THE RELATIONSHIP BETWEEN AUTHENTIC LEADERSHIP AND EMPLOYEE RESILIENCE: THE ROLE OF TRUST AS A MEDIATOR AMONG NURSES IN MAKHADO MUNICIPALITY.

BY

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DECLARATION

I, Vhuthuhawe Badugela, student number 23024829 hereby declare that the dissertation titled *"The Relationship Between Authentic Leadership And Employee Resilience: The Role Of Trust As A Mediator Among Nurses In Makhado Municipality"*, submitted in fulfilment of the requirements for the Masters of Commerce in Human Resources Management submitted to the Department of Human Resources Management and Labour Relations at the University of Venda has not been submitted previously for any degree at this or another university. It is original in design and execution and all reference material contained therein has been duly acknowledged.

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ABSTRACT

The healthcare sector in South Africa, particularly in rural areas such as Makhado Local Municipality, continues to face persistent challenges, including staff shortages, heavy workloads, emotional labour and constrained resources. These conditions place significant strain on nurses, highlighting the need for resilient employees in supportive leadership. This study examined the relationship between authentic leadership and employee resilience and investigated whether trust in leadership mediates this relationship among nurses in the Makhado Local Municipality, South Africa. Guided by Authentic Leadership Theory, Conservation of Resources Theory, Positive Psychology Theory, and Social Exchange Theory, the study proposed that authentic leadership enhances resilience directly and indirectly through trust. A quantitative, positivist, cross-sectional research design was used. Data were collected from 201 nurses using 3 validated instruments: The Authentic Leadership Questionnaire (ALQ), the Employee Resilience Scale (ERS), and the Trust in Leadership Scale (TLS). Descriptives statistics were used to summarise participant demographics, Pearson Correlations assessed the relationships between variables. Regression and mediation analysis were conducted using Haye's PROCESS Model 4, to determine the direct effects and indirect effects of authentic leadership on resilience through trust. The results showed that authentic leadership is positively related to both trust in leadership and employee resilience. Trust in leadership was also positively associated with employee resilience. Mediation analysis revealed that trust partially mediates the relationship between authentic leadership and employee resilience, indicating that authentic leadership not only directly enhances resilience but also fosters trust, which in turn strengthens employees capacity to cope with workplace challenges. These findings highlight the importance of authentic leadership behaviours in strengthening trust and enhancing resilience among nurses working in a resource constrained public healthcare settings. The study provided practical implications for leadership development and organisational strategies aimed at improving nurse well-being and performance.

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Keywords: Authentic Leadership, Employee Resilience, Healthcare Sector, Nurses, Trust.

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TABLE OF CONTENTS

DECLARATION i
DECLARATION OF PLAGIARISM ii
ACKNOWLEDGEMENT iii
ABSTRACT iv
TABLE OF CONTENTS vi
LIST OF FIGURES x
LIST OF TABLES xi
LIST OF ABBREVIATIONS AND ACRONYMS xii
CHAPTER 1: INTRODUCTION AND BACKGROUND TO THE STUDY 1
1.1. Introduction 1
1.2. Background to the study 1
1.3. Problem statement 4
1.4. Research aim 6
1.5. Research objectives 6
1.6. Research hypotheses 6
1.7. Research significance 6
1.8. Chapter Outline 7
1.9. Chapter Summary 8
CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK 9
2.1. Introduction 9
2.2. Theoretical Framework 9
2.2.1. Authentic Leadership Theory 9
2.2.2. Conservation of Resources Theory 10
2.2.3. Positive Psychology Theory 10
2.2.4. Social Exchange Theory 11
2.2.5. Synthesis of Theories 12
2.3. The Concept of Authentic Leadership 12
2.3.1. Self-awareness 13
2.3.2. Balanced processing 13
2.3.3. Internalised moral perspective 14
2.3.4. Rational transparency 14

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Creating Future Leaders

2.4. The Concept of employee resilience 15
2.4.1. Adaptability 15
2.4.2. Self-efficacy 16
2.4.3. Emotional intelligence 16
2.4.4. Social support 16
2.4.5. Optimism 17
2.5. The concept of trust in a leader 17
2.5.1. Integrity 18
2.5.2. Benevolence 18
2.5.3. Competence 19
2.6. The mediating role of trust in authentic leadership and resilience 19
2.7. The relationship between variables 20
2.7.1. The relationship between Authentic Leadership and Employee Resilience 20
2.7.2. The relationship between Authentic leadership and Trust in a Leader 23
2.7.3. The relationship between Trust in Leadership and Employee Resilience 24
2.7.4. Trust as a mediator between authentic leadership and employee resilience 25
2.8. Proposed Conceptual Framework 27
2.9 Chapter Summary 27
CHAPTER 3: RESEARCH METHODOLOGY 28
3.1. Introduction 28
3.2. Research philosophy 28
3.2.1. Interpretivism 28
3.2.2. Critical realism 28
3.2.3. Pragmatism 29
3.2.4. Positivism 29
3.3. Research approach 30
3.3.1. Qualitative approach 30
3.3.2. Quantitative approach 30
3.3.3. Mixed method approach 30
3.4. Research Design 31
3.4.1. Descriptive research design 31
3.4.2. Explanatory research design 31
3.4.3. Correlation research design 32

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3.4.4. Cross-sectional research design 32
3.5. Population 32
3.6. Sample and sampling procedure. 33
3.7. Data Collection 34
3.7.1. Measuring Instruments 34
3.8. Data Analysis 36
3.8.1. Descriptive statistics 36
3.8.2. Correlation analysis 36
3.8.3. Mediated and regression analysis 37
3.9. Reliability and Validity 37
3.9.1. Content validity 38
3.9.2. Construct validity 38
3.9.3. Face validity 38
3.10. Research Ethical Guidelines considered 39
3.10.1. Approval from the Department of Health 39
3.10.2. Ethical Clearance from the University 39
3.10.3. Informed consent 39
3.10.4. Confidentiality and anonymity 40
3.10.5. Use of data for academic purposes 40
3.11. Chapter Summary 40
CHAPTER 4: ANALYSING OF DATA, PRESENTATION AND INTERPRETATION OF RESULTS 41
4.1. Introduction 41
4.2. Demographic characteristics of respondents 41
4.2.1. Gender 41
4.2.2. Age of respondents 42
4.2.3 Qualification 43
4.2.4 Length of service 43
4.2.5 Rank/Designation 44
4.2.6 Job status 45
4.3. Item of analysis 45
4.3.1 Authentic leadership 46
4.3.2 Employee resilience 47

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4.3.3 Leadership trust 48
4.3.4 Overview of the reliability analysis for the entire questionnaire. 49
4.4. Descriptive statistics 50
4.5. Pearson Correlation 54
4.6. Mediated and regression analysis 58
4.7. Chapter Summary 60
CHAPTER 5: DISCUSSION, RECOMMENDATIONS AND CONCLUSION 61
5.1. Introduction 61
5.2. Demographic characteristics 61
5.3. Questionnaire reliability 62
5.4. Descriptive statistics and normality 62
5.5. Correlation analysis 64
5.6. Regression and mediation analysis 66
5.7. Limitations of the study 68
5.8. Practical implications 68
5.9. Recommendations for future research 69
5.10. Chapter summary 69
REFERENCES 70
ANNEXURE A: QUESTIONNAIRE 87
SECTION A: BIOGRAPHICAL QUESTIONNAIRE 88
SECTION B: AUTHENTIC LEADERSHIP 89
SECTION C: EMPLOYEE RESILIENCE 91
SECTION D: LEADERSHIP TRUST 92
ANNEXURE B: ETHICAL CLEARANCE CERTIFICATE 93
ANNEXURE C: PROOF OF READING CERIFICATE 94
ANNEXURE D: LETTER OF APPROVAL TO COLLECT DATA 95
ANNEXURE E: TURNITIN REPORT 96

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LIST OF FIGURES

Figure 2.1: *Conceptual framework of the mediating role of trust on the relationship between authentic leadership and employee resilience.* 27
Figure 4.1: *Gender of Participants* 42
Figure 4.2: *Histogram showing the distribution of Authentic Leadership total scores with normal curve overlay*.....52
Figure 4.3: *Histogram showing the distribution of Employee Resilience total scores with normal curve overlay.*.....52
Figure 4.4: *Histogram showing the distribution of Leadership Trust total scores with normal curve overlay.* 53
Figure 4.5: *Regression analysis of the mediating role of trust on the relationship between authentic leadership and employee resilience*.....59

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LIST OF TABLES

Table 3.1: *Cronbach's alpha coefficient* 37
Table 4.1: *Age of respondents* 42
Table 4.2: *Qualification* 43
Table 4.3: *Length of Service* 44
Table 4.4: *Designation of respondents* 44
Table 4.5: *Job Status* 45
Table 4.6: *Cronbach's alpha coefficient* 46
Table 4.7: *The reliability statistics of Authentic Leadership* 46
Table 4.8: The reliability statistics of Employee Resilience 48
Table 4.9: *The reliability statistics of Leadership Trust* 49
Table 4.10: *Cronbach's Alpha Coefficients for the overall scales.* 50
Table 4.11: *Descriptive statistics of the variables* 53
Table 4.12: *The rule of thumb for the correlation value* 54
Table 4.13: *Pearson correlation analysis results among the variables* 56
Table 4.14: *Analysis of the dimensions of the variable* 57
Table 4.15: *Results of regression analysis among the variables.* 59

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LIST OF ABBREVIATIONS AND ACRONYMS

ALQ	Authentic Leadership Questionnaire
ERS	Employee Resilience Scale
TLS	Trust in Leadership Scale
AL	Authentic Leadership
ER	Employee Resilience
TL	Trust in Leadership
SPSS	Statistical Package for the Social Sciences
COR	Conservation of Resources (Theory)
SET	Social Exchange Theory

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CHAPTER 1: INTRODUCTION AND BACKGROUND TO THE STUDY

1.1. Introduction

The study aimed to examine the relationship between authentic leadership and employee resilience, as well as to determine whether trust serves as a mediator among nurses within the Makhado Municipality. This section provided an overview of the three variables: authentic leadership, employee resilience, and trust. It also covered the problem statement, research aim, objectives, hypotheses, and significance.

1.2. Background to the study

In the healthcare industry, nurses, as frontline providers, face a unique set of challenges in their demanding and often stressful work environment. These challenges include heavy workloads and emotional labour, which make their resilience a critical factor in maintaining effective performance. Hassmiller and Wakefield (2022) stated that nurses work in high-stress settings, frequently managing emotional and physical pressures, necessitating a resilient workforce capable of providing patient care while maintaining their well-being.

The healthcare system in South Africa is characterised by a dual structure, featuring both a well-developed private sector and a resource-constrained public sector. According to Williams (2019), 84% of South African population relies on the public healthcare system, which is primarily funded by the government and faces significant challenges due to limited resources. In contrast, the remaining population has access to well-resourced private health facilities. The public sector is tasked with providing healthcare for most of the population, particularly in rural areas such as Makhado.

The South African public healthcare system is currently confronted with a significant challenge: the shortage of healthcare workers, particularly nurses (National Department of Health, 2014). This issue is marked by an ageing workforce, a lack of adequate training for new entrants, and a notable imbalance in the distribution of nurses, with urban areas often having far more than rural

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regions (Jones & Dolsten, 2024). This shortage contributes to workloads, burnout, and stress among the nurses, affecting the quality of care provided to the patients.

The public sector is currently grappling with several challenges that impact service delivery. Key issues include infrastructural limitations, an inconsistent electricity supply often disrupted by load shedding, and outdated medical equipment (Laher *et al.*, 2019). These factors collectively hinder the efficiency and effectiveness of public services. Maphumulo and Bhengu (2019) emphasised that these systemic issues exert pressure on frontline healthcare workers, making resilience a crucial trait for survival in the profession.

The South African government has introduced several initiatives, including the National Health Insurance (NHI), through the parliamentary enactment of the National Insurance Act 20 of 2023. This program is designed to provide all citizens with access to quality health services, ensuring that healthcare is available whenever and wherever it is needed (Blecher *et al*., 2018). Although this initiative has not yet taken effect, its benefits are yet to be realised, particularly in the rural sector.

In modern organisations, leadership plays a crucial role in fostering a positive work environment, and authentic leadership has emerged as a vital factor in cultivating trust and resilience (Gardner *et al*.,2011). According to Gardner *et al*. (2021), authentic leadership can be described as encompassing self-awareness, relational transparency, balanced processing, and an internalised moral perspective. Authentic leadership can be perceived as genuine, transparent, and ethical, which helps establish a trust-based relationship with employees (Wong & Laschinger, 2012). In the healthcare sector, particularly among nurses, authentic leadership is crucial for addressing the unique challenges faced by these professionals, such as high stress, emotional labour, and burnout (Laschinger & Fida, 2014).

With the constant stress and workload, this sector demands a resilient workforce capable of working under pressure. According to Hart *et al*. (2012), resilience is the ability to recover quickly from challenges, and it plays a crucial role in maintaining the mental and emotional well-being of nurses, thereby ensuring the

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provision of high-quality healthcare services. According to Cooper *et al.* (2019), resilience empowers employees to navigate adversity, sustain their welfare, and excel in high-pressure situations. Additionally, resilient employees are better equipped to manage stress, adapt to change, and maintain their performance despite challenges (Harties *et al.*, 2012). Resilience is critical in high-pressure healthcare, where nurses often deal with life-and-death situations. Research has shown that resilient nurses exhibit lower levels of burnout and higher job satisfaction, positively affecting patient outcomes (Labrague & De Los Santos, 2021).

Trust in leadership is a vital mediator between leadership styles and employee outcomes. Trust is the confidence or belief in someone else's intentions and reliability to fulfil their commitments; as defined by Bligh (2016), it is foundational in any effective leader-follower relationship. According to Maximo *et al.* (2019), trust fosters a supportive and cohesive work environment, encouraging employees to be more engaged and committed to their work. In healthcare, trust in leadership can lead to better teamwork, improved communication, and a more resilient workforce (Rangachari & Woods, 2020).

Marrie *et al*. (2024) reported in the BCG report that South Africa has 0.8 nurses per 1000 people, a significantly lower ratio compared to countries like France and the United Kingdom, which have 3.0 doctors per 1000 people. This scarcity is even more pronounced in rural public facilities, resulting in a higher patient load per nurse and placing strain on healthcare services. The Department of Health advocates for a patient-to-nurse ratio of four to one per shift to ensure quality healthcare delivery. Regardless of this recommendation, there is a significant difference observed in rural settings, particularly in Limpopo, where the scarcity of nursing personnel has led to a single nurse being responsible for the care of 40 patients during night shifts. This discrepancy highlights the challenges faced in healthcare resource allocation, especially in under-resourced rural areas (Uhunamure, 2018).

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Even though many studies have investigated authentic leadership and resilience, a notable gap remains in research explicitly focusing on the impact of authentic leadership on employee resilience within the healthcare sector, particularly among nurses in rural settings such as Makhado Municipality in Limpopo, South Africa. Most existing studies have been conducted in urban or developed country contexts, leaving a gap in understanding how these dynamics play out in rural or resource-constrained environments.

While authentic leadership has been identified as a potential solution, the mechanisms through which it impacts employee resilience, particularly the role of trust, still need to be explored. Addressing this gap is essential to developing effective leadership strategies that enhance trust and resilience, improving the well-being and performance of nurses in high-pressure environments such as the healthcare sector.

This study addressed the gap in the literature by examining the mediating role of trust in the relationship between authentic leadership and employee resilience among nurses at Makhado Municipality. The findings of this research can potentially revolutionise healthcare management practices, provide a deeper understanding, and inform tailored leadership strategies to enhance nurse resilience in these settings.

1.3. Problem statement

The South African healthcare sector faced numerous challenges, including resource constraints, high patient loads, a demanding work environment, and tolerance of ineptitude in leadership (Rispel, 2016). Leadership was a key determinant in shaping workplace resilience, with authentic leadership being associated with fostering a positive, trust-based work environment (Laschinger & Fida, 2014). While authentic leadership had been recognised as a critical factor in enhancing employee resilience, the mechanisms through which it operated remained inadequately understood. Specifically, there was limited empirical research examining how authentic leadership contributed to employee resilience in rural healthcare settings in South Africa.

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Trust in leadership has been highlighted as essential in ensuring a supportive organisational culture and enhancing employee well-being (Bligh, 2016). Although previous studies had explored the relationship between authentic leadership and resilience (Mao *et al*., 2022; Mohammad *et al*., 2023; Nilsen & Ngyuen, 2023), the mediating role of trust in this relationship had not been sufficiently examined, particularly in resource-constrained healthcare settings. This research sought to fill this gap by investigating whether trust in leadership acted as a mediator between authentic leadership and employee resilience among nurses in Makhado Municipality.

Despite the widespread acknowledgement of the essential role that nurses play in delivering healthcare services, rural regions such as Makhado Municipality continue to face considerable staffing deficiencies and a lack of supportive leadership structures. Recent findings by Moses *et al*. (2024) indicate that the nurse-to-patient ratio in many rural clinics falls well below recommended standards. This situation contributes to elevated levels of work-related stress and a greater risk of burnout among healthcare professionals. Furthermore, in these environments, leadership often adopts a reactive rather than a proactive approach, resulting in a scarcity of opportunities for leadership development (Maphumulo & Bhengu, 2019).

Previous research, including studies by Stander *et al.* (2015) and Palweni *et al.* (2023), has primarily concentrated on urban or well-resourced healthcare settings. This focus has resulted in a significant gap in our understanding of how authentic leadership can promote resilience in rural environments, where challenges tend to be more pronounced. Additionally, while trust has been recognised in the organisational literature, its role as a mediating variable between authentic leadership and employee resilience remains underexplored, particularly in the context of rural healthcare settings in South Africa.

This study sought to address an existing gap by focusing on nurses in the Makhado Municipality a resource-limited, rural area where both leadership support and employee well-being are crucial yet frequently overlooked. By exploring the

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relationship between authentic leadership and employee resilience, with trust in leadership as a potential mediator, this research offers valuable theoretical insights and practical guidance for leadership development and staff support strategies in comparable healthcare settings.

1.4. Research aim

This study investigated the relationship between authentic leadership and employee resilience, with trust being a potential mediator among nurses in the Makhado Local Municipality, South Africa.

1.5. Research objectives

The research objectives are as follows:

- To examine the relationship between authentic leadership and employee resilience.
- To examine the relationship between authentic leadership and trust.
- To assess the relationship between trust and employee resilience.
- To investigate the mediating role of trust in the relationship between authentic leadership and employee resilience.

1.6. Research hypotheses

The research hypotheses are as follows:

- H1: Authentic leadership is positively related to employee resilience.
- H2: Authentic leadership is positively related to trust.
- H3: Trust is positively related to employee resilience.
- H4: Trust mediates between authentic leadership and employee resilience.

1.7. Research significance

The significance of this research lies in its potential to enhance our understanding of the relationship between authentic leadership style, trust, and employee resilience in the healthcare sector, specifically among nurses at Makhado Municipality. By investigating the mediating role of trust in the relationship between authentic leadership and employee resilience, this study aimed to provide valuable

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insights into how leadership practices could be optimised to support and improve the performance and well-being of nurses.

The findings of this study informed HR strategies and leadership training programs, leading to more effective management practices that fostered a supportive work environment, enhanced trust, and contributed to higher levels of resilience among healthcare professionals. This research benefited the Makhado Municipality and served as a reference for other healthcare facilities facing similar challenges, thereby contributing to the broader field of healthcare management and organisational behaviour.

1.8. Chapter Outline

Chapter 1: Introduction – Provides an overview of the study, including the background of the study, the problem statement that establishes the need for research, and the hypotheses and objectives. It also highlights the significance of the study and how this study will benefit the targeted population.

Chapter 2: Literature Review – This section consists of a literature review that examines the existing body of literature on authentic leadership, employee resilience, and the role of trust as a mediator. This will include the theories that support the variables.

Chapter 3: Research Methodology – This chapter details the research design and methodological approach of the study. This includes the data collection and analytical methods to examine the data.

Chapter 4: Data Analysis and Findings – Presents the study's results and statistical analyses.

Chapter 5: Discussion - Reviews the study outcomes based on the literature, offering a conclusion and future recommendations for the departments and the study.

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1.9. Chapter Summary

The study aimed at investigating the relationship between authentic relationship and employee resilience among nurses in Makhado Municipality and to test whether trust mediates the relationship. This chapter provided the background of the study, followed by a discussion of the problem statement. Furthermore, the research aim, objectives and hypotheses were formulated. Additionally, the chapter highlighted the significance of the study and presented an overview of the chapter structure.

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CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

This chapter provided the foundational ideas that underpin this study. It also examined the existing body of literature on authentic leadership, employee resilience, and the role of trust as a mediator, as well as the theories that supported these variables. The purpose of the literature review was to present and summarise the previous studies that are relevant to this study. Additionally, this chapter also investigated the relationships between variables, conceptual frameworks and the chapter summary.

2.2. Theoretical Framework

This study was grounded in four theories: Authentic Leadership theory, Conservation of Resources theory, Positive Psychology theory and Social Exchange theory. These theories collectively offer a perspective on understanding the dynamics between authentic leadership, employee resilience, and trust in leadership, especially in the context of the South African healthcare sector. These were discussed below:

2.2.1. Authentic Leadership Theory

Avolio and Gardner (2005) suggest that authentic leaders positively influence follower outcomes through genuine and ethical behaviour. This theory has four main components: Self-awareness, Rational Transparency, Balanced Processing and Internalised Moral Perspective, as stated by Walumbwa *et al*. (2007). In healthcare settings, especially in high-pressure environments like nursing, effective leadership behaviours are vital in promoting psychological safety among staff. These behaviours are essential for boosting team morale and enhancing resilience within the workforce, as highlighted by Gardner *et al.* (2021). Alilyyani (2022) states that, particularly among nurses, authentic leadership has been shown to contribute to job satisfaction, trust and well-being. Nurses who work under authentic leadership are inclined to experience a greater sense of value and support, enhancing their resilience and capability to deliver exceptional patient care.

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Authentic leaders are often viewed as role models who foster trust through honesty and integrity. They cultivate a nurturing environment where employees feel genuinely valued and supported, encouraging a sense of belonging and well-being. Authentic Leadership Theory provides a foundation for understanding leadership's direct and indirect impact on employee outcomes, such as resilience among nurses.

2.2.2. Conservation of Resources Theory

Hobfoll (1989) suggests that individuals aim to acquire, maintain, and safeguard resources. These resources are categorised into four types: Objects, Conditions, Personal Characteristics, and Energies (Halbesleben *et al.*, 2014). Objects are physical items such as cars and houses; Conditions are job security and social support; Personal characteristics are self-esteem and resilience; and Energies are time and money. Resilience is a critical resource that helps individuals cope with stress. This theory helps to understand stress and resilience at work.

This theory holds significant relevance in the healthcare sector, especially considering the demanding nature of the work and the resulting stress experienced by employees. This is particularly evident among nurses, who are consistently exposed to potential resource loss stemming from heavy workloads, emotional labour and insufficient support.

In South Africa's resource-constrained healthcare system, nurses often face high levels of stress and emotional exhaustion. According to Halbesleben *et al.* (2014), this theory helps to see how resources affect employees' ability to cope with stress and maintain well-being. This theory relates to the study by framing resilience as a critical resource influenced by leadership. Additionally, it offers insights into how resilience is developed and maintained.

2.2.3. Positive Psychology Theory

Bardoel *et al*. (2014) emphasise mental well-being, strengths, and positive emotions, which align with the concept of resilience. Seligman (2011) states that this theory is founded on positive emotions, engagement, relationships, and

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meaning accomplishments. The theory supports that authentic leadership can promote positive psychological states and employee resilience. Eletive (2023) emphasises that this theory prioritises identifying and maximising strengths rather than identifying weaknesses and addressing them. This then leads to an increase in job satisfaction and employee engagement.

In the healthcare sector, positive psychology is particularly important due to the high levels of stress experienced by professionals. This psychological theory emphasises the importance of building resilience and focuses on enhancing job satisfaction among healthcare workers. By implementing the principles of positive psychology, healthcare professionals can enhance their overall well-being and better manage the demands of their challenging roles. A study conducted by Liu *et al*. (2022) highlighted that there is growing evidence supporting the idea that positive psychological resources not only improve the physical and mental well-being of healthcare professionals but also encourage positive work attitudes.

2.2.4. Social Exchange Theory

Hsieh and Wang (2015) explain how trust is developed and maintained through reciprocal relationships. According to Mao *et al.* (2023), employees are more willing to contribute and trust their organisation when they perceive it as fair and compassionate. Srivastava and Mohaley (2022) also noted that when employees perceive their leaders as authentic, they are more likely to reciprocate, which fosters trust and dependency. This, in turn, enhances their engagement levels in the workplace.

In the healthcare sector, it is relevant to understand relationships between healthcare workers and their leaders. When nurses perceive that they are being valued for what they contribute to the workplace and when leaders can acknowledge their contributions, they are more likely to exhibit higher levels of job satisfaction.

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This theory is essential to the study as it underlines the role of trust as a mediator between authentic leadership and employee resilience. It also emphasises the significance of trust in leadership relationships.

These theories collectively support the investigation of how authentic leadership influences employee resilience, with trust serving as a mediator. By integrating these theories, the study aimed to comprehensively understand the dynamics at play while critiquing the potential limitations of each theory when applied in isolation to a healthcare context.

2.2.5. Synthesis of Theories

These theories work together to help understand how leadership and resilience function in high-stress settings. Authentic Leadership Theory highlights the actions leaders take. The Conservation of Resources Theory focuses on protecting mental resources. Social Exchange Theory stresses the importance of reciprocal trust. Positive Psychology Theory demonstrates how strengths can be developed to enhance well-being.

This combination supports the need to study how trust affects the relationship between authentic leadership and resilience among nurses in Makhado Municipality. In this area, both strong leadership and psychological resilience are crucial for providing effective healthcare.

2.3. The Concept of Authentic Leadership

Authentic leadership emphasises genuineness, transparency, and ethical behaviour, fostering positive relationships between leaders and followers. Gardner *et al*. (2021) mentioned that authentic leadership is distinct from other leadership styles as it is rooted in ethical behaviour and personal integrity. This makes it especially significant in the healthcare sector, where ethical standards are critical. It involves leaders being true to themselves, aligning their actions with their core values, and demonstrating integrity in their interactions with others (Obuba, 2023).

Authentic leadership serves as a key pillar in fostering an environment of trust within organizations, especially in the healthcare sector. This trust acts as a vital

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social resource, empowering employees to effectively manage and overcome various challenges they may face in the workplace (Chen & Sriphon, 2022). Consequently, it is essential to delve deeper into the concept of authentic leadership and explore its practical applications. Such understanding is not just beneficial but critical for refining healthcare leadership strategies and ultimately promoting the sustainability of the workforce in South Africa. By embracing authentic leadership, organizations can create a more resilient and engaged workforce capable of navigating the complexities of the healthcare landscape.

Leaders who possess a strong awareness of their values tend to lead with transparency and fairness. They process information fairly and consistently align their actions with their core beliefs. These dimensions contribute to effective and principled leadership. Chen and Sriphon) stated that authentic leadership has four components: self-awareness, balanced processing, internalised moral perspective and rational transparency, and they were explained below:

2.3.1. Self-awareness

Self-awareness is fundamental in being an authentic leader. It involves being aware of one's strengths and their emotions. Showry and Manasa (2014) mentioned that self-aware leaders also welcome views from others and how they perceive them; this can come across as being humble and genuine. Being self-aware is a continuous journey; you strive to grow and improve yourself in all aspects of your life. According to Neider and Schriesheim (2011), this type of leader is aware of the impact that they can have on other people. The healthcare industry's success depends on the leader's performance and how they manage the team. Hartung (2020) agree that self-aware leaders can create a supportive work environment because they can understand their own and their employees' needs. Therefore, understanding their employees' needs can reduce burnout and turnover, leading to high retention among healthcare professionals.

2.3.2. Balanced processing

Rego *et al.* (2012) mention that balanced processing is when a leader must first analyse the information before making any decision. This type of leader considers

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other people's input, reflecting a commitment to being open-minded by gathering diverse views. This component assists leaders in avoiding cognitive biases when it comes to perceiving information and making decisions; it gives an opportunity to have a balanced perspective. This concept is associated with self-awareness, suggesting that an increased level of self-awareness in leadership positions is correlated towards a more balanced information processing. According to Wong *et al.* (2010), being transparent as a leader and openly discussing the reasoning behind decisions helps leaders establish trust with their teams. This is especially crucial in the healthcare environment to uphold morale and ensure that staff members feel appreciated and heard.

2.3.3. Internalised moral perspective

Maintaining a moral viewpoint involves leaders using their principles, beliefs, and criteria to guide their decisions, regardless of outside influences (Maximo *et al.*, 2019). This component can be linked to self-awareness, as one must know their moral beliefs to live by them. Additionally, this component fosters trust and respect from followers, highlighting the leader's commitment to doing what is right. Leaders who are guided by a moral compass make decisions based on what is right and not on external influences or for their own gain; this will, in turn, serve the interests of the employees and the patients in the healthcare sector. In the healthcare sector, where ethical dilemmas are common, being a leader with a moral perspective is crucial as this affects not only the employees but also the patients. According to Serang *et al.* (2024), leaders with a moral perspective are often more empathetic and supportive, contributing to a positive workplace; such a positive environment would build and maintain employee resilience.

2.3.4. Rational transparency

Being an authentic leader means being transparent in your interactions with others, promoting open communication, and building trusting relationships. Neider and Schriesheim (2011) define this as presenting oneself to others. A leader genuinely stands by their values and follows through with their commitments, making their behaviour easy to understand and predictable. Leaders who practice this concept

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foster an environment of trust, sharing the rationale behind their decisions. In healthcare, staff must comprehend the reasons behind policy changes and resource allocations to fully support and trust their decisions.

2.4. The Concept of employee resilience

Employee resilience refers to an employee's ability to bounce back from challenges and adapt to change (Caniëls *et al*., 2022). This is particularly important in high-demand professions such as nursing, where staff are exposed to emotional fatigue, pressure, and ever-changing work conditions. Resilient employees excel in their jobs and demonstrate an unwavering commitment to their organisation. Bardoel *et al*. (2014) stated that they are better equipped to cope with a constantly changing workplace.

Shatté *et al.* (2017) argued that focusing on resilience unfairly places the burden on employees to manage stress and adapt to challenging conditions without addressing the underlying causes of workplace stress. Conversely, Paine and Prochnow (2022) believe that while promoting resilience is crucial, it should be integrated into a comprehensive strategy that encompasses enhancing working conditions, providing sufficient resources, and ensuring supportive leadership.

In the healthcare sector, resilience holds significant importance because of the job's high-pressure and emotionally taxing aspects. Healthcare workers often encounter challenging scenarios, such as extended work hours, making crucial decisions under stress, and exposure to traumatic events. In the South African context, they also must deal with load shedding, which not only puts patients at risk but also puts healthcare workers in a difficult position to fulfil their jobs.

Fattoracci *et al*. (2022) noted that some factors contributing to resilience include adaptability, self-efficacy, emotional intelligence, social support and optimism. These were discussed below:

2.4.1. Adaptability

One form of resilience is having the ability to adapt. Adaptability is crucial for employees in dynamic environments such as the health sector, where conditions

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change rapidly. Nurses often deal with long shifts, heavy patient workloads, and significant emotional stress. According to King *et al.* (2015), they suggested that employees who can adapt can more effectively manage the uncertainties and pressures of their jobs, resulting in increased job satisfaction and reduced stress.

2.4.2. Self-efficacy

Another form of resilience mentioned by Koen *et al.* (2011) is self-efficacy, which is the belief in one's ability to execute tasks. An individual's strong belief in their ability to accomplish tasks and overcome challenges enhances their capacity to bounce back from setbacks and demonstrate determination and self-assurance in the workplace. Self-efficacy strengthens one's confidence to deal with complex tasks and can control one's environment (Lopez-Garrido, 2025)

2.4.3. Emotional intelligence

This component is also crucial for resilience. According to Segal *et al*. (2025), Emotional intelligence is the capacity to recognise, understand, and effectively manage one's emotions, particularly during stressful situations. This skill helps people express their emotions in a positive way, resulting in improved decision-making and stronger relationships. Emotional intelligence helps build relationships and enables success in achieving career and personal goals. This is especially helpful in healthcare, where emotional labour is high. Emotionally resilient nurses can uphold professionalism and provide compassionate care, even in challenging situations

2.4.4. Social support

Social support from others is a crucial element that impacts resilience. Drageset (2021) referred to this factor as the presence and quality of connections with supervisors, coworkers, and family members, which offer emotional, informational, and practical help during stressful times. Hart *et al*. (2014) suggest that social support in the workplace especially from leaders and colleagues can mitigate the adverse effects of stress and improve coping strategies. In the healthcare setting, robust social networks assist nurses in handling the emotional challenges of their jobs and foster a feeling of belonging and psychological safety.

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2.4.5. Optimism

This factor contributes to the broader resilience profile. According to Shatté *et al*. (2017), optimism is crucial in cultivating a hopeful outlook on life. This positive mindset enables individuals to maintain enthusiasm and motivation, even when encountering challenges or setbacks. By fostering resilience, optimism helps people view difficulties as temporary obstacles rather than impossible barriers, ultimately encouraging them to persevere and pursue their goals with renewed determination.

2.5. The concept of trust in a leader

The importance of trust in leadership cannot be understated, as it plays a crucial role in enhancing the influence of authentic leadership on employee resilience. According to Srivastava and Mohaley (2022), trust in a leader is established when an employee has confidence in their leader's abilities, commitment, and selfless actions. Trust fosters open communication, psychological safety, and mutual respect (Mishra & Mishra, 2013). According to Kleynhans *et al*. (2022), employees' trusting relationship with their leader is vital in predicting their workplace experience. However, more research is needed to explore the connections between these factors within the South African healthcare sector.

Allen *et al*. (2015) revealed that trust empowers employees to express their concerns, seek assistance, and engage in collaborative problem-solving without fearing dismissal. That sense of security enhances team cohesion and performance. Chen and Sriphon (2022) added that when employees believe their leaders understand and respect them, they become more engaged and innovative, increasing trust and cooperation within the organisation.

Within the healthcare industry, the trust placed in leaders is paramount, particularly given the high-stress and high-stakes nature of the work. Leaders perceived as dependable have the potential to impact healthcare professionals' resilience and performance significantly.

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Trust in leadership is important for creating psychological safety. Employees can take interpersonal risks without worrying about negative consequences (Edmondson & Lei, 2014). Panicker and Lee (2020) stated that trust fosters effective communication and enhances collective efficacy within healthcare teams. When nurses have confidence in their leaders, they are more likely to accept feedback, follow established protocols, and participate in shared decision-making processes. Additionally, when leaders promote a sense of fairness and treat their staff ethically, it helps to cultivate a culture of respect and inclusion. These elements are essential for retaining talent and maintaining a positive work environment (Bligh, 2016).

Mayer *et al.* (1995) identified three attributes that contribute to trust. These are integrity, benevolence, and competence as discussed next:

2.5.1. Integrity

Rusu (2021) describes integrity as the perception that the leader follows a particular set of beliefs and morals and regularly behaves in a way that matches these beliefs. Trust is built on integrity. When leaders are honest and transparent, employees are more likely to trust them, which forms a strong foundation for a positive work environment. In the healthcare sector, it is crucial to have integrity because it has a big impact on patient care, ethical decision-making, and trust between healthcare providers and patients.

2.5.2. Benevolence

This refers to caring, supporting other employees, and acting in their best interest (Chen & Sriphon, 2022). Leaders who demonstrate care for their employees' well-being and help when necessary are more likely to earn the trust of their team members. This type of leadership fosters a supportive and inclusive work environment where employees feel valued and understood. In a study conducted by Shen *et al.* (2023), it was discovered that practising benevolence plays a significant role in enhancing the attitudes and behaviours of nurses within the workplace. Benevolence is crucial in the health sector as it directly impacts the quality of patient care, employee morale and the work environment.

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2.5.3. Competence

Srivastava and Mohaley (2022) refer to this as having the capable skills and abilities that a person possesses to make him or her able to perform their role. Capable leaders demonstrate their effectiveness by engaging in critical thinking and problem-solving to tackle intricate healthcare challenges. When employees have confidence in their leaders' competencies, they are more likely to place trust in their judgment and decision-making abilities.

2.6. The mediating role of trust in authentic leadership and resilience

Trust is essential in bridging authentic leadership and employee resilience, fostering an environment where staff feel safe and supported. Mediation occurs when a third variable explains the influence of an independent variable on a dependent variable (Sidhu *et al.,* 2021). According to Mao *et al.* (2023), authentic leadership is positively correlated with employees' trust in their leaders. Additionally, a study by Rego *et al.* (2016) discovered that trust in leadership influences the relationship between authentic leadership and employee well-being, including resilience.

The mediating role of trust between authentic leadership and employee resilience highlights the importance of cultivating trust within healthcare. Authentic leadership establishes a basis of trust, which subsequently enhances employee resilience. By emphasising building trust, leaders can successfully assist their employees in overcoming their challenges, resulting in improved patient care and organisational outcomes.

Research supports the mediation model of trust in leadership. For example, Maximo *et al*. (2019) found that trust in supervisors partially mediated the relationship between authentic leadership and work engagement. Likewise, Srivastava and Mohaley (2022) revealed that trust in leadership explained the indirect link between authentic leadership and outcomes such as job satisfaction and organizational commitment. In healthcare settings, Kleynhans *et al*. (2022) demonstrated that trust in leaders plays a crucial role in minimizing the negative impacts of uncertain job conditions in the workplace on employee well-being. This

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indicates that trust not only mediates positive outcomes but also serves as a protective factor in challenging situations.

In rural healthcare areas like Makhado Municipality, trust is crucial. Limited resources, high numbers of patients per nurse, and emotional burnout create daily challenges. In this situation, authentic leadership that builds trust helps nurses become more resilient. It encourages psychological safety, emotional intelligence, and flexible work habits. Therefore, trust is not just a result of good leadership; it actively turns leadership influence into real improvements in employee well-being.

A study conducted in the public healthcare sector by Coxen *et al*. (2016) highlighted that there is a relationship between authentic leadership and organisational behaviour with trust as a role; by conducting this study on leadership's impact on healthcare, there is a gap in directly investigating trust's mediating role in resilience, which underscores the importance of this study.

2.7. The relationship between variables

This section will review the empirical literature. It covers the relationship between authentic leadership and employee resilience, the relationship between authentic leadership and trust, the relationship between employee resilience and trust, and the relationship of trust as a mediator between authentic leadership and employee resilience. Additionally, there is also empirical evidence that examined the components of authentic leadership, resilience and trust, offering a deeper insight into how each component influences employee outcomes.

2.7.1. The relationship between Authentic Leadership and Employee Resilience

Authentic leadership can be developed, but self-awareness is something that someone has in their core and continues to improve on. A self-aware leader, knows their strengths and emotions, perceives others' emotions, and is mindful of them as well (Raso, 2019). Butler *et al.* (2014) found that self-aware leaders can influence employees' perceptions about them in a positive light. Employees are more likely to believe that their leader is good at their job. Hartung (2020) reported that self-aware leaders can create a supportive work environment because they

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can understand their own and their employees' needs and thus create stronger interpersonal relationships.

Balanced processing has been linked to employee outcomes. Being considerate of other people's opinions before making decisions showcases fairness and being an authentic leader (Almutairi *et al.,* 2024). Rego *et al* (2012) found that leaders who consider other people's viewpoints before making any decisions promote fairness and transparency. This type of attribute makes employees more willing to trust their leader during challenging times. This has resulted in improved communications and employee resilience among nurses as mentioned by Wong *et al.* (2010).

Additionally, Internalised Moral Perspective plays an important role in ethical behaviour. Maximo *et al.* (2019) found that leaders who are morally grounded inspire trust because employees perceive them as principled and consistent. In the healthcare context, leaders who are moral help nurses be able to face ethical dilemmas (Serang *et al.,* 2014).

Lastly, Relational Transparency has been shown to be associated with employees' trust in leaders (Hassan & Ahmed, 2011). Neider and Schriesheim (2011) found that leaders who are open and transparent promote clear communication, which enables employees to be more open with their challenges. This openness strengthens trust and resilience in challenging workplaces.

Regardless of the different types of leadership, leadership has positively impacted resilience in different situations and locations (Trigueros *et al.,* 2020), Spain; (Franken *et al.,* 2019), New Zealand; Zhu *et al.,* 2019), China). Gardner *et al*. (2021) found that authentic leadership correlates with higher levels of employee resilience. The above studies suggests that employees become more resilient when they view their leaders as genuine. This resilience stems from the trust and sense of psychological safety fostered by authentic leadership. Research conducted by Mao *et al*. (2023) highlights a significant link between authentic leadership and employee resilience, particularly during crises like the COVID-19 pandemic. This study indicates that effective leadership is crucial in helping

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employees maintain their resilience when faced with challenging circumstances. In a recent study conducted by Mohammad *et al*. (2023), the researchers examined the impact of authentic leadership on the resilience levels of nurses. Their findings revealed a positive correlation, indicating that when leaders demonstrated authentic leadership qualities such as transparency and self-awareness, it significantly enhanced the resilience of their nursing staff. Furthermore, the study highlighted the role of self-efficacy as a partial mediator in this relationship, suggesting that nurses who believed in their own abilities were better able to develop resilience in the face of challenges.

The healthcare sector poses distinct challenges that can affect the dynamic between leadership and resilience. Boamah *et al.* (2016) revealed compelling evidence to support the idea that authentic leadership plays a key role in reducing burnout and increasing resilience among nursing staff. In their study, Hart *et al*. (2012) emphasised the crucial role of leadership in fostering resilience among healthcare workers.

Mao *et al.* (2023) discovered that authentic leadership consistently boosts employee resilience in high-stress environments. This finding is particularly relevant in professions such as nursing, where the workforce is routinely subject to considerable emotional and physical stressors, underscoring the importance of resilience as a critical attribute.

In the context of South Africa, Kleynhans *et al*. (2022) noted that authentic leadership behaviours like ethical guidance and transparency positively correlated with trust and thriving among healthcare workers. While resilience was not explicitly assessed in that research, flourishing encompasses aspects like adaptability and engagement, which intersect with indicators of resilience.

Based on the discussed empirical literature above, the study hypothesised that:

H1: Authentic leadership is positively related to employee resilience.

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2.7.2. The relationship between Authentic leadership and Trust in a Leader

Several studies examined the components of trust and showed how each component plays a role.

Competent leaders can give support and guide employees, which helps them perform better. Nugroho *et al.* (2021), reported that competent leaders have a significant impact on employee trust and that further enhances their performance.

Integrity plays a crucial role in trust. Rusu (2021) found that employees are more likely to trust their leaders when they showcase strong ethical values and standards. Another study found that employees can flourish in the workplace when they see their leaders more trustworthy (Kleynhans *et al.*, 2022).

Benevolence refers to when a leader shows care to their employees and their well-being. Chen and Sriphon (2022) showed that benevolent leaders strengthen trust with their employees when they show care and support. This improves employees' attitudes towards their work making it an essential factor to be resilient in their workplace.

Chen and Sriphon (2022) state that genuine leadership has a significant impact on the trust that employees have in their leaders and the organisation, positively affecting organisational behaviour. Authentic leaders prioritise building solid relationships and cooperation, contributing to the organisation's objectives. Trust in leadership directly impacts team performance, making fostering solid working relationships crucial.

In healthcare environments, the degree of trust that nurses have in their leaders plays a crucial role in determining their commitment to the organization. Research conducted by Rangachari and Woods (2020) highlights that when nurses trust their leaders, they are more likely to remain in their positions, communicate transparently with colleagues and supervisors, and actively participate in initiatives aimed at improving the quality of care. These insights indicate that authentic leadership practices may be essential in establishing a foundation of trust within the workplace. Such leadership not only cultivates a sense of psychological safety

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where nurses feel secure in expressing their thoughts and concerns but also promotes a perception of fairness in decision-making processes.

Understanding the relationship between authentic leadership and trust is essential; this leads to the proposed hypothesis that:

H2: Authentic leadership is positively related to trust.

2.7.3. The relationship between Trust in Leadership and Employee Resilience

There are studies that have examined the components of resilience and how they play a role in employees' ability to cope in demanding workplaces.

Adaptability has been linked to employee performance. King *et al* (2015) found that employees who have a high adaptability, are more likely to adapt to changes in environment which further enhances their resilience in stressful situations. In the healthcare context, nurses face challenges every day and having this attribute can lead to better coping skills and better performance.

Self-efficacy has been proved to predict resilience. Koen *et al.* (2011) reported that employees who can handle challenges are more resilient and can bounce back quickly. Another study by Mohammad *et al* (2023) showed that there is a partial mediation between authentic leadership and resilience among nurses, indicating a role in resilience.

Emotional intelligence plays a crucial role among healthcare workers because of the challenges and traumas that they face. Being emotionally intelligent enhances resilience by regulating one's emotions. Chikobvu and Harunavamwe (2022) found that emotional intelligence predicts resilience, which then results to work engagement.

Social support has been linked to resilience. He *et al.* (2023) reported that social support from their leaders was positively associated with resilience. This study was conducted among healthcare workers. Hart *et al.* (2014) added that leaders who support their employees reduce workplace stress, helping them to be more psychologically strong.

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Optimism plays a role in resilience. Shatte *et al.*, (2017), found that employees who have positive thinking and are more likely to view setbacks as temporary are more likely to be persistent and resilient. In the healthcare setting, it is crucial to be optimistic so that you can manage the workload better and reduce exhaustion.

The connection between trust and employee resilience has been explored by scholars, who have suggested that the various resources of an organisation play a crucial role in building employee resilience capacity (Mao *et al*., 2023). A higher level of trust is believed to help mitigate the impacts of disasters and speed up recovery (Brown *et al*., 2005). When employees trust their bosses, it makes them feel safe, which helps them be resilient (Saad *et al*., 2020). Rispel (2016) mentioned that in the healthcare environment, trust in a leader has resulted in lower burnout rates and an improvement in mental health.

A study conducted by Chaudhary and Ashutosh (2024) revealed that when employees experience higher levels of trust within their organization, their resilience significantly improves. This enhanced resilience enables them to navigate challenges more effectively, leading to increased efficiency and productivity in their work. Trust not only fosters a supportive environment but also empowers employees to tackle obstacles with greater confidence and commitment, ultimately benefiting the overall performance of the organisation.

Based on the assumption that authentic leadership fosters trust in employees toward their leaders and that trust can, in turn, promote employee resilience, it proposes that:

H3: Trust is positively related to employee resilience.

2.7.4. Trust as a mediator between authentic leadership and employee resilience

Building trust in leadership is essential for boosting employee productivity and cultivating a positive and supportive work environment. Trust in authentic leaders can be traced in various studies. In a study conducted by Wong and Laschinger (2012), the focus was on the nursing profession. The research specifically delved

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into the impact of authentic leadership on job satisfaction and overall well-being among nurses, with trust being examined as a mediating factor in these relationships. The results indicated that authentic leadership promotes trust in management, directly contributing to enhanced nurse resilience.

Hsieh and Wang (2015) found that trust plays a crucial role in mediating the effects of authentic leadership on employee resilience in a healthcare setting. When nurses trust their leaders, they can better tap into internal and external resources, leading to higher resilience. Trust was identified as a key link between authentic leadership and the development of employee resilience. When employees trust their leaders, it fosters a work environment where they feel secure despite challenges, which in turn promotes that the business continues to operate smoothly and can recover quickly when needed.

In their research, Labrague and De Los Santos (2021) explored how trust in leadership influences the healthcare sector, especially in high-pressure clinical environments during the COVID-19 pandemic. Their results indicated that trust is essential for boosting nurses' psychological resilience, which is crucial for coping with emotional exhaustion and maintaining care standards. This study implies that trust not only directly enhances resilience but also acts as a link between effective leadership traits and beneficial resilient outcomes for nursing professionals.

Based on the assumptions that authentic leadership leads to employees' trust toward their leaders and that trust may, in turn, facilitate employee resilience; therefore, it proposes that:

H4: Trust mediates between authentic leadership and employee resilience.

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2.8. Proposed Conceptual Framework

The conceptual model presented below is based on the study's research hypotheses. The figure below illustrates the relationships among the variables.

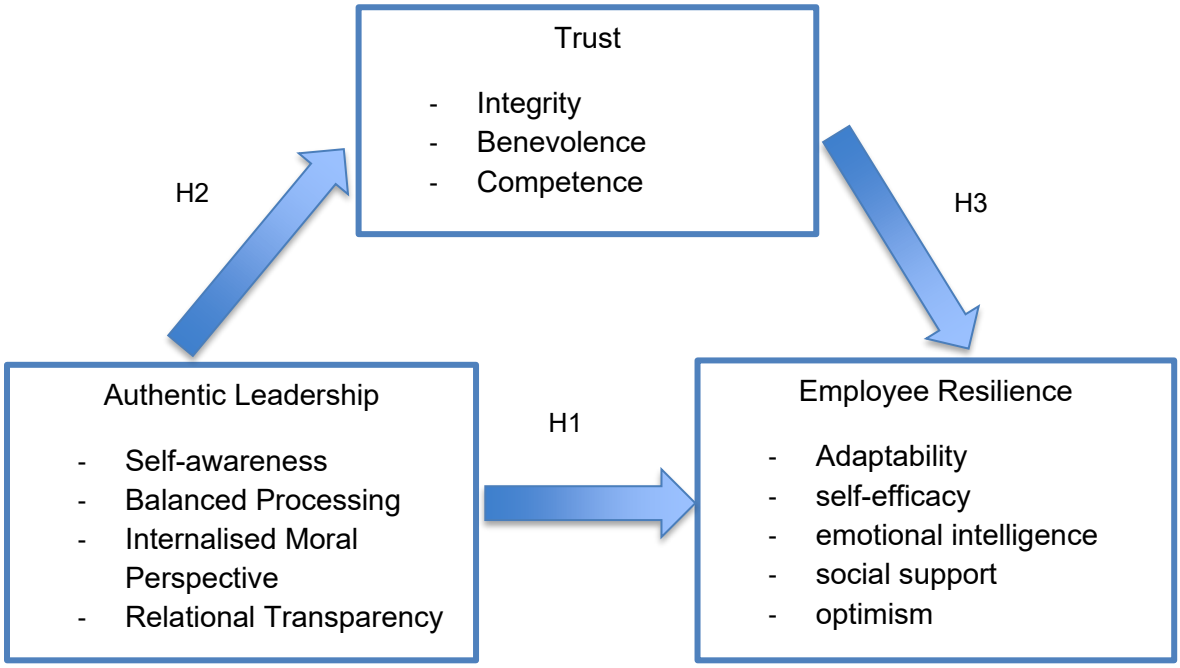


Figure 2.1: *Conceptual framework of the mediating role of trust on the relationship between authentic leadership and employee resilience.*

2.9 Chapter Summary.

This chapter provided a detailed description of the key concepts: authentic leadership, employee resilience, and trust. It outlined the theories relevant to this study, including authentic leadership theory, conservation of resources theory, positive psychology theory, and social exchange theory. Additionally, it highlighted the relationships between these variables.

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CHAPTER 3: RESEARCH METHODOLOGY

3.1. Introduction

Research methodology can be viewed as specific approaches and processes utilised to collect and analyse data pertaining to a particular research subject (Sreekumar, 2021). This chapter discussed the selected research approaches and the reasoning for their choice. It covered the research's philosophy, design, target population, sampling methods, and procedures for data collection and analysis. Additionally, the chapter covered the research's reliability, validity, and ethical considerations.

3.2. Research philosophy

According to Park et al. (2019), research philosophy serves as a guiding principle for how data is collected, analysed, and utilised. There are five types of research philosophies that help researchers determine their approach, including interpretivism, critical realism, pragmatism, and positivism.

3.2.1. Interpretivism

This philosophy focused on qualitative over quantitative analysis, which is used to gain insights into participants' perspectives. It is said to be subjective as it is dependent on people's viewpoints (Wang, 2019). Interpretivism is associated with subjectivity and may be influenced by bias (William, 2014). As a result, data obtained from interpretivist investigations may not be easily generalised due to their reliance on personal views and beliefs (Wang, 2019). The goal of this philosophy is to explore meanings and social dynamics.

3.2.2. Critical realism

This philosophy acknowledges an independent reality influenced by social factors. It believes that reality exists independently of human perceptions but acknowledges that understanding of it is often influenced by experiences and social contexts (Stutchbury, 2021). Realism is divided into two groups: direct and critical. This philosophy employs both quantitative and qualitative methods.

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According to Saunders (2019), this philosophy builds on the idea that scientific methods systematically develop knowledge.

3.2.3. Pragmatism

Shusterman (2016) explains that pragmatic philosophy only deems concepts relevant if they contribute to practical applications. Within a single research study, pragmatists can adopt aspects of both positivist and interpretivist positions, depending on the nature of the research question. As a result, this philosophy advocates for the use of mixed-methods research. Pragmatism focuses on the practicality and relevance of research findings rather than taking an all-or-nothing philosophical position (Elgeddawy & Abouraia, 2024).

3.2.4. Positivism

Saunders *et al*. (2019) describe this as a research philosophy that holds that the social world exists objectively and externally. It asserts that knowledge is derived from observable and measurable facts. Positivist research is driven by testing hypotheses.

The study tested specific hypotheses about the connections between authentic leadership, trust, and employee resilience. This research adopted a positivist research philosophy to test the hypothesis and identify causal relationships: authentic leadership, employee resilience, and trust. Positivist research aims to generate findings that can be applied to a broader population. Adopting this research philosophy enables the researcher to analyse data effectively. Furthermore, positivism plays a key role in testing the relationship among the variables.

The above philosophies offer valuable insights into the complexities of human behaviour and organisational dynamics; positivism is particularly relevant for this study because it emphasises empirical evidence, hypothesis testing, and generalizability. This philosophical approach ensures that the research findings are dependable and relevant to enhancing leadership practices and employee outcomes in the healthcare sector.

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3.3. Research approach

The three research approaches include qualitative, quantitative, and mixed methods, as described below.

3.3.1. Qualitative approach

Tenny *et al.* (2022) state that this type of research provides deeper insights into real-world problems. It gathers non-numerical data and aims to understand what this data means for the targeted population. Instead of gathering numerical data, this approach investigates focus groups, individual interviews and observations as some of the ways to gather information. Additionally, sample sizes are usually small. The qualitative approach is a valuable method for investigating a phenomenon when limited information is available (Taherdoost, 2022). Its exploratory nature fosters new insights, ideas, and theories.

3.3.2. Quantitative approach

Quantitative research is a method used to collect and analyse numerical data to find correlations and test hypotheses (Bhandari, 2023). Quantitative research involves systematically collecting and analysing numerical data to examine the relationships between variables. According to Taherdoost (2022), this approach entails understanding social reality and using carefully crafted questions to gather quantitative data for specific objectives. Goertzen (2017) states that tables, graphs, and other visual data representations are used to illustrate quantitative information, helping to make the data more understandable and accessible. This method involves using questionnaires to gather data from participants, usually from a large sample size.

3.3.3. Mixed method approach

This approach includes both qualitative and quantitative data collection. The focus of this study is to gain a deeper understanding of the subject matter, driven by the research question and the study's objectives. Wasti *et al*. (2022) state that using this approach helps to give a holistic view of data collected from observations and questionnaires, which adds depth to the study. However, it can be labour-intensive

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having to collect, analyse and synthesise two types of data into one research. This approach is particularly useful in understanding the contradictions between quantitative results and qualitative findings (Gibson, 2016).

This research used the quantitative research approach. The approach helped determine the relationship among the variables and test the hypotheses. It also facilitated the collection of data from many people within a short period.

3.4. Research Design

This study adopted a quantitative research design which is consistent with the positivist research philosophy as mentioned in Section 3.2. Within this quantitative design, various types of research designs exist, including descriptive, explanatory, correlational, and cross-sectional approaches. These are explained below:

3.4.1. Descriptive research design

As per McCombes (2023), this research design aims to provide a detailed description of a population or phenomenon. It is specifically crafted to measure the characteristics outlined in the research questions (Saunders, 2019). The primary goal is not to establish causal relationships but to present a comprehensive overview of the subject under investigation. This design focuses on addressing "what" and "how" questions rather than "why" questions (McCombes, 2023).

3.4.2. Explanatory research design

This research design investigates why things happen when there is not much information available (George & Merkus, 2021). It typically involves testing hypotheses that are derived from theories. The process entails investigating cause-and-effect relationships and providing evidence to either corroborate or question an explanation or prediction. Its primary goal is to address "why" questions by delving into the root causes of observed patterns.

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3.4.3. Correlation research design

This design is used to examine the relationship between two or more variables without manipulating them (Asenahabi, 2019). It shows the statistical relationship between the two variables but does not imply causality. According to Bighelli *et al.* (2018), correlation research is considered non-experimental because it does not involve the manipulation of variables to test a hypothesis using scientific methodology. Instead, this research design allows the researcher to observe and measure the natural relationship between two variables.

3.4.4. Cross-sectional research design

A cross-sectional research design will be used to collect data from a sample of nurses in the Makhado Local Municipality. According to Wang and Cheng (2020), a cross-sectional research design involves the examination of data from a particular population at one single point in time. This design is more feasible and time-efficient, allowing for the collection from a large sample size, unlike other designs, such as the longitudinal design, which would require repeated measurements over time.

Using a quantitative cross-sectional research design, this study aimed to provide a comprehensive and generalisable understanding of the relationships between authentic leadership, employee resilience, and job satisfaction among nurses working in the Makhado Local Municipality.

3.5. Population

According to Shukla (2020), a research population comprises a collective of individuals or items that serve as the focal point of a scientific investigation. The target population for this study consisted of 1565 nurses working within the jurisdiction of Makhado Local Municipality. This included registered nurses, enrolled nurses, and nursing assistants directly involved in patient care. By focusing on this specific group, the study aimed to gain insights into how authentic leadership can influence their resilience through the mediating role of trust.

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3.6. Sample and sampling procedure.

Bhardwaj (2019) defines sampling as choosing a small group from a larger population for research. The sample for this study consisted of nurses working at Makhado Municipality; this included registered nurses, enrolled nurses, and nursing assistants involved in direct patient care. This quantitative research employed stratified random sampling, a probability sampling method. A stratified random sampling is a technique where the total population is divided into strata to complete the sampling process (Thomas, 2020). This approach ensured that various categories of nurses (registered nurses, enrolled nurses, and nursing assistants) were represented fairly in the sample. The participation was open to the nursing staff employed within Makhado Municipality that were directly involved in patient care. This included registered nurses, enrolled nurses, nursing assistants and other nursing personnel fulfilling a direct patient care role. No other exclusion was applied, this ensured that there was a broad representation of frontline nursing staff across all designations within the target population.

This study's minimum recommended sample size was 309 respondents, determined by the Raosoft sample size calculator. The nursing staff was divided into three strata: registered nurses, enrolled nurses and nursing assistants. Within each stratum, nurses were randomly selected to ensure unbiased selection. The total sample size aimed for a confidence level of 95% and a margin of error of 5%, adjusted according to the clinic's overall nursing population. However, the final sample came down to 201 respondents. This was due to some of the nursing staff complaining that the questionnaire was too long and that they did not have enough time to complete it, while others were simply too busy. Another reason being that a number of returned questionnaires were incomplete and therefore could not be included in the analysis. Despite all of this, the final sample of 201 remained sufficient to collect data within the scope of the study.

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The proportions of each stratum were as follows: Registered nurses 40%, Enrolled nurses 35% and Nursing assistants 25%. When multiplied by the minimum sample size of 309 for each stratum, it resulted in the following values:

- Registered nurses: 124
- Enrolled nurses: 108
- Nursing assistants: 77

3.7. Data Collection

Data were collected using a structured questionnaire distributed electronically and in person to nurses working in the Makhado Local Municipality. The questionnaire assessed authentic leadership, trust, and employee resilience using the following instruments:

3.7.1. Measuring Instruments

Biographical Questionnaire

This study gathered demographic and background information about the respondents. The questionnaire included personal information such as age and gender. It also captured information regarding the educational background of the respondents, as well as their employment details, including job title and tenure.

Authentic Leadership

To measure authentic leadership, the Authentic Leadership Questionnaire (ALQ), developed by Avolio and Gardner (2005), was used. The ALQ consisted of 16 items and demonstrated good reliability, with Cronbach's alpha coefficients ranging from 0.84 to 0.98 (Walumbwa *et al*., 2007). This scale was measured on a 5-point Likert scale ranging from 1 = Strongly disagree to 5 = Strongly agree (Cervo *et al*., 2016). The questionnaire evaluated the four components of authentic leadership: self-awareness (items AL1-4), relational transparency (items AL5-8), internalised moral perspective (items AL9-12) and balanced processing (items AL13-16) Sample questions included:

- "My leader says exactly what they mean."

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- “My leader makes decisions based on their core values.”
- “My leader encourages everyone to speak their mind.”

Authentic leadership has been measured in the South African context in healthcare settings. Du Plessis and Boshoff (2018) used the ALQ and reported a Cronbach alpha coefficient of 0.91.

Employee Resilience

Resilience was measured using the Employee Resilience Scale developed by Näswall *et al*. (2015). This scale consisted of 9 items and was rated on a 7-point Likert scale ranging from 1 = Never to 7 = Almost Always. The reliability coefficient demonstrated high reliability with a Cronbach’s alpha coefficient of 0.91 (Näswall *et al*., 2015). This scale measured adaptability (items ER4, ER5 and ER9), self-efficacy (items ER2, ER3 and ER6), emotional intelligence (items ER6 and ER4), social support (items ER1, ER7 and ER8) and optimism (items ER9 and ER5). Sample questions included:

- “I resolve crises completely at work.”
- “I use change at work as an opportunity for growth.”
- “I learn from mistakes at work and improve the way I do my job.”

Mujajati et al. (2024) used this scale in their study and reported a Cronbach alpha coefficient of 0.91. The scale’s focus on resilience, coping strategies, and adaptive behaviours aligned well with employees' challenges in the South African healthcare sector, making it suitable for this study.

Trust

To measure trust within the workplace, this research utilised the Trust in Leadership Scale (TLS), developed by Mayer *et al* (1995). The TLS consisted of 15 items designed to assess trust in leadership. Items were scored on a 5-point Likert scale, which ranged from 1 = Strongly disagree to 5= Strongly agree. This scale assessed employee perceptions of their leader’s benevolence (items LT1 –

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LT5), integrity (items LT6 – LT10), and competence (items LT11 – LT15). The reliability coefficient demonstrated high reliability with a Cronbach's alpha coefficient of 0.97 (Adams *et al*., 2007). Sample questions included:

- "My leader has my best interest in mind."
- "I believe my leader is honest."
- "I have confidence in the abilities of my leader."

While a specific standalone validation of this scale was not found in the South African context, its use is justified because it aligns with the components of Mayer *et al.* (1995): Competence, Integrity and Benevolence, a model that has been applied in the South African context (Heyns, 2015; Heyns & Rothmann, 2015). Heyns and Rothmann (2015) found the scale produced a coefficient of above .90.

3.8. Data Analysis

Data analysis is defined as the process of gathering raw data and interpreting data using different statistical and logical methods and techniques (Islam, 2020). The collected data were analysed using the statistical software SPSS version 30. Using the following statistical techniques:

3.8.1. Descriptive statistics

Descriptive statistics were used to summarise the demographic characteristics of the respondents, such as age, gender and years of experience. They also summarised and described the levels of authentic leadership, trust and employee resilience among nurses at Makhado Municipality. The information was presented in graphical form, showing frequencies and percentages.

3.8.2. Correlation analysis

Pearson's product-moment correlation coefficient was used to examine the relationships between authentic leadership, employee resilience and trust as a mediating factor between authentic relationships and employee resilience. This

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method measured the strength and direction of the linear relationships between these variables. The correlation coefficients ranged from -1 to +1, where values closer to +1 indicated a strong positive relationship, values closer to -1 indicated a strong negative relationship and values around 0 indicated no relationship.

3.8.3. Mediated and regression analysis

Regression analysis was used to test the predictions of the relationships between authentic leadership, employee resilience and trust. Multiple linear regression analysis examined the variance explained by authentic leadership and trust in predicting employee resilience.

Additionally, mediation analysis was conducted to determine whether the influence of authentic leadership on employee resilience was mediated by trust. The research will utilise Hayes' PROCESS macro (Model 4) and the Sobel test to dissect and understand these mediated relationships meticulously.

3.9. Reliability and Validity

To ensure the highest quality of research, this study employed rigorous measures to establish reliability and validity. According to Chiang et al. (2015), reliability is the consistency of a measure. This study employed internal consistency reliability, which, according to Hajjar (2018), assesses the extent to which all factors on the test relate to one another, indicating how well a set of items or questions in a questionnaire measures the same concept or construct. Cronbach's alpha coefficients were used to evaluate the reliability of the scales measuring authentic leadership, trust, and employee resilience. The table below shows the rule of thumb for labelling Cronbach's alpha coefficient.

Table 3.1: *Cronbach's alpha coefficient*

Cronbach Alpha Value	Level of reliability

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Above .90	Excellent
Above .80	Very Good
Above .70	Good
Above .60	Fair
Above .50	Poor
Below .50	Unacceptable

Adapted from: Habidin *et al* (2015).

On the other hand, validity refers to what an instrument measures and its accuracy (Ahmed & Ishtiaq, 2021). The validity of a measurement can be estimated based on three main types of evidence; this study ensured validity through the following:

3.9.1. Content validity

Middleton (2019) states that this category checks if the tool adequately covers all the content, as it should for the variables. This ensured that well-established scales such as ALQ, ERS, and TLS scales were used, which have been reviewed and validated in prior research.

3.9.2. Construct validity

Refers to the ability to conclude test scores that are relevant to the concept being studied (Heale & Twycross, 2015). This was addressed by utilizing well-established validated scales for authentic leadership, resilience and trust.

3.9.3. Face validity

This refers to whether a test accurately measures what it is intended to assess (Bhandari, 2023). Including this validity ensured that the instruments used in the study accurately measured leadership, trust, and resilience, and participants were more likely to respond accurately and thoroughly. Face validity was assessed during the development of the questionnaire. All three instruments were examined item by item to ensure that they were all easy to understand.

The reliability and validity measured in this research guarantee that the findings are robust, trustworthy, and relevant for understanding how authentic leadership,

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trust, and employee resilience are interconnected in the specific context of nurses in the Makhado Local Municipality.

3.10. Research Ethical Guidelines considered

This research fully complied with ethical standards for studies involving humans, which included the following guidelines: owing:

3.10.1. Approval from the Department of Health

Department approval confirmed that the research adhered to the clinic's policies and procedures and did not interfere with clinic operations or patient care. A formal application detailing the study's objectives, methodology, and potential impacts was submitted to the department. This application included all relevant documentation, including the research proposal, ethical guidelines, and consent forms. Approval was documented and retained for record-keeping and accountability.

3.10.2. Ethical Clearance from the University

University ethical clearance confirmed that the study adhered to academic standards and safeguarded the rights and well-being of participants. Ethical clearance was obtained from the University of Venda, and all due processes for ethical conduct were adhered to in accordance with the university's research standards.

3.10.3. Informed consent

Obtaining informed consent is essential to ensure that participants fully grasp the study's purpose, procedures, risks, and benefits; and that their participation is voluntary, thus safeguarding their autonomy and rights (Giordano *et al*., 2007). Participants received a detailed information sheet outlining the purpose and benefits of the study. Consent forms were distributed and collected to ensure participants understood their rights, including the right to withdraw without penalty. The consent process was documented to promote transparency.

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3.10.4. Confidentiality and anonymity

Maintaining confidentiality and anonymity protects participants' privacy, encouraging honest and open participation without fear of repercussions (Hwang, 2023). Personal identifiers were removed from data sets, and participants were assigned unique codes. All data were stored securely, and confidentiality agreements were signed.

3.10.5. Use of data for academic purposes

Ensuring that data were used exclusively for academic purposes protected participants from potential misuse of their information and aligned with ethical guidelines for research.

Data were collected and analysed solely for this study. Clear guidelines were established for data use, and all team members were trained on these guidelines. Data were not shared with external parties or used for non-academic purposes. Upon completion of the study, data were securely archived or destroyed according to institutional policies.

By addressing these ethical considerations in detail, the study ensured participants' protection and respect, upheld the research process's integrity, and complied with established ethical standards.

3.11. Chapter Summary

This chapter presented an overview of the methods and tools employed for data collection. Firstly, the research philosophy that guides the study was discussed. The research designs and approach were explained in detail. The population was discussed and sampling procedures were followed. A questionnaire was given to collect data from participants, focusing on nurses working at clinics in Makhado Municipality. The researcher also described the ethical guidelines followed during the study.

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CHAPTER 4: ANALYSING OF DATA, PRESENTATION AND INTERPRETATION OF RESULTS

4.1. Introduction

This chapter outlined the study's findings. Data were gathered from 201 nurses working in public health facilities within Makhado Municipality. The Statistical Package of Social Sciences (SPSS) was employed to analyse numerical data, transforming it into meaningful insights for this discussion. Descriptive statistics describe the demographic and background details of the participants. Pearson's correlation coefficient was used to explore relationships among variables. Additionally, mediation analysis assessed whether trust mediated the effect of authentic leadership on employee resilience.

4.2. Demographic characteristics of respondents

A total of 201 participants took part in the study. Descriptive statistics were used to display the frequency distribution of demographic variables, including gender, age, qualification, length of service, rank/designation, and job status of the participants.

4.2.1. Gender

The results displayed in Figure 4.1 indicate that among the participants, 26 (13.07%) were male, while 165 (82.91%) were female. Additionally, 8 respondents chose not to disclose their gender, representing 4.02%. This suggests that most of the participants were female.

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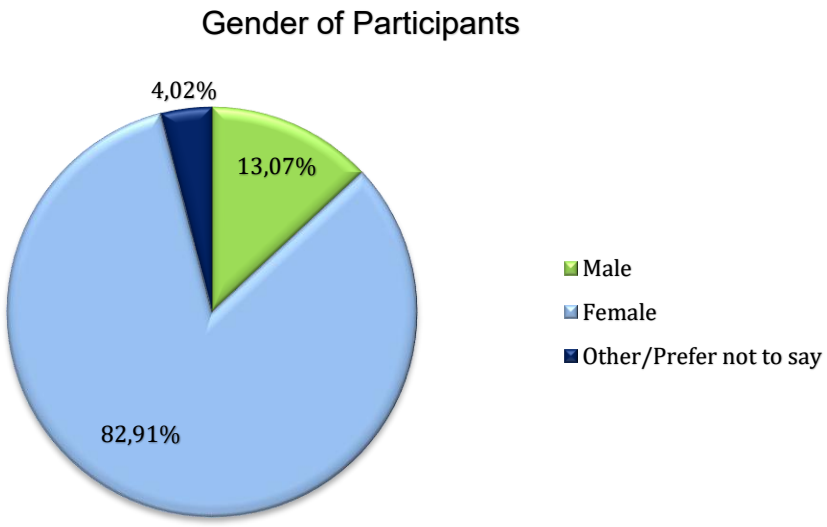


Figure 4.1: *Gender of Participants*

4.2.2. Age of respondents

The results presented in Table 4.1 show that most participants in the sample, comprising 53.27%, were aged 41 and above. Participants in the 36-40 age category comprised the second largest group, representing 16.58% of the respondents. Overall, most participants who participated in this study were over the age of 41.

Table 4.1: *Age of respondents*

	Frequency	**Percentage**
20-25	10	5.0
26-30	28	13.9
31-35	22	10.9
36-40	33	16.4
41+	106	52.7
Total	199	99.0
Missing	2	1.0

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Total	**201**	**100**

4.2.3 Qualification

Results in Table 4.2 indicate that most participants, 59 (29.4%), reported having a Certificate as their highest qualification. This was followed by 56 respondents (22.9%) who had obtained a Diploma, making it the second most common qualification. Additionally, 30 participants, representing 14.9% of the participants, reported having 'other' qualifications. Overall, this data shows that most participants held a Certificate as their highest qualification.

Table 4.2: *Qualification*

	Frequency	**Percentage**
Certificate	59	29.4
Diploma	46	22.9
Degree	40	19.9
Postgraduate	20	10.0
Other	30	14.9
Total	195	97.0
Missing	6	3.0
Total	**201**	**100.0**

4.2.4 Length of service

Table 4.3 presented results that indicate that 82 participants, accounting for 40.8%, have been in the nursing profession for 16 years or more. Following this group, 55 participants (27.4%) have served for 11-15 years, while the smallest group consists of 23 participants (11.4%) who have been in the field for 0-5 years. This data demonstrates that most respondents have over 16 years of experience in nursing.

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Table 4.3: *Length of Service*

	Frequency	Percentage
0-5 Years	23	11.4
6-10 Years	35	17.4
11-15 Years	55	27.4
16 Years and above	82	40.8
Total	195	97.0
Missing	6	3.0
Total	**201**	**100.0**

4.2.5 Rank/Designation

With regards to participants' designation, Table 4.4 indicates that most participants were Registered Nurses, comprising 70 participants (34.8%). This was followed by Nursing Assistants, who represented 55 participants (27.4%), and lastly, Enrolled Nurses, with 24 participants (11.9%). Overall, this data demonstrates that registered nurses comprise the largest group of participants.

Table 4.4: *Designation of respondents*

	Frequency	Percentage
Registered Nurse	70	34.8
Enrolled Nurse	24	11.9
Nursing Assistant	55	27.4
Total	149	74.1
Missing	52	25.9
Total	**201**	**100.0**

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4.2.6 Job status

Most of the participants, 113 (56.2%), were permanently employed, while 79 (39.3%) were on contract, as shown in Table 4.5. This indicates that most participants have permanent employment.

Table 4.5: *Job Status*

	Frequency	**Percentage**
Permanent	113	56.2
Contract	79	39.3
Total	192	95.5
Missing	9	4.5
Total	**201**	**100.0**

4.3. Item of analysis

The variables' reliability was confirmed through Cronbach's alpha, which assesses the internal consistency of each scale.

The table below shows the Cronbach Alpha Coefficient level, which is above 0.90, representing excellent reliability; a level of 0.80 represents very good reliability, and a level of 0.70 represents good reliability. In addition, 0.60 represents a fair reliability, 0.50 represents a poor reliability, and anything below 0.50 is deemed unacceptable.

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Table 4.6: *Cronbach's alpha coefficient*

Cronbach Alpha Value	Level of reliability
Above .90	Excellent
Above .80	Very Good
Above .70	Good
Above .60	Fair
Above .50	Poor
Below .50	Unacceptable

Adapted from: Habidin et al (2015).

4.3.1 Authentic leadership

Habidin *et al.* (2015) stated that a questionnaire with a Cronbach alpha exceeding 0.80 is regarded as 'Very Good'. Authentic Leadership was assessed using 16 items, and its Cronbach's Alpha measured 0.861; see Table 4.7 for the statistics. The corrected item–total correlations ranged from .404 to .647, showing that all items were positively associated with the overall scale and contributed significantly to the variables. Additionally, the values of Cronbach's Alpha did not show a substantial increase if any item was removed (ranging from .844 to .860), indicating that all 16 items should be kept. These findings affirm the reliability of the Authentic Leadership scale for the current study.

Table 4.7: *The reliability statistics of Authentic Leadership*

Cronbach's Alpha	Number of Items
.861	16

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Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
AL1	58.43	67.138	.647	.844
AL2	58.22	69.760	.561	.849
AL3	58.27	70.487	.489	.853
AL4	58.17	72.518	.419	.856
AL5	57.99	71.584	.519	.852
AL6	57.98	71.777	.409	.857
AL7	58.14	71.879	.562	.850
AL8	58.19	69.598	.590	.848
AL9	58.12	72.793	.485	.854
AL10	58.39	70.998	.502	.852
AL11	58.40	71.879	.404	.858
AL12	58.75	69.370	.417	.860
AL13	57.95	73.359	.524	.853
AL14	58.08	72.487	.422	.856
AL15	57.84	72.168	.547	.851
AL16	57.80	73.922	.462	.855

Note: AL – Authentic Leadership

4.3.2 Employee resilience

A 9-item questionnaire assessing Employee Resilience achieved a 'Very Good' Cronbach's Alpha of .894, as displayed in Table 4.8. The corrected item-total correlations for all items varied from .601 to .691, confirming that each item positively contributed to the scale. The Cronbach's Alpha if any item were excluded ranged from .880 to .887, indicating that no single item significantly diminished the scale's reliability. Consequently, all 9 items were kept for further analysis.

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Table 4.8: *The reliability statistics of Employee Resilience*

Cronbach's Alpha	Number of Items
.894	9

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
ER1	44.98	80.901	.683	.881
ER2	44.77	82.344	.691	.880
ER3	44.86	83.954	.674	.881
ER4	44.26	86.904	.681	.881
ER5	44.08	90.064	.622	.886
ER6	44.48	88.579	.601	.887
ER7	44.30	84.530	.661	.882
ER8	44.38	84.531	.687	.880
ER9	44.27	88.254	.611	.886

Note: ER - Employee Resilience

4.3.3 Leadership trust

The Leadership Trust scale, which consisted of 15 items, showed 'Excellent' reliability according to the standard guidelines for interpreting Cronbach's Alpha as outlined by Habidin *et al.* (2015), achieving a Cronbach's Alpha of .926. The corrected item–total correlations were between .497 and .744, suggesting that each item strongly correlated with the overall scale and significantly contributed to the construct. The Cronbach's alpha, if any single item was removed, ranged from .918 to .926, indicating that no single item weakened the overall reliability of the scale. As a result, all 15 items were kept for further analysis.

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Table 4.9: *The reliability statistics of Leadership Trust*

Cronbach's Alpha	Number of Items
.926	15

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
LT1	54.91	92.583	.613	.922
LT2	55.15	93.956	.497	.926
LT3	54.93	94.268	.640	.921
LT4	55.00	92.455	.684	.920
LT5	55.08	92.835	.634	.921
LT6	55.22	90.070	.698	.919
LT7	55.17	89.653	.744	.918
LT8	55.25	89.392	.729	.918
LT9	55.09	92.151	.652	.921
LT10	55.09	93.083	.643	.921
LT11	54.89	93.812	.719	.919
LT12	54.86	93.349	.702	.919
LT13	54.86	94.270	.667	.920
LT14	54.78	96.855	.538	.924
LT15	54.77	95.562	.609	.922

Note: LT - Leadership Trust

4.3.4 Overview of the reliability analysis for the entire questionnaire.

Table 4.10 summarises the Cronbach's Alpha values for the overall questionnaires. The Authentic Leadership Questionnaire demonstrated a 'Very

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Good' Cronbach's Alpha of .861. Similarly, the Employee Resilience Questionnaire achieved a 'Very Good' Cronbach's Alpha of .894. Notably, the Leadership Trust Questionnaire exhibited an 'Excellent' reliability with a Cronbach's Alpha of .926. In summary, the coefficients for all variables are satisfactory, as they exceeded the threshold of .80. Therefore, it is reasonable to conclude that all these questionnaires are reliable.

Table 4.10: *Cronbach's Alpha Coefficients for the overall scales.*

Construct	N of items	Cronbach's alpha score	Level of reliability
AL	16	.861	Very Good
ER	9	.894	Very Good
LT	15	.926	Excellent

Note: AL - Authentic Leadership; ER - Employee Resilience; LT - Leadership Trust

4.4. Descriptive statistics

The descriptive statistics analysis revealed that the nurses in Makhado Municipality held a positive perception across all three variables. The statistical analysis evaluated the central tendency of these variables by presenting the mean and standard deviation. It also offered insights into the data's normality through skewness and kurtosis measures.

The analysis indicated that Authentic Leadership achieved a mean score of 3.83 with a standard deviation of 0.59, suggesting that, on average, participants generally agreed that their leaders exhibit authentic leadership behaviours such as self-awareness, relational transparency, balanced processing and internalised moral perspective. While the score for authentic leadership was favourable, there remains potential for further improvement.

Regarding Employee Resilience, the mean score was 5.57 with a standard deviation of 1.13, indicating that participants largely agreed with statements reflecting their resilience. This suggests they perceive themselves as highly capable of managing stress and pressure in the workplace effectively and adapting to change for personal growth.

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Furthermore, participants expressed an overall sense of trust in their leaders, reflected in a mean score of 3.90 and a standard deviation of 0.68. This level of trust was slightly higher than the score for authentic leadership, implying that respondents generally agree that their leaders are competent and fair. This level of trust is crucial to the influence of positive workplace outcomes.

Normality of data

The analysis evaluated the normality of the data distribution. According to Hair et al. (2010), data can be classified as normal if the skewness is between -2 and +2 and the kurtosis falls within -7 and +7. These criteria assist in determining whether the assumptions of normality are met in their data sets.

The skewness values were consistently negative (between –0.72 and –0.97), indicating that most participants provided higher ratings on the scales, with fewer individuals giving low scores. This trend implies that authentic leadership, employee resilience, and trust were generally viewed positively. The kurtosis values (ranging from 0.62 to 1.26) suggested distributions that were nearly normal but somewhat peaked, indicating that responses tended to cluster around the means rather than being broadly dispersed. Notably, Leadership Trust (kurtosis = 1.26) exhibited a more peaked distribution, indicating that participants largely agreed on their trust in their leaders, while Employee Resilience (kurtosis = 0.75) allowed for greater variability in responses.

Therefore, the data can be regarded as normally distributed since the skewness and kurtosis values fall within the ranges of -2 to +2 and -7 to +7.

The figures below show histograms representing the distribution of all 3 variables with a normal curve.

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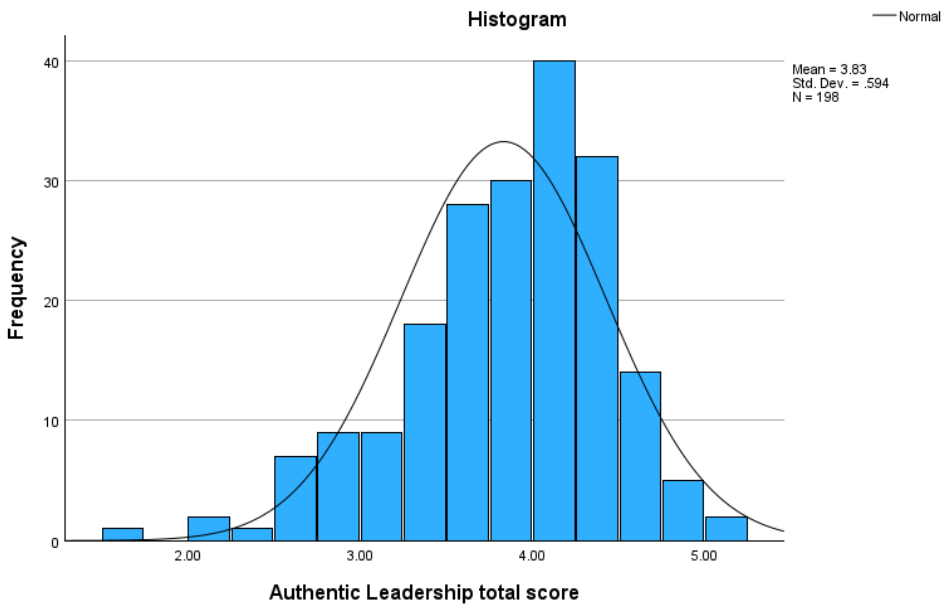


Figure 4.2: *Histogram showing the distribution of Authentic Leadership total scores with normal curve overlay*

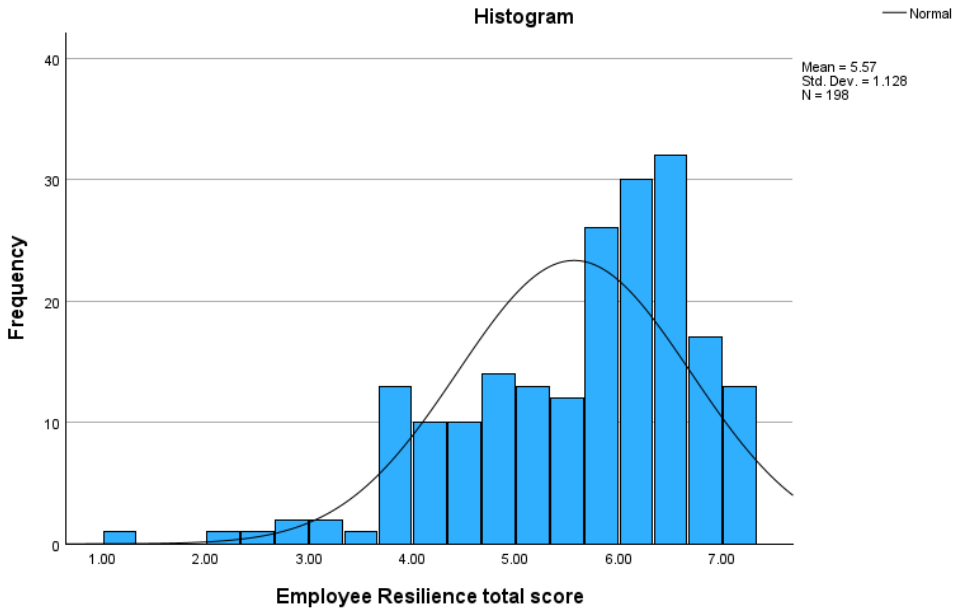


Figure 4.3: *Histogram showing the distribution of Employee Resilience total scores with normal curve overlay.*

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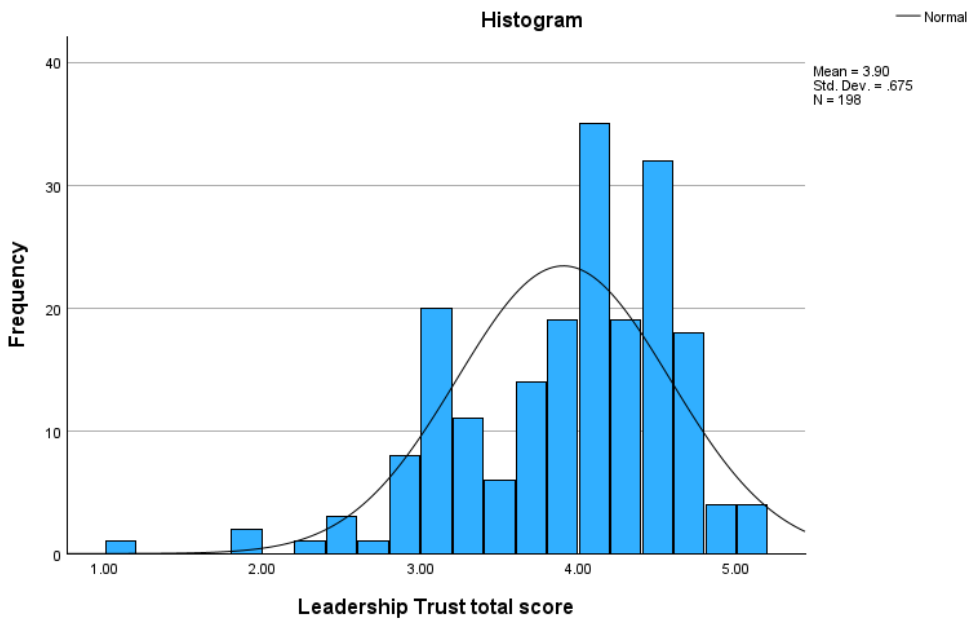


Figure 4.4: *Histogram showing the distribution of Leadership Trust total scores with normal curve overlay.*

The table below presents the descriptive statistics for Authentic Leadership, Employee Resilience, and Leadership Trust.

Table 4.11: *Descriptive statistics of the variables*

Variable	N	M	SD	Skewness	Kurtosis
Authentic Leadership	201	3.83	0.59	–0.72	0.62
Employee Resilience	199	5.57	1.13	–0.97	0.75
Leadership Trust	199	3.90	0.68	–0.95	1.26

Note: N - Number; M - Mean; SD - Standard Deviation

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4.5. Pearson Correlation

Pearson's correlation was used to test the hypotheses discussed earlier and to examine the perceived relationships between authentic leadership, employee resilience, and trust, as well as the strength and direction of these relationships.

According to Mukaka (2012), the rule of thumb for Pearson correlation helps evaluate the strength and direction of variables' relationships. A value above 0.8 signifies a very strong correlation, 0.4 to 0.6 indicates a moderate correlation, and below 0.3 suggests a weak relationship. The rule of thumb is illustrated in the table below.

Table 4.12: *The rule of thumb for the correlation value*

***r* - Value**	**Level of reliability**
0.8 to 1.0	Very strong relationship
0.6 to 0.8	Strong relationship
0.4 to 0.6	Moderate relationship
0.2 to 0.4	Weak relationship
0.0 to 0.2	Weak or no relationship

Adopted from: Mukaka (2012)

The following conclusions were drawn based on the correlation rule of thumb above regarding the relationship between the variables.

Hypothesis 1: Authentic leadership is positively related to employee resilience.

Looking at the rule of thumb on Table 4.12 and the Pearson correlation analysis results among the variables on Table 4.13, whilst also looking at Table 4.14 that shows the Analysis of the dimensions of the variable, it shows there is a moderate positive relationship between Authentic Leadership (AL) and Employee Resilience (ER) (r = .487; p< .001). A moderate relationship was observed between AL Self-Awareness and ER Self-Efficacy with a score of r = *.444.* This was the strongest

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relationship between the two constructs. Seeing other constructs such as AL Relational Transparency and ER Adaptability have a weak relationship with a score of r = .363.

Therefore, it can be concluded that nurses who perceive their leaders as more authentic report higher levels of resilience. Furthermore, the null hypothesis is rejected, and the alternative hypothesis is supported.

Hypothesis 2: Authentic leadership is positively related to trust.

A moderate, positive relationship was found between Authentic Leadership and Trust (r = .417; p< .001) as shown in Table 14. A moderate, positive relationship was found between AL Self-Awareness and LT Benevolence with a score of r = .409, which suggests that foundational qualities are positively linked to the employee's belief that the leader cares for them. Meaning that authentic leaders are more likely to be trusted by nurses. Therefore, the null hypothesis is rejected, and the alternative hypothesis is supported.

Hypothesis 3: Trust is positively related to employee resilience.

The findings indicate a weak yet significant relationship between Leadership Trust (LT) and Employee Resilience (r = .330; p< .001). there was a weak but positive correlation between LT Competence and ER Social Support with a score of r = .377. While this correlation may be considered weak, it is still statistically significant and suggests that nurses' resilience is positively associated with their trust in their leaders. This implies that as trust in leadership increases, so does the capacity for resilience among nurses, highlighting the importance of fostering trust within the workplace. Therefore, we can reject the null hypothesis and support the alternative hypothesis.

The above shows that all three hypotheses are supported.

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Table 4.13: *Pearson correlation analysis results among the variables*

		Authentic Leadership total score	Employee Resilience total score	Leadership Trust total score
Authentic Leadership total Score	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	201		
Employee Resilience total Score	Pearson Correlation	.487**	1	
	Sig. (2-tailed)	<.001		
	N	199	199	
Leadership Trust total score	Pearson Correlation	.417**	.330**	1
	Sig. (2-tailed)	<.001	<.001	
	N	199	198	199

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

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Table 4.14: *Analysis of the dimensions of the variable*

Dimension	AL-SA	AL-RT	AL-IMP	AL-BP	ER-AD	ER-SE	ER-EI	ER-SS	ER-OP	LT-B	LT-I	LT-C
AL-SA	1.000	0.632	0.514	0.526	0.353	0.444	0.347	0.320	0.289	0.409	0.357	0.337
AL-RT	0.632	1.000	0.581	0.549	0.363	0.413	0.309	0.368	0.356	0.370	0.350	0.315
AL-IMP	0.514	0.581	1.000	0.437	0.349	0.332	0.271	0.328	0.354	0.220	0.282	0.187
AL-BP	0.526	0.549	0.437	1.000	0.288	0.310	0.216	0.315	0.283	0.314	0.161	0.233
ER-AD	0.353	0.363	0.349	0.288	1.000	**0.688**	0.761	0.706	**0.925**	0.292	0.207	0.282
ER-SE	0.444	0.413	0.332	0.310	**0.688**	1.000	**0.793**	0.598	0.640	0.367	0.301	0.355
ER-EI	0.347	0.309	0.271	0.216	0.761	**0.793**	1.000	0.593	0.697	0.311	0.289	0.332
ER-SS	0.320	0.368	0.328	0.315	0.706	0.598	0.593	1.000	0.640	0.367	0.356	0.377
ER-OP	0.289	0.356	0.354	0.283	**0.925**	0.640	0.697	0.640	1.000	0.236	0.165	0.209
LT-B	0.409	0.370	0.220	0.314	0.292	0.367	0.311	0.367	0.236	1.000	**0.718**	**0.627**
LT-I	0.357	0.350	0.282	0.161	0.207	0.301	0.289	0.356	0.165	**0.718**	1.000	**0.760**
LT-C	0.337	0.315	0.187	0.233	0.282	0.355	0.332	0.377	0.209	**0.627**	**0.760**	1.000

Note: AL – Authentic Leadership, ER- Employee Resilience, LT – Leadership Trust, SA – Self Awareness, RT – Relational Transparency, IMP – Internal Moral Perspective, BP – Balanced Processing, AD – Adaptability, SE- Self Efficacy, EI – Emotional Intelligence, SS – Social Support, OP – Optimism, B – Benevolence, I – Integrity, C – Competence.

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4.6. Mediated and regression analysis

A regression analysis was conducted using the PROCESS Macro Model 4 by Hayes (2022) to examine whether trust in leaders mediates the relationship between Authentic Leadership and Employee Resilience, with the Sobel Test used to confirm validity. The hypothesis stipulates that:

Hypothesis 4: Trust mediates between authentic leadership and employee resilience.

The effect of AL on ER was significant ($\beta = 0.926$, $p < .001$), indicating that higher levels of authentic leadership are linked to increased employee resilience.

AL also significantly predicted LT ($\beta = 0.473$, $p < .001$), and, in turn, LT significantly predicted ER ($\beta = 0.257$, $p = .025$).

When LT was included as a mediator, the direct effect of AL on ER remained significant ($\beta = 0.802$, $p < .001$).

The mediating effect was estimated through bootstrapping, which used 5000 resamples as recommended by Hayes (2022). The indirect coefficient was significant ($\beta = 0.1218$, BootSE = 0.0735, 95% CI [0.0115, 0.3026]), the Confidence interval (CI) for the indirect effect did not include zero.

The Sobel test was additionally performed to confirm the indirect effect of LT on the relationship between AL and ER. The statistic from the Sobel test was significant ($z = 2.13$, $p < .05$), indicating that the mediation effect through LT is statistically significant.

The findings suggest that trust in leadership plays a significant, yet partial, mediating role in the relationship between authentic leadership and employee resilience. Specifically, this indicates that while authentic leadership positively influences employee resilience, the level of trust that employees have in their leaders is a crucial intermediary factor that enhances this relationship.

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Therefore, hypothesis 4 stating that trust mediates between authentic leadership and employee resilience is supported thus rejecting the null hypothesis.

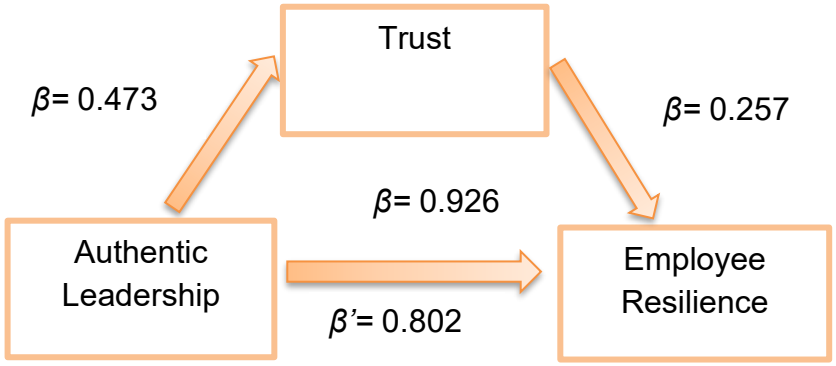


Figure 4.5: *Regression analysis of the mediating role of trust on the relationship between authentic leadership and employee resilience*

Table 4.15: *Results of regression analysis among the variables.*

Step	**Variable**	***β***	***t***	***df***	***P***
Step 1	AL → ER	0.926	7.825	197	< .001
Step 2	AL → LT	0.473	6.418	196	< .001
Step 3	LT → ER	0.257	2.265	195	.025
Step 4	Authentic Leadership → Employee Resilience (controlling for LT)	0.802	6.214	195	< .001
Indirect effects:					
β= 0.1218					
BoostSE = 0.0735					
95%CI = 0.0115; 0.3026					

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Note: AL = Authentic Leadership; ER = Employee Resilience; LT = Leadership Trust; β = Beta (unstandardised regression coefficient); t = t-value; df = degrees of freedom; p = level of significance

4.7. Chapter Summary

This chapter presented the analysis results to address the research objectives. This included the demographic information, reliability testing, descriptive statistics, correlation and mediation analysis. The study's demographic data indicated that most respondents were female. Analysis of the instruments confirmed their reliability, as all variables achieved a Cronbach's Alpha Coefficient above .80. Descriptive statistics revealed that participants held a positive outlook concerning all three variables measured. Furthermore, Pearson correlation analysis showed a significant positive relationship between the variables. Finally, the final regression analysis demonstrated that trust in leadership partially mediated the relationship between authentic leadership and employee resilience.

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CHAPTER 5: DISCUSSION AND RECOMMENDATIONS OF RESULTS

5.1. Introduction

Chapter 5 discussed the results from Chapter 4 in the context of the research objectives and existing literature. This final chapter of the study discussed the findings presented in Chapter 4 in relation to the objectives and literature review. The discussion combines results from demographic analysis, questionnaire reliability, descriptive statistics, and correlation and regression analyses for a clearer understanding. Conclusions, recommendations and limitations of the study were also be provided.

5.2. Demographic characteristics

The demographic analysis indicated that most participants were female, accounting for 165 out of 201 participants, constituting 82.91%. This gender distribution aligns with national trends in South Africa's healthcare workforce, where Shakwane (2022) reports that only 10.4% of nurses are men, indicating that the rest are female nurses. The high representation of women reflects the feminisation of health care, where it is still considered a job for females.

In terms of age, 41 years and older group constituted the most as participants at 53%. Scheepers *et al.* (2025) pointed out that 26% of registered nurses are in their 40s, which shows the disparities in the workforce where there are fewer young people in the field; however, it also shows that the workforce is mature and experienced, which can positively influence mentoring junior staff and quality patient care. The sample reflected a predominantly mid-career workforce, suggesting a level of experience and stability that may positively influence their outlook on leadership and resilience.

The demographic profile indicated that most participants hold a Higher Certificate as their highest qualification (29%), followed by a Diploma (22%). This shows that while the majority possess foundational training, only a small portion have advanced qualifications. The fact that most nurses hold higher certificates may reflect their heavy workload, which makes it difficult for them to pursue further

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studies (Havenga & Sengane, 2018). This explains why only 10% of nurses have postgraduate qualifications.

Regarding length of service, 40.8% of participants had 16 years or more of experience, while 27.4% had worked for 11–15 years. Only 11.4% had 0–5 years of experience. This indicates a highly experienced workforce with strong institutional knowledge and resilience. Long service can support organisational continuity and may also suggest limited staff turnover and possibly low recruitment of younger professionals.

The study revealed that the most common group of participants was Registered Nurses (34.8%). These findings align with the statistics released by the South Africa Nursing Council (2019) that indicate the largest group of nurses are Registered Nurses.

Most respondents (56.2%) were permanently employed, with 39.3% on contract. The large portion of permanent staff indicates workforce stability and job security, potentially boosting organisational commitment, trust in leadership, and employee resilience. This demographic profile indicates a mature, female-dominated and experienced workforce in Makhado Municipality.

5.3. Questionnaire reliability

Reliability analysis demonstrated strong internal consistency across all instruments, referencing Habidin *et al.* (2015)'s standard that Cronbach's alpha values from .70 to over .90 are reliable. The Authentic Leadership scale showed an α of .861 (very good), the Employee Resilience scale an α of .894 (very good), and the Leadership Trust scale an α of .926 (excellent). These coefficients exceed the recommended threshold of 0.70, and all instruments were reliable.

5.4. Descriptive statistics and normality

Descriptive statistics were used to summarise participants' perceptions of authentic leadership, employee resilience, and trust. Authentic Leadership used a 5-point Likert Scale where 1= Strongly disagree, 2= Disagree, 3= Neutral, 4= Agree, and 5= Strongly agree. The scale score was (M = 3.83, SD = .59).

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Participants generally expressed their leaders as authentic, suggesting that, on average, the participants agreed with statements that exhibited authenticity, self-awareness, transparency and ethical behaviour. These findings aligned with Walumbwa *et al.* (2007), who explained that authentic leadership is characterised by self-awareness, rational transparency, balanced processing and internalised moral processing. In the healthcare context, especially in high-pressure environments like nursing, effective leadership behaviours are vital in promoting psychological safety among staff. These behaviours are essential for boosting team morale and enhancing resilience within the workforce, as highlighted by Gardner *et al*. (2021). The results, therefore, indicate that leaders in Makhado Municipality are perceived to be fostering a supportive environment.

Employee Resilience was measured on a 7-point Likert Scale where 1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Sometimes, 5 = Frequently, 6 = Usually, 7 = Almost Always. This scale showed a higher mean score (M = 5.57, SD = 1.13), indicating that participants displayed to be persistent when faced with challenges in the workplace and handle a high-pressure environment. The high resilience score supports the idea that exposure to a demanding healthcare environment strengthens employees' ability to cope with adversity (Kuntz *et al.,* 2016). These findings were consistent with Bardoel *et al.* (2014), who emphasised that strengths and positive emotions form part of resilience. This psychological resource enables employees to flourish despite challenges. Mao *et al.* (2023) have shown that authentic leadership consistently boosts employee resilience in high-stress environments. Within the South African healthcare system, this type of resilience is crucial for handling the high stress and emotional demands. These findings are consistent with the Conservation of Resources Theory by Hobfoll (1989), which frames resilience as a resource that individuals need to have and maintain under such stressful conditions. In environments that are strained such as the Makhado Municipality, authentic leadership acts as a valuable external resource that helps nurses to maintain their psychological resilience. Additionally, Positive Psychology Theory by Seligman (2011) backs this up by highlighting that positive emotions

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and strengths, nurtured by a supportive leadership environment, allows employees to flourish even in challenging circumstances.

When it comes to the Trust scale, the scale used a 5-point Likert Scale where 1= Strongly disagree, 2= Disagree, 3= Neutral, 4= Agree, and 5= Strongly agree. This yielded an average score (M = 3.90, SD = .68), which suggests that participants resonated with statements that showed that they trust their leaders' competence and confidence in their leadership. According to Chen and Sriphon (2022), authentic leaders create trust amongst employees by demonstrating honesty, integrity and transparency. This, in turn, serves as a social exchange that strengthens employees to be resilient. Hsieh and Wang (2015) indicated that when nurses trust their leaders, they can better tap into internal and external resources, leading to higher resilience.

5.5. Correlation analysis

A correlation analysis was conducted to explore the relationships between Authentic Leadership, Trust, and Employee Resilience. Pearson's correlation was used to test the hypotheses outlined in Chapter 1.

Pearson's correlations revealed a moderate, positive and significant relationship between Authentic Leadership and Employee Resilience (r = .487, p < .001), supporting Hypothesis 1. Since the p-value is less than .001%, the relationship is highly significant. Thus, the results suggest that as authentic leadership increases, employees tend to be more resilient. This finding corresponds with the Authentic Leadership Theory, that supports that this leadership promotes a positive psychological outcome such as optimism and resilience (Walumba *et al.,* 2008). This relationship is supported by Rego *et al.* (2012), who emphasised that leaders who are more transparent and supportive have an influence on employees' capacity to cope with adversity and give them hope to cope with future uncertainty. Similarly, Mao *et al.* (2023) reported that authenticity in leadership promotes resilience. Furthermore, Li and Zhang (2022) indicated that authentic leaders foster a supportive environment where employees feel safe to make mistakes, learn from them, and grow through challenges. Such a supportive environment

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reduces stress, making it easier for employees to perform their duties and build resilience. Therefore, Hypothesis 1 is supported, indicating a relationship between authentic leadership and employee resilience.

Moreover, Authentic leadership and Trust were also moderately and positively correlated (r = .417, p < .001), leading to the acceptance of Hypothesis 2. This outcome is supported by the Social Exchange Theory, which frames that trust is developed by reciprocal relationships. When employees feel that their leaders are authentic, they are more willing to reciprocate, which results in trust and dependency (Srivastava & Mohaley, 2022). The p-value is below .001, indicating that the result is statistically significant and suggesting that the relationship is unlikely to have occurred by chance. This means that as perceptions of authentic leadership increase, employees' trust in their leader also increases. This finding strongly supports the idea that genuine and authentic leadership behaviours, such as honesty, fairness, and consistency, play a crucial role in building and fostering trust within organisations, as emphasised by Kleynhans *et al.* (2022). Maximo *et al.* (2019) discovered that authentic leadership is a predictor of trust in leaders, suggesting that leaders who demonstrate authenticity foster trust and a feeling of safety among employees. Employees are likely to feel more empowered when they know that their leader has got their back. Therefore, Hypothesis 2 is supported as both the statistical result and supporting literature confirm a positive relationship between authentic leadership and trust.

In addition, Trust and Employee Resilience were positively but weakly correlated (r = .330, p < .001). Although the relationship is weaker between the 2 variables, the p-value remains below .001, indicating it to be statistically significant, thus supporting Hypothesis 3. This suggests that while trust has an impact on employee resilience, the relationship is weaker than that of authentic leadership. However, Chaudhary and Ashutosh (2024) stated that trust plays a crucial role in any organisation, and higher levels of trust increase resilience, leading to more efficient work. A high level of trust in leadership is rooted in the perception of the leader's competency, benevolence and integrity (Mayer *et al.*, 1995). This sense of trust

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encourages employees to remain engaged and motivated to work even amid uncertainty (Dagar & Sisodia, 2023). Ultimately, trust is the foundation on which resilience is built, allowing employees to cope effectively. Hypothesis 3 is therefore accepted as both the statistical results and research confirm a relationship between trust and employee resilience.

This analysis revealed that authentic leadership plays a crucial role in fostering both trust and resilience in the workplace. In the context of this research, this implies that when leaders in the workplace demonstrate transparency, integrity, and concern for their employees, these employees tend to feel more valued and seen and are therefore better equipped to handle workplace stress.

5.6. Regression and mediation analysis

Mediated and regression analyses were conducted using Hayes' PROCESS macro (Model 4) to examine whether Trust mediates the relationship between Authentic Leadership and Employee Resilience. The analysis also followed a bootstrapping and a Sobel test. Bootstrapping is a reliable method that tests indirect effects of mediation between variables and does not rely on normality assumptions (Hayes, 2022). However, the research will also include the Sobel test for comparison to assess mediation. Using both these tests strengthens the validity of the mediation results.

This analysis investigated the direct correlation between Authentic Leadership and Employee Resilience prior to the inclusion of trust as a mediating factor. The results show that authentic leadership on employee resilience was a significant positive relationship ($\beta = 0.926$, $p < .001$), indicating that higher levels of authentic leadership are linked to increased employee resilience. The results support research conducted by Kuntz *et al.* (2016), which shows that authentic leaders inspire employees' psychological strength and ability to recover from adversity.

The effect of Authentic Leadership on Trust demonstrated a significant positive relationship ($\beta = 0.473$, $p< .001$), indicating that a positive outlook on authentic leaders results in increased trust in leadership. This aligns with Authentic

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Leadership Theory by Avolio and Gardner (2005), which was mentioned in Chapter 2, that authentic leaders positively influence employee outcomes through genuine and ethical behaviour.

In turn, the impact of Trust on Employee Resilience was statistically significant (β = 0.257, p = .025). When Trust was included as a mediator, the direct effect of Authentic Leadership on Employee Resilience remained significant (β = 0.802, p < .001).

The indirect effect was significant (β = 0.1218, 95% *CI* [0.0115, 0.3026]), as estimated through bootstrapping, which utilised 5000 resamples as recommended by Hayes (2022). Since the Confidence Interval (CI) for the indirect effect did not include zero, it indicates that the indirect effect is statistically significant, thereby confirming mediation.

A Sobel test yielded a score of (z = 2.13, p < .05), results indicated that the indirect effect was statistically significant. This supports the conclusion that trust plays a mediating role. Given that the direct effect of authentic leadership on employee resilience remained significant (p < .001) even after the inclusion of trust, and that the indirect effect was also statistically significant, this suggests the presence of partial mediation. Therefore, Hypothesis 4 is supported: Trust partially mediates the relationship between authentic leadership and employee resilience.

Within Makhado Municipality's healthcare sector, these findings highlight the crucial role of leadership behaviour in building a resilient workforce. Due to the demanding environment characterised by resource shortages and emotional labour, authentic and trustworthy leaders are essential for maintaining motivation and resilience among nurses. They are to work as a facilitator and a moral agent who creates a positive work environment. The researcher’s findings showcased that resilience is not only psychological but also a response to resource shortages and emotional labour that the nurses face. Trust from leaders act as a motivator to keep going despite adversity.

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5.7. Limitations of the study

A key limitation is that this study was conducted only in public healthcare facilities within the Makhado Municipality of the Limpopo Province, South Africa. Therefore, the results of the study may not be generalised to private healthcare facilities and other regions of South Africa. To minimise the limitation, the population was clearly defined with a sampling procedure.

Some participants were not interested in participating in the research. Some complained that the questionnaire was too long and that they did not have enough time to complete it, while others were simply too busy. Considering the ethics of the study, the researcher did not force anyone to participate if they did not want to or were unable to. This then resulted in fewer respondents than anticipated.

Additionally, a quantitative research method was employed due to the study's aim. In this study, the structured questionnaire with closed-ended questions restricted respondents' ability to elaborate on their views. The limitation was minimised by using validated instruments from previous studies, ensuring clear items.

5.8. Practical implications

The study's findings make significant contributions to the healthcare sector. Human Resources, which includes a function of Learning and Development, can develop leadership programs that implement training to build self-awareness, transparency, and integrity.

There should be an emphasis on utilising employee assistance programs (EAPs) that provide resilience support, including resilience training, peer support, and access to wellness resources, to help employees manage stress effectively. This can be something recommended for employees to participate in, especially for nurses with long tenures who have faced trauma and burnout.

Additionally, Human Resources can implement organisational strategies that track the above contributions by monitoring trust and resilience through workplace surveys. Link resilience and leadership development to organisational performance metrics, such as patient outcomes, staff turnover, and/or retention.

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5.9. Recommendations for future research

The analysis of the study revealed a positive correlation between authentic leadership and employee resilience. Additionally, trust in leadership was shown to mediate the relationship between authentic leadership and employee resilience. Therefore, future research should investigate other factors that can enhance nurses' resilience and job performance.

Since the study focused solely on Makhado Municipality, future research should include a different healthcare environment to compare resilience and leadership across other regions, thereby improving generalizability.

Furthermore, future research should consider a mixed-methods design, as it will allow for an expanded sample and enable employees to provide more detailed information about their experiences by conducting interviews.

Moreover, there can be additional moderators or mediators, such as burnout or job satisfaction, to provide an even bigger picture on how this can influence employee outcomes.

5.10. Chapter summary

This chapter highlighted the findings from Chapter 4's analysis, which examined the relationship between authentic leadership and employee resilience. Additionally, the study examined if trust serves as a mediator between authentic leadership and employee resilience among nurses in Makhado Municipality. Mediation analysis showed that leadership trust partially explains how authentic leadership translates into resilience. The chapter highlighted both theoretical contributions and practice-oriented actions for healthcare organisations seeking to foster resilient workforces.

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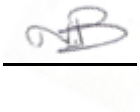
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ANNEXURE A: QUESTIONNAIRE

Dear respondent,

My name is Vhuthuhawe Badugela, a student at the University of Venda pursuing a master's degree in the field of Human Resource Management. The following is the research questionnaire on "*The Relationship Between Authentic Leadership and Employee Resilience: The Role of Trust as A Mediator Among Nurses in Makhado Municipality*", which requires your response to all items with sincerity. Be assured that all information will be treated with the utmost confidentiality and will be used for research purposes only. Participation is voluntary, and you are free to withdraw at any point as you attempt the research questions. When the study is complete, you will be provided with the results, provided you request the findings. If you have any enquiries, do not hesitate to contact the Supervisor Prof. H Ngirande, phone: 0159628836, Email: hlanganipai.ngirande@univen.ac.za

Signature:  Date: 08 November 2025

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SECTION A: BIOGRAPHICAL QUESTIONNAIRE

For each item below, indicate the option that applies to you with an X.

1. Gender

Male		Female		Other/ Prefer not to say	

2. Age in years

20-25		26-30		31-35		36-40		41+	

3. Highest academic qualification

Certificate		Diploma		Degree		Postgraduate		Other.	

4. Length of service

0-5 years		6-10 years		11-15 years		16 years and above	

5. Rank/ Designation

Registered nurse		Enrolled Nurse		Nursing Assistant	

6. Job-status

Permanent		Contract	

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SECTION B: AUTHENTIC LEADERSHIP

Below are various statements related to Authentic Leadership. Carefully read each statement and indicate the extent to which you agree or disagree with each statement.

(Key: 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree)

	Item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
AL1	1. I can list my three greatest weaknesses.					
AL2	2. My actions reflect my core values.					
AL3	3. I seek others' opinions before making up my own mind.					
AL4	4. I openly share my feelings with others.					
AL5	5. I can list my three greatest strengths.					
AL6	6. I do not allow group pressure to control me.					
AL7	7. I listen closely to the ideas of those who disagree with me.					
AL8	8. I let others know who I truly am as a person.					
AL9	9. I seek feedback as a way of understanding who I really am as a person.					
AL10	10. Other people know where I stand on controversial issues.					

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AL11	11. I do not emphasise my own point of view at the expense of others.					
AL12	12. I rarely present a “false” front to others.					
AL13	13. I accept the feelings I have about myself.					
AL14	14. My morals guide what I do as a leader.					
AL15	15. I listen very carefully to the ideas of others before making decisions.					
AL16	16. I admit my mistakes to others.					

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SECTION C: EMPLOYEE RESILIENCE

Below are various statements related to employee resilience. Carefully read each statement and indicate the extent to which you agree or disagree with each statement.

(Key: 1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Sometimes, 5 = Frequently, 6 = Usually, 7 = Almost Always)

	Item	Never	Rarely	Occasionally	Sometimes	Frequently	Usually,	Almost Always
ER1	1. I effectively collaborate with others to handle unexpected challenges at work.							
ER2	2. I successfully manage a high workload for long periods of time.							
ER3	3. I resolve crises competently at work.							
ER4	4. I learn from mistakes at work and improve the way I do my job.							
ER5	5. I re-evaluate my performance and continually improve the way I do my work.							
ER6	6. I effectively respond to feedback at work, even criticism.							
ER7	7. I seek assistance to work when I need specific resources.							
ER8	8. I approach managers when I need their support.							
ER9	9. I use change at work as an opportunity for growth.							

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SECTION D: LEADERSHIP TRUST

Below are various statements related to trust in leadership. Carefully read each statement and indicate the extent to which you agree or disagree with each statement.

(Key: 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4= Agree, 5 = Strongly Agree)

	Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
LT1	1. I have confidence in the motivations of my leader.					
LT2	2. My leader watches my back.					
LT3	3. My team leader has my best interests in mind.					
LT4	4. My leader is genuinely concerned about my well-being.					
LT5	5. My team leader is likely to protect me.					
LT6	6. I believe my leader is fair.					
LT7	7. I believe my leader is honest.					
LT8	8. I can depend on the fairness of my leader.					
LT9	9. My leader puts their words into action.					
LT10	10. I know my leader will keep their word.					
LT11	11. My team leader performs their job well.					
LT12	12. I have confidence in the abilities of my team leader.					
LT13	13. My team leader is capable at their job.					
LT14	14. My team leader is highly skilled.					
LT15	15. My team leader knows what they are doing.					

Thank you for your participation.

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ANNEXURE B: ETHICAL CLEARANCE CERTIFICATE

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms V Badugela

STUDENT NO:
23024829

PROJECT TITLE: **The Relationship Between Authentic Leadership And Employee Resilience: The Role of Trust As A Mediator Among Nurses In Makhado Municipality.**

ETHICAL CLEARANCE NO: **FMCL/25/HRM/03/2403**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof H Ngirande	UNIVEN, Labour Relations and Human Resource	Supervisor
Mr T Leboho	UNIVEN, Labour Relations and Human Resource	Co-supervisor
Mr V Badugela	UNIVEN, Labour Relations and Human Resource	Investigator -Student

Type: **Masters Research**
Risk: ***Minimal risk to humans, animals, or environment (Category 2)***
Approval Period: **March 2025 – March 2026**

The Research Ethics Social Science Committee (RESSC) hereby approves your project as indicated above.

General Conditions
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project.
  - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project,
  - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
  - Any unethical principles or practices of the project are revealed or suspected.
  - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
  - The required annual report and reporting of adverse events was not done timely and accurately,
  - New institutional rules, national legislation or international conventions deem it necessary.

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: March 2025

Name of the RESSC Chairperson of the Committee Prof TS Mashau

Signature

UNIVERSITY OF VENDA
OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
2025 -03- 24
Private Bag X5050
Thohoyandou 0950

University of Venda
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ANNEXURE C: PROOF OF READING CERIFICATE

EDITOR`S LETTER

To whom it may concern

Dear Sir/Madam

This is to certify that the dissertation titled:

"The Relationship Between Authentic Leadership and Employee Resilience: The Role of Trust as a Mediator Among Nurses in Makhado Municipality".

By **Badugela Vhuthuhawe** student number, 23024829 has been edited and proofread for grammar, spelling, punctuation, overall style and logical flow. The edits were carried out using the "Track changes" feature in MS Word, giving the author final control over whether to accept or reject effected changes prior to submission, provided the changes I recommended are effected to the text, the language is of an acceptable standard.

Please don't hesitate to contact me for any enquiry.

Kind regards



Mahlangu M.N (BEDSPF-UL, BA Hons-UL, MA-UKZN)

Cell no: 067 740 4575

Email address: blaqboytrading@gmail.com

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ANNEXURE D: LETTER OF APPROVAL TO COLLECT DATA

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

Ref : LP_2025-05-036
Enquires : Legodi P
Tel : 015-293 6028/6410
Email : Malesela.Legodi@dhsd.limpopo.gov.za

VHUTHUHAWE BADUGELA

CC: UNIVERSITY TO ENSURE COMPLIANCE WITH CLAUSE 2d OF THIS APPROVAL LETTER

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

THE RELATIONSHIP BETWEEN AUTHENTIC LEADERSHIP AND EMPLOYEE RESILIENCE: THE ROLE OF TRUST AS A MEDIATOR AMONG NURSES IN MAKHADO MUNICIPALITY

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
   a. Present this letter of permission to the office of District Executive Manager a week before the study is conducted.
   b. This permission is **ONLY** for PHC Facilities and Hospitals in Vhembe District
   c. In the course of your study, there should be no action that disrupts the routine services or incur any cost on the Department.
   d. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   f. **The approval is only valid for a 1-year period.**
   g. If the proposal has been amended, a new approval should be sought from the Department of Health
   h. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

pp **Head of Department** 06/07/2025 **Date**

Private Bag X9302, Polokwane 0700
Fidel Castro Ruz House, 18 College Street, Polokwane 0700
Tel: 015 293 6000. Fax: 015 293 6211. Website: www.doh.limpopo.gov.za

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ANNEXURE E: TURNITIN REPORT

The Relationship Between Authentic Leadership and Employee Resilience:

ORIGINALITY REPORT

13%	%	%	13%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to University of South Africa Student Paper	1%
2	Submitted to University of Venda Student Paper	1%
3	Submitted to Middlesex University Student Paper	1%
4	Submitted to University of Hull Student Paper	1%
5	Submitted to Mancosa Student Paper	<1%
6	Submitted to University of Essex Student Paper	<1%
7	Submitted to University of Witwatersrand Student Paper	<1%
8	Submitted to University of Durham Student Paper	<1%
9	Submitted to University of Glamorgan Student Paper	<1%

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