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Changing Perception of Nurses during COVID-19: A Comparative Study on Leadership Behaviors, Meaning of Job and Meaningful Work

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Abstract: This study's primary intent was to investigate the effect of extreme conditions, specifically the COVID-19 pandemic, by examining nurses' perceptions of authentic leadership, meaningful work, and job meaning, and to compare this with the nurses' perceptions from before the outbreak. In the study, 458 responses for both periods were analyzed and compared statistically by using the Mann–Whitney U test. The findings showed that nurses' perception of line managers' authenticity decreased during the outbreak. Therefore, in extreme conditions, leadership behaviors can be affected negatively by the context. During the outbreak, nurses attributed more meaning to their work. They felt more self-worth because of working for the greater good, and found greater meaning through the work during the COVID-19 outbreak compared to before the pandemic. The findings suggest that extreme conditions in a challenging environment can help nurses to find more meaning at work. For nurses, during the COVID-19 outbreak the purpose and meaning of their jobs remained the same as before the pandemic. Nursing requires different skills, talents, and opportunities for self-development, and it is challenging in nature.

Keywords: COVID-19; authentic leadership; extreme conditions; meaning of job



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1. Introduction

A chain is no stronger than its weakest link. Today, the relationship networks established on a global scale are the same as in a flat world: The power of these relationship networks is limited to the strength of the weakest one. The outbreak, which started with the new coronavirus, highlighted the lowest points of individuals, organizations, and global networks. The world has faced a significant crisis. Türkiye is number eight in the increase in the number of new cases, while the total number of cases in the world has exceeded 14.3 million. Moreover, the mortality rate with 46 per 1 million people in the country is greater than that of 37.5 per 1 million people in the world.

At the beginning of the outbreak, health professionals, nurse clinicians, and nursing leaders were unprepared to respond effectively to COVID-19. There was a chaotic environment when the first cases appeared. In this context, the pandemic hospital-care environment is highly complex, dynamic, and unpredictable, in particular when patients' lives are at stake. In a hazardous and turbulent environment, it is crucial to explore the clinical appearances of the disease and the professionals' perceptions at the core of the crisis. A crisis is shocking for both leaders and organizations. In an emergency, complicated procedures for routine work situations cannot fit into the process for dealing with non-routine events. The incredible speed, complexity, and uncertainty of a crisis tend to destroy the usual way of situation evaluations, attitudes, perceptions, and, consequently, behaviors. Since stress may arise, people's ability to think sensibly can be impaired.

The present study aims to explore particularly the changing of nurses' perceptions of leadership, job meaning, and meaningful work compared to before and after COVID-19. This study strives to make some valuable contributions to the literature of crisis management by examining the perception of leadership behaviors, and the perception of the meaning of the job and meaningful work, during extreme conditions. In the study, leadership behaviors are measured based on authentic leadership concepts, since most of the nurse leadership literature emphasizes the authentic leadership particularly [1–68], which may be needed most, due to the special attention to the development of empowering leader–follower relationships to build healthier work environments. This study can also contribute to understanding from the extreme environment point of view that authentic leaders can cope with this extraordinary condition by protecting their unique behaviors. Porter and McLaughlin (2006) pointed out that the impact of organizational context on leadership was an under-researched area. Creating an environment where every worker finds joy and meaning in work is a foundational leadership challenge for a healthcare organization [9] (pp. 199–208). In addition, healthcare organizations may make available natural conditions that are suitable for promising to help employees to find or change the meaning of work. Therefore, some healthcare organizations have created environments where morale is high and workers do find joy and meaning in their work [9] (pp. 199–208). This study can clarify nurses' perceptions of their jobs and meaningful work before and during COVID-19, comparatively. They are struggling with an alien-like virus on one side while, on the other hand, they are trying to protect themselves from a new alien in the center of the crisis, although they are far from their families and homes. Finally, nurses are psychologically and socially at risk [65]. Additionally, this study consist of a brief discussion of authentic leadership, job characteristics, and a meaningful-work concept related to the existing literature in the first part. The following sections include methods, analysis, and discussions related to the research.

2. Theoretical Background and Development of Hypotheses

2.1. Authentic Leadership

Extraordinary challenges such as the SARS crisis, flu pandemic, terrorism, and corporate scandals have carved out the need for leaders who have higher standards of personality, integrity, and accountability [37]. Accordingly, Luthans and Avolio (2003) constructed the authentic leadership theory. They determined authentic leadership as “a process that draws from both positive psychological capacities and a highly developed organizational context, which results in both greater self-awareness and self-regulated positive behaviors on the part of leaders and associates, fostering positive self-development” [34] (pp. 241–258). Authentic leadership is based on humanistic psychology, both conceptually and theoretically. Authentic leaders are positive, encouraging, flexible, and transparent [21]. They can lead consistently with values distinguishable to people, focus on the morally right things to do, develop others, and communicate transparently [2,37]. Authentic leadership has been related to promoting positive workplace outcomes such as positive feelings, trust, organizational citizenship behavior, and organizational commitment [10,33]. Walumbwa and colleagues developed the authentic leadership theory composed of (a) balanced processing, (b) relational transparency, (c) internalized moral perspective, and (d) self-awareness. These leaders carry out more accurate and fair self-evaluations [66]. Self-awareness represents the leaders' capability to sense their values, motivations, beliefs, strengths, and weaknesses [20]. This is the essence of authentic leadership theory, and the primary features of the authentic leader ought to be required to grow [66]; relational transparency deals with the leaders' capability to associate with other people clearly and truthfully. The leaders demonstrate relational transparency by being clear about their intention and accepting mistakes [3,31]. Relational transparency constructs a robust social interchange between followers and leaders. An internalized moral perspective represents the leaders that act according to their beliefs and make decisions regarding their values [30] without any external pressures from others in the organization [20]. Balanced information processing includes the leader

neutrally examining and analyzing all appropriate information prior to making a decision, and joining their followers in the decision-making process [20].

Authentic leadership theory can suggest adjusting the fundamental nursing values within healthcare organizations. Furthermore, the American Association of Critical Care Nurses has accepted the representation of authentic leadership as having five central values; 1. human dignity, 2. integrity, 3. autonomy, 4. altruism, and 5. social justice [43]. The studies show that authentic leadership also meaningfully increased nurses' job satisfaction and related positively to the empowerment of nurses [14,30,68]. Nevertheless, how do authentic leaders behave in extraordinary conditions? Do nurses perceive any difference in their line managers' authentic behaviors before and during the COVID-19 outbreak? It is suggested that leadership under exceptional circumstances can be efficient when acting authentically [65]. However, leadership can be particularly challenging when significant constraints, such as extreme contexts, are placed on the leader's authenticity [23]. Campbell and colleagues have framed extreme conditions as when "leaders or their followers are personally faced with highly dynamic and unpredictable situations and where the outcomes of leadership may result in severe physical or psychological injury (or death) to unit members" [7].

During the COVID-19 outbreak, while nurses have struggled to improve patients by working at the frontline, this carries the risk of exposure to the pathogen in the working environment. They experience physical and psychological exhaustion and tension in long and intensive working hours, and they are concerned about protecting themselves and their relatives. When employees face a crisis, they can experience a feeling of threat and uncertainty that results in anxiety [49]. Leaders have a significant effect on sense-making and anxiety-reduction during periods of uncertainty [69], when followers look to their leaders to find direction for themselves to act and solve the problems in complex situations. In cases of uncertainty, emotional intensity (anxiety, sadness, anger) is always high. Regarding authentic leadership traits, most generally, authentic leaders can enhance positive feelings and minimize the negative feelings experienced by followers, due to their engagement in affective and social support [65]. Emotional, social support is composed of effective talking, listening, and expressing concern or empathy [70]. According to literature studies authentic leaders can impact the positivity of followers operating in more extreme contexts [65]. Extreme events such as the COVID-19 pandemic constitute exceptional challenges for front-line nurse managers responsible for decision making. They encounter suddenly critical demands for the preservation of life, while having to provide continuity of operations in the organizations for which they are responsible. Authentic nurse managers, in one context, can convey authenticity to followers to help them to work toward common goals, since they are profoundly aware of their thoughts, beliefs, and behaviors, and they can act as perceived by others as well as being aware of followers' values, their knowledge, and capacities [2].

Furthermore, being aware of one's behavior in a specific context means a deep understanding of the framework needed for the high level of communication. Leadership in any context requires open, timely communication among all participants and for all operations [8]. Effective communication is crucial in developing collective understandings that ensure survival in extreme situations. In cases of uncertainty, incorrect information can direct thoughts and beliefs. When employees' anxiety and sadness are intense, they can comprehend the nuances less. Leaders should make sure that their communication is accurate and precise, and does not contain mixed messages in extreme conditions. People cannot trust what they do not understand. Authentic leaders are characterized as being talented in relations with followers, through an open and honest manner. Since they represent themselves truly to followers, more authentic leaders provide a reliable and more trustworthy environment for followers to act in the same way [65]. In extreme contexts, trust between leaders and followers is critical to achieving the goals, and the close leader-follower relationship can create higher levels of trust. In this sense, authentic leaders' transparency and moral perspective can encourage nurses to overcome the volatility of the

situation while struggling with the COVID-19 pandemic. The features of authentic leaders are seen theoretically as supporting people to cope with extreme situations. Therefore, the present study examines nurses' perceptions of the stability of their managers' authenticity in severe conditions such as during the COVID-19 pandemic days. Furthermore, Kernis (2003) defines authenticity as "the unobstructed operation of one's true, or core, self in one's daily enterprise" [27] (pp. 83–89). He has suggested that one of the essential features of authenticity is optimal and congruent self-esteem, which is characterized as genuine, accurate, and stable. Accordingly, nurse managers can present at least the same authentic behaviors while struggling during the pandemic as before the COVID-19 outbreak.

H1. *Nurses' line managers perform more authentically during the COVID-19 pandemic than before the outbreak.*

2.2. Meaningful Work in Extreme Conditions

Meaningful work is the individual's experience that one's work has significance, enables personal growth, and plays a part in the greater good [62]. Studies have demonstrated that individuals who attributed meaning to their work as more than just a way of earning, experienced more work motivation [17], higher job satisfaction [39,67], engagement [35], higher psychological well-being [55,56], self-fulfillment [4,46,54], deeper considerations of purpose and significance [24,51], and fewer self-reported sick days [67]. Finding meaning in life provides people with a different reason to live, makes them cognizant of their existence in this world, and empowers the importance of their lives. Consequently, the search for meaning in life becomes a predominant motivational drive for living. Similarly, meaning in work represents the reason for one's existence at work. Therefore, extreme conditions such as the COVID-19 outbreak can create existential meaning, since more proactive nurses can establish renewed nursing identities that facilitate finding more meaning in work in comparison with the routine working conditions before the outbreak. In recent days, an intensive-care nurse in Türkiye declared that "Their families die once again due to patients die alone in the hospital. It is a terrible situation. However, no, I want to say that they don't die alone. We, nurses, are the people who are in close contact with the dying individual, and we support them, although not as much as their families. They do not die alone; we are here" [26] (pp. 11–14). Pattakos explains this situation as a cognitive shift, in that individuals shift the focus of their attention from negative to positive, finding new insights, even while they have a restricted view. Therefore, it can be hard to attach meaning to work without a broad perspective [46].

Meaningful goals and the purpose of work describe meaningful work, since the realization of goals supports individuals to improve their skills and talents and the construction of their work identity [4,53]. Moreover, when they attain the expected results, they can redefine their intrinsic merit and consequently the meaning of the work, which can be described as personal beliefs, attitudes, and values related to purposeful activities. During the fight against COVID-19, namely in the new normal, nurses may create new purposes beyond the patients' treatment and the organization's border. This case is determined as having better motivations, which reflect the fact that work is more meaningful if it has an impact on others [55]. During the COVID-19 outbreak, nurses face emotionally more demanding situations involving hurt, pain, a sense of loss, and other harsh feelings, such as being in quarantine and away from their homes after work hours, in comparison with what they did before they. However, experiencing positive emotions at work, such as a sense of worth and self-fulfillment, brings meaningfulness to work. To Steger and colleagues, positive meaning at work refers to the idea of psychological meaningfulness [62]. During the COVID-19 days, a nurse expressed her feelings as "It is harrowing to be away from home. Besides, I know that my family supports me, and they are with me. My sister said to me; you are a hero standing at the front. Yes, we healthcare professionals are real heroes on the front" [26]. While nurses before COVID-19 complained that the actual value of their profession was not recognized [58], it creates positive feelings for them to realize that others appreciate them during this pandemic. Recognition of nursing by others give nurses

feelings of self-worth and self-fulfillment; consequently, they can attribute more meaning to their work. As nursing is a vocational profession, nurses can develop high ambitions for their work. However, we propose that their attribution of meaning to work may be higher due to the COVID-19 outbreak, which is an extreme condition.

H2. *Nurses attribute more meaning to their work during the COVID-19 pandemic than before the outbreak.*

2.3. The Meaning of the Job in Extreme Conditions

Hackman and Oldham's job characteristics model was composed to redesign the work to increase employee productivity by making changes in the workplace, according to the quality and work experience. In addition, the researchers argued that redesigning the work in a way to provide a high level of intrinsic motivation will satisfy the individuals, who will experience the satisfaction of self-development, and consequently increase the efficiency of their work [17,18]. The COVID-19 outbreak has required the mandatory redesign of the caring services, and brought new challenges to nurses to accomplish their jobs. Are there differences in nurses' perceptions of the meaning of their jobs during the outbreak and before the explosion? Oldham found the empirical linkages to meaningful work are related to internal work motivation, which is defined as the degree to which an individual experiences positive inner feelings when performing the job effectively [17]. Therefore, the focus of the job characteristics model is the interdependence of meaning and motivation. In the job characteristics model developed, the primary job features that make the job meaningful are expressed as skill variety, task identity, and the significance of the job [17,18].

Skill variety is one of the job characteristics that represent the diverse skills and talents which are necessary within a job for achievement at work. It has been explained that when a task requires workers to engage in activities that challenge their skills or abilities, they can regard the task as meaningful. Consequently, employees perceive their jobs as more meaningful when they have more capabilities [18]. During the outbreak, nurses have been faced with new treatment methods, and they have had to apply what they knew and experienced before while wearing new personal protective equipment. Along with the latest treatment methods, it has been challenging and inconvenient for them to carry out the care of patients with this protective clothing. In an interview, a Turkish nurse explained the situation as "We are in close contact with COVID patients. During working hours, I have been in this protective equipment for a long time. However, these heavy protective equipment makes nursing practices such as caring for patients and treating patients hard. It is hard to breathe, hear, communicate, and to wipe sweat while being in protective equipments. When I enter intensive care with these clothes, I cannot drink enough water and go to the toilet whenever I want" [26]. While nurses struggle with inconvenient working conditions required to protect themselves in these extreme conditions, they are exercising varied skills related to their jobs that can develop the talents that may motivate them to find their jobs more meaningful. Task identity represents completing a job from the beginning to the end with a visible result [59]. The Turkish nurse described the situation magnificently; "I believe that the nurse's job is to provide quality care to their patients and not to leave their patients regardless" [26]. During the COVID-19 treatment, nurses have close relations with patients and are fighting with the virus from the beginning to the end. The end sometimes motivates nurses but sometimes it may not. The task's significance is a job that has a substantial influence on the lives of other people [18]. When employees perceive that their jobs have a significant impact on others' physical or psychological states, their experience of meaningful work will be higher. During the pandemic, the recovered patients in Türkiye reached 114 thousand, whereas the figure was 2 million people worldwide [64]. Therefore, nurses can add more meaning to their jobs since nursing is a profession where labor directly affects other people's lives, particularly during the COVID-19 pandemic war, in which nurses do not fight with conventional weapons.

H3. *Nurses attribute more meaning to their jobs during the COVID-19 pandemic than before the outbreak.*

3. Method

3.1. Data Collection

This paper aims to designate and analyze the changes in nurses' perception of authentic leadership, the meaning of the job, and the meaningfulness of work, during the COVID-19 outbreak and before the outbreak. According to the literature, the extreme conditions related to the behaviors are still a deficient phenomenon in research into organizational behavior [19]. We conducted our first research on health-care organizations in Kocaeli before the COVID-19 pandemic, in November 2019. During the outbreak, we carried out a secondary examination, at the beginning of May 2020. In our first survey, 16 out of 28 hospitals were contacted, and 10 agreed to participate in the study. Out of the 10 hospitals that agreed to participate, 8 hospitals completed the survey in its entirety. The second survey was limited to only 2 hospitals, which served as pandemic hospitals, due to the emergency conditions. Accordingly, data obtained from the first survey were limited to 2 hospitals, the same as in the second survey. All respondents were informed that the data would remain unidentified, and would not be linked personally or to their organization. In addition, we noted that there were no right or wrong answers in the survey, and requested that respondents answer fairly and transparently. Moreover, an explanation statement was enclosed with the study to explain that the measurements were not connected to any measurement criterion, to reduce the evaluative concerns about some answers being more socially desirable, and for consistent responses [50].

The minimum required sample size was calculated as 425, based on the total nurse population in Kocaeli. For both the first and the second survey, 458 completed questionnaires were analyzed. The mean age of the participants was 29.57; the proportion of women was 89.5% and for men it was 10.5. The percentage of married participants was 56.4%. Of all the participants, 59.1% had a university education, and 7.8% had a master's degree. A total of 72% of the participants worked two shifts and the rest, 28%, were daytime workers, working one shift.

3.2. Questionnaire Development

In the present study, multi-item scales were used by adapting them from related research, to test the hypothesis. The Authentic Leadership (AL) scale was adapted from the study of Walumbwa (2008), and was validated by Tabak et al. (2012) in Turkiye [64,65]. The scale was composed of 16 items, indicating four leadership sub-dimensions: self-awareness (SA), relational transparency (RT), balanced processing (BP), and internalized moral perspective (MP). SA comprises 4 items, and internal consistency was 0.91 for both the first and second survey; MP includes 4 questions, and internal consistency was 0.89 for the first survey and 0.91 for the second survey; RT comprises 5 items, and internal consistency was 0.73 for the first survey and 0.84 for the second survey; BP comprises 3 items, and internal consistency was 0.88 for the first survey and 0.92 for the second survey. It was measured with a 5-point Likert scale ranging from 1 = not at all, to 5 = frequently, if not always. Tabak et al. (2012) found the internal consistency reliability was 0.91. Cronbach's alpha value for the AL scale exceeded the 0.70 cut-off value for both surveys (first $\alpha = 0.94$ and second $\alpha = 0.97$) [64].

The meaning of the job (JM) was measured by three components: skill variety (SV), task identity (TI), and task significance (TS), consisting of 9 items that were developed from the study of Oldham and Cummings. Cronbach's alpha value of the JM scale exceeded the 0.70 cut-off value (first $\alpha = 0.85$ and second $\alpha = 0.74$) [16]. Meaningful work (MW) was analyzed by using Steger, Dik, and Duffy's (2012) scale, which contains 10 items. Cronbach's alpha value for the meaningful-work scale exceeded the 0.70 cut-off value (first $\alpha = 0.80$ and second $\alpha = 0.75$) [55]. For both the JM and MW measurement, a 5-point scale ranging from 1 ("very strongly disagree") to 5 ("very strongly agree") was used for the

rating of all items. All the reversed issues were corrected before running the analysis. All items used in our study were interspersed among each other to prevent social desirability bias, as suggested [43].

3.3. Analysis

Data analysis was performed using SPSS statistical software version 22.0. The significance level was set at $\alpha = 0.05$. First, the normality of distribution was determined. For this purpose, the widely accepted Kolmogorov–Smirnov numerical tests were used, where the null hypothesis was that the data were normally distributed [41]. The results of the normality-test means and standard deviations are represented in Table 1 for the populations both before and during the pandemic. The results show that the data are not normally distributed ($p < 0.05$).

Table 1. K–S Test Statistical Data.

Variables	N	Mean	Std. Deviation	K–S Test Statistics	<i>p</i> -Value
AL	916	3.2087	0.9205	0.075	0.000 **
ALRT	916	3.1867	0.7834	0.096	0.000 **
ALMP	916	3.1695	1.067	0.105	0.000 **
ALBP	916	3.2616	1.116	0.128	0.000 **
ALSA	916	3.2355	1.081	0.100	0.000 **
MW	916	3.3901	0.4779	0.089	0.000 **
JM	916	3.8503	0.5827	0.100	0.000 **

** $p < 0.001$ AL, Authentic Leadership; ALRT, Relational Transparency; ALMP, Moral Perspective; ALSA, Self-Awareness, MW, Meaningful Work, JM, Meaning of Job.

Table 2 shows the mean of the samples referring to the survey carried out before COVID-19 and during the COVID-19 outbreak. The results point out that nurses' line managers rarely perform authentic leadership behaviors. They attribute more meaning to their work during COVID-19 than before. Their jobs are meaningful for them. To analyze the significance of these results Mann–Whitney U (MWU) tests [35] are used.

Table 2. Mean of the samples before and during COVID-19.

Variables	N	Mean Before COVID-19	Mean After COVID-19
AL	458	3.2924	3.1249
ALRT	458	3.2716	3.1017
ALMP	458	3.2544	3.0846
ALBP	458	3.3632	3.1601
ALSA	458	3.3035	3.1676
MW	458	3.3441	3.4360
JM	458	3.8341	3.8889

AL, Authentic Leadership; ALRT, Relational Transparency; ALMP, Moral Perspective; ALSA, Self-Awareness, MW, Meaningful Work, JM, Meaning of Job.

In consideration of how rarely normality occurs in applied-research practice, the persistence and prevalence in the t-test are questionable [6] (p. 230). For highly non-normal distributions, MWU has a power advantage [5,6]. The MWU test is a non-parametric statistical technique. The differences between the medians of two data sets are analyzed by using MWU [37]. It can be used in place of a t-test for independent samples in cases where the values within the sample do not follow the normal. Smitley (1981) found that

for various non-normal distributions, the MWU test was more powerful than the two independent *t*-test samples [61]. Similarly, Nanna and Sawilowsky (1998) showed that MWU achieves increased power advantages as the sample size increases [41].

The MWU-test statistical technique is used to examine the differences between two independent groups, which is one of the preconditions for implementation. In the present study, the groups are not one-to-one identical, so the MWU test is used for the comparison of the variables between two groups. The MWU findings, and consequently, the hypothesis results, are presented in Table 3.

Table 3. Hypothesis Tests.

Hypothesis	Variables	N	Mean Rank	Mann–Whitney U Value	<i>p</i>	Results
H1	AL	458	480.67	94.730	0.011	Not Supported
	BefCOVID					
	AftCOVID	458	436.33	93.008	0.005	Not Supported
	ALRT					
	BefCOVID	458	484.42	94.740	0.011	Not Supported
	AftCOVID	458	432.58			
	ALMP	458	480.64	94.420	0.009	Not Supported
	BefCOVID					
	AftCOVID	458	436.36	97.007	0.048	Not Supported
	ALSA					
	BefCOVID	458	475.69	97.215	0.050	Supported
	AftCOVID	458	475.24			
H2	MW	458	441.76	−0.839	0.693	Not Supported
	BefCOVID					
H3	JM	458	461.94	455.06		
	AftCOVID					

BefCOVID, Before COVID-19; *AftCOVID*, After COVID-19; *AL*, Authentic Leadership; *ALRT*, Relational Transparency; *ALMP*, Moral Perspective; *ALSA*, Self-Awareness, *MW*, Meaningful Work, *JM*, Meaning of Job.

4. Results

The results indicated that perceptions of nurses of authentic leadership ($U = 94.730$, $p < 0.05$) and all dimensions of authentic leadership including RT ($U = 93.008$, $p < 0.05$), MP ($U = 94.740$, $p < 0.05$), BP ($U = 94.420$, $p < 0.05$) and AS ($U = 97.007$, $p < 0.05$) were significantly different when comparing responses before and during the COVID-19 outbreak. Nurses' perceptions of authentic leadership tended to decrease during the COVID-19 outbreak. However, it was proposed in the initial H1 hypothesis that they would increase. Therefore, the H1 hypothesis is not supported by the results. Findings show that nurses' perceptions of meaningful work were significantly different ($U = 97.215$, $p < 0.05$) when comparing before and during the COVID-19 outbreak. The perception of the meaning of work tended to increase during the COVID-19 outbreak. Thus, the H2 hypothesis is supported. The meaning of the job (JM) did not show any significant difference between before and during the COVID-19 outbreak ($U = -0.839$, $p > 0.05$). Therefore, the H3 hypothesis was unsupported by the statistics.

5. Discussion and Conclusions

The COVID-19 outbreak continues to threaten life seriously. The rapid spread of the virus and the increasing number of patients and deaths worldwide can cause mental burden and anxiety. In such an extreme condition, nurses are fighting like soldiers on the frontline of the outbreak against an invisible enemy for long working hours, while accepting the dangers inherent in the close interaction with sick patients. The COVID-19 pandemic has created an extreme context in which the individual learns through the various environmental, emotional, cognitive, and physiological stressors associated with a highly risky situation [24]. Therefore, the present study was conducted to investigate the effects of the COVID-19 outbreak such an extreme condition, on nurses' perceptions of their line managers' authentic leadership behaviors, and the meaning of their work and their job, when compared with before the outbreak.

The results point out that the nurses' perception of authentic leadership behavior, surprisingly, decreases during the outbreak compared to before the eruption. Namely, line managers present authentic leadership behaviors less frequently during the COVID-19 period than before the explosion. Authentic leaders, by their genuineness, strengthen the development of their followers' inner resources such as psychological capital [2] and the well-being of followers [25]. In extreme conditions such as an outbreak, nurses on the front line who are directly related to the diagnosis, treatment, and care of patients with COVID-19 are at risk of psychological distress and other mental health problems. The continued increasing number of sick patients, an overwhelming workload, being away from their family and home, inconveniences with the personal protection equipment, the media coverage, treatment without specific drugs, and inadequate support may increase the mental burden of these health-care workers. Lai and colleagues (2020) reported that nurses, women, those working in Wuhan, and frontline workers showed severe symptoms on all measurements of mental health [29]. Hancock and Szalma (2008) pointed out that understanding the role of positive factors is relevant in extreme conditions [19]. However, nurses in the present study may not be able cognitively to shift their perceptions and observations to the positive factors around them, due to their low psychological wellbeing or mental health. They might focus only on their survival, rather than their managers' authentic behavior, which is proposed theoretically as a positive relational focus [19]. Findings show that nurses' perceptions of their managers' authentic behavior were rare also before the outbreak. With the explosion, new treatment protocols were developed daily, together with strict instructions and procedures. Health-care managers had to apply all of the tightly controlled and inflexible new regulations, since they also faced the new virus for the first time in their working life. Therefore, while the existing authentic actions of the managers were at a lower level, the new exceptional environment and new rules and regulations mandatorily generated the change in behavior, in a negative way. The managers might be more autocratic during these extraordinary days, whereas nurses may feel the loss of autonomy. Autonomy signifies the function of the individuals' self-regulated behaviors in achieving goals [56]. In daily routines, studies report that nurses feel they have little formal and informal power and authority [13,32,44]. Our findings are supported by Rousseau and colleagues' (2008) study, which shows that context influences the enactment and interpretation of leadership [54]. Moreover, in their study, Fisher and colleagues' (2010) qualitative findings indicate that, to some degree, a dangerous environment may have a negative influence even on the behaviors of the extreme leaders [11]. On the other hand, some studies highlighted the fact that it is only in moments of great crisis that heroic leadership can be displayed [22].

The study's findings outline the fact that nurses' perception of work meaningfulness is increased during the COVID-19 pandemic. The results of the study outline the fact that nurses perceive their work as more meaningful during the COVID-19 pandemic. The COVID-19 outbreak has provided nurses with the opportunity to find meaning through the greater good, and meaning-making through working. They feel that they are part of a grand purpose to achieve. In Steger and colleagues' meaningful work approach [62],

one of the meaningful-work dimensions is that of the greater-good motivation, which represents a more meaningful work experience if it impacts others. While nurses' work experience always has an impact on others through their routines, why do they attribute more meaning to their work during the COVID-19 pandemic? The COVID-19 pandemic is such a challenging context that health-care workers are faced with a different diagnosis without any specific medicines or treatment, all over the world, while they constitute one of the professional groups most frequently exposed to psychosocial risks at work. It is concluded that challenging tasks may shift people's perceptions to find more meaning in their work. Wrzesniewski and colleagues (2013) defined this as cognitive crafting that "consists of employees' efforts to perceive and interpret their tasks, relationships, or job as a whole in ways that change the significance of their work" [67]. As Harry Lime—the eponymous Third Man played by Orson Welles (in a film set in early post-war Vienna and released in 1949)—suggested, "crisis, conflict, and war were ultimately more valuable to human progress than peace" [16] (pp. 306–313), although the stressors encountered by nurses may not always qualify as actual trauma. However, the extreme environments that have the potential for injury can become a valuable topic for nurses in understanding the dynamics of both positive and negative outcomes associated with the COVID-19 pandemic. Moreover, Heine and Proulx (2006) pointed out that humans are meaning-makers, suggesting that "as it is with our capacity for vision, our meaning-making capacity is always "on"" [24].

In the present study, the meaning of a job is measured by skill variety, task identity, and work significance. Nurses' perception of job meaning does not show any significant difference between before and during the COVID-19 outbreak. In daily work routines, nursing requires various skills and talents. The art of caring was framed by K erouac and Ducharme; caring requires professional performance from a comprehensive perspective by applying specific knowledge and principles; the integration of expertise from other fields, such as mathematics, statistics, psychology, and sociology, among others; and a particular role for nurses within the multidisciplinary team and individual contributions to the patient's health–disease process [15]. Therefore nurses' job perception remains the same as before the COVID-19 outbreak, whereas findings show that they also attach a high level of meaning to their job. It is concluded that the extreme context does not have any impact on the nurses' perceptions about the meaning of the job, due to the nature of their career. Findings support the fact that nurses are aware that their job is significant and that it requires various skills, talents, and responsibilities from beginning to end of their tasks.

The findings from the present study make essential contributions to several research fields. In the literature, it has been determined that some studies of extreme situations are theoretically inspiring, and empirical studies are focused mostly on military organizations as combat experiences. There is a gap in the contextual studies with different variables related to the behavioral approach. The present study's primary goal is to empirically examine the employees' perceptions of leadership, the meaning of the job, and meaningful work in an extreme situation such as the COVID-19 pandemic, which is an unprepared and unexpected situation. Therefore, this study is one of the rare ones in the literature which can contribute to contextual approaches such as the extreme conditions by empirically and comparatively examining the situation before and during the outbreak. Today's borderless and flat world requires people to be ready for potent, extreme conditions. In these conditions, leadership will continue to maintain its significance. Each society and organization has to focus on the development of the leaders who have the vision to direct, inspire and motivate them, in extreme conditions. This study subscribes to the leadership literature, particularly examining authentic leadership, and, in particular, extreme conditions. There have been increasing calls in the documentation for the necessity to give more attention to the role of the organizational context as a significant factor affecting leadership behavior [65].

Specifically, the managers of health-care organizations, should focus on the perceptions of nurses of meaningful work, which are related positively to elements such as well-being,

engagement, self-fulfillment and, consequently, positive patient care. However, employees feel frustrated, and this may cause adverse outcomes for organizations [9]. In both daily work routines and extreme conditions, the present study points out that caring is one of the most complex and challenging professions. Health-care organizations should consider the employees' psychological states and motivations, and implement the factors that will raise motivation and well-being.

As this study shows, line managers occasionally demonstrate authentic features. Training programs can be applied for the line managers that help to improve their authenticity to create a more healthy work environment for both health-care organizations and employees. Due to those authentic leaders that facilitate finding meaning at work, nurses can attribute more meaning to their work; consequently, a high-quality, caring service can be accomplished.

For future research, while authentic leadership theory was constructed because of the need for new leadership styles for hard times, the present study shows that leadership behavior can change in extreme conditions. This evidence can be a call or the inspiration to reshape the authentic leadership theory for future research. Leaders all around the world are faced with struggling with the challenges of a crisis [52].

Future studies may help to extend our understanding of how authentic leadership shows comparative differences between the genders in extreme conditions, considering the moods of participants.

Additionally, this study's significant contribution is to present some evidence that shows individuals' ability to find more meaning in work, even in extreme conditions where they are faced with a struggle to cope. Future studies, especially quantitative studies, can extend the investigation into our understandings of the factors that have an impact on individuals attributing meaning to their work in extreme conditions.

Finally, this research can be a notable call for future research to highlight the necessity of giving more attention to the consideration of the organizational context as a significant factor affecting leadership behavior.

6. Limitations of Research

In interpreting the present results, a few limitations must be acknowledged. The studies were based on self-reports, which might invite some common method bias. Although we are not aware of any objective measures of the psychological satisfaction or perception of meaningful work, it would be beneficial to overcome this reliance on self-reports in the future. Although our study included participants from two different health-care organizations, it should not be forgotten that this is still a narrow representation of the whole health-care worker population. This survey carried out its examination under extreme conditions, and it should be considered that nurses' mood during the investigation was not reported.

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