363$, $p<.001$, with an R^2 of .307. Authentic leadership predicted 30.7% of the variance in the psychological contract. There is a positive correlation. The hypothesis that a greater perception of authentic leadership will strengthen the psychological contract between the leader and follower in health services organizations is supported. As seen in the table of coefficients, Table 4-17 below, there is no significant variance explained by the control variables. The beta coefficient is .558 at a *p* value of less than 0.01. This is further evidence of the statistical significance of the relationship between authentic leadership and the psychological contract.

Model Summary

					Change Statistics				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.231[a]	.053	-.008	.63845	.053	.866	7	108	.536
2	.596[b]	.355	.307	.52939	.302	50.083	1	107	.000

Table 4-15: Pearson correlations and coefficients of determination for Authentic Leadership and Psychological Contract

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2.472	7	.353	.866	.536[b]
	Residual	44.023	108	.408		
	Total	46.494	115			
2	Regression	16.507	8	2.063	7.363	.000[c]
	Residual	29.987	107	.280		
	Total	46.494	115			

Table 4-16: Linear Regression for Authentic Leadership and Psychological Contract

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	T	Sig.
1	(Constant)	1.132	.382		2.964	.004
	How many years have you been employed at this organization?	.002	.117	.004	.021	.983
	How many years have you supervised staff in this organization?	-.116	.137	-.166	-.850	.397
	During your entire employment career, how many years have you supervised staff?	.072	.095	.102	.765	.446
	What is your age?	.108	.080	.153	1.348	.180
	What is your gender?	.006	.155	.004	.039	.969
	Do you hold a degree from a post-secondary institution of higher learning?	.214	.154	.150	1.389	.168
	Do you hold a master's or doctorate degree from a college or university?	-.015	.150	-.011	-.101	.919
2	(Constant)	.263	.339		.775	.440
	How many years have you been employed at this organization?	.043	.097	.062	.448	.655
	How many years have you supervised staff in this organization?	-.120	.113	-.172	-1.056	.293

During your entire employment career, how many years have you supervised staff?	.046	.079	.065	.583	.561
What is your age?	.059	.067	.084	.882	.380
What is your gender?	.000	.129	.000	.003	.998
Do you hold a degree from a post-secondary institution of higher learning?	.251	.128	.176	1.966	.052
Do you hold a master's or doctorate degree from a college or university?	-.036	.124	-.027	-.290	.772
AL	.544	.077	.558	7.077	.000

a. Dependent Variable: PSY

Table 4-17: Demographic characteristics coefficients for Authentic Leadership and Psychological Contract

Hypothesis #4: Perception of transformational leadership behavior is related to the psychological contract, such that the greater the perception of transformational leader behavior, the stronger the psychological contract between the leader and follower.

The Pearson correlation (R), the coefficient of determination ($R^{2)}$, and linear regression were performed on the relationship between transformational leadership and the psychological contract, controlling for the factors listed. For Hypothesis #4, the values for R and R^2 are shown in the Model Summary, Table 4-18 below. The regression and level of significance are shown in Table 4-19. A significant regression equation was found: $F(8,104) = 10.303$, $p<.001$, with an R^2 of .442. Transformational leadership predicted 44.2% of the variance in the psychological contract. There is a strong, positive correlation among the variables. The hypothesis that a greater perception of transformational leadership will strengthen the psychological contract between the leader and follower in health services organizations is supported. As seen in the table of coefficients, Table 4-

20 below, there is a positive beta of .637 at a *p* value of less than 0.01; again, a statistically-significant finding. There is no significant variance explained by the control variables.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.243[a]	.059	-.004	.61939	.059	.940	7	105	.479
2	.665[b]	.442	.399	.47920	.383	71.424	1	104	.000

Table 4-18: Pearson correlations and coefficients of determination for Transformational Leadership and Psychological Contract

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2.525	7	.361	.940	.479[b]
	Residual	40.283	105	.384		
	Total	42.808	112			
2	Regression	18.926	8	2.366	10.303	.000[c]
	Residual	23.882	104	.230		
	Total	42.808	112			

Table 4-19: Linear Regression for Transformational Leadership and Psychological Contract

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.206	.374		3.225	.002
	How many years have you been employed at this organization?	-.008	.113	-.012	-.071	.944
	How many years have you supervised staff in this organization?	-.126	.134	-.183	-.940	.349
	During your entire employment career, how many years have you supervised staff?	.066	.093	.097	.712	.478
	What is your age?	.113	.082	.163	1.371	.173
	What is your gender?	.003	.148	.002	.023	.981

	Do you hold a degree from a post-secondary institution of higher learning?	.223	.152	.160	1.466	.146
	Do you hold a master's or doctorate degree from a college or university?	-.044	.145	-.034	-.306	.760
2	(Constant)	.436	.303		1.439	.153
	How many years have you been employed at this organization?	.033	.088	.048	.373	.710
	How many years have you supervised staff in this organization?	-.120	.104	-.175	-1.162	.248
	During your entire employment career, how many years have you supervised staff?	-.010	.072	-.014	-.132	.895
	What is your age?	.068	.064	.098	1.063	.290
	What is your gender?	-.036	.115	-.025	-.311	.756
	Do you hold a degree from a post-secondary institution of higher learning?	.232	.118	.167	1.976	.051
	Do you hold a master's or doctorate degree from a college or university?	-.051	.112	-.039	-.450	.654
	TL	.582	.069	.637	8.451	.000

a. Dependent Variable: PSY

Table 4-20: Demographic characteristics coefficients for Transformational Leadership and Psychological Contract

Hypothesis #5: Psychological contracts are positively related to organizational commitment.

The Pearson correlation (R), the coefficient of determination (R^2), and linear regression were performed on the relationship between psychological contract and organizational commitment, controlling for the factors listed. For Hypothesis #5, the values for R and R^2 are shown in the Model Summary, Table 4-21 below. The linear regression and level of significance are shown in Table 4-

22. A significant regression equation was found: $F(8,110) = 13.146$, $p<0.001$, with an R^2 of .489. The psychological contract predicted 48.9% of the variance in organizational commitment. There is a very strong correlation between the variables. Reviewing Model 4 of Table 4-10 above, we find a positive beta coefficient of .634 when the psychological contract is included. The *p* value is less than 0.01 (see Table 4-21), further evidencing the statistical significance of the relationship between these variables. The hypothesis that the psychological contract is positively related to organizational commitment in health services organizations is supported.

Also noted in Model 4 of Table 4-10 above, the demographic control variables that had an effect on organizational commitment were years supervising staff in this organization (YSO), with a beta of -.308 and significance of .034; and years supervising staff during the career, with a beta of .217 and significance of .030. Similar to the results found under Hypothesis #1 and Hypothesis #2, there is a peculiar inverse relationship reported. As years supervising staff in the organization increase, the strength of the psychological contract decreases.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.328[a]	.108	.051	.71065	.108	1.912	7	111	.074
2	.699[b]	.489	.452	.54031	.381	82.021	1	110	.000

Table 4-21: Pearson correlations and coefficients of determination for Psychological Contract and Organizational Commitment

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	6.758	7	.965	1.912	.074[b]
	Residual	56.058	111	.505		
	Total	62.817	118			

2	Regression	30.703	8	3.838	13.146	.000[c]
	Residual	32.113	110	.292		
	Total	62.817	118			

Table 4-22: Linear Regression for Psychological Contract and Organizational Commitment

Hypothesis #6: The psychological contract will moderate the relationship between authentic leadership behavior and organizational commitment, such that when psychological contracts increase, there is a stronger relationship between perceptions of authentic leadership and organizational commitment.

The Pearson correlation (R), the coefficient of determination ($R^{2)}$, and multiple linear regression were calculated to predict organizational commitment based on authentic leader behavior and moderated by the psychological contract, controlling for the factors listed. To test this hypothesis, the following procedure was followed. In the first step of the regression, the demographic variables were added. In the second step, both independent variables were added. In the third step, the interaction term was added. The values for R and R^2 are shown in the Model Summary, Table 4-23 below. The regression and level of significance are shown in Table 4-24. The regression equation is as follows: $F(10,102) = 12.171$, $p<.001$, with an R^2 of .499. The psychological contract predicted 49.9% of the variance in organizational commitment. However, the regression equation was found to be not significant. As shown in Model 5 of Table 4-10 above, when the interaction between the psychological contract and authentic leadership is included, we report a positive beta coefficient of .553. Notwithstanding, reviewing Table 4-23 below, the relationship hypothesized is not significant at a p <0.05. The hypothesis that the psychological contract will moderate the relationship between authentic leadership and organizational commitment, such that when psychological contracts increase, there is a stronger relationship

between perceptions of authentic leadership and organizational commitment, is not supported. Also reported in Model 5 of Table 4-10 above, the demographic variables that had an effect on organizational commitment were years supervising staff in this organization (YSO), with a beta of -.349, and significance of .014; and years supervising staff in the career (YSS), with a beta of .230 and significance of .019. As with Hypothesis #1, Hypothesis #2, and Hypothesis #5, there is negative beta in the YSO variable, and thus an inverse relationship between these variables. As years supervising staff in the organization increase, the perception of the strength of the relationship between authentic leadership and organizational commitment decreases.

Model Summary

					Change Statistics			
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.352[a]	.124	.066	.71169	.124	2.124	7	105	.047
2	.729[b]	.531	.490	.52581	.407	44.680	2	103	.000
3	.738[c]	.544	.499	.52096	.013	2.929	1	102	.090

Table 4-23: Pearson correlations and coefficients of determination for Authentic Leadership and Organizational Commitment, as moderated by the Psychological Contract

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	7.530	7	1.076	2.124	.047[b]
	Residual	53.183	105	.507		
	Total	60.713	112			
2	Regression	32.236	9	3.582	12.955	.000[c]
	Residual	28.477	103	.276		
	Total	60.713	112			
3	Regression	33.031	10	3.303	12.171	.000[d]
	Residual	27.682	102	.271		
	Total	60.713	112			

Table 4-24: Multiple Linear Regression for Authentic Leadership and Organizational Commitment, as moderated by the Psychological Contract

Hypothesis #7: The psychological contract will moderate the relationship between transformational leadership behavior and organizational commitment, such that when psychological contracts increase, there is a stronger relationship between perceptions of transformational leadership and organizational commitment.

The Pearson correlation (*R*), the coefficient of determination ($R^{2)}$, and multiple linear regression were calculated to predict organizational commitment based on transformational leader behavior and moderated by the psychological contract, controlling for the factors listed. To test this hypothesis, the following procedure was followed. In the first step of the regression, the demographic variables were added. In the second step, both independent variables were added. In the third step, the interaction term was added. The values for *R* and R^2 are shown in the Model Summary, Table 4-25 below. The regression and level of significance are shown in Table 4-26. The regression equation is as follows: $F(10,99) = 13.357$, $p<.001$, with an R^2 of .574. The psychological contract predicted 57.4% of the variance in organizational commitment. However, the regression equation was found to be not significant. Reviewing Model 6 of Table 4-10 above, when the interaction between the psychological contract and transformational leadership is included, we report a positive beta coefficient of .532. However, as was the case with Hypothesis #6, the relationship is not statistically significant at $p <0.05$. Table 4-25 shows the level of significance at .065. The hypothesis that the psychological contract will moderate the relationship between authentic leadership and organizational commitment, such that when psychological contracts increase, there is a stronger relationship between perceptions of authentic leadership and organizational commitment, is not supported. Reviewing Model 6 of Table 4-10 above, the demographic variables that had an effect on organization commitment were years supervising staff in the organization (YSO), with a beta of -.327 and significance of .018; and years supervising staff

in the career (YSS), with a beta of .228 and significance of .018. As with Hypothesis #1, Hypothesis #2, Hypothesis #5, and Hypothesis #6, the negative beta in the YSO equation is an indication of an inverse relationship between the variables. As years supervising staff in the organization increase, the perception of the strength of the relationship between transformational leadership and organizational commitment decreases.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.372[a]	.138	s.079	.69481	.138	2.337	7	102	.030
2	.748[b]	.559	.520	.50181	.421	47.775	2	100	.000
3	.758[c]	.574	.531	.49568	.015	3.489	1	99	.065

Table 4-25: Pearson correlations and coefficients of determination for Transformational Leadership and Organizational Commitment, as moderated by the Psychological Contract

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	7.899	7	1.128	2.337	.030[b]
	Residual	49.242	102	.483		
	Total	57.141	109			
2	Regression	31.960	9	3.551	14.102	.000[c]
	Residual	25.181	100	.252		
	Total	57.141	109			
3	Regression	32.817	10	3.282	13.357	.000[d]
	Residual	24.324	99	.246		
	Total	57.141	109			

Table 4-26: Multiple Linear Regression for Transformational Leadership and Organizational Commitment, as moderated by the Psychological Contract

CHAPTER 5

DISCUSSION

Research Goals and Domain

The goals of this quantitative research study are to examine the direct relationships between and among perceived authentic leadership and transformational leadership, the psychological contract, and organizational commitment; and whether the psychological contract operates as an operating mechanism on the relationships between perceived authentic and transformational leader behaviors and organizational commitment in health services organizations. The sample frame included approximately 825 supervisors, excluding the chief executive officers, in sixty-five community health center (CHC) and critical access hospital (CAH) organizations in a midwestern U.S. state. The chief executive officers (CEOs) were informed of the research project two weeks in advance of the distribution of the survey instrument. They were the only conduit through which the survey instruments were made available to the eligible respondents. Distribution of the questionnaire to the CHC and CAH supervisors was at the discretion and under the control of each organization's CEO. The supervisors who received and then volunteered to complete the online survey responded to items that helped assess their perceptions of certain leader behaviors of their chief executive officers, their commitment to the organization they serve, and whether their unwritten expectations through their relationships with their employer were being met. The overall survey response rate was 22% (181 respondents). After eliminating the surveys submitted by ineligible respondents (those who were not supervisors of staff in their organizations, and the CEOs who responded), and then cleaning the data, 147 usable surveys remained, which was 17.6% of the approximated target accessible population (sample frame). In the questionnaire, there were seven (7) demographic questions related to respondent age, gender, level of education, years employed by

the organization, and years of supervisory experience, used to control for variance and uncover potential extraneous factors that might be gleaned from the data.

Implications for Theory and Research

Through statistical analysis of the accumulated sample data, support was found for five of the seven hypotheses posed in this study. The hypothesized direct relationships between authentic leadership, transformational leadership, organizational commitment, and the psychological contract were all supported. These findings enhance and further enrich the body of extant literature in the field.

As posited, it was found that both the perception of authentic leader behavior and of transformational behavior are positively related to organizational commitment; and positively related also to the unwritten psychological contract between leader and follower. These findings complement the work of many scholars. Kark and Shamir (2002) suggested that authentic leaders enhance the engagement, motivation, commitment, satisfaction, and involvement required from followers to constantly improve their work and performance outcomes through the creation of personal identification with the follower and social identification with the organization. Luthans et al. (2003) suggested that authentic leaders are guided by a set of end values that represent an orientation toward doing what is right and fair for their followers. Avolio et al. (2004) noted that authentic leaders realize their ethical behavior sends a strong message to followers, affecting what they attend to, what they think, how they construct their own roles, and ultimately how they decide and behave. Burns (1978) introduced the seminal work on transformational leadership, stating "the essence of the leaders' power is the extent to which they can satisfy or appear to satisfy the specific needs of the followers" (p. 294). As Podsakoff et al. (1990) later demonstrated, when followers

equate their own success with that of the organizations' values and goals, they will become more willing to cooperate in order to make a positive contribution to the work context.

Leaders who know who they are, what they believe and value, and openly act upon those values and beliefs can develop committed and trusting relationships with followers. Leaders who inspire and who clearly articulate compelling vision can empower and encourage others to be motivated beyond their own self-interests.

As hypothesized, this study also found that the psychological contract is positively related to organizational commitment, which aligns with results previously reported by Coyle-Shapiro & Kessler (2000), and others. Failure to meet perceived obligations results in lower commitment (Sturges, et al., 2005; Zhao, Wayne & Glibkowski, 2007). Implied, unwritten expectations that are met by leaders result in lower turnover intention, higher organization citizenship behavior, and greater commitment to the organization by followers.

Noted earlier, no contemporary approach to leadership has explicitly considered using the psychological contract as a framework to fully understand the leader-follower relationship (Salicru & Chelliah, 2014). In this research study, whether the psychological contract would moderate the relationships between both authentic leadership behavior and transformational leader behavior, and organizational commitment, were examined. It was posited that, when psychological contracts increase, there would be a stronger relationship between the perceptions of both authentic leadership and transformational leadership behavior and organizational commitment. It was believed that the operation of the psychological contract and its value as perceived by the follower would influence the relationships, and at a level of significance at $p<0.05$. However, there was insufficient statistical support for these two hypotheses in this study. The results of both were not significant.

Observations for Future Research

As opportunities to further examine themes that extend and strengthen our understanding of the relationships between and among the four main constructs researched in this study, the following observations.

First . . . at an alpha level of significance of $p<0.05$, the results indicated that, when the psychological contract was employed as a moderating variable, the differences in the sample means between the antecedent (predictor) and dependent (criterion) variables were too great. Stated another way, the outcomes related to the relationships between both authentic and transformational leadership and organizational commitment, when the psychological contract was employed as a moderator, were not statistically significant, and thus the possibility that the results occurred due to chance and therefore would not be representative of the population could not be dismissed. In the future, this study and its design, of course, might be replicated and/or repeated, and the hypotheses restated, in similar or different organizational contexts. Also, the psychological contract could be applied rather as a mediating variable, thus requiring the significance of the relationships between the predictor and criterion variables to pass through – to be reliant upon and subject to (as opposed merely to being influenced by) - the strength of the psychological contract that exists between the leader and follower. Furthermore, a different psychological contract scale that separately explores the relational (emotional) and transactional (monetary) dimensions of the construct, and measures their influences on the relationships between authentic leadership, transformational leadership, and organizational commitment, could be utilized. It might be discovered that one (or each) of these subfactors independently explains statistically-significant relationships between the antecedents and dependent variable. Potentially, these could be topics for meaningful research pertaining to the operation of the psychological contract in health services and other organizational contexts.

Second observation . . . when the confirmatory factor analysis was performed on the three main constructs that had subfactors (dimensions), four (4) loaded on the organizational commitment construct. This is interesting, since the scale compiled to gather participant responses included items from only these three dimensions of organizational commitment – normative, affective, and continuous. Perhaps in the health services environment there are additional dimensions of organizational commitment beyond these three. Might individuals who commit to work in organizational contexts that serve the needs of others display a fourth type of commitment to the work (a higher calling to service, so to speak); and that dimension, an unknown variable in this study, confounded the results? This is a possible research question. Furthermore, reviewing the results from the various confirmatory factor analyses, a closer exploration of the degree of construct divergence existing between authentic leadership and transformational leadership is suggested.

Third observation . . . in the survey utilized in this research, data were gathered on seven biographical and demographic variables related to age, gender, education, years of employment in the organization, and years of supervisory experience. The intent was to identify variables besides those specified and related to the main constructs that might have an effect on (explain a portion of the variance in) organizational commitment, the dependent variable. Once any of those variables were identified, attempts could be made to control for their variances. In five of the seven hypotheses in this study, the beta coefficient for the 'years supervising staff in the organization' control variable (denoted as YSO) was negative. Accordingly, among the relationships tested in those five hypotheses, as the respondents' years supervising staff in the organization' increased, commitment to the organization decreased, per the measurement. This finding is surprising and intriguing; and in at least one respect, matters considering that three of those five hypotheses were supported by this study. The YSO survey question was presented as an ordinal scale. Respondents

were asked to indicate their years supervising staff at the organization within the following three ranges: five or fewer years; between six and 10 years; and, more than 10 years. The results reported are: fifty-five percent (55%) had supervised staff at their organization for five or fewer years; fifteen percent (15%) between six and 10 years; and thirty percent (30%) for more than 10 years. Does longer tenure as a supervisor in a health services organization - or perhaps in a different context – negatively impact the supervisor's commitment to the organization? If so, what are the possible predictive factors? These are other observations and potential research questions that surfaced from this study.

Limitations of the Research

As noted within this study, there are issues that may threaten the external and internal validity of the research, and thus present limitations. The study was conducted only in the health services context, and the sample was obtained exclusively from supervisors (excluding the chief executive officers) within sixty-five safety net health services organizations located in one U.S. state. These are boundary conditions that may affect the generalizability of this research. The survey respondents were chosen non-randomly, so selection bias is a potential problem. Those same respondents self-reported on all survey items, which can result in common method bias, a possible concern regarding the internal validity of the study. While the data tested came from a statistically-valid sample, a larger sample size could have improved the reliability of the results. There may be questions related to divergent validity of the authentic and transformational leadership constructs. The researcher who conducted this study is chief executive officer of one of the sixty-five organizations from which the target accessible population was identified. If the survey respondents became aware of that fact, the possibility of experimenter bias existed. Finally, as was previously explained and is a potential subject for future research, there was an indication

that an uncontrolled, extraneous variable could have been present. If so, the calculation of the differences in the means among the variables may have changed, and an alternative, and potentially confounding, explanation for the predicted relationships between the variables may have resulted.

Implications for Practitioners

The phenomenon of interest for this research study is that vital safety net providers of healthcare to vulnerable segments of the population deserve ethical, effective, well-intentioned, properly-motivated leaders occupying the offices of chief executive. Governing bodies that are accountable to oversee these organizations, the current and aspiring chief executive officers, and other important stakeholders – their patients, clinicians, managers, non-management staff, public officials, community leaders, concerned advocates, business associates – can benefit from the knowledge that certain leader behaviors and characteristics tend to increase the level of organizational commitment displayed by followers. It has been researched and documented that authentic leaders encourage followership and follower commitment through the sincerity, integrity, consistency, and ethical nature of their actions, and in their relational transparency. Similarly, as found in the literature, transformational leaders inspire followers, articulate clear and compelling strategic vision, and intellectually stimulate their followers to commit to the organization's future direction. Future research might further explore the intriguing questions surrounding the influence of the psychological contract in the contexts of organizational leadership and organizational commitment. These various topics are interesting . . . and relative to the extremely-important issue of leadership in safety net health services organizations, they matter!

References

Allison, P.D. (1999). *Multiple Regression: A Primer*. Thousand Oaks, CA: Pine Forge Press, p. 142.

Aggarwal, P. (2011). Relationship Between Psychological Contract & Organizational Commitment in Indian IT Industry. *The Indian Journal of Industrial Relations*, *47*, *2*, 290-305.

Aggarwal, U. (2012). Transformational Leadership: The Link between P-O Fit, Psychological Contract & Signature Experiences, *The Indian Journal of Industrial Relations, 47, 3,* 485-497.

Allen, N. J. & Meyer, J. P. (1990). The Measurement and Antecedents of Affective, Continuance, and Normative Commitment, *Journal of Organizational Psychology, 63:* 1-18.

Argyris, C. (1960). *Understanding organizational behavior*. Homewood, IL: Dorsey.

Avolio, B. J., & Bass, B. M. (2004). *Multifactor Leadership Questionnaire: Third Edition Manual and Sampler Set.* Menlo Park, CA: Mind Garden, Inc.

Avolio, B. J., Gardner, W. L., Walumbwa, F. O., Luthans, F., & May, D. R. (2004). Unlocking the Mask: A look at the process by which authentic leaders impact follower attitudes and Behaviors. *The Leadership Quarterly, 15,* 801-823.

Avolio, B. J. & Hannah, S. T. (2009). Leader Developmental Readiness, *Industrial & Organizational Psychology*, 2, 3, pp. 284-287.

Avolio. B.J., Zhu, W., Koh, W., & Bhatia, P. (2004). Transformational leadership and organizational commitment: mediating role of psychological empowerment and moderating role of structural distance. *Journal of Organizational Behavior*, 25, pp. 951-968.

Awan, M. R., & Mahmood, K. (2010). Relationship among leadership style, organizational culture and employee commitment in university libraries. *Library Management, 31*, 253-266.

Bandsuch, M., Pate, L., & Thies, J. (2008). Rebuilding Stakeholder Trust in Business: An Examination of Principle-Centered Leadership and Organizational Transparency in Corporate Governance. *Business & Society Review* (00453609), 113(1), 99-127.

Bennis, W.G. & Thomas, R.J. (2002). Crucibles of Leadership. *Harvard Business Review*, 80, 9, pp. 39-45.

Bass, B.M. (1985). *Leadership and performance beyond expectations.* New York: Free Press.

Bass, B. M. (1990). *Bass and Stogdill's handbook of leadership: Theory, research, and managerial applications.* (3rd ed.) New York: Free Press.

Bass, B.M. & Avolio, B.J. (1994). *Improving organizational effectiveness through transformational leadership.* Thousand Oaks, CA: Sage.

Becker, H. S. (1960). Notes on the concept of commitment. *American Journal of Sociology, 66,* 32-42.

Blau, P. (1964). Exchange and Power in Social Life, New York: Sage.

Bennis, W. G. (2003). On becoming a leader (Rev. ed.). Cambridge, MA: Perseus Publishing.

Bennis, W.G., & Nanus, B. (1985) *Leaders: The strategies for taking charge.* New York: Harper & Row.

Bernerth, J.B. & Walker, H. J. (2009). Propensity to trust and the impact of social change. *Journal of Leadership and Organizational Studies,* 15(3), 217-226.

Bono, J. E., & Judge, T. A. (2003). Self-Concordance at Work: Toward Understanding the Motivational Effects of Transformational Leaders. *Academy of Management Journal*, 46(5): 554-71.

Buchanan, B. (1974). Building organizational commitment: The socialization of managers in work organizations. *Administrative Science Quarterly, 19,* 533-546.

Bunderson, S. (2001). How Work Ideologies Shape the Psychological Contracts of Professional Employees: Doctors' Responses to Perceive Breach, *Journal of Organizational Behavior, 22, 7,* 717-741.

Burns, J.M. (1978). *Leadership.* New York: Harper & Row.

Bycio, P., Hacket, R. D., & Allen, J. S. (1995). Further assessment of Bass's (1985) conceptualization of transactional and transformational leadership. *Journal of Applied Psychology*. 80, 468-478.

Centers for Medicare and Medicaid Services, Medicare.gov, 2012.

Centers for Medicare and Medicaid Services, Medicare Learning Network, 2013.

Chappell, T. (1993). *The soul of a business: Managing for profit and the common good.* New York: Bantam Books.

Cohen, Andrew (2012). http://www.andrewcohen.org/andrew/authentic- leadership.asp

Cook, K.S. & Emerson, R.M. (1987). Social exchange theory. Beverly Hills, CA: SAGE Publications.

Conger, J.A. (1999). Charismatic and transformational leadership in organizations: an insider's perspective on these developing streams of research. *Leadership Quarterly,* 10, pp. 145-179.

Conway, N., and Briner, R.B. (2002). Full-Time Versus Part-Time Employees: Understanding the Links between Work Status, the Psychological Contract, and Attitudes, *Journal of Vocational Behavior*, 61, 2, 279-301.

Coyle-Shapiro, J. & Kessler, I. (2000). "Consequences of the Psychological Contract for the Employment Relationship: A Large Scale Survey", *Journal of Management Studies*, 37: 904-30.

Dabos, G. E. & Rousseau, D. M. (2004. Mutuality and reciprocity in the psychological contracts of employuees and employers. *Journal of Applied Psychology*, 89, 52-72.

Deci, E. L., & Ryan, R. M. (2000). *"What" and "why" of goal pursuits: Human needs and the self-determination of behavior. Psychological Inquiry, 11*, 227-268.

Dirks, K. T., & Ferrin, D. L. (2002). Trust in leadership: Meta-analytic findings and Implications for research and practice. *Journal of Applied Psychology*, 87, 611-628.

Dubinsky, A. J., Yammarino, F. J., Jolson, M. A., & Spangler, W. D. (2003). Transformational leadership: An initial investigation in salespeople. *The Journal of Personal Selling & Sales Management*, 15(2) 17-35.

Dumdum, U. R., Lowe, K. B., & Avolio, B. (2002). A meta-analysis of transformational and transactional leadership correlates of effectiveness and satisfaction: an update and extension. In B.J. Avolio & F.J. Yammarino (Eds.), *Transformational and charismatic leadership: The road ahead* (Vol. 2, pages 35-66). Oxford, U.K.: Elsevier Science.

Emerson, R.M. (1976). "Social Exchange Theory". *Annual Review of Sociology:* 2: 335.

Epitropaki, O. (2013). A multi-level investigation of psychological contract breach and organizational identification through the lens of perceived organizational membership: Testing a moderated-mediated model. *Journal of Organizational Behavior*, *34*, 65-86.

Erickson, R.J. (1995). The importance of authenticity for self and society. *Symbolic Interaction*, 18(2), 121-144.

Fu, P. P., Tsui, A. S., Liu, J., & Li, L. (2010). Pursuit of Whose Happiness? Executive Leaders' Transformational Behaviors and Personal Values. *Administrative Science Quarterly*, 55: 222-254.

Gardner, W. L., Cogliser, C. C., Davis, K. M., & Dickens, M. P. (2011). *Authentic leadership: A review of the literature and research agenda. The Leadership Quarterly*, *22*, pp. 1120-1145.

George, W. (2003). *Authentic leadership: Rediscovering the secrets of creating lasting value.* San Francisco: Jossey-Bass.

George, W., & Sims, P. (2007). *True North: discover your authentic leadership.* San Francisco: Jossey-Bass.

Gill, C. & Caza, A. (2015). An investigation of authentic leadership's individual and group influences on follower responses. *Journal of Management,* doi: 10.1177/0149206314566461.

Gouldner, A. W. (1960), The Norm of Reciprocity, *American Sociological Review, 25,* 161-178.

Greenleaf, R.K. (1977). *Servant leadership: A Journey into the nature of legitimate power and greatness.* Mahwah, NJ: Paulist Press.

Hair, J., Black, W., Babin, B., Anderson, R., and Tatham, R. (2006). *Multivariate Data Analysis*, 6th Edition, Pearson Prentice Hall, Upper Saddle River.

Hamidifar, F. (2010). A study of the relationship between leadership styles and and employee job satisfaction at Islamic Azad University Branches in Tehran, Iran. *AU-GSD e-J, 3*, 45-58.

Hannah, S. T., Walumbwa, F. O., & Fry, L. W. (2011). *Leadership in action teams: team leader and members' authenticity, authenticity strength, and team outcomes*. *Personnel Psychology*, *64*, 771-802.

Harter, S. (2002). Authenticity. In C.R. Snyder, & S. Lopex (Eds.), *Handbook of Positive Psychology* (pp.382-394). Oxford, UK: Oxford University Press.

Harvey, P., Martinko, M. J., & Gardner, W. L. (2006). Promoting Authentic Behavior in Organizations: An Attributional Perspective. *Journal of Leadership & Organizational Studies*, 12(3).

Health Resources and Services Administration, *The Affordable Care Act and Health Centers*, www.hrsa.gov., 2014.

Hickman, G. R.)(2010). Leading change in multiple contexts: concepts and practices in organizational, community, political, social, and global change settings. Los Angeles: SAGE.

Homans, G. (1961). *Social Behavior: Its Elementary Forms*. NewYork: Harcourt Brace Jovanovich, p. 13.

House, R.J. (1997). A 1976 theory of charismatic leadership. In Hunt, J.G. and Larson, L.L. (eds), *Leadership: The Cutting Edge.* Carbondale, IL: Southern Illinois University Press, pp. 189-207.

House, R.J. & Aditya, R.N. (1997). The social scientific study of leadership: Quo vadis? *Journal of Management*, *23*, 409-473.

House, R.J. and Podsakoff, P.M. (1994). Leadership effectiveness: past perspectives and future research. In Greenberg, J. (ed.), *Organizational Behavior: The State of the Science.* Hillsdale, NJ: Lawrence Erlbaum Associates, pp. 45-82.

Howell, J. M. (1988). *Two faces of charisma: Socialized and personalized leadership in organizations*. *In J. Conger, & R. Kanungo (Eds.), Charismatic leadership: The elusive factor in organizational effectiveness* (pp. 213-236). San Francisco, CA: Jossey-Bass.

Howell, J.M. and Sharmir, B. (2005). The role of followers in the charismatic leadership process: relationships and their consequences. *Academy of Management Review*, 30, pp. 96-112.

Hui, C., Lee, C., and Rousseau, D.M. (2004). Psychological Contract Breach and Organizational Citizenship Behavior in China: Investigating Generalizability and Instrumentality, *Journal of Applied Psychology*, 89, 2, 311-321.

Ilies, R., Morgeson, F.P., & Nahrgang, J.D. (2005). *Authentic leadership and Eudaemonic well-being: Understanding leader-follower outcomes. The Leadership Quarterly, 16,* 373-394.

Jafri, H. (2011). Influence of Psychological Contract Breach on Organizational Commitment. *Synergy, 9, 2,* 19-30.

Judge, T. A. & Bono, J. E. (2000). Five-factor model of personality and transformational leadership. *Journal of Applied Psychology, 85,* 751-765.

Judge, T. A., & Piccolo, R.F. (2004). Transformational and transactional leadership: A

meta-analytic test of their relative validity. *Journal of Applied Psychology, 89,* 755-768.

Kanter, R. M. (1968). Commitment and social organization: A study of commitment mechanisms in utopian communities. *American Sociological Review, 33,* 499-577.

Kark, R., & Shamir, B. (2002). The dual effect of transformational leadership: Priming relational and collective selves and further effects on followers. In B. J. Avolio, and F. J. Yammarino (Eds.), *Transformational and charismatic leadership: The road ahead* (pp. 7-91). Oxford, UK: Elsevier.

Kernis, M. H. (2003). *Toward a conceptualization of optimal self-esteem. Psychological Inquiry,14(1),* 1-26.

Kiesler, C. A. (1971). *The psychology of commitment: Experiments linking behavior to belief.* San Francisco, CA: American Press.

Knights, J.A., & Kennedy, B.J. (2005). Psychological Contract Violation: Impacts on Job Satisfaction and Organizational Commitment among Australian Senior Public Servants. *Applied H.R.M. Research*, 10 (2), 57-72.

Konovsky, M., & Pugh, D. (1994). Citizenship behavior and social exchange. *Academy of Management Journal, 37,* 656-669.

Krejcie, R.V., & Morgan, D.W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement,* 30, 607-610.

Levinson, H. (1962). *Men, management, and mental health*. Cambridge, MA: Harvard University Press.

Lee, T. W., Ashford, S. J., Walsh, J. P., & Mowday, R. T. (1992). Commitment propensity, organizational commitment, and voluntary turnover: A longitudinal study of organizational entry processes. *Journal of Management, 18,* 15-32.

Leroy, H., Palanski, M. E., & Simons, T. (2012). Authentic Leadership and Behavioral Integrity as Drivers of Follower Commitment and Performance. *Journal of Business Ethics*, 107: 255-264.

Lord, R. G., & Brown, D. J. (2004). *Leadership processes and follower self-identity.* Mahwah, NJ: Lawrence Erlbaum.

Luthans, F., & Avolio, B. (2003) Authentic leadership: A positive development approach. In K.S. Cameron, J.E. Dutton, & R. E. Quinn (Eds.), *Positive organizational scholarship* (pp. 241-258). San Francisco, CA: Berrett-Koehler.

Maslow, A. (1968). *Motivation and personality* (3rd ed.). New York: Harper.

Maslow, A. (1971). *The farther reaches of human nature.* New York: Viking.

May, D. R., Chan, A.Y.L., Hodges, T. D., & Avolio, B. J. (2003). *Developing the moral component of authentic leadership. Organizational Dynamics. 32(3),* 247-260.

McCain, J., & Salter, M. (2004). *Why courage matters: The way to a braver life*. New York: Random House.

McInnis, K. J., Meyer, J. P., and Feldman, S. (2009). Psychological Contracts and their Implications for Commitment: A Feature-Based Approach, *Journal of Vocational Behavior*, 741, 165-180.

Meyer, J. P. & Herscovitch, L. (2001). Commitment in the workplace: Toward a general model, *Human Resource Management Review, 11,* 299-326.

Millward, L. J. & Hopkins, I. J. (1998). Psychological Contracts, Organizational and

Job Commitment, *Journal of Applied Social Psychology, 28, 16,* 1530—1556.

Morrison, E.W., and Robinson, S.L. (1997). When Employees Feel Betrayed: A Model of How Psychological Contract Violation Develops, *Academy of Management Review,* 22, 1, 226-256.

Mowday, R. T., Porter, L. W., & Steers, R. M. (1982). Employee-Organizational Linkages: The Psychology of Commitment, Absenteeism, and Turnover, New York: Academic Press.

Mowday, R.T., Porter, L.W., & Steers, R.M. (1979). The measurement of organizational commitment. *Journal of Vocational Behavior*, 14, 224-247.

Onorato, M. (2013). Transformational Leadership Style in the Educational Sector: An Empirical Study of corporate Managers and Educational Leaders. *Academy of Educational Leadership, 17*, 33-47.

Parzefall, M.R., & Coyle-Shapiro, J. (2011). "Making Sense of Psychological Contract Breach", *Journal of Managerial Psychology,* 26: 12-27.

Pawar, B. S., & Eastman, K. K. (1997). The nature and implications of contextual influences on transformational leadership: A conceptual examination. *Academy of Management Review, 22,* 80-109.

Patient Protection and Affordable Care Act, Public Law 111-148 (2010).

Piccolo, R. F., & Colquitt, J. A. (2006). Transformational leadership and job behaviors: The mediating role of core job characteristics. *Academy of Management Journal, 49, 2,* 327-340.

Podsakoff, P. M., MacKensie, S. B., & Bommer, W. H. (1996). Transformational leader behavior and substitutes for leadership as determinants of employee

satisfaction, commitment, trust, and organizational citizenship behaviors. *Journal of Management, 22,* 259-298.

Podsakoff, P. M., MacKensie, S. B., Moorman, R. H., & Fetter, R. (1990). Transformational leader behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. *Leaderhship Quarterly, 1,* 107-142.

Rakich, J. S., Beaufort, B. L., & Darr, J. D. (1985). *Managing Health Services Organizations* (2nd ed.). W. B. Saunders Company.

Reichers, A. E. (1985). A review and reconceptualization of organizational commitment, *Academy of Management Review, 10,* 465-476.

Robinson, S.L. (1996), "Trust and Breach of the Psychological Contract", *Administrative Science Quarterly*, 41: 574-99.

Robinson, S.L. & Morrison, E.W. (1995). "Psychological Contracts and OCB: The Effect of Unfilled Obligations on Civic Virtue", *Journal of Organizational Behavior,* 16: 289-98.

Robinson, S.L. & Rousseau, D.M. (1994). "Violating the Psychological Contract: Not the Exception but the Norm", *Journal of Organizational Behavior*, 15: 254-59.

Rogers, C.R. (1959). A theory of therapy, personality and interpersonal relationships, as Developed in a client-centered framework. In S. Koch (Ed.), *Psychology: A Study of a Science, Vol. 3*, Toronto: McGraw-Hill.

Rogers, C.R. (1963). The actualizing tendency in relation to "motives" and to consciousness. In M.R. Jones (Ed.), *Nebraska symposium on motivation, vol. 11* (pp. 1-24). Lincoln, NE: University of Nebraska Press.

Rousseau, D.M. (1989). Psychological and Implicit Contracts in Organizations. *Employee Responsibilities and Rights Journal*, 2, 2, 121-139.

Rousseau, D.M. (1990). *New Hire Perceptions of Their Own and The Employer's Behavior*, 11,5,389-400. *Written and Unwritten Agreements*, Thousand Oaks, CA: Sage Publications, Inc.

Rousseau, D.M. (1995). Psychological contracts in organizations: Understanding written and unwritten agreements. Newbury Park, CA: Sage.

Rousseau, D. M., and McLean Parks, J. (1993). 'The Contracts of Individuals and Organizations,' in *Research in Organizational Behavior*, eds. L.L. Cummings and B.M. Shaw, Greenwich, CT: JAI Press.

Salicru, S. & Chelliah, J. (2014). Messing with corporate heads? Psychological contracts and leadership integrity. *Journal of Business Strategy,* Vol. 35, No. 3, pp. 38-46.

Schein, E. H. (1980). *Organizational Psychology.* (3rd Ed.) Upper Saddle River, NJ: Pearson Education.

Shamir, B., & Eilam, G. (2005). "What's your story?": A life-stories approach to authentic leadership development. *The Leadership Quarterly.*

Shin, S. J., & Zhou, J. (2003). Transformational leadership, conservation, and creativity: Evidence from Korea. *Academy of Management Journal, 46,* 703-714.

Shore, L. M. & Tetrick, L. E. (1994). The Psychological Contract as an Explanatory Framework in the Employment Relationship: A Social Exchange Approach, *Journal of Organizational Behavior, 19, S1,* 731-744.

Simon, L. (1994). Trust in leadership: Its dimensions and mediating role, Unpublished Dissertation, Manhattan, KS: Kansas State University.

Stafford, L. (2008). "Social Exchange Theories". http:books.google.com.

Stum, D. L. (1999). Workforce Commitment: Strategies for the New Work Order. *Strategy and Leadership*, 27(1): 4-7.

Sturges, J., Conway, N., Guest, D., Liefooghe, A., Thompson, J. A., and Bunderson, P. (2005). Managing the Career Deal: The Psychological Contract as a Framework for Understanding Career Management, Organizational Commitment and Work Behaviour. *Journal of Organizational Behavior*, 26, 7, 821-838.

Tangney, J. P. (2000). Humility: Theoretical perspectives, empirical findings and directions for future research. *Journal of Social and Clinical Psychology, 19(1),* 70-82.

Terry, R. (1993). *Authentic leadership: Courage in action.* San Francisco, CA: Jossey-Bass.

Top, M., Akdere, M., & Tarcan, M. (2014). Examining transformational leadership, job satisfaction, organizational commitment and organizational trust in Turkish hospitals: public servants versus private sector employees. *The International Journal of Human Resource Management*, Vol. 26, No. 9, pp. 1259-1282.

Trevino, L.K., Brown, M., & Hartman, L.P. (2003). A qualitative investigation of perceived executive ethical leadership: Perceptions from inside and outside the executive suite. Human Relations, 56(1), 5-37.

Turnley, W. H. & Feldman, D. C. (1998). Psychological Contract Violations during

Corporate Restructuring, *Human Resource Management, 37,* 71-83.

Waldman, D., Ramirez, G., House, R. J., & Puranam, P. (2001). Does leadership matter? CEO leadership attributes and profitability under conditions of perceived environmental uncertainty. *Academy of Management Journal*, 44: 134-143.

Walumbwa, F. O., Avolio, B. J., Gardner, W. L., Wernsing, T. S., & Peterson, S. J. (2008). *Authentic leadership: Development and validation of a theory-based measure. Journal of Management, 34,* 89-126.

Walumbwa, F. O., Luthans, F., Avey, J. B., & Oke, A. (2011). *Authentically leading groups: The mediating role of collective psychological capital and trust. Journal of Organizational Behavior, 32,* 4-24.

Walumbwa, F. O., Wang, P., Wang, H., Schaubroeck, J., & Avolio, B. J. (2010). *Psychological processes linking authentic leadership to follower behaviors. The Leadership Quarterly, 21*, pp. 901-914.

White, K. R., & Griffith, HJ. R. (2010). *The well-managed community healthcare organization.* (7th ed.) Chicago: Health Administration Press/AUPHA.

Wong, C. A., & Cummings, G. G. (2009). *The influence of authentic leadership behaviors on trust and work outcomes of health care staff. Journal of Leadership Studies,3(2),* 6-23.

Yukl, G. A. (1989), *Leadership in Organizations (*2nd ed.). Englewood Cliffs, NJ: Prentice Hall.

Yukl, G. A. (2010). *Leadership in Organizations* (7th ed.). Englewood Cliffs, NJ: Prentice Hall.

Zhao, H., Wayne, S.J., Glibkowski, B.C., and Bravo, J. (2007). The Impact of Psychological Contract Breach on Work-Related Outcomes: A Meta-Analysis. *Personnel Psychology*, 60, 3, 647-680.

Zhu, W., May, D. R., & Avolio, B. J. (2004). The Impact of Ethical Leadership Behavior on Employee Outcomes: The Roles of Psychological Empowerment and Authenticity. *Journal of Leadership & Organizational Studies*, 11(1).

Perceived Effects of Authentic and Transformational Leadership on Organizational Commitment

Filter Block Options

Q1 Please answer the following 2 questions before proceeding.

Q2 Are you the chief executive officer in your organization?

- Yes
- No

Condition: Yes Is Selected. Skip To: End of Survey.

Page Break

Q3 Do you directly supervise staff in your organization?

- Yes
- No

Condition: No Is Selected. Skip To: End of Survey.

Page Break

Add Block

DV- Org. Commitment Block Options

Q4 Please answer the following questions related to your commitment to your organization.

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
I am willing to put a great deal of effort beyond what is normally expected in order to help my organization be successful.	○	○	○	○	○	○	○
I talk up my organization to my friends as a great organization to work for.	○	○	○	○	○	○	○
I feel very little loyalty to my organization.	○	○	○	○	○	○	○
I would accept almost any type of job assignment in order to keep working for this organization.	○	○	○	○	○	○	○
I find that my values and my organization's values are very similar.	○	○	○	○	○	○	○
I am proud to tell others that I am part of this organization.	○	○	○	○	○	○	○
I could just as well be working for a different organization as long as the type of work was similar.	○	○	○	○	○	○	○
My organization really inspires the very best my in the way of job performance.	○	○	○	○	○	○	○
Please skip this question.	○	○	○	○	○	○	○
It would take a very little change in my present circumstances to cause me to leave this organization.	○	○	○	○	○	○	○
I am extremely glad that I chose this organization to work for over others that I was considering at the time I joined.	○	○	○	○	○	○	○
There's not too much to be gained by sticking with this organizational indefinitely.	○	○	○	○	○	○	○
Often, I find it difficult to agree with this organization's policies on important matters relating to its employees.	○	○	○	○	○	○	○
I really care about the fate of this organization.	○	○	○	○	○	○	○
For me, this is the best of all possibl. organizations for which to work	○	○	○	○	○	○	○
Deciding to work for							

Deciding to work for this organization was a definite mistake on my part.	○	○	○	○	○	○	○

Q5

Please answer the following questions related to your relationship with your employer.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
My work is interesting.	○	○	○	○	○
My employer provides up-to-date training and development in my job.	○	○	○	○	○
I receive support from my employer when I want to learn new skills.	○	○	○	○	○
I am provided opportunities to be involved in decisions that affect me.	○	○	○	○	○
I have the freedom to do my job well.	○	○	○	○	○
I am provided good career prospects.	○	○	○	○	○
I receive fair pay for the responsibilities in my job.	○	○	○	○	○
I believe I have long-term job security in my job.	○	○	○	○	○
I receive fringe benefits that are fair compared to those received by staff doing similar work in other organizations.	○	○	○	○	○

Add Block

IVs - Authentic and Transformational Leadership Block Options

Q5

Please answer the following questions related to the leadership behaviors of your organization's chief executive officer (CEO).

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
My CEO can identify and list his/her three greatest weaknesses.	○	○	○	○	○
My CEO's actions reflect his/her core values.	○	○	○	○	○
My CEO seeks the opinions of others before making up his/her mind.	○	○	○	○	○
My CEO openly shares his/her feelings with others.	○	○	○	○	○
My CEO can identify and list his/her three greatest	○	○	○	○	○

strengths.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
My CEO does not allow group pressure to control him/her.					
Please skip this question.					
My CEO listens closely to the ideas of others who disagree with him/her.					
My CEO lets others know who he/she is as a person.					
My CEO seeks feedback as a way of understanding who he/she really is as a person.					
My CEO lets others know where he/she stands on controversial issues.					
My CEO does not emphasize his/her point of view at the expense of others.					
My CEO rarely presents a 'false' front to others.					
My CEO accepts the feelings I have about myself.					
My CEO lets morals guide what he/she does as a leader.					
My CEO listens carefully to the ideas of others before making decisions.					
My CEO admits his/her mistakes to others.					
My CEO is a model for me to follow.					
My CEO excites me with his/her vision of what we may be able to accomplish if we work together.					
My CEO provides me with new ways of looking at things that used to be a puzzle to me.					
My CEO expresses appreciation when I do a job.					
My CEO is a symbol of success and accomplishment.					
My CEO has a sense of mission which she/he transmits to me.					
My CEO's ideas have					

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
My CEO's ideas have forced me to rethink some of my own ideas which I never questioned before.					
My CEO makes me feel we can reach our goals with him or her if we have to.					
My CEO makes me proud to be around her or him.					
My CEO makes everyone around him or her feel enthusiastic about assignments.					
My CEO enables me to think about old problems in new ways.					
My CEO finds out when I want and tries to help me get it.					
My CEO commands respect from everyone.					
My CEO increases my optimism for the future.					
My CEO encourages me to express my ideas and opinions.					
My CEO gives personal attention to members who seem neglected.					
My CEO has a special gift for seeing what is really important for me to consider.					
My CEO's capacity and judgment to overcome any obstacle are strengths I can trust.					
My CEO encourages understanding of the points of view of others.					
My CEO treats each subordinate individually.					

Add Block

Demographic questions Block Options

Q6 How many years have you been employed at this community health center?

- 5 years or fewer
- Between 6 and 10 years
- More than 10 years

Q7 How many years have you supervised staff in this community health center?

- 5 years or fewer
- Between 6 and 10 years
- More than 10 years

Q8 During your entire employment career, how many years have you supervised staff?

- 5 years or fewer
- Between 6 and 10 years
- More than 10 years

Q9 What is your age?

- Between 18 and 29 years
- Between 30 and 39 years
- Between 40 and 49 years
- 50 years or older

Q10 What is your gender?

- Male
- Female

Q11 Do you hold a degree from a post-secondary institution of higher learning?

- Yes
- No

Q12 Do you hold a master's or doctorate degree from a college or university?

- Yes
- No

Add Block

Webster UNIVERSITY

Office of Academic Affairs

February 19, 2018

TO: Alan Freeman

FROM: Webster University Institutional Review Board

RE: Change In Protocol Form: A Study of the Perceived Effects of Authentic and Transformational Leadership Behaviors, and the Psychological Contract, on Organizational Commitment in Health Services Organizations

STATUS: Approved

NOTES:

- The IRB Proposal Number for this research project is SP 18-09.
- The proposal has been approved through December 31st, 2018. You are required to submit a summary of your findings upon completion.
- Complete the **Periodic Review/End of Project** form upon completion of your research project. You may reapply for a project extension if needed.
- You are also required to promptly notify the IRB Chair of any problems that arise during the course of the research.

Eric Goedereis, Associate Professor, Psychology
Mary Preuss, Associate Professor, Biological Sciences
Co-Chairs, Webster University Institutional Review Board

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